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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	TI-19-002
Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts
Opportunity Package ID:	PKG00246087
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-002
Competition Title:	SAMHSA Treatment Drug Courts
Opening Date:	11/05/2018
Closing Date:	01/04/2019
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Jon D. Berg Center for Substance Abuse Treatment, Division of Service Improvement Substance Abuse and Mental Health Services Administration (240) 276-1609 Jon.Berg@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00235726
Application Filing Name:	SAMHSA Treatment Drug Courts
DUNS:	0552002160000
Organization:	PINELLAS, COUNTY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	Jan 03, 2019 02:12:44 PM EST
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Deborah Berry	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: Pinellas County Board of County Commissioners		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 596000800	* c. Organizational DUNS: 0552002160000	
d. Address:		
* Street1: c/o Pinellas County Office of Management & Budget		
Street2: 14 S. Fort Harrison Ave, 5th Floor		
* City: Clearwater		
County/Parish: Pinellas		
* State: FL: Florida		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 33756-5105		
e. Organizational Unit:		
Department Name: Human Services	Division Name: Justice Coordination	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Deborah	
Middle Name: <input type="text"/>		
* Last Name: Berry		
Suffix: <input type="text"/>		
Title: Operations Manager		
Organizational Affiliation: Pinellas County Human Services, Justice Coordination		
* Telephone Number: 727-453-7441	Fax Number: 727-453-7433	
* Email: dberry@pinellascounty.org		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

TI-19-002

* Title:

Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

13. Competition Identification Number:

TI-19-002

Title:

SAMHSA Treatment Drug Courts

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas Affected Attachment:pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Pinellas Adult Drug Court Expansion Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,000,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Section A: Population of Focus and Statement of Need (10 points)

A-1: The lead applicant, **Pinellas County government (PCG)**, on behalf of Florida's **Sixth Judicial Circuit (SJC)**, is requesting *Treatment Drug Courts* funding from SAMHSA in response to FOA No. TI-19-002, to increase the number of drug-involved offenders (adults) participating in the Pinellas [County] Adult Drug Court (PADC) over five years (2019-2024). Established in 2001, the PADC serves the *geographic catchment area* of Pinellas County (608 square miles) in Florida's Central West Coast. The U.S. Census Bureau estimates the population of Pinellas County to be 970,637 (2017), with the majority of residents (83%) being White (alone), 11% identifying as Black or African American and 9.7% identifying as Hispanic or Latino. The county is primarily urban with a *census rurality level* of 0.3 percent, and a median household income of approximately \$48,698. The proposed expansion will focus on the following *population of focus*: Drug-involved offenders residing in Pinellas County (adults 18+) that meet American Society of Addiction Medicine (ASAM) criteria for outpatient substance use disorder (SUD) treatment and *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* criteria for SUD. Also, the proposed expansion will prioritize voluntary admissions of drug-involved offenders who are negatively affected by trauma-related symptoms, and may also be experiencing co-occurring disorders (COD). Furthermore, in alignment with the goals of the *Pinellas County Opioid Task Force* the PADC expansion will also focus on the recruitment of individuals misusing opioids and at-risk of opioid overdose.

A-2: Service Gap: During the 2017-2018 fiscal year, 1,192 unduplicated individuals participated in the PADC, representing a 10% increase from the 2016-2017 fiscal year. Concurrently, state budget shortfalls caused extended wait times and prevented the SJC from being able to admit more drug-involved offenders into the PADC who were in need of SUD treatment services. All this at a time when the Florida Department of Health (FDOH) reports that Pinellas County is in the grips of a "public health crisis" due to the opioid epidemic. According to the *Florida Medical Examiners Commission Interim Report (2017)*, **every 43 hours a person dies from opioids in Pinellas County**, and **Pinellas County experienced a 200% increase in opioid-related deaths since 2016**. FDOH-Pinellas and the Pinellas County's Opioid Task Force, have called for comprehensive cross-sector approaches to eliminating opioid-related misuse, deaths, injuries, crimes and arrests. According to FDOH-Pinellas' Director, the **biggest gap** in tackling the local opioid epidemic is **the ability to increase the availability and access to community-based addiction treatment services**, noting that **seeking new funding to support addiction treatment is critical**. Further, in 2017, 85 community partners representing more than 30 diverse sectors of the local public health system identified **improved access to care and substance abuse and mental health** as the top health concerns in Pinellas County for FDOH-Pinellas to address. **Trauma:** In 2018, the PADC team successfully completed a 3-year grant-funded treatment court project for adults with SUD/COD (similar to the proposed population of focus). Within that project, 78% of PADC participants reported physical and emotional trauma symptoms at intake that required help to treat and manage stress and dysfunction to restore the individual to a state of emotional and well-being. **Pervasiveness of Local SUD:** In its *Pinellas County Substance Abuse Profile (2017)*, FDOH-Pinellas reported that there were 179 drug-related accidental deaths (adults) in Pinellas County in 2015; 55% related to prescription drugs. According to a 2016 report published by American Civil Liberties Union and Human Rights Watch, Pinellas County is among the top five counties with the highest arrest rates for drug possession in Florida; where from 2010 to 2015, there were more than 31,000 drug possession charges. Statistics from the *Pinellas County Community Health Assessment (2018)* published by FDOH-Pinellas offer more insight. According to the report, approximately 1 out every 4 adults in Pinellas County reported using some form of prescription pain relief. The report also notes that 16.1% of adult survey respondents in Pinellas County reported having

