



RESOLUTION No. 19-208

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION ACCEPTING A GRANT FROM THE FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) IN THE AMOUNT OF \$1,475,141 FOR EXPANSION OF NEVADA COUNTY COLLABORATIVE COURTS' SUBSTANCE ABUSE TREATMENT PROGRAMS DURING THE PERIOD BEGINNING MAY 31, 2019 AND ENDING MAY 30, 2024

WHEREAS, in January of 2019, Nevada County Probation made application for federal grant funds offered by SAMSHA for the purposes of expanding substance abuse treatment capacities in the Adult Drug Court; and

WHEREAS, said application was approved by the Department of Health and Human Services SAMHSA Center for Substance Abuse Treatment per Notice of Award dated 4/18/2019; and

WHEREAS, the monies will reimburse Probation expenditures associated with assessment, identification, supervision and treatment of Adult Drug Court offender participants and to fulfill grant requirements for program data, analysis and reporting.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Nevada, State of California, hereby directs:

1. That the County of Nevada accepts the Federal SAMHSA grant funds in amounts of: Year 1: \$315,495; Year 2: \$286,328; Year 3: \$293,495; Year 4: \$286,328; Year 5: \$293,495 impacting Federal Fiscal Years 19-24. Total grant funds for the grant period May 31, 2019 through May 30, 2024 amount to \$1,475,141.
2. Funds to be deposited to 0101-20320-2011000/446700.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 28th day of May, 2019, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 



Richard Anderson, Chair

5/28/2019 cc: Probation*
AC*

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

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OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	TI-19-002
Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts
Opportunity Package ID:	PKG00246087
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	TI-19-002
Competition Title:	SAMHSA Treatment Drug Courts
Opening Date:	11/05/2018
Closing Date:	01/04/2019
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Jon D. Berg Center for Substance Abuse Treatment, Division of Service Improvement Substance Abuse and Mental Health Services Administration (240) 276-1609 Jon.Berg@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00223981
Application Filing Name:	Nevada County Drug Court Expansion
DUNS:	0109790290000
Organization:	COUNTY OF NEVADA
Form Name:	Project Abstract Summary
Form Version:	1.1
Requirement:	Optional
Download Date/Time:	Jan 03, 2019 02:20:39 PM EST
Form State:	No Errors

FORM ACTIONS:

Project Abstract Summary

Program Announcement (CFDA)

93.243

Program Announcement (Funding Opportunity Number)

TI-19-002

Closing Date

01/04/2019

Applicant Name

NEVADA COUNTY PROBATION DEPARTMENT

Length of Proposed Project

60

Application Control No.

Federal Share Requested (for each year)

Federal Share 1st Year

\$ 315,495

Federal Share 2nd Year

\$ 286,328

Federal Share 3rd Year

\$ 293,495

Federal Share 4th Year

\$ 286,328

Federal Share 5th Year

\$ 293,495

Non-Federal Share Requested (for each year)

Non-Federal Share 1st Year

\$ 0

Non-Federal Share 2nd Year

\$ 0

Non-Federal Share 3rd Year

\$ 0

Non-Federal Share 4th Year

\$ 0

Non-Federal Share 5th Year

\$ 0

Project Title

Nevada County Drug Court Expansion

Project Abstract Summary

Project Summary

The Nevada County Probation Department, in conjunction with its community partners, wishes to further expand the existing Nevada County Adult Drug Court through the SAMHSA Treatment Court Grant. The Nevada County Adult Drug Court (NCADC) has undergone many changes over the last three years and with these changes we have seen improved outcomes. The goal of this expansion grant is to expand the capacity of the court from its current maximum population of 25 to a maximum of 40 participants and enhance services to those in the community that would not be normally admitted to Adult Drug Court under the existing structure. Since 1998, the Nevada County Adult Drug Court has fostered a successful collaborative relationship with community based organizations, county agencies, drug and alcohol treatment centers and the community. The mission of the Nevada County Drug Treatment Court is to help people engaged in the criminal justice system to break the cycle of crime and addiction by providing an environment where they are supported, given access to resources, learn pro-social thinking and behaviors, and be stabilized to live a healthy, productive, crime-free life. Nevada County Adult Drug Treatment Court is committed to public safety by utilizing intensive judicial and clinical intervention and supervision to change criminal behavior and substance use into socially and legally accepted behavior.

The Nevada County Adult Drug Court has been in existence for over 21 years. Most of those years the program was capped at 10 total participants. Over the last three years the NCADC has expanded to serve 25 participants. During this expansion the NCADC revised many of the programs practices to align with Adult Drug Court Best Practice Standards that are advocated by The National Association of Drug Court Professionals and SAMHSA. Over the years of expansion the NCADC has solely worked with the high risk/high need population and experienced a 70% graduation rate. Our successes of last three years have cemented with all stakeholders that the drug court model works and even more importantly we have personally witnessed how drug courts save lives. Understanding how life changing and powerful the drug court model is Nevada County wants to provide the model to a greater percentage of high risk participants.

If successful in this grant application, the Nevada County Adult Drug Court Expansion Grant would properly expand capacity of this problem solving court, enhance the level of service to a larger number of program participants, and improve the level of community safety provided for this type of high risk offender.

Estimated number of people to be served as a result of the award of this grant.

