Abstract

Pinellas County, Florida, on behalf of the Sixth Judicial Circuit, is requesting Joint Adult Drug Court Grant Program funds in the amount of $1,275,000 ($300,000 from BJA and $975,000 from SAMHSA, over a three-year period) to expand and enhance the capacity of its Adult Drug Court program. Established in 2001, the Sixth Judicial Circuit's Adult Drug Court of Pinellas County, Florida, assists nonviolent offenders to achieve successful rehabilitation from the use of drugs and/or alcohol. The Sixth Judicial Circuit's Adult Drug Court is in adherence with all ten (10) key components of drug courts as identified by BJA and SAMHSA.

With the implementation of the proposed *Elevate* program, the Sixth Judicial Circuit will increase and improve its ability to reduce crime and substance abuse among high risk/high need, nonviolent youthful offenders (ages 18-30) who are diagnosed with a substance abuse disorder (SUD), have experienced trauma and may also be living with a mild co-occurring mental health disorder, and are in immediate need of treatment.

During a three (3)-year period from 2015 to 2018, at least 185 youthful offenders will be enrolled in *Elevate* and will be served utilizing BJA and SAMHSA funding. *Elevate* will utilize a Risk-Need-Responsivity (RNR) model and the Level of Service Inventory–Revised™ (LSI-R™) to match each offender's level and intensity of services to his/her level of risk and relative to his/her needs. Treatment providers, WestCare GulfCoast-Florida, Inc. and Center for Rational Living (subgrantees), will employ several evidence-based programs and practices (from NREPP) including Moral Reconation Therapy (MRT), Seeking Safety (SS), Wellness Recovery Action Plan (WRAP) and Motivational Interviewing (MI). *Elevate* also incorporates a unique home visitation component within its community-based comprehensive case management services which maximizes coordination with probation officers.

All services offered will be evidence-based, trauma informed, gender responsive and in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. The overall goal of the proposed program is to expand and enhance the capacity of the Sixth Judicial Circuit to address gaps in the continuum of treatment and facilitate reductions in recidivism and substance abuse among the population of focus that will increase the likelihood of their successful reintegration into their community.

Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment
FY 2015 Competitive Grant Announcement

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1. STATEMENT OF THE PROBLEM (15 PERCENT)

The Sixth Judicial Circuit (SJC) proposes to expand and enhance the capacity of the Pinellas County Adult Drug Court (PADC) by implementing the ***Elevate*** program track and eight (8) innovative enhancements that will address gaps in the continuum of treatment and break the cycle of crime, trauma, substance use and incarceration experienced by high risk/need, nonviolent, youthful offenders (ages 18-30) who are diagnosed with a SUD, have experienced trauma and may have a mild co-occurring mental health disorder. Reducing crime and substance abuse to increase the likelihood of successful reintegration is the goal of *Elevate*. ***Proposed Enhancements:*** From 2015-2018, the SJC proposes to enhance the quality/intensity of services for 100% of Adult Drug Court participants (ages 18-30) enrolled in *Elevate* by implementing a specialized track for youthful offenders; using a Risk-Needs-Responsivity (RNR) model and validated risk assessment tool; and conducting home visits.

Current Adult Drug Court Operations: The PADC is a specially designed court docket, the purposes of which is to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders to increase each offender's likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services. Established in 2001, the PADC maintains fidelity to the ten (10) key components developed by BJA and the National Association of Drug Court Professionals (NADCP). The PADC is a 24-month program (pre-trial intervention or post-plea cases) with treatment lasting 9-12 months based on need and individualized treatment plan. Screening and assessment involves an eligibility screening followed by an integrated assessment protocol using validated tools upon referral to a community-based treatment provider. All phased and licensed treatment services (OP, IOP and Residential) are evidence-based (using EBPs from NREPP), gender responsive, trauma-informed and culturally responsive. All participants are required to appear in court every 30 to 45 days to meet with Judge Dee Anna Farnell,

who presides over PADC. Key members of the PADC Team include the Judge, State Attorney/Asst. State Attorney, Public Defender/Asst. Public Defender, Treatment Providers, Dept. of Corrections Probation Officers and PADC Coordinator. Graduation requirements for the Pinellas County Drug Court are as follows: completing 12 months of supervision that include at least 180 days of sobriety; attaining or maintaining employment; completing a GED program (if applicable); obtaining a valid driver's license (if applicable); completing aftercare; completing all conditions of probation, including payment of weekly fees, fines and restitution; and completing Phase III of the drug court program.

Demonstrated Impact: Pinellas Adult Drug Court Data (2010-2015):

CHARACTERISTIC	VALUE	CHARACTERISTIC	VALUE
Total Number of Participants	2,693	Earned GEDs During Participation	322
Number of Graduations	1,839	Drug-Free Babies Born	49
Graduation Rate	58.8%	Graduate Employment Full-Time	54%
Retention Rate	70.1%	Graduate Employment Part-Time	15%
Average Days in Program	606	Enrolled Student at Graduation	31

Recidivism Data: Crime free at 12 months post-graduation**: 2012:** 82%; **2013:** 86%. **Mechanism Targeting Offenders:** Highest risk/need offenders are prioritized using a Risk-Need-Responsivity Model; validated risk assessment tool; multiple referral sources; and allowing pre-trial intervention (PTI) and post-plea cases. **Numbers to be Served with BJA/SAMHSA Awards (2015-2018):**

THE ELEVATE PROGRAM		YEARS			TOTAL
Award	**Description of Services**	**1**	**2**	**3**	
SAMHSA	Outpatient substance abuse treatment services	**55**	**65**	**65**	**185**
BJA/SAMHSA	Home visits	**55**	**65**	**65**	**185**
BJA/SAMHSA	Wrap around recovery support services (RSS)	**55**	**65**	**65**	**185**
BJA/SAMHSA	Judicial and clinical case management	**55**	**65**	**65**	**185**
BJA/SAMHSA	Integrated Screening and Assessment	**55**	**65**	**65**	**185**
BJA/SAMHSA	Individualized treatment planning	**55**	**65**	**65**	**185**
SAMHSA	Aftercare/relapse prevention	**55**	**65**	**65**	**185**

Pinellas Adult Drug Court Demographic Profile (May 2014-April 2015) 1,180 Participants:

CHARACTERISTIC	VALUE	CHARACTERISTIC	VALUE
Identified as Male	61%	Ages 35-44	19%
Identified as Female	39%	Ages 45-54	13%
Caucasian/White	85%	Ages 55-61	.04%

Black/African American	14%	English-Speaking	100%
Hispanic/Latino (Non-White)	.07%	Alcohol	42%
Native American	.001%	Cocaine	26%
Other Race(s)	.002%	Marijuana	57%
Ages 17-24	21%	Prescription Meds	62%
Ages 25-34	40%	Heroin	4%

Comprehensive Crime and Substance Abuse Data:

Crime in Pinellas County (2014)[1]	
Percentage of Population Arrested	47%
Percentage of Non-Violent Crime	87%
Drug Related Arrests	16.7% (2012)
Florida Recidivism Rate (Drug Offenders)	25%

Substance Use Pinellas County (2014)[2]			
CHARACTERISTIC	VALUE	CHARACTERISTIC	VALUE
Binge Drinkers (18+)	17.6%	Rx Drug Deaths (2013)	172
SAMHSA BH Barometer: Florida (2013)[3]			
Adult Illicit Drug Abuse (2013)	2.5%	Public Mental Health System (18-64)	38%
Opioid Treatment (2013)	14,433	Past Year Suicide Thoughts (18+)	3.5%
SA Treatment (2013)	53,641	Severe Mental Illness (18+)	4%

Below is a profile of Pinellas County compared to the population of Florida and the U.S.

