Pinellas County Aurora Expansion Project
Proposal Narrative

A. Description of the Issue

Immediate Issues the Enhancement Seeks to Address - In 2022, the Pinellas Adult Drug Court (PADC) graduated 190 clients (59% of all exits) and had a four-year retention rate of 68%. Despite these promising numbers, prior to implementing the original Aurora program in 2020, only 25% of individuals who reported past trauma successfully completed drug court; 58% resulted in termination, and 17% voluntarily withdrew from drug court. Therefore, the PADC team examined treatment and determined that it was not fully addressing underlying trauma issues, which is a contributing factor to relapse. Participants tend to revert back to old patterns even after successfully completing substance use treatment. According to the Human Trafficking Hotline, Florida is third in the nation for human trafficking in the U.S, with the Florida hotline receiving 7.5% of all identified human trafficking cases in the U.S. (https://humantraffickinghotline.org/states, 2023). Prior data collection identified that Tampa Bay, including Pinellas County, is one of the most significant problem areas in the state ($p < .001$). In 2022, 276 PADC participants identified prior trauma at the time of drug court admission, including physical, emotional, and sexual abuse, being human trafficked, loss, and witnessing horrifying acts/situations, among others that have left deep scars within one's psyche. This proposal seeks to help these clients successfully complete drug court through programming designed to address trauma and human trafficking issues. This enhancement proposal 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 (SJC), Center for Rational Living (CRL), and the University of South Florida's (USF) College of Behavioral and Community Sciences to enhance the current PADC model to successfully complete more participants, raising

the graduation rate 10-15%. The new model for the PADC includes the proposed Aurora Expansion Project (AEP) for use by CRL to better address all trauma and substance abuse needs in high-risk/high-need drug court participants prone to failing drug court when only receiving substance use treatment.

Aurora means "new dawn" in Latin, and in Roman mythology, the goddess Aurora renews herself daily, announcing the arrival of the sun. The AEP represents a new start for participants by implementing evidence-based practices in a trauma-informed, gender-specific therapeutic model, which will be individually structured based on each participant's specific needs. The Level of Service/Case Management Inventory (LS/CMI), PTSD Checklist – Civilian Version (PCL-C), and the Level of Service Inventory-Revised (LSI-R) tool will be used to identify high-risk/high-need clients and assign participants to targeted intervention utilizing Accelerated Resolution Therapy (ART), Rational Emotive Behavioral Therapy (REBT), and Motivational Interviewing (MI). Treatment to be delivered in a step-down model, taking about seven months. Additionally, eligible participants will have access to Medication-Assisted Treatment (MAT), while all participants will be provided naloxone as a form of overdose prevention.

In 2020, the Aurora Project was first introduced to PACD participants who suffered sexual abuse and/or had been human trafficked as a treatment option through BJA's Adult Drug Court and Veterans Treatment Court funding opportunity (Federal award #2020-DC-BX-0152). To date, the program has increased the graduation rate for participants with sexual trauma from the pre-program rate of 25% in 2020 to 53% in 2022. Upon discharge, participants in the Aurora Project have seen a 69% reduction in risk and need factors measured by the LS/CMI. Scores decreased from 20.2 to 6.3, with all eight subscale scores decreasing from baseline to discharge. Of note is

the 74% decrease in substance use (5.3 vs. 1.4), 81% improvement in education (4.1 vs. 0.8), and 93% improvement in companion (2.7 vs. .1). When using the PCL-C measure at follow-up, the mean score was *27* which is in the range of little to no severity of PTSD symptoms. These scores demonstrate that the Aurora program works for participants who stay with the program and complete it successfully.

The proposed Aurora Expansion Project is a special treatment protocol for a specific sub-population of the PADC. Previous experience has demonstrated that the target population does not achieve the same level of successful treatment outcomes with other more general treatment protocols. Without federal funding, the project's specially tailored trauma protocol would not be offered.

Current Operation of the Adult Drug Court - Established in 2001, the PADC is a designed court docket with the purpose to achieve a reduction in recidivism and substance use among non-violent substance-abusing offenders. 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 2022, the Drug Court admitted 189 participants and graduated 190 people (59%). In the first two months of 2023, 80 new clients have been admitted into PACD, with numbers expected to grow to pre-pandemic levels of 400-500 clients annually.

