

A. Statement of the Problem

Immediate Issues the Enhancement Seeks to Address - In 2015 the Pinellas Adult Drug Court (PADC) graduated 280 clients, or 62 percent of all exits. The PADC also has a four-year retention rate of 73 percent. However, despite these promising numbers, the Drug Court team is seeing a trend of many clients failing drug court even after significant time spent in drug court and also after successfully completing a course of court-ordered drug treatment. In 2015, 29 percent of all unsuccessful exits occurred 7 – 12 months into their drug court participation: additionally, a full 47 percent exited later – 17 percent between 13 and 18 months of participation and 30 percent after more than 18 months of participation. This shows an ongoing effort to address underlying substance abuse issues while still resulting in failure. Often this occurs because participants have not fully addressed their underlying criminogenic needs and thus fall back into old patterns after successfully completing substance abuse treatment. Most of these exits occur as a result of a new charge, a violation of probation or through voluntary withdrawal. This proposal seeks to increase the successful completion of these clients through new programming and intervention designed to address these issues as soon as they begin demonstrating problematic behaviors after their initial treatment regimen but while still in drug court and working on full recovery. This enhancement proposal thus directly furthers the PADC’s implementation of the NADCP Best Practice Standard 6 – Complementary Treatment and Social Services.

Pinellas County has partnered with the Sixth Judicial Circuit Court, Solutions Behavioral Healthcare Consultants, and USF’s Florida Mental Health Institute to enhance the current PADC model in an effort to successfully complete more of its participants, raising the graduation rate by 10-15 percent. The new model for the PADC adds *The Courage to Change* Interactive Journaling System for use by Solutions Behavioral Health Consultants to better address criminogenic needs in

high risk/high need drug court participants in danger of failing drug court after completing the initial intensive period of substance abuse treatment. Interactive Journaling, which is included in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREEPP), is a structured and experiential writing process that motivates and guides participants toward positive life change. *The Courage to Change* was developed in a collaboration between the United States Probation Offices in the Districts of Hawaii and Nevada and The Change Companies©. The program will use the validated Level of Service Inventory - Revised (LSI-R) tool to identify high risk/high need drug court participation and to assign participants to a targeted intervention utilizing *The Courage to Change* Interactive Journaling System. *The Courage to Change* Journals address what is called the "Big Six" Criminogenic Need Areas – Antisocial Values, Criminal Personality, Low Self-control, Criminal Peers, Dysfunctional Family Ties, and Substance Use. Each Interactive Journal takes six to eight weeks to complete, and it is anticipated that each Pinellas Adult Drug Court (PADC) client would be assigned to a minimum of 16 weeks of *The Courage To Change* classes.

Pinellas County needs federal dollars to pilot this enhancement to ensure that the project can deliver the success –more graduations – that it promises before the Pinellas County Board of County Commissioners will allocate additional treatment funding to this effort.

Current Operation of the Adult Drug Court - Established in 2001, the PADC is a specially designed court docket, the purpose of which is to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders. Additionally, the PADC's goal is to increase each offender's likelihood of successful habilitation through (1) early, continuous, and intense judicially supervised treatment; (2) mandatory periodic drug testing; (3) community supervision; and (4) use of appropriate sanctions and other rehabilitation services. The PADC is an 18 to 24-month program (pre-trial intervention and post-plea cases) with treatment lasting 9-12 months based on need and individualized treatment

plan. In 2015 the Drug Court admitted 477 participants and graduated 280 people (62 percent). Recidivism was 14 % at one year post graduation and 18 % at two years post-graduation.

The Drug Court *referral process* begins when the State Attorney's Office identifies qualifying defendants at their first mandatory court appearance. The Division Judge provides the defendant and their attorney with information on Drug Court. If the defendant chooses the Drug Court option, they then receive a substance abuse assessment. The *screening and assessment process* details the degree of the defendant's addiction and identifies the resources needed to overcome the addiction. These services are provided by qualified professionals from Solutions Behavioral Healthcare Consultants (Solutions), who use a series of standardized instruments: Substance Abuse Subtle Screen Inventory for Adults, University of Rhode Island Change Assessment Scale, APA Diagnostic and Statistical Manual, and American Society for Addiction Medicine Patient Placement Criteria Rating. The tools are evidence-based and effective tools for identifying defendants' risk and need factors. At the next pretrial conference, the judge sets appropriate conditions of probation, confirms that the defendant agrees to enter the treatment program, and sets the first Judicial Review. As a condition of drug court probation, defendants are typically sentenced to the least intensive treatment program necessary. Other frequent conditions of probation include obtaining a G.E.D., securing mental health treatment, obtaining employment or community service, undergoing frequent drug testing and following a set curfew.