CHARACTERISTIC	PINELLAS CTY	ALL FLORIDA	U.S.
Population (2014)	938,098	19,893,297	318,857,056
Caucasian/White (2013)	83.4%	78.1%	77.7%
Black/African American (2013)	10.8%	16.7%	13.2%
Hispanic/Latino (Non-White) (2013)	8.6%	23.6%	17.1%
Mixed Races (Two or More) (2013)	2.0%	1.9%	2.4%
Veterans (2009-2013)	94,997	1,569,406	21,263,779
Language Other Than English Spoken in Home	13.2%	27.4%	20.7%
High School Diploma or Equivalent (09-13)	88.9%	86.1%	86%
Median Household Income (2009-2013)	$45,535	$49,956	$53,046
Persons Below Poverty Level (2009-2013)	14.1%	16.3%	15.4%
Unemployment Rate (February 2015)	5.2%	5.6%	5.4%

Subpopulations, Access, Use and Outcomes: The U.S. Census Bureau data noted above[4] illustrates that Pinellas County is less diverse than Florida and the nation, with Caucasians comprising 83.4% of the county population. Racial/ethnic subpopulations include Hispanics/Latinos (8.6%) and Blacks/African Americans (10.8%). Other subpopulations including women, veterans and individuals

with co-occurring behavioral health disorders or comorbid health conditions, also experience health inequalities related to less access to care, lower or disrupted service use, and poorer behavioral health outcomes. The Healthy Communities Network's *Healthy Tampa Bay* website features a "Health Disparities Dashboard" which reports healthcare data in regards to access, use and outcomes. Data shows that Hispanics/Latinos in Pinellas County are about 14% less likely to have a usual source of health care than the county average, and more than 20% less likely to have some type of insurance. The Florida Department of Health's *2015 Access to Care: Pinellas County* report notes that 26% of Pinellas County residents (ages 18-65) were uninsured from 2011-2013; 10% of children in the county were uninsured from 2011-2013; 16.3% of county residents were unable to see a doctor in 2014 due to cost; and 7.5% of Pinellas County residents felt they would receive better quality healthcare if they belonged to a different race/ethnic group. **Medication Assisted Treatment (MAT):** The Court currently receives funding from the State of Florida to cover costs of Vivitrol® (naltrexone) under the care and prescription of a physician and licensed treatment provider. WestCare GulfCoast-Florida receives funding from Florida Alcohol and Drug Abuse Association (FADAA) to cover the costs of Vivitrol® offered to some residential treatment clientele under the care and prescription of a physician. The PADC Team will comply with MAT as confirmed in its Statement of Assurance.

[1] *Florida Dept. of Law Enforcement www.fdle.state.fl.us*
[1] *Florida Dept. of Health, "Pinellas County Substance Abuse Profile 2015"*
[1] *SAMHSA Behavioral Health Barometer Florida, 2015, www.samhsa.gov/data*
[1] *U.S. Census Bureau Data http://quickfacts.census.gov/qfd/states/12/12103.html*

2. PROJECT DESIGN AND IMPLEMENTATION (30 PERCENT)

Pinellas County Government, on behalf of the Sixth Judicial Circuit (SJC), intends to enhance the capacity of the existing Pinellas Adult Drug Court (PADC) through the implementation of the ***Elevate***. *Elevate* represents a

elevate, v.

1. to lift up
2. to increase the level of (something)
3. to raise (someone) to a higher level

comprehensive strategy and specialized track that will address gaps in the continuum of treatment and break the cycle of criminal behavior, trauma, substance use, incarceration and other penalties experienced by high risk/high need, nonviolent youthful offenders (ages 18-30) who are diagnosed with a substance abuse disorder (SUD), have experienced trauma and may have a mild co-occurring mental health disorder. The development of *Elevate* is informed by the National Drug Court Institute's (NDCI) *Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients*. The publication emphasizes the need for high risk/need offenders to receive the full complement of services embodied in NADCP's and BJA's key components. NDCI's publication, *Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders* also informed the design, as well as, BJA's and National Institute of Justice's (NIJ) *Seven Program Design Features: Adult Drug Court Principles, Research and Practice,* which is part of BJA's *Research into Practice* (R2P) initiative and integrated within the design the PADC the proposed *Elevate* track. **PURPOSE, GOALS, AND OBJECTIVES:** The primary goal of *Elevate* is to reduce crime and substance abuse among high risk/need, non-violent youthful offenders to increase their likelihood of successful reintegration into Pinellas County which will also increase overall public safety.

Goal 1: Elevate will enhance the capacity of the PADC to address the risk/needs of youthful offenders.
Objective 1A: Over the life of the grant, 185 PADC participants enrolled in Elevate (55 in YR 1 and 65 in YRs 2-3) will be provided with integrated screening and assessment; individualized treatment planning; case management; and trauma-informed, evidence-based and gender responsive behavioral health services as evidenced by case management documentation.
Objective 1B: Over the life of the grant, 75% of PADC participants enrolled in Elevate will complete their individualized treatment plans (including achievement of goals) as evidenced by case management documentation.
Objective 1C: Over the life of the grant, 85% of PADC participants enrolled in Elevate and 90% of key community stakeholders will report satisfaction with the Elevate program as indicated on annual satisfaction surveys (with scores of at least 75% overall satisfaction).
Goal 2: Elevate will reduce the risk of recidivism and substance use among youthful offenders to increase their likelihood of successful reintegration into the community.
Objective 2A: Annually, at least 80% of PADC participants enrolled in Elevate will exhibit a reduction in

the antisocial behaviors that trigger their criminal activity and substance use as evidenced by the TAPD, case management documentation and the LSI-R™. In addition, 80% of PADC participants that complete Elevate will maintain reductions in antisocial behavior at follow-up post discharge as evidenced by GPRA.
Objective 2B: Annually, at least 80% of PADC participants enrolled in Elevate will have reduced substance use from intake to discharge and 75% will remain drug-free during enrollment as evidenced by GPRA and case management documentation.
Objective 2C: Over the life of the grant, at least 80% of PADC participants enrolled in Elevate will not be re-arrested for non-drug related charges or drug related charges during participation in the program as evidenced by case management documentation. In addition, increased coordination with probation officers will ensure that non-compliance issues are identified and corrected with 48 hours of observance.
Objective 2D: At least 60% of PADC participants enrolled in Elevate will remain crime and substance free during enrollment, at discharge and at follow-up post-discharge as evidenced by case management documentation and GPRA.
Objective 2E: At least 80% of PADC participants enrolled in Elevate will have reduced overall assessed risk from intake to discharge and at follow-up post discharge as evidenced by the LSI-R™
Objective 2F: At least 70% of PADC participants enrolled in Elevate will have reduced trauma-related symptoms from intake to discharge and at follow-up post discharge as evidenced by the TAPD and GPRA.
Objective 2G: At least 60% of PADC participants enrolled in Elevate with violent behaviors at intake will have reduced symptoms associated with violence at discharge and at follow-up post discharge as evidenced by the LSI-R™ and GPRA.
Goal 3: *Elevate* will address gaps in the treatment continuum for youthful offenders with COD and increase protective factors that strengthen their success during reentry.
Objective 3A: At least 70% of PADC participants enrolled in *Elevate* that participate in home visits and complete their treatment plans will have positive contact with members of their household (e.g., family members) at discharge and self-report either a strengthened household or strengthened/more connected family as evidenced by case management documentation.
Objective 3B: Education completion rates among PADC participants enrolled in *Elevate* will increase by 20% from intake to discharge as evidenced by GPRA and case management documentation.
***Objective 3C*:** At least 60% of PADC participants enrolled in *Elevate* that participate in employment readiness activities will have increased employment or job training outcomes from intake to discharge and at follow-up post discharge as evidenced by GPRA and case management documentation.
***Objective 3D*:** One hundred percent (100%) of PADC participants enrolled in *Elevate* that lack stable housing at intake will receive housing counseling and assistance in securing and maintaining stable housing as evidenced by case management documentation. Eighty percent (80%) of participants will continue to maintain stable housing at follow-up post discharge as documented by GPRA.
***Objective 3E*:** At least 80% of PADC participants enrolled in *Elevate* who complete their treatment plans will self-report improved social connectedness at discharge and at follow-up post discharge as evidenced by LSI-R™, GPRA and case management documentation.
***Objective 3F*:** At least 80% of PADC participants enrolled in *Elevate* who interact with the Peer Recovery Advocate will self-report greater navigation and use of wrap around and recovery support services, as well as, social connectedness at discharge and at follow-up as evidenced by case management documentation

and GPRA.

