

**GEORGIA STATE CLEARINGHOUSE MEMORANDUM
EXECUTIVE ORDER 12372 REVIEW PROCESS**

TO: MS. HALEY FLEMING
ATLANTA REGIONAL COMMISSION
40 COURTLAND STREET, NE
ATLANTA, GA 30303

FROM: Barbara Jackson
Georgia State Clearinghouse

DATE: 3/9/2007

SUBJECT: Executive Order 12372 Review

APPLICANT: DeKalb County, GA

PROJECT: Drug Court Discretionary Grant Program - Category II Enhancement: DeKalb
County Drug Court Second Track

CFDA NO.: 16.585

STATE ID: GA070309008

IMPORTANT! REVIEW COMMENTS DUE BY OR BEFORE: 3/30/2007

A copy of the Standard Federal Application package, Environmental Information, or Direct Federal Development project is enclosed for your review and comment. Your review should focus on the projects compatibility with those state or regional goals, policies, plans, fiscal resources, criteria for Developments of Regional Impact (DRI), environmental impacts, or inconsistencies with federal executive orders, acts and/or rules and regulations with which your agency is concerned. Negative environmental impacts or provision for protection of the environment and possible duplication of the proposed project with programs presently in place should be pointed out.

Any major points of conflict identified by you during the review process immediately should be brought to the attention of the Administrator, Georgia State Clearinghouse. The Administrator will attempt to mediate these concerns prior to completing the review of the project. The Clearinghouse telephone number is (404) 656-3855.

Please have your comments typed (or hand-printed) and dated on the enclosed Form SC-3. An additional sheet may be used if additional space is needed. Your comments will be summarized in a single state position or a composite that reflects both the state and regional recommendations and be returned to the applicant/sponr. They in turn will forward a copy to the federal agency if necessary.

Form SC-2
May 2004

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** DeKalb County

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

58-6000814

*** c. Organizational DUNS:**

061420535

d. Address:

*** Street1:**

556 North McDonough Street

Street2:

Suite 400

*** City:**

Atlanta

County:

*** State:**

GA: Georgia

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

30030

e. Organizational Unit:

Department Name:

Superior Court

Division Name:

Drug Court

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

*** First Name:** Roslynn

Middle Name:

*** Last Name:** Harris

Suffix:

Title: Grants Manager

Organizational Affiliation:

DeKalb County Drug Court

*** Telephone Number:** 404-687-2407

Fax Number: 404-371-2002

*** Email:** reharris@co.dekalb.ga.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.585

CFDA Title:

Drug Court Discretionary Grant Program

*** 12. Funding Opportunity Number:**

BJA-2007-1461

*** Title:**

Drug Court Discretionary Grant Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

DeKalb County

*** 15. Descriptive Title of Applicant's Project:**

DeKalb County Drug Court Second Track

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachment

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 4,5,13

* b. Program/Project DeKalb

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/01/2007

* b. End Date: 08/31/2008

18. Estimated Funding (\$):

* a. Federal	133,258.50
* b. Applicant	0.00
* c. State	0.00
* d. Local	44,419.50
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	177,678.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/07/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Vernon

Middle Name:

* Last Name: Jones

Suffix:

* Title: Chief Executive Officer

* Telephone Number: 404-687-2407 Fax Number: 404-371-2002

* Email: reharris@co.dekalb.ga.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

Review Public Budget Disclosure Statement

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change	
4. Name and Address of Reporting Entity: * <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name no lobbying is conducted by DeKalb County Drug Court * Street 1 Street 2 n/a * City State Zip n/a GA: Georgia n/a Congressional District, if known:			5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: BJA			7. * Federal Program Name/Description: Drug Court Discretionary Grant Program CFDA Number, if applicable: 16.585		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant: Prefix * First Name Middle Name n/a * Last Name Suffix n/a * Street 1 Street 2 556 North McDonough Street * City State Zip Decatur GA: Georgia 30030			b. Individual Performing Services (including address if different from No. 10a) Prefix * First Name Middle Name na * Last Name Suffix na * Street 1 Street 2 * City State Zip		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			* Signature: Completed on submission to Grants.gov * Name: Prefix * First Name Middle Name na * Last Name Suffix na Title: Telephone No.: Date: Completed on submission to Grants.gov		
Federal Use Only:			Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Chief Executive Officer</p>
<p>* APPLICANT ORGANIZATION</p> <p>DeKalb County</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: DeKalb County

Applicant's DUNS Name: 0614205350000

Federal Program: Drug Court Discretionary Grant Program

CFDA Number: 16.585

1. Has the applicant ever received a grant or contract from the Federal government?

☐ Yes

☐ No

2. Is the applicant a faith-based organization?

☐ Yes

☐ No

3. Is the applicant a secular organization?

☐ Yes

☐ No

4. Does the applicant have 501(c)(3) status?

☐ Yes

☐ No

5. Is the applicant a local affiliate of a national organization?

☐ Yes

☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box.)

☐ 3 or Fewer

☐ 15-50

☐ 4-5

☐ 51-100

☐ 6-14

☐ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000

☐ \$150,000 - \$299,999

☐ \$300,000 - \$499,999

☐ \$500,000 - \$999,999

☐ \$1,000,000 - \$4,999,999

☐ \$5,000,000 or more

CATEGORY II ENHANCEMENT

DeKalb County, with a population of 665,865, is the second most populous county in Georgia. In 2006, the county had 56,000 arrests, and extrapolating from the most recent Drug Abuse Monitoring Data (2000) for Atlanta, it is likely that 70% of those were drug-involved offenders, and that the majority were abusing drugs associated with devastating addictions. There is broad consensus that drugs, especially crack cocaine, drive crime in DeKalb. The outlook is not improved by the rise of methamphetamine as a regional threat; methamphetamine abusers are the fastest rising proportion of treatment admissions in the metropolitan area¹.

