

SF 424
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Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<input type="text"/> * Other (Specify) <input type="text"/>
---	--	---

* 3. Date Received: <input type="text" value="03/18/2024"/>	4. Applicant Identifier: <input type="text" value="KKOLAR"/>
--	---

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:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-6000800"/>	* c. UEI: <input type="text" value="R37RMC63XKG1"/>
--	--

d. Address:

* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

f. Name and contact information of person to be contacted on matters involving this application:

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

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

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-24-004

* Title:

Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts

13. Competition Identification Number:

TI-24-004

Title:

SAMHSA Treatment Drug Courts

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

File Name:

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

Pinellas County Adult Drug Court Expansion

Attach supporting documents as specified in agency instructions.

File Name:

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.

File Name: 2022WebMapCONGRESS_BW.pdf

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="400,000.00"/>
* 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="400,000.00"/>

*** 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

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:

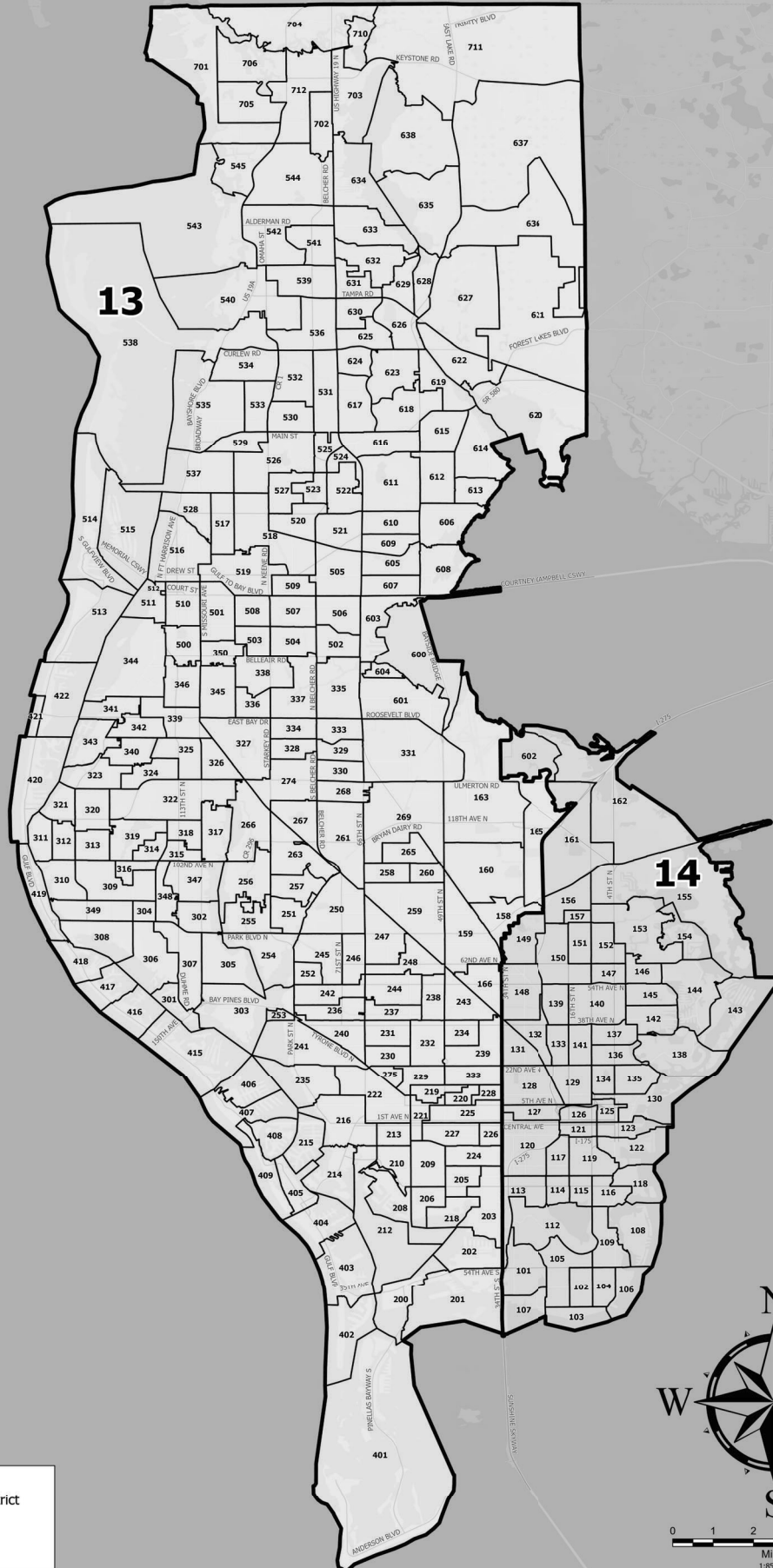
* Email:

* Signature of Authorized Representative: * Date Signed:



VOTER PRECINCTS AND CONGRESSIONAL DISTRICTS

Pinellas County, Florida
Effective: May 24, 2022
Supervisor of Elections
Julie Marcus



**BUDGET INFORMATION -
Non-Construction Programs**

OMB Approval No. 4040-0006
Expiration Date 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SAMHSA Treatment Drug Courts	93.243	\$0.00	\$0.00	\$400,000.00	\$0.00	\$400,000.00
2.						\$0.00
3.						\$0.00
4.						\$0.00
5. Totals		\$0.00	\$0.00	\$400,000.00	\$0.00	\$400,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) SAMHSA Treatment Drug Courts	(2)	(3)	(4)	
a. Personnel	\$52,288.00				\$52,288.00
b. Fringe Benefits	\$38,309.00				\$38,309.00
c. Travel	\$0.00				\$0.00
d. Equipment	\$0.00				\$0.00
e. Supplies	\$0.00				\$0.00
f. Contractual	\$309,403.00				\$309,403.00
g. Construction	\$0.00				\$0.00
h. Other	\$0.00				\$0.00
i. Total Direct Charges (sum of 6a-6h)	\$400,000.00				\$400,000.00
j. Indirect Charges					\$0.00
k. TOTALS (sum of 6i and 6j)	\$400,000.00				\$400,000.00
7. Program Income					\$0.00

Standard From 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 . SAMHSA Treatment Drug Courts	\$0.00	\$0.00			\$0.00
9 .					\$0.00
10 .					\$0.00
11 .					\$0.00
12. TOTAL (sum of lines 8-11)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$400,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
14. Non-Federal	\$0.00				
15. TOTAL (sum of lines 13 and 14)	\$400,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16 . SAMHSA Treatment Drug Courts	\$400,000.00	\$400,000.00	\$400,000.00	\$400,000.00	\$400,000.00
17 .					
18 .					
19 .					
20. TOTAL (sum of lines 16-19)	\$400,000.00	\$400,000.00	\$400,000.00	\$400,000.00	\$400,000.00
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
Expiration Date 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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Prescribed by OMB Circular A-102

9. Will comply, as applicable, with the provisions of the Davis- Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Completed on submission to Grants.gov	* TITLE County Administrator
* APPLICANT ORGANIZATION County of Pinellas	* DATE SUBMITTED 03-18-2024

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Project Abstract Summary

Funding Opportunity Number: TI-24-004
CFDA(s): 93.243
Applicant Name: County of Pinellas
Descriptive Title of Applicant's Project: Pinellas County Adult Drug Court Expansion

Project Abstract:

Populations served: The lead applicant, Pinellas County Board of County Commissioners (PCBCC), on behalf of Florida's Sixth Judicial Circuit (SJC), is requesting Treatment Drug Courts funding from SAMHSA in response to FOA No. TI-19-004, to enhance services for drug-involved offenders (adults) participating in the Pinellas [County] Adult Drug Court (PADC) over five years (2024-2029), as particularly those with neurotrauma. The population of focus is 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. Strategies/Interventions: The purpose of the proposed project is to expand services in the existing PADC to offer an enhanced treatment drug court model and community-based SUD treatment and recovery support services (RSS) to drug-involved offenders (adults) in Pinellas County, including enhanced services for those experiencing neurotrauma. The proposed treatment provider, WestCare GulfCoast-Florida, Inc., will deliver the following evidence-based practices: Cognitive Behavioral Therapy, Motivational Interviewing/Motivational Enhancement Therapy, Relapse Prevention, Living in Balance, Seeking Safety, Helping Women Recover and Helping Men Recover, and Nurturing Parenting. Goals and Objectives: GOAL 1: Increase the availability of, access to, and engagement in evidence-based treatment services to reduce substance use/misuse and recidivism of adult offenders. Objective 1.1: By September 2029, provide intensive, integrated outpatient SUD treatment and recovery support services (RSS) to 200 unduplicated adults (40 annually) in Pinellas Adult Drug Court (PADC). Objective 1.2: By September 2029, 75% of participants will complete treatment as evidenced by their discharge status in the WestCare Clinical Data System (CDS). Objective 1.3: By September 2029, 85% of participants will complete the aftercare/continuing treatment component. Objective 1.4: By September 2029, 80% completing treatment will be substance free during the 30 days prior to discharge, and 70% of those will remain substance free at 6-months post admission. Objective 1.5: By September 2029, 80% completing treatment will not be re-arrested (for non-drug or drug related charges) while in the program, and 60% will not recidivate at 6-months post intake as measured by GPRA. GOAL 2: Reduce the behavioral and social consequences related to substance use/misuse by increasing access to and availability of recovery support services. Objective 2.1: By September 2029, 80% completing services who have anxiety, depression, and/or trauma symptoms at intake will exhibit fewer symptoms at discharge, and 70% of those will maintain the improvements or show additional decreases at 6-months post admission assessed by the GPRA, PCL-5, and Modified Mini. Objective 2.2: By September 2029, 90% completing services and not having stable living arrangement at intake will have stable living arrangements at discharge, and 70% of those will maintain their living arrangements at 6-months post intake measured by GPRA. Objective 2.3: By September 2029, 80% completing services will have improved social connectedness at discharge, and 70% will maintain these improvements at 6-months post intake as measured by GPRA. Objective 2.4: By September 2029, 60% participating in educational/vocational activities will be employed or enrolled in education/job training at discharge, and 70% will complete their education/training, or remain employed at 6-months post admission as measured by GPRA.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: WestCare GulfCoast-Florida, Inc.
UEI: HNG6XDT1MNL5
Street1*: 8800 49th St. N STE 402
Street2:
City*: Pinellas Park
County:
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 337825341
Project/Performance Site Congressional District*: FL-013

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: WestCare GulfCoast-Florida, Inc.
UEI: HNG6XDT1MNL5
Street1*: 6448 Ridge Road
Street2:
City*: Port Richey
County:
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 34668-6748
Project/Performance Site Congressional District*: FL-012

Project/Performance Site Location 2

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: WestCare GulfCoast-Florida, Inc.
UEI: HNG6XDT1MNL5
Street1*: 15000 Citrus Country Drive
Street2: Suite 105
City*: Dade City
County: Florida
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 33523-6015
Project/Performance Site Congressional District*: FL-012

Additional Location(s)

File Name:

SECTION A: Population of Focus and Statement of Need

A1. The lead applicant, **Pinellas County Board of County Commissioners (PCBCC)** on behalf of Florida's **Sixth Judicial Circuit (SJC)**, is requesting *Treatment Drug Courts* funding from SAMHSA in response to FOA No. TI-19-004, to enhance services for drug-involved offenders (adults) participating in the Pinellas [County] Adult Drug Court (PADC)¹ over five years (2024-2029), particularly those with neurotrauma. 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 959,918 (2022), with the majority of residents (72.4%) identifying as White (alone), 10.0% identifying as Black or African American, and 10.4% identifying as Hispanic or Latino. Approximately 51.7% of the county is female, 14.8% of the population 5 years and older speaks a language other than English at home, and the median household income is \$66,406. 15.7% of county residents are under 18 and 25.6% are 65 and older. Based on data from the Williams Institute, 4.6% of individuals are LGBTQ+ in Pinellas County. The language, sexual orientation, socioeconomic status, and gender of the population served will be reflective of the general population of the region. 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. Clients with a history of neurotrauma will be prioritized for services.

A2. Service Gap: In 2023, the PADC served 625 unduplicated individuals, representing a 5% increase from 2022. The recidivism rates measured at 12 months and 24 months from graduation were 9.9% and 18.2%, respectively. The Pinellas County Opioid Task Force (PCOTF) reports that every 14 hours, one person dies from an opioid-related overdose in Pinellas County. PCOTF released a Strategic Plan for 2020-2022, which stated that Pinellas County is one of the top five Florida counties for fentanyl-associated deaths. Unfortunately, the opioid epidemic is placing a financial strain on the local judicial system. Individuals addicted to opioids are more likely experience relapse and recidivism. This places a heavy burden on the justice system and increases the workload for several local sectors (i.e., law enforcement, hospitals, behavioral health providers, first responders, child protective services, etc.). Treatment courts are having to do even more with less. **Community Priority:** The 2023-2028 Community Health Improvement Plan identified three priority health areas to address in Pinellas: (1) Access to Health & Social Services, (2) Mental Health & Substance Abuse, and (3) Health Promotion & Behavior. In addition, the 2023 Pinellas County Health Assessment lists illegal drug use/abuse or misuse of prescription medications as the top risky behavior in the county in need of addressing. **Trauma:** In addition to an unrelenting drug problem, the PADC team (for several years) has been witnessing and responding to a growing number of PADC participants suffering with profound trauma. According to SAMHSA's Trauma and Justice Strategic Initiative, trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. Trauma affects individuals, families, and communities by disrupting health development, adversely affecting relationships, and contributing to mental health issues including substance use, domestic violence, and child

¹ Note: Another court within the Sixth Judicial Circuit (the Pasco County Adult Drug Court) is a recipient of this grant opportunity (Grant number 1H79TI082965-01). However, this court is separated and serves a separate population from the Pinellas County Adult Drug Court. Staffing and funding would remain separate.

abuse. In the Pinellas Thrive program, 36% of clients had experienced some form of trauma or violence, 20% of those with symptoms had nightmares about a past trauma, 28% tried to avoid thinking about their trauma, and 52% reported feeling numb or detached from others, activities, or their surroundings. In addition to psychological trauma, neurotrauma issues faced by drug court-involved adults manifest in several ways, including direct cerebral trauma (concussion and hypoxia) from substance use and neurotoxicity from alcohol and substance/polysubstance abuse, among others. According to the 2023 Pinellas Community Health Needs Assessment (FDOH), 32% of survey respondents reported a depression or anxiety diagnosis but cited costs, insurance coverage, scheduling, and long wait times as barriers to accessing mental healthcare. People with co-occurring behavioral health disorders are much more likely than the general population to be exposed to a range of traumatic events both before and after the onset of their disorders.

Pervasiveness of Local Substance Use: According to the Florida Department of Health Substance Use Dashboard, there were 576 fatal overdoses in Pinellas County in 2021 (a rate of 61.1 per 100,000, higher than the Florida rate of 38.5). This rate has been steadily increasing for several years – the rate was only 35 per 100,000 as recently as 2018. The 2023 Pinellas Community Health Assessment indicates that 24.2% of adults in the county drink excessively and 17.1% binge drink. These statistics are higher than the statewide percentages, and Pinellas County is among the worst 25% of counties in the state for drinking. The rate of arrests that involve driving under the influence is 235.2 per 100,000 in Pinellas County compared to 159.7 across all of Florida. In 2022, there were approximately 5,488 arrests related to drugs in Pinellas County as reported by the Florida Department of Health Substance Use Dashboard (a rate of 565.5 per 100,000, higher than the state rate of 372.6 in 2022). Through this project, PCBCC 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.

SECTION B: Proposed Implementation Approach

B1. Purpose: The purpose of the proposed project is to expand services in the existing PADC to offer an enhanced treatment drug court model and community-based SUD treatment and recovery support services (RSS) to drug-involved offenders (adults) in Pinellas County, including enhanced services for those experiencing neurotrauma. 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. The PADC also follows the guidance of the National Association of Drug Court Professionals (NADCP) standards, the NDCI Judicial Benchbook, and all other recommendations from NDCI. The table below specifies the estimated number of service recipients.

Table 1. Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total
40	40	40	40	40	200

Expansion Estimates: From 2024-2029, the PADC team anticipates serving 200 individuals. The PADC will deliver enhanced trauma-informed and wraparound support services to drug-involved offenders in Pinellas County receiving problem-solving treatment court services, particularly for those with neurotrauma. **Goals and Objectives: GOAL 1: Increase the availability of, access to, and engagement in evidence-based treatment services to reduce substance use/misuse and recidivism of adult offenders. Objective 1.1:** By September 2029, provide intensive, integrated outpatient SUD treatment and recovery support services (RSS) to 200 unduplicated adults (40 annually) in Pinellas Adult Drug Court (PADC). **Objective 1.2:** By September 2029, 75% of participants will complete treatment as evidenced by their discharge status in the WestCare Clinical Data System (CDS). **Objective 1.3:** By September 2029, 85% of participants will complete the aftercare/continuing treatment component. **Objective 1.4:** By September 2029, 80% completing treatment will be substance free during the 30 days prior to discharge, and 70% of those will remain substance free at 6-months post admission. **Objective 1.5:** By September 2029, 80% completing treatment will not be re-arrested (for non-drug or drug related charges) while in the program, and 60% will not recidivate at 6-months post intake as measured by GPRA. **GOAL 2: Reduce the behavioral and social consequences related to substance use/misuse by increasing access to and availability of recovery support services. Objective 2.1:** By September 2029, 80% completing services who have anxiety, depression, and/or trauma symptoms at intake will exhibit fewer symptoms at discharge, and 70% of those will maintain the improvements or show additional decreases at 6-months post admission assessed by the GPRA, PCL-5, and Modified Mini. **Objective 2.2:** By September 2029, 90% completing services and not having stable living arrangement at intake will have stable living arrangements at discharge, and 70% of those will maintain their living arrangements at 6-months post intake measured by GPRA. **Objective 2.3:** By September 2029, 80% completing services will have improved social connectedness at discharge, and 70% will maintain these improvements at 6-months post intake as measured by GPRA. **Objective 2.4:** By September 2029, 60% participating in educational/vocational activities will be employed or enrolled in education/job training at discharge, and 70% will complete their education/training, or remain employed at 6-months post admission as measured by GPRA.