75

A.1 Nevada County (County), California, is a small rural County of 957 square miles located in the Northern foothills of the Sierra Nevada Mountains, approximately 60 miles Northeast of the State Capital of Sacramento. The 2017 US Census data estimates put the County population at 99,814. The Nevada County Adult Drug Court Program (NCADC) and Treatment Team are located in Nevada City, but it recruits NCADC applicants from anywhere in the County.

The target population for enrollment in the NCADC are adults on probation that are assessed as High Need/High Risk for recidivism and currently dependent on and/or abusing substances. The NCADC follows the substantial body of research that indicates which types of offenders are most successful and in need of the full range of support and interventions embodied in the *Ten Key Components of Drug Courts*. These are the offenders who are: 1) addicted to or dependent on illicit drugs or alcohol; and 2) at high risk for criminal recidivism or failure in less intensive rehabilitative dispositions. By focusing County efforts on these individuals, the NCADC seeks to reduce crime by approximately twice as much as those serving less serious offences and return approximately a 50% greater cost savings to our community.

A.2 According to a recent rural health survey, Nevada County is in the midst of an opioid epidemic and is among one of the highest counties in terms of overdose rates in the state of California.¹ In fact, overdose rates have tripled in the past 20 years, while methamphetamine abuse is increasing once again, making the County an excellent and critical candidate for an expanded Drug Court Program. In 2016, an estimated 5.1 percent of people ages 12 years and older (5,055 people) misused opioids in Nevada County, and 0.9 percent of people (910 people) had an opioid use disorder.²

After successfully expanding the capacity of the NCADC from 15 to 25 Participants in 2016 under a previous SAMHSA Drug Court Expansion grant, we find our Drug Court Program once again maxed out and high-risk applicants are being turned away. This is primarily due to the stricter eligibility criteria we have maintained based on funding limitations and the current cap of 25 participants. Being a rural county, many potential Participants live far enough away from city and treatment centers that accessibility is extremely limited. This barrier combined with the current NCADC only being funded to handle 25 clients has prevented more clients suffering with SUD from benefiting from this life changing program. This, in turn, has kept Nevada County from being able to achieve its goal of expanding Program services to 40 clients to meet the increased need. While the NCADC has excellent local County and Community Partners, the primary gap is a lack the funding to meet the needs of the target population.

Indicators on substance abuse and related criminal activity suggest that it is a large problem in Nevada County, impacting a substantial proportion of the community. For example, in 2014, the rate of substance abuse treatment admissions was higher than the State average of 591.6 substance abuse treatment admissions per 100,000 people with 686.1 treatment admissions per 100,000 in Nevada County.³ With these numbers in mind, Nevada County has led the charge in using the NCADC to help alleviate the problem of substance abuse and corresponding criminality. According to Nevada County Superior Court, since 1998 the Nevada County Drug Court has served over 130 defendants and maintained a 70% success rate.

¹ <https://www.ruralhealthinfo.org/data-explorer?id=197&state=CA>

² (County-Level Estimates of Opioid Use Disorder and Treatment Needs in California. The Urban Institute. March 19, 2018).

³ Shasta County Health and Human Services Agency, 2014

B.1 Goal One: Expand the capacity of the Nevada County Adult Drug Court Program to meet the increased need. The NCADC is a proven intervention in breaking both the cycle of addiction and criminality on a larger scale. Nevada County lacks the resources to enroll more than 25 Participants in the Program. Therefore, this funding will allow the NCADC to expand its capacity to 40 Participants at a time and meet the SAMHSA suggested minimum enrollment for Drug Courts.

The SMART Objectives associated with Goal One are as follows:

1. In the first three months after funding, the NCADC Project Director will reach out to the Superior Courts, the Public Defender's (PD) and District Attorney's (DA) Offices, notifying them that Program capacity has been increased to 40 Participants so they can target additional repeat offenders for Program eligibility screening and admission.
2. In the first six months after funding, the NCADC will increase capacity from 25 Participants to 40, an increase of 15 additional Program Participants. This objective is achievable and realistic because there are currently high risk/high need offenders not currently in consideration due to funding limitations and the program population cap. The additional funding from this FOA will support this expansion.

Goal Two: Reduce recidivism among the Program Participants. The key premise among NCADC Participants is that their criminal activities were a byproduct of their addiction. Therefore, successful intervention in the cycle of addiction will result in lower rates of recidivism among Program graduates.

The SMART Objectives associated with Goal Two are as follows:

1. Maintain recidivism rates for Program Participants below 15% over the three years of the NCADC expansion.
2. Prevent rearrests on any criminal charge for at least 75% of Program Participants after the completion of the Drug Court Program.
3. Track re-arrest rates for 100 % of Program Participants at the completion of the Program, at three months, six months, one year and two years following graduation.

Goal Three: Improve treatment outcomes among the target population. The NCADC targets justice involved individuals with a history of SUD, a majority of whom have been enrolled in substance abuse treatment programs in an effort to break the cycle of addiction with limited success. This population, that presents as High Risk/High Need, continues to struggle with substance abuse and addiction. Therefore, Goal Three is to maintain a high and consistent level of recovery for Program Participants through proven collaboration with County Agencies and Community Partners.

The SMART Objectives associated with Goal Three are as follows:

1. Expand residential treatment services to 60 Participants at Community Recovery Resources, and 15 Participants at Common Goals, our SUD treatment Community Partners.
2. Reduce the number of substance abusing days for each Participant by at least 80% per year.
3. Maintain clinical classification as drug free for at least 180 continuous days for 100% of those recommended for graduation from the NCADC.

