

## PROGRAM NARRATIVE

### a. Description of the Issue

This proposal outlines a plan between the Ogeechee Judicial Circuit of Georgia, four Georgia counties (Bulloch, Effingham, Jenkins, and Screven) local mental health services and substance abuse treatment services providers, and university researchers to enhance, expand, and improve the Adult Treatment Court (ATC) by fortifying existing key drug court principles and adding key principles currently not a part of our treatment court. Specifically, we propose to provide evidence-based screening for substance abuse and mental health disorders to identify potential needful participants; increased continuity of treatment through additional recovery resources; expanded drug testing capabilities and number of clients tested; enhanced mental health clinical assessments; and conducting a rigorous scientific evaluation for improvement feedback as our ATC has not been evaluated. In support of Executive Order 13985, Advancing Racial Equity and Support and consistent with OJP priorities to promote civil rights and racial equity, this project supports ***OJP Priority Area 1(A)*** by addressing issues related to racial equity and the removal of barriers to access and opportunity for communities that have been historically underserved, marginalized, and adversely affected by inequality through providing treatment services to underserved rural minority populations in southeast Georgia.

The proposed ***Ogeechee Judicial Circuit's Adult Treatment Court (ATC) Enhancement Initiative*** is a collaborative court initiative to better meet the challenges presented by offenders with co-occurring mental health and substance use disorders in underserved Southeast Georgia in the four-county judicial district of Bulloch (***population: 79,608***), Effingham (***population: 64,296***), Jenkins (***population: 8,793***), and Screven (***population: 13,989***) counties. Consistent with OJP priority consideration to provide resources for **rural jurisdictions**, this project serves four rural counties (All four counties are classified as rural by the USDA and Bulloch, Jenkins,

and Screven are further defined as 100% rural by HRSA; see Attachment A: Documentation of Advancing DOJ Priorities). Below, we describe the severe impact of substance abuse and mental health issues in the judicial circuit, the current ATC operation, and identify gaps to improve programming through proposed evidence-based practices to realize better public safety and participant outcomes regarding recovery, treatment participation, and crime free lifestyles.

*Co-occurring Mental Health and Substance Abuse Disorders (CMHSAD)*: Alongside substance abuse, mental health disorders have emerged as one of the United States' most serious social problems as highlighted in an ongoing series of mass shootings and other recurring acts of violence. Bureau of Justice Statistics data (2018) indicate approximately 14% of prisoners and 26% of jail inmates experienced serious psychiatric distress in the past 30 days and that 37% of prisoners and 44% of jail inmates had been previously diagnosed with a mental health disorder (Bronson & Berzofsky, 2017). The United States' mental health problem is seriously intertwined with and compounded by substance abuse (SA), both generally and especially in the context of the surging opioids epidemic. The severity of the opioid problem, particularly fentanyl, is pointedly accentuated by a current average of 130 fatal overdoses a day across the country ([www.cdc.gov](http://www.cdc.gov)). Substance abuse disorders are significant problems independently and also essential to understanding behavioral health issues as the two often co-occur and often dually diagnosed in the general population and even more so in the criminal justice system. Jail inmates, for example, are far more likely than those in the general population to suffer from co-occurring mental health and substance abuse disorders (CMHSAD) with an estimated 45% of incarcerated individuals suffering from both a SA and an Axis I mental health disorder per the National Institutes of Health (2010).

Georgia Drug and Mental Health Challenges: Access to treatment services in rural areas presents severe challenges, particularly in rural Georgia where rural suicides increased by 8% between 2019 and 2020 followed by a 36% increase in overdose deaths between 2020 and 2021. Georgia has repeatedly ranked among the worst states in the country for access to mental health treatment by non-profit, non-partisan groups like Mental Health America. Of Georgia's 159 counties, approximately 48% of them do not have either a full-time resident psychiatrist or psychologist, a problem particularly pronounced in underserved minority majority communities marking continuation of historical underservice, marginalization, and adverse outcomes. Additionally, the demographic make-up of rural Georgians includes a significant proportion of people of color who have disproportionately suffered Drug War consequences while historically lacking in access to drug and mental health treatment services. Indeed, the Ogeechee region in Southeast Georgia was among the last regions of the state to be recognized as an official treatment district and the last to receive any state funded treatment services.