ever used cocaine, heroin, methamphetamine, or synthetic versions of these drugs. Moreover, the report notes that 204 adults in Pinellas County died from an opioid-related overdose in 2016, and more than one person dies every other day in Pinellas County from substance abuse related to opioid misuse. In addition, the Center for Disease Control and Prevention (CDC) notes that Pinellas County has the 5th highest drug-involved overdose death rate in Florida; and that residents of Pinellas County are 50% more likely to die due to drug overdose than the average American.

SECTION B: PROPOSED IMPLEMENTATION APPROACH (30 POINTS)

B-1: Purpose: The purpose of the proposed project is to expand services in the existing PADC to offer more drug-involved offenders (adults) in Pinellas County a treatment drug court model and community-based SUD treatment and recovery support services (RSS). The PADC will reduce recidivism and SUDs among the population of focus and increase the possibility of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, and use of appropriate sanctions and other habilitation services. The development of the PADC expansion was informed by *Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients*, published by the National Drug Court Institute (NDCI). The publication underscores the importance of employing the Risk-Need-Responsivity Model to ensure that treatment courts offer services that are tailored to the prognostic risk level and criminogenic needs of each participant. The SJC has found this practice to be the most effective and cost-efficient way to ensure drug-involved offenders receive the full complement of the services embodied in within ten (10) key components of drug courts. **Service Recipients:** The table below specifies core PADC services and the estimated number of service recipients for each service type.

PINELLAS COUNTY ADULT DRUG COURT (PADC) SERVICE COMPONENT	UNDUPLICATED PARTICIPANTS					TOTAL
	YR1	YR2	YR3	YR4	YR5	
ASAM Level I Community-Based OP SUD Treatment Services	50	65	65	65	50	295
Integrated screening and assessment	50	65	65	65	50	295
Individualized treatment planning (+ monthly plan reviews)	50	65	65	65	50	295
Comprehensive case management services	50	65	65	65	50	295
Frequent science-based randomized urine drug testing	50	65	65	65	50	295
Trauma-informed SUD OP treatment (may include MAT)	50	65	65	65	50	295
Peer recovery support (includes home visits)	50	65	65	65	50	295
Person-responsive recovery support services (RSS)	50	65	65	65	50	295
Access to HIV and Hepatitis testing, counseling and treatment	50	65	65	65	50	295
Aftercare services	50	65	65	65	50	295
	ADDITIONAL SERVICE RECIPIENTS					
	HOUSEHOLD/FAMILY MEMBERS					TOTAL
Included during home visits	20	30	30	30	20	130
Attended family group meetings (optional)	15	25	25	25	15	105

Residential Treatment: The PADC aims to place participants in the least restrictive level of care using a biopsychosocial assessment and American Society of Addiction Medicine (ASAM) Patient Placement Criteria. For the last 17 years, the PADC has discerned that ASAM Level I Outpatient SUD treatment is most successful and most appropriate treatment type for the population of focus. However, for more than 10 years, WestCare has been operating a community-based ASAM Level III Residential SUD treatment program funded by the Florida Department of Corrections where the SJC can refer participants (when appropriate) without using grant funding from SAMHSA. **Expansion Estimates:** From 2019-2024, the PADC team anticipates serving 295 individuals, representing a 25% increase in the number of drug-involved offenders in Pinellas County receiving problem-solving treatment court services. **Goals and Objectives:** To measure the effectiveness of the expansion, the PADC team has identified several SMART goals and objectives (below). The proposed measure for objectives is

annually and over the life of the grant (five years), as evidenced by progress documentation in each participant's electronic health record, as well as findings from clinical tools (as applicable) and GPRA.