The *eligibility criteria establishing the target population* of the PADDC includes defendants charged with drug possession, property crimes (with victim consent), and other drug related third degree felonies. Disqualifying factors include drug trafficking, habitual or violent felony offenses, violation of controlled release or parole, charges that have resulted in serious personal injury to the victim(s), and violent offenders as defined by 42 U.S.C. 3797. All defendants are consid-

ered regardless of race, ethnicity, age, or gender. The PADC's *current capacity* is 800-900 clients annually.

The *treatment length* of the Drug Court program varies depending on how long the defendant needs to remain in *the Intensive Treatment Phases* 1.) *Outpatient treatment* is for a minimum 3 months, 2 sessions or 4 sessions per week. 2.) *Non-secure Residential treatment* is a 6 month program, including 2 months in full time residence followed by a 4-month employment/reentry period. Clients initially receive a minimum of 10 hours of treatment per week, at least 1 individual session and 3 group counseling sessions. In the employment/reentry phase, clients receive at least 6 hours of treatment weekly, including at least 1 individual session and 2 group sessions. Once residents find a job they begin to pay a per diem toward the cost of their stay. Longer term residential programs (12 to 18 months) are also available if needed. 3.) The *Aftercare Phase* is a 6 to 15 month period covering the duration of drug court participation. Clients are either required (following residential treatment) or encouraged (all others) to attend aftercare programs, attend support groups, maintain employment or continue their education, and obtain a driver's license. All must fulfill the conditions of their probation.

The *Case Management process* for PADC helps clients through the stages of drug court and ensures assessments are distributed, reports are collected, statistics are compiled and initial treatment appointments are scheduled. Individual providers also directly case manage their clients by establishing a case plan, monitoring client's status and making referrals for ancillary services.

The Department of Corrections (DOC) provides *community supervision* including monitoring, supervision and case management of drug court participants. Probation officers conduct home visits and random drug tests to make progress reports on their clients.

The *Recovery Support Services Delivery Plan* is integrated with treatment and flexibly staged to meet the needs of individual defendants. These services include residential and outpatient substance abuse treatment and mental health treatment or medical services. Participants receive individualized treatment plans which can be re-

viewed and revised at any time. All treatment levels stress relapse prevention and encourage participants to build a support network. Treatment groups are offered, including night sessions, in order to help clients continue working. Information among the drug court team members is regularly exchanged at judicial reviews. The Public Defender's Office provides ongoing support to those with co-occurring health concerns through the provision of mental health treatment program including necessary medications for clients with mental health needs.

Every defendant sentenced in drug court must return to court at least monthly for a *judicial review*, to assess their level of participation, monitor success, and receive encouragement or admonishment. Defendants are active in this process by self-evaluating and discussing their progress with the Drug Court team.

Frequent random *drug testing* is conducted weekly by the treatment providers and at least monthly by the Department of Corrections following active treatment. Residential programs administer breathalyzer tests for participants on work release. All drug screening technicians are trained in National Association of Drug Court Professionals (NADCP) procedures and adhere to Chain of Custody Protocols found within the CLIA (Clinical Improvement Act) guidelines.

The PADC moves quickly to apply both graduated *incentives and sanctions* based on reports from treatment and probation. Incentives include encouragement and recognition, furloughs for travel, phase advancement, less frequent court appearances, early termination of probation and formal graduation. Sanctions include increased substance abuse testing and supervision; extended probation; changes in treatment; brief jailing; or termination from the drug court program. Progressive sanctions are administered for non-compliance, positive drug tests, unsatisfactory performance in treatment, absconding from treatment and new arrests.

Graduation requirements for the PADC include: completing at least 9 months of supervision that include at least 180 days of sobriety; attaining or maintaining employment; making efforts to complete a GED program and obtaining a valid driver's license (if applicable); completing aftercare and all conditions of probation, including payment of fees, fines and restitution.

