

Final Programmatic Report for Closeout

I. Identification Information

Grantee Name and Address: Expand and Enhance Pinellas Veterans Treatment Court
Pinellas County Board of County Commissioners
315 Court Street Clearwater, FL 33756-5165

Grantee Federal Identification Number: TI026697

CSAT Government Project Officer's Name: Arnold Crozier

Name of Grants Management Specialist: Debbie Dunne

Grantee Principal Investigator or Project Director: Nick Bridenback

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II. Project Narrative

The purpose of the proposed expansion and enhancement of the existing Veterans Treatment Drug Court (VTC) of Pinellas County was to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties among U.S. military veterans. Another function of the proposed project was to address gaps in the continuum of treatment for veterans who have substance use disorders or co-occurring substance use and mental disorder (COD) treatment needs. By providing needed treatment and recovery services, the Pinellas County VTC intended to reduce the pervasive, harmful, and costly health and social impact of substance use disorders, co-occurring mental health disorders, violence and trauma, in alignment with SAMHSA's Trauma and Justice Strategic Initiative.

Our goal was to provide 40 high risk/high need veterans per year (120 during the 3-year funding period) with evidence-based substance abuse treatment services (including recovery support services, screening, assessment, case management, and program coordination) as evidenced by the LSI-R and as documented in the Drug Court Case Management System (DCCM).

III. Required Activities

1. Evidenced Based Practices – Please identify the evidenced based practice(s) implemented for your target of focus

Individualized substance abuse treatment programming based on Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET) models were provided to all VTC participants. These evidence-based practices were used in the delivery of evidence-based and manualized curricula including Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC), and Seeking Safety.

Developed by Dr. Kenneth Wanberg and Dr. Harvey Milkman, SSC is a manualized curriculum presented in three (3) phases including: Phase I: Challenge to Change: Building Knowledge and Skills for Responsible Living; Phase II: Commitment to Change: Strengthening Skills for Self-Improvement, Change, and Responsible Living; and Phase III: Taking Ownership of Change: Lifestyle Balance and Healthy Living. Topics explored in the three phases include (but are not limited to): communication, problem solving, anger management, aggression/violence, relationships, criminal thinking, cognitive skills, values and moral development, substance abuse education and relapse prevention.

Seeking Safety was developed by Lisa Najavits, Ph.D., and is an evidence-based, present-focused, highly flexible and safe counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative, thus making it relevant to a very broad range of clients and easy to implement. Seeking Safety offers 25 topics that can be conducted in any order and as few or many as time allows.

2. Please list and describe, in detail your project's success in meeting the annual goals and objectives of the required activities as articulated in your grant application.

91 high risk/high need veterans received services through the grant (75.8% of target). Of these, 68 participated in the SSC manualized treatment curriculum. The other 23 veterans received grant services (recovery support services, screening, assessment, case management, and program coordination) while in residential treatment. 47 veterans (69%) successfully completed the SSC treatment program while 23 have also successfully completed all conditions of VTC.

More than 95% of the consumers discharged remained alcohol-free during the 30 days prior to follow up regardless of their discharge status, compared with 79% at intake. Drug use data at six months post-admission is available for 84 consumers. Of these, 94% of all consumers who left the program had NOT used drugs during the previous 30 days, compared with 22% at intake.

At intake, 28% of consumers spent time in jail during the 30 days prior to program admission. By the six month follow up interview, 13% of consumers had been confined

during the 30 days prior to discharge. In addition, just 8% of consumers regardless of discharge type had committed crimes during the month prior to the follow-up, compared with 24% at intake.

100% of the Veterans surveyed indicated they would recommend the program to someone facing similar challenges. It should be noted that a majority of those who have completed the program remain in touch with the substance abuse treatment counselor and the consumers still receiving services at Solutions, and have repeatedly said in focus groups and surveys that they consider the group their “new platoon.” A stakeholder’s satisfaction survey was conducted in the final year of funding, encompassing court staff, treatment providers, community partners, and consumers. Overall satisfaction among stakeholders was 90% (65% completely, 25% somewhat). 94% of stakeholders believe the VTC is a collaborative partnership and 95% indicate the Court team effectively identifies systemic barriers to accessing its’ services and works to overcome them.