■ **Goal 1: Expand (increase) the ability of the Sixth Judicial Circuit's Pinellas Adult Drug Court (PADC) to address the risk and needs of more adult offenders.** Objective 1A: 295 new and unduplicated participants will be provided with comprehensive SUD treatment and recovery support services (RSS). Objective 1B: 75% of participants will successfully complete their individualized treatment plans.

■ **Goal 2: Reduce recidivism and SUDs among participating adult offenders, as well as trauma-related symptoms, and increase their likelihood of successful habilitation within their community.** Objective 2A: 80% of participants will exhibit a reduction in the antisocial behaviors that trigger their criminal activity and SUD; and 80% of treatment completers will maintain reductions in antisocial behavior at follow-up (post discharge). Objective 2B: 80% of participants will exhibit SUD reduction from intake to discharge, and 75% will remain drug-free during enrollment. Objective 2C: 80% of participants will not be re-arrested (for non-drug or drug related charges) during participation in the program. Objective 2D: 60% of participants will remain crime and substance free during enrollment, at discharge and at follow-up post-discharge. Objective 2E: 80% of participants will have reduced overall assessed risk from intake to discharge and at follow-up post discharge. Objective 2F: 70% of participants will have reduced trauma-related symptoms from intake to discharge and at follow-up post discharge.

■ **Goal 3: Address service gaps and increase protective factors for adult offenders and members of their household by offering services not currently offered to PADC participants and their family members.** Objective 3A: 70% of participants that participate in home visits and complete their individualized treatment plans will self-report a strengthened and/or more connected household and/or family. Objective 3B: 85% of participants will successfully complete an aftercare or continuing treatment component. Objective 3C: 50% of individuals residing in a household with a participant will self-report being positively affected from participating in home visits. Objective 3D: 60% of participants who participate in employment readiness activities will achieve an increase in employment and/or job training outcomes from intake to discharge and at follow-up post discharge. Objective 3E: 90% of participants that lack stable housing at intake or during treatment will receive housing counseling towards securing and sustaining safe and stable housing; 50% of participants in need of temporary recovery housing will receive such housing in WestCare's recovery housing program. Objective 3F: 80% of participants who consistently interact with the Peer Recovery Coach and/or the PADC Case Manager will self-report greater multi-system navigation, benefits from RSS, removal of at least one pre-existing barrier (e.g., unemployment, lack of skills, lack of benefits, transportation, etc.) and greater social connectedness at discharge and at follow-up post discharge.

B-2: Implementation: The Pinellas [County] Adult Drug Court (PADC) is a blended felony court docket that allows for both pre-trial intervention and post-plea diversion cases. Participation in the PADC averages 24 months; with licensed SUD treatment services averaging 9 to 12 months; however length of participation is determined by individual need. Participants appear before Judge Dee Anna Farnell every 30 to 45 days on average. After one (1) year, participants who complete their individualized treatment plan, remain crime and drug free, and complete all judicial requirements, may petition the SJC for early termination. As outlined in the *PADC Participant Handbook*, graduation requirements for the PADC include: (1) completion of 12-24 months of judicial supervision that includes at least 180 days of sobriety; (2) attainment of or maintaining employment (as applicable); (3) completion of a GED program (if applicable); (4) completing aftercare; and (5) completing all conditions of probation, including payment of weekly fees, fines and restitution. **Essential Services:** In alignment with *Expectations* and *Appendix O* included in FOA No. TI-19-002, each PADC

participant will receive community-based ASAM Level I Outpatient SUD treatment services provided by WestCare GulfCoast-Florida, a licensed and CARF accredited behavioral health and human services provider. A multi-disciplinary treatment team comprised of SUD Counselors and a full-time (paid) Peer Recovery Coach, will provide the following treatment services, integrated with judicial supervision and comprehensive case management services provided by the SJC's Case Manager:

- Integrated screening and assessment for SUD/COD using a biopsychosocial assessment instrument administered in a structured clinical interview. *Note:* In 2018, WestCare began working with Indaba Global Coaching, LLC, to administer its DiscFlex® assessment tool amongst its clinical staff members. The DiscFlex produces a personalized report centering on four areas of an individual's natural behavioral tendencies: *dominance, influence, steadiness and compliance*; helping individuals to understand the factors behind one's actions and the patterns of one's behavior. Informed by their results, individuals are able to make small behavior adjustments that make interactions with others more successful and more meaningful. Soon, WestCare's clinical team began to the potential in introducing the DiscFlex® assessment within the clinical environment. During 2018, the DiscFlex® Recovery assessment (included as an attachment) is voluntarily administered with PADC participants during the integrated screening and assessment process. Each participant receives a copy of their personalized DiscFlex® report and WestCare Counselors discuss the reports with participants. An accompanying workbook guides PADC participants through exercises to assist them in making positive behavioral changes. The DiscFlex® has also been useful in matching participants and counselors based on shared behavior strengths; resulting in greater positive client outcomes and increased treatment retention and completion.
- Individualized, strengths-based and participant-driven treatment planning that addresses the needs of the individual and family (plan reviews every 30 days)
- ASAM Level I outpatient SUD treatment that: (1) are licensed; (2) are provided in three (3) phases; (3) are person-responsive and tailored to the unique needs of each participant; (4) are trauma-informed and trauma responsive; (5) includes individual and group therapy/counseling/education (in adherence with state licensing regulations and CARF accreditation standards); (6) incorporates evidence-based curricula, programs and practices (see Section C); and (7) incorporates opioid overdose and abuse reduction-specific education activities
- Frequent science-based randomized urine drug testing for monitoring compliance
- Specialized co-occurring disorders (COD) education and support groups
- Health and wellness planning and integrated healthcare services
- Strengths-based case management services coordinated between the court's and treatment provider's case management personnel
- Continuous engagement and interactions with a Peer Recovery Coach to support RSS, assist in multi-sector navigation, treatment retention and relapse prevention (includes home visits as needed).
- Rapid HIV testing provided by WestCare; HIV counseling and treatment and Hepatitis A, B, C testing, counseling and treatment provided by FDOH-Pinellas. *Note:* Pinellas County has the highest rate of Hep. A in Florida.
- Parenting education and family functioning skills groups
- Wrap-around recovery support services (RSS) designed to improve access and retention in services (e.g., vocational, educational, peer support, mentoring, transportation services, etc.)
- Relapse prevention, aftercare and alumni groups.

Ten Key Components: Since the inception of the Adult Drug Court in 2001, the Sixth Judicial Circuit has worked diligently to align its treatment court with the ten (10) key components established by the National Association of Drug Court Professionals (NADCP) in collaboration with BJA as described in the publication, *Defining Drug Courts: The Key Components*. Described below are the ways in which the Pinellas Adult Drug Court maintains fidelity to the ten (10) key components, which underscore the need for coordinated and sustained case management within each component.

- **Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.** The Sixth Judicial Circuit has 17 years of experience

