

The 17th Circuit Mental Health and Co-occurring Court evaluation accomplished many major successes in the first year of the grant.

- First, the development of a local database for the tracking of upcoming and completed GPRA intake and follow-ups has maximized rates of completion.
- Second, the launch of the Project Management Dashboard provides staff with up to date visualizations of program successes and participant outcomes as they relate to the goals and objectives.
- Lastly, a short survey on the 10 Key Components of Drug Courts, developed by REA, was administered to the Treatment and Support Court (TASC) staff to obtain feedback from staff on their perceptions of the degree to which the program has implemented all 10 key components with fidelity.

Establishment of Local Database

The establishment of a local database provides necessary ongoing monitoring and tracking for the grant project to reach and exceed target numbers. Based on previous experience, Research and Evaluation Associates (REA), the local evaluator, identified the need to provide ongoing monitoring of intake rates and cases due for follow-up. REA conducts a brief analysis monthly to provide the total number of intakes, the current follow-up rate, and a list of ClientID numbers and due dates for cases with a 6-month follow-up window opening in the next 30 days. This method has proved effective for assessing target numbers and identifying cases in need of follow-up. Using this method, the court has maintained an 80% follow-up interview rate.

Project Management Dashboard

REA also has launched the Project Management Dashboard. This dashboard, powered by Tableau software, provides the TASC Court with ongoing customized visualizations of key project goals, enrollment numbers, participant outcomes, and services delivered. Key TASC Court staff can access these indicators online through a secure login, allowing staff to track these indicators through any convenient device. This dashboard allows for closer program monitoring of key indicators on a continuous basis, rather than only during key reporting periods, allowing for timely corrective action to be taken when necessary.

10 Key Components

REA developed a 10-item questionnaire to assess program fidelity to the National Association of Drug Court Professionals (NADCP) recommended 10-Key Components. The 10-item survey was delivered to program staff including case managers, program judge, prosecutors, and management. A total of 14 individuals were identified to respond to the survey and 10 total responses were received. For a full copy of the tool, see Appendix A.

Table 1 shows respondent scores reflect overall positive views of the program. Respondent total average scores reach 3.3 out of a possible max of 4 (Cronbach's $\alpha = 0.86$). Criminal History Disqualifications, Clinical Disqualifications, Complementary Treatment and Social Services, and Multidisciplinary Team all report the highest scores, indicating the majority of team members

feel these components have been effectively addressed. These areas reflect respondent comments on program successes:

- Many respondents indicate the treatment team combines a broad set of expertise from legal to clinical that allows them to effectively identify individuals well suited to both benefit from the program and to succeed.
- Respondents state the co-occurring court has been highly successful in implementing individualized care. This care is noted to have strong success in treating a diverse set of participants, each presenting their own needs.
- Respondents state a compassionate team provides ongoing support and respect for participants which has resulted in achievements in housing, employment, and reduced contact with law enforcement.

Monitoring and Evaluation and Census and Caseload receive the lowest overall scores. These reflect the concerns raised by respondents related to participant motivations at enrollment.

- Respondents identify a need for a Continuous Quality Improvement team to review the program’s data and identify areas of need, develop plans for improvement, and monitor implementation.
- Several individuals indicate screening tools should be used more effectively in planning treatment plans and participant goals.
- The flow of clients presents an ongoing challenge for the court. Respondents indicate the length of time between identification of a potential client and program start is overly lengthy and the flow of referrals has been slow. The influence of COVID-19 has exacerbated these problems, slowing referrals further.

Table 1: Respondent Scores on the TASC Court Fidelity to the Ten Key Components, N = 10

Component	Avg Score
I. Objective Eligibility and Exclusion Criteria	3.6
II. High Risk and High Need	3.3
III. Validated Eligibility Assessments	3.4
IV. Criminal History Disqualifications	3.8
V. Clinical Disqualifications	3.7
VI. Complementary Treatment and Social Services	3.8
VII. Drug and Alcohol Testing	3.3
VIII. Multidisciplinary Team	3.7
IX. Census and Caseload	3.2
X. Monitoring and Evaluation	3.0
Total	3.5

Progress on Goals and Objectives

The project also saw great progress on key program goals.

