

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

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 Drug Dependency 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:

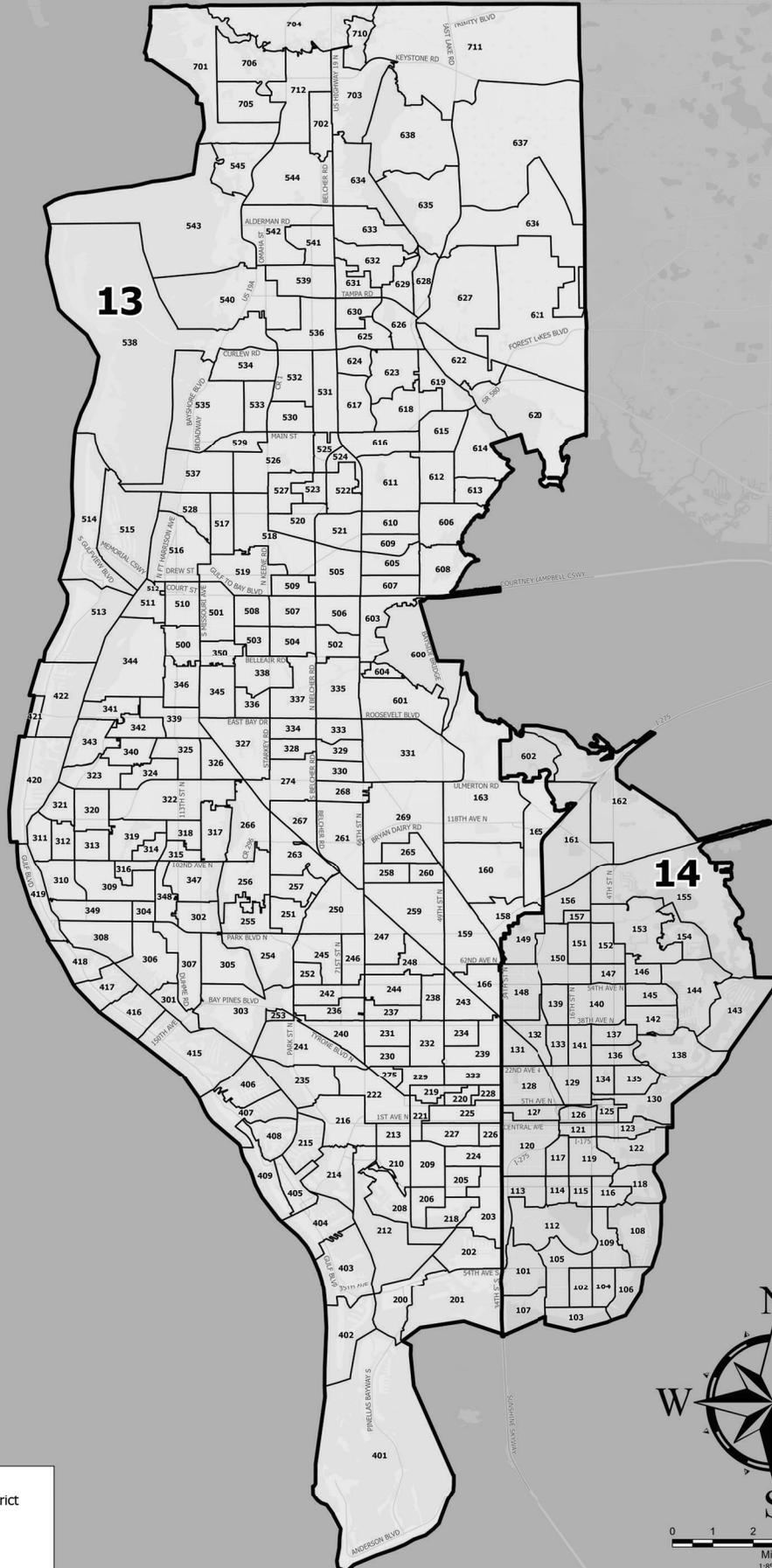
\* Email:

\* 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

<b>SECTION A - BUDGET SUMMARY</b>						
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			\$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
<b>SECTION B - BUDGET CATEGORIES</b>						
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
d. Equipment						\$0.00
e. Supplies						\$0.00
f. Contractual	\$309,403.00					\$309,403.00
g. Construction						\$0.00
h. Other						\$0.00
i. Total Direct Charges ( <i>sum of 6a-6h</i> )	\$400,000.00					\$400,000.00
j. Indirect Charges						\$0.00
k. TOTALS ( <i>sum of 6i and 6j</i> )	\$400,000.00					\$400,000.00
7. Program Income						\$0.00

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Prescribed by OMB Circular A-102

<b>SECTION C - NON-FEDERAL RESOURCES</b>					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 . SAMHSA Treatment Drug Courts	\$0.00	\$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	
<b>SECTION D - FORECASTED CASH NEEDS</b>					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$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
<b>SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT</b>					
(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	
17 .					
18 .					
19 .					
20. TOTAL ( sum of lines 16-19 )	\$400,000.00	\$400,000.00	\$400,000.00	\$400,000.00	
<b>SECTION F - OTHER BUDGET INFORMATION</b>					
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 Drug Dependency Court Expansion

**Project Abstract:**

Populations served: Pinellas County, on behalf of Florida's Sixth Judicial Circuit, is requesting funding in response to FOA No. TI-19-004, to enhance services for drug-involved parents participating in the Pinellas Dependency Drug Court (DDC) over five years (2024-2029), particularly those with neurotrauma. The population of focus is Drug-involved adults (18+) residing in Pinellas County 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. These adults must have either a dependency adjudication or an open CPI case where the child maltreatment or neglect is due to parental SUD. Strategies/Interventions: The purpose of the proposed project is to expand services in the existing DDC to offer an enhanced treatment drug court model, community-based SUD treatment, and recovery support services (RSS) to drug-involved parents and their families in Pinellas County, including enhanced services for those experiencing neurotrauma. DDC is proposing to add a voluntary pre-petition track for families where a removal has not occurred, but where a CPI case is open related to parental substance use. 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/Helping Men Recover, and Nurturing Parenting. Goals (G) and Objectives (O): G-1: Increase the availability of, access to, and engagement in evidence-based treatment services to reduce substance use and recidivism of drug-involved parents. O-1.1: Provide outpatient SUD treatment and RSS to 175 unduplicated adults (35/yr). O-1.2: 60% of participants will complete treatment as evidenced by discharge status. O-1.3: 85% of participants will complete the aftercare component. O-1.4: 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. O-1.5: 80% completing treatment will not be re-arrested while in the program, and 60% will not recidivate at 6-months post intake. G-2: Reduce the behavioral and social consequences related to substance use/misuse by increasing access to and availability of recovery support services. O-2.1: 80% of participants completing services who have anxiety, depression, or trauma symptoms at intake will exhibit fewer symptoms at discharge, and 70% of those will maintain at 6-months post admission. O-2.2: 90% of participants completing services and not having stable living arrangement at intake will have stable living arrangements at discharge, and 70% of those will maintain at 6-months post intake. O-2.3: 80% of participants completing services will have improved social connectedness at discharge, and 70% of those will maintain at 6-months post intake. O-2.4: 60% of those participating in educational (ed)/vocational (voc) activities will be employed or enrolled in ed/voc training at discharge, and 70% will complete their ed/training, or remain employed at 6-months post admission. G-3: Improve the mental, behavioral, and social functioning among parents and families participating in DDC. O-3.1: 90% of DDC parents in Nurturing Parenting sessions will improve their parenting and child-rearing attitudes. O-3.2: 90% of parents will not generate any new child maltreatment reports prior to discharge, and 70% will not generate new reports at 6-months post-admissions. O-3.3: incidents of parental rights terminations will decrease by 20% among parents completing treatment. O-3.4: 60% of children removed from their homes will be returned to their families, when appropriate, by completion. O-3.5: 70% of families will regain permanent custody of their children within 12-15 months of enrollment.

## 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:  
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 parents participating in the Pinellas [County] Dependency Drug Court (PDDC)<sup>1</sup> over five years (2024-2029), particularly those with neurotrauma. Established in 2016, the PDDC 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 adults residing in Pinellas County (adults 18+) that meet ASAM criteria for outpatient substance use disorder (SUD) treatment and DSM-5 criteria for SUD. Clients with a history of neurotrauma will be prioritized for services. Additionally, these adults must have either a dependency adjudication or an open CPI case due to parental SUD.