3. What obstacles did you encounter and what steps did you take to overcome these obstacles? (Please describe in detail.)

From the onset, intake numbers were lower than the target, despite implementing program services quickly and developing clinical strategies to work within the construct of the LSI-R tool, and continued with only minimal gains through the first year. The VTC team and partners met regularly to discuss a resolution to this issues. After a thorough review of the established eligibility criteria, particularly focused on the high risk/high need (as determined by the LSI-R) requirement, the team determined that there was a risk divide for veterans. While the veterans screened for this program have significant risk in areas of great concern (criminal behavior, substance use) they have much lower risk in areas of stability (income, home, employment). The division of these risk factors appears to take someone that would be clinically appropriate based on their drug use and criminal behavior and makes them ineligible. The grant team adjusted the risk/needs eligibility to broaden the clinical scope away from a hardline high risk/high need score on the LSI-R and include a clinical judgment along with the score. This decision was buoyed by reviewing how other jurisdictions use the LSI-R: the Grant Evaluator found that most do not use a hard and fast "cutoff" number. They have minimum recommendations for level of intensity of intervention based upon what they consider low, moderate, or high risk and the services available.

Clinical and Judicial staff also discussed the disparity between self-reporting at the initial assessment (Drug Court evaluation and LSI-R) and during the bio-psychological assessment completed at intake to treatment. Clients were found to minimize drug use, criminal behavior, and other issues during the first assessment; however more intensive assessments revealed differences.

Adjustments made resulted in an increase of referrals in year two, where the VTC admitted the full proposed target (40) for that period. Gains continued into the final year of the grant but referrals were capped so that all participants could complete the prescribed treatment before the end of the funding period.

4. Evaluator's appraisal

Please see attachment

Allowable Activities

1. Describe the goals and objectives of any allowable activities (e.g. medication-assisted treatment, HIV rapid preliminary antibody testing, viral hepatitis (B and C) testing and/or referrals, peer recovery support services, recovery housing, etc.) that you have undertaken and your progress in meeting those goals and objectives. (Please describe in detail.)

A. Veteran Mentor Program

Mentors and peer mentors are essential to the VTC team as it increases each veteran's opportunities to sustain gains made during treatment. WestCare managed this component and saw increases in volunteer mentors and use by mentee's through the life of the grant. The mentor program also spearheaded many of the veterans-specific activities, including a weekly Behavior Sobriety Veteran's night group, several Veteran Retreats annually, and an annual Veterans Softball game which culminated in a scrimmage between the Pinellas VTC and the VTC of our neighboring county, Hillsborough, in the final year of the grant.

B. Employment Assistance

Interested veterans were offered two (2) tracks of employment services through the Pinellas Ex-offender Re-entry Coalition (PERC). The first track involved meetings with an Employment Specialist, completion of an employment assessment, resume preparation and soft skills training, job searches and referrals and linkages to employers that hire ex-offenders through an "employment link platform" created by PERC in partnership with the Pinellas County Urban League and the St. Petersburg 2020 Initiative Team. The second track was tailored to motivated veterans seeking a long term, upwardly mobile career. These veterans were assessed for a spot in the Tampa Bay Career Pathways Collaborative (TBCPC), an intensive skills training and employment placement program. During participation, PERC connected veterans to employers who are members of TBCPC.

C. Housing Assistance

Veterans had access to a continuum of housing options through WestCare including veterans-dedicated transitional and permanent housing. WestCare operates two substance abuse residential programs as well as the Mustard Seed Inn Veterans Living

Center, which offers at least one dozen (12) permanent housing units to veterans. WestCare also operates a HUD-funded rapid rehousing program that offers rental assistance plus up to six months of housing case management to veterans and their families.