MEANINGFUL RESULTS: Use of EBPs from SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) will help to achieve the proposed goals and objectives, thereby yielding the following results: risks and needs will be more effectively addressed; higher rates of program completion; reductions in the risk of recidivism and substance use; higher rates of abstinence from criminal activity and substance use; reductions in antisocial behaviors that trigger criminal activity and substance use; greater coordination between systems; higher and sustained rates of employment, education and housing stability; parenting and family functioning outcomes will strengthen; increases in supports and social connectedness; and greater access and use of recovery support services. **SERVICE ENHANCEMENTS:** From 2015-2018, the SJC proposes to improve the quality and intensity of services for 100% of PADC participants (ages 18-30) enrolled in *Elevate* with eight (8) innovative enhancements that are described later in this section. **THE 10 KEY COMPONENTS:** Established in 2001, the PADC maintains fidelity to the ten (10) key components as follows: **Key Component #1:** ***Drug courts integrate alcohol and other drug treatment services with justice system case processing.*** The PADC assists drug offenders to achieve sobriety, recovery, self-sufficiency and stability through a coordinated, multidisciplinary team approach which includes research-based SA treatment services provided by experienced and qualified community-based behavioral health services providers through subcontracts. For the proposed *Elevate* program the SJC proposes to partner with two experienced providers, Center for Rational Living (CRL) and WestCare GulfCoast-Florida, Inc. (WC-GCFL). To ensure coverage of all parts of Pinellas County (one of the largest counties in Florida) CRL will serve *Elevate* participants in the northern part of Pinellas County and WC-GCFL will serve the southern part of the County. *More details about the facilities and resources of the proposed treatment providers are provided in Section 3.* **Key Component #2:** ***Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.*** Within the

PADC, the State Attorney and Public Defender (key members of the drug court team) work together to facilitate each defendant's treatment progress by allowing the merits of their pending cases to become secondary to a new (primary) focus on each offender's recovery and law-abiding behavior. **Key Component #3:** ***Eligible participants are identified early and promptly placed in the drug court program.*** Highest risk/need offenders are prioritized using a Risk-Need-Responsivity Model; validated risk assessment tool; multiple referral sources; and allowing pre-trial intervention (PTI) and post-plea cases. Eligibility screening is conducted by Solutions Behavioral Healthcare Consultants (contracted vendor) using the Herdman Assessment Form (biopsychosocial questionnaire) and high risk/high need cases enter the program immediately following a determination of their eligibility. Objective eligibility criteria is based on empirical evidence and communicated to potential referral sources in writing. Criterion for inclusion in the PADC includes: Candidate is 18 years of age or older and resides in Pinellas County, Florida; Candidate communicates a willingness, ability and desire to complete the program; Candidate meets ASAM criteria for OP and DSM 5 criteria for substance disorder; and Candidate is not a violent offender. **Key Component #4:** ***Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.*** The proposed treatment providers, CRL and WC-GCFL, offer continuums of behavioral health services in centrally located areas of Pinellas County, Florida, including: emergency shelter, transitional housing, sober living, residential treatment, rapid rehousing counseling, access to permanent supportive housing, transportation and wrap around and recovery support services. Neither BJA nor SAMHSA funds will be used to provide residential treatment, although WC-GCFL has the capacity to offer residential treatment at its facility in St. Petersburg, Florida, to all participants as clinically indicated. **Key Component #5:** ***Abstinence is monitored by frequent alcohol and other drug testing.*** Abstinence and treatment compliance will be monitored by frequent science-based randomized urine drug testing

administered by technicians trained in procedures that follow the NADCP standards with adherence to Chain of Custody Protocols found within the Clinical Improvement Act. Results of urinalysis testing are immediate. Breathalyzers are also used with participants with a history of alcohol use. Drug testing is never used to enact sanctions or punishments and is used as part of a therapeutic intervention. **Key Component #6:** ***A coordinated strategy governs drug court responses to participants' compliance.*** The multi-disciplinary PADC Team maintains frequent and regular communication in order for the Court to respond expeditiously to apply a graduated matrix of incentives (non-cash) and sanctions in alignment with the NADCP's *Adult Drug Court Best Practice Standards*: *Incentives, Sanctions and Therapeutic Adjustments*. Additionally, the NDCI's publication, *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions* assists the Court to develop its matrix of graduated incentives and sanctions. **Key Component #7:** ***Ongoing judicial interaction with each drug court participant is essential.*** The SJC has strict judicial supervision requirements that underscore that the Judge is the leader of the PADC and emphasizes an active, supervising relationship, maintained throughout treatment that increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. **Key Component #8:** ***Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.*** SJC monitors operations using data indicators such the number of defendants screened and assessed, persons enrolled, persons rejected, successful completers, persons terminated, etc. In addition, Pinellas County, the SJC and WestCare Foundation, Inc. have developed a comprehensive monitoring and evaluation plan described in Section 4. **Key Component #9:** ***Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.*** Cross system training and various interagency structures will continue to be utilized to develop shared understandings and operating procedures of both treatment and the justice system components, and to maintain a high level of

professionalism, provide a forum for solidifying relationships, and promote a spirit of commitment and collaboration. **Key Component #10:** ***Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.*** The SJC facilitates system wide involvement through its commitment to share responsibility and participation of a multidisciplinary team including Court staff, representatives of the state attorney and public defender, law enforcement, community-based social services and treatment providers. **DESCRIPTION OF EVIDENCE-BASED PROGRAMS AND PRACTICES:** In alignment with the BJA's *Requirements Resource Guide*, the *Elevate* program will use evidence-based programs and practices featured in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) as follows: **Cognitive Behavioral Therapy (CBT),** developed by Dr. Aaron T. Beck, is a form of psychotherapy in which the therapist and the client work together as a team to identify and solve problems. Therapists help clients to overcome their difficulties by changing their thinking, behavior, and emotional responses. **Motivational Interviewing (MI)** is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. **Motivational Enhancement Therapy (MET)** is a goal-oriented, client-centered counseling style for facilitating behavior change by helping clients to resolve ambivalence across a range of problematic behaviors. MET uses an empathic and strategic approach in which the therapist provides feedback that is intended to strengthen and consolidate the client's commitment to change and promote a sense of self-efficacy. These motivational approaches and techniques are center-stage in *Elevate's* proposed core curricula: **Moral Reconation Therapy (MRT)** is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group

and individual counseling using structured group exercises and prescribed homework assignments. **Seeking Safety (SS)** by Lisa Najavits, Ph.D. is a present-focused treatment for clients with a history of trauma and substance abuse. SS focuses on coping skills and psychoeducation and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues). **JUSTIFICATION OF EVIDENCE-BASED PROGRAMS AND PRACTICES:** All information used (below) to justify the use of the EBPs (above) with the population of focus was gleaned from EBP profiles on NREPP. ***Addressing Issues in the Population of Focus:*** All the EBPs noted above involve the use of CBT, MET or MI, which, as documented on SAMHSA's NREPP, are all effective for adults (of all ages) with substance abuse and co-occurring disorders. ***Race/Ethnicity:*** Selected EBPs are noted for their effectiveness with the racial/ethnic subpopulations identified within this proposal. ***Gender/Sexual Identity:*** NREPP identifies the **s**elected EBPs as effective with all genders. Gender-specific curriculum developed by Paul Kivel and Stephanie Covington (described in this section) will be used in gender-specific groups facilitated by same-gender counselors to ensure gender responsivity. The PADC Team understands that for some people, their gender identity does not fit neatly into one of two choices: male or female, and that their gender identity is not visible to others. The PADC Team acknowledges and honors the diverse ways that participants self-identify. Behavioral health professionals employed by WC-GCFL and CRL are competent in substance abuse treatment for LGBT individuals and utilize SAMHSA resources regarding LGBT to ensure that the PADC program is inclusive of all Floridians. ***Age:*** All EBPs identified (i.e. MI, MET,

