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Abstract

The Nevada County Probation Department, in conjunction with its community partners, wishes to expand the existing Adult Drug Court through the Adult Drug Court Expansion Grant as the need for this court and the growing mental health issues in the community are not being efficiently addressed. The goal of this expansion grant is to expand the capacity of the court from its current maximum population of 15 to a maximum of 25 participants while enhancing services to those with co-occurring disorders who are being underrepresented in the existing structure of the Nevada County Drug Court. 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 concept of the Nevada County ADC is to increase the level of accountability to high risk offenders by requiring them to participate in treatment combined with education, judicial accountability, testing and formal supervision. It was expected that these offenders would become aware of their addiction and how to manage it, become more productive citizens, all while presenting a far smaller risk of re-offending in the community.

The Nevada County Adult Drug Court has served as a model for Nevada County's successful Driving Under the Influence (DUI) Court program and functions through a rich collaboration of several agencies including the Superior Court, Probation Department, Behavioral Health, the Public Defender's Office, the District Attorney's Office, local law enforcement agencies, and local treatment providers.

Over the past 18 years of existence, the ADC has expanded to a hard cap of 15 participants and frequently turns away potential participants in the program due to limited capacity to supervise offenders by the Probation Department and restricted community capacity to treat participants. Balancing the demand for this alternative court with the capacity of partner resources, the expansion past the original design of 15 participants has slowly diluted the original project design and ability of team partners to provide the level of service originally envisioned.

If successful, the Nevada County Adult Drug Court Expansion Grant would properly expand capacity of this alternative court, enhance the level of service to program participants, apply funding to address co-occurring disorders appropriately and improve the level of community safety provided for this type of repeat drug offender. Additionally, the high need for medication assisted treatment (MAT) has been ignored due to funding and an inability to find a suitable provider to assist the clients with the highest need. As the medical community has begun to embrace MAT, lack of funding is the only barrier preventing Nevada County from being able to assist clients with this new method of treatment. Additionally, this grant would allow for other medical care needs which are innate to the needle using drug offender: Hepatitis C and HIV.

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Section A: Population of Focus and Statement of Need

A.1 Nevada County:

Nevada 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. 2012 US census data estimates put the county population at 98,292. California Department of Finance statistics, as of July 2012, ranks Nevada County 36th of the 58 counties in the State in population with a population density of less than 100 residents per square mile.

There are three major population centers within the County. In the Eastern portion of the County is the Town of Truckee (Population 15,918) located in the Sierra Nevada Mountains near Lake Tahoe. Truckee is the fastest growing area of the county and is located approximately 60 miles away in the Western portion of the County where the cities of Grass Valley (Population 12,638) and Nevada City (Population 3,062) are located. The balance of the population (68% of the total according to the Department of Finance) lives in unincorporated areas of the county. There are no federally recognized Native American tribes located within Nevada County.

Nevada County is a commuter county to Sacramento and Placer Counties where there is generally more employment opportunities and better wages. Its general fund tax source is primarily from real estate property taxes, which have been negatively impacted over the recent years of value depreciation. Being only approximately 45 miles from the greater Sacramento area, many residents choose to make major purchases (Cars, appliances, clothing, etc.) outside the county boundaries, thus, limiting sales tax accumulations.

Nevada County demographics are: 93.9% Caucasian with 8.9% Latino or of Latino decent. 20.2% of its population is over the age of 65 and 50.6% of Nevada County is female. The median home value is \$412,600 and average household income is \$58,077 with 10.35% of the population living under the federal poverty line.

A.2 Nevada County's Collaborative Courts:

For a county of its size, Nevada County agencies and community based organizations have a long, deep history of collaboration. Currently there are five active Collaborative Courts in Nevada County: *Adult Drug Court*, *Proposition 36 Court*, *Adult Mental Health Court*, *Youth Empowerment Services (juvenile drug and mental health court)* and *DUI Court*. Each Collaborative Court models off of the "Ten Key Components of Drug Court". Generally, each team consists of a Judge, District Attorney, treatment providers (public and/or private), case managers (often Probation Officers) and a court alternative coordinator. Participant offenders are ordered to treatment as a condition of probation.

The *Adult Drug Court* (funded) is the oldest collaborative court and was established in 1998. The court meets bi-weekly and through intensive case management, the program has reached a 74% success rate in clients avoiding a state prison commitment. The *Proposition 36 Court* (unfunded) meets weekly and serves the population of defendants who qualify for the Proposition 36 program, which is a major part of the Substance Abuse and Crime Prevention Act 2000 that was passed by California voters. Under California Penal Code 1210, anyone arrested for drug possession must be offered drug treatment services in lieu of incarceration. This court meets bi-weekly despite the fact that financial support for Prop 36 programming was deleted

from the State's budget approximately 3 years ago through legislative process. *Adult Mental Health Court* (partially funded) began in 2004 and meets bi-weekly as a one-year voluntary program for adult non-violent offenders who have a mental illness and which may include those with a co-occurring *substance* abuse disorder. *Yes Court* (Youth Empowerment Court) is a blend of *Juvenile Drug Court* and *Juvenile Mental Health Court* and serves their respective population in a similar manner as the adult programs. *DUI Court* (currently unfunded) is the last active collaborative court and will be discussed in detail below. A seventh collaborative court *Dependency Court* was recently disbanded due to a lack/loss of staff at the county's Child Protection Agency and resulting loss of commitment by other team members. Potential participants that could have been served by *Dependency Court* are now referred to community services as part of their family reunification plan.

Target Population:

The target population for enrollment in the Nevada County Adult Drug Court are adults on probation that are currently dependent and/or abusing substances. Overall, the state of California represents roughly 12% of the overall U.S. population but maintains a higher estimated amount of drug and alcohol users. According to the 2013-2014 National Survey on Drug Use and Health, there are an estimated 303,000 Californians needing but not receiving treatment for illicit drug use (compared to 2.2 million in the United States). This suggests that nearly 14% of all illicit drug users in need of treatment currently reside in California. Additionally, an estimated 569,000 are in need but not receiving treatment for alcohol use, making up over 13% of those in similar need in the United States.

With these numbers in mind, Nevada County has led the charge in attempting to use Adult Drug Courts to alleviate the problem of substance abuse and dependency while also providing compassionate services to all who stand in need. According to Nevada County Superior Court, since 1998 the Nevada County Drug Court has served over 90 defendants who were addicted to drugs, decreasing their involvement in the Criminal Justice system and helping them become productive members of society. A past state sponsored economic evaluation of the Nevada County Drug Court concluded that the program has helped taxpayers avoid more than \$1.4 million in otherwise expected recidivism costs. Without Drug Court, taxpayers would have spent an estimated \$43,287 per year to house each defendant in state prison. These individuals instead have reentered the community and been given a chance at a drug free life through the assistance of current operating Drug Courts.

Evolution of the Adult Drug Court:

Since 1998, Nevada County has been operating one of the more successful drug court programs in California. Started by now retired Judge Albert Dover, and refined under now retired Judge John Darlington, Nevada County's Adult Drug Court has been a success by adhering to evidence based principles and a transparent foundation of core programming techniques. It begins with a psychological assessment to identify a linkage between drug addiction and criminal behavior. Identifying and then breaking that link, thereby removing the fuel for criminal behavior, is the key.

For defendants admitted to Drug Court, six months of in-patient treatment interrupts the addiction, and launches them on the road to recovery. Then, eighteen more months of transitional

housing and out-patient treatment, intensive supervision, life skills training, job placement and training, high school equivalency and college courses, all supported by random and frequent drug testing seals the recovery. Graduating from this minimum two year intensive program prepares each defendant to reenter the community as a productive citizen. Without Drug Court, taxpayers would spend an estimated cost of \$43,287 per year to house each defendant in state prison. Total estimated prison costs for the current Drug Court participants exceed \$1.8 million. After that expenditure, each defendant would then come out of prison with the same addiction that drove him or her there in the first place, and with no better life skills to succeed in society. Instead, Drug Court spends roughly \$24,000 per defendant for the two years in the program.

A state-wide study concluded that taxpayers save more than \$16,000 per defendant in the program over the expected costs for incarceration and recidivism (apprehension, prosecution and incarceration for new criminal conduct). Evaluation from data collected in 2010 demonstrated that 92% of program graduates have not had subsequent drug convictions since completion of the program in Nevada County. The same study also concluded that, even for those few defendants who fail out of Drug Court, costs to society are less than for those with no interaction with Drug Court. The life skills and healthy behaviors learned by defendants in Drug Court pay dividends to taxpayers well beyond the modest cost of the program. Nevada County Drug Court is a compassionate response to drug addiction, and to the crime that feeds addicts drug habits. But it also is a fiscally responsible program that uses a fraction of the cost to taxpayers to attack the root causes of drug-fueled criminality.

Nevada County also offers a Proposition 36 Treatment Court which meets weekly. Under the Proposition 36 initiative passed in 2000, certain non-violent adult offenders who use or possess illegal drugs will receive drug treatment rather than incarceration. Eligible offenders receive up to one year of drug treatment and six months of aftercare. The Court may sanction offenders who are not amenable to treatment or who violate their probation terms. A licensed Behavioral Health Alcohol and Drug therapist performs comprehensive assessments of all Prop 36 candidates to assess readiness for treatment and determine appropriate treatment level. Referrals for vocational training, family counseling, literacy training and other services may also be provided. A UCLA Report found that programs statewide have saved significant money. The analysis reported that every \$1 spent on the program has resulted in a \$2 cut in government spending mainly from reduced prison costs. Data collection performed in Nevada County in 2010 demonstrated that our local treatment completion rate of 80% is significantly higher than the state average of 40%. The evaluation demonstrated that 87% of program graduates have not had subsequent drug convictions since completing this program in Nevada County.

A.3 Nature of the Problem:

Although there is a current Adult Drug Court operating in Nevada County, one of the long standing issues has been lack of resources for expansion of Adult Drug Court participants and correlating services. Being a rural county, many potential participants live far enough away from hospitals and treatment centers that accessibility is either limited or unaffordable. This barrier, combined with the current Adult Drug Court only being able to handle 15 clients has prevented Nevada County from being able to achieve its goal of expanding Drug Court services to 25 clients at a time. Nevada County must improve its treatment infrastructure to meet the needs of the community.