D. HIV and Viral Hep Testing

The VTC team understands that targeted counseling focused on reducing infectious disease risk can assist clients to further reduce or avoid substance-related and other high-risk behaviors. Counseling can also help those who are already infected to manage their illness. Upon referral to Solutions or WestCare for treatment, clinicians administer a health risk screen and offer HIV and TB testing to clients at a WestCare service site. The Florida Department of Health in Pinellas County has agreed to accept referrals of VTC participants who have a preliminary positive HIV test for the purposes of administering a confirmatory HIV test. The Florida Department of Health in Pinellas County has also agreed to provide viral Hepatitis (B and C) testing to VTC participants, as well as, any counseling, education and treatment required.

Policies and Procedures

1. Indicate any changes in the programs, policies and procedures (e.g., financing policies, workforce policies). (Please describe in detail.)

None

2. Describe the program's plan for sustainability, including the diversification of revenue sources.

Court Administration works hard on program sustainability for all problem-solving courts by carefully working to secure grants, seek county-funding, and seek state-funding to ensure its programs can meet the need presented among targeted populations. Currently, the Pinellas VTC is supported through State and Federal funding as well as access to VA services locally.

Project Information

1. Annual Targets

Indicate the total number of clients you planned to serve by this date as articulated in your grant application, and the number of clients actually served.

The Pinellas VTC planned to serve 40 veterans each year over the life of the grant for a total of 120. The number of veterans actually served is 91, or 75.8% of projected intake. The

VTC, through the diligent efforts of the Research Assistance, experienced a 92% follow-up rate at 6 months post admission.

Does the information contained in SPARS accurately reflect the total intake and follow-up rates reported? (If not, please describe any differences.)

2. Current and Revised Project Goals

Enter any revised project goals, a detailed explanation for a change in goals, and modifications in staff training/capacity building to meet those goals.

None

Success Stories

1. Client was arrested on February 23, 2017 with possession and sale of marijuana. Client entered the Adult Drug Court program on November 13, 2017 and subsequently entered Veteran's Treatment Court after indicating he was an Army Veteran. The client attended a VTC Assessment and was recommended for the VTC Grant with an LSI-R score of 29 and began treatment through the grant on December 13, 2017. Throughout his treatment, he maintained perfect attendance and provided all negative drug tests. His counselor noted that he "maintained a positive role in the program and out of group." He assisted other Veterans in and out of the program. He successfully completed his VTC Grant treatment on July 6, 2018 and graduated from Veterans Treatment Court on October 1, 2018.
2. Client entered Veterans Treatment Court on November 28, 2016. He attended a VTC Assessment which recommended participation in VTC Grant treatment as well as Batterer's Intervention Program. He excelled in VTC Grant treatment from January 11, 2017 to August 25, 2017. Reports received from his counselor throughout treatment illustrate a positive change in attitude and overall behavior. Additionally, he was able to successfully complete Batterer's Intervention Program which spanned from January 20, 2017 to September 4, 2017. He graduated from Veterans Treatment Court on February 5, 2018.
3. Client entered Veterans Treatment Court on October 12, 2017 and was recommended for the VTC Grant. He questioned wanting to participate in the diversion program, but ultimately opted to stay. He entered a plea on February 5, 2018 to successfully complete VTC Grant Treatment, along with Batterer's Intervention Program. He maintained a positive attitude and opened up more as his VTC Grant treatment progressed. His treatment lasted from February 9, 2018 to September 14, 2018. He was described as having "a positive attitude in treatment and became a positive role in the group." He also

successfully completed Batterer's Intervention Program. He graduated from Veterans Treatment Court on July 22, 2019.

3. Please indicate any innovations or promising practices from your program that you would like to share with SAMHSA and your peers.

The Veteran's Retreats and Alumni groups became key components implemented during this grant. Participation and a sense of camaraderie increased from previous cohorts. Retreats not only included the opportunity for veterans and their families to engage in a fun environment with VTC team members, but they were educational as well. Speakers were often brought in to provide inspiration and education on veteran-specific topics. As mentioned in a previously in this report, VTC clinical team members noted that, a majority of those who have completed the program remain in touch with the substance abuse treatment counselor and the consumers still receiving services at Solutions, and have repeatedly said in focus groups and surveys that they consider the group their "new platoon."