Participants in the PADC may be *terminated from the program* by the Drug Court Judge for continuous failure to participate in treatment, numerous positive drug screen results after completion of treatment and/or failure to comply with other program requirements. Participants may be terminated by the State Attorney's Office if formally charged with any felony offense deemed inappropriate for further participation in Drug Court. As cases are staffed by the entire drug court team, terminations are generally accomplished after input of the State Attorney, Public Defender and the Treatment Team.

Participants must pay all of the imposed court costs, *restitution and costs of supervision* over the term of probation. Aside from copayments paid during the work phase of residential treatment, all other treatment copayments collected by the treatment providers are on an affordability basis. Payment of these copayments is not a condition of drug court completion and the Judge may waive remaining monetary amounts, impose the amount as a lien, or extend the probationary period to permit the defendant to pay in full or complete community service for a portion of the costs.

Mechanism that prioritizes court resources for high-risk offenders - In designing *The Courage to Change* Program enhancement, Pinellas County accessed two publications written by Douglas B. Marlowe, JD, PhD, Chief of Science, Law & Policy with the National Association of Drug Court Professionals titled, "*Targeting the Right Participants for Adult Drug Courts,*" and "*Matching Your Program to the Needs of Your Clients.*" These publications describe evidence-based and best practices used by practitioners to develop a target population for an adult drug court. As reported by Marlowe, research shows that drug courts work best for offenders who are both high risk and high need (prognostic risk) and need a full array of services embodied in the "10 Key Components" of drug courts (Marlowe 2). This information coupled with an examination of the emerging needs in the local offender population, led Pinellas County to focus on individuals who demonstrate, through assessment, both high risk and high need. The PADC accepts only felony offenders.

Treatment Service Practices - The PADC utilizes *substance abuse treatment* providers who are licensed by the Florida Department of Children and Families. All phased and licensed treatment services (OP, IOP, and Residential) are evidence-based (using EBPs from NREPP), gender responsive, trauma-informed and culturally responsive. Both Pinellas County and the Administrative Office of the Courts monitor services under contract to ensure adherence to protocol, quality and effectiveness. The Court also currently receives funding from the State of Florida to cover costs of Vivitrol® (naltrexone) under the care and prescription of a physician and licensed treatment provider. WestCare, one of the PADC providers, receives funding from the Florida Alcohol and Drug Abuse Association (FADAA) to cover the costs of Vivitrol® offered to some residential treatment clientele under the care and prescription of a physician. FADAA monitors WestCare's provision of these Vivitrol services.

Enhancement Evidence-based and Effective for Target Population - The National Association of Drug Court Professionals (NADCP): *Adult Drug Court Best Practice Standards Volume II – Standard VI* emphasizes the need for complementary treatment and social services and specifically indicates the need evidence-based criminal thinking interventions. The proposed enhancement will utilize the Level of Service Inventory–Revised which is a highly validated assessment tool incorporating the Risk-Need-Responsivity Model, an evidenced-based practice expressly designed to meet the needs of adult drug offenders. Additionally, The Change Companies– Interactive Journaling NREPP profile specifies the intervention is indicated for multiethnic male/female adult offenders, in an outpatient milieu. Outcomes found a reduction in recidivism and associated behaviors.

The development of *The Courage to Change* program enhancement was informed by the National Drug Court Institute's (NDCI) *Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients*. This publication highlights the Risk and Need Principles,

which details the evidence-based practices of tailoring prognostic risk levels and criminogenic needs to create targeted intervention for drug-involved offenders. The Risk-Need Responsivity (RNR) model first developed in 1990 by James Bonta and D.A. Andrews, has become one of the most influential models in the treatment, supervision and service coordination for adult drug offenders. The Change Companies – Interactive Journaling approach via *The Courage to Change* Interactive Journaling System (CTCIJS) employs proven practices including, Cognitive Behavioral Therapy, Transtheoretical Model of Behavior Change, and Motivation Interview principals. The CTCIJS is specifically designed to address criminogenic need areas for adult offenders, utilizing the National Institute of Corrections’ *Eight Guiding Principles of Effective Interventions* and was developed in collaboration with the US Department of Justice, Federal Bureau of Prisons and US Probation Office. CTCIJS is comprised of eight interactive journals; Social Values, Responsible Thinking/Healthy Personality, Self-Control, Peer Relationships, Family Ties, Substance Use, Skills for Successful Living and Strategies for Success. Each journal specifically targets criminogenic needs areas and is designed to address substance abuse, cognitive behavioral needs and criminal thinking. The CTCIJS is compatible with the LSI-R assessment tool, with LSI-R subcomponents scales (listed above) corresponding with a specific interactive journal making the program both targeted and highly prescriptive.