4. Maintain post-graduation sobriety status for 65% of Program Participants as measured through reentry to public or private alcohol and drug treatment services in the first year following graduation from the NCADC.)

B.2 The past 20 years have taught us that timing is critical to the successful interventions and delivery of services. Outcomes are significantly better when rehabilitation programs address complementary needs in a specific sequence. Phase One of a Participant's Program focuses primarily on resolving conditions that are likely to interfere with retention or compliance in treatment (Stabilization Phase). This may include meeting Participants' basic housing needs, stabilizing mental health symptoms if present, and ameliorating acute psychological or physiological symptoms of addiction, such as cravings, anhedonia, or withdrawal.

To address these needs, CoRR's residential treatment plans are structured with an initial evaluation and orientation, followed by three basic steps: 1) Stabilization 2) Core Program, 3) Preparation and Action. The treatment program delivery format is consistent for all of the target population and is designed with assessment and goal setting followed by steps that can be completed individually and/or modified to meet each client's individual needs. Participants utilize 30-day to 9-month stays to create their foundation of recovery. At Common Goals, counselors offer support and encouragement assisting the client in finding motivation to achieve their goals. There is a strong emphasis a harm reduction and holistic approach to treatment utilizing education, group therapy, evidence-based practices, recovery, life skills, and individual counseling to strengthen relapse prevention strategies.

The Treatment Team also works closely with Turning Point private behavioral health services which provides the Program with a 1.0 FTE Peer Support Specialist; a person in long-term recovery and specialized training to support Participants. Common Goals and CoRR also provide recovery housing for many Participants to help maintain stabilization for the duration of the Program. The grant would expand the options for short-term (14-days or less) residential inpatient treatment in the event of participant's relapse back to the use of alcohol and/or drugs. Recovery housing is used in situations where participants are without stable housing in conjunction with cognitive behavioral programming and continued outpatient SUD treatment.

Another important aspect of the Stabilization Phase is our new Medication Assisted Treatment (MAT) protocol for opiate use disorder. Studies show that Participation in MAT programs significantly improve outcomes for opioid addicted offenders. Our Community Partner and experienced MAT provider AGEIS will provide 18 Participants per year with Methadone Treatment and six Participants with Suboxone Treatment in order to facilitate stabilization for Participants who the Treatment Team and medical professionals determine need a MAT intervention to address their level of addiction and participate effectively in NCADC.

Phase Two focuses on resolving needs that increase the likelihood of criminal recidivism and substance abuse (Intensive Treatment). This process includes maintaining sustained abstinence from drugs and alcohol, addressing dysfunctional or antisocial thought patterns, eliminating delinquent peer associations and reducing family conflict. In this Phase, CoRR and Common Goals continue to provide SUD treatment services while Project HEART trained Peer Mentors help guide Participants, out of the cyclical pattern of addiction and crime. The Peer Mentors provide specific peer support for life changes which may include supporting a member in court proceedings, assisting with transportation, finding employment, assisting with family reunification, addressing health issues, supporting educational goals, getting a driver's license, and

other important steps to getting back on the right track. One of the most important functions of a Peer Mentor is Relapse and Crisis Intervention. Mentors are acutely aware of the warning signs of relapse or other debilitating issues and offer compassionate, non-judgmental support should a crisis arise.

In Phases Three and Four, the NCADC addresses remaining needs that are likely to undermine the maintenance of treatment gains (Transitional Phase). This process may include providing vocational or educational assistance, parent training, or other interventions designed to enhance Participants' activities of daily living skills. The NCADC partners with the Alliance for Workforce Development which provides job and vocational training, in addition to connecting clients with employment focused education opportunities. The NCADC anticipates enrolling 5 Participants in vocational certification and/or education programs that will lead to gainful employment (e.g. Culinary Certification Training). Another Community Partner, RI International, will provide an in-house Peer Employment Training Program for 16-22 Participants to support them on their path to recovery and employment. Participants will obtain Peer Support Specialist certifications with the goal of gaining employment in dedicated peer support roles.

The current NCADC is in alignment with The National Association of Drug Court Professionals' key elements and the Program addresses them as follows:

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing. NCADC is deeply committed to stopping the abuse of alcohol and other drugs and related criminal activity. Using the Treatment Team approach, the NCADC successfully works with law enforcement, the Superior Court, the Judiciary, the DA, the PD and our County and Community Partners to create viable treatment plans and deliver evidence-based treatment services. Knowing that the criminal justice system has the unique ability to influence a person shortly after a significant triggering event, such as an arrest, the NCADC is poised to step in and initiate enrollment for qualifying Participants. Participants with a SUD (including opioid use disorder) diagnosis are taught processes in developing a sober lifestyle through evidence-based interventions and treatment as an alternative to traditional case processing and incarceration. The Presiding Drug Court Judge meets with the Treatment Team weekly to review the progress of Participants, often delivering praise when Participants progress through the Program and achieve significant milestones.

Key Component #2: Using a no adversarial approach, prosecution and defense counsel promote public safety while protecting Participants' due process rights. Once the Participant is admitted into the NCADC, the DA, PD, and Judges shed their traditional adversarial courtroom relationship and work as a team using a non- adversarial approach, to achieve optimal outcomes for the Participant. The Treatment Team are vocal advocates for each Participants and have a vested and often personal interest in many of their successes. The PD's office works to support each Participant's due process rights and offers impartial advice on addressing privacy and compliance issues.