The DeKalb County Drug Court (DCDC) is a drug treatment/alternative sentencing program offered by DeKalb County Superior Court. The program works with non-violent offenders whose criminal behavior was driven by drug addiction. The DCDC began operation in 2002 after extensive planning with local stakeholders and participation in the DOJ's Drug Court Planning Initiative. The program has implemented a "best practices" curriculum and supportive services that are consistent with the National Institute of Drug Abuse (NIDA), *Principles of Drug Abuse Treatment for Criminal Justice Populations* (2006) and the Bureau of Justice Assistance (BJA), *10 Key Components*. The DCDC was awarded the 2003 Drug Court Implementation Grant and contracted with Georgia State University (GSU) to conduct a process evaluation.²

True to the national model, the DCDC is an interdisciplinary initiative that joins the Superior Court, District Attorney's Office, Police Department, Pretrial Services, Public Defender's Office, Sheriff's Department, and drug treatment professionals from the DeKalb

¹ HIDTA, Drug Threat Assessment, 2006

² The DCDC Process Evaluation is being edited for a spring 2007 submission to DOJ (program data cited in the present document were derived with the support of the GSU School of Social Work)

Community Service Board (CSB). The team is actively involved in program operations, including staffings and court calendars, and provides policy oversight.

Candidates must have a felony charge before the DeKalb Superior Court, and may not have convictions involving violence, drug dealing/trafficking, or weapons. Candidates may not have a mental health disorder or intellectual impairment that out-steps available treatment resources. DCDC representatives from Pretrial, the Public Defender's Office, and the District Attorney's Office are responsible for screening. All eligible are then referred to the CSB treatment staff for an addiction assessment (Addiction Severity Index). The DCDC screening and assessment cycle typically takes 7 to 10 days with all admission decisions being made as a team. Candidates plead guilty to their charges at enrollment and sign a contract outlining compliance standards. Upon successful completion of the DCDC, a defendant's plea is vacated. If a defendant fails to complete the program, he/she is sentenced.

The team made a deliberate decision during strategic planning to gear services toward "higher risk" participants, those who have a disproportionate impact on the community and criminal justice system. Program participants tend to be individuals who have poor treatment outcomes in conventional community-based programs due to scope and severity of addiction (95% are addicted to crack cocaine; median [m]: 15 years; range [r]: 5 to 34 years), extensive criminal histories (m: 14.5 years, r: 1 to 30 years; m arrests: 10; r: 1 to 74), homelessness (95%), co-occurring mental health disorders (m: 15%), limited social support and damaged family bonds (70% of participants have children who they have abandoned to family members or failed to support), poor educational achievement (m: 11 years), and unemployment(95%).

The treatment model reflects the needs of the target population and includes a minimum of 572 treatment hours or units over 19 to 24 months. The program model includes: 5 step-

down treatment phases, which transition participants from 24 hours per week of Intensive Outpatient Treatment (IOP) to aftercare, intensive judicial supervision (weekly court appearances for the first 6 months), random drug screens (2 to 3 per week), 12-step meeting requirements, work and civic responsibilities (mandatory 20 hours employment after Phase I and 29 community volunteer projects with local civic organizations), family engagement and counseling services, and aftercare programming (participation in weekly 12-step meetings and membership in policy and mentoring participant group, the Support Council).

The treatment model revolves around a cognitive behavioral curriculum that addresses criminal thinking (*Thinking For A Change*), education about the disease concept (*Hazelden, A New Direction CBT series*), personal responsibility, and life skills. Treatment staff utilize a group format, and individual sessions. The DCDC employs a community case manager, who conducts field visits, monitors participant's compliance and assists participants with employment, housing, and problem solving. The program coordinates with over 20 governmental, nonprofit, and faith-based organizations to provide services around co-occurring mental health/medical disorders, housing, and budgeting. Program participants incur a cost of \$1,000, payable over the course of the 19 to 24 months they are in the program.

Individualized treatment plans are developed with each participant upon enrollment and entry into each subsequent phase. Participants are rated and held to progress on measurable objectives as part of the phase requirements and criteria. Weekly, the team meets to review participants' progress and status, and make recommendations to the judge regarding engagement strategies and important treatment issues. Judicial supervision is key to the effectiveness of the DCDC program. The Judge actively participates in all trainings and is an active, participating member of the team.

The team has attended NDCI's training on sanctions and rewards and has developed a graduated, policy-driven system of responses to behavior.³ The team discusses all sanctions and rewards and arrives at recommendations by consensus. The judge and team rely on treatment recommendations to individualize responses to behavior that falls outside of specific policies.

The DCDC collects drug screens six days per week and uses a hybrid of set and random collection days. The program contracts with a nationally certified lab for GCMS confirmations and to develop baseline THC readings for marijuana abusers. In 2006, the DCDC launched a drug-screening lab which utilizes an enzyme immunoassay screening methodology.

The DCDC has upgraded a public domain database to effectively manage key operations, including court scheduling, screening and assessment, treatment reporting, case management, community service, drug screens, and fee collection. The database is maintained on a secure server and is available to all team members.

In 2003, DCDC submitted a Task Plan to BJA that specified 16 programming objectives across five key outcome domains. The process evaluation has certified or exceeded 14 of the objectives and has achieved tremendous success with each operational benchmark, including the Ten Key Components, treatment and criminal justice outcomes, participant functioning in the community, and strengthening families. The DCDC has emerged as a model of coordination with community organizations (see Partnerships and Awards attachment). As outlined earlier in the document, the DCDC has targeted one of highest risk Drug Court populations in the country that still meets with BJA eligibility guidelines, and the program's success are all the more significant given the target population's elevated addiction severity, criminality, and tremendous barriers to treatment success and community functioning.

³ NDCI, *Science-Based Principles of Changing Behavior*
DeKalb County Drug Court
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The DCDC has enrolled 148 participants to date and has maintained a retention rate of 62%, graduating 36 participants who presented with 226 arrests among them and a median addiction history of 17 years. The participants graduated after an average of 52 drug court appearances and 148 treatment sessions. They attended an average of 418 community 12-step meetings and received 220 drug screens. All were engaged with their families: 65% were parents, and, of those, 60% had resumed living with their families. To date, the median post graduation time is 390 days (r: 3 months to 3 years) with 64% having been out for one year or more and 44% having been out for at least one and a half years. The recidivism rate is remarkably low with only four (11%) of the graduates having been rearrested.