CMHSAD in the Ogeechee Circuit: There are ongoing severe drug concerns in the Ogeechee Circuit and while methamphetamine is considered a major problem, court participants reflect increasing arrests and overdoses for opiates/opioids including fentanyl. Current participant arrests that led to admission support this observation with 46% for methamphetamine, 23% for marijuana, 12% for opiates/opioids including fentanyl, 7% for cocaine, 7% for alcohol, 7% for illicit Xanax, and 2% for Ecstasy. Between 2021 and the time of this writing counties in the Ogeechee Circuit saw approximately 1,500 arrests for drugs and 40 fatal overdoses. This does not account for the numerous calls for service or self-admissions for methamphetamine abuse. The Covid-19 pandemic has further compounded problems with logistical and resource challenges and the Ogeechee Adult Treatment Court is in need of enlarging and enhancing its

current capacity to address substance abuse and co-occurring disorders among its growing number of participants who have traditionally been underserved and marginalized.

The Ogeechee Adult Treatment Court (ATC) consists of a drug court docket that serves individuals that have substance use disorder needs and a mental health court docket for individuals classified as having severe mental health needs including those with co-occurring mental health and substance abuse disorders. Of these participants the majority reside in Bulloch County, the most populous county in the circuit and the site location of the court. The remaining participants reside in Effingham, Jenkins, and Screven counties. There is significant racial diversity across the Ogeechee circuit and the ATC aids historically underserved groups residing in the counties that make up the circuit (County's population: Bulloch 56% White, 25% Black, and poverty rate of 27%; Effingham 81.9% White, 14.3% Black, and poverty rate of 8.1%; Jenkins 54.6% White, 42.6% Black, and poverty rate of 28%; Screven 56.5% White, 41% Black, and poverty rate of 20.7%; Census Bureau 2021). Thus, the Ogeechee Circuit ATC is especially well suited to divert individuals who have been historically marginalized into treatment alternatives to incarceration aimed at addressing their drug use and mental health problems.

*Current Adult Treatment Court Operation:* The ATC includes dockets for both drug and mental health cases and targets non-violent offenders where there is reasonable assumption that criminal activity is connected directly to ongoing, chronic, and habitual abuse of controlled substances, alcohol, and/or mental health problems. In order to be considered for the court, the following criteria must be met: drug offense must occur in Bulloch, Effingham, Jenkins, or Screven Counties; the offender must reside in Bulloch, Effingham, Jenkins, or Screven Counties; be 18 years or older; prior criminal history can not include any offenses that would compromise the safety of the participants or staff (sexual offenses, violent felonies, or certain weapon

offenses). *Currently, the ATC does not utilize an evidence-based screening tool to determine eligibility for the drug court. This lack of a systematic method for determining eligibility means that needful offenders could be overlooked and that inequities in the admissions process could exist and exacerbate racial inequalities in the access to treatment. We seek to add this missing key drug court principle.*

Our ATC is currently over its target capacity of 54 participants. Expansion of the court is needed to meet the increased and steady demand for services. Though there is an immediate need to increase capacity to service at least 65 participants, expansion has not been possible per ATC's limited resources. Evidence suggests expanding court capacity without sufficient resources can have a negative impact on recidivism (Carey et al., 2008). *In order to provide the needed expansion of the court additional drug testing capabilities and resources are required to allow for sustainable, managed, and successful growth.*

Participants are assessed upon entry (but not prior to admissions to the court) to determine the appropriate evidence-based treatments provided by local treatment providers including 1) Pineland BHDD for clients in Bulloch County, 2) Gateway for clients in Effingham County, and 3) the Community Service Board of Middle Georgia for Screven and Jenkins Counties. Currently, treatment providers use different evidence-based treatments such as Rational Emotive Behavioral Therapy, Motivational Interviewing, Dialectical Behavior Therapy, Prolonged Exposure, and Moral Recognition Therapy. *Currently, evidence-based PTSD services are not provided and clinical assessments for severe mental health disorders are not conducted due to a lack of resources. Additionally, because treatments are coordinated across three community service boards there is a lack of continuity in treatment modalities.*