operating specialty court programs including the PADC. The aim of the Sixth Judicial Circuit's treatment court programs is to stop the abuse of alcohol and other drugs and related criminal activity. The Pinellas Adult Drug Court assists drug offenders to achieve sobriety, recovery, self-sufficiency and stability through a coordinated, multidisciplinary team approach which includes science-based behavioral health services provided by experienced and qualified community-based behavioral health services providers through subcontracts. The Sixth Judicial Circuit maintains program resources that: address drug court participant needs identified over time; accommodate the range of treatment and other rehabilitation services required; and apply case management beyond initial referral to confirm that providers appropriately deliver ongoing assessment and services. ■ **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 PADC 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.*** In an effort to engage qualified participants as early as possible, the PADC maintains a variety of referral sources as part of its "no wrong door" entry policy. The SJC also identifies eligible defendants involved in criminal and/or family courts that may benefit from participation in the PADC program. Allowing for both pre-trial intervention (PTI) and post-plea diversion cases, the Court aligns with the NADCP's *Adult Drug Court Best Practice Standards*. Further, to ensure equality, diversity and inclusiveness, the PADC team employs a recruitment strategy that is objective, nondiscriminatory in intent and impact, based on empirical evidence, and communicated to referral sources in writing. ■ **Key Component #4: *Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.*** With the understanding that a drug offender may present an array of needs, the PADC employs a holistic approach to treatment and recovery and connect participants to a continuum of community-based "whole-person" services to support relapse prevention, community integration, and aftercare and continuing care services, guided by an individualized treatment plan that is informed by a comprehensive integrated screening and assessment process. The proposed treatment provider, WestCare, offers a continuum of behavioral health services within the geographic catchment area including: emergency shelter, recovery housing, sober living, residential treatment, rapid rehousing counseling, permanent supportive housing for Veterans, transportation and wrap around and recovery support services. ■ **Key Component #5: *Abstinence is monitored by frequent alcohol and other drug testing.*** In alignment with NADCP standards and SAMHSA guidance, 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. ■ **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 Sixth Judicial Circuit 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.*** PADC monitoring ensures that the program stays on track and timely course corrections are made when needed. In general, the SJC monitors operations using data indicators such the number of defendants screened and assessed, persons enrolled, persons rejected, successful completers, persons terminated, etc. *Section E* describes a comprehensive monitoring and evaluation plan, which includes an independent evaluation of the proposed expansion project. ■ **Key Component #9: *Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.*** Cross system training and various interagency structures are utilized to develop shared understandings and operating procedures of both treatment and the justice system components, and to maintain 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 maintain a the participation of a multidisciplinary PADC team including court staff, representatives of the state attorney and public defender, law enforcement, community-based social services and treatment providers.

B-3: Realistic timeline for the project period, showing dates, key activities, and responsible staff.
 PD (Project Director), PT (PADC Team Members), WC (Treatment Provider), E (Evaluator/RA)

ACTIVITY	PROJECT MONTHS YR1												YEARS 2-5				
	1	2	3	4	5	6	7	8	9	10	11	12	2	3	4	5	
Review NOA and grant proposal (PD, PT, E, WC)	X																
Submit disparities document and other requirements to SAMHSA (PD, E)	X																
Ensure facilities are ready to accept clients by 4 th month (PD, WC)	X	X	X														
Position recruitment, training and retention activities (PD, WC)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Finalize MOUs and develop <i>Project Implementation Action Plan</i> (PD, PT, E, WC)	X	X	X														
Order equipment, supplies and curricula (PD, WC, E)	X	X	X														
Required training for staff and EBP training (PD, PT, WC, E)		X	X														
Monthly PADC team meetings (PD, PT, E, WC)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Conduct outreach, partners make referrals (PD, PT)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Begin serving clients (PD, PT, WC, E)			X	X													
Delivery of all project services (PD, PT, WC, E)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Evaluation, project monitoring, quality assurance, data collection, analysis and mgmt. (PD, PT, E, WC)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Required reporting and communication w/ SAMHSA POC (PD, PT, E)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Administer participant and stakeholder perception surveys (PD, E)				X	X	X	X	X	X	X	X	X	X	X	X	X	
Sustainability planning (PD, PT)							X	X	X	X	X	X	X	X	X	X	

SECTION C: PROPOSED EVIDENCE-BASED SERVICE/PRACTICE (25 POINTS)