The per participant cost is approximately \$25 per day, factoring in treatment and administrative costs, and the interdisciplinary team's prorated salaries. At enrollment, 50% of the graduates were collectively facing 41 years of incarceration at a potential cost to taxpayers of \$748,250 at \$50 per day.⁴ Calculating actual days spent in the DCDC (m: 737 days) versus incarceration for 18 graduates yields a savings of \$274,100, which defrays 80% of the cost of serving the other 18 participants whose involvement was not as an alternative to incarceration.

Savings go beyond a simple comparison with the cost of incarceration. Prior to enrollment, the graduates were spending between \$200 and \$500 per week on drugs (ASI data), and by the most conservative estimate, were collectively stripping \$30,000 per month out of the community through crime. At graduation, they were employed and drug free for at least a year and a half, and were collectively earning over \$40,000 per month, and putting it back into community. Many in the DeKalb community would argue that DCDC's savings don't only apply to graduates and that the costs associated with the program's 52 discharged participants were not

⁴ Georgia Department of Correction, 2006
DeKalb County Drug Court
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wasted. The median time from enrollment to discharge for the program's unsuccessful participants was 277 treatment days, and during that time they were working, accountable to their families and not engaged in drug-driven crime: at half the daily cost of incarceration.

The DCDC's experience and process evaluation points to key challenges; chief among them are elevated costs and limited system impact. Per the Implementation Grant, the program has a target census of 75 participants, and engages approximately 80 participants annually. The program maintains a daily census of 55 to 60 participants. The team and program evaluator have determined that due to the staffing cost and coordination demands that goes in to providing a "best practice" model for the target population, program integrity would likely suffer by scaling-up the census beyond 75 participants.

In part, the census is limited by the expense of addressing the complex service needs of the program's high-risk target population, which is higher than other programs. One major expense associated with the population is housing. In 2006, the DCDC spent approximately \$91,000 on housing scholarships, as 95% of participants are homeless. The outlay inflates participant daily program costs from \$25 to \$28 per day.

Census is constrained by additional factors. Of the 346 cases that were referred to the program between 2004 and 2006, less than 50% (160) met BJA eligibility criteria, and only half again (88) were assessed as appropriate for outpatient treatment. The picture that emerges from the data is that the census is limited by the target population's treatment readiness and criminal history, often includes charges involving violence or distribution

The current enhancement addresses such challenges by broadening the program's target population. The DCDC proposes the development of a "Second Track" geared toward offenders

who are assessed as suitable for lower intensity programming: those who have jobs, places to live, existing family structures, fewer arrests, and other protective factors. The gap that the current proposal seeks to fill is the need for judicially supervised treatment services for offenders who are exhibiting known risk factors (e.g. involvement with the criminal justice system and addiction and/or serious substance abuse), but have not yet lost key protective factors. The enhancement will *serve a population with an unmet need, to thwart the progression of criminal and drug-using behavior using judicial supervision and evidence-based treatment services, and to strategically increase the DCDC's impact on the problem of drug-driven crime by increasing the census, while reducing the per participant cost.*

There is consensus among the DeKalb judiciary and the agencies that comprise the DCDC that there is a significant population of offenders who have one or multiple felonies and are on the slide in the criminal justice system owing increasing addiction severity, and are at risk for increased criminality. The program pulled a 2005 data set from DeKalb Superior Court and identified 221 individuals who received a second lifetime felony in that year: of those, 146 met BJA inclusion criteria and it is estimated that at least 50 to 70% were drug-involved offenses. In 2005, methamphetamine accounted for 8% (r: 1 to 26%) of felony drug possession counts before DeKalb's 10 Superior Court Divisions: the majority of counts being crack cocaine (70%), followed by marijuana (21%). Methamphetamine users are more likely to be netted by the Second Track; it is working its way up through younger suburban populations, those more likely to present with more limited criminal and addiction histories.

Second Track outpatient services will be scaled-down from 24 to a 9 hour IOP model in phase one, with sessions being held in the evening to accommodate work and family responsibilities. The program curriculum will implement *Moral Reconation Therapy* (MRT), as

well as core elements from the existing curriculum, including disease concept and decision-making. Each participant will develop an individualized treatment plan and be held to progress, as part of phase criteria. Treatment will be stepped-down by 3 hours per week across three, 90-day phases, providing 192 treatment hours or units over 9 months Key Component 4).

Participants will engage and be monitored throughout a 12 month aftercare program.

Requirements include case management, drug screens, 12-step meetings, volunteer activities, employment, and monthly court attendance. Aftercare participants who relapse or are in noncompliance will be remanded back to Phase 3.

The program's judicial supervision strategy and philosophy will be similar to the original track, with the involvement of the interdisciplinary team and the emphasis on using the court as a tool and promoting program outcomes through regular contact with the Judge and a system of graduated sanctions and rewards (Key Component 1, 2, 6, 7). The Second Track will maintain a post-plea/pre-conviction enrollment policy. Participants will attend court weekly for the first month, and then twice per month, until phase 3 when they step-down to one court session per month. Participants will receive a minimum of two drug screens per week, provide documentation regarding employment, attendance at 12-step meetings and volunteer activities, and be subject to field visits by the case manager.

The DCDC proposes to increase its census to 115 participants (50%). The enhancement is projected to lower the per participant cost from \$28 to \$22 per day, and increase revenues through participant fees (\$35 per week). The goals will be to *broaden and increase the target population being engaged in DCDC services, to increase and monitor abstinence in drug offenders, maintain a high retention rate, reduce criminal behavior of drug offenders, enhance*

participants ability to function in the community, strengthen family systems, engage community partnerships in the service delivery model, and increase assessment accuracy (see attachment).

Legal criteria will maintain the BJA limitations on convictions involving violence, weapons, and drug dealing. Besides having an acknowledged substance abuse and/or addiction, candidates will have no more than three felony convictions, and will be employed for a minimum of 6 months in the year prior to arrest, and a stable residence for 9 months in the last year prior to arrest. All screening documentation will be checked and certified by Pretrial Services prior to being passed on for clinical assessment. The Clinical Treatment Team will begin its assessment process using clinically validated instruments such as the Level of Service Inventory-Revised (LSI-R) to assess both the needs of offenders and the risks of future criminal behavior.