The court program lasts 24 months and is divided into five phases. The progression through the phases are based on the accomplishment of goals and requirements for each phase with random drug testing being one of the mandatory requirements through-out the duration of the program. Drug testing is conducted using a daily random drug and alcohol testing service based on a call code system. In addition to drug testing, participants are also required to attend bi-weekly hearings. Prior to the hearings, staffing is held where the drug court team makes progress reports and discusses incentives and sanctions. A variety of incentives are available for program achievements including recognition/awards by the Judge, moving to the “rocket docket” (faster court hearings), waivers of certain requirements, decreased supervision/court appearances, permission to travel, limited driving privilege, reduced probationary period and phase advancement. Graduated sanctions may include reprimand from the Judge, essay presented to Judge, increased drug testing, additional time in current phase, reduced curfews or electronic monitoring, in-patient treatment, additional community service hours, court watch on sentencing day, jail or holding cell, termination from the program, 120-day treatment in Georgia DOC, and revocation of probation (sentence to DOC).

The ATC team consists of the court coordinator, program case manager, treatment court judges, district attorney, defense attorney, community supervision officer, treatment provider representatives, and law enforcement. These partners work cooperatively toward successful rehabilitative outcomes for the clients that, in turn, signals improved public safety. *Although the members of the ATC workgroup have received training from the Council of Accountability Court Judges of Georgia based on National Drug Court Institute standards, enhanced training specifically focused in addressing clients with co-occurring disorders is needed to better uphold the standards of best practice (2013).*

Drug testing is mandatory for participants. Participants are required to attend treatment, maintain employment, meet with their probation officer and attend outside support groups. Before a participants are eligible to graduate, they must have met all graduation criteria including development of an aftercare plan, have maintained sobriety for a minimum of 8 months, have stable housing and employment, completed their community service requirements, be engaged in support groups, have a sponsor or mentor for additional support, and have all court fees and criminal costs paid in full. Additionally, those who entered the program without a high school diploma are encouraged to have their GED completed.

Each participant is required to pay a \$1,520 program fee over the 24 month period. In order for a participant to advance to the next phase, their monthly fee must be current. However, if a participant has experienced a financial crisis and is behind on monthly payments, he/she can discuss a solution with the Program Coordinator who will provide the information to the drug court team members. The drug court team will then make a recommendation to the Judge as to whether or not the participant will be allowed to advance to the next phase due to the lack of current payment. Ultimately, the Judge will determine if the reason for non-payment is deemed acceptable and out of the participant's control. *Due to limited funding, the ATC has yet to be rigorously evaluated. This prevents demonstrating the effectiveness of treatment services and practices with the target population and assessing its overall impact in reducing recidivism. Without a rigorous scientific evaluation, the court is unable to leverage local and state resources to sustain expansion efforts. We seek to add this missing key drug court principle.*

#### **b. Program Design and Implementation**

The battle against the drug and mental health crisis in the Ogeechee judicial circuit compels further helping individuals affected by co-occurring mental illness and substance abuse

(CMHSAD). Despite the successes of the ATC, several gaps exist that reduce the impact of the court in addressing these problems. To close these problematic gaps, the Ogeechee Judicial Circuit Court located in Bulloch, Effingham, Jenkins, and Screven counties is requesting support through the ***Adult Drug Court Discretionary Grant Program, Competition ID: C-BJA-2022-00018-PROD. Category 2: Enhancement.*** Per the objectives of Category 2, our team of stakeholders seek to collaboratively implement an enhancement strategy to serve the *primary goals* of expanding ATC enrollment per increased need for services; providing increased training, the delivery of evidence based individualized treatment for CMHSAD disorders; and effect relapse and recidivism reduction among ATC graduates (see Attachment D: MOUs and letters of support from each court team member, fiscal agent and county commission, law enforcement, community supervision, treatment providers, and evaluators; Attachment B for Goals and Objectives; and Attachment C: Time Task Plan).