Key Component #3: Eligible Participants are identified early and promptly placed into the drug court program: Research shows that the sooner an individual is identified after arrest as an eligible drug court participant and is introduced to the value of AOD treatment, the more likely the defendant will succeed. NCADC focuses on repeat offenders so early identification and assessment is easier as previous drug histories are typically a part of the defendant's case file.

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. With 20 years of experience and a 70% success rate, NCADC and its Partners are acutely aware of the benefits of working as a team and offering a

comprehensive array of services to Participants ranging from group counseling; individual and family counseling; relapse prevention; 12-step self-help groups; preventive and primary medical care; general health education; medical detoxification; domestic violence programs; batterers' intervention program; and treatment for the long-term effects of childhood trauma and physical and emotional abuse. This is a critical component of the NCADC and a factor in our success. Over the years we have created a complete continuum of care leaving no gaps in services which leads to optimal outcomes.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing. During Phase One (day 1 - 90) and Phase Two (day 90 – 180) Participants are tested three times per week. During Phase Three (day 180 – 270) Participants are tested two times per week, during Phase Four (day 270-360) Participants are tested once per week. Drug testing is an essential component to NCADC and acts as gauge for Participants' progress. As a condition of their participation, alcohol/drug testing is administered by probation officers and treatment service providers. All drug testing is performed utilizing standards that follow strict chain-of-custody guidelines. It is noted that Community Recovery Resources employs nationally certified collection specialists and utilizes *Siemens Emit Immunoassays* testing system, considered one of the most reliable drug screening system available. Included in this is NCADC's contract with SCRAM, a continuous remote alcohol monitor.

Key Component #6: A coordinated strategy governs drug court responses to Participants' compliance. In the early stages of treatment and throughout the NCADC, the Drug Court Team utilizes carefully articulated strategies aimed at helping Participants manage their ambivalence towards treatment, identify situations that stimulate craving, and develop coping skills for high risk situations. NCADC rewards cooperation with regimented incentives such as bus passes and gift cards, or praise and encouragement from the Bench, and responds to non-compliance with phased sanctions, such as a loss of privileges, returning Participants to residential treatment, flash incarceration, and fines, to name a few. While relapse may lead to a suspension of Program privileges, the preference is to maintain treatment consistency and adjust the treatment strategy to meet the needs of the client.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential. Judge Heidelberger, the presiding NCADC Judge, leads the Drug Court Treatment Team. Participants engage in hearings frequently and the time between hearings depends on compliance with treatment protocols and progress. Participants appear before the Presiding Judge on a consistent, pre-determined basis in order to assess progress and make necessary adjustments to conditions of probation. The Judge interacts directly with each Program Participants, while also considering reports and recommendations from treatment service providers and law enforcement representatives.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. Information management, monitoring, and evaluation are in place and the Drug Court Team effectively evaluate data to gauge the effectiveness of each Participant's progress. Data is regularly reviewed by the Project Director and discussed with the Drug Court Team during management meetings. Cory Woods, a skilled and experienced analyst for the Probation Department, gathers and analyzes data to measure the success of overall long-term goals and the effectiveness of the program. Case records are maintained for every client by the

Alternative Court Coordinator. Additionally, CoRR and other Partners maintain statistical information on the performance of Participants throughout their term in the Program. Evaluation results are then analyzed by the Treatment Team. Based upon this analysis, program modifications may be enacted.

Key Component # 9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. Drug Court team members engage in regular training and education programs to ensure the NCADC’s goals and objectives as well as the policies and procedures are adhered too. A high level of professionalism is expected, and key staff attend regional and national drug court training seminars. All members of the Drug Court Team understand the goals and philosophy of the National Drug Court protocols and the nature of AOD abuse, its treatment, and the corresponding terminology. Both Steven Sinclair, Project Director, and Melissa Bias, have decades of experience working with the target population and understand the importance of implementing best practices to ensure fidelity to the program. Treatment Team members consistently receive internal and external training in matters pertaining to operational, procedural and treatment issues. In order to maintain their licensure and/or certification, treatment counselors must complete varying degrees of continuing education each year. The same is true for judicial system officials and attorneys.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. By its very nature the Treatment Team is comprised of representatives from law enforcement, the judicial system, and treatment service providers. In all, as many as eight different agencies and/or community organizations are partners in the Drug Court Program. The NCADC has 20 years of experience collaborating with the courts, treatment providers, mental health providers, social services, defense counsel, corrections, and prosecution to strategize case planning for Participants that will lead to optimal outcomes. The NCADC plays a pivotal role in forming linkages between community and government agencies that create a conduit of information to best serve Participants.