B2. Implementation: The 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 Kimberly Todd 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. **Proposed Expansion.** PDDC is proposing an expansion through enhanced education and wraparound services for those experiencing neurotrauma provided by WestCare GulfCoast-Florida (WCGC-FL). Clients will be screened by WCGC-FL staff upon intake using two screening assessments developed by James E. Lewis, Ph.D., Clinical Neuropsychologist and founder of the Brain Injury Education Project. These screenings identify events that have a high risk for causing concussive head injuries and/or transient (brief) cerebral hypoxia (“Hypoxic Events”) and brain dysfunction

symptoms from alcohol/substance use intoxication and/or overdose, or from domestic violence related strangulation episodes. Clients that have been identified to have some form of neurotrauma will be provided with education on the relationship between brain injuries and substance use, and they will also receive specialized group treatment services using curriculum from **Helping Women Recover** and **Helping Men Recover**, as appropriate (described in *Section C*). **Essential Services:** In alignment with the required activities included in FOA No. TI-24-004, 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 one SUD Counselor, one Mental Health Counselor, and a full-time (paid) Peer Support Specialist will provide the following treatment services, integrated with judicial supervision and comprehensive case management services provided by the SJC's Court Program Specialist: ■ Integrated screening and assessment for SUD/COD using a biopsychosocial assessment instrument administered in a structured clinical interview (ASAM Criteria, GPRA, PTSD Checklist for DSM 5, Modified Mini Screen, ACES Questionnaire, and neurotrauma screenings). ■ Individualized, strengths-based, and participant-driven treatment planning that addresses the needs of the individual and family (plan reviews every 30 days). WCGC-FL will ensure screening and assessments provide equitable access to drug courts for racial, ethnic, sexual, and gender minority groups through regular analysis using the NIATx model, which allows for continuous change and tracks demographics and disparities among participants. The WestCare Evaluation team will document all changes made, including those addressing disparities in access, service use, and outcomes across subpopulations, including the use of the National Standards for CLAS. ■ ASAM Level I outpatient SUD treatment four times a week that: (1) is licensed; (2) is provided in three (3) phases; (3) is person-responsive and tailored to the unique needs of each participant; (4) is 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. Case management plans will address risks for recidivism, as determined by risk assessments, and will include delivery or facilitation of services to appropriate clients, including substance use and cognitive behavioral interventions, to address needs and reduce those risks. WCGC-FL Counselors will assist eligible uninsured clients with applying for health insurance. ■ Continuous engagement and interactions with a Peer Support Specialist to support RSS, assist in multi-sector navigation, treatment retention, and relapse prevention (includes home visits as needed). ■ Rapid HIV testing provided by WCGC-FL; HIV counseling and treatment and Hepatitis A, B, C testing, counseling and treatment provided by FDOH-Pinellas. ■ Parenting education and family functioning skills groups using the Nurturing Parenting curriculum, described in *Section C*. ■ Wrap-around recovery support services (RSS) designed to improve access and retention in services (e.g., recovery housing, peer support services, childcare, supported employment, skills training and development, and transportation services). Peer support services will be designed with and delivered by individuals who have experience with the criminal justice system, have experienced an SUD or co-occurring substance use and mental disorders, and are in recovery. ■

Relapse prevention, aftercare, and alumni groups. ■ Both the SJC, the PADC team and WCGC-FL 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. WCGC-FL also receives funding from Florida Alcohol and Drug Abuse Association (FADAA) and the Central Florida Behavioral Health Network (CFBHN) to cover the costs of Vivitrol, Suboxone, Subutex, Sublocade, and Brixdi offered to eligible treatment clientele under the care and prescription of a physician, including medication management in the outpatient program. No eligible participants will be denied access to the PADC 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 PADC 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 treatment and recovery support services will be evidence-based, culturally and linguistically appropriate, and will meet the unique needs to diverse populations at risk. Language access services (including interpretation, translation, disability accommodations, and accessibility) will be provided as applicable for all required activities). **Note on Residential Treatment:** The PADC aims to place participants in the least restrictive level of care using a biopsychosocial assessment and ASAM Patient Placement Criteria. For the last 17 years, the PADC has discerned that ASAM Level I Outpatient SUD treatment is the most appropriate treatment type for the population of focus. However, for more than 10 years, WCGC-FL has been operating a community based ASAM Level II Residential SUD treatment program funded by the Florida Department of Corrections where WCGC-FL can refer participants (when appropriate) without using grant funding from SAMHSA. **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*, as well as the *Adult Drug Court Best Practice Standards*. Described below are the ways in which the PADC maintains fidelity to the ten (10) key components. ■ **Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.** The Sixth Judicial Circuit has over 20 years of experience operating specialty court programs including the PADC. The PADC 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 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. 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, WCGC-FL, offers a continuum of behavioral health services within the geographic catchment area including emergency shelter, recovery housing, residential treatment, 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 partnerships through its commitment to maintain 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.

B3. Please see the timeline provided in **Attachment 4.**

SECTION C: Proposed Evidence-based, Adapted, or Community-Defined Evidence Service/Practices C1.

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, WCGC-FL, 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 WCGC-FL to PADC participants are rooted in **Cognitive Behavioral Therapy (CBT)** that involves cognitive restructuring, modifying behavior, and/or developing alternative coping skills. WCGC-FL 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 WCGC-FL offers. **Motivational Interviewing (MI)** and **Motivational Enhancement Therapy (MET)** are other evidence-based techniques which WCGC-FL 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.** **Living in Balance (LIB)** is a research-based psycho-educational and experiential treatment model used with persons with SUD. LIB allows participants to enter the program at any point in the cycle of sessions and continue in the program until completing all sessions. The 12 sessions include self-diagnosis; alcohol and other drug education; triggers, cravings, and avoiding relapse; planning for sobriety; spirituality; sex, drugs, and alcohol; stress and emotional well-being; skills for reducing stress; negative emotions; anger and communication; and relapse prevention. **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. **Stephanie Covington's Helping Women Recover** and **Helping Men Recover** are evidence-based and gender-responsive practices that integrate theories of psychological development, trauma, and addiction. The curriculum has 20 sessions tackling concerns that prompt relapse: self, relationships, sexuality, and spirituality. Targeting triggers for relapse, these sections are designed to promote growth and healing. Clients with children may receive **Nurturing Parenting** as appropriate, a family-centered, trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. Since 1983, their evidence-based Nurturing philosophy has helped families from all over the world and in all branches of the military improve their parenting skills. **No modifications are planned for these interventions.** The following table depicts how these EBPs are appropriate for use with the population of focus and the outcome areas to be achieved.

Table 2. Outcome Areas						
EBP*	POPULATION	SUD	RECIDIVISM	TRAUMA	FUNCTIONING	RELATIONSHIPS
LIB	X	X	X		X	
RP	X	X		X	X	X
SS	X	X	X	X	X	X
MI	X	X			X	
MET	X	X	X	X	X	X
HWR	X	X	X	X	X	X
HMR	X	X		X	X	X

*LIB (Living in Balance), Relapse Prevention (RP), SS (Seeking Safety), MI (Motivational Interviewing), MET (Motivational Enhancement Therapy), HWR (Helping Women Recover), HMR (Helping Men Recover), NP (Nurturing Parenting)

All EBPs noted above are appropriate for use with adults (18+) of all genders who have a primary SUD and have experienced trauma, including those with co-occurring behavioral health disorders. They are appropriate for individuals of any, race, ethnicity, culture, language, gender identity, sexual orientation, gender expression, age, geography, environment, treatment setting, ability, or socioeconomic status. According to the developer, **Hazelden Publishing**, in an evaluation conducted at two outpatient programs, *Living in Balance* was found to reduce cocaine and alcohol use from intake to follow up. 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. According to its developer **Covington Books**, clients that received *Helping Women Recover* indicated a better in-treatment performance, more positive perceptions of their treatment experience, and a better reduction in PTSD symptoms compared to standard mix-gender treatment in a pilot study of 94 offenders in a Drug Court Treatment program in San Diego County. A **NIMH** study of *Nurturing Parenting* indicated a 7% recidivism rate on a longitudinal follow-up for the 95 families who completed the program, a retention rate of 83% of DSS/DCF families completing the 15 session group-based program, and significant posttest gains in family functioning, parenting beliefs and knowledge of non-abusive parenting strategies.

C2. To monitor and ensure the fidelity of EBPs, all staff will receive the training required by the EBP developer. The Evaluator will conduct random fidelity checks for each staff member delivering the EBP using the fidelity checklists provided by the developer. The Evaluator analyzes the data and provides feedback to the supervisors. If staff fall below fidelity, their supervisor works with them weekly until they regain fidelity.

SECTION D: Staff and Organizational Experience

D1. Experience with similar projects and populations: The applicant, the **Pinellas County Board of County Commissioners (PCBCC)**, represents Pinellas County Government, a complex mix of 25 governmental bodies, including the **Sixth Judicial Circuit (SJC)**. PCBCC is committed to progressive public policy, superior public service, and the 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 in 2023, there were 56,551 circuit filings and 149,299 county filings 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 (PADC) in 2001 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, along with a Family Dependency Treatment Court in 2016, and a Family Drug Treatment Court in 2018. Pinellas County and SJC are current and/or past recipients of several federal treatment court grants (i.e., SAMHSA, BJA, OJJDP, etc.). Pinellas County and SJC also have 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). 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 PADC Judge, Chief Deputy Court Administrator and other SJC staff members have received training through The National Drug Court Institute (NDCI). **Judge Kimberly Todd** graduated from the University of South Florida and, in 1996, the Mississippi College School of Law. She worked as a prosecutor and as general counsel for a private corporation before opening her own law practice in 2001. She was elected to the circuit bench in 2010 and was assigned to a family law section until 2013, when she was assigned to Unified Family Court where she currently presides over the Pinellas County Dependency Drug Court. **Katie Kolar**, the proposed **Project Director**, is the SJC Adult Drug Court Director and has 13 years of experience working in problem-solving courts.

D2. For more than 10 years, the SJC and **WestCare GulfCoast-Florida, Inc.** have collaborated to offer treatment drug court programs to residents of the geographic catchment area. WCGC-FL is a 501(c)3 community-based, licensed and CARF-accredited nonprofit that was established in 2001, and offers a full continuum of care for nearly 2,000 individuals with SUD each year. WCGC-FL maintains numerous long-term 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, including behavioral health and human services, emergency shelter, transitional housing, and ongoing outpatient, aftercare, and recovery support services. *Letters of commitment are included in Attachment 1 of this grant application.*

D3. The table below details all key staff positions of the proposed expansion. Individuals that will fill the positions noted below (detailed in budget justification) have experience engaging, understanding, treating, retaining, and graduating individuals with culture(s), language(s), and needs similar to the population of focus, including underserved populations.

Table 3. Staffing Plan			
Position	Role	FTE & LOE	Qualifications and Experience
Judge Kimberly Todd	Leader of DDC and team	1.0 FTE	Judge
Project Director – Katie Kolar	Manages grant project operations	1.0 FTE, 20% LOE	MA and MBA
Court Program Specialist II – TBH	Judicial management of cases	1.0 FTE, 100% LOE	BA or MA
Program Manager – Amy Giambrone	WCGC-FL treatment leadership and oversight	1.0 FTE, 10% LOE	BA + Experience
SUD Counselor – Karen Mesa	SUD treatment, RSS, case management, aftercare	1.0 FTE, 100% LOE	BA or MA
MH Counselor – TBH	MH treatment, RSS, case management, aftercare	1.0 FTE, 100% LOE	BA or MA
Peer Support Specialist – Kimberlee Burgess	Peer-to-peer RSS, motivational support	1.0 FTE, 100% LOE	2+ YRS Recovery
Research Assistant – Desha Lovett	Data collection and analysis, monitoring, evaluation	1.0 FTE, 100% LOE	BA + Experience
Independent Lead Evaluator – Denise Connor	Independent evaluation, supervision of RA	Contractual	BA + Experience

Grant Worker A – TBH	Grant management	1 FTE, 20% LOE	BA or Experience
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SECTION E: Data Collection and Performance Measurement

The Evaluation Team is an Evaluator, Denise Connor, and a full-time Research Assistant (RA).

Table 4. Data Collection and Analysis

Objective	Data Source	Data Collection Frequency	Responsible for Data Collection	Method of Data Analysis (Done by Evaluator)
1.1 Provide services to 200 individuals	GPRA	At Admission	RA	Ratio: Actual/Target
1.2 75% will complete successfully	CDS	At Discharge	Counselor	Ratio: Actual/Target
1.3 85% complete continuing care	CDS	At Discharge	Counselor	Ratio: Actual/Target
1.4 80% drug free at discharge; 70% drug free at 6-months	GPRA	Intake, DC, 6-months	RA	Ratio: # drug free /# admitted; RMANOVA
1.5 80% no new crimes at discharge; 60% will not recidivate at 6-months	GPRA	Intake, DC, 6-months	RA	Ratio: # no crimes / # admitted; RMANOVA
2.1 80% decreased MH symptoms at discharge; 70% maintain/decrease at 6-months	PCL-5 MMS GPRA	Intake, DC, 6-months	RA	Ratio: # ↓ Scores /# admitted; RMANOVA
2.2 90% completing will have stable living at discharge; 70% will maintain it 6-months	GPRA	Intake, DC, 6-months	RA	Ratio: # with stable living /# admitted; RMANOVA
2.3 80% improve social connectedness at discharge; 70% maintain improvements at 6-months	NOMS	Intake, DC, 6-months	RA	Ratio: # ↑ social connectedness /# admitted; RMANOVA
2.4 80% enrolled school/seeking/ employed at discharge; 70% remain enrolled/complete education/remain employed at 6-months	NOMS	Intake, DC, 6-months	RA	Ratio: # school/employed / # admitted; RMANOVA

Use of Data to Manage, Monitor, and Enhance the Program: To ensure the program achieves its intended outcomes and impact, evaluation will be a critical aspect of this project. Clients will provide consent prior to participating in the evaluation portion of this project. Questionnaires will be available in English and Spanish. Biannually, the Evaluator will conduct reviews of process, immediate, and intermediate outcome data so the program can document components that work well; assess where it needs improvements; and make timely adjustments to address the desired outcomes more effectively and efficiently. The Evaluator will prepare a report and share the findings with the program staff. WestCare uses structured Continuous Quality Improvement to improve/enhance products, services, or processes: (1) Identify the deviation, barrier, or unexpected outcome; (2) Generate a fishbone diagram to define all possible causes; (3) Collect data to identify the most likely cause and pinpoint the area for intervention; (4) Implement a corrective action; and (5) Collect data to determine the effectiveness of the action. WestCare uses the NIATx model, allowing rapid, repeated, and efficient change, ensuring high quality processes and program performance as well as timely, targeted change. Routine data analysis includes the following measures: demographics; recruitment methods; attendance; attrition; planned/unplanned adaptations; cultural 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 in *Section B*. 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. Evaluation maintains data in a de-identified SPSS database. Only the Evaluation Team has access to the database.

Applicant/Recipient Pinellas County Board of County Commissioners		Application/Award Number TI-24-004
Project Title:	Pinellas County Adult Drug Court Expansion	

	Start Date	End Date	Budget Year
Budget Period:	09/30/2024	09/29/2029	1

For Multi-Year Funded (MYF) awards only
(not applicable to new applications for funding)
Check the box to select the Incremental Period

COST SHARING AND MATCHING

Matching Required: YES NO

A. Personnel

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation					Personnel Cost	FEDERAL REQUEST
					Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)		
1	Court Program Specialist	TBD	<input type="checkbox"/>	<input type="checkbox"/>			1	\$40,190	100.00%	\$40,190	\$40,190
2	Grant Worker Analyst	TBD	<input type="checkbox"/>	<input type="checkbox"/>			1	\$60,490	20.00%	\$12,098	\$12,098
TOTAL										\$52,288	\$52,288

Line Item #	Personnel Narrative:										
1	Court Program Specialist	TBD			Salary \$40,190	# of Staff 1	LOE 100.00%	Personnel Cost \$40,190	<p>The essential function of the position within the organization is to assist judges and magistrates with the timely disposition of cases through case management, case monitoring, and program implementation. The position is responsible for providing information to litigants and trial court staff; reviewing filings; making referrals to community-based services; managing and preparing cases for court hearings; briefing judges; attending hearings and other trial court proceedings; maintaining record/filing system; training and assisting new departmental personnel; scheduling hearings; and performing related administrative support functions. The position is responsible for collecting and reporting on case/program data and maintaining databases as needed. The position works under general supervision of a court manager, developing work methods and sequences.</p>		
2	Grant Worker Analyst	TBD			Salary \$60,490	# of Staff 1	LOE 20.00%	Personnel Cost \$12,098	<p>The Sixth Judicial Circuit will add one full-time Court Program Specialist whose primary responsibility shall be to ensure that timely and accurate information about each participant's performance is available for staffings and reviews as needed. The Court Program Specialist will also assist with and monitor intake coordination and treatment referral, monitor participant progress, attend and participate in all staffings and court sessions, monitor allocation of sanctions and incentives to each participant, and schedule treatment provider meetings. The Court Program Specialist shall help coordinate all interests of the team by fostering frequent communication.</p>		

Show In-Kind Personnel Table

In-Kind Personnel

Line Item #	Position	Name	Key Position per the FOA	Check if Hourly Rate	Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)
1	Project Director	Katie Kolar	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	\$63,331	20.00%

Line Item #	In-Kind Personnel Narrative:							
1	Project Director	Katie Kolar	Key Personnel	Salary \$63,331	# of Staff 1	LOE 20.00%	Personnel Cost \$12,666	
Project Director will oversee all aspects of the program and its implementation, including training and contract compliance. The Project Director supervises staff and acts as the liaison with the partners. She also assists with preparation of the biannual reports.								

B. Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
FICA	7.65%
Retirement	13.80%
Total Fringe Rate	21.45%

Fringe Benefits Cost

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Fringe Benefits Cost	
1	Court Program Specialist	TBD	\$40,190	21.45%	\$22,580	\$31,201	\$31,201
2	Grant Worker Analyst	TBD	\$12,098	21.45%	\$4,513	\$7,108	\$7,108
TOTAL						\$38,309	\$38,309

Fringe Benefits Narrative:

Social Security and Medicaid at 7.65%, Retirement at 13.8% and health, dental, life, and disability insurance is a flat rate of \$22,580 annually for full time employees.

C. Travel

Trip #	Purpose	Destination	Calculation					FEDERAL REQUEST	
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons		Travel Cost
1								\$0	\$0
TOTAL							\$0	\$0	

Trip #	Travel Narrative:						
1	Travel Cost \$0						

D. Equipment

Line Item #	Item	Check if Item is a Vehicle	Calculation				FEDERAL REQUEST
			Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project	Equipment Cost	
1		<input type="checkbox"/>				\$0	\$0
TOTAL						\$0	\$0

Line Item #	Equipment Narrative:				
1	Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost	\$0
1					

E. Supplies

Line Item #	Item	Calculation				FEDERAL REQUEST	
		Unit Cost	Basis	Quantity	Duration		Supplies Cost
1						\$0	\$0
TOTAL						\$0	\$0

Line Item #	Supplies Narrative:				
1	Unit Cost	Basis	Quantity	Duration	Supplies Cost \$0
1					

F. Contractual

Summary of Contractual Costs

Agreement #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST
1	WestCare Gulfcoast Florida	Subaward	\$309,403	\$309,403
TOTAL			\$309,403	\$309,403

Contractual Details for WestCare Gulfcoast Florida

Agreement #	Services and Deliverables Provided
1	Screening & assessment for SUD and COD, outpatient treatment, wraparound recovery support & support for clients with neurotrauma.

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Travel | <input checked="" type="checkbox"/> Supplies | <input checked="" type="checkbox"/> Indirect Charges |
| <input checked="" type="checkbox"/> Fringe Benefits | <input type="checkbox"/> Equipment | <input checked="" type="checkbox"/> Other | |

Contractual Personnel Costs for WestCare Gulfcoast Florida

Line Item #	Position	Name	Key Position per the NOFO	Check if Annual Salary	Calculation						FEDERAL REQUEST
					Hourly Rate	Hours	# of Persons	Annual Salary	% Level of Effort (LOE)	Contractual Personnel Cost	
1	Program Manager	Amy Giambrone	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$60,000	5.00%	\$3,000	\$3,000
2	Counselor	Karen Mesa	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$45,000	100.00%	\$45,000	\$45,000
3	Mental Health Counselor	TBD	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$55,000	100.00%	\$55,000	\$55,000
4	Peer Support Specialist	Kimberlee Burgess	<input type="checkbox"/>	<input type="checkbox"/>	\$15.00	2,080	1		100.00%	\$31,200	\$31,200
5	Research Assistant	Desha Lovett	<input type="checkbox"/>	<input type="checkbox"/>	\$17.00	2,080	1		100.00%	\$35,360	\$35,360
TOTAL										\$169,560	\$169,560

Line Item #	Contractual Personnel Narrative:										
1	Program Manager	Amy Giambrone			Salary \$60,000	# of Persons 1		LOE 5.00%		Personnel Cost \$3,000	
	<p>Program Manager oversees all aspects of the program and its implementation, including training and contract compliance. The program manager supervises staff and acts as the liaison with the partners. She also assists with preparation of the biannual reports and continuation applications.</p>										
2	Counselor	Karen Mesa			Salary \$45,000	# of Persons 1		LOE 100.00%		Personnel Cost \$45,000	
	<p>The Substance Use Disorder (SUD) Counselor will be responsible for providing comprehensive counseling services to individuals participating in the program. The SUD Counselor will work closely with the clients who are involved in the criminal justice system due to substance abuse issues, aiming to facilitate their recovery journey and successful reintegration into society. Your role will involve conducting assessments, developing treatment plans, delivering individual and group counseling sessions, and collaborating with a multidisciplinary team of professionals including judges, probation officers, attorneys, and the treatment team</p>										
3	Mental Health Counselor	TBD			Salary \$55,000	# of Persons 1		LOE 100.00%		Personnel Cost \$55,000	
	<p>The Mental Health Counselor will be responsible for providing comprehensive mental health assessments, individual and group counseling sessions, and treatment planning tailored to meet the unique needs of program participants. The Mental Health Counselor responsibilities include collaborating with multidisciplinary teams comprising probation officers, attorneys, social workers, and other stakeholders to ensure holistic support and adherence to program requirements.</p>										
4	Peer Support Specialist	Kimberlee Burgess			Hourly Rate \$15	# of Persons 1	Hours 2,080			Personnel Cost \$31,200	
	<p>The Peer Support Specialist assists individuals with substance abuse and/or mental health diagnoses. Assists in developing skills and competencies needed to successfully build a personal support network and to live and work competitively in the community. The role of the Peer Support Specialist is to provide recovery support, consumer education, consumer intervention, and consumer advocacy. The Peer Support Specialist also provides the consumer perspective to recovery and empowers the consumer</p>										
5	Research Assistant	Desha Lovett			Hourly Rate \$17	# of Persons 1	Hours 2,080			Personnel Cost \$35,360	
	<p>Research Assistant is a member of the <i>Evaluation Team</i>. The Research Assistant is responsible for collecting all of the data, for data entry into the local evaluation and SPARS databases, for conducting focus groups (as needed), and conducting basic statistical analyses. The Research Assistant assists staff with data files, maintenance of hard copy forms and instruments and orientates staff to completion of forms.</p>										

Contractual Fringe Benefits Costs for WestCare Gulfcoast Florida

Contractual fringe benefits consist of the components shown below:

Contractual Fringe Component	Rate (%)
FICA	7.65%
Workers Compensation	2.00%
Health Insurance	7.95%
Unemployment Comensation	2.00%
Retirement	3.00%
Total Fringe Rate	22.60%

Contractual Fringe Benefits Costs

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost	
1	Program Manager	Amy Giambrone	\$3,000	22.60%		\$678	\$678
2	Counselor	Karen Mesa	\$45,000	22.60%		\$10,170	\$10,170
3	Mental Health Counselor	TBD	\$55,000	22.60%		\$12,430	\$12,430
4	Peer Support Specialist	Kimberlee Burgess	\$31,200	22.60%		\$7,051	\$7,051
5	Research Assistant	Desha Lovett	\$35,360	22.60%		\$7,991	\$7,991
TOTAL						\$38,320	\$38,320

Contractual Fringe Benefits Narrative:

Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. Federally Approved Fringe Rate is 22.6%.

Contractual Travel Costs for WestCare Gulfcoast Florida

Trip #	Purpose	Destination	Calculation					FEDERAL REQUEST	
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons		Contract Travel Cost
1	Local Staff Travel	Pinellas County	Local Travel (POV Mileage)	\$0.67	Mile	1,200.00	2	\$1,608	\$1,608
2	Joint Grantee Meeting	NADCP - Washington DC per NOFO	Airfare	\$500.00	Round Trip	1.00	1	\$500	\$500
3	Joint Grantee Meeting	NADCP - Washington DC per NOFO	Hotel/Lodging	\$200.00	Night	4.00	1	\$800	\$800
4	Joint Grantee Meeting	NADCP - Washington DC per NOFO	Per Diems (M&IE only)	\$55.00	Day	4.00	1	\$220	\$220

Trip #	Purpose	Destination	Calculation					FEDERAL REQUEST	
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons		Contract Travel Cost
5	Joint Grantee Meeting	NADCP - Washington DC per NOFO	Other (No registration fees)	\$100.00	1	1.00	1	\$100	\$100
TOTAL								\$3,228	\$3,228

Trip #	Contractual Travel Narrative:		Travel Cost
1	Local Staff Travel	Pinellas County	\$1,608
Local Travel is for the Research Assistant and Peer Recovery Coach to meet clients in their home and/or other community based locations as necessary to keep clients engaged and to complete follow up surveys.			
2	Joint Grantee Meeting	NADCP - Washington DC per NOFO	\$500
National Travel: Three staff will travel annually to a required Joint Grantee Meeting for four days to a location to be determined with the travel / airfare costs are based on current prices			
3	Joint Grantee Meeting	NADCP - Washington DC per NOFO	\$800
National Travel: Three staff will travel annually to a required Joint Grantee Meeting for four days to a location to be determined with the travel / hotel costs are based on current prices			
4	Joint Grantee Meeting	NADCP - Washington DC per NOFO	\$220
National Travel: Three staff will travel annually to a required Joint Grantee Meeting for four days to a location to be determined with the travel / per diem costs are based on current prices			
5	Joint Grantee Meeting	NADCP - Washington DC per NOFO	\$100
National Travel: Three staff will travel annually to a required Joint Grantee Meeting for four days to a location to be determined with the travel / transportation, luggage, parking costs are based on current prices			

Contractual Supplies Costs for WestCare Gulfcoast Florida

Line Item #	Item	Calculation				FEDERAL REQUEST	
		Unit Cost	Basis	Quantity	Duration		Contractual Supplies Cost
1	Training supplies and Educational materials	\$45.00	per client	40.00		\$1,800	\$1,800
2	Drug Testing and HIV testing supplies	\$5.00	per test	1,280.00		\$6,400	\$6,400
3	Office Supplies	\$100.00	monthly	12.00		\$1,200	\$1,200
4	SPSS - Research software for Evaluation	\$1,200.00	annually	1.00		\$1,200	\$1,200
5	Laptop with signature pad	\$1,247.00	each	5.00		\$6,235	\$6,235
6	NADCP Membership and Conference fees	\$855.00	per person	1.00		\$855	\$855
TOTAL						\$17,690	\$17,690

Line Item #	Contractual Supplies Narrative:					
1	Training supplies and Educational materials	Unit Cost \$45.00	Basis per client	Quantity 40.00	Duration	Supplies Cost \$1,800
Training & Educational materials include but are not limited to CBT, LIB (Living in Balance), Relapse Prevention (RP), SS (Seeking Safety), MI (Motivational Interviewing, MET (Motivational Enhancement Therapy), HWR (Helping Women Recover), HMR (Helping Men Recover), NP (Nurturing Parenting).						
2	Drug Testing and HIV testing supplies	Unit Cost \$5.00	Basis per test	Quantity 1,280.00	Duration	Supplies Cost \$6,400
HIV Rapid Testing supplies and Medical Supplies/Testing & Lab Fees provide for urinalysis/drug testing of clients.						
	Office Supplies	Unit Cost \$100.00	Basis monthly	Quantity 12.00	Duration	Supplies Cost \$1,200

Line Item #	Contractual Supplies Narrative:					
3	Office Supplies including copy paper, staplers, pens, pencils, file cabinets, cleaning and sanitation products, client incidentals such as ID, work clothes, shoes, school needs, birth certificate, etc.					
	SPSS - Research software for Evaluation	Unit Cost \$1,200.00	Basis annually	Quantity 1.00	Duration	Supplies Cost \$1,200
4	SPSS (Statistical Package for the Social Sciences) is IBM software for data entry and analysis. The Data Analyst and Evaluator use the program to analyze data to ensure the program is attaining its intended goals and objectives and to report these outcomes to the program, stakeholders and funder.					
	Laptop with signature pad	Unit Cost \$1,247.00	Basis each	Quantity 5.00	Duration	Supplies Cost \$6,235
5	Laptop computers for staff use. In addition to the computer we will need to purchase signature pads so clients can sign documents in the electronic health record as needed. Computers and signature pads purchased in year 1 only.					
	NADCP Membership and Conference fees	Unit Cost \$855.00	Basis per person	Quantity 1.00	Duration	Supplies Cost \$855
6	NADCP Membership fees \$60, NADCP Conference Fees \$795, per conference attendee					

Contractual Other Costs for WestCare Gulfcoast Florida

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Evaluator - Denise Connor	<input type="checkbox"/>	\$9,221.00	annually	1.00		\$9,221	\$9,221
2	Communications (Internet, landline, cell phone)	<input type="checkbox"/>	\$130.00	monthly	12.00		\$1,560	\$1,560
3	Copier lease and maintenance	<input type="checkbox"/>	\$50.00	monthly	12.00		\$600	\$600
4	Client Transportation	<input type="checkbox"/>	\$35.00	per trip	200.00		\$7,000	\$7,000
5	Client Incentives - GRPA collection	<input type="checkbox"/>	\$20.00	per incentive	80.00		\$1,600	\$1,600
6	Liability insurance	<input type="checkbox"/>	\$50.00	month	12.00		\$600	\$600
7	Staff Recruitment/Background Screening	<input type="checkbox"/>	\$70.00	new hire	2.00		\$140	\$140
TOTAL							\$20,721	\$20,721

Line Item #	Contractual Other Narrative:					
	Evaluator - Denise Connor	Unit Cost/Rate \$9,221.00	Basis annually	Quantity 1.00	Duration	Other Cost \$9,221
1	Denise Connor will be the lead evaluator for the program and will devote time to on-site training for staff, remote supervision of data collection, set up of template files for the program, review of data and analysis in user friendly formats for staff and community partners, attendance at evaluation meetings and required SAMHSA meetings, and implementation of corrective action plans and implementation plans as needed. She will devote 10% of her time (208 hours) annually to this project.					
	Communications (Internet, landline, cell phone)	Unit Cost/Rate \$130.00	Basis monthly	Quantity 12.00	Duration	Other Cost \$1,560
2	Rent of facility to conduct clinical services and group counseling. Rent includes utility expenses such as electric, water and sewer and minor maintenance such as AC filters, carpet cleaning, and minor repairs. Communications includes office phone and office fax line for staff, cell phones for staff is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.					
	Copier lease and maintenance	Unit Cost/Rate \$50.00	Basis monthly	Quantity 12.00	Duration	Other Cost \$600
3	Copier Lease & Maintenance required for the operation of the program and maintaining client files and other required documentation and reporting. Maintenance agreement covers the cost of copier toner and general maintenance of the copier.					
	Client Transportation	Unit Cost/Rate \$35.00	Basis per trip	Quantity 200.00	Duration	Other Cost \$7,000
4	Client Transportation includes bus passes, uber ride, etc, so clients can attend meetings and get to their court appointments.					
	Client Incentives - GRPA collection	Unit Cost/Rate \$20.00	Basis per incentive	Quantity 80.00	Duration	Other Cost \$1,600
5	Client Incentives for participation in the evaluation and GPRPA data collection efforts include vouchers at discharge and at 6-					

Line Item #	Contractual Other Narrative:					
	months after intake, 40 clients annually.					
6	Liability insurance	Unit Cost/Rate \$50.00	Basis month	Quantity 12.00	Duration	Other Cost \$600
	Liability Insurance represents professional and general liability insurance.					
7	Staff Recruitment/Background Screening	Unit Cost/Rate \$70.00	Basis new hire	Quantity 2.00	Duration	Other Cost \$140
	Staff Recruitment includes advertising vacant positions, recruit skillful staff, and obtain background checks to ensure the most qualified and efficient staff is hired.					

Contractual Total Direct Charges for WestCare Gulfcoast Florida

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	\$249,519

Contractual Indirect Charges for WestCare Gulfcoast Florida

Calculation			FEDERAL REQUEST
IDC Rate (%)	Base	Contractual IDC	
24.00%	\$249,518	\$59,884	\$59,884
TOTAL			\$59,884

Contractual Indirect Charges Narrative:

Indirect expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems. Federally approved indirect rate is 24%

Contractual Total Cost for WestCare Gulfcoast Florida

TOTAL COST	TOTAL FEDERAL REQUEST
\$309,403	\$309,403

G. Construction: Not Applicable

H. Other

Line Item #	Item	Check if Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Other Cost	
1		<input type="checkbox"/>					\$0	\$0
TOTAL							\$0	\$0

Line Item #	Other Narrative:					
1		Unit Cost/Rate	Basis	Quantity	Duration	Other Cost \$0

I. Total Direct Charges

TOTAL DIRECT CHARGES	TOTAL FEDERAL REQUEST
	\$400,000

J. Indirect Charges

Type of IDC Rate / Cost Allocation Plan

REVIEW OF COST SHARING AND MATCHING

Cost sharing or matching is not required for this grant.