**A2. Service Gap:** The PDDC served a total of 68 individuals in 2023.<sup>2</sup> 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 to 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, child protective services, etc.). Treatment courts are having to do even more with less. **Trauma:** In addition to an unrelenting drug problem, the PDDC team has been witnessing and responding to a growing number of PDDC 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 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,

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<sup>1</sup> Note: Another court within the SJC (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 PDDC. Staffing and funding would remain separate.

<sup>2</sup> For more information about the PDDC: <https://vimeo.com/919879089/1fb709adba?share=copy>

among others. 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 (FDOH) Substance Use Dashboard, there were 576 fatal overdoses in Pinellas County in 2021 (a rate of 61.1 per 100,000, much 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. 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. **Impact of Parental Substance Use on Child Welfare:** The Eluna Network reports that 9.2 million children live in a home in the United States with at least one parent who uses illicit drugs. SAMHSA reports that children living with an addicted family member are at an increased risk, compared to their peers, of becoming drug- or alcohol-dependent themselves. Addiction in a family can cause youth to suffer emotional and physical trauma that impacts the child’s mental health, social behavior, education, and more. Without enhanced treatment services, a family’s unaddressed cycle of addiction and justice involvement prepares children to mature under the dark cloud of an intergenerational cycle that mirrors the traumatic and life-altering experience of their parent(s).

**SECTION B: Proposed Implementation Approach**

**B1. Purpose:** The purpose of the proposed project is to expand services in the existing PDDC to offer an enhanced treatment drug court model and community-based SUD treatment and recovery support services (RSS) to drug-involved parents and their families in Pinellas County, including enhanced services for individuals with neurotrauma. PDDC is also proposing to add a voluntary pre-petition track called “Keeping Families Together” for families where a removal has not occurred, but where a CPI case is open related to parental substance use. The PDDC expansion was informed by NDCI’s *Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients*. 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 parents receive the full complement of the services embodied in within ten (10) key components of drug courts. The table below estimates the 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
35	35	35	35	35	175

From 2024-2029, the PDDC team anticipates serving 175 individuals, The PDDC will deliver enhanced trauma-informed and wraparound support services to drug-involved parents 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 drug-involved parents. Objective 1.1:** By September 2029, provide intensive,

integrated outpatient SUD treatment and recovery support services (RSS) to 175 unduplicated adults (35 annually) in the PDDC. **Objective 1.2:** By September 2029, 60% 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 care 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 as measured by the GPRA. **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% of participants completing services who have anxiety, depression, 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 as assessed by the GPRA, PCL-5, and Modified Mini. **Objective 2.2:** By September 2029, 90% of participants 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 as measured by GPRA. **Objective 2.3:** By September 2029, 80% of participants completing services will have improved social connectedness at discharge, and 70% of those will maintain these improvements at 6-months post intake as measured by GPRA. **Objective 2.4:** By September 2029, 60% of those 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. **GOAL 3: Improve the mental, behavioral, and social functioning among parents and families participating in the PDDC. Objective 3.1:** By September 2029, 90% of FDTC parents participating in Nurturing Parenting sessions will improve their parenting and child-rearing attitudes, reducing the risk for abuse and neglect as measured by the AAPI-2. **Objective 3.2:** By September 2029, 90% of parents will not generate any new child maltreatment reports prior to discharge, and 70% will not generate new maltreatment reports at 6-months post-admissions based on PDDC staff report. **Objective 3.3:** By September 2029, incidents of parental rights terminations will decrease by 20% among parents/families completing treatment based on PDDC staff report. **Objective 3.4:** By September 2029, 60% of children removed from their homes will be returned to their families, when appropriate, by completion based on PDDC report. **Objective 3.5:** By September 2029, 70% of families will regain permanent custody of their children within 12-15 months of enrollment in PDDC based on PDDC staff report. **B2. Implementation:** The PDDC operates within the Circuit's Pinellas Unified Family Court (UFC) division. The overarching goal of the Circuit's PDDC is to reduce child maltreatment and support family stability. Participation in the PDDC averages 12 months; with licensed SUD treatment services averaging 9 to 12 months; however, length of participation is determined by individual need. Participants appear before Judge Patrice Moore biweekly for status hearings depending on individual needs. Participants who complete their individualized treatment plan, remain crime and drug free, demonstrate successful parenting behaviors and capabilities, and complete all judicial requirements as applicable, will successfully graduate and have their case closed. **Proposed Expansion.** PDDC is proposing an expansion to the existing track 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., to 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. In addition, PDDC is proposing to add a voluntary pre-petition track. The problem of drug dependence is such a huge contributing factor to child removals in Pinellas County that the action plan of the SJC Dependency Court Improvement Committee’s (DCIC) identifies a reduction in the removal rate of families entering the system of care related to substance abuse as a priority goal, considering that removals are a significant trauma in a child’s life. However, parents with a SUD still require supports to maintain recovery, address trauma, and meet parenting goals for successful reunification as identified by Child Protective Investigations. This voluntary track will be designed for families where a removal has not yet occurred, and therefore, Judge Moore will not be involved in this track. The tracks will remain separate, but the program structure and services delivered by PDDC staff and partners will mirror those services available to PDDC participants in the standard track. This new track will allow for more flexibility in providing services to a wider range of adults while complementing community goals of reducing removals. **Essential Services:** In alignment with the required activities included in FOA No. TI-24-004, each PDDC participant will receive community-based ASAM Level I Outpatient SUD treatment services provided by WCGC-FL, a licensed and CARF accredited behavioral health and human services provider. A multi-disciplinary treatment team will provide the following treatment services, integrated with judicial supervision (for the standard track) and comprehensive case management services: ■ 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, Adult-Adolescent Parenting Inventory, ACES Questionnaire, North Carolina Family Assessment Scale for Reunification, 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. ■ ASAM Level I outpatient SUD treatment (four times a week for the standard track, and based on client need, twice a week or four times a week for the voluntary track) 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. WCGC-FL Case Managers 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*. ■ Family engagement events and services (including home visits), family counseling, family reunification support groups and family parenting education. The PDDC will partner with the Florida CPI to receive referrals for the voluntary track and with other agencies as needed to address the needs of children. ■ 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 COD, and are in recovery. ■ Linkages to comprehensive services for children to meet their neurological, physical, social-emotional, behavioral, or cognitive needs coordinated between the Court, Pinellas County Government, WestCare, Family Support Services, Lutheran Services Florida, and other providers as needed. ■ Relapse prevention, aftercare, and alumni groups. ■ Both the SJC, the PDDC 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), and 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 PDDC 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 PDDC 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). ***A Note on Residential Treatment:*** The PDDC aims to place participants in the least restrictive level of care using a biopsychosocial assessment and American Society of Addiction Medicine (ASAM) Patient Placement Criteria. For the last 17 years, the PDDC has discerned that ASAM Level I Outpatient SUD treatment is most appropriate treatment type for the population. However, for more than 10 years, WCGC-FL has been operating a community based ASAM Level II Residential SUD treatment program where WCGC-FL can refer participants (when appropriate) without using grant funding from SAMHSA. ***Ten Key Components:*** Since the inception of the Dependency Drug Court in 2016, the SJC has worked diligently to align its treatment court with the ten (10) key components established by the National Association of Drug Court Professionals (NADCP) and BJA in the publication, *Defining Drug Courts: The Key Components*, as well as the *Family Treatment Court Best Practice Standards*. Described below are the ways in which the PDDC 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 SJC has over 20 years of experience operating specialty court programs including the PDDC. The PDDC 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 SJC 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 PDDC, the attorney from the Office of Regional Counsel or a private attorney facilitates 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 PDDC 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 dependency courts that may benefit from participation in the PDDC program. Further, to ensure equality, diversity and inclusiveness, the PDDC 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 PDDC 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 PDDC team maintains frequent and regular communication in order for the Court to respond expeditiously to apply a graduated matrix of incentives (non-cash) and sanctions in alignment with the NADCP's *Adult Drug Court Best Practice Standards: Incentives, Sanctions and Therapeutic Adjustments*. Additionally, the NDCI's publication, *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions* assists the Court to develop its matrix of graduated incentives and sanctions. ■ **Key Component #7: *Ongoing judicial interaction with each drug court participant is essential.*** The SJC has strict judicial supervision requirements that underscore that the Judge is the leader of the PDDC 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 recovery. ■ **Key Component #8: *Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.*** PDDC 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 expansion. ■ **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 partnerships. ■ **Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.** The SJC facilitates system wide involvement through its commitment to maintain the participation of a multidisciplinary team including court staff, the Office of Regional Counsel, law enforcement, 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 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 PDDC 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 PDDC 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. 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. **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. **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 27 sessions tackling concerns that prompt relapse: self, relationships, sexuality, and spirituality. **Nurturing Parenting** is 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 improve their parenting skills. **No modifications are planned for any of these interventions.** The following table depicts how the EBPs noted above are appropriate for use with the population of focus and the outcome areas to be achieved.