Goal 1: Expand the TASC Court caseload to serve a minimum of 40 unduplicated, high-risk offenders per year (200 total).

- *Objective 1: Obtain a commitment from the county prosecutor in the first quarter of the program to expand the number of referrals by including those with an SUD as their primary condition.*
 - The program obtained a commitment within the first quarter of the SAMHSA grant. This has resulted in an increase in referrals. The prosecutor also participates in the TASC core meetings, allowing for ongoing communication and adjustments to be made to continue increasing referrals to the court.
- *Objective 2: Provide the 12 judges in the 17th Circuit and 61st District courts with written criteria for expanded TASC Court referrals. Meet with the judges to encourage review for eligible referrals, and track judge referral rates.*
 - The TASC court provided the 12 judges with written criteria for expanded TASC court referrals within the first quarter of the SAMHSA grant.
- *Objective 3: Provide annual training for judges on eligibility criteria and benefits of participation in TASC Court.*
 - The TASC court has developed a training to remind and update judges on an annual basis of the eligibility criteria and the benefits of participation. This training is set to take place July 2020.
- *Objective 4: Admit 40 new high-risk offenders annually.*
 - The TASC court admitted 27 new offenders in Year 1. Combinations of staff turnover, challenges with flow of referrals, and the statewide COVID-19 related lockdown limited recruitment of new participants.

Goal 2: Expand treatment services for TASC Court participants.

- *Objective 1: 100% of qualifying clients will be placed in a 5th phase (40 clients per year; baseline 0).*
 - The criteria and parameters of a 5th phase have been developed and all clients will be moved to the 5th phase when eligible.
- *Objective 2: 100% of high-risk participants determined to be eligible for Medication Assisted Treatment (MAT) will be offered MAT services (10 clients per year, 50 total).*
 - All eligible clients have been offered MAT services. Three individuals screened positive for MAT eligibility. One client with opioid use disorder is currently receiving MAT services.
- *Objective 3: 100% of high-risk participants will have access to the services of a Recovery Coach (10 clients per year, 50 total).*
 - All high-risk clients have been offered access to a recovery coach.
- *Objective 4: 100% of high-risk participants will have access to a 12-step recovery program (10 clients per year, 50 total).*
 - All high-risk clients have been offered a 12-step recovery group. A total of 26 clients report attending 12-step recovery groups with an average of 8 reported sessions among them.

Goal 3: Expand trauma-informed services by establishing one or two partnerships with providers.

- *Objective 1: 100% of clients who screen positive for trauma will participate in Seeking Safety trauma-informed care (10 clients per year, 50 total)*
 - 100% of clients who screen positive for trauma have been offered Seeking Safety. A total of 24 clients report a history of trauma.
- *Objective 2: 100% of clients who screen positive for trauma will participate in Motivational Interviewing (10 clients per year, 50 total)*
 - 100% of clients who screen positive for trauma are participating in motivational interviewing.

Successes and Challenges to Implementation of Goals and Objectives

REA staff met with an Implementation Work Group Team at regularly scheduled times starting in June of 2019 and continuing through the remainder of year 1. Participants included the program coordinator, prosecuting attorney, probation coordinator, and other program staff with direct responsibility for program implementation, monitoring, or inputting of GPRA records. REA provided the agenda at each meeting and distributed typed minutes summarizing the outcome of each meeting. One of the ongoing agenda items was a discussion of recent challenges and successes, particularly as they relate to achievement of the program's goals and objectives. Following is a brief summary of those discussions.

Early challenges were related to program staffing. The coordinator for the TASC Court had significant health issues in the early months of the program and ultimately had to be re-assigned. A new coordinator was identified in June of 2019 and began her duties shortly thereafter. The person responsible for input of GPRA records also left and had to be replaced at about this same time. The challenge for the TASC Court was finding a way to continue the process of program intake during these critical early months. The court was able to find highly effective staff to assume these responsibilities, but it created significant early challenges.