This initiative directly addresses court gaps by providing five core enhancement *objectives* of: 1) including evidence-based screening to determine mental health and substance abuse needs to further identify those needing treatment; 2) expanding court capacity by 20% and increasing drug testing operations; 3) providing enhanced co-occurring disorder training for the ATC workgroup; 4) adding a psychological clinical assessment to provide enhanced mental health services including treatment for PTSD; and 5) executing a scientifically rigorous mixed methods program evaluation of ATC to determine enhancement impacts and identify treatment barriers.

*Including Evidence-based Screening:* In support of Key Component #3 “Eligible participants are identified early and properly placed in the drug court program,” funds to implement the GAIN-I. The GAIN-I is among the most comprehensive behavioral and mental health assessment tools to aid diagnosis, placement, treatment planning, and performance monitoring. It

covers the clients' backgrounds, substance use, physical health, risk behaviors and disease prevention, mental and emotional health, environmental and living conditions, criminal justice experiences, vocational backgrounds, and addresses recency, breadth and prevalence of various behavioral and mental health disorders. Administration of the GAIN-I produces an Individual Clinical Profile (ICP), Recommendation and Referral Summary (GRSS), Personalized Feedback Report (PFR), and a Validity Report (VR). Administration of the GAIN-I allows for identifying substance abuse and mental health disorders, the individualization of treatment plans and recommendations for needed treatment modalities while taking into account the specific circumstances of the client.

Understanding the history of racial discrimination in the criminal justice system and especially in the rural south which was exacerbated by the War on Drugs, evidence-based screening will further mitigate potential inequities in the admissions process. Additionally, consistent with Priority Area 1(A) and to address issues related to racial equity and the removal of barriers to access and opportunity for communities that have been historically underserved, marginalized, and adversely affected by inequality, individuals from underrepresented groups including Black and Hispanic potential clients indicating need on the evidence-based GAIN screening for mental health and substance abuse disorders will be given prioritization for admission into the ATC. Utilizing evidence-based screening of potential participants for substance abuse, mental health, and co-occurring disorders will facilitate expanding the court to serve more clients and address the NADCP (2013) best practice standards presented in sections I. Target Population and II. Equity and Inclusion (see Attachment A: Documentation of Advancing DOJ Priorities).

Expanding court capacity: Additionally, in support of Key Component #3 the ATC is challenged to expand its size in order to keep up with the growing needs of the jurisdiction to address the worsening drug crises and mental health problems affecting the community and to prioritize minority offenders. The NADCP best practice standards section IX. notes that “evidence suggests expanding Drug Court capacity without sufficient resources can interfere with adherence to best practices” (page 52). In order to increase the capacity of the court 20% from serving 54 to **65 clients** at a time (for a total of **195 clients** over the duration of the grant), additional funding support is needed to ensure that sufficient resources are available to expand drug testing operations and to provide enhanced surveillance, transportation, and treatment for the growing number of diverse clients from rural areas across the large geographical area.

Providing enhanced co-occurring disorder training: To further enhance the ATC and in support of Key Component #9, we propose to provide continuing education to promote effective court planning, implementation, and operation, specifically as it relates to serving offenders with co-occurring disorders. Such efforts are best practice and will have the effect of identifying clients with co-occurring disorders and placing them in appropriate treatment modalities and linking them with appropriate services from the start of their ATC participation. Currently there are a number of clients with co-occurring disorders, but the ATC does not have a systematic way to screen for co-occurring disorders nor a specific programmatic way of addressing their needs. This will serve to enhance the court and promote the NADCP best practice standards II. Equity and Inclusion, F: Team Training (Page 12) and III. Roles and Responsibilities of the Judge, A: Professional Training (Page 22). As part of the ATC enhancement, funding is requested to attend bi-yearly training sessions hosted by the National Association of Drug Court Professionals.