The development of an additional track elicits an even stronger need for constantly improving assessment accuracy and evaluation techniques. Utilizing the results of its process evaluation, the DCDC has improved the monitoring process, linking all benchmarks to the 10 Key Components. The revised assessment process has been developed to establish benchmarks based on known offender risk and protective factors that will aid with appropriate program placement. In addition to regular drug testing and on-going judicial interaction (Key Components 5 & 7), the DC will implement repeated assessments of clients. The enhanced assessment process will be used for both tracks.

The DCDC will utilize multiple measures over time to examine program effectiveness (Key Component 8). Repeat measures will be considered in conjunction with feedback from the DCDC team to determine if, and at what level, action is warranted for a person who seems to be heading off-track (Key Component 6). These converging data points will also assist the Judge and team in determining appropriate sanctions and rewards for clients (Key Components 6 & 7).

The DCDC will use enhancement funding to contract with Georgia State University for an independent researcher to conduct a second comprehensive evaluation. Objectives will be to document reductions in recidivism and drug use and improvements in psychosocial functioning. Recidivism measures will be tracked by number, severity, and type of 1st offense and official response to initial offense. Progress will be evaluated through analysis of the measures addressed above and will be used in conjunction with frequent drug tests and criminal behavior monitoring.

The DCDC is firmly committed to data driven advocacy and seeks to continuously grow and evolve its funding base, leveraging evaluation data to prove its successes and more effectively manage the program. Its drug screening lab will be developed into a profit center in 2007; additional DeKalb County agencies will utilize it for screening and will be charged a much reduced rate than what is currently being paid to independent labs. A 501 (C) (3) non-profit certification was obtained in 2006 to create a non-profit arm for funding development purposes. The DCDC has integral partnerships with over 20 governmental, community-based, university, and faith-based entities, most of which have yielded funding, donation of in-kind services, and partnerships to effectively and expertly address critical issues such as co-occurring medical and psychiatric disorders. The DCDC is partnering with the executive leadership in DeKalb to develop creative cost-saving initiatives targeting housing and employment. The program has leveraged the DOJ Implementation Grant to increase county funding by over 100%; such an outcome is again anticipated if the current proposal is funded.

2007 OJP Drug Court Discretionary Grant Program

DeKalb County Drug Court
Budget

	GRANT	MATCH	TOTAL
TRAVEL	4,260	1,420	5,680
CONTRACTS	128,998.50	42,999.50	171,998
TOTAL	\$133,258.50	\$44,419.50	\$177,678

Budget Narrative

TRAVEL \$5,680 \$4,260 grant \$1,420 match

Project funds will be utilized for two treatment staff to attend two national DOJ sponsored trainings.

2 flights @ \$400 x 2 people = \$800
 2 registration @ \$500 x 2 people = \$1,000
 room @ 4 nights @\$130/night x 2 people = \$1,040
 TOTAL for 2 people, 1 training = \$2,840 x 2 trainings = \$5,680

CONTRACTS \$171,998 \$128,998.50 grant \$42,999.5 match

The DeKalb County Drug Court will contract with Georgia State University to analyze the efficacy of the enhancement track as well as the high intensity track. Evaluation objectives will be to document reductions in recidivism and drug use and improvements in psychosocial functioning. The DC program's current database will be enhanced to incorporate the elements of the risk-need instruments used to assess and monitor offenders; in-program criminal behavior and history, drug use, and antisocial attitudes and psychosocial factors will be included. Pre-, mid- and post-program measures will document client progress.

Evaluation **\$10,000**

The DeKalb County Drug Court, since its inception, has contracted with the DeKalb Community Service Board to provide substance abuse treatment services. For the proposed enhancement two clinicians and a part-time secretary will be hired.

The proposed staffing pattern for the program's initial year forecasts a census of 30 participants, at all times. Two full-time licensed clinicians will be hired and trained, with 100% of their time devoted to the Program. A half-time secretary will be hired.

Clinician master's degreed, licensed mental health professional with training in substance abuse

salary \$50,000

FICA \$3,650

retirement \$3,150

insurance \$8,500

Clinical staff $\$65,300 \times 100\% \text{ of employee's time} \times 2 \text{ employees} = \$130,600$

Secretary $20 \text{ hrs/week} \times \$20/\text{hr} \times 52 \text{ weeks} = \$20,800$

TOTAL STAFF= \$151,400

CSB administrative overhead charge for contracts = $7\% \times \$151,400 = \$10,598$

DeKalb Community Service Board* **\$161,998**

* The DeKalb Community Service Board has been the treatment provider since the Drug Court was implemented in 2002. Program staff serve on the Drug Court team and have been specifically trained in the DCDC's cognitive behavioral model and the drug court philosophy. As these particular CSB employees are specialized to Drug Court, DeKalb County approves the CSB as a sole source contract with each renewal period.

DEKALB COUNTY DRUG COURT
2007 DRUG COURT DISCRETIONARY GRANT PROGRAM
PROJECT TIMELINE

GOAL #1: BROADEN TARGET POPULATION

OBJECTIVES	ACTIVITIES/TIMELINE	RESPONSIBLE AGENCY
Increase program census by 50%.	Implement new legal selection criteria <i>September 1, 2007-ongoing</i>	District Attorney Public Defender Pretrial Services
Increase number of methamphetamine addicted individuals receiving treatment.	Implement revised clinical assessment battery <i>September 1, 2007-ongoing</i>	Clinical Treatment Team

GOAL #2: INCREASE ABSTINENCE IN DRUG OFFENDERS

OBJECTIVES	ACTIVITIES/TIMELINE	RESPONSIBLE AGENCY
100% of Drug Court participants will actively engage in addiction treatment.	Conduct thorough and repeat addiction assessments <i>September 1, 2007-ongoing</i>	Clinical Treatment Team
	Develop individualized treatment plans that include specific service needs and revise as needed <i>September 1, 2007-ongoing</i>	Clinical Treatment Team Drug Court Director
	Provide intensive, structured course of addiction treatment <i>September 1, 2007-ongoing</i>	Clinical Treatment Team
	Refer to appropriate community resources for mental and physical health services within 1 week of identified need <i>September 1, 2007-ongoing</i>	Clinical Treatment Team
100% of participants will receive random drug screens.	Follow up on referrals within 1 week of reported appointment or contact rejection <i>September 1, 2007-ongoing</i>	Clinical Treatment Team Drug Court Director
	Include drug screen documentation with treatment plan goals <i>September 1, 2007-ongoing</i>	Clinical Treatment Team Drug Court Director