Throughout the fall months the TASC Court was advertising additional staff positions funded by the grant. These included two new case managers that would assist with intakes, caseload management, direct services for clients, and participation on the TASC Core Team. These positions were eventually filled by December with highly qualified staff, but the delay in getting them in place led to further challenges in getting new clients into the program. While those positions were being advertised, the Coordinator successfully worked with the Core Team to develop the parameters for a 5th phase and a document describing the standards and treatments for each phase. Additionally, the Core Team developed more formalized procedures for identifying potential clients, intakes, linking them with services, and drug testing. The changes in drug testing procedures resulted in more frequent random testing. The process for determining sanctions and rewards was also formalized by the Coordinator and Core Team. With increased number of clients with SUDs, more failures were occurring. The TASC Court succeeded in developing a process for determining appropriate sanctions for clients failing drug tests.

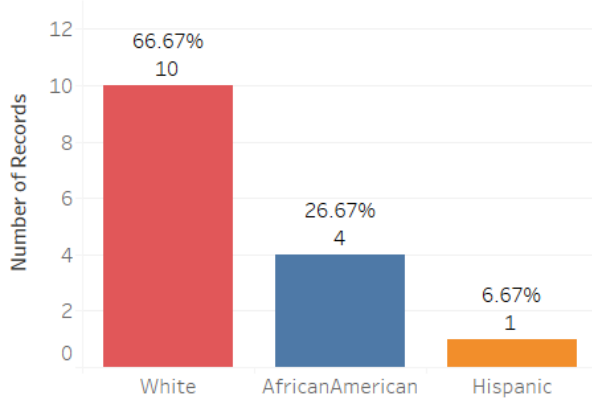
By February of 2020 the TASC Court was fully staffed, decreasing the time needed to vet referred clients, conduct intakes, input GPRA results, and align appropriate services. It was noted that many clients were making steady progress through the phases, including graduation. One of

the graduates, it was noted, will be earning community service credit by providing courtroom services for staff and clients. A challenge in April was finding a way to support clients during the COVID-19 shut-down. It was noted that weekly contacts were taking place with all clients and workarounds were being put in place, including the use of telehealth. The Core Team was conducting virtual meetings during the shut-down and virtual meetings between clients and the judge were just beginning. A continuing challenge, exacerbated by the shut-down, was getting a steady pipeline of new referrals into the program.

Program Outcomes

The TASC Court enrolled a total of 27 participants in Year 1. These participants are primarily White with roughly equal numbers of males and females. Roughly 15% of participants identify alcohol as a drug of choice. Similarly, 15% indicate cocaine as a drug of choice. Only one participant reports opiate use. Participants primarily fall between the ages of 25-45, representing nearly 50% of all participants. See Figure 1 and Table 2.