B. Project Design and Implementation

Prompt Entry into Drug Court -As explained in the referral and screening procedures, the PADC considers defendants for the program immediately upon identification of the State Attorney and works to expedite treatment placement. No initial period of incarceration is required unless the defendant is awaiting a residential bed and is in danger of drug overdose if released to the community. The PADC tracks all wait times for treatment to ensure that enough resources are avail-

able to ensure timeliness of treatment initiation.

Participant Fees - The applicant understands that the Drug Court Discretionary Grant Program authorizing statute *does not allow imposing a fee on a client that would interfere with the client's rehabilitation*. The PADC does not make successful completion of treatment contingent on the payment of any per diem or other fees.

FDA approved Medications - The PADC recognizes that MAT may be an important part of a comprehensive treatment plan and will not deny any eligible candidate participation because of their use of *FDA-approved medications* for the treatment of substance use disorders, specifically methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder.

Awareness of Potential Racial Disparities - The PADC, through its Evidence to Outcomes (ETO) drug court case management software tracks the demographics of its participants to ensure that there is no disparity in participation to racial and ethnic groups. Data is available to track referrals, entries, reasons for rejection and terminations by racial group.

Proposed Enhancement - Pinellas County Government on behalf of the Sixth Judicial Circuit (SJC), intends to enhance the capacity of the existing PADC by providing complementary treatment services through the implementation and application of a new *Courage to Change* Program (CTCP) specifically targeting high risk /high need PADC participants who re-offend and/or fail to comply with PADC guidelines. The enhancement will fill a current gap in the continuum of care with the implementation of a targeted criminogenic needs intervention. The CTCP will focus on the range of criminogenic risks/needs which historically and typically contribute to a cycle of relapse and return to drug use, incarceration, failure to acclimate to the community in a productive independent manner, and ongoing recidivism. The CTCP is designed to target indi-

viduals whose re-offending behavior is not identified as primarily attributable to organic causes such as co-occurring mental health disorders or trauma. Individuals targeted by the PADDC as candidates for the CTCP will be evaluated using the validated LSI-R risks/needs assessment, designed to assess specific criminogenic risks and needs. The program will match the risk/needs identified with targeted Interventions based on one or more of six domains. Specific domains considered include Criminal History, Education/Employment, Family/Marital, Leisure Recreation, Procriminal Attitude/Orientation, and Antisocial Patterns. Utilizing the validated LSI-R assessment tool will allow the program to incorporate the evidenced based Risk-Needs-Responsivity Model (RNR), matching the participant's level of care to the related criminogenic risks and needs. Eligibility into the program will require participants to be characterized as high risk/high need based upon his/her LSI-R risk/need profile. After eligibility criteria are met, participant will be provided a targeted and prescriptive intervention, utilizing the evidence-based The Change Companies – Interactive Journaling approach incorporating the Courage to Change Interactive Journaling System curricula, which is specifically designed to address criminogenic needs among adult offenders who are under Court supervision. The Courage to Change Interactive Journaling System is compatible with the LSI-R risk/needs assessment and provides specific interventions based upon assessed LSI-R domains.

The established results of the LSI-R risk/need assessment will guide the decision making process with the participants being given the appropriate and prescriptive intervention. There will be no “one size fits all” approach. Treatment will be individualized based upon the needs of the client as The Courage to Change Interactive Journaling System provides flexibility in treatment planning and can be facilitated in one-one sessions or group settings. Participants will receive targeted interventions that correlate with high to very high scores on the LSI-R assessment

tool and will be engaged in services for a minimum of 16 weeks. Priority will be given to criminogenic need areas presenting as ‘very high’, indicated by the LSI-R assessment. Additionally, family counseling sessions will be made available for participants whose risk/need score indicate increased need in the family/marital criminogenic domain. Lastly, throughout the program participants will be required to submit to random drug and alcohol screening at least twice weekly to ensure abstinence from mood/mind altering substances.

Goals and Objectives: The primary goal of the CTCP is to serve 110 participants to specifically address criminogenic risk and need. Enhancing treatment will lead to a reduction in recidivism among PADC participants by increasing their likelihood of successful completion of the PADC resulting in improved public safety and quality of life for CTCP participants.