SS, MRT) are appropriate for use with young adults 18-25, and adults 26-55. ***Geography:*** The EBPs have been used previously in rural and urban areas by the treatment provider with success. ***Adverse Side Effects:*** No adverse side effects, concerns, or unintended consequences were identified by the developer of MI, MET, SS or MRT. ***Socioeconomic Status:*** Behavioral health status can be directly linked to socioeconomic status and the use of the EBPs noted can assist in mitigating risk factors associated with lower socioeconomic status, and improve socioeconomic status through treatment and wrap-around services to ameliorate behavioral health conditions. ***Language:*** The treatment providers will make printed materials available in Spanish as needed. The program will also provide deaf, hard of hearing and bilingual interpreters as needed. ***Disability:*** The program will make all accommodations as needed to ensure access and use is possible by all participants. The treatment providers are experienced in providing treatment and wrap-around services to individuals with comorbid behavioral health and physical health disabilities in compliance with ADA guidelines. ***Addressing Appropriateness for Outcomes*:** As noted on NREPP outcomes and outcome categories for MI, MET, SS and MRT are consistent with the outcomes identified for the *Elevate* program. The table displays the outcomes/outcome categories for the EBPs.

Outcome Categories	MRT	SS	MI	MET
Alcohol		X	X	X
Drugs		X	X	X
Mental Health		X	X	
Trauma		X	X	
Treatment/Recovery		X	X	
Crime/Delinquency	X		X	
Social Functioning	X		X	X
Family/Relationships			X	
Outcomes (by NREPP Review Date)	**MRT (2008)**	**SS (2006)**	**MI (2007)**	**MET (2007)**
Substance Use		X	X	X
Alcohol Consumption			X	X
Recidivism	X			
Personality Functioning	X			
Trauma-Related Symptoms		X		
Treatment Retention		X	X	

The proposed *Elevate* track incorporates the proposed evidence-based programs and practices into an individualized treatment plan for each participant that (on average) is planned to have a length of nine (9) to twelve (12) months depending on individual risk/need and provided in stages that correspond to treatment phases. Objectives have been identified **to ensure that the project's goals will be achieved over the 3-year grant period**. The table details how EBPs are integrated.

Treatment Phases	MRT	SS	MI	MET
I: Challenge to Change	**X**	**X**	**X**	**X**
II: Commitment to Change	**X**	**X**	**X**	**X**
III: Ownership of Change			**X**	**X**

Modifications: No modifications are planned for the evidence-based programs and practices identified. *See Section 1 for a detailed description of subpopulations and health disparities.* **Identification, Recruitment and Retention of the Population of Focus:** In alignment with NADCP *Adult Drug Court Best Practice Standards*, the SJC has developed eligibility criteria for the PADC that is nondiscriminatory in intent and impact; has developed a "no wrong door" entry policy with numerous referral sources; ensures that all PADC participants receive the same levels of care and quality of treatment; employs graduated sanctions and motivational incentives (positive reinforcement) in an objective and nondiscriminatory manner; and ensures the PADC Team and referral sources are knowledgeable regarding cultural competency and health disparities. The PADC has steadily been adapted to better meet the needs of participants with co-occurring disorders and utilizes several evidence-based programs and practices to engage and retain clients. Trauma-informed and gender-specific programming also enhances the PADC's ability to be strengths-based. Moreover, the SJC also tracks retention rates within its treatment courts and reviews retention rates and factors contributing to the rates as part of their program improvement process. **Ensuring Input in Assessing, Planning and Implementing the Project:** The PADC Team is dedicated to recovery-oriented care and administering a participant-centered program in which the involvement and meaningful input of persons in recovery

(and their families as applicable) is integrated throughout the process of designing, implementing, monitoring, and improving the program. Through focus groups, screening/assessment, treatment planning, participant and stakeholder satisfaction surveys, comment cards, feedback solicited by staff, sharing information on quality improvement with participants or participants/stakeholders sharing their stories in Court, the PADC presents maximum opportunity for participants to make meaningful contributions to their own care and to the drug court program as a whole. **Implementation of Eight (8) Innovative Enhancement Activities: Enhancement #1:** ***Implementation of an evidence-based and gender responsive outpatient (OP) substance abuse treatment track for youthful offenders:*** Treatment services for the *Elevate* track have been designed using NADCP *Adult Drug Court Best Practice Standards* and best practices noted by SAMHSA's GAINS Center and the National Drug Court Institute (NCDI) including *SAMHSA TIP 23: Treatment Drug Courts: Integrating Substance Abuse Treatment with Legal Case Processing*. The SJC proposes to partner with WC-GCFL and CRL (see Section 3 for detailed descriptions of these providers) to provide participants with integrated clinical services that address their substance use disorders, co-occurring mental health conditions (as needed), criminogenic thinking and other risk factors for recidivism. In alignment with SAMHSA's recommendation for the treatment of individuals with co-occurring disorders, *Elevate* participants will participate in phased substance abuse treatment services for nine (9) to twelve (12) months or longer depending on individualized need and treatment plans.

I: CHALLENGE TO CHANGE ***"ORIENTATION & ENGAGEMENT"***	**II: COMMITMENT TO CHANGE** ***"INTENSIVE TREATMENT"***	**III: OWNERSHIP OF CHANGE** ***"RELAPSE PREVENTION & TRANSITION"***
Three (3) Months Three (3) Groups Per Week Total Hours Per Week: 7.5 *Individual counseling sessions provided as needed.* ***Phase Objectives:*** • Participants build rapport and	Three (3) Months Two (2) Groups Per Week Total Hours Per Week: 5 *Individual counseling sessions provided as needed.* ***Phase Objectives:*** • Participants learn and exhibit	Three (3) to Six (6) Months One (1) Group Per Week Total Hours Per Week: 2.5 *Individual counseling sessions provided as needed.* ***Phase Objectives:*** • Participants take ownership of

trust with treatment team staff (therapeutic alliance). • Participants develop core knowledge of substance abuse; cognitive behavioral change, relapse and recidivism; and the interaction of their histories of crime, delinquency and substance abuse. • Participants are provided with cognitive and behavioral concepts and tools of relapse and recidivism prevention.	skills of cognitive self-control, managing relationships and community responsibility. • Through self-disclosure and feedback, participants become aware of and understand high-risk patterns of thinking and behaviors. • Participants commit to specific patterns of change to build self-efficacy in preventing relapse and recidivism.	demonstrate maintenance of changes over time. • Sustain their ability to avoid substance use and participation in illegal activity. • Utilize community supports to help sustain positive changes. • Participants prevent cognitive relapse and recidivism. • Participants become role-models of other individuals in the process of recovery and change.