The Probation Department's deputy probation officer (DPO) was (and remains) particularly overwhelmed as this is an extra assignment in addition to monitoring an additional caseload of the drug offenders. The frequency of random field contacts, unannounced searches and testing by the assigned DPO have since diminished and fallen below the program's stated goals. Additionally, the cost of testing the participants one to three times per week (based on program phase) has also become a financial burden assumed by the Probation Department that has since increased in cost over the past few years despite special pricing from the local testing laboratory operated by Adult Drug Court partner Community Recovery Resources (CoRR) that is currently not covering their costs of collection and laboratory processing.

As with many alternative courts suffering from a lack of funds, treatment costs have been persistent issues for participants in the Nevada County Adult Drug Court and a frequent topic at treatment team staffing because if the participant fails to keep up with their financial accounts, they run the risk of falling out of compliance and receiving a possible sanction from the Court. CoRR has the ability to bill over 20 of the most common health insurance plans in California, including being an authorized Medi-Cal billing site. Since the Patient Protection and Affordable Care Act (PPACA) or ACA, probation has partnered with Nevada County Health and Human Services to ensure all clients are screened for program qualification and connecting them to health care and other general services as soon as possible. However, many participants need services which are not fully covered such as treatment for Hepatitis C, HIV and dental work.

In Addition, over the past 17 years of formal operation, the treatment team has seen frequent need for both short-term residential detoxification due to relapse and transitional housing assistance for participants who were recently released into the ADC program without housing or a job.

Finally, the ADC Team has observed the average population of the County's Type II correction facility, the Wayne Brown Correctional Facility (WBCF), regularly exceeds 240 inmates and is now frequently nearing its certified capacity of 256 inmates. This explosion in the jail's population is directly related to California's Prison Reform Act that was implemented in October of 2011. The goal of this reform act was three fold: 1) Reduce the number of state prison inmates by prohibiting non-violent, non-serious and non-sex offenders (non-non-non's) from being sentenced to state prison commitments, 2) establish a Post Release Community Supervision (PRCS) process for local supervision of current state prison non-non-non inmates upon their release from prison by local probation departments, and 3) Change the state parole revocation process by moving it to county level control.

The unintended consequence of the Prison Reform Act was an increase in county inmate populations. Currently, like many other counties in California, Nevada County Sheriff's Office is implementing both a supervised pre-release supervision program and an early release protocol on low-risk commitments to the WBCF to maintain a population under the certified capacity rating. The negative impact of these release programs will very soon cause potential ADC participants to be release prior to the 30-day minimum detention period. This program requirement is in place to make sure potential clients start the ADC program, post release from jail and free from the physical dependency on alcohol or other drugs.

An additional change in California's justice system was the passing of Proposition 47 which changed the status of many common felonies and reduced them to misdemeanor changes.

The impact of this proposition has been catastrophic to the collaborative courts who often used a pending state level sanction as a leveraging tool to entice offenders into treatment courts.

A.4 Structure and Support: This grant would support a collaborative effort to improve residential treatment capacity within Nevada County. Probation is working in collaboration with both County Health and Human Services Agency and community treatment providers to increase treatment capacity by repurposing a county owned residence into a 14 bed residential treatment facility thereby increasing the infrastructure of the local community treatment system.

Section B: Proposed Evidence-based Service/Practice

B.1 Purpose of Proposed Project:

The purpose of the Nevada County ADC Expansion Grant is to increase the annual capacity of the ADC from an original 15 participants to 25 participants while enhancing services to the participants it serves. A secondary goal is to repair the paradigm shift resulting from California's resentencing laws through the 2011 realignment and Prop 47 passing in 2015. Some of these changes would include: increased availability for DPO supervision, assistance with alcohol and drug testing costs, funds to complete a full clinical assessment of a potential participant earlier in the assessment process and prior to their acceptance into the ADC program, financial support for short term residential and transitional housing costs, and treatment costs for those without insurance. In addition, a successful grant would allow for the ability to supervise qualifying participants for the full period of their initial jail sentence on active GPS monitoring with enhanced alcohol and drug monitoring while in constructive custody in their home or approved living arraignment.

The following list of evidence-based programming has been used in Nevada County throughout the life of our specialty courts which date back 17 years. All of the following programs have evolved using the research which has come to light in recent years. Additionally, the implementation of the evaluation from Northern Pacific Consulting Research will be vital to ensure all partners stay of the same track with EBP and fidelity monitoring will play a large role in this process. A newer partner, Project H.E.A.R.T., will address the continued care necessary for our current and future drug court clients. This mentorship piece will specifically focus on building a pro-social network of support outside of the client's terms and conditions of probation and long after their legal woes have passed. This will address a missing piece of continued care and ensuring clients continue to be supported and access services as they are needed.

The Grant would allow the Nevada County Probation Department and its partners: Community Recovery Resources, Common Goals, NPC Research, Project H.E.A.R.T, Victor Services and Nevada County Health and Human Services to complete the aforementioned enhancements in the following manner:

Probation Department:

Deputy Probation Officer: Under the SAMSHA expansion program a Deputy Probation Officer will be assigned full-time to actively supervise up to 25 Adult Drug Court participants and will be allowed sufficient time to conduct proactive field operations including random searches and field alcohol and drug screening. The percentage of time is calculated based on a 30 to 1 high-intensity caseload standard recognized by the

probation department as a caseload goal to allow sufficient time to engage offenders using EBP engagement tools. No grant funds will be used to fund this position.

GPS Monitoring with Active Home Alcohol Monitoring: The grant would allow for funding for the Probation Department to expand their existing GPS monitoring program for more adult clients while also enrolling participants into an alternative sentencing program with active alcohol monitoring. This monitoring would help achieve the goal of sobriety while also holding participants accountable according to the primary conditions of Adult Drug Court. A secondary impact would be to free up jail beds for the detention of more violent offenders without having to sacrifice supervision or public safety since DPOs would be up to date with all movements of participants.

Alcohol and Drug Testing costs: Consistent and unrestrained alcohol and drug use monitoring is a cornerstone of any Adult Drug Court. The grant would expand the frequency of participant testing to ensure sobriety and the primary conditions of Drug Court participation.

Mental Health/Co-occurring Disorder Therapist: Nevada County Probation currently has a part-time licensed therapist who works with clients within the Post Release Community Supervision and Mandatory Supervision caseloads. This grant would allow us to extend these services to Adult Drug Court. This position is currently fully funded under probation and the therapist is a county employee through the Department of Health and Human Services, Behavioral Health division.

Community Recovery Resources:

Full Clinical Assessments: The grant would allow for CoRR to conduct full clinical assessments as part of the admission process.

Cost for Outpatient Therapeutic Programming: The grant would provide assistance for those participants that do not have medical coverage or the financial means to pay for cost of outpatient treatment.

Residential and Transitional Housing: 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. Transitional housing would be utilized in situations where participants are without stable housing, usually as a direct result of their past additions and poor choices.

Common Goals:

Full Clinical Assessments: This grant would allow for Common Goals to conduct full clinical assessments as part of the admission process.

Cost for Outpatient Therapeutic Programming: The grant would provide assistance for those participants that do not have medical coverage or the financial means to pay for cost of outpatient treatment.

Transitional Housing: Common Goals currently operates two transitional housing units with the addition of a new all-female unit being built currently. These transitional unites would be utilized in situations where participants are without stable housing in conjunction with cognitive behavioral programming and drug treatment efforts.

Northern Pacific Consulting Research (NPC):

Evaluation Research Design: This grant would allow for NPC to create a unique research design to evaluate the current programs and efficiency of the ADC in Nevada County.

Program Development: With evaluation research would also come recommendations from NPC on how to improve our ADC within the county in order to be able to accommodate additional clients for future services.

Database Consultation: NPC uses its expertise in program evaluation data collection and analysis to advise clients on the most appropriate information to collect in order to measure the outcomes of interest.

Project H.E.A.R.T:

Peer Recovery and Support: This grant would allow Project H.E.A.R.T. to provide services to an increased number of participants in recovery by enhancing recruitment of peer leaders as providers of mentoring and coaching. Developing a one-on-one relationship in which a peer leader with recovery experience encourages, motivates and supports a peer in reintegrating back into society sober and pro-socially.

Victor Services:

Evidence Based Mental Health Services: This grant would allow Victor Services to continue their work with Probation serving the Adult Drug Court clients with MRT, Aggression Replacement Training, Parent Project, Cognitive Behavioral Therapeutic groups,, individual and family therapy, and case management services to help reintegrate clients back into society.

B.2 Probation Evidence-Based Practices:

Evidenced-based practices (EBP) and curricula are utilized throughout the probation field in California. The primary catalyst of this expanded use of EBP was born from the California Community Corrections Performance Incentive Act (identified and give the name “SB-678”) signed into law in October of 2009 by Governor Brown. The goal of SB-678 legislation was to reduce recidivism of felony probationers by improving probation services using evidence based practices. Accomplishing this goal would produce savings at the state level, reduce prison overcrowding, and enhance public safety. It is an incentive to use evidence based practices that requires performance measurement.

Risk and Needs Guide: For adult offenders, Nevada County Probation’s evidence based program used as its risk assessment tool is the CAIS Assessment Tool. The CAIS identifies criminogenic needs and includes domains for alcohol and drug abuse and mental health assessments in order to screen adult offenders for co-occurring disorders. Individual offenders referred to ADC Program, are assessed by Probation staff to develop supervision plans. The use of evidence based tools enable early identification of offenders with co-occurring disorders. Case Plans are also an inherent part of any offenders treatment plan. Within the specialty courts, these case plans are reviewed and shared with the ADC team.

Motivational Interviewing: Motivational interviewing (MI) is an evidence-based strategy designed to address ambivalence to change. All DPO staff in the Nevada County Probation Department have received training in MI and are encouraged to utilize this EBP process.