EBP*	POPULATION	SUD	RECIDIVISM	TRAUMA	FUNCTIONING	RELATIONSHIPS
LIB	X	X	X	X	X	
RP	X	X			X	
SS	X	X		X	X	X
MI	X	X	X	X	X	X
MET	X	X			X	
HWR	X	X	X	X	X	X
HMR	X	X	X	X	X	X
NP	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. A **NIMH** study of **Nurturing Parenting** indicated significant posttest gains in positive personality characteristics, family functioning, parenting beliefs and knowledge of proper (non-abusive) parenting strategies.

**C2.** To monitor fidelity of EBPs, all staff will receive training required by the EBP developer. The Evaluator will conduct random fidelity checks for each staff member using the developer’s fidelity checklists, analyze the data, and provide 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.** The **PCBCC** represents Pinellas County Government, a complex mix of 25 governmental bodies, including **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 **SJC**. 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 **PDDC** in 2016. In 2011, a joint grant from **SAMHSA** and **BJA** enabled the **SJC** to establish the Pinellas Adult Drug Court in 2001 and the neighboring Pasco County Adult Drug

Court in 2007. Pinellas County and SJC are current and/or past recipients of several federal treatment court grants (i.e., SAMHSA, BJA, OJJDP, etc.). 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 PDDC Judge, Chief Deputy Court Administrator and other SJC staff members have received training through The National Drug Court Institute (NDCI). **Judge Patrice Moore** was elected in August 2010 to serve as Circuit Court Judge for the SJC. Judge Moore currently serves as the Unified Family Court Administrative Judge. **Gina Jeffrey**, the proposed **Project Director**, is the SJC Unified Family Court Director and has over 25 years of experience working with adults with a SUD and/or with 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. Individuals in positions noted below (and in the budget justification) have experience engaging, understanding, treating, and graduating individuals with culture(s), language(s), and needs similar to the proposed population of focus, including underserved and historically under-resourced populations.

<b>Table 3. Staffing Plan<sup>3</sup></b>			
<b>Position</b>	<b>Role</b>	<b>FTE &amp; LOE</b>	<b>Qualifications</b>
Judge Patrice Moore	Leader of DDC and team	1.0 FTE	Judge
Project Director – Gina Jeffrey	Manages grant project operations	1.0 FTE, 20% LOE	BA
Court Program Specialist – 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 and MH Counselor – Karen Redd and Diana P. Ramos-Elvir	SUD treatment, RSS, case management, aftercare	2.0 FTE, 100% LOE	BA or MA
Peer Support Specialist– Victor Musco	Peer-to-peer RSS, motivational support	1.0 FTE, 100% LOE	2+ YRS Recovery
Research Assistant – TBH	Data collection and analysis, monitoring, evaluation	1.0 FTE, 86.15% LOE	BA + Experience
Evaluator – Denise Connor	Independent evaluation, supervision of RA	Contractual	BA + Experience
Grant Worker A – TBH	Grant management	1.0 FTE, 20% LOE	BA or Experience

## **SECTION E: Data Collection and Performance Measurement**

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

<sup>3</sup> Note: Personnel costs for Diana Ramos, Karen Redd, and Victor Musco are funded by another source during year 1 of this project but will be devoted to this project beginning in year 1 through year 5.

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

<b>Objective</b>	<b>Data Source</b>	<b>Data Collection Frequency</b>	<b>Responsible for Data Collection</b>	<b>Method of Data Analysis (Done by Evaluator)</b>
1.1 Provide services to 175 individuals	GPRA	At Admission	RA	Ratio: Actual/Target
1.2 60% 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% ↓ 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 have stable living at discharge; 70% maintain it at 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 60% enrolled school/employed at discharge; 70% remain enrolled/complete/remain employed at 6-months	NOMS	Intake, DC, 6-months	RA	Ratio: # school/employed / # admitted: RMANOVA
3.1 90% improving parenting attitude	AAPI	Intake, DC	RA	Ratio: # ↑/total #
3.2 90% no new reports at Discharge; 70% no new reports at 6-months	DDC Reports	Intake, DC, 6-months	RA	Ratio: # no reports/total #
3.3 20% ↓ in parental rights termination	DDC Reports	Intake, DC, 6-months	RA	Recent % - Baseline%/Baseline %
3.4 60% of children returned to families	DDC Reports	Intake, DC	RA	Ratio: # returned/total #
3.5 70% regain permanent custody	DDC Reports	Intake, DC	RA	Ratio: # custody/total #

***Use of Data to Manage, Monitor, and Enhance the Program:*** To ensure the program achieves its intended outcomes and impact, evaluation is 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/efficiently. The Evaluator will prepare a report and share the findings with the 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, program performance, and timely, targeted change. Routine analysis includes: 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 in Section B. Evaluation will document 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.

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

	<b>Start Date</b>	<b>End Date</b>	<b>Budget Year</b>
<b>Budget Period:</b>	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
<b>TOTAL</b>										<b>\$52,288</b>	<b>\$52,288</b>

Line Item #	<b>Personnel Narrative:</b>										
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	Gina Jeffrey	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1	\$64,400	20.00%

Line Item #	In-Kind Personnel Narrative:									
1	Project Director	Gina Jeffrey	Key Personnel	Salary \$64,400	# of Staff 1	LOE 20.00%	Personnel Cost \$12,880			
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%
<b>Total Fringe Rate</b>	<b>21.45%</b>

**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
<b>TOTAL</b>						<b>\$38,309</b>	<b>\$38,309</b>

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
<b>TOTAL</b>							<b>\$0</b>	<b>\$0</b>	

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
<b>TOTAL</b>						<b>\$0</b>	<b>\$0</b>

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
<b>TOTAL</b>						<b>\$0</b>	<b>\$0</b>

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	<b>\$309,403</b>
<b>TOTAL</b>			<b>\$309,403</b>	<b>\$309,403</b>

**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 & their families. Creating voluntary track where a removal has not occurred but they can still receive services

Personnel
  Travel
  Supplies
  Indirect Charges

Fringe Benefits

Equipment

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	10.00%	\$6,000	\$6,000
2	SUD / MH Counselor	Karen Redd	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$48,000	100.00%	\$48,000	\$48,000
3	SUD / MH Counselor	Diana Ramos Elvir	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$55,000	100.00%	\$55,000	\$55,000
4	Peer Support Specialist	Victor Musco	<input type="checkbox"/>	<input type="checkbox"/>	\$15.00	2,080	1		100.00%	\$31,200	\$31,200
5	Research Assistant	TBD	<input type="checkbox"/>	<input type="checkbox"/>	\$17.00	1,792	1		86.15%	\$30,464	\$30,464
<b>TOTAL</b>										<b>\$170,664</b>	<b>\$170,664</b>

Line Item #	Contractual Personnel Narrative:										
1	Program Manager	Amy Giambrone			Salary \$60,000	# of Persons 1		LOE 10.00%		Personnel Cost \$6,000	<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	SUD / MH Counselor	Karen Redd			Salary \$48,000	# of Persons 1		LOE 100.00%		Personnel Cost \$48,000	<p>The Substance Use Disorder (SUD) / Mental Health (MH) Counselor will be responsible for providing comprehensive counseling services to individuals participating in the program. The SUD/MH 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. Their role will involve conducting assessments, developing treatment plans, delivering individual and group counseling sessions, and collaborating with a multidisciplinary team of professionals including judges, case managers, attorneys, and the treatment team.</p>
3	SUD / MH Counselor	Diana Ramos Elvir			Salary \$55,000	# of Persons 1		LOE 100.00%		Personnel Cost \$55,000	<p>The Trauma and Family Therapist will be responsible for conducting comprehensive assessments to evaluate the psychological, emotional, and social needs of children, parents, and families involved in dependency court cases. The Trauma and Family Therapist will provide evidencebased therapy to children, parents, and families to address trauma, improve coping skills, enhance communication, and promote healthy relationships.</p>
4	Peer Support Specialist	Victor Musco			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	TBD			Hourly Rate \$17	# of Persons 1		Hours 1,792		Personnel Cost \$30,464	<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,</p>

Line Item #	Contractual Personnel Narrative:
	maintenance of hard copy forms and instruments and orientates staff to completion of forms. (10 months in year 1)

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%
<b>Total Fringe Rate</b>	<b>22.60%</b>