GOAL #3: RETAIN PARTICIPANTS IN DRUG COURT PROGRAM

OBJECTIVES	ACTIVITIES/TIMEFRAME	RESPONSIBLE AGENCY
80% of participants will graduate.	Document participant status as to acceptance, current active status, termination and reason, and graduation <i>September 1, 2007-ongoing</i>	Drug Court Director

GOAL #4: REDUCE CRIMINAL BEHAVIOR OF DRUG OFFENDERS

OBJECTIVES	ACTIVITIES/TIMEFRAME	RESPONSIBLE AGENCY
80% of participants will not get arrested while in the program.	Review criminal history records of all program participants <i>September 1, 2007-ongoing</i>	District Attorney Drug Court Director
100% of participants will receive cognitive behavioral therapy targeting decreasing criminal thinking and criminality.	Evaluate comparison group with similar profiles (demographics, substance abuse history, criminal records) semi-annually to determine frequency of new charges <i>January 1, 2007-ongoing</i>	Drug Court Director Program Evaluator
70% of graduates will not be arrested after graduating.	Review graduated participants and compare to a comparable group of non-graduates; contrast number of arrests <i>September 1, 2010</i>	Drug Court Director Program Evaluator

GOAL #5: ENHANCE PARTICIPANTS' CAPACITY TO FUNCTION IN THE COMMUNITY

OBJECTIVES	ACTIVITIES/TIMEFRAME	RESPONSIBLE AGENCY
	Include employment, education, and training goals on individual treatment plans. Staff interventions, goals dates, and objectives will be documented. Progress will be monitored and reported to the Team. <i>September 1, 2007-ongoing</i>	Clinical Treatment Team Case Manager

100% of participants will maintain stable housing.	Monitor documentation of employment (35 hrs./week). Motivated parties will be referred to DeKalb Workforce for career development services. <i>September 1, 2007-ongoing</i>	Case Manager
100% of participants will engage in community activities such as volunteer work and faith based initiatives.	Monitor housing status. Site visits will be conducted by Sheriff's Deputies participating in DCDC's Community Policing Program and by Case Manager. After completing Phase 1, participants will complete 36 approved community volunteer projects geared toward civic responsibility and outreach to high risk populations (juvenile, homeless, mentally ill.) <i>September 1, 2007-ongoing</i>	Case Manager
100% of participants will receive a medical assessment upon enrollment and will comply with any medical treatment recommendations.	Conduct nursing assessments with each participant through the DeKalb Community Service Board. Appropriate services will be identified and built into participants' treatment plans. <i>September 1, 2007-ongoing</i>	DeKalb Community Service Board Clinical Treatment Team

GOAL #6: STRENGTHEN FAMILY SYSTEMS

OBJECTIVES	ACTIVITIES/TIMEFRAME	RESPONSIBLE AGENCY
100% of participants who owe child support will substantially reduce arrears	Monitor monthly documentation of child support responsibilities and payment. <i>September 1, 2007-ongoing</i>	Case Manager
100% of participants who have custody of their children will attend parenting classes	The DCDC will contract with local non-profit and faith-based organizations to provide parenting classes and counseling services to participants after Phase 1. <i>September 1, 2007-ongoing</i>	Community Partners

100% of participants in committed or marital relationships will engage in couples counseling.	The DCDC will contract with local non-profit and faith-based organizations to provide parenting classes and counseling services to participants after Phase 1. <i>September 1, 2007-ongoing</i>	Community Partners
100% of babies born to mothers who are participants will be born drug free.	Monitor and track in evaluation <i>September 1, 2007-ongoing</i>	Program Evaluator
100% of participants with intact family structures at enrollment will maintain custody of their children. 100% of participants who do not have custody of their children will make quantifiable efforts to be involved in their children's lives 100% of spouses, adult family members, or significant supportive relationships of participants will be offered monthly educational workshops.	Provide supportive services and monthly education sessions. Motivated parties will be referred to Al-Anon and/or individualized services. <i>September 1, 2007-ongoing</i>	Clinical Treatment Team

GOAL #7: ENGAGE COMMUNITY PARTNERSHIPS IN SERVICE DELIVERY MODEL

OBJECTIVES	ACTIVITIES/TIMEFRAME	RESPONSIBLE AGENCY
100% of participants will receive services from a collaborating external agency.	Monitor and refer participants for resume development, computer software, job training, Dress for Success, and career development planning. <i>September 1, 2007-ongoing</i>	Case Manager Clinical Treatment Team
100% of participants in need of career development will connect with DeKalb Workforce.	Provide regular workshops to address high risk behaviors. <i>September 1, 2007-ongoing</i>	Community Partners
100% of participants will engage with DeKalb Board of Health and the Center for Disease Control to address high risk behaviors and acquire preventative health techniques.	Monitor volunteer hours. Further relationships will be cultivated with potential partnering agencies. <i>September 1, 2007-ongoing</i>	Case Manager Drug Court Director

GOAL #8: INCREASE ASSESSMENT ACCURACY

OBJECTIVES	ACTIVITIES/TIMEFRAME	RESPONSIBLE AGENCY
100% of participants in both Drug Court tracks will receive assessments.	Pilot new assessment instruments. Results will be documented in data management system and will be evaluated. Repeat measures will be administered, as appropriate. <i>September 1, 2007-ongoing</i>	Clinical Treatment Team Drug Court Director Program Evaluator

STATE OF GEORGIA

SUPERIOR COURT OF THE STONE MOUNTAIN JUDICIAL CIRCUIT

DECATUR, GEORGIA 30030

JUDGE ROBERT J. CASTELLANI

DEKALB COUNTY

I commit my full support to the DeKalb County Drug Court's application for enhancement funding from The Department of Justice. I have been Drug Court's supervising judge since the program's inception and intend to maintain an active role in the creation of the 2nd Track. I oversee most weekly court sessions, participate in treatment team staffings, and have attended (and now conduct) numerous trainings on the Drug Court philosophy. I firmly believe that judicial interaction with each drug court participant is essential to our program's laudatory success.