*Adding psychological clinical assessment to provide enhanced mental health services:* In order to further address Key Component #4: “Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services,” inclusion of comprehensive treatment services including a variety of counseling is recommended (BJA, 2004). In addition to enhancing a vital key component of drug courts, including a variety of mental health interventions is also consistent with enhancing the NADCP best practice standards included in section VI. Complementary Treatment and Social Services as noted in subsection A: Scope of Complementary Services and in subsection VI. Complementary Treatment and Social Services, L: Overdose Prevention and Reversal (Page 17).

The ATC will deliver evidence-based curriculums to clients through its behavioral health service providers to include Motivation for Change (M4C), Thinking for Change (T4C), Wellness Recovery Action Plan (WRAP), and Moral Recognition Therapy (MRT). Since the court utilizes three different community based behavioral health services due to the state health services coverage not aligning with the judicial circuit, the court will additionally utilize the services of a private counseling service to provide continuity in treatment across clients and to deliver the evidence-based modalities. We will partner with Limitless Counseling and Consultation (LCC), a certified counseling agency, that provides evidence-based curricula and offers psychoeducational services to justice-involved individuals. LCC’s mission is to eliminate barriers to mental health treatment by collaborating with the community and organizations to treat, support, and increase the awareness of mental health while offering accessible services.

Nikia Robinson, LPC, CPCS, CCTP with Limitless Counseling and Consultation has served as a Licensed Professional Counselor in Georgia for over 10 years and is experienced in working with justice-involved populations, specifically reentry and individuals with mild to severe mental

health illnesses. She has extensive training in CBT, suicide prevention, trauma informed care, and EMDR. She utilizes collaborative technique to allow for a genuine therapeutic environment and relationship that is completely client focused. Additionally in support of priority 1(A), LCC is experienced in providing culturally appropriate services for rural minority populations within the Bulloch, Effingham, Jenkins, and Screven County.

Individuals needing clinical assessments for severe mental health disorders will be screened and referred to treatment. Specifically, individuals suffering from PTSD will be provided Eye Movement Desensitization and Reprocessing (EMDR) sessions – a crimesolutions.gov evidence base rated therapeutic approach designed to treat individuals who are dealing with the aftermath of a traumatic life event. This approach is guided by the adaptive information processing model of everyday life experiences-as memories are transferred to the left cerebral Cortex, they are filed away with other neutral memories and become part of an individual’s life story. Traumatic experiences, however, are often highly emotionally charged can overwhelm the brain’s capacity to process information and lead to maladaptive coping strategies such as alcohol and drug misuse and cause intense anxiety and other symptoms of PTSD (Silver et. al., 2015).

Performing a scientifically rigorous program evaluation: In support of Key Component #8: “Monitoring and evaluation measure the achievement of program goals and gauge effectiveness,” the court has formed a research-practitioner partnership with an independent and nationally recognized evaluation team to perform a scientific program evaluation of the ATC and the enhancement initiative. This rigorous scientific evaluation further upholds the NADCP best practice standard X. Monitoring and Evaluation (page 59) by providing a rigorous data collection and evaluation by an independent university-based research team. Dr. Bryan L. Miller will serve as a program evaluator and assume lead responsibility for the agency’s data collection plan to

track successful completion of participants' individual treatment plans, and track performance measures. He will take primary responsibility over the outcome evaluation and analyses of quantitative data measures. Major tasks will include coordination of evaluation activities, data collection spreadsheet design, performance measures data collection and reporting, and statistical analysis. An experienced criminal justice program evaluator and authority on process evaluation, Dr. J. Mitchell Miller will serve as a program evaluator and co-occurring disorder expert. Relying on NADCP and other scientific resources, he will conduct a fidelity-based process analysis of ATC enhancement initiative entailing observation of treatment sessions, in-depth interviews with law enforcement, mental health and substance abuse treatment providers, and focus group interviews with treatment participants. Focus group interviews will include two researchers for inter-rater reliability of fidelity scores that will measure program exposure, dosage, counselor knowledge/enthusiasm, and participant engagement.