B.3

Key Activity and Responsible Staff	Year 1 Month 1,2,3	Year 1 Month 4,5,6	Year 1 Month 7,8,9	Year 1 Month 10,11,12	Year 2	Year 3	Year 4	Year 5
Sign new NCADC contract with SAMHSA Chief Michael Ertola	X							
Confirm MOU’s with partner agencies. Steve Sinclair	X							
Update NCADC policy and procedure manual. Steve Sinclair	X	X						
Train and provide updates for staff on new EBP’s, best practices, and updated policy and procedures. Steve Sinclair	X							
Implementation – Meet with and work with Participants, attend drug court, monitor data and outcomes. Melissa Blais	X	X	X	X	X	X	X	X
Reporting and Evaluation – every third month. Cory Woods	X	X	X	X	X	X	X	X
Final Report								X

C.1 Evidenced-Based Practices (EBP) and curricula targeted at justice involved individuals are the cornerstone of the Nevada County Adult Drug Court Program and all staff, both within the Probation Department and our Partner Agencies, are well trained in using and delivering EBPs. NCADC Participants present with a wide range of mental health and substance use disorder needs which are addressed through an EBP infused treatment plan. Family Team Meetings and Strengths-Based Case Management are SAMHSA approved EBPs adapted and applied to this setting. Overviews of Program's key EBPs and how they are incorporated into the NCADC are as follows:

Risk/Needs Assessment: Nevada County Probation's uses the CAIS Assessment Tool as its evidence-based needs and risk assessment tool. The CAIS identifies criminogenic risk and needs and includes domains for SUD and mental health assessments in order to screen adult offenders for co-occurring disorders. Individual offenders referred to the NCADC are assessed by Probation staff who then develop tailored supervision and treatment plans. The use of evidence-based tools enables early identification and treatment of offenders with Mental Illness, SUD and Co-Occurring Disorders.

Motivational Interviewing (MI): MI is widely utilized by CoRR, Probation and Common Goals. According to SAMHSA's Center for Substance Abuse Treatment, "MI is a client-centered, directive method for enhancing intrinsic motivation to change (by exploring and resolving ambivalence) that has proven effective in helping clients clarify goals and commit to change". It is widely used to treat this population as MI can also be modified to meet the special circumstances of clients with co-occurring disorders (COD). In addition, MI is an evidence-based strategy designed to address ambivalence about substance use (and change) as a motivational obstacle in recovery which is often prevalent amongst NCADC Participants.

Cognitive Behavioral Therapy (CBT): CBT is a form of psychotherapy proven in numerous clinical trials to be effective for a wide variety of disorders including SUD and COD. Approximately 30% of DPOs have received certification as CBT facilitators and in-house groups for clients are run on an ongoing basis. CBT, listed on SAMHSA's National Registry of EBPs, is also a core EBP program utilized by therapists at CoRR and Common Goals. SAMHSA recommends CBT as the treatment of choice for a number of mental health difficulties whereby therapists help clients to overcome their difficulties by changing their thinking, behavior, and emotional responses which helps clients recognize their ability to practice alternative ways of thinking. Outcomes include decreases in: Post Traumatic Stress Disorder symptoms, self-blame, problem behaviors, and depression. This approach informs services provided by the NCADC, as treatment team and client work together to identify and solve problems. CBT has proven effective in the NCADC as it helps clients formulate coping strategies to handle potential stressors or challenges following SUD treatment.

Interactive Journaling (by the Change Company): This EBP is designed to implement leading behavioral-change research in a way that is accessible, meaningful and motivational for the NCADC clients. Interactive Journals deliver core behavior-change content in combination with targeted questioning designed to engage Participants in exploring risks, needs and skill deficits, as well as strengths, resources and solutions to problem behaviors such as drug and alcohol abuse. Journal Topics are highly relevant and targeted to Program Participants; including the following:

1) Substance Dependence; 2) Denial; 3) First Step; 4) Steps to Spirituality; 5) Looking Within; 6) Into Action; 7) The Power of Self Talk; 8) Feelings; 9) Anger; 10) Self-Worth; 11) Family & Other Relationships; 12) Coping Skills; 13) Life Management; 14) Relapse Prevention; and 15) Recovery Maintenance.

Co-Occurring Disorder Curriculum: Also, by the Change Company, this twelve-lesson format provides a focal point for specific treatment of adults with co-occurring disorders. The twelve core sessions include; 1) Orientation; 2) Responsible Thinking; 3) My Individual Change Plan; 4) Values; 5) Substance Use Disorders; 6) Handling Difficult Emotions; 7) Life skills; 8) Healthy Relationships; 9) Maintaining Positive Change; 10) Mental Health Disorders; 11) Transition; and 12) Employment Skills.

Seeking Safety: Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse, listed on SAMHSA's National Registry of Evidenced-Based Programs and Practices. This modality is delivered by MFTs in group and individual settings at CoRR, and was chosen due to the prevalence of prior trauma (including domestic violence) in the NCADC client population and it has been associated with increased Participant engagement.

Moral Recognition Therapy (MRT): MRT is an effective cognitive-behavioral approach that treats a wide range of issues including substance abuse, trauma, domestic violence, with a specific focus on criminal justice offenders, which is why it is an integral component of the NCADC. Developed in 1985, more than 120 published reports have documented that MRT-treated offender's show significantly lower recidivism for periods as long as 20 years after treatment. Studies show MRT-treated offenders can have rearrests and re-incarceration rates 25% to 75% lower than expected.

Strengths-Based Case Management: Case management is identified as a promising practice related to increased access and attractiveness of services, quality of service dose, especially related to assertive linkages to community resources. It is based on two primary principles: 1) providing clients support for asserting direct control over their search for resources; and 2) examining clients' own strengths and assets as the vehicle for resource acquisition. As part of treatment the NCADC provides intensive case management to support clients transitioning back to community. This focuses primarily on housing, transportation, vocational, educational, and medical issues as the treatment team develops strategies in partnership with the client to support stability after Program completion.