Counseling interventions include individual counseling (conducted as needed) and group counseling (conducted weekly). Multidisciplinary treatment team will use CBT, MI and MET during implementation of Moral Reconation Therapy (MRT) and Seeking Safety (SS). Treatment providers will also incorporate gender-specific curricula including: Paul Kivel's **Young Men's Work: Stopping Violence and Building Community**, a 26-session curriculum that addresses a wide variety of personal, interpersonal and social issues that young men face, offering them understanding, support, problem-solving skills, and tools for building healthy relationships; and Stephanie Covington's **Beyond Anger & Violence,** a 21 sessions manualized curriculum for women who are struggling with the issue of anger and who are in community settings (outpatient and residential substance abuse treatment programs, domestic violence shelters, mental health clinics, etc.). Both WC-GCFL and CRL have the ability to provide **mental health counseling** for individuals with mild co-occurring mental health disorders. Individuals who present more severe mental health symptoms during assessment will be referred to local mental health providers who can provide further evaluation, medication, monitoring and/or mental health treatment. **Enhancement #2:** ***Implementation of a comprehensive trauma-informed approach and interventions in alignment with SAMHSA's Trauma and Justice Strategic Initiative:*** In alignment with goals 2.1 through 2.5 of SAMHSA's *Trauma and Justice*

Strategic Initiative and SAMHSA's *TIP 57: Trauma-Informed Care in Behavioral Health Services*, and SAMHSA's publication, *Essential Components of Trauma-informed Judicial Practice: What Every Judge Needs to Know About Trauma*, a comprehensive trauma-informed care philosophy and approach will be employed to address the impact of violence and trauma among *Elevate* participants. In alignment with SAMHSA's GAINS Center's publication, *Trauma-Specific Interventions for Justice-Involved Individuals*, Seeking Safety (SS) is proposed as a primary trauma-specific intervention. WC-GCFL and CRL staff also meet trauma-informed counselor competencies. **Enhancement #3: *Implementation of an integrated screening and assessment protocol using validated tools:*** Following the initial screening for eligibility and referral to a treatment provider for outpatient treatment services, a counselor employed by either treatment provider will work in a therapeutic alliance with each *Elevate* participant to complete a comprehensive and integrated (SA + MH) screening and assessment using a strengths-based approach (noted by BJA, CCI, NADCP, SAMHSA, and the NDCI as an evidence-based practice), which meets the criteria outlined by the American Society of Addiction Medicine (ASAM). Counselors will use a comprehensive **biopsychosocial assessment** tool which has been developed by the treatment providers and complies with licensure and accreditation standards. The goal of the structured clinical interview is to learn about the participants in several domains that most impact recidivism and relapse. Counselors will also administer the validated **Triage Assessment for Psychiatric Disorders (TAPD)** developed by The Change Companies®. The TAPD is a brief psychiatric disorder assessment that covers nine AXIS I and five AXIS II conditions to determine if further assessment or services are needed. The addition of the **Level of Service Inventory–Revised™ (LSI-R™)** is proposed as an enhancement as described below in *Enhancement #4*. Using information gleaned during the assessment, treatment staff, the client and any/all members of the client's "circle of support" (i.e. family members, friends, clergy, etc.) that the client identifies (and

desires to include), are invited to participate in the development of an individualized treatment plan which is updated at least once every 30 days. **Enhancement #4: *Implementation of a Risk-Needs-Responsivity (RNR) model using the Level of Service Inventory–Revised™ (LSI-R™):*** The SJC, in conjunction with treatment providers , will enhance the PADC program with the use of the evidence-based Risk-Need-Responsivity (RNR) and validated Level of Service Inventory–Revised™ (LSI-R™) assessment tool within its eligibility screening and during the treatment provider's integrated screening and assessment protocol to match each offender's level of service to his/her level of risk and relative to his/her needs (and prior to discharge). Scales of the LSI-R™ include: criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drug problems, emotional/personal and attitudes/orientation. **Enhancement #5: *Implementation of a Home Visitation Pilot as part of comprehensive community-based case management:*** The PADC Team proposes to pilot an integration of supportive home visits into the overall case management and supervision of *Elevate* participants. Referred to by the Pew Charitable Trusts, Department of Health and Human Services (DHHS) and Administration for Children and Family Services (ACF) as an evidence-based practice, home visitation will be provided to 100% of participants enrolled in the *Elevate* program. The PADC Team envisions that home visits will be an important outreach intervention to ensure that each participant's home environment supports his/her recovery. The home visiting model will provide an important opportunity to strengthen system coordination between law enforcement, judicial and social services systems by forming a home visitation team comprised of a counselor and case manager (provided by the treatment providers), as well as, each participant's assigned probation officer (provided by the Florida Department of Corrections, Division of Community Supervision). A "Home Care Kit" will be taken to each initial home visit and will contain a variety of items tailored to each particular household (e.g., First Aid Kit;

Personal Fire Extinguisher; Home and Family Health and Safety Guide; Pinellas County Community Resources Directory; etc.). Additional items to engage family members (i.e. children's coloring and activity books, prenatal books, board games, etc.) will be provided as well. All home visits will be documented in the participants' clinical file and shared with the Court's Case Manager and the PADC Team during case reviews. The home visitation team will schedule future home visits based on individual need. On average, participants will receive at least one home visit every 30 days for the 9-12 months they are in treatment. **Enhancement #6: *Implementation of Peer Recovery Advocate services*:** Building from Pinellas County's and WC-GCFL's participation in local Access to Recovery (ATR) services, and informed by two SAMHSA publications, *Access to Recovery (ATR) Approaches to Recovery-Oriented Systems of Care*, and *What Are Peer Recovery Support Services?*, the PADC Team proposes to hire a paid Peer Recovery Advocate. This full-time position will be held by an individual who has similar "lived experiences" as the participants in the PADC, and has exhibited success in sustaining a crime and drug free life for two (2) consecutive years or longer. The position provides emotional, informational, instrumental and affiliational support, peer leadership, outreach, advocacy, coaching and recovery support services to those seeking or sustaining recovery using the evidence-based **Wellness Recovery Action Plan (WRAP)**, featured on NREPP, to develop a Wellness Recovery Action Plans with participants. **Enhancement #7: *Implementation of enhanced wrap around and recovery support services including new employment readiness components that specifically address the needs of youthful offenders:*** Nonclinical "wrap around" or recovery supportive services (RSS) will be initiated with all *Elevate* participants throughout participation, beginning with the development of a participant's individualized treatment plan. Using best practices from SAMHSA's RSS/Recovery-Oriented Systems of Care, the PADC will integrate flexibly staged RSS with treatment services throughout the term of participation. RSS that will be offered include:

Community-based Case Management: In alignment with *SAMHSA TIP 27: Comprehensive Case Management for Substance Abuse Treatment*, case management will enhance the scope of addictions treatment, the recovery continuum and the overall PADC experience. Case Management will be provided in a coordinated approach between the Court's Case Manager (judicial) and WC-GCFL and CRL Case Managers (clinical). ***Transportation assistance*** in the form of taxi vouchers and bus passes will be available to *Elevate* participants to ensure arrival at job interviews, group meetings, healthcare appointments, etc. ***Support Groups:*** The PADC Team will identify appropriate support groups, such as Double Trouble in Recovery, that address both substance abuse and mental illness. Any support group referrals, such as to 12-step programs like AA, will be preceded by some preparation of the participant as to what he/she will encounter (since many clients with co-occurring disorders may feel uncomfortable in a group setting). ***Relapse Prevention:*** In alignment with SAMHSA's *TAP 19: Relapse Prevention with Chemically Dependent Criminal Offenders* and BJA's Drug Court Clearinghouse document, *The Nature and Provision of Aftercare: Continuing Care Programs that Last Beyond Graduation*, WC-CGFL and CRL will offer community-based relapse prevention/aftercare. The *Relapse Prevention Journal* will be incorporated to develop individualized relapse prevention plans. ***Life Skills Training*** will be incorporated into each participant's treatment plan and provided by WC-CGFL and CRL in coordination with the Court's Case Manager using manualized curriculum, self-reflective journaling and facilitated discussions to assist participants to develop a personalized tool kit for positive living. ***Family Engagement:*** In alignment with NADCP best practice standards, WC-GCFL and CRL will offer **family** groups and activities to encourage the participation of family members in the participant's recovery (as applicable). A Family Intervention Specialist employed by WC-GCFL is also available to consult with the treatment team to develop parenting and family interventions. ***Education:*** *Elevate* participants will be referred to community-based providers for free