C-1: In alignment with guidance from SAMHSA, the National Institute on Drug Abuse (NIDA) and the National Association of Drug Court Professionals (NADCP), the treatment provider, WestCare, will incorporate evidence-based programs and practices (EBP) within the delivery of the planned SUD treatment services. Members of the *WestCare Unified Clinical Team*, along with members of PADC team collaborated to select the following interventions that are described in SAMHSA’s Treatment Improvement Protocols (TIPs) which are featured in SAMHSA’s *Evidence-Based Practices Resource Center*. All clinical treatment services offered by WestCare to PADC participants are rooted in **cognitive behavioral therapy (CBT)** that involves cognitive restructuring, modifying behavior, and/or developing alternative coping skills. WestCare uses cognitive behavioral strategies to assist individuals in changing criminal beliefs and values. To change irrational thinking patterns cognitive strategies incorporate skills training in problem solving, negotiation, and interpersonal skills training. These interventions concentrate on the effects of thoughts and emotions on behavior and include strategies that promote pro-social behavior and accountability through a system of incentives and sanctions. CBT is the focus of all treatment WestCare offers. **Motivational Interviewing (MI)** and **Motivational Enhancement Therapy (MET)** are other evidence-based techniques which WestCare uses in conjunction with CBT to address problems of motivation, treatment readiness, ambivalence, and resistance in assessment and treatment. **Relapse Prevention (RP)** is a cognitive-behavioral approach that focuses on the identification and management of high risk situations that could lead to relapse. Relapse prevention assists participants to identify triggers for offending, learning strategies to avoid these triggers, and learning healthy ways of coping with triggers. ***No modifications are planned for these interventions.*** Treatment approaches described above (i.e., CBT, MI, MET, RP are integrated in the **Matrix Model** developed by the Matrix Institute on Addictions. An intensive outpatient treatment approach for individuals with SUD, the core components of the model consist of early recovery groups, relapse-prevention groups, family engagement and education, social support groups, and individual counseling delivered over a 16-week period. The model uses a holistic approach with family members who are engaged (as applicable) and offered education and resources to help understand and support the recovery process. **Thinking for a Change (T4C)** is an integrated cognitive behavioral change program (authored under a cooperative agreement with the National Institute of Corrections), that incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem solving skills. Comprised of 25 lessons that build upon each other, T4C assists justice-involved adults to change criminal behaviors by examining their thinking, feelings, beliefs, and attitudes; learning and practicing social and life skills; and exploring alternatives to antisocial and criminal behaviors. **Seeking Safety (SS)**, developed by Lisa Najavits, Ph.D., is an evidence-based, present-focused, highly flexible and safe counseling model to help people attain safety from trauma and/or substance abuse. Seeking Safety offers 25 topics that can be conducted in any order and as few or many as time allows. Seeking Safety has been successfully implemented for many years across vulnerable populations including homeless, criminal justice, domestic violence, severely mentally ill, veterans and military, and others. ***No modifications are planned for these interventions.*** The following table depicts how the EBPs noted above are appropriate for use with the population of focus and the outcome areas to be achieved.

EBP*	POPULATION	OUTCOME AREAS				
		SUD	RECIDIVISM	TRAUMA	FUNCTIONING	RELATIONSHIPS
MM	✓	✓	✓		✓	
T4C	✓	✓	✓		✓	✓
SS	✓	✓		✓	✓	✓

MI	✓	✓	✓	✓	✓	✓
MET	✓	✓			✓	
MAT	✓	✓			✓	

*MM (Matrix Model), T4C (Thinking for a Change), SS (Seeking Safety), MI (Motivational Interviewing, MET (Motivational Enhancement Therapy), MAT (Medication-Assisted Treatment)

Both the SJC, the PADDC team and WestCare, deem **Medication-Assisted Treatment (MAT)** to be an important part of an individualized treatment plan for some participants. SJC 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 also receives funding from Florida Alcohol and Drug Abuse Association (FADAA) to cover the costs of Vivitrol® offered to eligible treatment clientele under the care and prescription of a physician. No eligible participants will be denied access to the PADDC for their use of FDA-approved medications for SUD treatment, for as long as the prescribing physician determines that the medication is clinically beneficial. The PADDC team will comply with MAT as confirmed in its Statement of Assurance. **Therefore, the proposed project will have the ability to offer participants MAT services as needed without the use of SAMHSA grant funds.** All EBPs noted above are appropriate for use with adults (18+) of all genders who have a primary SUD and have experienced trauma, as well as, may have co-occurring behavioral health disorders; as well as, effective in the areas of: outcome areas, race, ethnicity, culture, language, gender identity, sexual orientation, gender expression, age, geography, environment, treatment setting, disparities, disability, adverse side effects and socioeconomic status. In regards to outcomes, NIH’s **National Institute on Drug Abuse (NIDA)** notes that participants treated using the *Matrix Model* show statistically significant reductions in drug and alcohol use, improvements in psychological indicators, and reduced risky behaviors. Also, the **National Institute of Justice (NIJ)** rates *Thinking for a Change (T4C)* as promising, noting a research project which found that offenders not completing the T4C curriculum had a 57 percent higher risk of recidivism than offenders who had successfully completed T4C treatment. Further, according to its developer, **Treatment Innovations, Inc., Seeking Safety**, is the only evidence-based model that has outperformed controls on the prism of trauma, PTSD and SUD, at end of treatment in randomized and controlled trials.