Figure 1: Participant Race and Ethnicity, N = 27*
Dynamic Demographics



*Excludes 12 cases with missing data

Table 2: Participant Demographics, N = 27

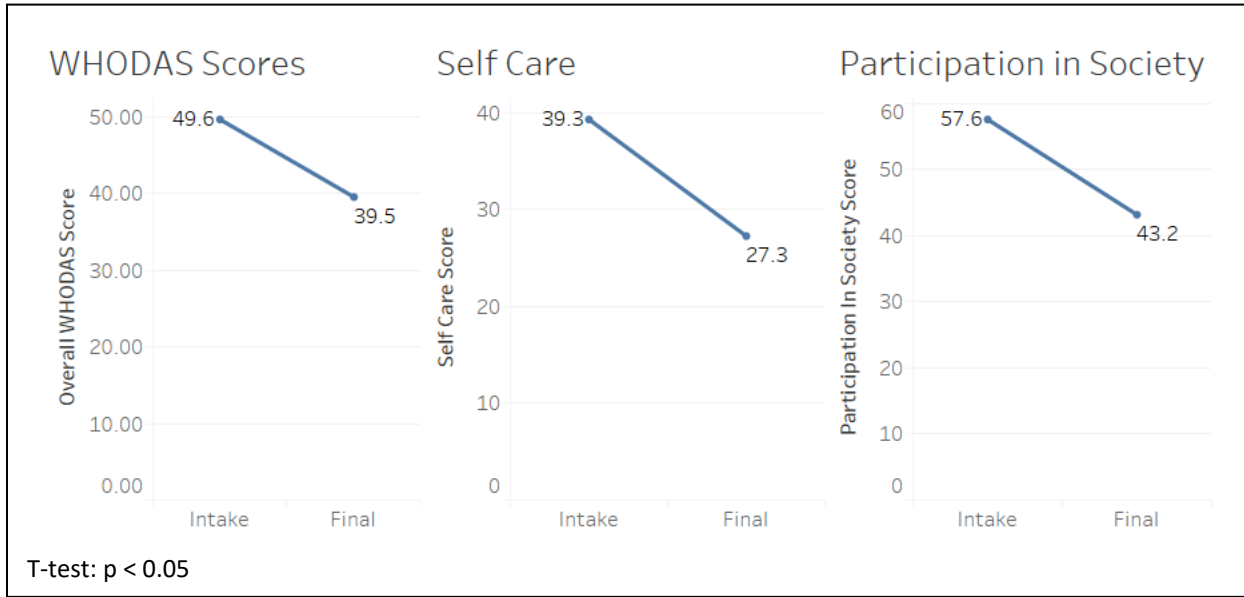
	N	%
Male	16	57.1%
Female	11	42.9%
Drug of Choice		
Alcohol	4	14.8%
Cocaine	4	14.8%
Opioid	1	3.7%
Age		
18 - 24	3	11.1%
25 - 34	6	22.2%
35 - 44	7	25.9%
45 - 54	6	22.2%

Level of Functioning: WHODAS

Participants show statistically significant (p<.05) improvement on overall level of functioning as measured by the WHODAS (World Health Organization Disability Assessment Schedule). Participants’ average overall scores decrease (improve) from approximately 50 at intake to approximately 40 at final assessment. A score of 40 approximates minimal or mild difficulty with all tasks (scores range from 20 to 100). See Figure 2.

Participants show the greatest decline in scores (improvements) in the subscales of Self-Care and Participation in Society. Figure 2 shows participants significantly reduce Self-Care scores by over 30% from 39.3 to 27.3. Participants decrease Participation in Society scores significantly by 25% from 57.6 to 43.2.

Figure 2: Participants show significant improvements on functioning scores

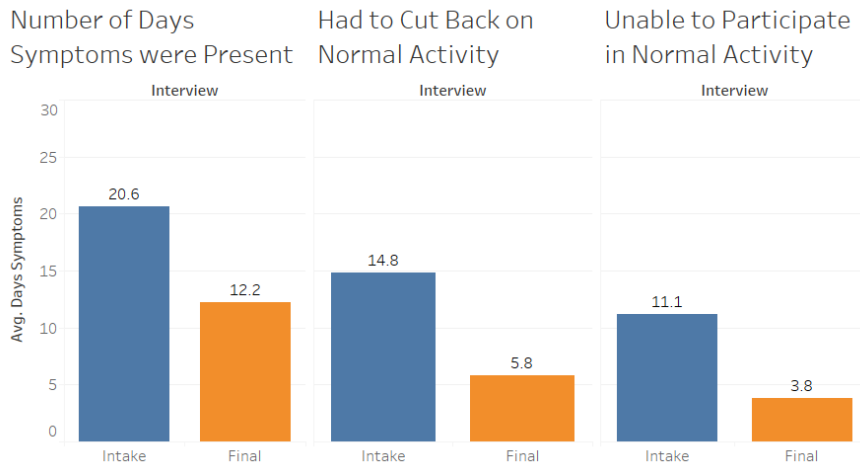


Participants each complete the 36-item WHODAS at Intake, 6-months, and at Discharge. This scale includes 6 subscales related to communication, self-care, ability to get around, ability to get along with others, ability to manage one’s household, and participation in society.