While we have had a tremendous impact on those requiring the most intense level of treatment services, I and others on the DeKalb bench have been left with minimal resources for addicted individuals with intact protective factors. Almost 10% of the drug possession cases which appeared before me in 2006 were methamphetamine related; as methamphetamine is a new phenomenon to DeKalb, the offenders are new to the criminal justice system and earlier in their addictions. I am thrilled to be a part of the creation of a model to target this untapped need.

Yours sincerely,


Robert J. Castellani



State of Georgia
Superior Court of the
Stone Mountain Judicial Circuit
Decatur, Georgia 30030

Chambers of
Judge Cynthia J. Becker

DeKalb County Courthouse

February 28, 2007

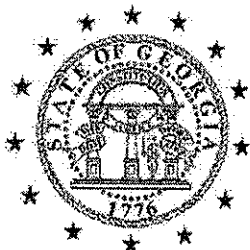
Andy Cummings, Director
DeKalb County Drug Court
DeKalb County Courthouse
Decatur, GA 30030

Dear Mr. Cummings:

I commit my full support to the DeKalb County Drug Court's application for enhancement funding from The Department of Justice. I have been involved with the Drug Court over the last few years and have found it to be tremendously effective for those requiring the most intense level of treatment services. However, I have continuously expressed my frustration that there was no such model for defendants who were appearing before me, almost all addicted to either methamphetamine or crack-cocaine, with intact protective factors and who had not yet spiraled so far down in their addictions. I am thrilled to be a part of the creation of a model to target this untapped need. I believe effective judicial supervision has been integral to our Program's success. To that end, I will continue to oversee staffings, attend training, and utilize the Bench to actively engage participants and sanction inappropriate behavior as necessary.

Sincerely,

Cynthia J. Becker, Judge



GWENDOLYN
KEYES FLEMING
DISTRICT ATTORNEY

DISTRICT ATTORNEY'S OFFICE
STONE MOUNTAIN JUDICIAL CIRCUIT • SUITE 700, DEKALB COUNTY COURTHOUSE
556 N. McDONOUGH STREET • DECATUR, GEORGIA 30030
PHONE: 404-371-2561 • FAX: 404-371-2981

March 1, 2007

To Whom It May Concern:

The DeKalb District Attorney's Office has been actively involved in both the creation and the evolution of the Drug Court. We continue to commit two senior level prosecutors to the interdisciplinary team.

While we have seen the tremendous impact the Drug Court has had on addicted individuals who required an extremely intensive treatment program, we are often left with no choice in our sentencing recommendations but to request incarceration for offenders who have not yet spiraled so far down. I, along with my office, am extremely optimistic about the Drug Court's creation of a 2nd track to target a broader population, including those addicted to methamphetamine, reaching those in need while they still have intact protective factors. I commit my office's full support and look forward to a continued partnership with the Drug Court.

Gwendolyn Keyes Fleming, District Attorney
DeKalb County, Georgia



TERRELL D. BOLTON

DeKalb County Police



CEO VERNON JONES

1960 West Exchange Place
Tucker, Georgia 30084
(770) 724-7440

March 6, 2007

To Whom it May Concern:

The DeKalb County Police Department has enjoyed a collaborative relationship with the Drug Court since its inception. We continue to commit our resources to its success, and I will continue to serve on the Drug Court Team, attending staffings and weekly court sessions. I also pledge my agency's support on any public safety related matters.

We have seen the tremendous impact the Drug Court has had on addicted individuals who required an extremely intensive treatment program. I anticipate very promising results with an option for non-violent addicted individuals who need effective treatment and not necessarily incarceration. I, along with my office, am extremely optimistic about the Drug Court's creation of a 2nd track to target a broader population, including those addicted to methamphetamine, reaching those in need while they still have a home, family, and employment.

Major Kennis R. Harrell

DeKalb County Police Department
South Precinct - Uniform Division
1816 Candler Road
Decatur, Georgia 30032
☎(404) 286-7909
krharrel@co.dekalb.ga.us

OFFICE OF THE DEAN
College of Health and Human Sciences

P.O. Box 3995
Atlanta, GA 30302-3995
Phone: 404/651-3032
Fax: 404/651-3231



February 23, 2007

To: U.S. Dept. of Justice's Office of Justice Programs, Bureau
of Justice Assistance, 2007 Drug Court Discretionary Grant Program

Re: DeKalb County Georgia Drug Court

I have been involved with the DeKalb County Drug Court over the last few years conducting family education groups, overseeing Masters' level interns, and performing Drug Court's DOJ funded comprehensive process evaluation. As clearly indicated in the evaluation, the program has done a superb job of reaching a high risk group of people who, otherwise, would never have had access to substance abuse treatment.

The team has carefully investigated the need to offer a program to a lower risk, lower level of offender in the community. This endeavor will allow those with emerging criminal behavior associated with substance use to enter treatment at an advantageous time and before experiencing the financial, occupational, and relationship losses of those in the higher risk population.

I see this as an essential enhancement to the current program, which will also benefit from the support and resources of Georgia State University as a community partner, just as we have been for over four years.

I fully support the DeKalb County Drug Court's effort to expand the current program in to an area of significant need and our University looks forward to fully supporting DeKalb County as these efforts proceed.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Ligon".

Jan Ligon, PhD, LCSW
Associate Professor and
Associate Dean for Research



MAGISTRATE COURT OF DEKALB COUNTY
PRETRIAL SERVICES
410 CALLAWAY BUILDING
120 WEST TRINITY PLACE

Date: March 1, 2007

Andy Cummings, DeKalb County Drug Court
556 N. McDonough St.
Decatur, Ga. 30030

Dear Mr. Cummings,

The DeKalb County Department of Pretrial Services has enjoyed a collaborative relationship with the Drug Court since its inception. We continue to commit our resources to its success, committing a key staff person, specifically trained in the drug court model, to the treatment team. We will continue to provide the legal screening assessments for the Drug Court and look forward to piloting innovative measures as they are deemed appropriate.

While we have seen the tremendous impact the Drug Court has had on addicted individuals who required an extremely intensive treatment program, we were very limited in our resources for non-violent addicted individuals, still with intact protective factors, who need effective treatment and not necessarily incarceration. I, along with my office, am extremely optimistic about the Drug Court's creation of a 2nd track to target a broader population, including those addicted to methamphetamine, reaching those in need while they still have a home, family, and employment.