Cognitive Behavioral Therapy (CBT): Cognitive-Behavioral Therapy is a form of psychotherapy proven in numerous clinical trials to be effective for a wide variety of disorders. Approximately 30% of DPOs have received certification as a CBT facilitators and run several ongoing in-house groups for clients in-house.

Interactive Journaling (Change Companies): The Change Companies curricula are designed not only to enable programs to implement leading behavioral-change research, but to do so in a way that is accessible, meaningful and motivational for the Probation clients. Curricula is delivered either individually or in small groups to both juvenile and adult populations. 100% of all DPOs have received certification in the use of interactive journaling.

Aggression Replacement Therapy (ART): ART concentrates on development of individual competencies to address various emotional and social aspects that contribute to aggressive behavior in youths. Program techniques are designed to teach youths how to control their angry impulses and take perspectives other than their own. The main goal is to reduce aggression and violence among youths by providing them with opportunities to learn pro-social skills in place of aggressive behavior. ART is an OOJCP model practice program. 80% of all DPOs have been certified to deliver ART curricula and deliver numerous sessions to primarily juvenile clientele.

The Parent Project®: The Parent Project's *Changing Destructive Adolescent Behaviour* is the only program in the country specifically designed for the juvenile justice system and adjudicated youth. The Parent Project is the largest court mandated or juvenile diversion program in the country and gives parents improved communication skills. It also teaches proven strategies which influence children to change even the most destructive behaviors, including drug use, gang affiliation, truancy, family conflict, violence and running away.

CoRR Evidence-Based Practices:

Community Recovery Resources (CoRR) is a 501c3 public benefit corporation providing substance abuse treatment services continuously since 1974. CoRR's definition of recovery is the resolution of alcohol and other drug problems, the progressive establishment of a meaningful sense of identity, improvement of overall physical and mental health, maintenance of healthy relationships, and increased contributive citizenship (life purpose, elimination of threats to public safety, social contribution). This represents the true purpose of its programs, and CoRR provides all clients a full-range of services to support full recovery and achieve stability and self-sufficiency.

Community Recovery Resources utilizes a wide range of EBP programming in its outclient and residential programs. Core EBP's used to support clients include Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and DBT (Dialectical Behavioral Therapy). These are recognized by SAMHSA. The research-based recovery curriculum developed by the Change Companies is used for both men and women as well, Family Team Meetings and Strengths-Based Case Management are evidenced-based practices approved by SAMHSA, adapted and applied to this setting. These EBPs are appropriate for the perinatal and co-occurring populations as well, although a specific journaling curriculum is used for clients with co-occurring disorders. Overviews of these practices and how they are incorporated in CoRR residential programs are described below.

Motivational Interviewing Motivational interviewing (MI) is also widely utilized with CoRR staff. 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". (TIP 42). MI can also be modified to meet the special circumstances of clients with co-occurring disorders (COD).

Cognitive Behavioral Therapy (CBT): Cognitive-Behavioral Therapy is also a core EBP program utilized by staff at CoRR. Therapists help clients to overcome their difficulties by changing their thinking, behavior, and emotional responses. Outcomes include decreases in: Post Traumatic Stress Disorder symptoms, self-blame, problem behaviors, and depression. CBT is a strategy used in group and one-on-one sessions. This approach informs services provided by counselors, as counselor and client work together as a team to identify and solve problems.

Interactive Journaling (Change Companies): The Change Companies curricula is also utilized by CoRR staff. Curricula is delivered in education groups at Hope House and SP RTP. Interactive Journals deliver core behavior-change content 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. Clients are provided a set of workbooks (up to 15 if authorized for 90 days) upon entry into the program which are split out for the duration of their program. They retain those completed when they are discharged from the program. Journal Topics, in order are: #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; #15 Recovery Maintenance.

Managing 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 program utilizes 12 workbooks (20-50 pages each) to offer a cognitive behavioral approach using reading, journaling, and discussion, all of which are delivered by the group facilitator using motivational interviewing. This also utilizes the Stages of Change to elicit change talk by the client in moving from pre-contemplation to maintenance of their disorders through participation in our program. 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) Lifeskills, 8) Healthy Relationships, 9) Maintaining Positive Change, 10) Mental Health Disorders, 11) Transition, 12) Employment Skills.

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. Originally developed at the University of Kansas School of Social Welfare to help people with mental illness transition from institutionalized care to independent living (*Rapp and Chamberlain, 1985*), the strengths-based model is based on two primary principles: (1) providing clients support for asserting direct control over their search for resources (2) examining clients' own strengths and assets as the vehicle for resource acquisition. As part of treatment CoRR provides intensive case management to support clients transitioning back to community. This focuses is especially on housing,

transportation, vocational, educational, and medical issues as staff develop strategies in partnership with the client to support family stability after treatment plan completion. Case management at CoRR is delivered through goal-setting one-on-one meetings with CoRR's Masters-level social worker, and aims to prepare women for transitioning back to life outside a residential setting. CoRR's clinical team is developing parallel programming at South Placer, so that all Nevada County clients will receive the highest level of care at any of our facilities.

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 (NREPP). This modality is delivered by MFTs in group and individual settings, and was chosen due to the prevalence of prior trauma (including domestic violence) in CoRR's client population. Seeking Safety focuses on coping skills and psycho-education and has five key principles: 1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); 2) integrated treatment [working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time]; 3) a focus on ideals to counteract the loss of ideals accompanying both PTSD and substance abuse; 4) four content areas: cognitive, behavioral, interpersonal, and case management; and 5) attention to clinician processes (helping clinicians work on counter-transference, self-care, and other issues). Results from trials showed significant improvements in substance use (both alcohol and drug), trauma-related symptoms, suicide risk, suicidal thoughts, social adjustment, family functioning, problem solving, depression, cognitions about substance use, and didactic knowledge related to the treatment. CoRR has used Seeking Safety successfully with clients since 2006 it is associated with increased participant engagement.

Common Goals Evidence-Based Practices:

Common Goals Substance Abuse Counseling Services is a community based program designed to encourage, motivate, and empower people of all ages to make positive changes in their lives. They provide services in a positive and respectful manner within a professional environment. The goal is to provide quality substance abuse treatment programs to individuals and their families and to raise awareness in the community of the social, health and financial impacts of substance abuse. Currently Common Goals participates in multiple programs and services aimed at treating drug and alcohol disorders.

Adult Outpatient Program: Comprised of both individual and group counseling along with individually tailored treatment planning, this program includes an Assessment, Evaluation, Intake, Treatment Plan and an Exit Plan. Programs last for three, six, nine, or twelve months and require drug testing. Involvement in a 12-step program is encouraged. Common Goals Outpatient program currently works with the following Courts and procedures: PC1000, Proposition 36, Mental Health Court, Dependency Court, Drug and Alcohol Dependency Assessments, AB109, Men's Clean and Sober Living Housing, and Nevada County Probation Department.

Anger Management Programs: Common Goals also houses adult anger management treatment (ART) programs aimed at reducing anger through discussing the common triggers and thoughts that lead to aggressive and hostile situations. Clients are taught various techniques to reduce anger and how to identify potential triggers. In addition, clients are assessed before and after program implementation to determine if measurable aspects of behavior have changed. Anger and hostile behavior are triggers and by products of substance abuse and as such, are important aspects of a client's personality that may lead to relapse or a continuation of addictive disorders.

Moral Reconciliation Therapy: Moral Reconciliation Therapy (MRT) is a cognitive-behavioral program for substance abuse treatment and for criminal justice offenders. Developed in 1985, more than 120 published reports have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years after treatment. Studies show MRT-treated offenders can have rearrest and re-incarceration rates 25% to 75% lower than expected.

MRT is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior. Poor moral reasoning is common within at-risk populations.

MRT addresses beliefs and reasoning through a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation. Common Goals conducts MRT classes exclusively for the Nevada County Probation Department.

Project H.E.A.R.T. Evidence Based Practices:

Project H.E.A.R.T, a local non-profit agency, has provided peer recovery support in Nevada County for the past five years. 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.

Peer mentoring or coaching: Development of one-on-one relationships where peer leaders with recovery experience encourage, motivate and support peers in recovery.

Peer recovery resource connecting: Connects the peer with professional and nonprofessional

services and resources available in the community. Increased peer leader availability supports quicker connections between recovering peers with professional and nonprofessional services and resources available in the community.

Recovery group facilitation – Project HEART peer leaders organize, facilitate and lead recover-oriented group activities including support groups and educational activities.

Building Community – Project HEART is a pro-social organization helping peers make new friends and build healthy social networks through emotional, instrumental, informational, and affiliation types of peer support.

Victor Services Evidence Based Practices:

Victor Community Support Services is a community based focused agency which provides family support services and mental health services in homes, schools and communities. They are focused on prevention and early interventions to prevent placements in facilities.

Treatment Centers –Victor Treatment Centers work directly with community members with mental illness, substance abuse, anger issues, and cognitive issues. They have a staff of trained mental health therapists who provide treatment to adults and juveniles.

Intensive Mental Health and Substance Abuse Therapy- Victor Services provides cognitive behavioral therapy, moral reconnection therapy, and individual, group and family therapy sessions both in their centers and at their clients residences.

Nevada County Health and Human Services Agency Infrastructure Improvement Evidence Based Practice:

Evidence Based Design for Healing Environments: Rehabilitation of a County owned residence will be revamped using evidence based design techniques to ensure the resulting environment is conducive to healing. Research shows better outcomes are achieved in environments specifically designed to physically and culturally support health, healing and wellbeing. (Friedlow, 2012)

B.3 Not Applicable

B.4 Disparities in Service

The providers and programs we propose to use have been successful in reaching all of Nevada County's population. The remote and rural areas have been served by all of the proposed agencies for the past decade. Additionally, the programs materials are provided in both English and Spanish which cover the clients within the system currently.

B.5 Not Applicable

B.6 Monitor the Delivery of EBP Ensuring Fidelity

The probation department has put together a fidelity task force of deputy probation officers who have been trained in all of the programs as trainers themselves. This task force will sit in on groups, provide surveys to clients with the help of our analyst, and follow the direction and guidance of NPC Research who will be working in concert to ensure fidelity to all programs is followed.