Goals and Objectives: The primary goal of the CTCP is to serve 110 participants to specifically address criminogenic risk and need. Enhancing treatment will lead to a reduction in recidivism among PADC participants by increasing their likelihood of successful completion of the PADC resulting in improved public safety and quality of life for CTCP participants.

Goal 1: The CTCP will reduce recidivism among individuals identified as high risk/ high need and referred by the PADC based on demonstrated inability to comply with PADC guidelines.

Objective 1A: Over the life of the grant 60 % of participants in the CTCP will have successfully completed at least one year of involvement in the PADC without reoffending.

Objective 1B: 75% of Offenders will successfully complete their treatment plan.

Goal 2: Using the LSI-R assessment tool, CTCP clinical staff will match appropriate intervention with criminogenic needs.

Objective 2A: Based on individual participant subscale scores on LSI-R, participants will be enrolled in one or more of the Interactive Journaling Courage to Change modules.

Objective 2B: Based on the individual needs or circumstances of participants, treatment will be individualized will be delivered in a group setting or in one-on-one individual sessions.

Objective 2C: Participants whose scores demonstrate appropriate admission to the Family/Marital module may be invited to have family members participate in module sessions if deemed appropriate by CTCP clinical staff and in keeping with the commitment to individualized intervention.

Goal 3: Through participation in one or more of the Courage to Change Interactive Journaling System participants enrolled in the CTCP will demonstrate a reduction in criminal thinking patterns/behaviors thus illustrating a reduction in General Risk Factors which otherwise contribute to recidivism.

Objective 3A: Over the life of the grant 90 % of participants who complete in the CTCP will demonstrate a reduction in criminal thinking patterns as recorded on post test results at dis-

charge from program services.
<i>Objective 3B:</i> 75% of participants will remain crime free during course of treatment.
Objective 3C: 80% of participants at program discharge will exhibit risk level reductions in areas addressed in individualized treatment plan as evidenced by LSI/R.
Objective 3D: 80% of participants at program discharge will report increase in pro-social activities as evidenced by clinical notation.
Goal 4: CTCP participants will continue to demonstrate abstinence from all non-FDA approved/prescribed drugs/substances and/or intoxicants while involved in the Program
<i>Objective 4A:</i> An industry-standard color code system will be implemented necessitating that each participant in the CTCP call daily to verify whether or not random UA testing is scheduled for the participant on that day/date. Clients will have nine (9) hour window to provide urine for screening at a designated collection site.
<i>Objective 4B:</i> CTCP participants will be randomly drug tested a minimum of two times each week while in the CTCP using a twelve (12) panel urine toxicology screen to insure that abstinence from drugs is maintained. Confirmation laboratory testing will be provided if positive results are challenged by the participant.
<i>Objective 4C:</i> A minimum of 25% of random drug testing conducted on each CTCP participant will be laboratory verified ETG urine toxicology screening (80 hour alcohol testing) to insure that abstinence from alcohol is maintained.
Goal 5: Participants in the CTCP will exhibit increased compliance with PADC conditions.
<i>Objective 5A:</i> CTCP participants will participate in judicial status hearings before Judge Dee Anna Farnell, as directed by the PADC at four to five week intervals, to demonstrate and attest to compliance with program goals and objectives.
<i>Objective 5B:</i> A representative of the CTCP clinical team will provide the PADC with participant status information including progress, attendance, toxicology screening results and details of any adjustments or revisions to individual participant program plans prior to each participant's judicial status hearing and will accompany participants to court scheduled judicial status hearings.
<i>Objective 5C:</i> Participants in the CTCP will demonstrate a 10% to 15% increase in successful PADC completion over the current PADC completion rate.

The NADCP Best Practice Standard 6 – Complementary Treatment and Social Services will be implemented with the CTCP enhancement.

Identification, Referral and Prioritization of High-Risk/High-Need Offenders- Participants in the CTCP will already be enrolled in the PADC and will be identified as appropriate for screening based on behavior demonstrated through non-compliance with PADC guidelines. Such behaviors include failure to appear for judicial status hearings, non-substance related re-offending behavior, observed or reported lifestyle and/or relationship issues, failure to maintain healthy living,

missed probation appointments and procriminal associations or attitudes. The participant will then be assessed using the Level of Service Inventory Revised LSI-R incorporating the evidenced based Risk-Need-Responsivity model of care. LSI-R assessment tool was selected because of its validation with the target population and the incorporation of the Risk-Need-Responsivity model. Scoring of the LSI-R screening and assessment instrument will be immediately conducted and a program plan will be developed with the participant and immediately conveyed to the court electronically via the Pinellas County ETO system in place for the confidential transfer of PADC participant information.