Sincerely Yours

A handwritten signature in cursive script, reading "Keith L. Hughes".

Keith L. Hughes, Coordinator
DeKalb County Pretrial Services

Office of the Public Defender of DeKalb County

408 CALLAWAY BUILDING

DECATUR, GEORGIA 30030

LAWRENCE L. SCHNEIDER
PUBLIC DEFENDER

(404) 371-2222
FAX (404) 371-2298

March 6, 2007

Mr. Andrew Cummings
Director
DeKalb County Drug Court
DeKalb County Courthouse
Decatur, GA 30030

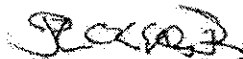
Re: Public Defender Commitment To 2nd Track

Dear Andy:

As a founding member of the DeKalb County Drug Court, the DeKalb County Public Defender's Office has enjoyed a collaborative relationship with the Drug Court since its inception. We have taken an active role in both its development and also its day to day operations. Our office continues to dedicate our resources to its success - three senior level attorneys serve on the Drug Court Team, attend weekly staffings and attend weekly court sessions. We continue to conduct initial criminal justice screenings to determine participant eligibility.

We have seen the tremendous impact the Drug Court has had on addicted individuals who required an extremely intensive treatment program. Unfortunately, we have not been able to serve the population of those offenders who are truly addicted, but with protective factors, such as a job or protective living environment, still intact. We are extremely optimistic about the possibility of the launching of a 2nd track to target a broader population, including those addicted to methamphetamine, who desperately need treatment, but do not need the intensity of treatment which our current program requires.

Sincerely yours,



John Oliver Ellis, Jr.
Chief Assistant Public Defender



DeKalb County Sheriff's Headquarters & Jail

4415 Memorial Drive
Decatur, Georgia 30032
404-298-8100 404-298-8101<fax>
Web Address: www.dekalbsheriff.org

Thomas E. Brown, Sheriff

February 22, 2007

Jeffrey L. Mann, Chief Deputy
4415 Memorial Drive
Decatur, Georgia 30032
(404)298-8148
(404)298-8101<fax>

Jail Division
4425 Memorial Drive
Decatur, GA 30032
(404)298-8515

Court Division
556 N. McDonough
Decatur, GA 30030
(404)371-3061

Administrative Division
4415 Memorial Drive
Decatur, GA 30032
(404)298-8100

Community Relations Division
4415 Memorial Drive
Decatur, GA 30032
(404)298-8045

Field Division
4415 Memorial Drive
Decatur, GA 30032
(404)298-8402

Andrew F. Cummings
DeKalb County Drug Court
556 N. McDonough Street
Room 400
Decatur, GA 30030

Dear Mr. Cummings:

The DeKalb County Sheriff's Office has enjoyed a collaborative relationship with the Drug Court since its inception. We continue to commit our resources to its success, committing a key staff person, specifically trained in the drug court model, to the treatment team. We also will be implementing, within the very near future, a joint partnership whereby off duty deputies will provide a community policing/case management service to the Drug Court.

While we have seen the tremendous impact the Drug Court has had on addicted individuals who required an extremely intensive treatment program, the needs within our jail remain critical. We are thrilled to have an effective option for non-violent addicted individuals who need intensive treatment and not necessarily incarceration. I, along with my office, am extremely optimistic about the Drug Court's creation of a 2nd track to target a broader population, including those addicted to methamphetamine, reaching those in need while they still have a home, family, and employment.

Sincerely,

Thomas E. Brown
Sheriff

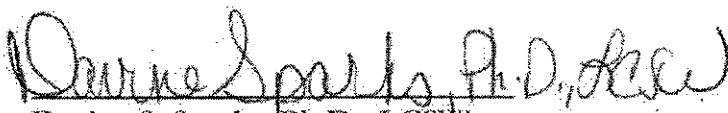

DEKALB
COMMUNITY SERVICE BOARD
Mental Health, Developmental Disabilities & Addictive Diseases Services

Mr. Cummings,

I am pleased to write this letter in support of enhancement funding for the DeKalb County Drug Court. As the Clinical Director of the program for the last several years, I have seen the impact we have been able to have on severely addicted non-violent offenders. We have, however, been limited in our ability to serve individuals, almost all addicted to crack cocaine or methamphetamine, but who have not yet spiraled so far down in their addictions.

My staff and I remain committed to providing clinical assessments to determine eligibility. We are extremely optimistic about a revised clinical assessment battery that we will be piloting as a result of findings from our recently released process evaluation. We will continue to conduct all substance abuse treatment sessions, both group and individual, utilizing the cognitive behavioral model on which we have extensively trained and modified over the last five years. As we have in Drug Court's high intensity track, we will continue to actively participate in staffing and court sessions, and bridging with the judicial departments to effectively serve our population.

Thank you in advance for reviewing this application and considering this worthy program for funding.


Davine S. Sparks, Ph.D., LCSW
Clinical Director

DeKalb County Drug Court

Founded July 2002

Sample of Awards and Notable Accomplishments:

Recipient of the US Department of Justice, *Bureau of Justice Assistance, Drug Court Implementation Grant* – 2002 (DeKalb was the only Drug Court in Georgia to receive an award in 2002)

NAACP Award, *Pat C. Jones Award for Outstanding Service* - 2003

Leadership DeKalb Award, *Sue Ellen Owens Leadership Award* – 2005 (presented to Judge Robert J. Castellani for his work with the Drug Court)

DeKalb County Government Proclamation, *Drug Court Day*- 2006

Recipient of the Community Foundation of Greater Atlanta, *Homeless Healthcare Strategic Grant* – 2006 (partnership with United Way of Metro Atlanta and Behavioral Health Link of Georgia)

Sample of Drug Court Advocacy and Team Presentations:

Emory University School of Medicine, *Model Systems of Care* – 2003 (presentation)

Council of Superior Court Judges, *Drug Court Advocacy/Education Video for Georgia Legislature* – 2004 (produced with DeKalb participants)

Governor's Advisory Council on MH/DD/AD, *New Legislator Training* – 2004 (presentation)

Georgia Council on Substance Abuse, *Conference on Evidence-Based Solution in Treatment* – 2004 (planning and facilitation)