BUDGET SUMMARY: YEAR 1

BUDGET CATEGORY	FEDERAL REQUEST
A. Personnel	\$52,288
B. Fringe Benefits	\$38,309
C. Travel	\$0
D. Equipment	\$0
E. Supplies	\$0
F. Contractual	\$309,403
G. Construction (N/A)	\$0
H. Other	\$0
I. Total Direct Charges (sum of A to H)	\$400,000
J. Indirect Charges	\$0
Total Projects Costs (sum of I and J)	\$400,000

BUDGET SUMMARY FOR REQUESTED FUTURE YEARS

	Year 2	Year 3	Year 4	Year 5
Budget Category	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST	FEDERAL REQUEST

A. Personnel	\$52,288	\$52,288	\$52,288	\$52,288
B. Fringe Benefits	\$38,309	\$38,309	\$38,309	\$38,309
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual	\$309,403	\$309,403	\$309,403	\$309,403
G. Construction	\$0	\$0	\$0	\$0
H. Other				
I. Total Direct Charges (sum A to H)	\$400,000	\$400,000	\$400,000	\$400,000
J. Indirect Charges				
Total Project Costs (sum of I and J)	\$400,000	\$400,000	\$400,000	\$400,000

Budget Summary Narrative:

There are no anticipated changes in years 2-5

FUNDING LIMITATIONS / RESTRICTIONS

Funding Limitation/Restriction

	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Budget Category
A. Personnel						
B. Fringe Benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Contractual						
H. Other						
I. Total Direct Charges (sum A to H)						
J. Indirect Charges						
TOTAL for the Budget Year						
Percentage of the Budget	0.000%	0.000%	0.000%	0.000%	0.000%	

Funding Limitation/Restriction Narrative:

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BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised	
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)
1. SAMHSA Treatment Drug Courts	93.243			\$400,000	
2.					
3.					
4.					
5. Totals				\$400,000	

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			
	(1)	(2)	(3)	(4)
a. Personnel	\$52,288		\$0	
b. Fringe Benefits	\$38,309		\$0	
c. Travel	\$0		\$0	
d. Equipment	\$0		\$0	
e. Supplies	\$0		\$0	
f. Contractual	\$309,403		\$0	
g. Construction	\$0		\$0	\$0
h. Other	\$0		\$0	
i. Total Direct Charges (sum of 6a-6h)	\$400,000		\$0	
j. Indirect Charges	\$0		\$0	
k. TOTALS (sum of 6i and 6j)	\$400,000		\$0	
7. Program Income				

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Source
8. SAMHSA Treatment Drug Courts			
9.			
10.			
11.			
12. TOTAL (sum of lines 8-11)			

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter
13. Federal	\$400,000	\$100,000	\$100,000	\$200,000
14. Non-Federal				
15. TOTAL (sum of lines 13 and 14)	\$400,000	\$100,000	\$100,000	\$200,000

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)		
	(b) First	(c) Second	(d) Third
16. SAMHSA Treatment Drug Courts	\$400,000	\$400,000	\$0
17.			
18.			
19.			
20. TOTAL (sum of lines 16 - 19)	\$400,000	\$400,000	\$0

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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03/25/2024

ATT: Tim Burns, Director of Programs
Pinellas County Human Services Department
647 1st Ave N.
St. Petersburg, FL 33701

RE: Letter of Commitment for SAMHSA Treatment Drug Courts No. TI-24-004

Dear Mr. Burns:

I am writing to express WestCare GulfCoast-Florida, Inc.'s (WCGC-FL's) commitment to provide assistance to the Pinellas County Board of County Commissioners in collaboration with the Pinellas County Adult Drug Court (PADC) for the program developed in response to the Substance Abuse and Mental Health Services Administration Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts Notice of Funding Opportunity: (NOFO) No. TI-24-004.

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 the 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 known as a progressive circuit in Florida for actively seeking cost-effective, humane, and sound alternatives to incarceration. PCG is proposing to enhance services for drug-involved offenders (adults) participating in the PADC over five years (2024-2029), particularly those with neurotrauma.

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. WCGC-FL is a 501(c)3 community-based, licensed and CARF-accredited nonprofit that was established in 2001, and offers a full continuum of care for nearly 2,000 individuals with SUD each year. With an operating budget of more than \$14M, WCGC-FL maintains 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, including behavioral health and human services, emergency shelter, transitional housing, case management, and ongoing outpatient, aftercare, and recovery support services.

WCGC-FL appreciates the opportunity to engage in this grant endeavor by committing to the following activities if awarded:



- WCGC-FL will be the direct client substance use disorder treatment and recovery support services provider for the proposed project.
- WCGC-FL affirms that it has at least two years of experience providing relevant services. (official documents are attached below that establish that the organization has provided relevant services for the last two years).
- WCGC-FL affirms that it is in compliance with all applicable local and state licensing, accreditation, and certification requirements, as of the due date of the application.

WCGC-FL looks forward to continuing to work with the PADC if this opportunity is awarded. If you require any additional information, please do not hesitate to contact me at steve.blank@westcare.com or via telephone (727-291-3017).

Respectfully,

Steve Blank,
Regional Vice President
WestCare GulfCoast-Florida, Inc.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 18 2006

WESTCARE GULFCOAST - FLORIDA INC
900 GRIER DR STE A
LAS VEGAS, NV 89119-3788

Employer Identification Number:
59-3714627
DLN:
17053056778076
Contact Person:
ERIC J BERTELSEN ID# 31323
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated February 6, 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

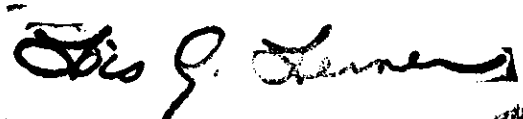
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 21, 2001

GIBBS & ASSOCIATES, P.A.
KARA L. KINDT
100 2ND AVE. SOUTH, SUITE 704-S
ST. PETERSBURG, FL 33701

The Articles of Incorporation for WESTCARE GULFCOAST - FLORIDA, INC. were filed on February 21, 2001 and assigned document number N01000001218. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Wanda Cunningham, Document Specialist
New Filing Section

Letter Number: 201A00010873

**ARTICLES OF INCORPORATION
OF
WestCare GulfCoast - Florida, Inc.**

FILED
01 FEB 21 PM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be WestCare GulfCoast - Florida, Inc.
(hereinafter referred to as the "Corporation").

ARTICLE II

The principal office of said corporation is 341 3rd Street South in the City of St. Petersburg, Pinellas County, Florida. The mailing address of said corporation is 341 3rd Street South in the City of St. Petersburg, Pinellas County, Florida.

ARTICLE III

The Corporation is a nonprofit corporation, as defined in F.S. 617 and is solely organized for the public benefit. The primary purposes for which said Corporation is formed are a combination of general charitable and educational purposes including but not limited to, the following:

- a. To provide treatment and/or counseling for substance dependent persons, male and female, who voluntarily seek help. The aim is to offer the encouragement and resources of the community and the creative supervision necessary to support substance abusing persons in their effort to live in a reality bound and responsibility-oriented society.
- b. To provide the services of WestCare GulfCoast - Florida, Inc. to individuals who are currently dependent on drugs, alcohol or other deleterious substances as well as those with post dependency histories or

mental health issues who are returning to the community from treatment centers or correctional institutions.

- c. To stabilize such individuals, to help them develop realistic living plans, and to aid their re-entry into the community.
- d. To advance the corporate purposes without restriction as to race, creed, age, sex, color or national origin.
- e. To engage in any other lawful pursuit permitted under law for organizations, which are exempt from federal income taxation within the contemplation of Section 501(c)(3) of the Code.

Notwithstanding the statement of purposes or powers aforesaid, the Corporation shall not, except to any insubstantial degree, engage in any activities or exercise any powers that are not permitted to be carried on:

- a. By a Corporation exempt from federal income tax under section 501(c)(3) of the Code; or
- b. By a Corporation, contributions to which are deductible under Section 170(C)(2) of the Code.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributed to, its trustees, officers, members, if any, employees or other private persons except that the Corporation shall be authorized and empowered to pay reasonable compensation to officers and employees for services rendered and to make payment and distributions in furtherance of the purposes of the Corporation.

No substantial part of the activities of the Corporation shall be carrying on propaganda or otherwise attempting to influence legislation, or participation,

intervening in (including the publication or distribution of statements), any political campaign on behalf of any candidate for public office.

ARTICLE IV

The Corporation is governed by the Board of Directors. The Board of Directors shall consist of not less than three (3) and not more than fifteen (15) Directors. Provided that the Corporation has at least three Directors, the number of Directors may at any time or times be increased or decreased as provided in the Bylaws. The term of each Director shall be not less than three years, except as provided in the Bylaws.

ARTICLE V

Notwithstanding any other provisions of these articles, this corporation shall not carry on any other activities not permitted to be carried on by corporations exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. This corporation shall at all times operate as a non-profit making enterprise and no member shall derive any personal monetary gain from its activities or from its properties, funds or assets.

ARTICLE VI

This Corporation shall not issue capital stock but rather certificates of membership may be issued to each member upon such terms and qualifications as may be prescribed by the Bylaws and by the laws of the State of Florida.

ARTICLE VII

The Corporation shall have a perpetual term.

ARTICLE VIII

A Director or Officer of the Corporation shall not be personally liable to this Corporation for damages for breach of fiduciary duty as a Director or Officer, but this Article shall not eliminate or limit the liability of a Director or Officer for acts or omissions which involve intentional misconduct, fraud or a knowing violation of the law, or the payment of distributions in violation of Florida Law. Any repeal or modification of this article by the Directors of the Corporation shall be prospective only, and shall not adversely affect any limitation on the personal liability of a Director or Officer of the Corporation for acts or omissions prior to such repeal or modification.

ARTICLE IX

This property of this Corporation is hereby forever and irrevocably dedicated to charitable and educational purposes stated in Article III hereof, and no part of the net earning or assets of or to the benefit of any other private persons. Upon the dissolution or winding up of the Corporation, any such assets remaining after payment of, or provision for payment of all debts and liabilities of this Corporation, shall be distributed to WESTCARE FOUNDATION, INC., if then existing or if not then existing, to a nonprofit fund, foundation, or corporation, which is organized and operated for scientific, charitable, or educational purposes and which has, by reason of its scientific, charitable, or educational purposes, been granted tax-exempt status under Section 501(c)(3) of the Code, with the intention that such fund, foundation, or corporation shall have been established for the same or similar humanitarian objects or purposes for which this Corporation is established and that such humanitarian object and purposes be

furthered and perpetuated. This Corporation shall not participate in or intervene in any political campaign on behalf of any candidate for public office.

ARTICLE X

The Corporation's resident agent shall be Janette M. McCurley, Esquire who maintains a law office at 100 Second Avenue South, Suite 704, St. Petersburg, FL 33701.

ARTICLE XI

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation by a vote of at least a majority of the voting power of the Board of Directors at a meeting called for that purpose.

ARTICLE XII

Every person who was or is a party to, or is threatened to be made a party to, or is involved in any action, suit proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he, or a person of whom he is the legal representative, is or was a Director, Officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a trustee, director, officer, employee or agent of another Corporation, or as its representative in partnership, joint venture, trust or other enterprise, shall be indemnified and held harmless to the fullest extent legally permissible under the laws of the State of Florida from time to time, against all expenses, liability and loss (including attorney fees, judgments, fines and amounts paid or paid in settlement) reasonably incurred or suffered by him in connection therewith. Such right of indemnification shall be a contract right which may be enforced in any manner desired by such person. Such right of indemnification shall

not be exclusive of any other right which such trustees, officers or representative may have or hereafter acquire, and without limiting the generality of such statement, they shall be entitled to their respective rights of indemnification under any bylaw, agreement, vote of members, provision of law, or otherwise, as well as their rights under this ARTICLE XII.

Without limiting the application of the foregoing, the Directors may adopt bylaws from time to time with respect to indemnification, to provide at all times the fullest indemnification permitted by the Laws of State Florida, and may cause the Corporation to purchase and maintain insurance on behalf of any person who is or was a Director, Officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as trustee, director, officer, employee or agent of another Corporation, or its representative in partnership, joint venture, trust or other enterprises against any liability asserted against such person and incurred in any such capacity or arising out of such status, whether or not the Corporation would have the power to indemnify such person.

The indemnification provided in this ARTICLE XII shall continue as to a person who has ceased to be a trustee, director, officer, employee or agent, and shall inure to the benefits of the heirs, executors and administrators of such a person.

ARTICLE XIII

The name and street address of the incorporator for these Articles of Incorporation is Janette M. McCurley, Esquire, 100 Second Avenue South, Suite 704, St. Petersburg, FL 33701.

Attachment 2: Data Collection Instruments/Interview Protocols

Post-Traumatic Stress Disorder Checklist for DSM 5: <https://istss.org/clinical-resources/assessing-trauma/ptsd-checklist-dsm-5>

Modified Mini Screen (MMS): <https://www.ncdhhs.gov/media/1445/open>

Adverse Childhood Experiences (ACES): <https://www.rockefellerfoundation.org/wp-content/uploads/2021/03/ACE-Questionnaire.pdf>

Neurotrauma Screenings (Attached)

A Structured Screening Interview for Neurotrauma Events in Alcohol/Substance Abuse Disorders (SUD's) ©

James E. Lewis, Ph. D., Clinical Neuropsychologist
Founder, Brain Injury Education Project
All Rights Reserved, January 2020

Brief Description of the Assessment

- **This assisted interview tool may be used only with the instruction and supervision of the author.**
- This structured interview tool is intended for use with older adolescent and adults with histories of SUD.
- The tool focuses on identifying **events** that have high risk for causing concussive head injuries and/or transient (brief) cerebral hypoxia ("Hypoxic Events") and brain dysfunction symptoms from alcohol/substance use intoxication and/or overdose.
- The tool **is not a diagnostic instrument**. Only a medical professional should make any formal diagnosis of brain injury.
- Interviewers must be part of the WestCare Adult Drug Court Grant Project.
- *This project was supported by Grant No. 2020-DC-BX-0142 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice, Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this interview tool are exclusively those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice."*

**A Structured Screening Interview for Neurotrauma Events in
Alcohol/Substance Abuse Disorders (SUD's) ©**

James E. Lewis, Ph. D., Clinical Neuropsychologist
Founder, Brain Injury Education Project
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Name of Counselor _____
WestCare Counselor location: Outpatient _____ Residential _____
Name of Client (First name and initial only of last name) _____
Age of Client _____
Gender (use client's choice of identifying gender) _____

Part I: History of Alcohol/Substance Use Head Injury Events

(Explain to the client/interviewee that all questions pertain to events that occurred while experiencing **any degree** of intoxication or difficulties while under the influence of substances.)

“First think about **any times in your life **where you have been under the influence of alcohol or substances**:**

1. Approximately how many times did you ever **fall** and strike your face or head where you were briefly stunned, dazed, dizzy, woozy, “saw stars” or had blurred vision, nausea or ringing in the ears? (If client answers 0, ask, “what did happen when you struck your head?”)
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

2. Approximately how many times in the past ten years did you **fall** and strike your face or head and you **completely blacked out** (lost consciousness), even for a few seconds or minutes?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

“Now, let's focus on the same problems occurring when you have been in any fights while under the influence of alcohol or substances:

3. Approximately how many times were you hit in the face or head during a fight where you were briefly stunned, dazed, dizzy, woozy, “saw stars” or had blurred vision, nausea or ringing in the ears?
 - a. 0 times
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

4. Approximately how many times have you ever been hit in the face or head **during a fight** and you **completely blacked out** (lost consciousness), even for a few seconds or minutes?
 - a. 0 times
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

Now, let's focus on the same problems occurring when you have been in any motor vehicle, recreational or sports accidents while under the influence of alcohol or substances (explain that this includes falls when riding a bicycle or skate board, four-wheeler, etc.)

5. Approximately how many times did you hit your head in a motor vehicle, recreational or sports accident and you were even briefly stunned, dazed, dizzy, woozy, "saw stars" or had blurred vision, nausea or ringing in the ears?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times
6. Approximately how many times did you hit your head in a motor vehicle, recreational or sports accident and you **completely blacked out** (lost consciousness), even for a few seconds or minutes?
 - a. 0 times
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

Part II. Post-head injury symptoms (brief list)

"Now, please think about what happened in the period **immediately after** any incidents where you struck your head as a result of any fights, falls, motor vehicle or sports accidents. Did you experience?" (Circle any that are reported; inform the client that 1, 2 or all 3 of these difficulties could have occurred)

1. Difficulty remembering
2. Difficulty paying attention and concentrating
3. Feeling like you were in a "brain fog"

Duration of post-head injury symptoms

"For any of these problems with memory, attention and concentration or 'brain fog,' please try to estimate how long these symptoms may have lasted:"

1. A few days up to one month
2. One month to six months
3. Six to twelve months
4. One year or longer

Part III. Hypoxic incidents in SUD overdose

“Now please think about any times you may have overdosed, either intentionally or accidentally. Following an overdose event,”

7. How many times did any emergency medical technician or other medical professional ever inform you that you may have suffered either respiratory or cardiac arrest?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

8. After an overdose incident, where you had either respiratory or cardiac arrest, did you experience:” (Circle any that are reported; inform the client that 1, 2 or all 3 of these difficulties could have occurred)
 1. Difficulty remembering
 2. Difficulty paying attention and concentrating
 3. Feeling like you were in a “brain fog”

Duration of post-hypoxia symptoms

“For any of these problems with memory, attention and concentration or ‘brain fog,’ please try to estimate how long these symptoms may have lasted:”

1. A few days up to one month
2. One to six months
3. Six to twelve months
4. One year or longer

Part IV. Prior identification of possible brain injury events

“Not including your referral for today’s interview, please try to think about any **prior time** that any professionals ever discussed with you the possibility that your difficulties with memory, attention and concentration or ‘brain fog’ could have been from alcohol or substance abuse related fights, falls, motor vehicle, recreational or sports accidents or overdose events. (Circle any that apply; also, more than one past professional could have discussed these issues.)

1. Never; no professional ever brought up the possibility that any of my symptoms could be from brain injury events
2. A past Drug Counselor or Domestic Violence Advocate discussed it with me.
3. A Mental Health Counselor or Therapist discussed it with me.
4. A medical doctor or nurse discussed it with me.

A Structured Screening Interview for Neurotrauma Events in Domestic Violence ©

James E. Lewis, Ph. D., Clinical Neuropsychologist
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Brief Description of the Assessment

- **This assisted interview tool may be used only with the instruction and supervision of the author.**
- This structured interview tool is intended for use with adolescent and adult Sexual/Domestic Violence (DV) survivors.
- The tool focuses on identifying **events** that have a high risk for causing concussive head injuries and/or transient (brief) cerebral hypoxia (“Hypoxic Events”) and brain dysfunction symptoms from DV related strangulation episodes.
- The tool **is not a diagnostic instrument**. Only a medical professional should make any formal diagnosis of brain injury.
- Interviewers must be part of the WestCare Adult Drug Court Grant Project
- *This project was supported by Grant No. 2020-DC-BX-0142 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice, Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this webinar are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.”*

**A Structured Screening Interview for
Neurotrauma Events in Domestic Violence ©**

James E. Lewis, Ph. D., Clinical Neuropsychologist
Founder, Brain Injury Education Project
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Name of Counselor _____
WestCare Counselor location: Outpatient _____ Residential _____
Name of Client (First name and initial only of last name) _____
Age of Client _____
Gender (use client's choice of identifying gender) _____

Part I: History of DV Head Injury Events

(Explain to the client that all questions pertain to injuries that occurred in Domestic Violence incidents with a romantic partner or household member.)