educational instruction to earn a GED (i.e. Literacy Council in Pinellas County) or to local colleges, universities or technical centers (e.g., St. Petersburg College, University of South Florida, Pinellas Technical Education Center, etc.) and assisted with enrollment. ***Employment Services:*** All participants enrolled in *Elevate* will complete the Work Readiness Inventory (WRI), a 36-item self-report tool which identifies levels of concern in six areas crucial to work readiness: responsibility, flexibility, skills, communication, self -view, and health and safety. In addition, day and/or evening groups are offered (could be peer-led) which explore topics from *Life Skills for Vocational Success* which offers practical training to assist adults with disabilities (including COD) to develop soft skills that are essential to living a full life and securing and maintaining competitive, long-term, community-based employment. ***Employment Readiness Assistance Fund:*** The PADC proposes to establish a participant assistance fund which will provide incentives of non-cash assistance with items that are needed to secure and maintain employment including (but not limited to): vouchers for child care; bus passes and taxi vouchers; assistance with required attire (e.g., work boots, uniforms, business attire, etc.); vouchers for hair-cuts, bonding, etc. **Enhancement #8: *Implementation of evidence-based strategic sustainability planning using evidence-based curriculum:*** At no cost to BJA or SAMHSA, WC-GCFL has agreed to conduct strategic sustainability planning with the PADC Team by WC-GCFL using a model curriculum and planning process for sustainability planning copyrighted by The Finance Project which emphasizes strategic financing planning and a myriad of financing strategies not limited only to grant seeking. The sustainability planning process reviews program goals, procedures and practices, and sets five year plans for maintaining, expanding, enhancing and sustaining program services with quality improvement in mind. WC-GCFL has used the model for nearly 10 years. **Adherence to CLAS*:*** All services are provided in compliance with The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS

Standards) which are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Staff is required to complete training regarding culturally responsive treatment and use of CLAS annually. Cross training in CLAS is provided to the Court and law enforcement by WestCare as needed. **Infrastructure Request:** The PADC program will be celebrating its 15th anniversary in 2016. Over the last 14 years the SJC has developed a healthy infrastructure of physical and virtual resources. Within this request, no funding for infrastructure is requested. **Utilization of Third Party and Other Revenue Sources:** The applicant, and its treatment providers, will prioritize the use of third party and other revenue sources (e.g. Medicaid, private insurance, client fees, etc.) to provide services to participants prior to using SAMHSA grant funds. During the intake process WC-GCFL and CRL will continue to screen all participants to determine their eligibility for public or commercial health insurance programs, other services or benefits (e.g. Veterans Administration) and assist them to seek those benefits. **Referrals for HIV & Viral Hep Testing:** As documented in letters of commitment from CRL and WC-GCFL and a memorandum of understanding signed by the Florida Department of Health and SJC, upon referral to WC-GCFL or CRL for treatment, the treatment providers will administer a health risk screen and offer free HIV and TB testing to clients. Both WC-GCF and CRL currently have the ability to administer HIV rapid preliminary antibody tests onsite. The Florida Department of Health in Pinellas County has agreed to accept referrals of *Elevate* participants who have a preliminary positive HIV test for the purposes of administering a confirmatory HIV test. The Florida Department of Health in Pinellas County has also agreed to provide viral Hepatitis (B and C) testing to Elevate participants, as well as, any counseling, education and treatment required. **Realistic Timeline:**

		First 12 Months											
Activity	**Responsible**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**

Alert PADC Team and partners of the Notice of Award	Project Director												
Hold start-up planning meeting with PADC Team and partners	Project Director												
Ensure all MOUs/MOAs are finalized	Project Director, Treatment Providers												
Advertise Vacant Positions	Project Director, Treatment Providers												
Interview and Hire Staff	Project Director, Treatment Providers												
Finalize Policies and Procedures	Project Director, Treatment Providers												
Update the PADC Participant Handbook as needed	Project Director, PADC Team												
Provide Staff Orientation and Training	Project Director, Treatment Providers												
Finalize Data Collection and Evaluation Procedures	RA, Evaluator, Project Director												
Accept Referrals	Project Director, PADC Team, Treatment Providers												
Integrated Screening and Assessment	Treatment Providers												
Individualized Treatment Planning	Court Case Manager Treatment Providers												
Clinical and Non-Clinical Services Commence	Court Case Manager Treatment Providers												
Judicial/Community Supervision	Judge, PADC Team												
Evaluation Begins	PADC Team, Evaluator												
Years 1-3 Program Monitoring and Quality Improvement	PADC Team, Evaluator												
Team Cross-Training and Education	PADC Team												
PADC Team Meets Regularly	PADC Team												
Solicit Feedback from PADC Participants and Stakeholders	Project Director												
Reporting to SAMHSA as Required	Project Director, PADC Team, RA, Evaluator												
Sustainability Planning	PADC Team, WestCare												

YRs 2-3 will be similar to YR 1with the exception of new program start-up activities. The PADC Team will also attend grantee meetings annually either in-person or via video-conferencing.

3. CAPABILITIES AND COMPETENCIES (25 PERCENT)

PROJECT COMPONENTS EMBEDDED IN EXISTING SERVICE DELIVERY SYSTEM: The applicant, Pinellas County government, is complex mix of 25 governmental bodies: one for each of the 24

cities/municipalities and one for the unincorporated area. The Sixth Judicial Circuit (SJC) - with 69 Judges - is part of Pinellas County, and is Florida's third largest trial court and recognized as one of the most efficient trial courts in the nation. Pinellas County government is committed to progressive public policy, superior public service, judicious exercise of authority and responsible management of public resources. The Pinellas Adult Drug Court (PADC) was established in 2001, and represents a partnership forged between the SJC, State Attorney's Office, Public Defender's Office, Sheriff's Office, Florida Department of Corrections (community supervision) and community-based treatment providers. Pinellas County is current and past grantee of SAMHSA and BJA. The SJC has also successfully managed grants from the Department of Justice (DOJ), Office on Violence Against Women (OVW), Office of Justice Programs (OJP) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Pinellas County was awarded a BJA/SAMHSA drug court grant in 2012 to serve youthful offenders with prescription misuse issues (contract ends September 31, 2015). A SAMHSA Veterans Treatment Court grant is also being successfully implemented. All participating organizations and their roles are detailed in the table below. Letters of commitment from key partnering organizations are provided in Attachment 6.