Target Service Goal - The proposed enhancement will serve **110 participants** over the 3 year period of the grant (40 per year with 30 in first year due to implementation delay). Due to the high risk/high need characteristic of the targeted population and the high probability participants will need to address multiple criminogenic need areas, treatment capacity should remain small in nature. Avoiding the 'one size fits all' approach, the proposed enhancement seeks to utilize individual and family sessions, group sessions, as well as individualized lengths of care and treatment intensity. Serving 40 participants annually at approximately 16 weeks of care, estimates an average active clinical caseload of around 12 participants at any given time in the program. Using historical drug court data it is estimated that about 160 post-plea participants violate probation annually. The project team estimates that about a quarter of these violations will indicate continued criminal thinking/criminogenic needs rather than progression of a substance use disorder or mental health related issue and thus appropriate for referral into the proposed enhancement.

Improvement to Quality and Intensity of Services Based on Needs Assessment – The CTCP will be provided to participants at risk of failing drug court even after completing a regimen of drug treatment. Based on an examina-

tion of the emerging needs in the local offender population, Pinellas County Government in conjunction with the PADC, will incorporate evidence-based program principles and the “Ten Key Components of Drug Courts,” to build a strong criminal thinking component into the services available for drug court.

As part of the programs goals and objectives, CTCP participants will continue, through a *randomized drug testing process*, to demonstrate abstinence from all non-FDA approved/prescribed drugs/substances and/or intoxicants while involved in the CTCP. An industry-standard color code system accessed via a specified telephone number will be implemented necessitating that each participant in the CTCP call on a daily basis to verify whether or not random UA testing is scheduled for the participant on that day/date. Clients will have a nine (9) hour window to provide urine for screening at a designated collection site. CTCP participants will be randomly drug tested a minimum of two times each week while in the CTCP using a twelve (12) panel on-site urine toxicology screen to insure that abstinence from drugs is maintained. Confirmation laboratory testing will be provided if positive results are challenged by the participant. To further enhance testing, a minimum of 25% of random drug screening conducted on each CTCP participant will be laboratory verified ETC urine toxicology screening (80 hour alcohol testing) to insure that abstinence from alcohol is maintained. All positive drug and/or alcohol results will be immediately forwarded to the Court and appropriate interventions will be formulated. If clinically or judicially warranted the frequency of testing can be increased on an individualized basis.

PADC clients attend *judicial status hearings* monthly, but more frequently if the case demands immediate intervention. For the CTCP, depending on assessed level of risk and/or need, participants will meet with his/her primary clinical counselor a minimum of once weekly, however frequency of treatment contact can be increased if deemed appropriate. Length of care will

also be determined by the participant's progress and clinical prognosis and will be determined by the court team.

Maintaining a *perception of procedural fairness* is important to the PADDC team which works hard to not only ensure that each client's needs are individually determined, but that there is relative consistency of disposition and application of sanctions and incentives. Staffings attended by all team members helps ensure this consistency. The PADDC seeks input of their clients through exit surveys as well to determine perception of fairness and has also undergone process evaluations which involved client interviews and focus groups to determine perception and work to ensure fairness in process application.

Evidence-Base for Treatment Interventions: The development of the CTCP enhancement was informed by the National Drug Court Institute's (NDCI) *Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients*. This publication highlights the Risk and Need Principles, which details the evidence-based practices of tailoring prognostic risk levels and criminogenic needs to create targeted intervention for drug-involved offenders. The Risk-Need Responsivity (RNR) model first developed in 1990 by James Bonta and D.A. Andrews, has become one of the most influential models in the treatment, supervision, and service coordination for adult drug offenders. Through the implementation of a validated RNR assessment tool The Level of Service Inventory – Revised (LSI-R), the CTCP will match each participant's level of services to his/her level of risk as well as needs. Based upon the LSI-R risk/needs scoring, participants whose criminogenic needs subcomponents indicate high or very high risk level, will be provided a targeted intervention to specifically address the clinically significant need area. Utilizing a SAMSHA's National Registry of Evidence Based Programs and Practices (NREPP) program, the clinical intervention will employ The Change Companies – Interactive