D: I Nevada County Probation Department is well versed in serving a wide range of justice involved individuals and for the past 20 years has successfully implemented the NCADC. With a graduation rate of 70%, which exceeds the national average, we are well prepared to expand services to an additional 15 Participants. Nevada County is a close-knit community and we successfully work with partner government agencies and community-based organizations to implement programs such as NCADC. The Chief Probation Officer, and his subordinate staff, conduct regular high-level meetings with all NCADC team members and their respective department heads. The Chief's assigned *Project Director* for this grant has 15 years' experience in the Probation Department.

Community Recovery Resources (CoRR), bring over 40 years of SUD treatment experience through the use of evidence-based practices, as recognized by SAMHSA. In addition, CoRR has received six SAMHSA grants since 2006 and is successfully managing two at present. CoRR serves over 4,000 clients per year through several Placer and Nevada County locations with

many involved the criminal justice system. Through this proposal CoRR will provide access to residential treatment for 60 Participants; in addition to intensive outpatient, recovery case management services, and recovery housing for up to 9 months. For the past decade, Nevada County Probation Department has successfully worked in tandem with CoRR which fully supports our local continuum of care and the Adult Drug Court model. CoRR's program is Family-Based so that the entire family can receive treatment and services.

Common Goals, an important SUD treatment provider, brings over 25 years of experience and with this funding will provide assessments, intensive outpatient, recovery case management services, and recovery housing. NCADC works successfully with Common Goals as we implement our current programming.

Project H.E.A.R.T, another Community Partner, has provided peer recovery support and mentoring in Nevada County for the past eight years, primarily to justice involved individuals. Through weekly meetings and pro-social activities, Project H.E.A.R.T. supports individuals while they work to rebuild relationships, overcome life-damaging issues and establish skills to improve social stability and functionality. Project H.E.A.R.T. uses processes consistent with both SAMHSA's recovery program parameters and with Probation's mission to support successful community and family integration through pro-social modes of treatment and engagement.

D.2

Key Personnel and other significant Project Staff	Level of Effort	Role	Qualifications
Steven Sinclair Project Director , B.A. from Chico State	.25 FTE	Project oversight, manages relationships with partner agencies, lead trainer and supervisor, oversees staff, successful implementation of project, evaluations and quality improvement.	Over 15 years of experience including 4 years as a Supervising DPO. Steve, supervises and monitors administration of all operational activities of Adult Probation Services, and activities of DPO's responsible for adult probation cases.
Melissa Blais Deputy Probation Officer, B.A. from Ashford University	1.0 FTE	Lead DPO for NCADC, oversees Participants case plans, attends court when appropriate, works with partner agencies and staff daily to ensure Participants are receiving appropriate services for successful completion of case plans.	Melissa was named NC Probation Department's employee of the year for her dedicated service and brings over 8 years of experience to the field. Melissa is trained to work with the target population and has done so successfully for 8 years.
Cory Woods, M.A. from Minnesota State University	.05 FTE	Program Evaluator, gathers and manages data and information for reporting and final evaluation.	Cory has worked as an analyst and evaluator on similar projects for 11 years.

E.1 Fundamental to the effective operation of NCADC are coordinated management, monitoring, data collection, and evaluation systems. Current management and monitoring systems provide timely and accurate information about program operations to the Project Director, enabling him and his team to keep the program on course, identify developing problems, and make appropriate procedural changes. NCADC participant data is collected and stored in Probation Department's case management system (Caseload Explorer). The information is kept on secure servers by the

Nevada County Information and General Services Department. All probation department staff have access and are trained regarding data entry and confidentiality procedures.

The NCADC staff responsible for collecting GPRA data will interview Participants within 3 days of entering the NCADC and will enter this data into SAMHSA's SPARS system within 7 business days of data collection. NCADC's analyst reviews GPRA data quarterly, to ensure fidelity to reporting requirements and generates report for SAMHSA reporting. In addition, counselors at CoRR, Common Goals, and Peer Recovery Support Team Members from Project HEART and Turning Point collect add data to Participants case plans. This data includes, drug test results, interviews, meetings, and additional notes. Data collection is in alignment with the grant requirements and includes: Number of individuals served; abstinence from substance use; housing stability; employment status; social connectedness; access to treatment; retention in treatment; demographics; services; diagnosis data; and criminal justice involvement. Data collection complies with GPRA requirements Data is collected using face-to face interviews using three data collection points: intake to services, six months post intake, and at discharge.

Nevada County Probation Department recently designed a new and updated tracking method to capture data which lends itself to running specialized reports. Specialized attributes related to defined performance measures and outcomes have been added to the Probation Department's case management system which allows for the tracking of data points and statistics that relate directly to the success of the NCADC Participants. This has enabled our analyst to build reports that can be used by DPO's and the Treatment Team to track progress and outcomes.

Additionally, we are exploring an expansion of our case management system that will allow treatment providers to input data directly into the system. This system will begin the process of tracking proper dosage and program progress for all Participants.