ORGANIZATION	ROLE
Pinellas County Government	Applicant. Administrator of the grant contract if awarded.
Sixth Judicial Circuit - Pinellas	Project Director. Operation of the Pinellas Adult Drug Court
Bob Dillinger, Public Defender	Key member of the Pinellas Adult Drug Court Team
Bernie McCabe, State Attorney	Key member of the Pinellas Adult Drug Court Team
Center for Rational Living	Subgrantee. Community-based SA/COD treatment provider
WestCare GulfCoast-Florida, Inc.	Subgrantee. Community-based SA/COD treatment provider
Florida Dept. of Corrections	Manages community supervision and Probation Officers
Florida Dept. of Health - Pinellas	Referral source for HIV and Hepatitis B and C testing/treatment
WestCare Foundation, Inc.	Subgrantee. Independent evaluation of the project

CAPABILITY AND EXPERIENCE OF APPLICANT AND PARTICIPATING ORGANIZATIONS: The **Center for Rational Living** (CRL), a 501(c) 3 community-based, licensed nonprofit, has been providing outpatient substance abuse treatment and aftercare services to clients (ages 18+) of all races, genders

and sexual orientations (including people with co-occurring disorders) in Pinellas County since 1996. CRL is committed to helping to reduce substance use disorders and the unhealthy and sometime illegal behaviors that accompany drug abuse. Currently, CRL is a contracted provider of treatment services for Pinellas County, SJC, Florida Department of Corrections and DUI-Counterattack. CRL maintains a robust network of partnerships with local business, social services organizations and faith-based organizations. **WestCare GulfCoast-Florida, Inc.** (WC-GCFL), a 501(c) 3 community-based, licensed and CARF-accredited nonprofit was established in 2001 and serves approximately 3,500 individuals annually. WC-GCFL has a $7.8M operating budget and is a current and past SAMHSA and BJA (offender mentoring) grantee, and works under numerous contracts with Pinellas County, SJC and the Florida Department of Corrections to provide evidence-based residential and outpatient substance abuse treatment services. WC-GCFL's continuum of treatment services includes emergency shelter, transitional housing, outpatient and residential programs, prevention programs and permanent supportive housing for veterans. WC-GCFL manages more than 30 local, state and federal contracts (i.e. BJA, SAMHSA, VA, DOT, HUD, etc.). **LINKAGES TO POPULATION OF FOCUS:** The SJC, Center for Rational Living and WestCare GulfCoast-Florida, Inc. have been working together since 2012 on a SAMHSA/BJA drug court project titled, *You Can* which provides evidence-based, trauma-informed, gender responsive and culturally responsive treatment and RSS to youthful offenders with prescription misuse issues and co-occurring disorders (a similar population as proposed for *Elevate*). These partners have 47 years of combined experience working with high risk/need Pinellas County residents. Additionally, WC-GCFL operates three residential programs (secure and non-secure) under contract with the Florida Department of Corrections, where approximately 40% of clients are 18-30 years of age and referred by the PADC. **TIES TO COMMUNITY-BASED ORGANIZATIONS:** The SJC and

its partners each have at least 14 years of experience working within the Pinellas County community and have each cultivated strong networks of grassroots, faith-based and community-based partners.

NECESSARY GROUNDWORK: Since the identified partners all currently work together on projects (e.g, SAMHSA and BJA grants), the necessary groundwork has been completed. Following the notice of award, all plans will be finalized in accordance with the timeline provided in Section 2, along with a start-up plan which will be developed post-award by the drug court team to ensure that substance abuse treatment service begin as soon as possible and no later than 4 months after grant award.

ELEVATE STAFF POSITIONS AND EXPERIENCE

POSITION	ROLE	QUALIFICATIONS	LEVEL
Judge	Judge/Leader of the Pinellas Adult Drug Court	Judge	FTE
Court Coordinator	Coordinates Pinellas Adult Drug Court	MA, Criminal Justice	FTE
Court Case Manager	Provides judicial case management of cases	BA or MA	FTE
Clinical Director	Oversees the quality of WestCare clinical services	BSW, CAP	% of FTE
Clinical Director	Oversees the quality of CRL clinical services	LCSW	% of FTE
Counselor	Provides SA OP treatment services for CRL	BA, RMHCI	FTE
Counselor	Provides SA OP treatment services for WC	MA	FTE
Case Manager	Provides clinical case management for CRL	BA	PTE
Case Manager	Provides clinical case management for WC	BA	PTE
Peer Recovery Advocate	Supports recovery of all clients. Peer-to-Peer	2 YRs in Recovery	FTE
Independent Evaluator	Oversees an independent evaluation of Elevate	BA + Experience	Contract
Research Assistant	Assists w/ data collection and evaluation	BA + Experience	FTE

Judge Dee Anna Farnell is a problem solving Judge that was elected as Circuit Court Judge in 1994 and has presided over the PADC for 9 years. She has served in the Juvenile, Criminal and Family Law divisions. Judge Farnell has served 3 terms on the Supreme Court Task Force on Substance Abuse and Mental Health Issues, working to address relevant issues pertaining to treatment based courts. Notably, Judge Farnell instituted the first Veterans Treatment Court in the State of Florida (2013) supported by SAMHSA. **Nicholas Bridenback**, MA, proposed Project Director, is the **Pinellas Adult Drug Court Manager** and has 15years of experience working in problem solving courts including management of the SAMHSA-supported Veterans Treatment Court in Pinellas County. **Jean Jones, BSW, CAP**, is the **Director of Treatment Services** for WC-GCFL and has more than 20 years of experience in the

behavioral health services field as a Certified Addictions Professional. **Bradley Callahan, MA, LCSW**, is the **Director/Clinical Supervisor** for the Center for Rational Living and is a licensed clinical social worker with more than 14 years of experience in the behavioral health field. **All resumes and job descriptions are in Attachment 3.**

RESOURCES AVAILABLE: SJC and its treatment partners have existing, drug-free, centrally located and accessible facilities (ADA compliant) where services will be provided in northern and southern parts of Pinellas County. All partners bring a wealth of infrastructure and institutional knowledge to support the behavioral health and criminal justice programming. All partners maintain electronic databases to assist with judicial and clinical case management.

4. Evaluation, Aftercare, Sustainability, Performance Measurement Data (15 percent)

Evaluator Denise Connor is employed by the WestCare Foundation, Inc. and has 15 years of experience in the evaluation field (e.g. BJA, CSAP, CSAT, HRSA, CDC) and is the evaluator for the CSAT-funded Pinellas Veterans Drug Court. *Data Collection:* The program will report aggregated client-level performance and outcome data through the Performance Measurement Tool (PMT) and the SAMHSA DCP DCI. The Evaluator will oversee the Research Assistant's data entry into these systems. For the programs she currently evaluates, the Evaluation Team has been successful in collecting 100% of the Intake and 88.4% of the 6-month within required timeframes. The CDP tool collects information on the required performance measures outlined in this RFA, including substance use, family and living condition, employment status, social connectedness, and criminal justice status. *Data Reporting:* As required, Ms. Connor submits data to SAMHSA and BJA via their respective reporting systems. The Evaluator also reports to SAMHSA on required performance measures in regular performance reports. The Evaluator will also participate in evidence-based sustainability planning provided by WestCare (see Section 2) to sustain the enhancements beyond BJA's and

SAMHSA's investment. **PLAN FOR DATA COLLECTION:** This project will use the same strategies employed in other projects that the Evaluator oversees. To minimize the burden on clinical staff and prevent data bias, a Research Assistant will administer the tools in person at each time point, then share information with appropriate staff to assist with clinical decision-making. The Research Assistant will maintain contact with clients throughout the required time frame via in-person, telephone, and social media contacts. In addition to the CDP DCI, this project also will utilize the Triage Assessment for Psychiatric Disorders (TAPD) and the Level of Service Inventory – Revised (LSI-R™). The program selected the **TAPD** because it is: (1) A brief structured interview providing information on nine Axis I and five Axis II disorders; (2) Appropriate to use with adults in the required setting; and (3) Symptoms and diagnoses align with the DSM IV TR manual, making the scale appropriate to use with clients from diverse ethnic, racial, and socio-economic backgrounds. The program selected the **LSI-R™** because it is: (1) A 54-item quantitative survey of offender attributes relevant to level of supervision and treatment decisions; (2) based on legal requirements and includes relevant factors needed for making decisions about risk and treatment; and (3) helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The LSI–R can be used in a variety of settings and is appropriately normed for the *Elevate* client population. **DATA MANAGEMENT** for this project will consist of strategies successfully used in other projects. The Evaluator will maintain a separate evaluation file for each client and several SPSS databases. Quarterly, the Evaluator will review and clean the databases to identify inconsistencies and will resolve these and missing data points through review of clinical records. The Evaluator will download information from the CDP and merge it with the local databases, linking the information by the unique client identifier and using data quality assurance measures. **LOCAL PERFORMANCE ASSESSMENT** Performance of court operations will be evaluated to ensure the program maintains continuous quality improvement, achieves intended