"As part of a Domestic Violence event:"

1. Approximately how many times have you ever been struck in the face or head where you were momentarily stunned, dazed, dizzy, woozy, "saw stars" or had blurred vision, nausea or ringing in the ears?
(Explain that "struck in the head," means being punched with a fist, slapped, backhanded or hit with a hard object in the face or head.)
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

2. Approximately how many times have you been struck in the face or head where you **completely blacked out** (lost consciousness), even for a few seconds or minutes?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

3. Approximately how many times were you ever **pushed or shoved** and your head **struck a hard surface** (like against a wall, floor, down a set of stairs, etc.) and you were briefly stunned, dazed, dizzy, woozy, "saw stars" or had blurred vision, nausea or ringing in the ears?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

4. Approximately how many times have you been pushed or shoved where your head struck a hard surface (wall, floor, stairs, etc.) and you **completely blacked out** (lost consciousness), even for a few seconds or minutes?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

Screening for Post-Concussion Symptoms

I. Post-injury symptoms

“Now, please think about what happened in the period **immediately after** any incidents where you were struck in the face or head or where you were pushed or shoved and your head hit a hard object. Did you experience?”

1. Difficulty remembering
2. Difficulty with paying attention or concentrating
3. Feeling like you were in a “brain fog”

(Circle any that are reported; inform the client that 1, 2 or all 3 of these difficulties could have occurred)

II. Duration of post-injury symptoms

“For any of these problems with memory, attention and concentration or ‘brain fog,’ please try to estimate **how long** these symptoms may have lasted:”

1. A few days up to one month (1-30 days)
2. Two to six months (60 days to 6 months)
3. Seven to twelve months
4. One year or longer

III. Prior identification of injury symptoms

“Not including your referral for today’s interview, please try to think about any time a health professional has ever discussed with you the possibility that you may have experienced concussion from Domestic Violence.” (Circle all that apply; more than one past professional could have discussed these issues.)

1. Never; no medical doctors or health professionals ever brought up the possibility that any of my symptoms could be from head injury.
2. A Domestic Violence Advocate or past Drug Counselor discussed it with me.
3. A Mental Health Counselor or Therapist discussed it with me.
4. A medical doctor or nurse discussed it with me.

Part II: History of DV Hypoxic Events

Directions for Interviewer: **“Now, please think about any times that you may have been strangled or “choked out” in a Domestic Violence incident with a household member or romantic partner.”**

1. How many times have you been **grabbed or choked** by the neck or throat where you started to black out, but **did not black out completely**? (Say, “I mean where things ‘started to go dark’ or you felt like you were going to pass out.”)
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times
2. How many times have you been grabbed by the neck or throat **and you completely blacked out**?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times
3. How many times have you been **strangled from behind** (“like in a chokehold”) where you started to black out, but **did not black out completely**?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times
4. How many times have you been strangled from behind (“like in a chokehold”) **where you completely blacked out**?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times
5. How many times has any romantic partner or household member **placed or tightened a rope, belt or other similar object around your neck** and you started to black out, but **did not black out completely**?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times
6. How many times has any romantic partner or household member **placed or tightened a rope, belt or other similar object around your neck** and you **completely blacked out**?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

7. How many times has any romantic partner or household member **tried to smother you with a pillow or deliberately held your head under water**, and you had trouble breathing but you did not pass out completely?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times
8. How many times has any romantic partner or household member **tried to smother you with a pillow or deliberately held your head under water**, and you **completely blacked out**?
 - a. 0
 - b. 1-5 times
 - c. 6-10 times
 - d. 11 or more times

I. Post-hypoxia symptoms (brief list)

“Now, please think about what happened in the period **immediately after** any incidents where you were strangled, “choked out,” smothered or had your head held under water and had trouble breathing.

Did you ever experience...? (Circle all that apply)

1. Difficulty remembering
2. Difficulty paying attention and concentrating
3. Feeling like you were in a “brain fog”

II. Duration of post-injury symptoms

“For any of these problems with memory, attention and concentration or ‘brain fog,’ please try to estimate how long these symptoms have lasted,”

1. A few days up to one month
2. One to six months
3. Six to twelve months
4. One year or longer

III. Prior identification of injury symptoms

“Not including your referral for today’s interview, please try to think about any **prior time** that any health professionals ever discussed with you the possibility that your difficulties with memory, attention and concentration or ‘brain fog’ were possibly a consequence of your strangulation incidents. (Circle all that apply; more than one past professional could have discussed these issues.)

1. Never; no medical doctor or health professional ever discussed the possibility that any of my symptoms could be from strangulation incidents.
2. A Domestic Violence Advocate did discuss it with me.
3. A Mental Health Counselor or Therapist did discuss it with me.
4. A medical doctor or nurse did discuss it with me.

**SIXTH JUDICIAL CIRCUIT ADULT DRUG COURT
CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

Case No. _____

SPN _____

I _____, voluntarily consent to the disclosure of my substance abuse treatment information and any medical and mental health information for use in Adult Drug Court to the Adult Drug Court Team, and as necessary to show compliance with any funding requirements, to any Florida or federal agency that is providing funding for Adult Drug Court.

The Adult Drug Court Team includes: the Presiding Judge, my attorney, the Department of Corrections, the State Attorney's Office, the Public Defender's Office, representatives from Adult Drug Court substance and mental health treatment programs, and Court staff; as well as any judge presiding in drug court.

I understand that the Adult Drug Court is an open proceeding and other Adult Drug Court clients, participants, and attendees may be present when my case is addressed.

I understand that the purpose of, and need for, this disclosure is to inform the Court and all others listed above of my eligibility and acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Adult Drug Court's monitoring criteria.

I understand that recipients of my substance abuse treatment information, medical, and mental health information may re-disclose it only in connection with their official duties. I understand that the purpose of any re-disclosure is to inform third parties of my eligibility and acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Adult Drug Court's monitoring criteria.

I understand that this consent is effective from the date I sign this release until I successfully complete or terminate from Adult Drug Court. As stated in the Code of Federal Regulations, 42 C.F.R. §2.31 and §2.35, as a participant in the Adult Drug Court, I have the right to revoke this consent at any time. I understand that revocation of my consent is not applicable to any disclosure that has already taken place in reliance on this consent. I understand that my revocation of this consent will result in my termination from Adult Drug Court.

Defendant's Signature

Defendant's Printed Name

Date

Signature of Defendant's
Attorney

Attorney's Printed Name

Date



Adult Drug Court Consent Form

We are inviting you to join a program sponsored by Pinellas County Adult Drug Court and WestCare Gulf Coast and funded by the Center for Substance Abuse Treatment (CSAT). We ask that you read this form and ask any questions before agreeing to be in the program and receiving services.

PURPOSE:

The purpose of this program is to see if treatment is helpful for people in Adult Drug Court. The program wants to see if the services stop substance use, improve mental health, prevent committing new crimes, increase employment, and help get stable housing.

SERVICES

The program will provide you with several services. Services include assessment, care coordination, and group treatment. We also will link you to other services you may need that WestCare does not provide.

ASSESSMENT AND ADMISSION

The first step is an interview. A staff member will ask you questions about different areas of your life. This will include questions about your drug and alcohol use, health problems, school and work history, your family, and any legal problems you may have. You also will answer questions about your friends and family members and how you get along with them as well as about your recreational activities and hobbies. In addition, You also will complete the Post-Traumatic Checklist (PCL-5) to see if you have any trauma-related symptoms and the Modified Mini to see if you have any mental health symptoms. This will take about 2 hours of your time.

As part of the program, we will ask you to complete specific questionnaires that you did when you joined the program two more times. These are the PCL-5, Modified Mini, and GPRA. You will complete them when you finish the program and six (6) months after beginning the program. This is to help us to see how you are doing, for you to tell us if you are having any problems, and for us to help you get any services that you may need or want. This will take about 90 minutes of your time.

SERVICE LOCATIONS

You will receive these services at WestCare Gulf Coast office.

You may complete the discharge and 6-month post admission assessments at a location that is most convenient for you. This could be at our offices, in your home, or at an alternate location that you choose. The choice is yours.

RISKS

There are limited risks with the services you will receive. Being in the program means that there will be some loss of privacy. You will share personal information. During assessment, care coordination, and counseling, you may feel some discomfort or emotional stress from discussing personal matters.

If you do not follow the rules of the program or miss too many sessions, WestCare Gulf Coast may discharge you from the program.

There are certain things that we must report according to the law. This includes if someone is abusing or neglecting you or if you are abusing or neglecting someone. It also includes when you are a danger to yourself or to other people. We cannot keep these things confidential or private.

CONFIDENTIALITY

Another potential risk is a breach of confidentiality. Anything you tell us is personal and confidential unless the law states we need to report it. Approved WestCare staff may look at your records. Other agencies also may audit your records. Anyone who looks at your record must follow the laws of privacy and confidentiality. In other words, they cannot tell anyone who is not involved in your treatment about what is in your record. To do this, you must tell them in writing that it is okay. Staff will not tell other family members about anything you tell us. The staff only can do this if you know about it or tell them it is okay.

Federal law and rules state that WestCare must keep your records confidential. WestCare cannot tell someone outside the program that you come to the program. Staff also cannot give anyone outside the program information that may let them know or guess who you are. Staff ONLY can do this if:

1. You consent in writing.
2. A court order allows the disclosure.
3. There is a medical emergency, and the people treating you need to know the information.
4. Approved staff need to know the information to do research, audits, or evaluation of the program.

Violation of the Federal law and rules by the program is a crime. If you think someone broke the Federal law and rules, you may report it to the appropriate authority.

Federal law and rules do not protect ALL information. Federal laws and rules allow us to share information about a crime you committed at WestCare. They also allow us to share information about a crime you committed against someone working for WestCare. They also allow us to share information about any threat you make to commit such a crime.

If we suspect child abuse or neglect, Federal law and rules do not protect this information. We MUST report it under state law to the appropriate State or local authorities.

BENEFITS

There is no guarantee that these services will benefit you. We cannot promise you any benefits from being in the program. Even though we cannot make promises, there may be a chance that you will have some benefits. You may experience benefits such as not using substances, having fewer mental health symptoms, not committing new crimes, getting employment, and having stable housing. You may have improved access to community resources. Even if you do not have benefits, the program may help us learn things that we can use to help others better in the future.

REIMBURSEMENT

There is no reimbursement for completing the initial assessment or treatment. You will receive a \$20.00 gift certificate for completing the follow up assessments at discharge and 6 months after admission.

COMPENSATION

There are no risks expected because of the program. If an injury should occur, in most cases treatment will be available. Treatment is at your expense or at the expense of your insurance carrier. Funds to pay for pain, expenses, loss of wages, or other damage caused by injury are not available usually.

COST

There is no cost to you being in WestCare Gulf Coast program.

VOLUNTARY AND RIGHT TO WITHDRAW

Participation in this program is VOLUNTARY or up to you. You have the right to ask questions at any time and can skip any questions you choose not to answer. You may choose to withdraw at any time. There will be no penalties should you choose to withdraw. If you choose not to participate or to withdraw from the program, WestCare Gulf Coast will not deny you services if it is available and you are eligible for services.

We strongly urge you to ask about anything you do not understand. Please read the consent form carefully. We want you to think about it before you agree to join the program. You may take as much time as necessary to think it over.

CONTACTS AND QUESTIONS

We encourage you to ask about anything you do not understand. We want you to consider participation in the program and the consent form carefully before you agree. You may take as much time as you need.

You have the right to ask questions at any time. If you have questions after you complete the interview or if you have questions about your rights as a participant, you may contact Janelle Dickson at 727-457-3261. You will receive a copy of the signed consent form.

Statement of Consent

I agree ___ I do not agree _____ to participate in the above outlined program.

___ I read this consent form.

or

___ This consent form was read to me by _____.

and/or

___ This consent form was explained to me by _____.

Signature of Participant

Printed Name

Date

Signature of Witness

Printed Name

Date

Attachment 4: Timeline
Pinellas County Adult Drug Court Expansion

Activities and Key Staff	Dates												Staff	
	Months – Year 1													
	1	2	3	4	5	6	7	8	9	10	11	12		
Grant awarded, review NOA & grant proposal	X													PD, PT, WC, E
Submit disparities document and other requirements to SAMHSA	X													PD, E
Ensure facilities are ready to accept clients by 4 th month	X	X	X											PD, WC
Position recruitment, training, and retention activities	X	X	X	X	X	X	X	X	X	X	X	X	X	PD, WC
Finalize MOUs and develop <i>Project Implementation Action Plan</i>	X	X	X											PD, PT, WC, E
Order equipment, supplies and curricula	X	X	X											PD, WC, E
Required training for staff and EBP training		X	X											PD, PT, WC, E
Monthly PADC team meetings		X	X	X	X	X	X	X	X	X	X	X	X	PD, PT, WC, E
Finalize data collection plan and tools		X	X											E
Conduct outreach, partners make referrals		X	X	X	X	X	X	X	X	X	X	X	X	PD, PT
Begin serving clients			X	X										PD, PT, WC, E
Delivery of all project services			X	X	X	X	X	X	X	X	X	X	X	PD, PT, WC, E,
Evaluation, project monitoring, quality assurance, data collection, analysis, and management			X	X	X	X	X	X	X	X	X	X	X	PD, PT, WC, E
Required reporting and communication w/ SAMHSA POC			X	X	X	X	X	X	X	X	X	X	X	PD, PT, E
Administer participant and stakeholder perception surveys				X	X	X	X	X	X	X	X	X	X	PD, E

*Pinellas County Board of County Commissioners | Sixth Judicial Circuit of Florida
SAMHSA Treatment Drug Courts (FOA) No. TI-24-004*

							X	X	X	X	X	X	PD, PT
	Months – Years 2-5												
	1	2	3	4	5	6	7	8	9	10	11	12	
Sustainability planning							X	X	X	X	X	X	PD, PT
Position recruitment, training, and retention activities	X	X	X	X	X	X	X	X	X	X	X	X	PD, WC
Monthly PADC team meetings	X	X	X	X	X	X	X	X	X	X	X	X	PD, PT, WC, E
Conduct outreach, partners make referrals	X	X	X	X	X	X	X	X	X	X	X	X	PD, PT
Delivery of all project services	X	X	X	X	X	X	X	X	X	X	X	X	PD, PT, WC, E,
Evaluation, project monitoring, quality assurance, data collection, analysis, and management	X	X	X	X	X	X	X	X	X	X	X	X	PD, PT, WC, E
Required reporting and communication w/ SAMHSA POC	X	X	X	X	X	X	X	X	X	X	X	X	PD, PT, E
Administer participant and stakeholder perception surveys	X	X	X	X	X	X	X	X	X	X	X	X	PD, E
Sustainability planning	X	X	X	X	X	X	X	X	X	X	X	X	PD, PT

PD – Project Director, **PT** – PADC Team Members, **WC** – WestCare (treatment provider) team members, **E** – Evaluator/RA

Kathryn “Katie” Kolar

1021 Michigan Dr. W, Apt. B. Dunedin, FL 34698, (863) 255-6762 KatieKolar86@gmail.com

Professional Summary

Current Adult Drug Court Manager. Versatile, reliable, and efficient professional with over 12 years of experience in Social Work, as well as Criminal Court Administration in Treatment Court. Ability to oversee and instruct multiple individuals.

Education

Jan 2013 – Dec 2015 **Florida Southern College**, Lakeland, FL

Master of Business Administration

- *Successfully completed International Field Experience in Switzerland with Focus on Multinational Corporations*

June 2004 – May 2008 **University of South Florida**, Tampa, FL

Bachelor of Arts in Interdisciplinary Social Sciences

- *Specialized in Sociology and Criminology studies*

Related Experience

Dec 2022 - Present **Adult Drug Court Manager**

June 2019 – Dec 2022 **Senior Court Program Specialist III**

Feb 2018 – June 2019 **Court Program Specialist II**

Pinellas County Adult Drug Court, Sixth Judicial Circuit, State of Florida, Clearwater, FL

- Assist Judges in preparing, monitoring, and improving the handling of Adult Drug Court cases.
- Exercise discretion in dealing with confidential and extremely sensitive issues before the Court.
- Perform research related to specific cases, and accurately keep track of pertinent decision points and details by preparing judicial review reports for the Court.
- Process case transfers in Odyssey

Nov 2011 – Feb 2018 **Child Advocate Manager**

Guardian ad Litem Program, Tenth Judicial Circuit, State of FL, Bartow, FL

- Managed 30 volunteers with a total of 65 children on 35 cases.
- Ensured compliance with all Circuit & Statewide administration & operational standards, policies, procedures, & initiatives in order to achieve consistent, effective best interest advocacy for children assigned to the GAL Program.
- Maintained complete and accurate case file records relating to all activities, recommendations, and results relating to all children served.
- Trained new volunteers as well as assisted in training new employees.

April 2011 – Nov 2011 **Dependency Case Manager**

Children’s Home Society, Lakeland, FL

- Attended and meaningfully participated in court hearings, depositions, case plan conferences, dependency mediations, staffings, and meetings related to cases assigned by The Department of Children and Families. Ensured highly assertive advocacy through a collaborative, team based decision making culture, utilizing all members of the team: attorneys, case managers, service providers, GAL coordinators, and families involved on assigned DCF cases.

Additional Experience

Sept 2010 – Oct 2011 **Cashier / Aprons Clerk**
Publix Supermarkets Lakeland, FL

Dec 2009 – Sept 2010 **Administrative Assistant**
Burpee Garden Products Lakeland, FL

Sept 2008 – Nov 2009 **Dispatcher**
Rooms To Go Lakeland, FL

Jan 2008 – April 2008 **Intern**
Alcoholic Beverages & Tobacco Agency Tampa, FL
(State Police)

Skills

- Versed in Word, Excel, PowerPoint, Odyssey, ETO, and 10-key by touch
- Work efficiently and effectively under pressure
- Self-starter with organizational skills and multi-tasking capabilities
- Excellent communicator

Position Description:

Title: Program Manager **Reports To:** Vice President
Hours: Full-Time **Supervises:** As Assigned
FLSA Status: Non-Exempt **OSHA Exposure Category:** III
Salary Range: \$60,000, 10% LOE

POSITION SUMMARY:

Person in this position will be responsible for providing the clinical and administrative programmatic leadership and oversight for the program. Responsible for the coordination of client care by collaborating with multidisciplinary healthcare professionals to provide and facilitate services.