Journaling approach via the Courage to Change Interactive Journaling System (CTCIJS). The curricula employs proven practices including, Cognitive Behavioral Therapy, Transtheoretical Model of Behavior Change and Motivation Interview principals. The CTCIJS is specifically designed to address criminogenic need areas for adult offenders, utilizing the National Institute of Corrections' *Eight Guiding Principles of Effective Interventions* and was developed in collaboration with the US Department of Justice, Federal Bureau of Prisons and US Probation Office. CTCIJS is comprised of eight interactive journals; Social Values, Responsible Thinking/Healthy Personality, Self-Control, Peer Relationships, Family Ties, Substance Use, Skills for Successful Living and Strategies for Success. Each journal specifically targets criminogenic needs areas and is designed to address substance abuse, cognitive behavioral needs and criminal thinking. The CTCIJS is compatible with the LSI-R assessment tool, with LSI-R subcomponents scales (listed above) corresponding with a specific interactive journal making the program both targeted and highly prescriptive.

The National Association of Drug Court Professionals (NADCP): *Adult Drug Court Best Practice Standards Volume II – Standard VI* emphasizes the need for Complementary Treatment and Social Services and specifically indicates the need evidence-based criminal thinking interventions. The proposed enhancement will utilize The Level of Service Inventory – Revised (LSI-R) which is a highly validated assessment tool incorporating the Risk-Need-Responsivity Model an evidenced based practice expressly designed to meet the needs of adult drug offenders. Additionally, The Change Companies– Interactive Journaling NREPP profile, specifies the intervention is indicated for; multiethnic male/female adult offenders, in an outpatient milieu. Outcomes measured a reduction in recidivism and associated behaviors. Utilization of the Courage to Change Interactive Journaling System will promote fidelity throughout the course of care and

also incorporates three methods of comprehension and retention; 1/3 informative text, 1/3 graphic or white space and 1/3 Interactive Journaling.

Pinellas County's proposal *conforms to the framework of the State Strategy of Substance Abuse Treatment*. The CTCP aligns with The Florida Substance Abuse and Mental Health's strategic plan that calls for the use of evidence-based practices, multidisciplinary collaboration and the integration of behavioral and medical health care. Highlighted in the plan is SAMH's collaboration with the Department of Corrections (DOC) and the State Court Administrator's Office to promote Drug Court programs throughout the state. Included with this proposal is a letter of support from the Florida SSA Director.

C. Capabilities and Competencies

The PADC has been operational since January 2001, and its strength and effectiveness come from the dedicated members and partners. The **Drug Court Judge** is actively engaged with each defendant from referral to program completion and retains ultimate responsibility for the Drug Court. The judge monitors defendants' progress, reviews their completion of assigned treatment and enforces drug court sanctions and incentives. Dee Anna Farnell has been the Drug Court Judge for over nine years and has been a Circuit judge since 1994. She currently serves on the Florida Supreme Court Task Force on Substance Abuse and Mental Health Issues in the Court. The *State Attorney* is the primary gatekeepers of the Drug Court. His office determines the initial eligibility of a defendant for admission into drug court based on established criteria making recommendations regarding continued enrollment in the program. The Sixth Judicial Circuit State Attorney Bernie McCabe has 15 years of experience working with the Circuit's Drug Courts. The *Public Defender* represents the interests of all Public Defender clients. An Assistant Public Defender attends all drug court team meetings and hearings and discusses all legal aspects of cases with the drug court clients. The Sixth Judicial Circuit Public Defender Bob Dillinger has 15 years of experience working with Circuit Drug Courts. The *Department of Corrections Probation Officers* supervise and *case manage* all drug court participants, whether they are on probation or in the pre-trial interven-

tion program. Probation officers ensure compliance, coordinate with treatment providers, refer participants to community resources, and encourage successful completion of the program. The probation officers conduct home visits random drug tests to raise the level of participant accountability and report on the progress of participants. The Circuit's probation officers have worked with PADC since 2001.

Solutions Behavioral Healthcare Consultants, a subsidiary of Wayne A. Grosnick & Associates, PA, will provide direct clinical oversight for and will directly deliver treatment and intervention services to all participants in the CTCP. Administrative clinical supervision for the delivery of services will be provided by the agency's Chief Administrator, Sean King, MS, RMHCI. Mr. King is certified in the delivery of the Change Companies Interactive Journaling System as both a counselor/therapist as well as a trainer for counselor/therapists. Solutions has been a county contracted provider of PADC treatment and assessment since 2010. Both Pinellas County and the Administrative Office of the Courts will monitor services under the Solutions contract to ensure adherence to protocol, quality and effectiveness.