Section C: Proposed Implementation Approach

C.1 Expansion

Most importantly, the Nevada County Adult Drug Court Expansion Grant will expand the annual capacity by 62.5% (from 15 program participants to 25 program participants). Since it takes 24 months to successfully complete the Adult Drug Court Program, a maximum of 30 additional participants could be processed thru the Adult Drug Court Expansion with the expanded capacity during the grant period. The grant will improve the level of supervision by allowing more availability of a Deputy Probation Officer to almost exclusively supervise the Adult Drug Court caseload which will improve community safety and offender accountability. Financial assistance with the monitoring costs of alcohol and drug testing will also improve accountability and support the participants with their sobriety. Expanded therapeutic services available to the participant such as earlier clinical assessment, newly available residential treatment and transitional housing for those in need of and assistance with program fees for those showing need will improve overall treatment options, fill gaps in current funding options and increase access to sobriety tools. This grant will also expand alternative custody options which will alleviate overcrowding at the jail while providing a new option for in-home continuous alcohol monitoring.

CoRR has the staffing and physical capacity to conduct the clinical screenings earlier in the process assessment (Correction in Drug Court Model) and has the therapeutic staff available to treat 20 additional ADC participants while making all the necessary community referrals for those it is not able to treat. CoRR also is already currently utilizing a confidential medical screening, conducting financial assessments to bill clients appropriately, and has the medical screening system to test for HIV and Hepatitis B & C.

C.2 Drug Court Model Elements:

The treatment service approach for clients in the ADC will continue to grow and adapt to the new evidence which is published by the National Adult Drug Court Program (NADCP) ensuring fidelity to the key components. Additionally the Nevada County ADC will adapt and implement corrections given by NPC during the 2016 evaluation. While the program has been successful in previous years, with the changes in California Law through Realignment in 2011 and Prop 47 in 2015, California Courts need readjust to the changing landscape of the drug addicted and mental health offender. Given all of the recent changes what has remained consistent is Nevada County's commitment to each of the specialty courts as well as to the community based organizations who have served in conjunction with the county and Court to serve this population. The current ADC program adheres to the 10 Key Components as follows:

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing. ADC court participants must be willing to plead guilty to a felony for which a term of imprisonment is imposed and suspended. Each participant must be 18 years of age and, most importantly, be willing to agree to participate in outpatient treatment for a length of at least 24 months. However, some defendants opt out and waive their rights to take advantage of the program.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights. While mandated to follow the law, the District Attorney and judiciary work closely with the treatment team to support positive outcomes. All treatment team members have a voice at staffing and their recommendations are considered by the judiciary. Following the multi-phase treatment structure of Adult Drug Court, all team members are committed to providing all the resources available to ensure a positive outcome, including assisting in finding funding for the appropriate treatment plan for the individual defendant. Philosophically the alternative court team members (including individual judges assigned to the alternative/problem-solving courts) not only follow the law, but believe that this course is truly in the best interest of long-term public safety and the welfare of the defendant. This belief has been arrived at due to overall success of our local programs and the numerous studies that have been done on the effectiveness of problem-solving courts.

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program. Since this Adult Drug Court focuses on repeat offenders, the defendants are identified early on by the District Attorney upon review of crime reports submitted by law enforcement and a review of criminal history records reflecting applicable prior drug history and prior convictions. If the defendant is eligible for ADC, he/she is advised of this early in the criminal court process.

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. Upon eligibility for the program, clients are assessed by the Deputy Probation Officer for suitability to the program and a willingness to participate. **NOTE:** It is at this point that a full clinical assessment would be added to the acceptance process into the program so treatment team members can determine if a co-occurring disorder exists. Based upon the results of the assessment, a treatment recommendation is made, and the client will enter into outpatient and/or mental health treatment services upon completing their jail sentence.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing. The frequency of alcohol/drug-testing an individual will receive is determined by which phase they are in. Phase I (90-days) and Phase II (90-days) are tested at a frequency of three times per week. Phase III (180-days) clients are tested two times per week and Phase IV clients (180-days) are tested one time per week. As a condition of their participation, alcohol/drug testing may be done by probation officers and treatment service providers. All drug testing is performed

utilizing standards that follow 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. **NOTE:** As mentioned previously, this is an area in need of improvement as the frequency of testing is not implemented at a consistent level due to funding restraints.

Key component #6: A coordinated strategy governs drug court responses to participants' compliance. Adult Drug Court allows for “flash incarceration” as a means of behavioral modification or sustaining client accountability, but this is used as one of the last resorts. There is a balance of incentives and sanctions and the treatment team works in close collaboration regarding the escalation of treatment options based upon client progress. While relapse may lead to a suspension of program privileges, the preference is to maintain treatment and adjust the treatment strategy to meet the needs of the client. However, consistent abuse of the treatment privileges by the client may indeed result in termination from the program and a jail/prison sentence imposed.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential. ADC clients 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. Case records are maintained for every client by the Alternative Court Coordinator. Additionally, CoRR maintains statistical information on the performance of participants throughout their term in the program. Evaluation results are analyzed by the treatment team. Based upon this analysis, program modifications may be enacted.

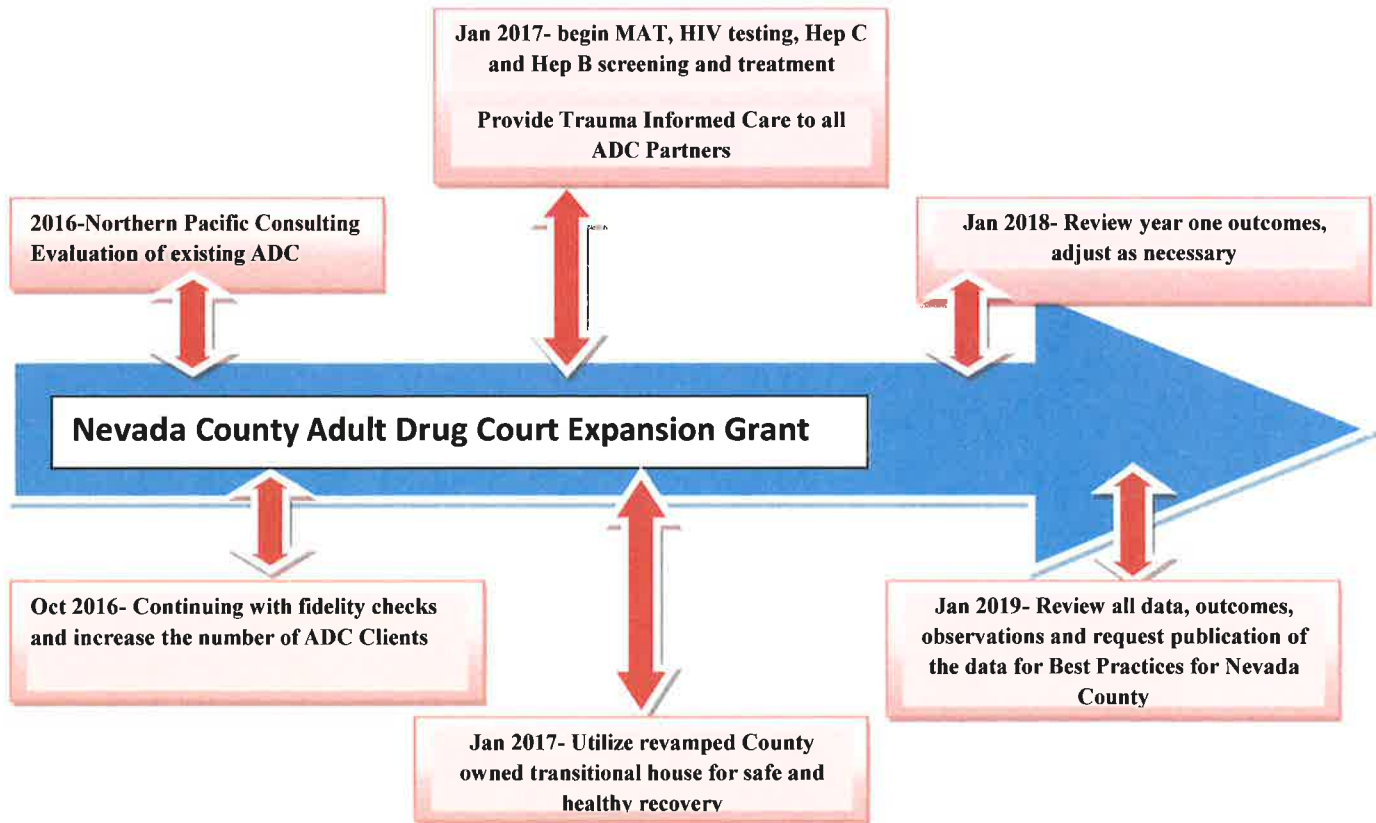
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. Treatment team members consistently receive internal and external training in matters pertaining to operational, procedural and treatment issues. In order to maintain their licensure and/or certification, treatment counselors must complete varying degrees of continuing education each year. The same is true for judicial system officials.

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 ADC program.

C.3 Implementation of Trauma Informed Care:

The assigned DPO as well as the current therapist will receive e extensive training on Trauma Informed Care, additionally the probation department will host trainings on violence and harm reduction to all partners within the ADC program, including the judges, DA’s and Public Defenders as well as treatment providers.

C.4 Timeline:



C.5 Screening Tools/Process:

Probation:

The Nevada County Probation Department uses the CAIS risk assessment tool. The CAIS identifies criminogenic needs and includes domains for alcohol and drug abuse and mental health assessments in order to screen adult offenders for co-occurring disorders. When the CAIS Tool identifies risk factors, the DPO assigned to supervise the offender and engage them in addressing the risk factor using MI tools while making the appropriate referrals to local resources. Throughout the assessment offenders are able to provide input on the identified risk factors and can take part in the planning and implementation of solutions related to their risk factors. The case plan module is attached to each offender’s file. This allows the DPO to focus on current issues in the offender’s life to help them overcome barriers giving them SMART (specific, measurable, achievable, realistic and timely) goals. In addition, the DPO assigned to each

offender makes it a priority to assist in the building of self-efficacy to help offenders rely on their skills and tools in order to succeed in everyday life.