EDUCATION and/or EXPERIENCE:

- Administrative experience and capabilities including budgeting responsibilities and personnel management.
- Knowledge of SAMHSA SPF framework and experience in its application is strongly preferred.
- Two (2) years of experience supervising personnel.
- One (1) year of experience managing program budget including preparing or directing the preparation of budgets and cost reports.
- Bachelor's degree in public health, social work, psychology, or a related field is strongly desired.

LICENSURE/CERTIFICATION:

- Not applicable for this position.

WORKING CONDITIONS:

- Work is primarily performed in an office or in a Residential/Outpatient treatment setting.
- Travel throughout and around the community and outreach is required.
- A minimum of 40 hours per week are expected but significantly more hours will be required from time to time. Completion of job duties may require working before and after normal working hours. Regular attendance is required. Being able to work as many hours as is necessary to complete job tasks is a required and essential duty of this position.

This job description is provided for grant proposal submission only and should not be used for job postings or position offerings.

AMY JOYCE GIAMBRONE, MS, MCAP

3425 PRESCOTT STREET NORTH SAINT PETERSBURG, FL 33713
CELL (813) 401-8618 • E-MAIL: AGIAMBRONE@TROY.EDU

- Experience Developing Clinical Trainings
- Group and 1:1 Counseling Experience
- Proficient in Evidenced-Based Practices
- Knowledge of Community Resources
- Master Level Certified Addiction Professional
- Competence with Trauma-Informed Care
- Domestic Violence Competency Training
- Crisis/De-escalation Intervention Skills
- Excellent Documentation Skills
- Experience Training/Leading Staff

EDUCATIONAL BACKGROUND

Troy University, Tampa Florida	2019
♦ Master of Science in Counseling & Psychology	
♦ Member of Phi Kappa Phi Honor Society	
University of South Florida	2005
♦ Received Bachelor of Arts in Psychology	
♦ Graduated Magna Cum Laude	
♦ Dean's List 2004 and 2005	

PROFESSIONAL EXPERIENCE

WestCare

Outpatient Program Manager	2023-Current
♦ Provide clinical guidance to Outpatient counselors and staff	
♦ Review and sign clinical documentation for Outpatient counselors	
♦ Lead weekly treatment teams to review clinical best practices	
♦ Conduct trainings for Outpatient staff to enhance clinical skills, client care, & documentation	
♦ Review and evaluate staff using direct observation and review of work	
♦ Generate reports to analyze the implementation of clinical best practices	
♦ Develop trainings for staff using evidenced based practices to improve client care	
♦ Maintain positive relationships with community providers & stakeholders	

211 Tampa Bay Cares	2022-2023
988 Chat/Text Counselor	

- ♦ Answered incoming chat and text messages from the National Suicide Lifeline and 988 from clients needing online emotional support
- ♦ Met all National Suicide Prevention Lifeline (988) staff metrics
- ♦ Built and maintained relationships with respect, trust, sensitivity, and confidentiality to visitors, volunteers, coworkers, and community stakeholders
- ♦ Participated in proactive team efforts to achieve departmental and company goals
- ♦ Actively participated in ongoing supervision, training, and team meetings
- ♦ Completed documentation by following 211's policies, practices, and procedures
- ♦ Assisted imminent risk clients by de-escalating, assessing risk, safety planning, providing referrals, and coordinating active rescues/wellness checks with law enforcement

Windmoor Healthcare**2019-2022****Therapist (Weekend Team Lead)**

- ◆ Provided crisis intervention and therapeutic services to clients
- ◆ Facilitated one-on-one counseling; including treatment planning and reviews
- ◆ Conducted psychoeducational, process group therapy, and family therapy sessions
- ◆ Provided support/training for interns and new staff
- ◆ Completed weekend therapy assignments/Baker Act tracking reports
- ◆ Utilized interventions such as person-centered approaches, motivational interviewing, CBT, relapse prevention plans, safety plans, and client empowerment strategies

Operation PAR**2018-2019****Counselor**

- ◆ Completed GAIN assessments, crisis intervention, safety plans for clients
- ◆ Coordinated services with child welfare case managers/investigators
- ◆ Provided one-on-one counseling; including treatment planning and reviews
- ◆ Conducted psychoeducational & process group therapy
- ◆ Utilized interventions such as person-centered approaches, motivational interviewing, CBT, relapse prevention plans, safety plans, and client empowerment strategies

WestCare-ELEVATE Pinellas County Drug Court**2017-2018****Substance Abuse Counselor**

- ◆ Treated trauma and substance abuse for grant eligible clients aged 18-30
- ◆ Maintained appropriate client-related documentation and treatment planning; including weekly and monthly notes
- ◆ Provided one-on-one counseling sessions, crisis intervention, house visits & safety training
- ◆ Facilitated psychoeducational & process groups with Seeking Safety/Matrix curriculum
- ◆ Advocated in court for clients in monthly judicial reviews
- ◆ Analyzed high-risk situations and provided appropriate interventions

Boley Centers**2016-2017****Behavioral Health Technician**

- ◆ Facilitated daily psychoeducational groups, exercise groups, and life skills groups
- ◆ Participated in the design, implementation, and maintenance of behavioral programs
- ◆ Provided one-on-one and group counseling sessions
- ◆ Responded to crisis situations using verbal or physical intervention techniques
- ◆ Maintained appropriate client-related documentation including service implementation plans, behavioral and intervention reports, as well as weekly and monthly progress notes

Community Action Stops Abuse**2015-2016****Family/Child Advocate**

- ◆ Provided support, education, and case management to families of domestic violence
- ◆ Assisted survivors with filing injunctions for protection with the court system
- ◆ Provided housing assistance, referrals for mental health care, and assistance with educational goals
- ◆ Provided telephone crisis intervention & support
- ◆ Delivered psychoeducation & life skills support groups

Position Description:

Title: SUD Counselor**Hours:** Full-Time**FLSA Status:** Non-Exempt**Salary Range:** \$45,000, 100% LOE**Reports To:** Program Manager**Supervises:** None**OSHA Exposure Category:** III**Travel:** Local

POSITION SUMMARY:

The Substance Use Disorder (SUD) Counselor will be responsible for providing comprehensive counseling services to individuals participating in the program. The SUD Counselor will work closely with the clients who are involved in the criminal justice system due to substance abuse issues, aiming to facilitate their recovery journey and successful reintegration into society. Your role will involve conducting assessments, developing treatment plans, delivering individual and group counseling sessions, and collaborating with a multidisciplinary team of professionals including judges, probation officers, attorneys, and the treatment team.

EDUCATION and/or EXPERIENCE:

- Experience working with individuals with substance use disorders, preferably within the criminal justice system or drug court setting.
- Strong understanding of addiction, recovery principles, and evidence-based treatment modalities.
- Excellent communication, interpersonal, and counseling skills.
- Ability to work effectively both independently and as part of a multidisciplinary team.
- Knowledge of relevant state and federal regulations governing substance abuse treatment programs.
- Compassion, empathy, and a commitment to supporting clients in their journey toward recovery and rehabilitation.
- Bachelor's degree in counseling, psychology, social work, or a related field.

LICENSURE/CERTIFICATION:

- Certified Addiction Counselor (CAP) in good standing is preferred.

WORKING CONDITIONS:

- Work is primarily performed in an office or in a Residential/Outpatient treatment setting.
- Travel throughout and around the community and outreach is required.

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Karen Mesa
St. Petersburg, FL 33711 | 813-380-5210 | kjthreezs@gmail.com

Objective

A capable and proficient individual with excellent communication skills seeking a challenging position in the sales field for the utilization of acquired knowledge, experiences, and convincing other capabilities for personal and professional growth.

Experience

Westcare GulfCoast-Florida, Inc. St. Petersburg, FL
Aug 2023 – Present
Counselor, Outpatient Services Thrive Program

- Facilitates substance use groups to individuals in Drug Court on a weekly basis.
- Provides individual counseling to clients monthly.
- Intake new patients and develop treatment plans to meet client's needs.
- Provides well-written progress notes in a timely manner.

Behavioral Health Technician, Women's Residential Program Apr 2020 – Aug 2023

- Providing direct supervision of clients, ensuring safety of all residents.
- Facilitate house meetings.
- Complete documentation and daily notes.
- Responsible for communicating needs to counselors.
- Medication monitoring.
- Utilize crisis intervention techniques when needed to de-escalate situation.

Inktel Contact Center Solutions Miami Lakes, FL
Jan 2015 – 2020
Customer Service Agent

- Resolution of issues related to blood pressure meters and glucose meters.
- Rep reporting.
- Excelled in the preparation of complex financial statements and interim/annual reports for retail/service businesses
- Assist clients in proper and efficient use of products.

Power Plus USA, LLC. Tampa, FL
Nov 2012 — Dec 2014
Consultant/ Quality Assurance Agent

- Assisted customers to change electric and/or gas company,
- Efficiently complied with company policies and procedures.

Weather Damage Tampa, FL
Oct 2009— Nov 2012

- Appointment setter
- Contacted and communicated with potential customers for scheduling appointments to weatherize homes.

Investment Tampa, FL
Sept 2006 – Sept 2009
Sales Agent

- Contacted potential customers to use company product(s)
- Facilitated annual sales' increase.

Education

University of South Florida Master's Degree in Social Work	Tampa, FL	2024
University of South Florida Bachelor's Degree in Social Work	Tampa, FL	2021
Florida International University	Miami, FL	2018
Miami Dade College Associate in arts	Miami, FL	2015

Professional Affiliations

Florida Department of Agriculture & Consultant Services
Telemarketing License

Skills

- Communication Skills
- Title Management
- Customer Care
- Quality Assurance
- Proficient Computer User

Position Description:

Title:	Mental Health Counselor	Reports To:	Program Manager
Hours:	Full-Time	Supervises:	None
FLSA Status:	Exempt	OSHA Exposure Category:	III
Salary Range:	\$55,000, 100% LOE	Travel:	Local

POSITION SUMMARY:

The Mental Health Counselor will be responsible for providing comprehensive mental health assessments, individual and group counseling sessions, and treatment planning tailored to meet the unique needs of program participants. The Mental Health Counselor responsibilities include collaborating with multidisciplinary teams comprising probation officers, attorneys, social workers, and other stakeholders to ensure holistic support and adherence to program requirements.

EDUCATION and/or EXPERIENCE:

- Prior experience working in substance abuse treatment, mental health counseling, or related fields, preferably within the criminal justice system or similar settings.
- Experience conducting mental health assessments, facilitating group therapy sessions, and developing treatment plans is highly desirable.
- Excellent communication, interpersonal, and counseling skills.
- Thorough understanding of substance abuse disorders, co-occurring mental health conditions, and evidence-based treatment modalities.
- Compassion, empathy, and a commitment to supporting clients in their journey toward recovery and rehabilitation.
- Master's degree in counseling, social work, psychology, or a related field from an accredited institution.

LICENSURE/CERTIFICATION:

- Licensure as a Mental Health Counselor (LMHC), Clinical Social Worker (LCSW), or Psychologist in good standing in the state of Florida.

WORKING CONDITIONS:

- Work is primarily performed in an office or in a Residential/Outpatient treatment setting.
- Travel throughout and around the community and outreach is required.

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Position Description:

Title:	Peer Support Specialist	Reports To:	Project Director
Hours:	Full-Time	Supervises:	None
FLSA Status:	Non-Exempt	OSHA Exposure Category:	III
Salary Range:	\$31,200, 100% LOE	Travel:	Local

POSITION SUMMARY:

The Peer Support Specialist assists individuals with substance abuse and/or mental health diagnoses. Assists in developing skills and competencies needed to successfully build a personal support network and to live and work competitively in the community. The role of the Peer Support Specialist is to provide recovery support, consumer education, consumer intervention, and consumer advocacy. The Peer Support Specialist also provides the consumer perspective to recovery and empowers the consumer.

EDUCATION and/or EXPERIENCE:

- Ability to work collaboratively with others in a manner that is pleasant and professional.
- Ability to work well in a team environment and to exercise good judgment and discretion.
- Ability to operate a computer and complete documents in Microsoft Office program formats.
- Ability to respond as needed to crisis situations in an efficient manner.
- Ability to complete work tasks within scheduled work hours.
- Ability to inspire hope in clients.
- Excellent verbal and written communication skills.
- Willing to seek out new work projects and contribute ideas and efforts to the constant improvement of WestCare services.

LICENSURE/CERTIFICATION:

- Certification as a Peer Specialist (CPS) to be obtained within one (1) year of employment.

WORKING CONDITIONS:

- Work is primarily performed in an office or in a Residential/Outpatient treatment setting.
- Travel throughout and around the community and outreach is required.

This job description is provided for grant proposal submission only and should not be used for job postings or position offerings.

Kimberlee Burgess

Peer Support Specialist

Contact

7057 64th WAY N
Pinellas Park FL 33781
727-608-9112

Experience

Westcare- Gulf coast
Pinellas Park FL
04/01/23- Present
Peer Support Specialist

- Assist program participants in the development of skills,
- Facilitate groups in an open and welcoming environment.
- Provide direct peer counseling based on my own lived experiences.
- Help participants understand and employ recovery strategies.
- Participate in weekly team meetings on client's progress.
- Perform drug screens as needed.
- Meet with counselors weekly to discuss recovery strategies.
- Help clients navigate through the process of getting help with community resources.

Education

Southern WV Community College
Logan WV
Business Admin
No degree

Experience

Westcare Gulf coast
Pinellas Park FL
08/22/2022- 04/01/2023
Administrative Assistant

- Provides administrative support to ensure efficient office operations.
- Maintains physical and digital filing systems.

- Answers phone calls and directs callers to appropriate personnel, schedules appointments, signs for incoming packages, and assists clients and other visitors.
- Responds to emails and other digital queries and correspondence.
- Manages calendars for staff, Intake appointments.

Experience

The Rock Recovery Program

12/2013 – 08/2023

Office Manager/Women's Coordinator

- Maintains office services by organizing office operations and procedures, correspondence, reviewing and approving supply requisitions, and assigning and monitoring clerical functions.
- Answering phones and emails
- Mentoring women and helping with recovery strategies
- Assisting clients with transportation to and from appointments
- Intakes of new clients
- Helping to implement curriculum for recovery classes.

Certifications

Certified Recovery Admin

Currently in process of Certified Recovery Peer Support Certification

References

Available upon request.

Position Description:

Title:	Research Assistant	Reports To:	Director of Evaluation
Hours:	Full-Time	Supervises:	None
FLSA Status:	None-Exempt	OSHA Exposure Category:	III
Salary Range:	\$35,360, 100% LOE	Travel:	Local

POSITION SUMMARY:

Person in this position will serve as a member of the Research and Evaluation team with responsibility for supporting all activities related to the implementation of the program's Research and Evaluation Plan.

EDUCATION and/or EXPERIENCE:

- One year experience in evaluation and/or research.
- Familiarity with and knowledge of data collection tools (i.e. standardized instruments, surveys, information obtained from database, etc.).
- Ability to create databases in Excel, SPSS, etc.
- Understands the construction of variables.
- Basis understanding of statistical data.
- Bachelor's degree in research related field is required.

LICENSURE/CERTIFICATION:

- Not applicable for this position.

WORKING CONDITIONS:

- Work is primarily performed in an office or in a Residential/Outpatient treatment setting.
- Travel throughout and around the community to the clients' homes and other convenient location for the clients to conduct follow-up assessments as required by evaluation plan. Must have reliable transportation for approximately 150 miles per month.
- Travel to Washington DC for grantee meetings, if/as applicable.

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Desha Lovett

727-218-8813 | GREATER TAMPA BAY AREA | LOVETTD58@GMAIL.COM |

A self motivated medical research professional that is eager to assist organizations with developing project procedures as well as data collection and analysis. Has an extensive background in increasing the efficiency and the productivity of physician offices through medical record documentation and processes. Possesses strong organizational and multitasking skills that successfully leverage support in navigating multiple projects. Has the ability to effectively build and maintain relationships. Team player mentality contributes efficiently to cross-functional teams.

EXPERIENCE

Medical Scribe / Observer

John Hopkins Hospital Cardiology | Saint Petersburg, FL

May 2016 - August 2016

- Provided error free assistance in documenting and uploading medical assistance in the cardiology department.
- Worked within teams of other scribes to ensure medical providers had accurate documentation.
- Oversaw department database and ensure exam results, assessments, treatment plans, and patient information is input correctly and timely.

Medical Scribe /

AFC Urgent Care | Saint Petersburg, FL

March 2020 - May 2021

- Managed vaccine inventory, ensuring adequate supply and compliance with storage and handling guidelines.
- Scheduled and coordinated vaccine administration clinics, optimizing efficiency and accessibility for eligible children.
- Educated healthcare providers and staff on vaccine protocols, guidelines, and reporting requirements.
- Conducted outreach and collaborated with community organizations to promote vaccine awareness and access.
- Ensured accurate documentation and reporting of vaccine administration data to regulatory agencies, maintaining compliance with program requirements.
- Manage all aspects of real estate transactions, from initial contact to closing, ensuring a smooth and successful process.

MEDICAL RESEARCH EXPERIENCE

Research Assistant I

Westcare Foundation

July 2021 - Present

- Serves as a member of the Research and Evaluation Team
- Collects baseline, discharge, and follow-up data on clients
- Enter clinical data in the clinical, federal, state and statistical database as required
- Conduct client and/or staff focus groups
- Produce reports or assist in the development of the report as required by the Regional Director of evaluation and Quality

EDUCATION AND CERTIFICATIONS

George Mason University , Fairfax Virginia

Master's of Science in Biomedical Sciences Conc. Translational and Clinical Research | December 2021

Howard University, Washington D.C.