SECTION D: STAFF AND ORGANIZATIONAL EXPERIENCE (15 POINTS)

D-1: Experience with similar projects and populations: The applicant, **Pinellas County government (PCG)** is complex mix of 25 governmental bodies, including the **Sixth Judicial Circuit (SJC)**. PCG is committed to progressive public policy, superior public service, and judicious exercise of authority and responsible management of public resources. The SJC is located in the Central West Coast of Florida and serves Floridians in Pasco and Pinellas Counties. The SJC is the third largest trial court in Florida and boasts 45 Circuit Court Judges and 24 County Court Judges serving a circuit population of nearly 1.5 million. Data from Florida’s Summary Reporting System (SRS) notes that an average of 62,000 circuit filings and 200,000 county filings occur each year within the Sixth Circuit. The SJC is known as a progressive circuit in Florida for actively seeking cost-effective, humane and sound alternatives to incarceration. The SJC established the Pinellas [County] Adult Drug Court (PADDC) in 2007, and the neighboring Pasco [County] Adult Drug Court in 2007. In 2011, a joint grant from SAMHSA and BJA, enabled the SJC to establish the first Veterans Treatment Court in Florida, in Pinellas County (still in operation), along with a Family Dependency Treatment Court in 2016, and a Family Drug Treatment Court in 2018. The SJC operates multiple specialty treatment dockets simultaneously and has never had a federal grant project end early or lost funding due to poor performance. The PADDC Judge, Chief Deputy Court Administrator and other SJC staff members have received training through The National Drug Court Institute (NDCI). **Judge Dee Anna Farnell** has

been a problem-solving Judge in the SJC for 24 years. She has served as an Administrative Judge while also serving in the Juvenile, Criminal and Family Law divisions. Judge Farnell has served three terms on the *Supreme Court Task Force on Substance Abuse and Mental Health Issues*, and is passionate about developing and implementing innovations that address relevant issues pertaining to treatment drug courts. **Nicholas Bridenback, MA**, the proposed **Project Director**, is the SJC Court Operations Manager and has nearly 20 years of experience working in problem-solving courts. For more than 10 years, the SJC and **WestCare GulfCoast-Florida, Inc.** have collaborated to offer treatment drug court programs to hundreds of residents in the geographic catchment area. WestCare is a 501(c) 3 community-based, licensed and CARF-accredited nonprofit that was established in 2001, and offers life-changing behavioral health and human services to more than 2,000 Floridians annually. With an operating budget of more than \$8M, WestCare numerous long-term service contracts with entities such as the Florida Department of Corrections and Pinellas County government to provide evidence-based, person-responsive and trauma-informed SUD treatment services in Pinellas County. Within the geographic catchment area, WestCare manages a community-based continuum of behavioral health and human services (i.e., emergency and cold night shelter, recovery housing, licensed SUD treatment programs, etc.) WestCare is known locally for its ability and willingness to successfully work with individuals and populations who require more intensive services (i.e., individuals with multiple disorders, individuals misusing opioids or at risk of opioid overdose, people experiencing homelessness, youthful offenders, individuals experiencing trauma, etc.). *Letters of commitment are included in Attachment 1 of this grant application.*

D-2: The table below details **all key staff positions** of the proposed expansion project. Individuals that will fill the positions noted below (and detailed in the budget justification) have experience engaging, understanding, treating, retaining (in treatment) and graduating individuals with needs similar to the proposed population of focus.

POSITION	ROLE	QUAL	LEVEL
Judge	Chief Problem Solver – Leader of ADC and Team	Judge	1 FTE
Court Operations Manager	Project Director, manages grant project operations	MA	.20 FTE
Court Program Specialist	Judicial case management of cases	BA or MA	1.0 FTE
Treatment Services Director	Oversee delivery of SUD treatment services and RSS	BSW, CAP	.15 FTE
Counselor (3)	SUD treatment, RSS, case management, aftercare	BA or MA	3.0 FTE
Peer Recovery Coach (1)	Peer-to-peer RSS, motivational support, home visits	>2 YRS Recovery	1.0 FTE
Independent Lead Evaluator	Independent evaluation, supervision of RA	BA + Experience	Contract
Research Assistant	Data collection and analysis, monitoring, evaluation	BA + Experience	1.0 FTE