Nevada County Probation is familiar with the GPRA data collection tools as they have been used under the DUI Expansion Grant since 2014. All DPO's have been trained on the GPRA as well as are familiar with the data uploading system as required by SAMSHA. Nevada County Probation has also received extensive training on dealing with mentally ill offenders with the help of the local branch of NAMI.

Community Recovery Resources:

As with all programs within CoRR, services are based on the strengths, needs, abilities, desired outcomes, and cultural background of the person or family served. Treatment plans are developed with the input of the person served. Person- and family-centered services are a way of identifying what people want to achieve and what kind of supports are needed to reach those goals. The process considers the needs and goals of the person served, and develops or directs those services to be provided in a manner that reflects and responds to those needs and goals. Orientation includes full explanation of client rights and responsibilities; grievance procedures; services; expectations; confidentiality; financial obligations; familiarization of premises; and careful explanation of all processes (assessment, treatment planning, discharge). Client signature acknowledges orientation was complete and understood.

Each client has a Primary Counselor assigned and together they develop an individual treatment plan within 3-7 days of admission that addresses the clients' short term and long term goals. Client perspective is valued through the evaluation and quality assurance process. This provides early engagement, but is also a means to evaluate as they look at how successful they are in supporting clients to achieve those goals. The treatment plan is reviewed by CoRR's Medical Director for medical necessity and then monitored by the Primary Counselor, assigned Therapist, and the Program Director on a weekly basis.

CoRR's **treatment plans** are structured through an initial evaluation and orientation, followed by three basic phases: 1) Stabilization 2) Core Program, 3) Preparation and Action. The basic program delivery format is consistent for all target populations and is designed with assessment and goal setting followed by 3 basic phases that can be completed individually and/or modified to meet each client's individual needs. Clients have utilized 30-day stays to 6-month stays to create their foundation of recovery. The full scope of the program is best experienced with completion of all 3 phases.

These phases are described in greater detail below.

Common Goals:

Substance use disorder services provided by Common Goals, Inc. to our clients are client centered. The approach is to meet the client where they are at, treating the client as an individual with individual needs and abilities. 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, recovery and life skills and individual counseling to strengthen relapse prevention strategies.

The client is engaged in treatment immediately from first contact with our office; and clients are brought in for assessment and intake quickly, often within 2 - 3 days. The client is

assigned a primary counselor; however, all counseling staff is available to assist the client.

Treatment plans are developed, with the client, within 30 days of intake. The treatment plan is designed to outline the client's goals, along with the action steps to meet those goals over a 90 day period. Each treatment plan is reviewed and updated, with the client, every 90 days. As the client successfully meets their targeted goals, he/she progresses through the phases of treatment.

Common Goals takes the approach that addiction is a family disease, family and significant others are encouraged to participate in their loved one's treatment.

The treatment program works closely with Turning Point private behavioral health services, Nevada County Behavioral Health, Chapa-De Tribal Health and Mental Health Court collaborating to meet the needs of the co-occurring population. We also work closely with Nevada County Child Protective Services and their clients. Common Goals also provides transitional housing for many probation clients. Monthly progress reports are given to probation and any immediate needs of clients is handled between the client's counselor and the probation officer working collaboratively to find the best course of action for the client and their program.

C.6 Initial Evaluation and Orientation:

CoRR's holistic assessment process includes careful screening for co-occurring disorders and emphasizes self-evaluation complimented with clinical diagnostic tools to provide informative assessments. CoRR's very extensive biopsychosocial assessment is CARF-approved and covers the six dimensions defined by the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition (ASAM PPC-2). Utilization of *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision [DSM-IV-TR]* as well as the ASAM PPC-2 *client placement system* facilitates appropriate, effective treatment. Initial intake and assessment is conducted by licensed drug-and-alcohol counselors using this comprehensive rather than categorical assessment, which includes the community and family as well as the individual in the assessment to develop a more complete and asset-based picture of recovery capital—all the resources (as well as barriers to overcome) that a client has to achieve successful recovery. Basic elements of CoRR's assessment process includes gathering information on:

Background: including trauma history, family information, legal involvement and financial situation, medical/dental health or prenatal exposure, education, housing, employment, etc.

Substance use: using American Society of Addiction Medicine guidelines.

Psychiatric problems: are identified by looking at family and client history, current diagnoses and symptoms, medications, etc.

CoRR's Treatment Plans are written to address these seven (7) domains:

- 1) Drug Use and/or Withdrawal Potential
- 2) Biomedical/Behavioral Conditions and Complications (physical health)
- 3) Emotional/Behavioral Conditions and Complications (mental health)
- 4) Treatment Acceptance/Resistance/Readiness to Change
- 5) Relapse/Continued Use Potential

- 6) Recovery Environment (Family, Social, Educational, Vocations)
- 7) Discharge Planning (plan for reintegration into community after discharge)

C.7 New Partners

Victor Services will provide in-home therapy and family therapy to clients within the adult drug court, additionally they will be another provider of programs to the clients. NPC Research will also be a new partner to the ADC, they will be providing a fidelity check to the existing program and provide outcome data and support to the ADC team throughout the life of the grant. All of the other partners have been named and have been working with ADC for the past decade. All letters of support are attached in Attachment 1.

C.8 Unduplicated Numbers

There are currently 15 clients in the ADC. With this expansion we are planning on having 10 more clients enter which will bring the total to 25. Some clients are close to completion of their ADC program while others have just entered. Given the 2 year program we are hoping to serve an additional 40 clients through the life of the grant. All incoming clients will be screened for Hepatitis B and C and HIV, all receiving treatment as needed. Also all incoming and existing clients will receive MAT as needed and willing.

C.9 Per Unit Cost

The average cost per person enrolled in the program through the life of the grant will be \$32,500. As these clients are facing prison terms on average of 3 years, this saves approximately \$75, 000 per person through the use of evidence based practices and intensive programing and monitoring through adult drug court.

C.10 Medical Testing and Treatment

Nevada County Probation has been a longtime partner of the Nevada County division of Public Health. This has allowed us to have a public health nurse on duty part time within the probation department. The access to public health has served all of probation clients greatly from immunizations, to nutrition and caring for wounds and quickly diagnosing skin issues and infections such as MRSA. We plan to have all clients who voluntarily accept, be screened for Hepatitis B and C as well as encouraging them to be screened for HIV. All of the testing would be done at the County Public Health office with transportation assistance being provided by probation. If treatment were necessary this would be worked into their individualized case plan for compliance and continued care.

C.11 CLAS Standards

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate.

Although Nevada County lacks a generous amount of cultural diversity, our current ADC DPO is fluent in Spanish and is also very familiar with the culture. We encourage all of our officers to expand their learning and support them in their efforts.

Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

We provide access to interpreters at no cost to our clients. The interpreters are certified and are also used by the court during hearing proceedings. We also have the ability to seek interpreters through our medical facilities within the county.

Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Within our existing case management system, *Automon*, we can account for outcomes of any sort. We will include health equity outcomes as well as data on service delivery to non English speaking clients.

Section D: Staff & Organizational Experience

D.1 Capability

As has been stated previously, the Nevada County Probation Department is an active participant in all of the alternative courts in Nevada County with many of them dating back decades. The Chief Probation Officer, and his subordinate staff, have regular high-level meetings with all treatment team members and their respective department heads. The Superior Court meets with the Chief Probation Officer and communicates any concerns that may develop. The Chief's assigned *Project Director* for this grant has 10 years experience in probation and has managed SAMHSA grant for the expansion of the county's DUI Court. Additionally, the current DPO who supervises the ADC caseload has 20 years of experience in probation in all areas as well as successfully revamping the ADC to date since taking it over from another stakeholder. The DPO is also very active with local non-profits and the establishment of productive relationships with all stakeholders within the current ADC. As stated earlier there has not been a diverse clientele within the ADC, which is reflective of the population within the county. However, the current DPO assigned who is and will remain fully funded by probation with 100% level of effort, has worked with community outreach for decades including with Spanish speaking individuals through gang outreach in central California.

D.2 Organization Capability

Similarly, Community Recovery Resources, the featured nonprofit treatment provider for this grant application, has served the community (and this drug-using population) since 1974 as a 501c3 public benefit corporation and is well acquainted with the cultural nuances of the drug-using population. To further this connection, nearly 75% of CoRR's counseling staff are in long-term recovery (which is common for the AOD counseling field).

CoRR recently opened the doors of a new comprehensive state-of-the-art treatment center, named *The Campus*, in September of 2012, giving Nevada County primary access to a complete continuum of integrated care in setting designed by best-practices for a recovery-oriented system of care. The Campus is a 37,000 square foot wellness center focused on recovery and behavioral health. The Campus is carefully designed to incorporate best-practices and proven local strategies to address community needs and service deficits as it makes recovery

accessible and effective. CoRR currently provides a full-range of holistic prevention and treatment services out of three buildings on The Campus:

1. Building A - a state of the art two-story Outpatient Service Center, includes child development center, medical examination rooms, education rooms, group and individual counseling rooms, meeting space, drug testing facilities, and administration (upstairs).
2. Building B - a research-designed residential building housing up to 50 clients for residential treatment (men and women, separately) and detoxification (6 men, and 6 women). Building B houses a commercial kitchen, and includes space for alternative therapies including art, clay, etc.
3. Building C - supportive separate gender specific housing for 8 men and 8 women (with accommodation for their children) transitioning out of treatment; includes fitness center downstairs, with free weights, cardio machines, dance/aerobics/yoga floor, etc.

Community Recovery Resources is the largest provider of all Court-mandated drug education classes within the county, and has contracts with the Federal Office of Probation and SAMHSA (Drug Free Community). All of the facilities in which services are provided are compliant with the Americans with Disabilities Act. At this time all of the physical and logistical resources are available to provide a high level of service in an accessible and comfortable environment conducive to treatment success.