*Project Work & Assignment of Responsibilities:* The proposed project should launch seamlessly with participation by grant personnel including coordination by the Program Coordinator – Karen McClain. As a certified court coordinator and serving as the coordinator for the Ogeechee Judicial Circuit ATC, Ms. McClain is especially well positioned to oversee project design, implementation, and manage project progress through quarterly milestones (see Attachment C: Time Task Plan and Attachment E: Project Timeline). Program progress will be facilitated by the Program Coordinator through meetings and ongoing communication between local substance abuse and behavioral health providers, social services, law enforcement partners, technical assistance, and program evaluators (see Attachment F: Project Position Descriptions). Ms. McClain will participate in all project activities, coordinate work sessions, approve travel, schedule meeting space for quarterly planning meetings, and process analysis activities.

Deliverables: Through the ATC enhancement initiative OJP Policy Priority Area 1(A): will address potential inequities and barriers to equal opportunity and contribute to greater access to services for underserved and historically marginalized populations by implementing an enhancement strategy to better serve offenders with CMHSAD serving **rural** minority populations in four counties. Evidence-based treatment delivery indicated by needs assessment screening and mental health clinical assessments for severe mental health disorders including counseling for PTSD along with other performance measures will be well documented and evaluated to demonstrate that needful offenders of all racial and ethnic backgrounds have access to the court and treatment services.

The research group will provide the Ogeechee Judicial Circuit with a final report communicating process and outcome findings. The final report will document the enhancement and expansion efforts and evaluate them relative to the NADCP best practice and standards consistent with the 10 key components. The research group will disseminate lessons learned to the criminal justice practitioner communities through publication of an article in a targeted professional journal (e.g., *Drug Court Review*) and an article to the academic criminal justice and substance treatment community in a scientific journal such as *Journal of Drug Issues* or *Justice Evaluation Journal*. Additionally, evaluation findings, lessons learned, and challenges will be presented at a stakeholder conference such as the Academy of Criminal Justice Sciences (ACJS).

### **c. Capabilities and Competencies**

*The Ogeechee Judicial Circuit* has been delivering adult treatment and recovery services since 2013 when the Ogeechee Judicial Circuit implemented a Mental Health Court and further expanded with the implementation of the Drug Court in 2018. Through the services of the ATC,

the Ogeechee Judicial Circuit has experienced success and growth as it provides services in southeast Georgia and is exceeding the current courts target capacity of 54 clients.

*Project Coordinator:* Karen McClain, treatment court coordinator, will serve as the ATC project coordinator and has responsibility for scheduling and coordinating with the court, county and research partners for regular meetings and fiscal management of the treatment courts (see Attachment D: Fiscal Agent MOU). She will work with the court and treatment providers to develop and implement treatment plans for clients that are evidence-based and will coordinate with county sheriff's offices to assist in supervision of ATC clients. She will take responsibility for budget and performance reporting each quarter. She has previously assisted in the execution of multiple state grants and is well suited to be the project coordinator. She is familiar with the data collection and reporting requirements and has assembled an experienced expert team that has managed multiple BJA Federal awards including Adult Drug Court grants to assist her in data management and reporting. Assisting Ms. McClain is Joy Lanier, the court case manager, who will assume responsibility in assisting in data collection and arranging treatment sessions, referrals, and connections to services (see Attachment D: MOUs).

*Circuit Court:* Judge Michael Muldrew and Judge Lovett Bennett Jr. serve as the Treatment Judges for the Ogeechee Judicial Circuit. Judge Muldrew earned a bachelor's degree in political science (1987) and a J.D. (1990) from the University of Georgia. Prior to becoming a judge, Judge Muldrew was an assistant district attorney for the Ogeechee Circuit for 20 years. Judge Bennett Jr. earned a bachelor's degree from Georgia Southern College in 1980 and a J.D from Walter F. George School of Law at Mercer university in 1983. Earlier in his career, Judge Bennett worked as a sole practitioner of Lovett Bennett, Jr., Attorney at Law, P.C. and as a municipal court judge. Both judges are strong supporters of evidence-based treatment and will

support the work of grant partners, participate in meetings, and have primary responsibilities of court operations for the ATC (See Attachment D: MOUs).