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 about Drug Court. If the defendant chooses the Drug Court option, they receive a substance abuse assessment. The *screening and assessment process* details the defendant's addiction and identifies resources. These services are provided by qualified professionals who use a modified American Society of Addictive Medicine (ASAM) Criteria-based tool, which adheres to requirements of Florida law as well as Commission on Accreditation of Rehabilitation Facilities (CARF) International and Joint Commission accreditation standards.

A biopsychosocial instrument will be used to identify social determinants of health. These tools are evidence-based and effective for identifying defendants' risk and need factors. At the next pre-trial conference, the judge sets 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 sentenced to the least intensive treatment program necessary. Other conditions of probation include obtaining a GED, securing mental health treatment, obtaining employment or community service, frequent drug testing, and following a set curfew.

The *eligibility criteria establishing the target population* of the PADC include defendants charged with drug possession, property crimes, 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 considered regardless of race, ethnicity, age, or gender. The PADC's current capacity is 400-500 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. Outpatient treatment is a minimum of three months, two or four sessions per week. Non-secure Residential treatment is a six-month program, including two months full-time residence followed by a four-month employment/ reentry period. While in residential, clients initially receive a minimum of 10 hours of treatment per week, at least one individual session and three group counseling sessions. In the employment/ reentry phase, clients receive at least six hours of treatment weekly, including at least one individual and two group sessions. Once residents find employment, they begin to pay a per diem toward the cost of their stay. Long-term residential programs (12-18 months) are also available if needed. The Aftercare Phase is a six to 15-month period covering the duration of drug court participation. Clients are either required (residential clients) or encouraged (all others) to attend aftercare programs, attend support groups, maintain employment, or continue education, and obtain a driver's license. In addition, all must fulfill the conditions of their probation.

The *Case Management process* for PADC helps clients through stages of drug court and ensures assessments are distributed, reports collected, statistics compiled, and treatment appointments scheduled. Individual providers case-manage their clients by establishing a case plan, monitoring their client's status, and making referrals for ancillary services. The Department of Corrections (DOC) provides *community supervision,* including monitoring, supervision, case management, home visits, random drug testing, and making progress reports of drug court participants.

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 that can be revised. All treatment levels stress relapse prevention and encourage participants to build a support network. Treatment groups, including night sessions, are offered 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 a mental health treatment program, including necessary medications for clients with mental health needs.

Drug court participants must return to court 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 by the treatment providers at a weekly minimum and by the DOC at least monthly, following active treatment. 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 drug 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 (1) completing at least nine months of supervision that include at least 180 days of sobriety; (2) attaining or maintaining employment; (3) making efforts to complete a GED program and obtaining a driver's license (if applicable); and (4) completing aftercare and 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 screens, and/or failure to comply with other program requirements. Participants may be terminated 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 from the State Attorney, Public Defender, and the Treatment Team.

Participants must pay all court, *restitution, and supervision costs* over the term of probation. Treatment co-payments are collected during the work phase of residential treatment, but co-payments are not a condition of drug court completion. For all court costs, 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 AEP enhancement, Pinellas County utilized two publications written by Douglas B. Marlowe, JD, PhD, Chief of Science, Law & Policy with NADCP 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 demonstrates 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, 2012). This information, coupled with an examination of the emerging needs in the local offender population, led the PADC to focus on those felony offenders who experienced, through assessment, sexual trauma and qualify as high risk and high need.

Treatment Service Practices - The PADC utilizes substance use treatment providers licensed by the Florida Department of Children and Families (DCF). All phased and licensed treatment services (Outpatient [OP], Intensive Outpatient [IOP], and Residential) are evidence-based, 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. Participants will have access to all forms of FDA-approved MAT's. The Court also leverages funding from the State of Florida to cover costs of Vivitrol® (naltrexone) for participants under care of a prescribing physician. Enhancement Evidence-based and Effective for Target Population - *The 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 for evidence-based trauma-informed interventions. The proposed enhancement will utilize validated assessment tools, LSC-R, PCL-C, and LS/CMI, incorporating the Risk-Need-Responsivity (RNR) Model, an evidenced-based practice designed to meet the needs of adult drug offenders. Additionally, in an outpatient setting, AEP interventions are indicated for multiethnic male/female adult offenders. The AEP will employ proven practices, including ART, REBT, and MI. The combination of therapeutic models is specifically designed to address trauma issues and criminogenic need areas.