D.3 Staff

There will be one Project Director assigned to this grant, whose roles will be to attend ADC meetings, provide community outreach and education on the ADC program in Nevada County, secure and maintain contracts with partners, adhere to SAMHSA guidelines and deadlines for reporting, coordinate with NPC Research for training, evaluation and outcome research. Additionally, follow through with partners to ensure adherence to EBP guidelines and fidelity.

One full time DPO who is 100% dedicated to ADC. The DPO's duties will be to provide proper supervision of clients within the program, staff all cases with the ADC team, ensure each client has access and knowledge about programs helpful to their recover including mental health services and MAT if needed as well as testing for Hepatitis B, C, and HIV. The DPO will provide timely case plans for each client addressing criminogenic needs and SMART goals for the client, connect each client to community partners for stability and long term success, make recommendations to the ADC team for sanctions and/or rewards, build strong foundation for success in aftercare through partnering with Project HEART mentors. Ensure that all assessments are completed and GPRA's are thorough and uploaded into the database in a timely fashion.

D.4 Experience

The Project Director has been with probation and working within community corrections for 13 years, has experience managing grants and implementing new programs. The current DPO who supervises the ADC caseload has 20 years of experience in probation in all areas as well as successfully revamping the ADC to date since taking it over from another stakeholder. The DPO is also very active with local non-profits and the establishment of productive relationships with all stakeholders within the current ADC.

D.5 Input

With the assistance of NPC Research, interviews will be conducted with all clients currently in the ADC program as well as future clients through the life of the grant to assess their views on the program and where they feel improvements could be made to better serve them. Additionally, through stakeholder meetings, programs and current practices will be discussed and evaluated for continued use while keeping abreast of new research and programs which have data to support their success.

Section E: Performance Assessment & Data

Section E.1 Documented ability to collect and report on performance measures.

Both Nevada County Adult Drug Court (NCADC) and the research and evaluation team at NPC Research (NPC) have been responsible for successful GPRA reporting on multiple federal grants in the past. NPC will provide technical assistance, as needed, to NCADC to support performance measure collection and reporting. The combined knowledge, experience and tracking infrastructure, desire to be successful, along with an understanding of the importance of good data collection, will ensure timely and accurate GPRA data at intake, 6 months and discharge. At a minimum GPRA data will be collected that includes but is not limited to (as required in section I-2.2 of RFA).

NCADC staff responsible for collecting GPRA data will interview participants within 3 days of entering the NCADC and will enter these data into SAMHSA's SAIS system within 7 business days of data collection. NPC Research review GPRA data semi-annually, to ensure fidelity to reporting requirements.

E.2. Describe plan for data collection, management, analysis and reporting.

GPRA Data Collection:

As mentioned above, individual NCADC staff will be trained on collecting GPRA performance measures. NPC will also be available for consultation about any questions or issues with data collection procedures. NPC staff will help set up a tracking database and reminder systems so that that 6-month follow-up and/or discharge interviews are conducted within the appropriate time frame.

GPRA Data Management, Analysis and Reporting:

NCADC staff will be responsible for data collection and entry in order to comply with GPRA requirements as well as tracking drug court program data (i.e., drug testing results, graduation/termination data, criminal justice contacts, service dosage information, etc.).

NPC will be responsible for any IRB review that needs to be accomplished in conjunction with this program (see Section G).

As the GPRA and other data accumulate, the NCACD Analyst will prepare a report to summarize program findings and spur discussions about *program improvement*:

- A baseline analysis of frequency/percentage distributions client characteristics from GPRA data, including race, ethnicity, age, substance of choice, use patterns, family, social supports, mental and physical health, criminal justice status, etc. Once follow-up interviews have begun, these summaries will include 6-month data as well.

Communication with NCADC staff, including information on disparate outcomes involving racial/ethnic groups: As part of the formal reporting (communication) process, NPC staff will review the semi-annual updates on the demographics of program clients prepared by the NCADC Analyst. Once follow-up data are available those reports will detail outcomes for clients broken out by race/ethnicity, age (and other client characteristics as requested by NCADC). NPC staff will review these findings and discuss them with NCADC staff to promote use of results in ongoing program improvement.

Any information from the local performance assessment (see below) that related to disparate participant outcomes will be provided to NCADC in a timely manner.

E.3 Local Performance Assessment

Conducting the Performance Assessment, Evaluation design in accordance with Section I-2.3 of the RFA: NPC Research (NPC) will collaborate with NCADC to conduct 10 Key Component fidelity checks of the Adult Drug Court Model and a participant outcome evaluation. NPC has conducted over 150 process, outcome, and cost evaluations of adult, juvenile, and family drug courts. Additionally, NPC and NCADC have a positive relationship stemming from a prior evaluation collaboration.

Both formal and informal opportunities to communicate ongoing evaluation findings with the staff will be developed with NCADC and NPC. On-going communication venues include in-person, webinar, phone and email communications as well as annual reports.

Local Performance Assessment Reporting/Communications

In Years 1 & 2, 10KC fidelity reports will be prepared by NPC for NCADC. In Year 3, NPC will prepare a participant outcomes study that answers the outcomes questions listed below. Both fidelity and outcome evaluation components will feed into the performance assessment, described below, which is built upon cumulative, on-going data collection and analysis. Semi-annual reports prepared by NCADC will describe changes among drug court participants over the entire grant period and shared with NPC. 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.

E3a. Outcome Evaluation

The participant outcome study will be conducted in Year 3. Participant data on drug court 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. We anticipate that there will be data for at least 150 participants over the life of the NCADC program (program inception, 1998) to use in the outcome analysis. Based on available data, NPC will examine answers to the following questions:

- **Graduation rates**
 1. How successful is NCADC in bringing participants to completion and graduation within the expected time frame?
 2. Does the graduation rate improve over time as the program matured? Does it fluctuate with policy/staffing changes?
 3. How does the NCADC graduation rate compare with the national ADC graduation rate?

4. Are there differences in graduation rate by subgroup or by changes in practices over time? For example, by race/ethnicity, gender, substance used, frequency of UAs, frequency of court sessions, length of jail sanctions, type and number of incentives, length of stay in the program.
- **Drug testing**
 1. Does NDADC conduct as much drug testing as is needed?¹
 2. Are confirmatory drug tests being performed as often as needed?
 3. Are there differences in the number of drug tests being done over time that correspond to treatment agency changes and/or other new policies?
 4. Do participants show fewer dirty drug tests as they progress through the program?
 5. Are there differences in the proportion of dirty drug tests by subgroup (race/ethnicity/gender/substance used)?
 - **Recidivism**
 1. Does NCADC program participation reduce criminal recidivism?
 2. On average, when does the first new arrest/new court case happen (during program or post program)?
 3. For participants who do recidivate, are the new charges less severe? (Utilize a pre-post analysis, e.g., two years prior to program start and two years after.)
 5. Are there differences in recidivism rates by subgroup or by changes in practices over time? For example, by race/ethnicity, gender, substance used, frequency of UAs, frequency of court sessions, length of jail sanctions, type and number of incentives, length of stay in the program.

E4. Process Evaluation

The primary goal of this grant is to increase the capacity to serve drug court participants with the intention of lowering substance use and criminal recidivism, as well as improving the overall quality of life. This will involve hiring new staff, adapting procedures and practices, creating new program partnerships, as well as forging new roles and responsibilities for existing staff and program partners. Documenting these processes is crucial to program monitoring and improvement efforts. To accomplish this, NPC researchers will engage in the following data collection activities as part of the process evaluation:

1. **Conduct yearly fidelity interviews with the program staff and program partners who provide services to program clients.** These key stakeholder interviews will use the 2016 10KC evaluation as a “jumping-off point” for documenting the extent to which the project implementation is progressing as planned, recommendations for improvement have been implemented (or why not), additional potential ideas for program improvement and any new barriers to program success encountered.
2. **Review relevant program documents** such as training and other program materials, protocols, job descriptions, checklists, etc. to better understand the program plan as well as its implementation.

The Years 1 & 2 fidelity reports will describe how closely the program implementation matches the Adult Drug Court model, any deviations from that model, causes of any deviations, and effects of the deviations on services and the evaluation. These checks will revisit recommendations from previous years’ evaluations to see if changes have been made based upon

¹ Many drug court programs think they are conducting more drug tests than they actually are.

evaluation findings. The NCADC analyst will summarize client flow from NCADC entry to the NCADC, types of services offered and obtained by clients in NCADC, intensity and duration of NCADC services, client characteristics, and program characteristics.

Key **process evaluation** questions to be answered are the following:

1. How closely do NCADC practices follow the known best practices of drug courts implementing the 10 Key Components of Drug Courts?
2. What improvements to NCADC implementation were made? Which were made as a result of the fidelity monitoring activities?
3. How did plans to increase NCADC capacity unfold? Specifically, did the number of participants and the types of services offered to, and engaged in, by participants match the proposal?
4. What, if any, types of deviations from the proposal occurred? What effect did the deviations have on the planned intervention and performance assessment?
5. Who provided what services, to whom, and through what systems?

Appendix II – Statement of Assurance

As the authorized representative of [insert name of applicant organization] Nevada County Probation, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation and certification requirements do not exist.³ (Official documentation is a copy of each service provider organization's license, accreditation and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

Mike Entola

Signature of Authorized Representative

4/4/16

Date

³ Tribes and tribal organizations are exempt from these requirements.

APPENDIX III – CONFIDENTIALITY AND SAMHSA PARTICIPANT PROTECTION/HUMAN SUBJECTS GUIDELINES

Fair Selection of Participants

The intended population for this project will be adults, male and female, of all racial/ethnic backgrounds. The ultimate screen for this population will be High Risk/High Needs current probationers or those with pending felony offenses. The initial recruitment will be initiated by Nevada County's criminal defense attorneys and their clients by submitting the Adult Drug Court application and informed consent form or by recommendations by Probation staff driven by current need. High Risk/High Need offenders will be the target population due to proven/replicated research that we can have the greatest impact to reduce recidivism. The final selection of participants will be done by the Drug Court Team (Judge, Public Defender, District Attorney, Probation and Treatment Providers) based on program criteria, risk/need assessment and offender willingness/motivation to enter Adult Drug Court.