In Years 1 & 2, 10 key fidelity reports will be prepared by NCADC. In Year 5, NCADC will prepare a participant outcomes study that answers the requisite outcome questions. Both fidelity and outcome evaluation components will feed into the performance assessment, which is built upon cumulative, on-going data collection and analysis. Quarterly reports prepared by NCADC will describe changes among drug court Participants over the entire grant period to ensure the goals and objectives noted above are being met. Urgent or time-sensitive findings, recommendations or other feedback will be provided to the program outside of the reporting schedule. Because of the important role of evaluation data in informing program quality and improvement, this feedback mechanism will be continually recalibrated in order to be responsive and flexible.

NCAC's analyst will continuously measure data to assess the accomplishments of the program's long-term goals. A Process Evaluation will appraise progress in meeting operational and administrative goals (e.g., whether treatment services are implemented as intended). An outcome evaluation assesses the extent to which the program is reaching its long-term goals (e.g., reducing criminal recidivism). An effective design for an outcome evaluation uses a comparison group that does not receive drug court services.

The Participant outcome study will be conducted in Year 5. Participant data on Program exit status, drug testing, and criminal recidivism will be analyzed to study the effects of engagement with the NCADC on program graduation, substance use, and criminal recidivism.

Grant TI-19-002 Budget Narrative & Justification (no match required)
5 Year Federal Request
Part 1 - Year 1 Request

A. Personnel

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Steven Sinclair	In-Kind	25%	\$0
Deputy Probation Officer	Melissa Blais	In Kind	100%	\$0
Evaluator	Cory Woods	In-Kind	5%	\$0
Total Personnel				\$0

Justification : The Project Director is the Probation Program Manager for Adult Probation who will provide daily oversight of the grant. The Deputy Probation Officer supervises all Adult Drug Court probationers and will coordinate all programs services and activities including communication and information dissemination. The evaluator will analyze data, run reports, and evaluate the program outcomes to ensure they are in alignment with goals and objectives.

B. Fringe Benefits

FEDERAL REQUEST

None

C. Travel

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Conference	Washington DC	Airfare	\$600/RT flight X 3 persons	\$1,800
		Hotel	\$200/night X 3 persons X 4 nights	\$2,400
		Full Day Per Diem (meals and incidentals)	\$76 X 3 persons X 5 days	\$912
Total Grantee Travel:				\$5,112

Justification: Grantee costs associated with travel for three individuals, Deputy Probation Officer, Project Director and one additional Program Staff, to attend grant related mandatory orientations/trainings.

D. Equipment

FEDERAL REQUEST

None

E. Supplies

FEDERAL REQUEST

None

F. Contracts

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) CORR	Assessments	\$250	12 clients	\$3,000
	Residential Treatment for 12 clients (approx 75%)	\$140 per day (Medi-Cal covers all but \$25/day)	60 days	\$18,000
	Intake - Screening for HIV and HEP B & C	No Charge		\$0
	Intensive Outpatient 3 hours/week per client for 3 months	\$104.56 per hour (50% covered by Medi-cal)	12 clients	\$22,585
	Outpatient Drug Free (ODF) 3 hours/wk per client for 6 months	\$99.56 per hour (50% covered by Medi-cal)	12 clients	\$43,010
(2) Common Goals	Recovery/Case Mgmt Services - 2 hrs per month for 9 months	76.44 per hour (50% covered by Medi-cal)	12 clients	\$8,256
	Recovery Housing = 6 participants X 9 months X \$850 per month	\$850 per month	9 months per client	\$45,900
	Assessments	\$250	3 Clients	\$4,750
	Intensive Outpatient 3 hours/week per client for 3 months	\$104.56 per hour (50% covered by Medi-cal)	3 Clients	\$5,646
	Outpatient Drug Free (ODF) 3 hours/wk per client for 6 months	\$99.56 per hour (50% covered by Medi-cal)	3 Clients	\$10,752
	Recovery/Case Mgmt Services - 2 hrs per month for 9 months	\$76.44 per hour (50% covered by Medi-cal)	3 Clients	\$2,064
	Recovery Housing = 2 participants X 9 months X \$850 per month	\$850 per month	9 months per client	\$15,300

(3) Project H.E.A.R.T	Peer Recovery Support for 15 participants - 4 peer mentor meetings per month for 1 year	\$67.38 per meeting	4 times per month 12 months = 48 per client	\$48,514
(4) Peer Recovery Support	Turning Point staffed peer recovery and case management	\$11.82/hour + benefits	1 FTE	\$31,961
(5) Certified Peer Support Specialist Training	Bring in a trainer for the Peer Support Specialist Certification program to train identified individuals	\$22,000	16-22 Individuals - flat fee	\$22,000
(6) S.T.O.P.	GPS Tracking for monitoring confinement and usage 19 participants (non-residential) for 60 days each	\$4 per day	60 days includes both initial and sanction days	\$720
(7) SCRAM	Continuous Remote Alcohol Monitoring	\$10 per day	Sanctions as needed	\$900
(8) AEGIS - Medication-Assisted Treatment	Methadone Treatment- for 12 months	\$220 per month (50% covered by Medi-cal)	6 clients for 12 months	\$7,920
(9) AEGIS - Medication-Assisted Treatment	Suboxone Treatment- for 12 months	\$600 per month (50% covered by Medi-cal)	1 clients for 12 months	\$3,600
(10) Smoking Cessation Classes	8 week series	No Charge	8 clients	\$0

Total Contract Expenses: \$294,878

(1) and (2) Justification: Drug Court clients participate in Drug and Alcohol Residential Treatment services including recovery programs including intensive outpatient, outpatient drug free, recovery and case management services and recovery housing provided through well established, local non-profit agencies. Due to the indigent nature of the drug court clients this budget assumes they are Medi-Cal eligible. As Nevada County has opted into the Organized Delivery System, Drug Medi-Cal covers a big portion of drug treatment services. Recovery Housing represents only 21% of the overall grant budget.