B. Project Design and Implementation

Prompt Entry into Drug Court: No initial period of incarceration is required unless the defendant is awaiting a residential bed and in danger of drug overdose if released to the community. The PADC tracks all wait times to ensure enough resources are available.

The *Byrne State Crisis Intervention Program* does not apply to this proposal.

CRL, the proposed subrecipient, has worked as a treatment provider for the Pinellas ADC since 2008. Under a previous three-year BJA Discretionary grant, which ends in September, CRL successfully piloted a project which focused on services for PADC clients with past sexual trauma. This project proposal aims to build on that success to expand this approach to address a broader range of past trauma for select drug court clients. Therefore, CRL is specially positioned to deliver these services.

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 AEP will not impose any fees on the participants.

FDA-approved Medications: The PADC recognizes that Medication Assisted Treatment (MAT) may be an essential part of a comprehensive treatment plan and will not deny any eligible candidate participation because of their use of FDA-approved, physician prescribed medications for the treatment of substance use disorders. Individuals using medical marijuana will not be accepted into the AEP. For overdose prevention, participants will be provided take home naloxone to have on person in case of overdose, along with education on how to administer naloxone.

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 and the SJC intends to enhance the capacity of the existing PADC by providing complementary treatment services through the implementation and application of the AEP, specifically targeting high-risk/high-need PADC participants who have been victims of sexual abuse, human trafficking and/or working in the sex industry, tragic loss, physical/emotional/child abuse, etc. The enhancement will fill a gap in the continuum of care with targeted trauma and criminogenic needs intervention. The AEP will focus on a range of trauma and criminogenic risks/needs that can contribute to a cycle of relapse and drug use, incarceration, failure to acclimate to the community, and ongoing recidivism. The AEP is designed to target individuals whose behavior is identified as attributable to trauma.

In addition to receiving trauma-specific therapy, AEP will serve as an intensive outpatient substance abuse program. Participants will be attending individual and group substance abuse therapeutic sessions along with the trauma specific therapeutic sessions.

Screening and Comprehensive Assessment: Individuals targeted by the PADC as candidates for the AEP will be evaluated using both the LSC-R (McHugo et al., 2005), PCL-C (PCL; Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 1993) and the LS/CMI (Andrews, Bonta, and Wormith, 2010) risks/needs assessment tools. The LSC-R is designed to assess specific prior trauma risks and needs, whereas the LS/CMI is designed to assess specific criminogenic risks and needs. Additionally, the PCL-C will measure the level of PTSD symptoms individuals suffer in their daily

lives. Utilization of the PCL-C and LSC-R will match the individual's trauma needs with a targeted trauma intervention, and the LS/CMI program will match the risk/needs identified with targeted interventions based on one or more of six domains. Specific domains include criminal history, education/employment, family/marital, leisure recreation, pro-criminal attitude, and antisocial patterns. Utilizing the validated PCL-C, LSC-R, and LS/CMI assessment tools will allow the program to incorporate the evidenced-based Risk Needs Responsivity Model (RNR), matching the participant's level of care to the related trauma and criminogenic risks and needs.

Eligibility into the program will require participants to be characterized as high risk/high need based upon his/her PCL-C and LSC-R risk/need trauma profile. Participants will be provided a targeted intervention utilizing evidence-based ART (Rosenrzweig, 2008), designed as an effective therapy for trauma, PTSD, depression, stress, and personal resilience. ART is compatible with the LSC-R assessment, as it targets trauma experienced by the individual.