Absence of Coercion

The Adult Drug Court Program is and will remain a voluntary program. Clients must apply to Adult Drug Court and, prior to acceptance, are provided an informed consent packet and Adult Drug Court manual. All requirements of the program are discussed with participants prior to entry including the incentive/sanction matrix that the Adult Drug Court implements. All incentives for program milestones are between \$10.00-\$25.00 monetary values and are only given for pre-determined milestones. All participants will receive services based on need no matter their participation in separate data collection.

Data Collection

As part of the NCADC SAMHSA grant, we are interviewing team members and community partners to help understand how the program is unfolding.

Everything you say to us will be kept confidential. If we did decide to use something you said, we would not reveal your identity. Your participation is voluntary and if you do participate, you may decide not to answer any of the questions. NPC staff [names when known] will ask questions and record the answers by entering them into a secure database at NPC offices.

Answering the questions is understood as your consent to participate in the interview process.

The interview takes approximately 30-60 minutes. Do you have any questions before we begin?

Privacy and Confidentiality

All data collection will be maintained in a secure case management system or NPC database to ensure privacy and confidentiality of all participants. Data will be collected by Probation Department staff that have previously been trained on confidential data management and

governed by department policy and California and Federal Code. All data collected by the outside program evaluators will be coded using unique numeric identifiers to ensure confidentiality.

Adequate Consent Procedures

All participants in NCADC, upon application, will review and submit an informed consent form. This form is reviewed with the client by his or her attorney, and later by the case manager when reviewing the NCADC program manual. Participation in the program is voluntary and copies of all documents will be provided to program participants.

APPENDIX IV - Budget and Justification (no match required)
Grant TI-16-009 Budget Narrative
3 year Federal Request
Part 1

A. Personnel
FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	Pamela Markham	In-Kind	10%	\$0.00
Deputy Probation Officer	Fred Viola	In Kind	100%	\$0.00
			Total Personnel	\$0.00

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.

B. Fringe Benefits
FEDERAL REQUEST

Component	Rate	Wage		Cost
FICA	7.65%	In-kind		\$0.00
Retirement	30.00%	In-kind		\$0.00
Unemployment Insurance	0.38%	In-kind		\$0.00
Health Insurance	10.96%	In-kind		\$0.00
			Total Fringe	\$0.00

C. Travel
FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Conference	Washington DC	Airfare	\$450/RT flight X 3 persons	\$1,350.00
		Hotel	\$180/night X 3 persons X 3 nights	\$1,620.00
		Full Day Per Diem (meals and incidentals)	\$69 X 3 persons X 2 days	\$414.00
		Travel Day Per Diem (meals and incidentals)	\$51.75 X 3 persons X 2 days	\$310.50
			Total Grantee Travel	\$3,694.50

Justification: Grantee costs associated with travel for three individuals, Deputy Probation Officer, Project Director and Program Evaluator, 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	Residential Treatment for 10 clients	\$100 per day	90 days	\$90,000.00
	Intake - Screening for HIV and HEP B & C	No Charge		\$0.00
	Intake - Screening for suitability and mental health needs for 10 clients	\$ 70 per hour	2 hours per client	\$1,400.00
	Treatment plan creation for 10 clients	\$ 70 per hour	2 hours per client	\$1,400.00
	Individual Counseling over Phases 1 through 3 = 5 participants X 42 sessions X \$73 hrly rate	\$ 73 per hour	42 sessions	\$15,330.00
	Group Counseling over Phases 1 through 3 = 5 participants X 132 sessions X \$30 hrly rate	\$ 30 per hour	132 sessions	\$19,800.00
	Transitional Housing = 5 participants X 12 months X \$850 per month	\$ 850 per month	6 months per client	\$25,500.00

(2) Common Goals	Individual Counseling over Phases 1 through 3 = 5 participants X 42 sessions X \$73 hrly rate	\$ 73 per hour	42 sessions	\$15,330.00
	Group Counseling over Phases 1 through 3 = 5 participants X 132 sessions X \$30 hrly rate	\$ 30 per hour	132 sessions	\$19,800.00
	Transitional Housing = 5 participants X 12 months X \$850 per month	\$ 850 per month	6 months per client	\$25,500.00
(3) Project H.E.A.R.T	Peer Recovery Support for 10 participants	\$30 per Peer Group meeting	2 times per month 36 months = 72 per client	\$21,600.00
(4) SCRAM	GPS Tracking for monitoring confinement and usage 10 participants X \$10 daily rate X 60 days	\$10 per day	60 days includes both initial and sanction days	\$6,000.00
(5) Providers to be Determined	Dental, MAT and misc medical care for 50% or, 5, new participants	\$3,000 per participant	5 participants	\$15,000.00
(6) Shannon Carey, NPC Research	Principal Investigator	\$164 X 60 hours	Over 3 year period	\$9,840
(7) Theresa Herrera Allen, NPC Research	Research Coordinator	\$94 x 125 hours	Over 3 year period	\$35,250
			Total Contracts	\$301,750

(1), (2) and (3) Justification: Drug Court participants participate in Drug and Alcohol Residential treatment, non-residential recovery programs and peer recovery support services provided through well-established local non-profit agencies. Due to the indigent nature of clients this budget assumes clients are financially unable to cover treatment costs. A schedule of treatment components are listed above:

(4) 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.

(5) 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.

(6) Evaluation services will be provided by NPC Research. Dr. Shannon Carey, who has extensive expertise in all aspects of research and evaluation, is knowledgeable about the population of focus, and will work with NCADC staff to design and oversee the process and outcome evaluations. She will assume responsibility for designing and implementing the process and outcome evaluations, and supervise the Research Coordinator. Dr. Carey has conducted numerous drug court evaluations for the past 15 years and has a current contract with NCADC for a 10KC Evaluation.

(7) Dr. Theresa Herrera Allen is a Researcher at NPC Research and will be handling the day-to-day evaluation activities as Research Coordinator. Her activities will include conducting the fidelity checks and drafting annual reports. Dr. Allen has worked on numerous drug court evaluations and has worked at NPC for ten years.

G. Construction

FEDERAL REQUEST **Not Allowed**

H. Other

FEDERAL REQUEST

Items	Rate	Other		Cost
Bedroom furniture including beds, dressers, desks	\$900 per resident bedroom space	14 bed facility		\$12,600.00
Shared living spaces	\$2,100 per room	3 residential use rooms		\$6,300.00
Meeting rooms	\$2,100 per room	2 meeting rooms	In-Kind	\$0.00
Administrative Office furniture	\$1,200 per room	2 on site offices	In-Kind	\$0.00
Household furnishings	\$15,000 total		In-Kind	\$0.00
			Total Infrastructure Support	\$18,900.00

Justification: Rehabilitation Residence furniture to support infrastructure partnership development with Health and Humans Services agency and vendor providers not yet determined. Partnership increases residential treatment capacity necessary to accomodate additional Drug Court participants and enhances living space in accordance with evidence based health/wellness environmental designs. Furniture costs were based on 14 residents and 24/7 staffing needs including on site therapists.

Total Direct Charges :	
FEDERAL REQUEST	\$324,344.50
Indirect Charges	
FEDERAL REQUEST	\$0.00
TOTAL FEDERAL REQUEST	\$324,344.50

Part 2

Proposed Project Period

a. Start Date: 9/30/2016

B End Date: 9/29/2019

BUDGET SUMMARY

Category	Year 1	Year 2	Year 3	Total Project Costs
Personnel	\$0			\$0
Fringe	\$0			\$0
Travel	\$3,695			\$3,695
Equipment	\$0			\$0
Supplies	\$0			\$0
Contractual	\$111,440	\$147,350	\$42,960	\$301,750
Other	\$18,900			\$18,900
Total Direct Charges	\$134,035	\$147,350	\$42,960	\$324,345
Indirect Charges	\$0	\$0	\$0	\$0
Total Project Costs	\$134,035	\$147,350	\$42,960	\$324,345

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST \$324,345

Justification for higher budget amounts in years 1 and 2 compared with year 3. The budgets for years 1 and 2 reflect residential treatment costs for 5 new participants in year 1 and 5 new participants starting in year 2. The budget for year 3 reflects less expensive outpatient treatment care for the same participants.

Data Collection and Performance Measurement	Year 1	Year 2	Year 3	Total Data Collection and Performance Measurement Costs
Contractual	\$15,030	\$15,030	\$15,030	\$45,090
Data Collection and Performance Measurement	\$15,030	\$15,030	\$15,030	\$45,090
Percent of Total Grant Award	11.21%	10.20%	34.99%	13.90%

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.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	TI-16-009
Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts (Short Title: SAMHSA Treatment Drug Courts)
Opportunity Package ID:	PKG00220713
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	
Competition Title:	
Opening Date:	02/01/2016
Closing Date:	04/04/2016
Agency:	Substance Abuse and Mental Health Services Admin
Contact Information:	Jon D. Berg Center for Substance Abuse Treatment Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, 13E65 Rockville, Maryland 20857 (240) 276-1609 Jon.Berg@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00005298
Application Filing Name:	ADC Expansion Grant 2016
DUNS:	0109790290000
Organization:	COUNTY OF NEVADA
Form Name:	Other Attachments Form
Form Version:	1.1
Requirement:	Optional
Upload Count:	0
Download Date:	04/04/2016
Form State:	No Errors

FORM ACTIONS:

Other Attachment File(s)

* **Mandatory Other Attachment Filename:**

To add more "Other Attachment" attachments, please use the attachment buttons below.