outcomes and community impact. Evaluation will consist of Process and Outcome Evaluation. **PROCESS EVALUATION** will be data driven and consist of four components: (1) Implementation Fidelity will track and evaluate implementation of the project, determine adherence to specified timeframes, identify barriers, and describe deviations from the Implementation Plan. Within 30 days of award, the SJC and partners will establish action steps and target dates, and assign responsibilities to specific individuals. Evaluation will use a systematic Performance Improvement strategy to identify and define barriers, define strategies to reduce them, and collect and analyze data to determine effectiveness of barrier reduction. (2) Fidelity Monitoring will assure that EBP implementation is faithful to the models and will allow the early detection/correction of deviations. This will occur by: (a) provision of initial and ongoing training on the EBPs; (b) quarterly review of clinical records to ensure they capture the core elements of the EBPs; and (c) random direct observation of program activities by the Research Assistant. The Evaluator will provide feedback to staff regarding adherence and will assist in developing a professional development plan for the clinicians to increase fidelity. In this instance, random monitoring will occur more frequently until the clinician reaches acceptable fidelity levels. (3) Client and stakeholder perceptions are an important factor in assessing and understanding program effectiveness. Perception Surveys will determine their view of and satisfaction with services. Client surveys will be collected biannually, and stakeholder surveys will be done annually. Surveys will be anonymous and individual-level data only will be available to the Evaluation Team and staff. Based on survey findings, the Evaluator will assist the multi-disciplinary team in developing Performance Improvement initiatives as necessary. (4) Process Observation will consist of a series of walk-throughs of different court processes annually to assure that the court is operating as intended, with fidelity to the ten key components and Corresponding Evidence-Based Program Principles. The Evaluator uses the NiaTx Walk-Through method, which will allow the drug court team to choose staff members to

directly experience the chosen organizational process as clients do in order to more clearly understand client needs, and then use what they learn to increase Court effectiveness. The Evaluator will provide reports to the Drug Court Team within 7 days of walk-through. **OUTCOME EVALUATION** will address the effectiveness of the program in attaining goals and objectives and assessing the overall impact on the community, and is outlined in the table below. Client incentives for follow-ups are budgeted. **DATA ANALYSIS STRATEGY:** The court will employ a data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced. Prior to the main analyses, the Evaluator will assess dropout rates to determine whether clients who do not complete treatment differ in any important ways from those who do, threatening the integrity of the conclusions. The Evaluator will also do analyses to determine if subpopulations (e.g. race, ethnicity, age, etc.) have disparate access to use of services. This will also ensure that offenders screened and referred to drug court mirror the jurisdiction's substance abuse arrestee percentages. The Evaluator will do so by comparing data on arrests in the jurisdiction with data on referrals to drug court; updates will be provided on biannual Evaluation reports. *Data analysis:* The project will use repeated measures, multiple outcome design to determine program effectiveness. Prior to conducting outcome analysis, the Evaluator will use correlation analyses to determine the relationship between client-level outcomes and key demographic variables that may result in subpopulation disparities. If any significant correlations occur, outcome analyses will use a repeated measures analysis of covariance to control for the variable(s). Regression analysis will determine whether service dosage or duration relate to specific client-level outcomes. Findings will be compared with available community-level data.

Objectives	Data Source	Data Analysis
Objective 1A: 185 participants (55 in YR 1 and 65 in YRs 2-3) will receive integrated screening and assessment; individualized treatment planning; case management; and trauma-informed, evidence-based gender responsive services.	1. CDP DCI Tool 2. Centralized database 3. Client records	1. Frequency count of clients admitted to the program 2. Ratio analysis of actual capacity vs expected capacity 3. Utilization data related to specific services.
Objective 1C: 85% of participants and 90% of key community stakeholders will report overall satisfaction with *Elevate*, and 90% will agree that *Elevate* provides services that effectively address needs of the target group.	1. Program Utilization Data 2. Perception Survey Database 3.Stakeholder Survey Database	1. Ratio analysis comparing clients admitted to clients who report satisfaction with *Elevate*. 2. Ratio analysis of stakeholders surveyed to stakeholders who report satisfaction.

Objective 2A: At least 80% of *Elevate* participants will reduce substance use and antisocial behaviors, and 80% of completers will maintain reductions at follow-up.	1. TAPD 2. CDP DCI Tool 3. Centralized Database 4. LSI-R	1. Ratio analysis 2. RMANOVA of TAPD scores and SA and behavior variables on DCI tool.
Objective 2B: At least 80% of participants will reduce substance use from intake to discharge, and 75% will remain drug-free at follow-up.	1. CDP DCI Tool 2. Centralized database 3. Client Records	RMANOVA using substance use data from CDP DCI at intake, six months, and discharge.
Objective 2C: At least 80% of participants will not be arrested while in the program. Non-compliance issues are identified and corrected with 48 hours of observance.	1. Client Records 2. Centralized database	1. Ratio analysis comparing number served to number without arrests. 2. Frequency analysis of compliance with 48-hour time frame.
Objective 2D: At least 60% of participants will remain crime and substance free during enrollment and at follow-up	1. CDP DCI 2. Centralized database 3. Client Records	1. RMANOVA using CDP DCI substance use variables
Objective 2E: At least 80% of participants will be at reduced risk of recidivism at discharge and at follow-up	1. LSI-R 2. Centralized database 3. Client attendance data	1. RMANOVA of LSI-R scores at intake, discharge, follow-up 2. Ratio analysis of risk scores vs goal
Objective 2F: At least 70% of *Elevate* participants will have reduced trauma-related symptoms at discharge and at follow-up	1. CDP DCI Tool 2. TAPD 3. Centralized Database	1. Ratio analysis comparing trauma symptoms reported at intake to those at all observation points
Objective 2G: At least 60% of participants with violent behaviors at intake will report reductions at discharge and follow up.	1. CDP DCI Tool 2. LSI-R 3. Centralized Database	1. RMANOVA using CDP DCI and LSI-R violence variables.
Objective 3A: At least 70% of completers who receive home visits will report positive contact with members of their household, and strengthened household at follow up	CDP DCI Tool Client Record Centralized database	1. Ratio analysis comparing number receiving home visits to number reporting positive interaction 2. RMANOVA at each time point
Objective 3B: Education rates of participants will increase by 20% from intake to discharge	1. CDP DCI Tool 2. Centralized database	RMANOVA of education variables on the CDP DCI
Objective 3C: At least 60% of participants who receive employment services will improve employment or job training outcomes from intake to discharge and at follow-up	1. Clinical record 2. CDP DCI Tool 3. Centralized Database	1. RMANOVA of employment variables at all observation points 2. Ratio analyses of outcomes compared with goal.
Objective 3D: All (100%) of Elevate participants without stable housing at intake will receive housing counseling, and assistance and 80% of participants maintain stable housing at follow-up.	1. Client Record 2 CDP DCI Tool	1. Ratio analysis comparing number who lack housing to number receiving counseling services. 2. RMANOVA using CDP DCI housing variables.
Objective 3E: At least 80% of completers will report increased social connectedness at discharge and at follow-up.	1. Clinical record 2. CDP DCI 3. LSI-R	RMANOVA of social connectedness variables, sub-analyses of completers vs non-completers
Objective 3F: At least 80% of clients who work with Peer Recovery Advocate will report increased use of wraparound and recovery support services at discharge and follow-up	1. CDP DCI 2. Centralized database 3. Service utilization records	1. RMANOVA of CDP DCI variables 2. Frequency analysis of services prior to Recovery Advocate and services after; 3. Regression analysis