Bachelor's of Science in Biology | July 2018

George Town University, Washington, D.C.

Bachelor's of Science in Biology | July 2018

Position Description:

Title:	Director of Research & Evaluation	Reports To:	Senior Scientist
Hours:	Full-Time	Supervises:	As Assigned
FLSA Status:	Exempt	OSHA Exposure Category:	III
Salary Range:	Contractual	Travel:	Local

POSITION SUMMARY:

The Director of Research and Evaluation works directly with the Senior Scientist, Regional VPs, and program staff to implement new programs, design Evaluation Plans, oversee data collection, and conduct quantitative and qualitative evaluations of specified programs. This position also produces evaluation reports adhering to federal confidentiality, privacy, and other standard practice requirements.

EDUCATION and/or EXPERIENCE:

- Ability to exercise good judgment and discretion.
- Ability to work well in a team environment.
- Adherence to the highest standard of ethical conduct, especially to standards governing confidentiality.
- Minimum of a master's degree in the social sciences and at least three (3) years' experience in evaluation and/or research in a human service setting. Doctoral degree preferred.

LICENSURE/CERTIFICATION:

- Not applicable for this position.

WORKING CONDITIONS:

- Work is primarily performed in an office setting.
- Professional appearance and demeanor.
- Must travel to grantee meetings as required by the funder.

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Denise Horton Connor

Employment History:

- 3/2011-Present ***Regional Director of Evaluation & Quality, Eastern/Caribbean Region
WestCare Foundation, Las Vegas, NV***
Responsible for oversight and analysis related to all divisional activities in region, including performance improvement, evaluation, and data collection for federal, state, local, and private funders. Conduct PI/QI activities related to accreditation. Recruit, supervise and train a dozen research assistants throughout the region. Support Senior Vice President/Chief Clinical Officer in achieving and maintaining divisional performance goals.
- 11/2005 – 2011 ***National Coordinator of Research & Evaluation
WestCare Foundation, Las Vegas, NV***
Headquartered in Miami. Responsible for assisting Director with national departmental activities. Supervise research assistants, assist sites with Performance Improvement projects. Assist Director in maintaining Joint Commission accreditation. Collect data from programs, design databases, formulate surveys, analyze data, write reports, construct logic models, and support development activities. Conduct didactic trainings and focus groups.
- 10/02 – 11/2005 ***Coordinator, Research & Evaluation
The Village South, Miami, FL***
Responsible for oversight of department activities including evaluation of programs funded by federal, state and private sources; data analysis, mining, cleaning and storage; and, measure compliance with grant requirements. Design databases. Assist Chief Clinical Officer and Chief Administrative Officer with evaluation, reporting, writing and editing agency policy manuals. Conduct research to identify best practices and assist with development initiatives. Member JCAHO Performance Improvement committee. Acted as FMEA and Root Cause Analysis Task Leader. Conducted staff trainings. Designed perception surveys of clients and staff.
- 7/01 – 10/02 ***Research Assistant
The Village South, Miami, FL***
Provided grants support including data analysis and research. Surveyed staff and clients and produced statistical reports using Excel, SPSS and DOS-based programs. Researched and wrote On- Site Urinalysis Policy and Procedure Manuals, trained collection staff. Member Information Management and Ethics Committees. Scored clinical instruments including ASI, SASSI, Achenbach batteries, AIDS Risk Behavior Knowledge Test. Designed and maintained databases.

Education:

5/1994 Monmouth College, West Long Branch, NJ Bachelor
of Arts
Major: History
Member of Phi Alpha Theta Honor Society
Founding Editor of *Sojourn* Student Historical Journal

1/85 – 5/86 United States International University – Europe Major:
International Relations
Dean’s List

Worked as Resident Advisor, Yearbook Editor, Lifeguard, Newspaper
Editor at multi-cultural international school. Dean’s List.

No recent publications

Position Description - Florida State Courts System

Classification Title: Court Program Specialist I

Class Code: 7152

Pay Grade: 18

FLSA Status: Included

Position Summary

The essential function of the position within the organization is to assist in the administration of case management systems, including identification of crossover cases such as domestic violence and dependency cases. The position is responsible for maintaining databases; collecting and reporting on case/program data; facilitating court referrals such as child support enforcement and domestic violence referrals; interacting with other State Courts System (SCS) personnel and the community to facilitate case management; and performing related clerical support functions. The position works under general supervision according to some approved procedures.

Essential Job Functions

See examples of typical essential functions for this position listed below. Employees with this classification title may perform some or similar but not necessarily all the functions listed; employees with this title may also perform other assigned functions not listed here.

- Provides assistance to judges in the management of caseloads, maintaining a database for open cases; monitors open cases; and advises the judge of cases needing attention.
- Coordinates with Clerk of Circuit Court staff in screening procedures developed to identify family law companion cases; investigates party relationships to determine match to court definition of "family."
- Reviews cases at point of entry into the court system; continues to monitor cases through final disposition, observing confidentiality as required by law.
- Attends and monitors court hearings to provide information to judges, participants, and litigants.
- Reviews and compiles information for judges on pertinent issues; continues to update written policies and case procedures; and provides case status reports to judges either at hearings or through periodic reports.
- Provides support to litigants and their families; provides information regarding available community resources for families; and facilitates court ordered child support enforcement and domestic violence referrals.
- Schedules hearings, prepares notices of hearings, and maintains court calendars of family law judges and/or magistrates on pro se cases; orders files and prepares dockets for court hearings; attends court hearings; and creates, conforms, and distributes final judgments and orders.
- Provides assistance to child support enforcement hearing officers.
- Identifies events and trends negatively impacting upon the timely progress of cases; provides reports to the court and court administration.
- Maintains daily, monthly, and yearly statistics regarding the volume of cases handled by the program.

The duties listed are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position. The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities. The Florida State Courts System has the right to revise this class specification at any time. This description does not represent in any way a contract of employment.

Position Description – Pinellas County

Classification Title: Grant Worker A

Job Code: 01475

Performs work assisting the manager or managers of a specific department or departments of the County; may perform staff work or line operations. This is work funded by grants. An employee in this classification will be assigned duties in conformance with the grant. Persons may be appointed to these positions by the Appointing Authority with the concurrence of the Director of Human Resources and without the requirement to establish and hire from an eligible register. The employee will be considered a regular service employee but will be excluded from the layoff provisions in Rule 5, Reduction in Force. Benefits available to the employee are either outlined in the grant application or, if not so outlined, the same as those provided to regular service employees.

Essential Job Functions

See examples of typical essential functions for this position listed below. Employees with this classification title may perform some or similar but not necessarily all the functions listed; employees with this title may also perform other assigned functions not listed here.

- Provides assistance to managers in staff or line work relating to the requirement of the grant.
- Completes various paperwork and reports as needed;
- May attend meetings and trainings;
- May act as a department liaison;
- May provide grant oversight and program research;
- May assist in the organization of events and activities;
- May interact with the data acquisition system;
- Performs other related job duties as assigned.

Qualifications

Education and Experience

Training, education, experience, and other credentials vary by position in order to identify one or more appropriate candidates to perform the tasks and activities relating to a grant; or an equivalent combination of education, training, and/or experience.

Special Qualifications (May be required depending on area of assignment)

- Florida Driver's License
- Assignment to work a variety of work schedules including compulsory work periods in special, emergency, and/or disaster situations.
- Other knowledge, skills, abilities, and credentials required for a specific position.

Knowledge, Skills and Abilities

- Ability to perform the work as outlined in the grant application.
- Ability to receive the public with tact, patience, and courtesy.
- Ability to apply computer applications and software.
- Ability to communicate effectively, both orally and in writing.

Attachment 7: Confidentiality and SAMHSA Participant Protection/Human Subjects

Given the preliminary nature of this application, WestCare Gulf Coast Florida (WCGC) only can address human subject issues in general terms with regard to the risks and benefits of treatment evaluation. A review of these issues occurs in the context of the model outlined in this proposal.

The proposed project is an evaluation project and is not a research project. The design of this project allows for an independent evaluation by WestCare Foundation, Inc. to determine the effectiveness of evidence-based treatment services for adult males and females (18 years and older) involved in the Pinellas County Adult Drug Court. Since the design of this project is an **evaluation** of a service program, this project is exempt from IRB approval.

1. Identification of Foreseeable Risks or Adverse Effects: Protecting Clients and Staff from Potential Risks

The current literature has not noted any side effects in association with the assessments, questionnaires, evidence-based practices, or treatment procedures used in this project. However, as with many assessments, clinical interventions, and one-on-one and group therapy sessions, some people may experience mild fatigue, momentary concern about their ability to do well, temporary upset, or a short-lived increase in symptoms. The following section outlines the potential adverse effects clients may experience resulting from participation in the program.

a) **Initial Contact and Assessment:** The clients may experience temporary emotional upset during the initial contact or during the assessment process while discussing personal matters. In order to minimize the potential risks and harm to the clients, all staff will receive training in motivational interviewing skills, trauma informed care, and discussing potentially sensitive information. The training also will emphasize skills in handling and discussing sensitive information in a supportive, non-threatening, non-judgmental manner. The staff also will receive training in confidentiality (HIPAA and 42CFR Part 2) and ethical behavior. The clients always have the option to refuse to answer questions or discuss information that makes them too uncomfortable. A trained Research Assistant will conduct all follow-up assessments. As with the clinical staff, the Research Assistant will receive training in interviewing skills, ethical behavior, and confidentiality. If a client becomes distressed, the client will receive an assessment by a qualified clinician to determine the extent of the effect, and the client will receive additional counseling and/or appropriate referrals/linkages as necessary.

b) **Intervention, Counseling, and Care Coordination Sessions:** As with the initial contact and assessments, clients may become emotionally upset during care coordination and counseling sessions while discussing personal matters. As previously stated, the staff will receive extensive training in interviewing and counseling skills, ethical behavior, and confidentiality. More specifically, the staff will receive training in identifying verbal and nonverbal cues that indicate a client may be becoming frustrated, upset, angry, and/or distraught. The staff also will receive instruction in therapeutic techniques to calm and reassure the client and to conduct de-escalation procedures. In addition, if necessary, the staff will conduct additional screening to determine the extent of the effect. The Program Director for WCGC also will be available to the clinical staff for consultation and guidance. If needed, staff will provide the client with referrals for additional services the program does not provide. In the rare event that the client becomes excessively upset, expresses suicidal/homicidal ideation, or experiences psychotic-like symptoms, the program will assist the client in obtaining crisis stabilization services.

A client may become upset, have a worsening of symptoms, or experience a crisis following a session because of discussing sensitive or traumatic information. In this event, program staff

will provide clients with program cell phone numbers and instruct the client to call. Trained staff will conduct an on-phone screening and determine the need for additional counseling and/or referrals. In the event that the client becomes excessively upset, experiences feelings of violence, has suicidal/homicidal ideations, or experiences psychotic-like symptoms, program staff will instruct them to call a crisis hotline immediately. Staff will provide this information and crisis hotline numbers to the clients during the initial intake and consenting session.

c) Working with External Entities: There is some risk involved in working with entities or systems (e.g., community-based organizations, jails, court systems,) other than the clients because personal information may be discussed. To minimize harm to the clients, WCGC takes every precaution to ensure that contact with external systems is done with the full knowledge, approval, and collaboration of the clients. Clients always will sign the necessary appropriate disclosure forms if the program needs to provide information to an external entity. The disclosure form will include the name and address of the person/entity to receive information, the details of the information shared, the reason for sharing the information, an expiration date for consent to disclosure, and the signatures and dates of the client and a witness. WCGC clearly marks any forms or written information the program provides to external systems with the prohibition of re-disclosure and instructs the receiver of the information regarding the confidential nature of the information. The clinical record will indicate specifically what information the program provided. The program will take additional precautions with HIV information. Any information that explicitly refers to or indicates a client's HIV status is maintained in a separate section of the file, including test results, pre/post-test counseling, specialized HIV counseling notes, and laboratory results of viral loads and CD4 counts. Release of HIV status information or any information specifically related to HIV counseling requires completion of separate disclosure forms. If the client does not explicitly consent to disclosure of this information, the program will remove all information related to HIV status from the clinical record prior to disclosing information.

Clients voluntarily enrolled in this program may be court-ordered to receive treatment. Due to this WestCare has a legal obligation to keep members of the PADDC team abreast of the clients' progress and adherence to the program. These clients cannot waive their right to have information shared. During the assessment and consenting sessions, WestCare will inform these clients of the program's legal responsibility. The program, however, even in these cases will not share information without the client's full knowledge. Prior to disclosure of the information, the clinical staff will review all progress reports with the clients to ensure that they fully are aware of the information WestCare is disclosing and the recommendations WestCare is making. In addition, the clinical staff will prepare the clients for any possible adverse events that may occur because of the report or the recommendations.

The client oftentimes reveals personal information during individual sessions. Frequently, family members are not aware of the information revealed. Although clients are encouraged to discuss the information with their families either on a one-to-one basis or during a family therapy session, staff will not provide information to the family without the client's knowledge, collaboration, and approval. In some instances, it is necessary that staff provide information to the family (i.e., reports of child physical or sexual abuse). In these instances, the client is encouraged to discuss the situation with the family during a family therapy session or in the presence of a clinical staff member. If the client is unwilling or unready to take this action, the client will be present when staff discusses information with family members. In cases where there is a threat of harm to self or others, staff will provide the information to the appropriate

agency and will take precautions (e.g., crisis unit, Tarasoff Act, etc.) to keep the person safe. Whenever staff shares information with the family, they place documentation in the clinical record indicating the information provided and the circumstances surrounding the disclosure.

Plans and Guidance to Assist with Adverse Events

Adverse events can happen to both clients and staff. In either situation, WCGC will use several strategies to assist and guide clients or staff when an adverse event occurs.

If a client experiences an adverse event, the strategies include:

- a. Providing the clients with crisis hotline numbers at the time of the initial intake and consenting process.
- b. Providing the clients with program cell phone numbers.
- c. Conducting screening and assessment when there is suspicion that an adverse event took place.
- d. Assisting the client in obtaining additional services not provided by the program.
- e. Assisting the client in obtaining crisis intervention services.
- f. Providing additional counseling and intervention services as needed.
- g. Discussing information and recommendations with the clients prior to disclosing information.
- h. Obtaining necessary disclosure forms.
- i. Advising the clients of the legal obligation to report certain situations (e.g., child neglect or abuse) prior to the actual report.

Staff also can experience the effects of an adverse effect even when the event did not happen to them directly. Individual staff responses range from common uncomplicated stress-related reactions to the more complex post-traumatic stress disorder. These usually depend on the severity of the event.

Below are examples of some of the symptoms which a staff member may experience following an adverse event/critical incident:

- Feelings of incompetence and isolation
- Denial of responsibility – discounting of the importance of the event
- Emotional distancing
- Overwhelming guilt
- Symptoms of Post-Traumatic Stress Disorder (PTSD).

In this instance, WCGC will use an adaptation of the Medical Protection Society's A.S.S.I.S.T model of communicating with service users following adverse events in healthcare. This model includes the following steps:

- a. Empathically **Acknowledge** the event and the impact on the staff member.
- b. **Assess** the impact on the staff member and on his/her ability to do the job duties.
- c. **Sorry** – express regret for the experience.
- d. **Story** – allow time and space for them to recount what happened to them using active listening skills.
- e. **Inquire and Inform** – encourage the staff member to ask questions and provide the staff member with information and answers.

- f. **Support** – provide information on the support that is available, including EAP.
- g. **Travel** - providing continued support and reassurance going forward and throughout the investigation/review process and open disclosure process.
- h. **Maintain** contact and **Monitor** progress.
- i. **End** – reach a stage of closure from the event. Leave your door open, however, to the staff member if they should require any further assistance going forward.

For the purpose of this program, the definition of adverse effects or events (AE) is any occurrence that has unfavorable and/or unintended effects on clients or staff, regardless of severity or study-relatedness. AEs may manifest as new findings (signs, symptoms, diagnoses, etc.) or alterations in pre-existing conditions. For this study, the program will classify an AE as Severe, Moderate, or Mild.

Whenever an AE occurs, the program staff will complete an incident report in the WestCare intranet-based incident report system. The incident report will include the name of the client, the date of the event, the seriousness of the event, the situation leading up to the event, and the actions taken (including recommendations to the client). Upon submission of the incident report, the system automatically notifies all relevant staff including the CEO, COO, Program Director, therapist, Senior Scientist, etc. **In the event of a crisis or Severe AE, the staff will act immediately and obtain crisis intervention services for the client.** The Program Director and the Evaluator shall review all adverse events. The Program Director shall determine: (a) if the AE was a result of inclusion in the program; (b) if the severity and occurrence of the adverse event requires additional action; and (c) if the benefits of the clinical interventions outweigh the further potential risks to the clients. In addition, the Evaluator shall aggregate adverse event data quarterly and will assist the Program Director in identifying patterns and developing performance improvement initiatives to reduce their occurrence.

2. **Fair Recruitment and Selection**

Population of Focus: The population of focus is 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. Clients with a history of neurotrauma will be prioritized for services.

Fair Recruitment and Selection

(a) **Inclusion/Exclusion Criteria:** To be eligible for this project, the client must be a male or female 18 years or older. The client must be involved in Pinellas Adults Drug Court. The client must meet the DSM 5 criteria for a substance use disorder and may have one or more co-occurring mental health disorders. Individuals who demonstrate acute suicidal or homicidal ideation (Ideation + Plan + Intent) will not be eligible and will receive a referral to a crisis stabilization unit. Once stabilized, the program will reassess the client to determine eligibility. Similarly, clients displaying symptoms of active psychosis (e.g., hallucinations, delusions, etc.) will not be eligible for the project and will receive a referral to a crisis stabilization unit. Once stabilized, the program will reassess the client to determine eligibility. Clients who require detoxification will not be eligible and will receive a referral to a Detox Unit. Once stabilized, the program will reassess the client to determine eligibility. Clients having a diagnosis of an

Intellectual Disability or an Autism Spectrum Disorder or requiring services that need medical monitoring or care will not be eligible for the project.