Nevada County Adult Drug Court Expansion List of Direct Service Providers

Community Recovery Resources	Treatment and Preventative Service
Nevada County Probation	Preventative Service
Nevada County Health and Human Services	Treatment and Preventative Service
Common Goals	Treatment and Preventative Service
Victor Services	Treatment and Preventative Service
Project HEART	Preventative Service
NPC Research	Research



Community Recovery Resources

A Wellness-Focused Recovery Organization

www.CoRR.us

Date: March 25, 2016

To: Michael Ertola, Chief of Probation
109 N. Pine St., Nevada City, Ca. 95959

Re: SAMHSA Drug Court Expansion Grant

Community Recovery Resources (CoRR) is extremely pleased to offer our ongoing support of Nevada County Probation Department (NCPD) as they apply for expansion of the Nevada County Drug Court program. NCPD provides program oversight, and participant supervision in partnership with Community Recovery Resources (CoRR) who provides all levels of treatment and therapy for Drug Court participants.

NCPD and CoRR have worked together with the Nevada County Adult Drug Court program since 1998 when the program was first established. Over the course of the past 18 years we have collectively served a criminogenic population that are high risk and have proven to be highly successful in a very structured socio-treatment environment.

Over the past few years as our participant numbers have increased we've experienced serious challenges with getting all the identified needs of this high risk criminogenic population met. This expansion grant will greatly increase our ability to more effectively treat and work with this population as well as increasing the potential for local community public safety.

As you know CoRR has been in place since 1974 and as a non-profit led by a volunteer board and as such we are committed to continuing our partnership in working with the criminogenic population of Nevada County.

Respectfully,

Warren Daniels, M.A., LAADC
CEO



COUNTY OF NEVADA HEALTH & HUMAN SERVICES AGENCY

950 Maidu Ave.
Nevada City, California
95959

Agency Director
Michael Heggarty

Telephone (530) 265-1627
Fax (530) 265-2295

Department Directors
Rebecca Slade, MFT, Behavioral Health
Jill Blake, MPA, Public Health
Tex Ritter, JD, Child Support Services/Collections
Mike Dent, MPA, Social Services

April 4, 2016

Dear Sir or Madam,

As Director of Nevada County Health and Human Services Agency (HHSA), I am writing this letter of support for the Nevada County Probation Department in their application for an Adult Drug Court grant. The Health And Human Services Agency provides evidence based mental health and substance abuse services to adults and juveniles incarcerated and/or on probation, and is an active partner in the Adult Drug Court Team.

The Adult Drug Court Program is a priority for Nevada County to reduce recidivism, improve overall functioning and mental health. I support any effort to improve services and outcomes for the community we both serve.

Regards,

A handwritten signature in blue ink that reads "Michael Heggarty".

Michael Heggarty, MFT
Health and Human Services Agency Director

COMMON GOALS, INC., Adult, Adolescent & Family Substance Abuse Counseling
256 Buena Vista Street Suite 100 Grass Valley, CA. 95945
15301 Tyler Foote Rd. Nevada City, CA. 95959 at the Sierra Family Medical Clinic
Phone (530) 274-2000 Fax (530) 274-2116

Common Goals Evidence-Based Practice

Common Goals Substance Abuse Counseling Services is a community based program designed to encourage, motivate, and empower individuals of all ages to make positive changes in their lives. They provide services in a positive and respectful manner within a professional environment. The goal is to provide quality substance abuse treatment programs to individuals and their families and to raise community awareness of the social, health and financial impacts of substance abuse. Currently, Common Goals participates in multiple programs and services aimed at treating Substance Use Disorders.

ADULT OUTPATIENT PROGRAM: Comprised of individual and group counseling, along with individually tailored treatment planning, this program includes an Assessment, Evaluation, Intake, Treatment Planning and Exit Planning. Programs last for three, six, nine or twelve months and require random drug testing. Involvement in a community based mutual support program, i.e., 12-step, Celebrate Recovery, etc., is encouraged.

Common Goals currently works with the following programs and alternative courts: PC1000, Proposition 36, Mental Health Court, Dependency Court, and AB109.

ADOLESCENT OUTPATIENT PROGRAM: Common Goals' Teen Outpatient Program is similar to our Adult Outpatient Program insofar as it is comprised of individual and group counseling, individually tailored treatment planning, assessment, evaluation, intake and exit planning for the community's youth, ages 12 through 18. This program also includes required UA testing. We work directly with YES Court.

Common Goals also offers a Teen Intervention Program (TIP), a 6-week educational program geared toward education and prevention.

SUBSTANCE USE DISORDER ASSESSMENTS: Common Goals conduct Substance Use Disorder Assessments for Nevada County Probation, Nevada County CPS and the Nevada County Public Defender's Office. The results of these assessments often determine if an individual qualifies for placement in long term treatment. Common Goals makes all arrangements for those individuals being placed in long term treatment, including transportation.

TRANSITIONAL HOUSING: Common Goals currently operates two (2) men's Clean & Sober Living Houses in Nevada County. We are actively seeking to open a new all-female transitional unit. These transitional units would be utilized in situations where participants are without stable housing in conjunction with cognitive-behavioral programming and drug treatment efforts.

ANGER MANAGEMENT PROGRAMS: Common Goals also conducts Adult Anger Management (ART) programs aimed at reducing anger through discussion of common triggers and thoughts that lead to aggressive and hostile situations. Clients are taught various techniques to reduce anger and how to identify potential triggers. In addition, clients are assessed before and after program implementation to determine if measurable aspects of behavior have changed. Anger and hostile behavior are triggers and by-products of substance use and, as such, are important aspects of a client's personality that may lead to relapse or a continuation of addictive disorders.

MORAL RECONATION THERAPY (MRT): Moral Reconciliation Therapy (MRT) is a cognitive-behavioral program for substance abuse treatment and for criminal justice offenders. Developed in 1985, more than 120 published reports have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years following treatment. Studies show MRT-treated offenders can have rearrest and reincarceration rates 25% to 75% lower than expected.

MRT combines education, group and individual counseling and structured exercises designed to foster moral development in treatment-resistant clients. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on behavior. Poor moral reasoning is common within at-risk populations.

MRT addresses beliefs and reasoning through a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaching the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation. Common Goals conducts MRT classes exclusively for the Nevada County Probation Department.



Helping Others Soar

4 April 2016

**Victor Treatment
Centers**

**Victor Community
Support Services
North Valley
Schools**

**Victor Community
Support Services -
Grass Valley**

900 East Main Street,
Suite 201
Grass Valley, CA 95945
530.273.2244
Fax 530.273.5930

I am writing this letter in support of the Nevada County Probation Department. We have worked collaboratively with Probation since 2007. We currently provide several evidence-based mental health services to adults and juveniles incarcerated and/or on probation. These services include Aggression Replacement Training, Moral Reconciliation Training, Parent Project, Cognitive Behavioral Therapeutic groups and individual and family therapy, Girls Circle and Boys Council groups, and case management services to help reintegrate clients into their community following a juvenile hall stay. All of our services are designed to reduce recidivism and improve overall functioning and mental health.

Over the past 9 years of close collaboration, it has been my honor to work alongside the innovative, caring, community oriented, hard-working, and dedicated staff of Nevada County Probation. I wholeheartedly support any efforts of theirs to further improve services and improve outcomes for the people and the community we serve.

Sincerely,

Rachel Peña-Roos, LCSW
Executive Director
Victor Community Support Services

Administrative Office

2561 California Park Dr.
Chico, CA 95928
530.893.0758
Fax 530.893.0502
www.victor.org

PROJECT H.E.A.R.T. INC.
Holding Excellence Above Relapse Team

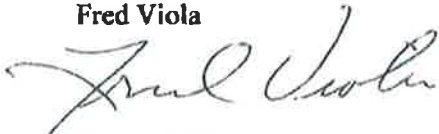
April 4, 2016

I am writing a letter of support for the Nevada County Probation Department. Project Heart has worked in collaboration with Nevada County Probation for the past 5 years. Project HEART provides peer mentorship for clientele that are dealing with life damaging issues such as family and relational discord, substance abuse and criminal activity, Project H.E.A.R.T. Inc. is committed to provide men and woman support groups with the focus on building trusting lifelong relationships through adult peer mentorship. Project H.E.A.R.T.Inc. Provides evidence based services such as Mens and Woman's support Groups utilizing Cognitive Behavioral Therapy.

Using the catalyst of group meetings, special events and community service opportunities, Project H.E.A.R.T. provides a compassionate and stable relational structure by which people can find acceptance, guidance and friendship while supporting one another and the greater community. Project H.E.A.R.T. maintains a current list of professional referrals such as substance abuse treatment, marriage counseling, anger management, finance and employment services to refer its participants when needed. Project H.E.A.R.T. will assist in supporting the individual while they work to rebuild relationships, overcome life-damaging issues and establish skills to improve social stability.

Project HEART's collaboration with the Nevada County Probation Department has been an excellent partnership as the department as a whole prescribe to the true essence of recovery through accountability, proper and timely referral to resources while supporting peer relationships that support the individual well into recovery.

Fred Viola



Outreach Director
Project HEART Inc.



*Informing Policy,
Improving Programs*

NPC Research

5100 SW Macadam Ave., Ste. 575
Portland, OR 97239-3867
Voice: 503.243.2436
Fax: 503.243.2454

www.npcresearch.com

March 29th, 2016

Jon D. Berg
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 13E65
Rockville, Maryland 20857

RE: Letter of Commitment to Collaborate
(RFA) No. TI-16-009 / (CFDA) No.: 93.243
Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts
and Adult Tribal Healing to Wellness Courts

Dear Mr. Berg:

We are writing this letter in full support and commitment the Nevada County Adult Drug Court's (NCADC) proposal to Expand Substance Abuse Treatment Capacity. We believe that due to the longevity of the NCADC program, numerous partnerships with community agencies and numbers of yet unserved who are eligible for the program, NCADC is in a great position to expand services to potential participants.

NPC Research will provide process evaluation, outcome evaluation, data analysis, and technical assistance services for under the proposed grant project. NPC has been conducting research in problem solving courts, substance abuse prevention and treatment, child welfare, and criminal justice programs for over 20 years and has assisted numerous SAMHSA grantees to fulfill their performance assessment and data collection responsibilities.

We fully commit to the efforts to collaborate in this grant. The expansion to additional participants will improve their health and wellness, their self-efficacy, and lower recidivism in the community.

Sincerely,

Shannon Carey, Co-President
NPC Research
carey@npcresearch.com