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	\$6,000	22.60%		\$1,356	\$1,356
2	SUD / MH Counselor	Karen Redd	\$48,000	22.60%		\$10,848	\$10,848
3	SUD / MH Counselor	Diana Ramos Elvir	\$55,000	22.60%		\$12,430	\$12,430
4	Peer Support Specialist	Victor Musco	\$31,200	22.60%		\$7,051	\$7,051
5	Research Assistant	TBD	\$30,464	22.60%		\$6,885	\$6,885
<b>TOTAL</b>						<b>\$38,570</b>	<b>\$38,570</b>

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	2	\$1,000	\$1,000
3	Joint Grantee Meeting	NADCP - Washington DC per NOFO	Hotel/Lodging	\$200.00	Night	4.00	2	\$1,600	\$1,600

Trip #	Purpose	Destination	Calculation						FEDERAL REQUEST
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	Contract Travel Cost	
4	Joint Grantee Meeting	NADCP - Washington DC per NOFO	Per Diems (M&IE only)	\$55.00	Day	4.00	2	\$440	\$440
5	Joint Grantee Meeting	NADCP - Washington DC per NOFO	Other (No registration fees)	\$100.00	1	1.00	2	\$200	\$200
<b>TOTAL</b>								\$4,848	<b>\$4,848</b>

Trip #	Contractual Travel Narrative:			Travel Cost
1	Local Staff Travel	Pinellas County	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.	\$1,608
2	Joint Grantee Meeting	NADCP - Washington DC per NOFO	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	\$1,000
3	Joint Grantee Meeting	NADCP - Washington DC per NOFO	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	\$1,600
4	Joint Grantee Meeting	NADCP - Washington DC per NOFO	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	\$440
5	Joint Grantee Meeting	NADCP - Washington DC per NOFO	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	\$200

**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	\$55.00	per client	35.00		\$1,925	\$1,925
2	Drug Testing and HIV testing supplies	\$5.00	per test	1,120.00		\$5,600	\$5,600
3	Office Supplies	\$100.00	monthly	12.00		\$1,200	\$1,200
4	SPSS - Research software for Evaluation	\$1,040.00	annually	1.00		\$1,040	\$1,040
5	Laptop with signature pad	\$1,200.00	each	5.00		\$6,000	\$6,000
6	NADCP Membership and Conference fees	\$855.00	per person	2.00		\$1,710	\$1,710
<b>TOTAL</b>						<b>\$17,475</b>	<b>\$17,475</b>

Line Item #	Contractual Supplies Narrative:										
1	Training supplies and Educational materials	Unit Cost	\$55.00	Basis	per client	Quantity	35.00	Duration		Supplies Cost	\$1,925
Training & Educational materials include but are not limited to 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.											

Line Item #	<b>Contractual Supplies Narrative:</b>					
2	Drug Testing and HIV testing supplies	Unit Cost \$5.00	Basis per test	Quantity 1,120.00	Duration	Supplies Cost \$5,600
	HIV Rapid Testing supplies and Medical Supplies/Testing & Lab Fees provide for urinalysis/drug testing of clients.					
3	Office Supplies	Unit Cost \$100.00	Basis monthly	Quantity 12.00	Duration	Supplies Cost \$1,200
	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.					
4	SPSS - Research software for Evaluation	Unit Cost \$1,040.00	Basis annually	Quantity 1.00	Duration	Supplies Cost \$1,040
	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.					
5	Laptop with signature pad	Unit Cost \$1,200.00	Basis each	Quantity 5.00	Duration	Supplies Cost \$6,000
	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.					
6	NADCP Membership and Conference fees	Unit Cost \$855.00	Basis per person	Quantity 2.00	Duration	Supplies Cost \$1,710
	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				Contractual Other Cost	FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration		
1	Evaluator - Denise Connor	<input type="checkbox"/>	\$9,223.00	annually	1.00		\$9,223	\$9,223
2	Communications (Internet, landline, cell phone)	<input type="checkbox"/>	\$170.00	monthly	12.00		\$2,040	\$2,040
3	Copier lease and maintenance	<input type="checkbox"/>	\$42.00	monthly	12.00		\$504	\$504
4	Client Transportation	<input type="checkbox"/>	\$35.00	per trip	115.00		\$4,025	\$4,025
5	Client Incentives - GRPA collection	<input type="checkbox"/>	\$20.00	per incentive	70.00		\$1,400	\$1,400
6	Liability insurance	<input type="checkbox"/>	\$50.00	month	12.00		\$600	\$600
7	Staff Recruitment/Background Screening	<input type="checkbox"/>	\$85.00	new hire	2.00		\$170	\$170
<b>TOTAL</b>							<b>\$17,962</b>	<b>\$17,962</b>

Line Item #	<b>Contractual Other Narrative:</b>					
1	Evaluator - Denise Connor	Unit Cost/Rate \$9,223.00	Basis annually	Quantity 1.00	Duration	Other Cost \$9,223
	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.					
2	Communications (Internet, landline, cell phone)	Unit Cost/Rate \$170.00	Basis monthly	Quantity 12.00	Duration	Other Cost \$2,040
	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.					
3	Copier lease and maintenance	Unit Cost/Rate \$42.00	Basis monthly	Quantity 12.00	Duration	Other Cost \$504
	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.					

Line Item #	<b>Contractual Other Narrative:</b>					
4	Client Transportation	Unit Cost/Rate \$35.00	Basis per trip	Quantity 115.00	Duration	Other Cost \$4,025
Client Transportation includes bus passes, uber ride, etc, so clients can attend meetings and get to their court appointments.						
5	Client Incentives - GRPA collection	Unit Cost/Rate \$20.00	Basis per incentive	Quantity 70.00	Duration	Other Cost \$1,400
Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers at discharge and at 6-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 \$85.00	Basis new hire	Quantity 2.00	Duration	Other Cost \$170
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
<b>TOTAL</b>			<b>\$59,884</b>

**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	

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

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
<b>I. Total Direct Charges (sum of A to H)</b>	<b>\$400,000</b>
J. Indirect Charges	\$0
<b>Total Projects Costs (sum of I and J)</b>	<b>\$400,000</b>

**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				
<b>I. Total Direct Charges (sum A to H)</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>
J. Indirect Charges				
<b>Total Project Costs (sum of I and J)</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$400,000</b>

**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						
<b>I. Total Direct Charges (sum A to H)</b>						
J. Indirect Charges						

<b>TOTAL for the Budget Year</b>						
<b>Percentage of the Budget</b>	0.000%	0.000%	0.000%	0.000%	0.000%	

**Funding Limitation/Restriction Narrative:**

**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)
<b>a. Personnel</b>	\$52,288		\$0	
<b>b. Fringe Benefits</b>	\$38,309		\$0	
<b>c. Travel</b>	\$0		\$0	
<b>d. Equipment</b>	\$0		\$0	
<b>e. Supplies</b>	\$0		\$0	
<b>f. Contractual</b>	\$309,403		\$0	
<b>g. Construction</b>	\$0		\$0	\$0
<b>h. Other</b>	\$0		\$0	
<b>i. Total Direct Charges (sum of 6a-6h)</b>	\$400,000		\$0	
<b>j. Indirect Charges</b>	\$0		\$0	
<b>k. TOTALS (sum of 6i and 6j)</b>	\$400,000		\$0	
<b>7. Program Income</b>				

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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.			
<b>12. TOTAL (sum of lines 8-11)</b>			

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter
<b>13. Federal</b>	\$400,000	\$100,000	\$100,000	\$200,000
<b>14. Non-Federal</b>				
<b>15. TOTAL (sum of lines 13 and 14)</b>	\$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.			
<b>20. TOTAL (sum of lines 16 - 19)</b>	\$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 Dependency Drug Court (PDDC) 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 PDDC 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 PDDC if this opportunity is awarded. If you require any additional information, please do not hesitate to contact me at [steve.blank@westcare.com](mailto: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.

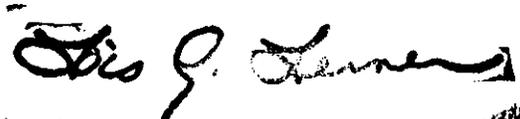
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of 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](http://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 3<sup>rd</sup> Street South in the City of St. Petersburg, Pinellas County, Florida. The mailing address of said corporation is 341 3<sup>rd</sup> 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>

**Adult-Adolescent Parenting Inventory (AAPI-2):** <https://www.ctoec.org/forms-documents/aapi-2-test-form-a.pdf>

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

**North Carolina Family Assessment Scale for Reunification (NCFAS-R):**  
<https://www.nfpn.org/media/ljbl2ueg/sample-ncfas-g-r-scale-definitions.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  
All Rights Reserved, January 2020

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  
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 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  
All Rights Reserved, January 2020

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.