Daphne Jarriel Totten is the District Attorney for the Ogeechee Judicial Circuit. She graduated from the University of Georgia with a bachelors in 1998 and earned a J.D from Walter F. George School of Law at Mercer University in 2002. Daphne Totten has spent 17 years in the courtroom prosecuting cases and strongly supports the treatment court. Renata Newbill-Jallow is the Chief Public Defender for Ogeechee Judicial Circuit. She earned her bachelors from West Virginia State University (1981), a masters degree from West Virginia University (1988) and a J.D form Florida Coastal School of Law (2001). Prior to being elected chief public defender in 2015, Renata Newbill-Jallow worked as assistant public defender representing indigent clients in misdemeanor, felony, and juvenile cases before the Courts of the Ogeechee Judicial Circuit and Georgia Court of Appeals. Both prosecutor and the public defender fully support the ATC enhancement project (See Attachment D: MOUs).

*Treatment Providers:* ATC will use the services of three state Community Service Boards that service the Ogeechee Judicial Circuit including: All of the Community Service Boards are CARF accredited and provide a variety of evidence-based services for both mental health and substance abuse disorders. In addition to the CSBs, the ATC will also use the services of Limitless Counseling and Consultation (LCC). LCC utilizes a licensed professional counselor that is CPCS licensed to practice and supervise in Georgia and experienced in serving clients with both mild and severe symptoms. LCC specializes in suicide prevention and is certified in many different evidence-based curricula utilizing cognitive behavioral therapy to provide psychoeducational services to justice-involved individuals (see Attachment D: MOUs).

Law Enforcement Partners: The enhancement project is strongly supported by all four Sheriff's Offices in the judicial circuit (see letters of support). The Bulloch County Sheriff's Office is committed to providing the highest level of public service while practicing the ultimate ideals of law enforcement distinction. The Effingham County Sheriff's Office works toward creating a higher quality of life in their community by partnering with citizens to address community concerns and develop strong community relationships. The Jenkins County Sheriff's Office has worked hard to improve service to their citizens and has made every effort to earn and keep the respect of citizenry. The Screven County Sheriff's Office is focused on delivering public safety through evidence-based practices. SCSO has been awarded and successfully executed BJA treatment grants concerning drug use and mental health (JMH and COSSAP) and are well situated to act as a partner to the Ogeechee Circuit in this effort to enlarge and enhance its ATC. BCSO, ECSO, JCSO, and SCSO will work in cooperation with other Ogeechee ATC partners to assure program efficacy and sustainability. In addition to the Sheriff's Offices, the Georgia Department of Community Supervision provides probation services and supervision to the ATC clients and strongly supports the court's enhancement efforts (see Attachment D: MOUs).

Research Evaluation Team: Dr. Bryan L. Miller, Professor of Criminal Justice at Clemson University, recent Fulbright Scholar, and past President of the Southern Criminal Justice Association, will serve as a Program Evaluator. Dr. B.L. Miller has published extensively on substance abuse and served as Chair of the Drug & Alcohol Research Section of the Academy of Criminal Justice Sciences. He has authored over 60 peer-reviewed articles with recent works appearing in *Substance Abuse and Rehabilitation*, *Drug Court Review*, and *Justice Quarterly*. Dr. B.L. Miller has worked on multiple projects funded by BJA and NIJ including prior work in the

Ogeechee Judicial Circuit. He has experience as the lead evaluator on multiple BJA funded initiatives, including adult drug courts, veteran treatment courts, law enforcement-led justice and mental health programs, and substance abuse programs (see Attachment D: MOUs).

Dr. J. Mitchell Miller, the current John A. Delaney Presidential Professor of Criminal Justice at the University of North Florida and an Academy of Criminal Justice Sciences Fellow, will serve as a Program Evaluator and co-occurring disorders expert. He has published extensively in the areas of process evaluation, substance abuse, and co-occurring disorders treatment provided by the criminal justice system in leading criminal justice and substance abuse journals. He is the current Editor of the *American Journal of Criminal Justice*. Specific to process analysis, Dr. Miller designed the *Justice Program Fidelity Scale* published in *Criminology & Public Policy* in 2014 – an instrument increasingly used in recovery assessments to determine the extent of program fidelity demonstrable in programming. He has completed funded research projects for a range of agencies, including BJA, BJS, NIJ, OJJDP, and SAMSHA (see Attachment D: MOUs).