The *Drug Court Coordinator* monitors all drug court administrative operations, ensures that all prospective participants are assessed for treatment, conducts provider meetings and drug court team meetings, provides monthly data collection and statistical reports to team members, and is responsible for being the liaison between treatment and the courts. The drug court coordinator attends drug court team meetings and is available in court at each hearing to answer questions of the court, participants or treatment providers. Nicholas Bridenback has served as the drug court coordinator since 2011 and will also be the grant project director.

The *Evaluator*, Dr. Kathleen Moore of the Louis de la Parte Florida Mental Health Institute (FMHI), will contract to provide the independent evaluation component of the program. Dr. Moore has worked on over 20 funded grant projects and currently serves as Principal Investiga-

tor (PI) or Co-Principal Investigator (Co-PI) on seven grants with a focus on criminal justice and co-occurring disorders.

The PADC team members work in in collaboration to practice a philosophy and process of continuous quality improvement that aligns with best practices, standards and evidence-based practices established and/or endorsed by the Bureau of Justice Assistance (BJA), the National Association of Drug Court Professionals (NADCP), National Drug Court Institute (NDCI), and the Center for Court Innovation (CCI). The PADC and its partners have successfully administered multiple BJA and SAMHSA grant projects in the past.

D. Evaluation, Aftercare and Healthcare Integration Strategy, Sustainment, and Plan for Collecting the Data Required for this Solicitation’s Performance Measures

The *project evaluation* will examine the extent to which involvement in the “*Courage to Change*” program reduces recidivism, as well as key outcome measures (i.e. substance use, mental health and trauma symptomatology, and readiness to change). Outcome evaluation data will be supplied by the program from: (1) treatment records, (2) drug court records, and (3) survey information collected on the participants at baseline and posttest follow-up. The Evaluator will meet with the treatment provider and drug court staff to discuss how outcome data and findings may be used to address program operation and management issues. The evaluation will utilize a systematic approach to data collection, management, analysis, and reporting. Project staff will contact evaluation staff for the enrollment meeting with the participant. The evaluation staff will administer the initial baseline and other ancillary measures, obtain consent, explain the study, and collect extensive co-locator information from the participant.

The State Attorney’s Office identifies *qualifying defendants* for PADC based entirely on charge and charge history. All potential adult participants are eligible, regardless of race, gender, or ethnic makeup. Therefore, *the*

participants screened and referred to drug court mirror the jurisdiction's substance abuse arrestee percentages when controlling also for violent crime.

Dr. Kathleen Moore at USF's Florida Mental Health Institute (FMHI) will be responsible for the *quarterly review* of actual program capacity as compared to the expected program capacity. Dr. Moore will report aggregated client-level performance and outcome data for input by the County through BJA's Performance Measurement Tool (PMT). This evaluation will be used only to generate internal improvements to the "*Courage to Change*" program as well as to meet performance measure data reporting requirements so does not constitute "research."

The Court will serve *a total of 110 participants over the life of the grant. The Time Task Plan reflects when and how the Court plans to reach that capacity.* If the program does not meet its target, Ms. Moore and the Drug Court Coordinator will coordinate a performance improvement initiative to determine the reason and assist the drug court team in formulating a plan to meet the goal.

Aftercare Strategy: Components of aftercare and relapse prevention are integrated from day one and are heavily emphasized in the final phase of the PADC. Identifying an NA/AA Sponsor and home group, and facilitating solid connections with primary care, mental health care, and educational/vocational services will assist clients in maintaining sobriety and reducing recidivism. Early detection of relapse will result in a movement back to an intervention. As of yet, the State of Florida has not opted to expand Medicaid under the Patient Protection and Affordable Care Act.

Sustainability Plan: Pinellas County has sustained previous federal grants (i.e. BJA, SAMHSA, OJJDP, etc.), and will work with the Drug Court to obtain future funding. The project's successful outcomes will be used to leverage support from key stakeholders. The Pinellas County Board of County Commissioners currently supports residential and outpatient treatment for the drug court, and if the proposed enhancement achieves a higher graduation rate, as anticipated, the enhanced services would be considered for future funding.