**Dependency Drug Court  
Consent Form**

We are inviting you to join a program sponsored by Pinellas County Dependency 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 Dependency 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. The program also wants to know if services help parents reunify with their children and help them regain custody.

**SERVICES**

The program will provide you with several services. Services include assessment, care coordination, and individual or group treatment. We also will link you, your children, and your family to other services needed 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, the Modified Mini to see if you have any mental health symptoms, and the Adolescent and Adult Parenting Inventory (AAPI) to see what your attitudes about parenting are. 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, AAPI, 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

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

Case No. \_\_\_\_\_ DP

I, \_\_\_\_\_, voluntarily consent to participate in Dependency Drug Court, a program expected to provide me with additional services to help me with the completion of my dependency case plan. I understand that this Disclosure of Confidential Medical Information is necessary to inform the Court and the Dependency Drug Court Team members of my eligibility and acceptability for substance abuse treatment services, as applicable, and any treatment attendance, prognosis, compliance, and progress in accordance with the Dependency Drug Court's monitoring criteria. These services may include outpatient home-based infant mental health services. For these purposes, I voluntarily consent, on my own behalf and on behalf of my child(ren), to the disclosure of assessments, substance abuse treatment information, and any medical information, including information related to mental health and therapeutic treatment for me and my child(ren), for use in Dependency Drug Court to the following:

The Dependency Drug Court team, which includes: the Presiding Judge, my attorney, Eckerd case managers, , Lutheran Services case managers, the State Attorney's Office (representing the Department of Children and Families), the Clerk of Circuit Court, Regional Counsel or private dependency counsel, representatives from Dependency Drug Court substance and mental health treatment programs, the Guardian ad Litem Program, Court staff, the University of South Florida Family Studies Center, and any Florida or federal agency that is providing funding for Dependency Drug Court as necessary to show compliance with any funding requirements.

I understand that, upon my request, I will be provided with the list of names from the above listed entities who are recipients of my below referenced health information.

I understand my substance abuse and mental health treatment information includes initial screening assessment including treatment recommendations; risk assessments; shelter petitions; family functioning surveys; child behavioral health assessments, substance abuse and mental health treatment progress reports; drug screening results; visitation records, case management notes collected manually or in an automated case management system; and program evaluation reports for use by the Dependency Drug Court team members. The fact that I am agreeing that the shelter petition may be provided to the foregoing persons and entities is not to be construed that I agree that the allegations in the shelter petition are true and correct.

I understand that the Pinellas County School District may provide education records and information regarding my school-aged child(ren) participating in this program.

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

I understand that this release does not authorize additional medical records searches and the collecting of confidential medical documents that are not related to my Dependency Court case.

I understand that this release does not authorize the release of any additional medical records, nor does it prevent the use of a separate consent form, signed by me, authorizing the release of my medical records to a specific agency, for specific records.

Any disclosure made is subject to the Code of Federal Regulations, 42 C.F.R. part 2, and the United States Code, 42 U.S.C. § 290dd-2, governing confidentiality of alcohol and drug abuse patient records. 42 CFR Part 2 prohibits unauthorized disclosure of these records.

As stated in the Code of Federal Regulations, 42 C.F.R. § 2.31, § 2.35, as a participant in the Dependency Drug Court, I have the right to revoke this consent at any time. My revocation of this consent will result in my termination from the Dependency Drug Court.

I understand that this consent will remain in effect from the date I sign this release until the date I complete or terminate from Dependency Drug Court, at which time this consent will expire.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent's Attorney

\_\_\_\_\_  
Parent Attorney's Printed Name

\_\_\_\_\_  
Date

SIXTH JUDICIAL CIRCUIT KEEPING FAMILIES TOGETHER  
CONSENT FOR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

Program Case Number: \_\_\_\_\_

I \_\_\_\_\_, voluntarily consent to participate in Keeping Families Together, a program expected to provide me with additional services to help me with the completion of my safety plan. I understand that this Disclosure of Confidential Medical Information is necessary to inform the Program and the Team members of my eligibility and acceptability for substance use disorder treatment services, as applicable, and any treatment attendance, prognosis, compliance, and progress in accordance with the Keeping Families Together monitoring criteria. For these purposes, I voluntarily consent, on my own behalf and on behalf of my child(ren), to the disclosure of assessments, substance use disorder treatment information, and any medical information, including information related to mental health and therapeutic treatment for me and my child(ren), for the use in Keeping Families Together to the following:

The Keeping Families Together team, which may include staff from the: Sixth Judicial Circuit, Department of Children and Families Child Protection Investigation, Family Support Services, Lutheran Services Florida, WestCare Gulfcoast – Florida, and any Florida or federal agency that is providing funding for Keeping Families Together as necessary to show compliance with any funding requirements.

I understand that, upon my request, I will be provided with the list of names from the above listed entities who are recipients of my below referenced health information.

I understand my substance use disorder and mental health treatment information includes initial screening assessments including treatment recommendations, risk assessments, family functioning assessment, child behavioral health assessments, substance use disorder and mental health treatment progress reports, drug screening results, case management notes collected manually or in an automated case management system, and program evaluation reports for us by the Keeping Families Together team members.

I understand that the Pinellas County School District may provide education records and information regarding my school-aged child(ren) participating in this program.

I understand that Keeping Families Together may include open proceedings and other participants may be present when my family is addressed.

I understand that this release does not authorize additional medical records searches and the collecting of confidential medical documents that are not related to my Keeping Families Together case.

I understand that this release does not authorize the release of any additional medical records, nor does it prevent the use of a separate consent form, signed by me, authorizing the release of my medical records to a specific agency, for specific records.

Any disclosure made in subject to the Code of Federal Regulations, 42 C.F.R. part 2, and the United States Code, 42 U.S.C § 290dd-2, governing confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2 prohibits unauthorized disclosure of those records.

As stated in the Code of Federal Regulations, 42 C.F.R § 2.3, § 2.35, as a participant in the Keeping Families Together, I have the right to revoke this consent at any time. My revocation of this consent will result in my termination from the Keeping Families Together.

I understand that this consent will remain in effect from the date I sign this release until the date I complete or terminate from Keeping Families Together, at which time this consent will expire.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

**Attachment 4: Timeline**  
Pinellas County Dependency 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 <sup>th</sup> 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 PDDC 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 Government | 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 PDDC 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** – PDDC Team Members, **WC** – WestCare (treatment provider) team members, **E** – Evaluator/RA

# Gina Camerano-Jeffrey 31740 Holcomb Pass Wesley Chapel, Florida 33543

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## Experience

- October 2020 - Present     **Sixth Judicial Circuit – Unified Family Court**     **Clearwater, FL**  
**Director**
- Supervise & Manage Unified Family Court staff, programs and specialty courts
  - Administratively supervise Dependency General Magistrates
  - Provide support and assistance to Unified Family Court judges
  - Identify needs for improvement
  - Create and implement modifications and improvements
  - Analyze, troubleshoot and solve problems
  - Coordinate, facilitate, and report at various meetings and staffings
  - Collaborate with outside agencies
  - Monitor changes in rules and laws in order to identify and plan for changes
  - Serve as point of contact and liaison for various agencies
- Lead Worker (2017 – October 2020)**
- Supervise, train, and assist the Dependency Drug Court Coordinator
  - Assist with the re-implementation of Dependency Drug Court
- Court Program Specialist II (June 2006 – 2017)**
- Assess, manage, and modify case management activities and procedures
  - Develop, modify, and implement procedures and protocols
  - Create, coordinate, and provide trainings
  - Create and implement judicial involvement to assist in reaching permanency
  - Coordinate, facilitate, and report at various meetings and staffings
  - Compile statistics for performance and accountability reports
  - Case Management of Juvenile and Family Division cases
- Dependency Drug Court Coordinator (2007 – 2008)**
- Assist in the implementation of Dependency Drug Court
  - Assess the needs of the program and make appropriate modifications
  - Identify possible Dependency Drug Court participants
  - Coordinate assessments and services and facilitate court staffings and hearings
  - Manage Dependency Drug Court case

- 1999-2006     **Pasco Sheriff's Office**     **New Port Richey, FL**  
**Certified Child Protective Investigator & Certified Mentor**
- Supervise, train, re-train, and retain CPIs and other Sheriff's Office employees
  - Assess and modify training manuals and procedures
  - Conduct interviews, assess child safety and take proper action
  - Make appropriate referrals to social services and coordinate services
  - Create petitions, participate in and testify at court hearings
  - Participate in and report at multidisciplinary staffings and death reviews
  - Plan, organize, lead, and supervise Sheriff's Office community support events

- 1998-1999     **Bay Area Treatment Center**     **Pinellas Park, FL**  
**Substance Abuse Counselor**
- Complete intake assessments and interviews with new clients
  - Provide substance abuse counseling to clients
  - Provide necessary social service referrals
  - Assess clients progress in treatment and participate in staffing

## Education

- 1998     B.A.     **University of South Florida**     **Tampa, FL**  
1996     A.A.     **Saint Petersburg College**     **Saint Petersburg, FL**

## **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, 5% 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

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

## PROFESSIONAL EXPERIENCE

### WestCare

<b>Outpatient Program Manager</b>	<b>2023-Current</b>
♦ 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	

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

- ♦ 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:

<b>Title:</b>	Counselor	<b>Reports To:</b>	Program Manager
<b>Hours:</b>	Full-Time	<b>Supervises:</b>	None
<b>FLSA Status:</b>	Non-Exempt	<b>OSHA Exposure Category:</b>	III
<b>Salary Range:</b>	<b>\$47,250, 100% LOE</b>	<b>Travel:</b>	Local

### **POSITION SUMMARY:**

The Counselor will be responsible for providing comprehensive counseling services to individuals participating in the program. The 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, case managers, 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.