AEP will also use the LS/CMI risk/needs assessment and provide specific interventions based upon assessed LS/CMI domains. The LS/CMI risk/need assessment results will guide the decision-making process, with participants being given the appropriate and prescriptive intervention. Treatment will be individualized based on the needs of the client using ART in conjunction with other evidence-based interventions, including REBT and MI, that can be facilitated in one-on-one sessions or group settings. Participants will receive targeted interventions that correlate with high to very high scores on the PCL-C, LSC-R, and LS/CMI assessment tools and will be engaged in individualized services for an average of seven months utilizing group and one-on-one therapy in a gender-specific, three-level step-down treatment approach.

Treatment group and one-on-one sessions will reduce as participants progress in treatment and build healthy coping skills to replace self-defeating behaviors. Family counseling will be available for those whose risk/need score indicate a need in the family/marital domain. Lastly, the program participants will be required to submit to drug and alcohol screening randomly utilizing a color code system to ensure abstinence.

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 AEP will already be enrolled in PADC and will be identified as appropriate for screening based on trauma, past/current experiences, and behaviors reported on the initial assessment completed upon PADC entry. Such factors may include reported emotional/physical/sexual/child abuse, nightmares, unwanted memories of trauma, avoidance of situations that bring back unwanted memories, heightened reactions, anxiety, prostitution, exotic dancing, work in the pornography industry, rape, coerced sexual interactions or factors suggesting trauma or human trafficking.

The participant will then be assessed using the PCL-L, LSC-R, and the LS/CMI, incorporating the evidenced-based RNR model of care. The PCL-C and LSC-R assessment tools were selected because of their validation with the targeted population and assessment for the need of trauma-informed therapeutic intervention. The LS/CMI assessment tool was selected to incorporate the RNR model. Scoring will be immediately conducted, and an individualized plan will be developed with the participant and conveyed the same day to the court electronically via the Pinellas County ETO system in place for the confidential transfer of PADC information.

Target Service Goal: The proposed enhancement project plans to serve **135** participants over the four-year grant period: 30 in year one, 40 each in years two and three, and 25 in year four. Due to the high risk/high need characteristic of the targeted population and the need to address trauma with the high probability of 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, family and group sessions and individualized lengths of care and treatment intensity. Serving 40 participants annually at approximately 26 weeks of care will create an average active clinical caseload of around 30 participants at any given time in the program**.** Using historical drug court data, it is estimated that about 25% of new drug court participants will report some form of trauma, human trafficking, or working in the sex industry annually. The project team estimates that about two-thirds of these participants' SUD are in direct correlation to self-medicating to cope with the underlying issues of trauma experienced.

Improvement to Quality and Intensity of Services Based on Needs Assessment: The AEP will blend felony court dockets that allow for both Pre-Trial Intervention (PTI) and post-plea diversion cases. Participants at risk of self-medicating to cope with trauma created by multiple forms of abuse, loss, horrifying events, and/or human trafficking will be offered a gender-specific, evidence-based, step-down substance use program focusing on the client's past/current trauma and human trafficking. Based on an examination of the emerging needs of 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 trauma-informed treatment component into the services available for drug court.

As part of the program goals and objectives, AEP 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 AEP. An industry standard color code system accessed via a specified telephone number will be implemented, necessitating that each participant in the AEP call daily to verify whether or not random UA testing is scheduled for the participant on that day/date. Clients will have a nine-hour window to provide urine for screening at a designated collection site. AEP participants will be randomly drug tested a minimum of 40 times while in the AEP, using a 12-panel (including ETG testing) on-site urine toxicology screen to ensure that abstinence from drugs and alcohol is maintained. Confirmation laboratory testing will be provided if the participant challenges positive results. 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.

AEP clients attend judicial status hearings monthly but more frequently if the case demands immediate intervention. For the AEP, depending on the assessed level of risk and/or need, participants will enter one of three levels of the gender-specific AEP. Level I will meet with their primary clinician a minimum of three times weekly for group therapy and once a week for one-on-one sessions, Level II will meet with their primary clinician for a minimum twice weekly for group therapy and once a week for one-on-one sessions, Level III will meet with their primary clinician for a minimum of once weekly for group therapy and one-on-one sessions. The frequency of treatment contact can be increased if deemed appropriate. Length of care will be determined by progress and clinical prognosis and will be determined by the AEP clinical staff.