(b) Recruitment and Selection: 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.

3. Absence of Coercion

(a) Participation: Participants in this project will be court-ordered to receive treatment. However, participation is voluntary, and the program will not coerce the clients into participation. From the program’s perspective, the clients have the right to refuse treatment even if the clients may have legal repercussions enforced by outside entities.

(b) Participant Remuneration: Clients will not receive remuneration for completing the baseline assessment or for enrollment into the program. Clients will not receive remuneration for completing the treatment and care services. Clients will receive remuneration (\$20) for completing the discharge and 6-month post intake follow-up assessments. In order to adequately determine service effectiveness, it is imperative that the program maintain at least an 80% discharge and 6-month post intake follow-up rate using the GPRa and other evaluation tools. The experience of the WestCare Evaluation Team indicates that offering clients a \$20 gift card for completing the post admission assessments is effective. Furthermore, the Evaluation Team has not experienced that such an incentive unduly induces the client to participate or does not act as a factor that reduces the voluntary nature of the project.

(c) Explanation of Study Involvement: After identifying an individual, trained staff will explain the purpose of the project to the prospective client. The informed consent will operationalize the transitional services and treatment, provide a rationale for the project, and explain the follow-up phase of the program. The client also will be aware of the voluntary nature of participation in the project. The client also will be aware that he/she may withdraw from participating at any time for any reason or may choose not to participate at all. There will not be any adverse consequences to the client in either instance.

4. Data Collection

The Research Assistant and program staff will collect data from the clients that will consist of standardized assessments, clinical interviews, and record reviews. Staff will use the information for clinical purposes as well as evaluation. Clinical staff will use the information obtained from the assessments for treatment planning, risk reduction, discharge planning, and continuing care planning. A trained Research Assistant will administer the standardized assessments to the clients at each of the follow-up time points. Administration will occur during face-to-face or telehealth interviews. Interviews will occur in a private, confidential setting. Face-to-face interviews will occur at a location that is convenient for the client. The Research Assistant will conduct these interviews with only the client present. The Research Assistant also shall verify the identity of the client, in accordance with HIPAA standards and 42 CFR Part 2.

The client's name or other identifying information (e.g., Date-of-birth, Social Security number, etc.) will not appear on any of the evaluation instruments. The evaluation instruments will use the unique Client Identification Number randomly generated by the Clinical Database when WCGC enrolls a client in any of its programs. This unique Client Identification number is completely random and not generated based on any identifying information. The number is unique to WCGC. The Evaluation Team will maintain a separate evaluation file for each participant that only will contain the unique Client Identification Number. The Evaluation Team will not share individual information from the evaluation instruments with program staff and copies of the instruments will NOT be in the clinical record. ONLY the Evaluation Team for this project will have access to these records, and the Evaluation Team will maintain the files in a locked cabinet in a locked room. Only the Evaluation Team involved in this project will have keys to the locked file cabinet. Information/data entered into the SPSS evaluation database for this project also only will contain the unique Client Identification Number and will not contain any identifying information such as (DOB, SS#, etc.). The database will have completely de-identified information. Only the Evaluation Team working on this project will have access to the de-identified database. The Evaluator, at least quarterly, will conduct a random review of evaluation files and the database to ensure they do not contain any information that could identify who a client is. Any evaluation results presented to the program staff will be in aggregate format and never linked to specific clients, including information gathered from Client Perception Surveys, Focus Groups, and evaluation questionnaires/assessments.

Urine Sample Collection: Trained program staff will be responsible for collecting urine samples from clients and conducting alcohol and drug testing. Urine sample collection will occur randomly and unannounced. Alcohol and drug testing will occur in the presence of the client to ensure an appropriate and adequate chain of custody. Staff will record results for alcohol and each individual drug on the Urinalysis Reporting Form, indicating whether the client tested positive or negative for each drug. Only program staff providing direct service to the client, the Research Assistant, and the Evaluator will have access to the urinalysis results. Program staff will use the results for clinical/therapeutic purposes. Evaluation staff will use results in aggregate format to determine overall efficacy of the program in reducing/eliminating alcohol and drug use.

5. Privacy and Confidentiality

WCGC maintains client information in a confidential manner in accordance with the regulations governing confidentiality of alcohol and drug abuse client records (42 CFR Part 2) and HIPAA.

WCGC maintains files in a secure manner and access to the information contained in the file is restricted to only those staff working directly with a particular client. WCGC operates all filing systems in accordance with 42 CFR Part 2 guidelines. All client files contain properly executed release forms if WCGC needs to release information concerning client progress and history. Staff at hire receive instruction regarding the regulations and the confidential nature of drug abuse treatment. This includes clerical, clinical and support staff, as well as peer leaders. Staff receive this training annually.

Staff members that process requests for information receive training in the application of the confidentiality regulations. These staff members, in particular, understand the importance of protecting client confidentiality and do so with the utmost caution. Any documents released are

clearly marked with a prohibition of re-disclosure that instructs the receiver of the information regarding the confidential nature of the information.

Every time WCGC must share information with external systems, the client signs a disclosure form. Disclosure forms indicate: (a) the name of the person and agency with whom information will be shared, (b) what specific information will be shared, (c) the purpose and intended use, (d) any limitations on information to be provided, (e) a statement indicating that the client may revoke consent at any time, except to the extent that the program already acted on it, and (f) the date, event, or condition upon which the consent will expire if not previously revoked. In addition, Disclosure Forms will be signed and dated by the client, signed and dated by a witness, and indicate an expiration date for the consent. WCGC maintains the Disclosure Forms in the clinical record. Any forms or written information provided to external systems will be marked clearly with the prohibition of re-disclosure that instructs the receiver of the information regarding the confidential nature of the information. The clinical record will indicate specifically what information WCGC provided. WCGC takes additional precautions with HIV information. Any information that explicitly refers to or indicates a client's HIV status is maintained in a separate section of the file, including test results, pre/post-test counseling, specialized HIV counseling notes, and laboratory results of viral loads and CD4 counts. Release of HIV status information or any information specifically related to HIV counseling requires completion of separate disclosure forms. If the client does not explicitly consent to disclosure of this information, WCGC will remove all information related to HIV status from the clinical record prior to disclosing information.

The client oftentimes reveals personal information during individual sessions. Frequently, family members are not aware of the information revealed. Although clients are encouraged to discuss the information with their families either on a one-to-one basis or during a family session, staff will not provide information to the family without the client's knowledge, collaboration, and approval. In some instances, it is necessary that the family receive information (i.e., reports of child physical or sexual abuse). In these instances, the client is encouraged to discuss the situation with the family during a family session or in the presence of a clinical staff member. If the client is unwilling or unready to take this action, the client will be present when the staff discusses the information with family members. In cases where there is a threat of harm to self or others, the information is provided to the appropriate agency and precautions (e.g., crisis unit, Tarasoff Act, etc.) are taken to keep the person safe. Whenever staff shares information with the family, the clinical record includes documentation indicating the information provided and the circumstances surrounding the disclosure.

WCGC uses a centrally managed database to coordinate information. Access is restricted to selected individuals. The MIS Director strictly controls access to the data and file systems. Passwords restrict entry into the databases. Project personnel will have access to confidential information only as far as it is required for the performance of specified duties. The Evaluation Team maintains evaluation information in a file that is separate from the clinical record. Only Research Staff working on the project have access to the evaluation files. WCGC and Evaluation maintains all files in a locked file cabinet in a locked room.

The following clarifies the policies and procedures for the handling of client information with regard to computerized information: (a) only authorized personnel may input and retrieve information from the computer, (b) computer printouts containing client identifying information must be filed appropriately after use; or if needed, must be destroyed using the paper shredder, (c) personnel who have access to the computer are responsible for ensuring that unauthorized

personnel do not gain access to any client information. WCGC and the Evaluator do not use client identifying information stored in the computer for purposes of demonstrating the computer. Demonstration disks are developed with fictitious data for such purposes when demonstration is necessary; (d) standardized reports are issued periodically to administrative and clinical personnel with a “need to know” for purposes of monitoring client services and staff activities. All persons in possession of such reports are required to protect their confidentiality.

6. Adequate Consent Procedures

After identifying a client, a trained staff member explains the purpose of the project. The informed consent will explain the initial assessment; delivery of treatment and continuing care services; provide a rationale for the project; and explain the follow-up phase of the project. The client also will be aware of the voluntary nature of participation. The client will be aware that he/she may withdraw from participation for any reason at any time or may choose not to participate at all. There will be no adverse consequences to the client in either case. In addition, the clients will understand that the data will assist in determining the effectiveness of the services. Furthermore, the client will understand that the program will only present data in aggregated format and will not under any circumstance, reveal individual data or names. A trained staff member will explain confidentiality to the clients and will inform the client that any specific information regarding their case is available only to staff providing direct services. A trained staff member will read consent forms to clients who have inadequate reading skills or who are illiterate. After explanation of the consent forms, the clients will answer specific questions to ascertain adequate understanding of the project. The client will receive additional information and clarification if necessary.

If a client does not consent to inclusion in the project, refuses inclusion following initial consent, or refuses to participate in any aspect of the evaluation process, he/she may receive program services but will not be included in the evaluation data.

7. Risk/Benefit Discussion

The risks to the clients are reasonable in relation to the anticipated benefits and in relation to the importance of the knowledge expected from this program. The clients are likely to benefit from the transitional and intensive outpatient services. These benefits likely are to include reduced alcohol and drug use, improved vocational performance, decreased involvement with the criminal justice system, improved living environments, and improved family interactions. Clients also may benefit from being able to receive appropriate referrals, linkages, and services to address their needs.



State of Florida
Sixth Judicial Circuit of Florida
14250 49TH STREET NORTH, SUITE J4601
CLEARWATER, FL 33762
(727) 582-7424
FAX: (727) 582-7438

SHAWN CRANE
CHIEF JUDGE

LOUISE SMITH
JUDICIAL ASSISTANT

March 26, 2024

ATT: Tim Burns, Director of Programs
Pinellas County Human Services Department
647 1st Ave N.
St. Petersburg, FL 33701

RE: Letter of Commitment for SAMHSA Treatment Drug Courts No. TI-24-004

Dear Mr. Burns:

I write to express my support for the program developed by Pinellas County Government, in collaboration with the Sixth Judicial Circuit and the Pinellas County Adult Drug Court, in response to the Substance Abuse and Mental Health Services Administration Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts Notice of Funding Opportunity: (NOFO) No. TI-24-004.

The Sixth Judicial Circuit is located on the Central West Coast of Florida and serves Floridians in Pasco and Pinellas Counties. The Sixth Circuit is recognized as a leader in the establishment of Treatment Courts, which provide a cost-effective, therapeutic alternative to incarceration. Pinellas County Government is proposing to enhance services over five years (2024-2029) for drug-involved adult offenders participating in the Pinellas County Adult Drug Court, particularly for those offenders with neurotrauma diagnoses.

If selected, the Sixth Circuit, though it's assigned judges and staff, will endeavor to meet the award requirements, including reporting requirements and the requirements related to the use of medications for SUDs. The Sixth Circuit, though its assigned judges and staff, will not deny Adult Drug Court access to any appropriate and eligible client merely because their use of FDA-approved medications to treat an SUD SUD (e.g., methadone, injectable naltrexone, noninjectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) that was appropriately authorized through prescription by a licensed practitioner. Further, the Sixth Circuit, though its assigned judges and staff, will not mandate that a drug court client no longer take medications as part of the conditions

of drug court participation, if such a mandate is inconsistent with a practitioner's recommendation or prescription.

I look forward to continuing to work with Pinellas County Government if this opportunity is awarded. If you require any additional information, please do not hesitate to contact me at scrane@jud6.org or via telephone (727)582-7424.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shawn Crane', with a long horizontal flourish extending to the right.

Shawn Crane
Chief Judge


**ASSURANCE
of Compliance with SAMHSA Charitable Choice
Statutes and Regulations
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  <small>Karen Yatchum (Mar 25, 2024 13:04 EDT)</small>	TITLE Director, Human Services
APPLICANT ORGANIZATION Pinellas County Board of County Commissioners	DATE SUBMITTED 03/25/2024



State of Florida
Sixth Judicial Circuit of Florida
14250 49TH STREET NORTH, SUITE J4601
CLEARWATER, FL 33762
(727) 582-7424
FAX: (727) 582-7438

SHAWN CRANE
CHIEF JUDGE

LOUISE SMITH
JUDICIAL ASSISTANT

March 26, 2024

ATT: Tim Burns, Director of Programs
Pinellas County Human Services Department
647 1st Ave N.
St. Petersburg, FL 33701

RE: Letter of Commitment for SAMHSA Treatment Drug Courts No. TI-24-004

Dear Mr. Burns:

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Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line extending to the right.

Shawn Crane
Chief Judge



Research, Evaluation and Quality Improvement Division
WestCare Foundation, Inc.
1633 Poinciana Drive
Pembroke Pines, FL 33025

March 26, 2024

Steve Blank, *Regional Vice President*
WestCare / Gulf Coast Florida, Inc.
1735 Martin Luther King Jr. St. South
Saint Petersburg, FL 33705

RE: Evaluation, FY 2024 Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (SAMHSA Treatment Drug Courts)

Dear Mr. Blank:

Please let this serve as a commitment by WestCare Foundation to conduct the evaluation of the WestCare Gulf Coast Florida (WC-GCFL) FY 2024 Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (SAMHSA Treatment Drug Courts) if WC-GCFL receives funding from SAMHSA. I understand that, if funded, the project would begin on or around September 30, 2024.

WestCare Foundation has conducted hundreds of independent evaluations of federally funded WestCare subsidiary projects in the past decades, including evaluations of Department of Health and Human Services, including SAMHSA, Department of Justice, Department Of Labor, Veterans Administration and Center for Disease Control and Prevention funded projects. We follow strict principles of evaluation science and practice and have never had an evaluation report or findings rejected or questioned by any federal funder. We take seriously our responsibility to provide the applicant, the investor, the community and others evaluation information that will improve the project, stimulate discussion and generate any needed corrective action planning, supporting findings regarding the fidelity of evidence-based practices and other helpful information.

Ms. Denise Connor is the assigned Lead Evaluator for this project at a 10% effort annually for the 5-year funding period. This is approximately \$9,221 annually for 208 hours of committed time across the annual period.

Dr. Frank Scafidi, the Senior Scientist of Evaluation and Outcomes for WestCare Foundation,

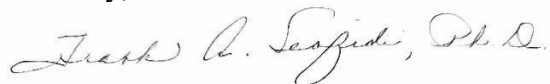
Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts TI-24-004

will provide supervision to Ms. Connor as well as technical assistance, training and oversight of the project at no cost.

WestCare Foundation will provide the following evaluation services to WC-GCFL for the FY 2024 Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (SAMHSA Treatment Drug Courts).

1. Hiring, training, and supervision of the Research Assistant.
2. Facilitation of the development of the 90-Day Implementation Action Plan and biweekly update meetings to evaluate progress and address challenges and barriers.
3. Facilitation of monthly team meetings that include program and evaluation staff.
4. Development of surveys, focus group questions, interviews, and other data collection instruments as needed.
5. Collection of required data, including the SAMHSA NOMS and the local evaluation tools.
6. Data entry into the appropriate evaluation systems, including the SAMHSA SPARS website, the WestCare Clinical Data System (CDS), and SPSS evaluation databases.
7. Downloading and cleaning of data at least quarterly.
8. Analyses of process, outcome, and data at least biannually.
9. Preparation of Biannual Fact Sheets, Infographics, and other reports.
10. Assistance with reports and continuation applications due to the funder – SAMHSA.
11. Facilitation and monitoring of Performance Improvement initiatives using the NIATx Rapid Cycle when warranted.
12. Attendance at all funder required training sessions whether in-person or online.
13. Attendance at all funder required grantee meetings.

Sincerely,



Frank A. Scafidi, Ph.D.
Senior Scientist of Evaluation and Outcomes

Pinellas County Opioid Task Force Goals:
Increase Education and Awareness
Reduce Opioid Deaths
Connect to Effective Treatment
Decrease the Supply of Opioids
Integrate and Collaborate Data Sources



Steve Blank, MHS, ICCDDP, CRC
Pinellas County Opioid Task Force Co-Chair
Marianne Dean, MPH, MS, CPH
Pinellas County Opioid Task Force Co-Chair

March 25, 2024

ATT: Tim Burns, Director of Programs
Pinellas County Human Services Department
647 1st Ave N.
St. Petersburg, FL 33701

RE: Letter of Commitment for SAMHSA Treatment Drug Courts No. TI-24-004

Dear Mr. Burns:

I am writing to express the Pinellas County Opioid Task Force [PCOTF] commitment to assist the Pinellas County Government (PCG) in collaboration with the Pinellas County Adult Drug Court (PADC) for the program developed in response to the Substance Abuse and Mental Health Services Administration Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts Notice of Funding Opportunity: (NOFO) No. TI-24-004.

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 the 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 known as a progressive circuit in Florida for actively seeking cost-effective, humane, and sound alternatives to incarceration. PCG is proposing to enhance services for drug-involved offenders (adults) participating in the PADC over five years (2024-2029), particularly those with neurotrauma.

The Pinellas County Opioid Task Force is comprised of 200+ members and stakeholders that work and reside in the immediate and surrounding community. Expertise can be found across extensive modalities related to substance use disorder including prevention, treatment, detox, residential assistance, legal aid, recovery assistance, and data and surveillance oversight.

The Pinellas County Opioid Task Force supports collaboration with the Pinellas County Government if this opportunity is awarded.

Sincerely,

A handwritten signature in black ink that reads "Marianne J. Dean". The signature is written in a cursive, flowing style.

Marianne J. Dean, MPH, MS, CPH, CEI, CMI
Pinellas County Opioid Task Force Co-Chair
Office of Overdose Prevention Program Manager

CC: none