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

**KAREN REDD**  
P.O. Box 262431  
Tampa, FL 33685  
(813) 616-9396  
karredd1380@gmail.com

## **OBJECTIVE**

To obtain a position where I can utilize my educational background, extensive experience, and my ability to work well with people.

## **EDUCATION**

University of South Florida, Tampa, FL  
Bachelor of Arts in Psychology, December 2001  
Cumulative GPA: 3.3  
Dean's List of Scholars, Fall 2001

## **CERTIFICATIONS**

Certified Child Welfare Case Manager (CWCM)  
Certified Child Welfare Licensing Counselor (CWLC)  
Certified Child Welfare Protective Investigator (CWPI)

## **WORK EXPERIENCE**

### **Substance Abuse Counselor (January 2024 to present)**

WestCare, Pinellas Park, FL

- Interview potential clients to determine need and appropriateness for program participation.
- Develop individualized treatment plans and complete monthly reviews with clients.
- Utilize counselling and psychotherapy to evaluate clients emotional and mental conditions.
- Conduct substance abuse group sessions for clients following an approved curriculum.

### **Child Protective Investigator (September 2022 to July 2023)**

Hillsborough County Sheriff's Office, Tampa, FL

- Investigated alleged abuse, neglect, and/or abandonment of children.
- Interviewed children and adults concerning allegations.
- Informed families of available social service programs.
- Managed case files and ensure accurate and timely documentation of investigative activities.

### **Operations Review Specialist (November 2020 to June 2022)**

Florida Department of Children and Families, Tampa, FL

- Conducted licensing audits for child placing agencies and child caring agencies to ensure compliance with Florida Statutes.
- Reviewed licensing and relicensing documents for traditional, as well as therapeutic foster homes and issued licenses.
- Assisted lead agency with training/questions related to current licensing rules and regulations.
- Completed group home foster care referrals for the Suncoast Region and tracked all foster care referrals/investigations.
- Participated in quality assurance staffings regarding foster parents and licensing concerns.

### **Licensing Specialist (June 2019 to November 2020)**

Eckerd Connects, Trinity, FL

- Point of Contact for contracted therapeutic and faith-based agencies.
- Reviewed and corrected licensing documents for contracted agencies.
- Ensured foster parents compliance with Child Welfare licensing requirements.
- Assisted with professional parenting training for prospective foster parents.

### **Senior Case Manager (April 2018 to September 2018)**

Directions for Living, Largo, FL

- Assisted in training and mentoring new case managers.
- Completed daily tracking of case managers home visits to ensure compliance with Florida statutes.
- Attended meetings with families to develop case plans based on family's needs.
- Participated in staffing reviews, administrative reviews, and judicial reviews for each assigned case.

**Case Manager** (November 2016-April 2018)

Devereux, Tampa, FL

- Provided ongoing assessment of families to determine risk to the child.
- Utilized motivational interviewing and trauma informed care to create case plans with families.
- Completed referrals to service providers, monitored progress, and evaluated the need to make changes to case plans.
- Prepared concise court reports and testified at court hearings.

**Family Development Specialist** (January 2016-November 2016)

Family Enrichment Center, Tampa, FL

- Completed foster home initial licensing and annual relicensing and ensured compliance with Florida Administrative Code.
- Assisted with foster home recruitment efforts in the community.
- Coordinated and facilitated required training for foster parents.

**Case Manager** (December 2014-August 2015)

Lutheran Services, Largo, FL

- Conducted child safety assessments to identify families' strengths and needs.
- Created case plans with families, provided service referrals, and monitored progress.
- Completed documentation for judicial reviews and attended all court hearings for assigned cases.

**Reader** (March 2013-May 2014)

Measurement Incorporated, Tampa, FL

- Evaluated student responses to a specific directive.
- Implemented the scoring criteria on standardized tests.

**Case Manager** (December 2011-June 2012)

One Hope United, Tampa, FL

- Identified service needs, developed case plans, and monitored the progress of children and their families.
- Completed necessary documents and participated in court hearings for assigned cases.
- Prepared reports and presentations for conferences.

**Care Manager** (January 2010-March 2011)

Personal Enrichment through Mental Health Services, Pinellas Park, FL

- Completed bio-psychosocial assessments to individuals in crisis and recommended treatment.
- Transitioned clients to long term mental health outpatient care.
- Assisted with suicide hotline calls when needed.

**Support Coordinator** (October 2008-January 2010)

Gulf Coast Jewish Family Services, Clearwater, FL

- Coordinated home based services for elderly adults to remain independent in the community.
- Assessed clients with Alzheimer's disease for in-home services.
- Assisted with facilitating Alzheimer's support group meetings for caregivers.

**Case Manager/Senior Case Manager** (May 2006-October 2008)

Gulf Coast Jewish Family Services, Clearwater, FL

- Assessed disabled adults for in-home services, developed care plans, and initiated services.
- Completed quarterly home visits to assess in-home services and identify new service needs.

**Case Manager** (August 2005-May 2006)

Gulf Coast Jewish Family Services, Clearwater, FL

- Completed assessments, case planning, and monitoring of children and their families.
- Submitted required court documents in a timely manner and attended court hearings for assigned cases.

## **Position Description:**

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

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# VICTOR MUSCO

Phone: (727) 280-4498

Email: victormusco1966@gmail.com

## Abilities

- Empathetic
- Caring
- Customer Service
- Leadership
- Hard Working
- Fast Learner
- Reliable
- Dependable
- Persistent

## Employment History

- 01/2024-present **Peer Support Specialist**  
WestCare, Pinellas Park, FL  
Facilitate groups in an open and welcome environment  
Provide direct peer support and counseling based on lived experiences  
Attend weekly treatment team meetings  
Perform drug screens as needed  
Assist clients in accessing community resources
- 07/2022 - 12/2023 **Customer Service & Sales Representative, Customer Service Representatives**  
Customer Service Network group, Fort Lauderdale, FL  
Provided exceptional customer service to clients  
Processed reservations and fulfillment services for clients  
Partnered with airline, hotel, and cruise vendors worldwide
- 03/2020 - 02/2022 **Sales Representative, Advertising Sales Agents**  
Professional Media Group LLC, Clearwater, FL  
Sell or solicit advertising services, or Internet establishments or public spaces.
- 01/2018 - 03/2019 **Sales Representative, Sales Representatives of Services, Except Advertising, Insurance, Financial Services, and Travel**  
Protect My Car, Saint Petersburg, FL  
INSIDE SALES/TELESALES/ CLOSING CUSTOMERS/EXTENDED VEHICLE WARRANTY PROTECTION PLANS/TOP SALESMAN AWARD 2018/
- 09/2014 - 08/2015 **Energy Consultant, Solar Sales Representatives and Assessors**  
AGR Group LLC, Clearwater, FL  
Contact new or existing customers to determine their solar equipment needs, suggest systems or equipment, or estimate costs.
- 05/2010 - 06/2010 **Cook Helper, Food Preparation Workers**  
Sun Shine Loving, Seminole, FL  
Perform a variety of food preparation duties other than cooking, such as preparing cold foods and shellfish, slicing meat, and brewing coffee or tea.