SECTION E: DATA COLLECTION AND PERFORMANCE MEASUREMENT (20 POINTS)

E-1: Pinellas County government (PCG) and the Sixth Judicial Circuit (SJC) understand the importance of data-driven projects, and how accurate data can assist SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010, and to demonstrate how SAMHSA’s grant programs are reducing disparities in access, service use, and outcomes nationwide. Included in the attachments of this application is a letter of commitment from the **WestCare Foundation, Inc., Evaluation and Quality Improvement Division**, noting its commitment to conduct an independent evaluation of the proposed expansion project. The *Evaluation and Quality Improvement Division* of WestCare Foundation, Inc. has conducted hundreds of independent evaluations of federally funded projects from agencies including SAMHSA, DOI, VA, CDC and BJA, etc. Ms. Denise Connor, an *Evaluation and Quality* Director will serve as the Evaluator. Ms. Connor has 15 years of experience evaluating complex federal grant projects including several specialty treatment court projects for SAMHSA, BJA and OJJDP. Ms. Connor will supervise Ms. Leah

Braswell, proposed Research Assistant (RA). Ms. Braswell has previous and current experience working with PCG and SJC to help evaluate their grant-funded projects. Both professionals are skilled in working with PADC team members in the ongoing process of program evaluation and improvement. The proposed plan for data collection, performance measurement and assessment will cost far less than 20% of the total grant award for each budget period.

Data Collection: The evaluation team will use the required GPRA Tool and the SAMHSA Performance Accountability and Reporting System (SPARS) to collect and report on the required performance measures, including number of individuals served, abstinence from substance use, housing stability, employment status, etc. An Electronic Health Record (EHR) provides information on days waiting for admission (access to treatment) and discharge dates and types (retention in treatment). The SJC will provide data on re-arrest and re-incarceration of those served to assess criminal justice involvement. Several proven strategies will be employed by the evaluation team, such as: including a master database in SPSS (Statistical Package for the Social Sciences) into which data will be merged/entered from multiple systems, then analyzed. Evaluation data resides in separate electronic and physical files accessible only to the evaluation team. In order to minimize the burden on the clinical staff and to prevent data bias, Ms. Braswell, proposed RA, will conduct the interviews at intake to services, discharge, and 6-months post intake using face-to-face interviews. To ensure attainment of the required 80% follow-up rate, WestCare will collect comprehensive locator information at the time of admission and discharge; use frequent phone contacts between follow-up periods, mail birthday cards, holiday cards and follow-up reminders; provide incentives to participate in the follow-ups; and conduct interviews in convenient locations (e.g., in-home, restaurants, etc.).

Data Usage to Manage, Monitor, and Enhance the Program: To ensure the program achieves its intended outcomes and community impact and assess how well it aligns with The Key Components, evaluation will be a critical element of this project. At least quarterly, the Evaluator will conduct reviews of process data and immediate and intermediate outcome data. This is crucial and will enable the program to document program components that work well for the population; assess where the program needs to make improvements; and make timely adjustments in activities and programming to address the desired outcomes more effectively and efficiently. The proposed project will utilize the same structured Continuous Quality Improvement (CQI) strategy (PDSA: Plan-Do-Study-Act) and processes. (1) Identify and describe the deviation, barrier, or unexpected outcome; (2) Generate a fishbone diagram to define all possible causes; (3) Collect data to identify the cause related to the problem and pinpoint the area for intervention; (4) Implement a corrective action; and (5) Collect monitoring data to determine the effectiveness of the action. WestCare adheres to the NIATx model for the PDSA cycle, allowing rapid, repeated, and efficient change to ensure high quality processes and program performance as well as timely change. Routine data analysis will include the following measures: demographics; methods of recruitment; attendance; attrition; planned and unplanned adaptations; cultural problems/issues; indicators of unmet needs; participant changes in behavior at program completion and 6-months post admission as they relate to the goals and objectives outlined, as well as examining any disparate access to care or utilization of services that may occur in various subpopulations. If disparities are present, the SJC will use the NIATx rapid cycle to reduce them. The analyses for the CQI activities will parallel those for the performance assessment to ensure that the project is attaining the program goals and objectives. Evaluation will document in detail all changes made, including those made to address disparities in access, service use, and outcomes across subpopulations, including the use of the National Standards for CLAS.