Dr. Jacob Erickson, Assistant Professor at Georgia Southern University, will serve as the rural sociologist subject matter expert and assist in qualitative data collection and analysis. He has extensive experience in conducting interviews and focus group interviews with rural and minority populations. His expertise is in identity, decision-making, and drug use and has published in several top scholarly outlets including, *American Journal of Criminal Justice*, *Journal of Interpersonal Violence*, and *Youth Violence and Juvenile Justice*. Dr. Erickson currently serves as project manager on another BJA funded grant (see Attachment D: MOUs).

#### **d. Plan for Program Evaluation & Collecting Required Performance Measures Data**

Performance measures collection will be part of a larger data collection and program evaluation plan including: 1) a mixed method research design to establish ATC operation

fidelity, identify implementation barriers to address, and specify outcome effectiveness, and 2) plan for grant performance measures reporting. Evaluation will consist of a qualitative data collection and analysis first phase and a second phase focused on program outcome measure data collection and analysis. Evaluation activities will provide answers to both program fidelity and outcome effectiveness questions, including: 1) Does the court adhere to evidence-based practices that have documented success in addressing co-occurring substance abuse and mental health disorders?; 2) Does the program deliver treatment in a manner consistent with prescribed program protocols demonstrating program fidelity?; and 3) Does the program effect positive change in participants' lifestyles in terms of regular treatment participation, mental health, substance abuse recovery, recidivism, employment, and housing?

Performance measures, process, and outcome data will be provided by the Ogeechee Circuit Court, BCSO, ECSO, JCSO, SCSO, and treatment partners to the evaluation team. The evaluators will assess enhancement activities to enable documentation of accountability to the grant conditions and level of program fidelity. It is necessary to specify degree of fidelity in order to optimally attribute observed statistics and related outcomes to the treatment plan rather than some modified version of the plan or mere coincidence (Miller & Miller, 2015). To measure program fidelity, the evaluation team will conduct site visits to: 1) review training materials and observe treatment sessions, 2) collect data from stakeholders, including in-depth interviews with court administrators and treatment providers, and 3) conduct interviews with treatment clients.

A quantitative data collection component will address outcomes on key measures including court progression, completion, and recidivism. The research team will design a database using Excel to collect key process and outcome variables, i.e., develop a user-friendly electronic data collection spreadsheet to record additional data vital to court completion (e.g., length and

elements of mental health and substance abuse treatment provided, number and timing of failed drug tests, and progress through the court phases). Collecting data in an ongoing manner in Excel, which is importable into SPSS statistical analysis software, will assist assessment of outcome indicators and performance measures. The research coordinator will provide written instructions for individual data import that will be explained to court personnel in a brief training session on how to collect data.

*Sustainability Plan:* Generated findings will provide needed evidence-based knowledge on court performance and best practices elements necessary for future treatment development. Short-term feedback transmitted in a midpoint progress report will provide court improvement recommendations toward realigning any treatment elements varying from evidence-based practice. A final report will be prepared relating the court's objectives, design, implementation, delivery, assessment strategy, and findings. This report will incorporate feedback from process and outcome analyzes to gauge our performance, identify improvement opportunities, and inform sustainability options.

The sustainability plan will utilize evaluation data to demonstrate the impact of the court enhancement and expansion efforts value to leverage additional local and state resources. This technical report will feature an executive summary and results will be disseminated to both the practitioner and scientific communities through academic and professional criminal justice journal articles, as well as conference presentation. The Project Coordinator will collect and report all data necessary to meet Government Performance and Results Act (GPRA) obligations – to be collected at participant entry into the court and at 6 and 12 month intervals after admission and ATC graduation or termination.