- 03/2004 - 10/2005 **Sales Closer, Telemarketers**  
 Consider It Sold, Dunedin, FL  
 Solicit orders for goods or services over the telephone. Sales closer.
- 09/1994 - 03/2002 **Business Owner and Operator, Sales Representatives of Services, Except Advertising, Insurance, Financial Services, and Travel**  
 Turtles Cleaning, Largo, FL  
 •Sold Residential and Commercial Cleaning Contracts. •Sold Cleaning Packages and Services.
- 06/1990 - 08/1994 **Account Representative, Marketing Managers**  
 American Camp Grounds, St. Petersburg, FL  
 •Sold camp-ground memberships and timeshare resales.

### Education History

- 08/2007 **Entrepreneurial Academy**  
 Vocational School Certificate  
 St. Petersburg Chamber of Commerce, FL  
 •Completed the requirements of the Entrepreneurial Academy.
- 08/2007  
 High School Diploma  
 Seminole H. S. @ Seminole, FL, FL
- Peer Support Specialist**  
 Vocational School Certificate  
 NAMI Pinellas County, Clearwater, FL  
 Completed the following training at NAMI Pinellas County:  
 Peer to Peer Education - Advocacy, mentoring, recovery support  
 NAMI Connections Support Group Facilitator - Recovery support, motivational interviewing, vicarious trauma/self-care, professional responsibility  
 Seminar I: Introduction to Mental Health Recovery & Wellness Recovery Action Plan (WRAP)  
 American Red Cross Adult, Child & Baby First Aid/CPR/AED  
 Trauma-Informed Care Training  
 Crisis Prevention Intervention (CPI) Training
- Business**  
 Vocational School Certificate  
 Crown Corporate Training @Clearwater,FL, FL  
 •Business to business training connected to sales promotion and how to set up appointments with Fortune 500 CEO's.

## Position Description:

<b>Title:</b>	Trauma and Family Therapist	<b>Reports To:</b>	Program Manager
<b>Hours:</b>	Full-Time	<b>Supervises:</b>	None
<b>FLSA Status:</b>	Exempt	<b>OSHA Exposure Category:</b>	III
<b>Salary Range:</b>	<b>\$50,400, LOE 100%</b>	<b>Travel:</b>	Local

### **POSITION SUMMARY:**

The Trauma and Family Therapist will be responsible for conducting comprehensive assessments to evaluate the psychological, emotional, and social needs of children, parents, and families involved in dependency court cases. The Trauma and Family Therapist will provide evidence-based therapy to children, parents, and families to address trauma, improve coping skills, enhance communication, and promote healthy relationships.

### **EDUCATION and/or EXPERIENCE:**

- Experience working with trauma survivors, children, and families in a therapeutic setting, preferably within the context of the dependency court system.
- Knowledge of trauma-informed practices, child welfare laws, and court procedures related to dependency cases.
- Strong communication, interpersonal, and collaboration skills.
- Ability to work effectively under pressure and maintain professionalism in a court room setting.
- Compassion, empathy, and a commitment to supporting clients in their journey toward recovery and rehabilitation.
- Master's or doctoral degree in psychology, social work, counseling, or a related field.

### **LICENSURE/CERTIFICATION:**

- Licensure as a Mental Health Counselor (LMHC), Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Licensed 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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# Diana-P. Ramos-Elvir

Clearwater, FL 33756 | diana-r@msn.com | 786-449-7590

## PROFESSIONAL EXPERIENCE

**WestCare - GulfCoast** Pinellas Park, Florida August 2022 – Present  
*Trauma and Family Therapist*

- Provides trauma counseling to individuals in Drug Dependency Court on a weekly basis.
- Intake new patients and develop treatment plans to meet client's needs.
- Provides well-written progress notes in a timely manner.
- Attends and participates in Case management consults.
- Attends and participates in Drug Dependency Court on a bi-monthly basis.

*Veterans Counselor* August 2022 – Present

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

**Suncoast Center Inc.** Safety Harbor, Florida August 2021 – July 2022  
*Total Family Strategy Therapist*

- Provides counseling to family units on a weekly basis in various settings.
- Intake new patients and develop treatment plan to meet client's needs.
- Provides well-written progress notes in a timely manner.
- Worked as a liaison between agency and Hispanic Outreach Center

**Behavioral Counseling Group** Miami, Florida August 2020 – May 2021  
*Mental Health Counselor Intern*

- Provided group and individual counseling session with adults diagnosed with Severe Mental Illness
- Intake new patients and collaborate with other staff members to identify the issues patients are facing.
- Develop treatment plans and strategies to best meet patient needs.
- Provided well-written PSR notes in a timely manner.

**Evolve Community Center** Tamarac, Florida May 2020 – August 2020  
*Mental Health Counselor Intern*

- Provided group and individual sessions with kids ages 5-18 on the Autism spectrum.
- Develop treatment plans and strategies to best meet the child's needs.
- Collaborated with other staff members to provide the child with life and coping skills.

## EDUCATION

**Nova Southeastern University** Davie, Florida May 2021  
*Masters in counseling: Clinical Mental Health Counseling*

**Barry University** Miami Shores, Florida May 2016  
*Bachelor of Science: Psychology*

#### CERTIFICATIONS AND LANGUAGES

- First Aid BLS
- Mental Health First Aid - Adult
- Fluent in English, French, and Spanish

February 2024 – February 2027  
August 2023 – August 2026

#### AFFILIATIONS

- Alpha Phi Fraternity Inc.
- Psychology Club
- Counseling Student Organization
- Psi Chi International

## Position Description:

<b>Title:</b>	APRN	<b>Reports To:</b>	Program Manager
<b>Hours:</b>	Full-Time	<b>Supervises:</b>	As Assigned
<b>FLSA Status:</b>	Exempt	<b>OSHA Exposure Category:</b>	III
<b>Salary Range:</b>	Contractual	<b>Travel:</b>	Local

### **POSITION SUMMARY:**

Person in this position will play a critical role in delivering comprehensive healthcare services to individuals seeking assistance with substance abuse disorders. Working within a multidisciplinary team, the APRN assesses, diagnoses, and treats patients, employing a holistic approach that integrates medical, psychological, and social aspects of care.

### **EDUCATION and/or EXPERIENCE:**

- Experience in addiction medicine or substance use disorder treatment is strongly preferred.
- Strong interpersonal and communication skills.
- Ability to work collaboratively within a multidisciplinary team.
- Knowledge of and commitment to evidence-based practices in addiction treatment.
- Bilingual/bicultural (English/Spanish) is preferred.
- Masters of Doctoral degree in Nursing with a focus on psychiatric-mental health or adult health.

### **LICENSURE/CERTIFICATION:**

- Current licensure as an Advanced Registered Nurse Practitioner (ARNP) in the relevant jurisdiction.
- Certification in psychiatric-mental health or addiction nursing (PMHNP or ANP-BC) is preferred.

### **WORKING CONDITIONS:**

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

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## Position Description:

<b>Title:</b>	Research Assistant	<b>Reports To:</b>	Director of Evaluation
<b>Hours:</b>	Full-Time	<b>Supervises:</b>	None
<b>FLSA Status:</b>	None-Exempt	<b>OSHA Exposure Category:</b>	III
<b>Salary Range:</b>	<b>\$30,464, 86.15%</b>	<b>Travel:</b>	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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## Position Description:

<b>Title:</b>	Director of Research & Evaluation	<b>Reports To:</b>	Senior Scientist
<b>Hours:</b>	Full-Time	<b>Supervises:</b>	As Assigned
<b>FLSA Status:</b>	Exempt	<b>OSHA Exposure Category:</b>	III
<b>Salary Range:</b>	<b>Contractual</b>	<b>Travel:</b>	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 Dependency 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 DDC 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:** Drug-involved adults 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. Additionally, these adults must have either a dependency adjudication or an open CPI case due to parental SUD.

### **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 Dependency Drug Court and must have either a dependency adjudication or an open CPI case due to parental SUD. 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 DDC maintains a variety of referral sources as part of its “no wrong door” entry policy. Allowing for both pre-trial intervention (PTI) and post-plea diversion cases, the Court aligns with the NADCP’s Dependency Drug Court Best Practice Standards. Further, to ensure equality, diversity and inclusiveness, the PADDC 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 Dependency 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.

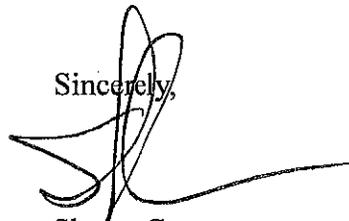
The Sixth Judicial Circuit is located on the Central West Coast of Florida and serves Floridians in Pasco and Pinellas Counties. The Sixth Circuit is recognized as a leader in the establishment of Treatment Courts, which provide a cost-effective, therapeutic alternative to incarceration. Pinellas County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

If selected, the Sixth Circuit, though its 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 Dependency 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 Dependency 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](mailto:scrane@jud6.org) or via telephone (727)582-7424.