Symptom Management

Participants report significantly fewer days where they experienced symptoms. Figure 3 shows participants report symptoms only 12 of the last 30 days at follow-up, compared to over 20 at intake. Participants additionally report significantly fewer days where these symptoms forced them to cut back on regular activities. Participants report they had to cut back on regular activity only 6 of the last 30 days at follow-up compared to nearly 15 at intake. Similarly, participants report they were unable to participate in normal activities only 4 of the last 30 days at follow-up compared to 11 at intake.

Figure 3: Participants report significantly fewer days with symptoms or interference of these symptoms



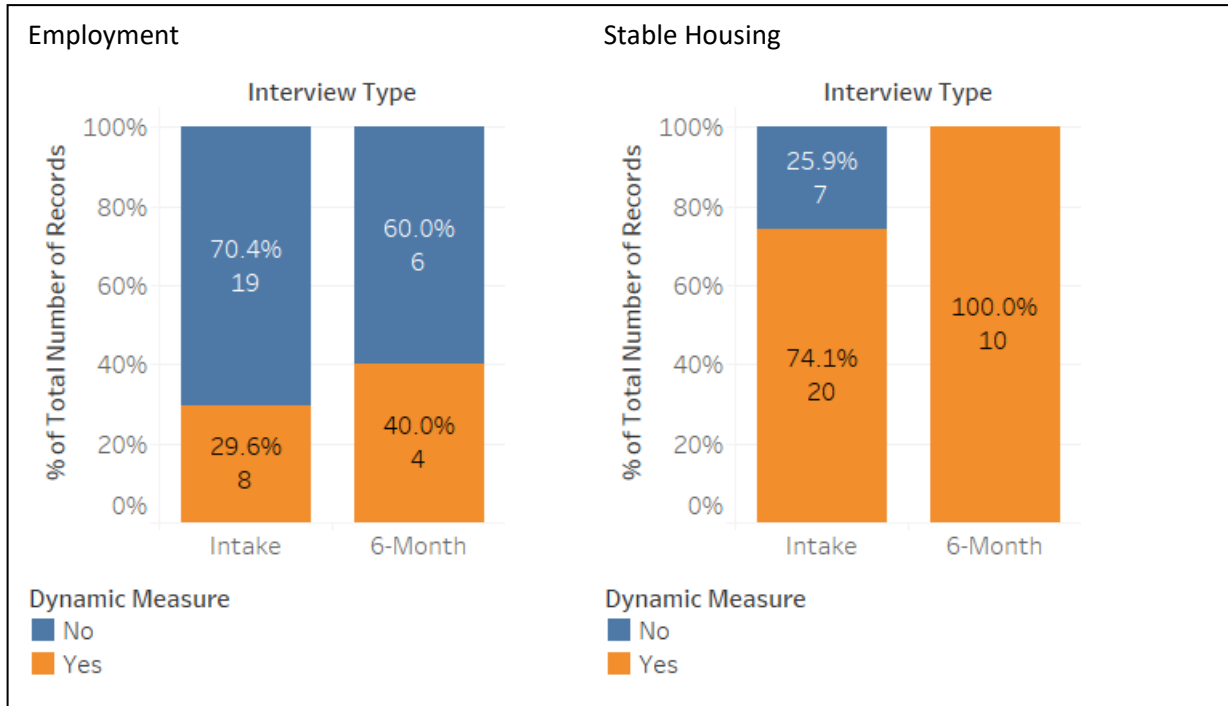
Housing and Employment

Participants show improvement in housing and employment at discharge compared to intake.

Employment: Nearly 30% of participants report some form of employment at intake (either full time or part time). By 6-months, this number increases to 40%. See Figure 4 (left panel).

Housing: Participants report high rates of stable housing. Figure 4 (right panel) shows stable housing rates increase from slightly below 75% of participants at intake to 100% at 6-months.

Figure 4: Participants show improvement on housing and employment rates



Independent Housing

While stable housing rates remain high, the rates of independent housing (owning or renting their own place) appear stable. Figure 5 shows slightly over 44% of participants report independent housing at intake, while 40% of participants show independent housing by 6-months.

Figure 5: Participants increase rates of independent housing