Maintaining a perception of procedural fairness is essential. PADC works hard to ensure that each client's needs are individually determined, with consistency of disposition and application of sanctions and incentives. To determine perception, PADC seeks the input of its clients through exit surveys and process evaluations that involve client interviews and focus groups. PACD is continuously working to ensure fairness in process application.

Evidence-Base for Treatment Interventions: The development of the AEP enhancement was guided by the National Drug Court Institute's (NDCI) *Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients* (Marlow, 2012). This highlights the Risk and Need Principles, which details the evidence-based practices of tailoring prognostic risk levels and criminogenic needs to create a targeted intervention for drug-involved offenders. The Risk-Need Responsivity (RNR; Andrews, Bonta, & Hoge, 1993) model has become one of the most influential models in adult drug offenders' treatment, supervision, and service coordination. Through the implementation of a validated RNR assessment tool, the LS/CMI, PCL-C, and the LSC-R, the AEP will match each participant's level of services to his/her level of risk as well as needs. Based upon the LSC-R, PCL-C, and LS/CMI risk/needs scoring, participants whose trauma and criminogenic needs subcomponents indicate a high or very high-risk level, will be provided a targeted intervention to specifically address the clinically significant need area.

The NADCP: *Adult Drug Court Best Practice Standards Volume II – Standard VI* emphasizes the need for complementary treatment, social services, and evidence-based interventions. AEP will employ the following interventions without modifications:

- **Accelerated Resolution Therapy** (ART; Rosenzweig, 2008). ART incorporates a combination of techniques used in other psychotherapies addressing PTSD. ART works

directly to reprogram the way in which distressing memories and images are stored in the brain, so they no longer trigger physical and emotional reactions. It does this with the use of rapid eye movements. ART combines sound treatment practices with safe and effective methods validated by scientific research studies conducted by USF.

- **Rational Emotive Behavioral Therapy** (REBT; Ellis, 1955). REBT is compatible with the PCL-C, LSI-C, and LS/CMI assessment tools. The aim is to resolve emotional (trauma) and behavioral (criminogenic) problems and help participants reduce SUD and trauma symptoms. This is accomplished through cognitive reconstruction, modifying behaviors, and developing coping skills. CRL uses REBT strategies to assist individuals in changing irrational beliefs and values that lead to unhealthy emotions and self-defeating behaviors.
- **Motivational Interviewing** (MI; Miller, 1983). MI is another evidence-based technique CRL will utilize in conjunction with ART and REBT to address problems of motivation, treatment readiness, ambivalence, and resistance in assessment and treatment. Focusing on exploring and resolving ambivalence, MI facilitates change within the individual's motivational process by focusing on one's own values and concerns.

The SJC, PACD, and CRL deem MAT as an essential part of an individualized treatment plan for some participants. SJC currently leverages funding from the State of Florida to cover the cost of Vivitrol (naltrexone) for participants under the care and prescription of a physician and licensed treatment provider. All eligible participants will be allowed access to the PADC to use FDA-approved medications for SUD treatment for as long as the prescribing physician determines that the medication is clinically beneficial. The AEP will have the ability to offer MAT services as

needed without the use of grant funds. Pinellas County's proposal conforms to the framework of the State Strategy of Substance Abuse Treatment.

The AEP aligns with The Florida Substance Abuse and Mental Health's (SAMH) strategic plan calling for the use of evidence-based practices, multidisciplinary collaboration, and integration of behavioral and medical health care. In addition, the plan highlights SAMH's collaboration with the DOC and the State Court Administrator's Office to promote Drug Court programs throughout the state. This proposal includes a letter of support from the Florida SSA Director.

Aftercare Strategy: Aftercare and relapse prevention components 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 connections with primary care, mental health care, and educational services will assist clients in maintaining sobriety and reducing recidivism. In addition, early detection of relapse will result in a move back to an intervention. The State of Florida has not yet opted to expand Medicaid under the Patient Protection and Affordable Care Act.