Sincerely,

A handwritten signature in black ink, appearing to be 'Shawn Crane', written over the word 'Sincerely,'.

Shawn Crane  
Chief Judge

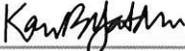
**ASSURANCE  
of Compliance with SAMHSA Charitable Choice  
Statutes and Regulations  
SMA 170**

**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  
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SHAWN CRANE  
CHIEF JUDGE

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JUDICIAL ASSISTANT

March 26, 2024

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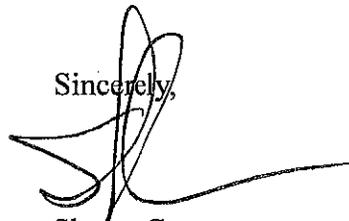
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Sincerely,

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

Shawn Crane  
Chief Judge

Administrative Office  
2101 McGregor Blvd., Suite  
101  
Fort Myers, FL 33901  
Front office phone: 230-  
208-6925  
Fax: 239-963-1220



**ITA M. NEYMOTIN**  
**OFFICE OF CRIMINAL CONFLICT AND CIVIL REGIONAL COUNSEL**  
**SECOND DISTRICT COURT OF APPEAL**

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 Office of Regional Counsel's commitment to provide assistance to Pinellas County Government (PCG) in collaboration with the Pinellas County Dependency Drug Court (PDDC) 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.

Regional Counsel represents parents who have been brought into the dependency system and are at risk of losing their children permanently. All of our clients are indigent and entitled to court-appointed counsel.

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.

Incarceration related to substance abuse usually has a devastating effect on families. Another devastating impact of substance abuse is the temporary or permanent loss of one's children. The SJC's dependency drug court program serves as a means to avoid

Judicial Circuits of Florida  
6<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup> & 20<sup>th</sup>

**6<sup>TH</sup> CIRCUIT OFFICES**  
**Pasco, Pinellas**

15500 Lightwave Dr., Ste. 107  
Clearwater, FL 33760  
727-530-4400

13815 US Hwy. 98 Bypass  
Dade City, FL 33525  
352-521-1414

7334 Little Rd., Ste. 101  
New Port Richey, FL 34654  
727-842-2889

**10<sup>TH</sup> CIRCUIT OFFICES**  
**Hardee, Highlands, Polk**

622 West Polk Street  
Bartow, FL 33830  
863-534-3689

503 Civic Center Dr.  
P.O. Box 609  
Wauchula, FL 33873  
863-773-3019

223 S. Commerce Ave.  
Sebring, FL 33870  
863-382-8936

**12<sup>TH</sup> CIRCUIT OFFICES**  
**Bradenton, DeSoto, Sarasota**

25 East Oak Street  
Arcadia, FL 34266  
863-494-7139

1201 Sixth Ave. West, Ste. 515  
Bradenton, FL 34205  
941-748-7273

1991 Main Street, Ste. 216  
Sarasota, FL 34236  
941-316-8348

**13<sup>TH</sup> CIRCUIT OFFICE**  
**Hillsborough**

220 East Madison St. Ste. 630  
Tampa, FL 33602  
813-221-5134

**20<sup>TH</sup> CIRCUIT OFFICES**  
**Charlotte, Collier, Glades,  
Hendry, and Lee**

2000 Main Street, Ste. 500  
Fort Myers, FL 33901  
239-533-1500

Hendry/Glades  
P.O. Box 1276 (Mail)  
60 Calhoun Street  
LaBelle, FL 33975  
863-674-0444

2652 Airport Rd. S., 1<sup>st</sup> Floor  
Naples, FL 34112  
239-417-6209

407 East Marion Ave., Ste. 102  
Punta Gorda, FL 33950  
941-639-4545

Tim Burns, Director of Programs  
March 25, 2024  
Page 2

that severe consequence by providing parents a path to regaining custody of their children which is more service-oriented and intensely focused than the experience a parent will receive in the usual dependency court proceeding.

PCG is proposing to enhance services for drug-involved offenders (adults) participating in the PDDC over five years (2024-2029), particularly those with neurotrauma.

With this need in mind, Regional Counsel appreciates the opportunity to engage in this grant endeavor by committing to the following activities if awarded:

Regional Counsel has been heavily involved with Pinellas County's dependency drug court since its inception in 2017. In the past seven years, Regional Counsel has represented about 90% of the dependency drug court participants since almost all the parents in drug court are indigent and entitled to the services of court-appointed counsel. I have practiced in dependency court for over 16 years and I enthusiastically support the dependency drug court program because it gives my clients a much better chance of being reunited with their children than they would have in the usual dependency process. I hope that Pinellas County parents will continue to have the opportunity to participate in dependency drug court for many years into the future and that Regional Counsel will have the opportunity to assist those parents throughout their recovery journey.

Regional Counsel looks forward to working with PCG if this opportunity is awarded. If you require any additional information, please do not hesitate to contact me at [dchafin@rc2fl.com](mailto:dchafin@rc2fl.com) or via telephone 727-530-4400.

Respectfully,

  
David C. Chafin, Esq.  
Assistant Regional Counsel

**Mission:**

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

March 27, 2024

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:

On behalf of the Florida Department of Health in Pinellas County (DOH-Pinellas) I am writing to express our commitment to provide assistance to Pinellas County Government (PCG) in collaboration with the Pinellas County Dependency Drug Court (PDDC) 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.

DOH-Pinellas understands that the Pinellas County government (PCG) is complex mix of 25 governmental bodies, including the Sixth Judicial Circuit (SJC) and recognizes that 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 PDDC over five years (2024-2029), particularly those with neurotrauma.

DOH-Pinellas is committed to continually serving this unique population by providing public health services and linking those in need to substance use care and is committed to:

- Ensuring access to care for those with medical needs for those that meet the health program eligibility.
- Assisting with linkage to care for infectious disease as well as substance use treatment.
- Providing data analysis to help with program operations.
- Being a supportive community partner to assist with other agencies' needs.

DOH-Pinellas looks forward to working with PCG if this opportunity is awarded. If you require any additional information, please do not hesitate to contact me at 727-824-6900 ext. 6921.

Sincerely,

Ulyee Choe, DO  
Director, Florida Department of Health in Pinellas  
County Health Systems Statewide Medical Director

UC/mb

**Florida Department of Health in Pinellas County**

Director's Office  
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109  
PHONE: (727) 824-6900 • FAX (727) 820-4285

**FloridaHealth.gov**

Additional\_Letters\_of\_Commitment\_and\_Support\_BW



**Accredited Health Department**  
Public Health Accreditation Board



**FLORIDA STATEWIDE  
GUARDIAN AD LITEM  
OFFICE**

**Dennis W. Moore**  
Executive Director

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March 27, 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:

The Statewide Guardian ad Litem Office – Circuit Six is committed to assisting Pinellas County Government (PCG) in collaboration with the Pinellas County Dependency Drug Court (PDDC) 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 a 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 on the Central West Coast of Florida and serves Floridians in Pasco and Pinellas Counties. The SJC actively seeks cost-effective, humane, and sound alternatives to incarceration. PCG is proposing to enhance services for drug-involved offenders (adults) participating in the PDDC over five years (2024-2029), particularly those with neurotrauma.

The Statewide Guardian ad Litem Office represents children in dependency court. In many cases, the children have been removed from the parents due to abuse, abandonment and/or neglect stemming from the parent's substance abuse and/or mental health issues. It is not uncommon for the parents to have co-occurring substance and mental health disorders.



Representing Florida's abused, neglected, and abandoned children.

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With this need in mind, the Statewide Guardian ad Litem Office – Circuit Six appreciates the opportunity to engage in this grant endeavor by committing to recommend the treatment as part of the case plan services where appropriate, attend treatment team meetings, staffings and court hearings.

The Statewide Guardian ad Litem Office – Circuit Six looks forward to working with PCG if this opportunity is awarded. If you require additional information, please do not hesitate to contact me at [kristi.salyers@gal.fl.gov](mailto:kristi.salyers@gal.fl.gov) or via telephone at 727-464-6528.

Respectfully,



Kristi Salyers  
Managing Attorney  
Statewide Guardian ad Litem Office – Circuit Six



Representing Florida's abused, neglected, and abandoned children.

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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,

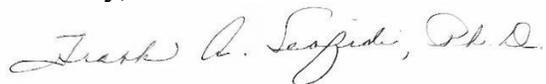
Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts TI-24-004

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

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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 Dependency Drug Court (PDDC) 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.

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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