(3), (4) and (5) Justification: Peer Mentors working in concert with Peer Recovery Support Specialists for clients with anti-social peer relationships identified as a criminogenic need through the assessment process. We will be bringing the Certified Peer Recovery Support Specialist training to our department as this has been identified as a need in our community.

(6) and (7) Justification: During the initial phase, new Drug Court participants will be confined to home and monitored for 30 days. In addition, home monitoring will be used as sanctions subsequent to the initial 30 day period. The grant request includes both vendor provided alcohol use detection services as well as vendor provided GPS services for monitoring adherence to confinement conditions.

(8), (9) and (10) Justification: MAT combines behavioral therapy and medications to treat substance use disorders. Typical length of treatment for MAT client is 12 months. During that time they are taught early recovery and relapse prevention skills while the medication maintains a therapeutic level. Smoking Cessation classes taken as part of the course of treatment for Drug Court participants. MAT Services represents only 4% of the overall grant budget.

G. Construction
FEDERAL REQUEST None

F. Other
FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) Vocational Training	Vocational/Education assistance	\$1,500 per client	2 clients	\$3,000
(2) Transportation Assistance	Bus passes or other transportation assistance	\$500 per client	5 clients	\$2,500
(3) Rewards/Incentives	Incentives for data collection	3 per client	\$10 per incentive	\$450
(4) Medical/Dental Services	Miscellaneous medical and dental needs of clients not covered by Medi-Cal or other insurance	\$500 per client	15 clients	\$7,500
(5) NADCP Conference Registration	Conference registration for 3 attendees	\$685 per attendee	3 attendees	\$2,055

Total Other Expenditures: \$15,505

(1) and (2) Justification: To meet the identified vocational and transportation needs of clients as identified through the assessment process.

(3) Justification: Incentives will be given at each data collection (GPRA) point including; intake, 6-month and discharge.

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(4) Justification: Approximately 50% of new Drug Court participants are in need of dental repair work and, or, health/addition related medications. The monies requested are to supplement costs not covered by MediCal state insurance.

(5) Justification: Grantee costs associated with conference registration for three individuals, Deputy Probation Officer, Project Director and one additional Program Staff, to attend grant related mandatory orientations/trainings held at the NADCP Conference.

Total Grant Expenditures Year 1: \$315,495

FUNDING RESTRICTIONS:

i. No more than 15 percent of the total grant award for the budget period may be used for developing the infrastructure necessary for expansion of services.

Response: Not applicable. No funds expended on infrastructure.

ii. No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.

Response: Not applicable. This grant will utilize an in house analyst as an evaluator. The evaluator will analyze data, run reports, and evaluate the program outcomes to ensure they are in alignment with goals and objectives.

iii. Up to 5 percent of the annual grant award may be used for HIV rapid testing. [Note: Grant funds may be used to purchase such services from another provider.]

Response: Not applicable. This grant will utilize free HIV testing available within our community.

iv. Up to 35 percent of the annual grant award may be used to pay for FDA-approved medication as part of MAT, which includes methadone, naltrexone, buprenorphine, disulfiram, and acamprostate calcium when the client has no other source of funds to do so.

Response: MAT Services represents only 4% of the overall grant budget.

v. Up to 5 percent of the annual grant award (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchasing test kits and other required supplies (e.g., gloves, bio hazardous waste containers) and training for staff related to viral hepatitis (B and C) testing, for applicants electing to develop and implement plans for viral hepatitis testing and treatment.

Response: Not applicable. This grant will utilize free hepatitis (B and C) testing available within our community.

vi. Up to 30 percent of the annual grant award may be used to pay for recovery housing.

Response: Recovery Housing represents only 21% of the overall grant budget.

**APPENDIX IV - Budget and Justification (no match required)
Grant TI-19-002 Budget Narrative
5 Year Federal Request
Part 2**

Proposed Project Period

a. Start Date: 09/30/2019

B End Date: 09/29/2024

BUDGET SUMMARY

Category	Year 1	Year 2	Year 3	Year 4	Year 5
Personnel	\$0	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0	\$0
Travel	\$5,112	\$0	\$5,112	\$0	\$5,112
Equipment	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
Contractual	\$294,878	\$272,878	\$272,878	\$272,878	\$272,878
Other	\$15,505	\$13,450	\$15,505	\$13,450	\$15,505
Total Direct Charges	\$0	\$0	\$0	\$0	\$0
Indirect Charges	\$0	\$0	\$0	\$0	\$0
Total Project Costs	\$315,495	\$286,328	\$293,495	\$286,328	\$293,495

Justification for higher budget amount in Year 1 and 3 and 5:

1st year includes \$22,000 for Peer Support Specialist Training and \$5,112 of travel expenses for NADCP Conference and Grantee Meeting as well as \$2,055 for conference registration. 3rd and 5th years include \$5,112 of travel expenses for NADCP Conference and Grantee Meeting as well as \$2,055 for conference registration.