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

C. Capabilities and Competencies

The PADC has been operational since January 2001; its strength and effectiveness come from dedicated members and partners. The Drug Court Judge actively engages with each defendant from

referral to program completion and retains ultimate responsibility for the Drug Court. The judge monitors the defendants' progress, reviews the completion of assigned treatment, and enforces drug court sanctions and incentives. Judge Kimberly Todd has been Pinellas County's Drug Court Judge for over three years and has been a Circuit judge since 2010. She currently serves on the Circuit Champions and the Pinellas County Substance Abuse Advisory Board (SAAB). The State Attorney is the primary gatekeeper of the Drug Court. SJC State Attorney Bruce Bartlett office determines the initial eligibility of a defendant for admission based on established criteria and makes recommendations regarding continued enrollment in PADC. The SJC Public Defender Sara Mollo and 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 DOC Probation Officers supervise and case manage all drug court participants, whether on probation or in the pre-trial intervention program. Probation officers ensure compliance, coordinate with treatment providers, refer participants to community resources, and encourage successful program completion. The probation officers conduct home visits, random drug tests to raise the level of participant accountability, and report on participants' progress. The Circuit's probation officers have worked with PADC since 2001.

As the subrecipient, CRL, a subsidiary of CuraParr Co., will provide direct clinical oversight for and will directly deliver treatment and intervention services to all participants in the AEP as they have for the original Aurora Project since 2020. Director/clinical supervision for the delivery of services will be provided by Bradley Callahan, LCSW. Mr. Callahan is a licensed clinical social worker with 20 years of experience in the mental health field, 17 years specifically with the SUD population. Mr. Callahan has worked with DOC clients since 2006 and drug court participants

since 2008. CRL has been a county contracted PADC treatment and assessment provider since 2010. Both Pinellas County and the Administrative Office of the Courts will monitor services under the CRL 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 and drug court team meetings, provides monthly data collection and statistical reports to team members, and acts as the liaison between treatment and the courts. Kathryn "Katie" Kolar has served as the Drug Court Coordinator since 2022 and has over ten years of problem-solving court experience and will serve as the Project Director for this grant initiative. Ms. Kolar attends drug court team meetings and is available in court at each hearing to answer questions from the court, participants, or treatment providers. The proposed evaluator, Dr. Moore at USF's College of Behavioral and Community Services, will be contracted to provide the independent evaluation component of the program. Dr. Moore has been involved in community-based projects for 20+ years and has collaborated with PADC since 2008. She has served as Principal Investigator (PI) or Co-Principal Investigator (Co-PI) on over 18 grants focusing on criminal justice and co-occurring mental health and substance use disorders.

The PADC team members work 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 NADCP, NDCI, and the Center for Court Innovation (CCI). Prior to the application, the PADC and its partners have successfully administered multiple BJA and Substance Abuse and Mental Health Services Administration (SAMHSA) grant projects.

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 how involvement in AEP reduces recidivism and key outcome measures (i.e., substance use, mental health, trauma symptomatology, employment/ education, and pro-social activities). The program will supply outcome evaluation data from treatment records, drug court records, and survey information collected on the participants at baseline (e.g., LSC-R, PCL-C, and LS/CMI) and posttest follow-up (PCL-C and LS/CMI) upon completion of AEP. In addition, the Evaluator will meet with treatment and drug court staff to discuss how outcome data may be used to address program operation issues. The evaluation will utilize a systematic approach to data collection, management, analysis, and reporting.

The State Attorney's Office identifies defendants for PADC based on the client's reported history and/or charges of prostitution. All potential participants are eligible, regardless of race, gender, or ethnic makeup.

The Evaluator will review the actual program capacity compared to the expected program capacity and report aggregated client-level performance and outcome data through the Department of Justice's Justice Grants System (JustGrants) or BJA's Performance Measurement Tool (PMT). This evaluation will be used only to generate internal improvements to AEP and to meet performance measure data reporting requirements, so it does not constitute "research." The Court intends to serve a total of **135** participants over the life of the grant, and the time task plan reflects when and how the Court plans to reach that capacity. If the program does not meet its target, Evaluator and Project Director will work together to initiate a performance improvement plan to try and meet the goal.