Georgia State University and Morehouse School of Medicine, *Symposium on Improving Substance Abuse Treatment Outcomes* – 2004 (facilitation)

Governor's Summit on Methamphetamine – 2004 (facilitation)

High Intensity Drug Trafficking Area (HIDTA), *Drug Treatment and Abuse Trends Conference* – 2004 (keynote speaker)

Office of National Drug Control Policy (ONDCP), *25-City Initiative* - 2004 (facilitation)

Administrative Office of the Courts, *Judicial Council Drug and DUI Court Conference* – 2005 (planner and presentation)

Institute of Continuing Legal Education in Georgia, *Child and Parent Attorney's Seminar* – 2005 (presentation)

Georgia Commission on Access and Fairness in the Courts, *Cognitive Issues in the Courts Conference* – 2006 (presentation)

The Atlanta Foundation Center, *Fighting the Methamphetamine Epidemic in Georgia* – 2006 (presentation)

Sample of Community Partnerships:

Antioch A.M.E. Church: provides financial support for special events and projects – 2003 to present

Avondale First Baptist Church: provides clothing for new participants – 2005 to present

Behavioral Health Link of Georgia: provides a social worker for mental health screening and case management for participants receiving psychiatric supervision and medications – 2005 to present

Cathedral of the Holy Spirit Church of Decatur (Joseph's Store House): provides food boxes for new participants – 2005 to present

DeKalb Community Development: provides a 90-day housing scholarship for indigent, homeless participants – 2003 to present (over 70 scholarships to date)

DeKalb Public Housing: partnering with the DeKalb Workforce to develop a temporary housing scholarship program for Drug Court participants in certified job training and vocational programs – 2006

DeKalb Workforce: provides budgeting and money management classes for Drug Court participants – 2005 to present

Georgia State University, School of Social Work: working on a drug court process/outcome evaluation (Spring 06) and provides a Drug Court MSW internship – 2004 to present

First/Hillside Presbyterian Churches: provides MARTA cards for indigent participants and family programming. – 2003 to present

Mary Hall Freedom House: partnering with the Drug Court to develop a new treatment track for drug-addicted women with children – 2006 to present

Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) Metro Regional Office (an arm of the Georgia Department of Human Resources that contracts with regional treatment services and maintains regulatory oversight): provides funding for DCDC clinical/treatment services – 2003 to present

United Way of Metro Atlanta: provides technical and grant support for services geared toward homeless participants with mental health related issues – 2005 to present

Stronghold Christian Church: provides financial support for special events and projects – 2003 to present

*The Drug Court has integral partnerships with over 20 governmental, community-based, university, and faith-based entities.

Sample of Drug Court Initiatives and Innovative Programming:

The DeKalb County Drug Court Foundation: Nonprofit created to engage community support, develop community-based projects, and raise private and foundation funding – established 2006

Georgia State University, School of Social Work, Masters Internship: Second year students receive class credit for developing community-based programming and research projects– established 2005

Drug Screening Laboratory: The

PROPOSAL
DRUG COURT SECOND TRACK

Phases

POLICY: It is the policy of the DeKalb Drug Court to provide participants with a four phase, twelve-month outpatient treatment program followed by one year of non-reporting aftercare status.

I. Phase I: Orientation Phase (Minimum 3 months)

Treatment Days: Tuesday-Wednesday-Thursday (9hrs/week)

Program Hours: 5:30-8:30PM

Participants attend 3 evening sessions per week and attend Court every week.

Services:

1. Assessment – TCU and LSI, medical, bio-psycho-social
2. Orientation – participant and family
3. Treatment plan
4. Group therapy
5. Educational groups/assignments
6. Individual/family counseling/clinical case management
7. Random drug screens

Requirements:

1. Complete orientation – receive copy of contract, waivers, and policies
2. Family Orientation
3. Develop treatment plan – assess need for additional (wrap-around) services to be set down as phase-specific goals (parenting classes, individual counseling, GED, etc.) – within 10 days of enrollment
4. Complete treatment goal sheet with primary counsel monthly
5. Participate in three treatment sessions per week (5:30 PM – 8:30 PM/ 9 hrs).
6. Attend court every week for 1st month, every other week thereafter
7. Attend three 12 step meetings per week
8. Attend one in-house 12 step meeting on Saturday (10:00AM – 11:00AM)
9. Attain a sponsor and a home group
10. Attend one clinical case management session per month, maintain weekly check-in with case manager/counselor
11. Attend one family counseling session or workshop per month as requested
12. Submit to random drug/alcohol screening as scheduled
13. Provide all requested documentation in timely manner
14. Maintain court approved employment, obtain minimum 35 hours per week
15. Make regular payment on treatment fees
16. Attend Drug Court Team Review before entering next phase

II. Phase II: Coming to Believe (Minimum 3 months)

Treatment Days: Tuesday and Thursdays (6hrs/week)

Program Hours: 5:30-8:30PM

Participants step-down to two evening sessions per week and attend court every other week.

Services:

1. Treatment Plan
2. Group therapy
3. Educational groups/assignments
4. Individual/family counseling/clinical case management
5. Random drug screens

Requirements:

1. Review treatment plan – assess need for additional (wrap-around) services to be set down as phase-specific goals (parenting classes, individual counseling, GED, etc.) – within 10 days of phase transition
2. Complete treatment goal sheet with primary counselor
3. Participate in two treatment sessions per week (5:30 PM – 8:30 PM/ 6 hrs)
4. Attend court every other week
5. Attend three 12 step meetings per week or court approved alternative support services (e.g. faith-based support)
6. Attend one in-house 12 step meeting on Saturday (10:00 AM – 11:00 PM)
7. Maintain relationship/regular contact with sponsor or scheduled participation in court approved alternative support services
8. Attend one clinical case management session per month, maintain weekly check-in with case manager/counselor
9. Attend one family counseling session or workshop per month as requested
10. Submit to random drug/alcohol screening
11. Maintain court approved employment, obtain minimum 35 hours per week
12. Make regular payments on treatment fees
13. Complete one monthly community assignment (e.g., PTA, homeless outreach, mentoring activities)
14. Provide all requested documentation in timely manner

III. Phase III: Change (Minimum 3 months)

Treatment Days: Tuesday (3hrs/week)

Program Hours: 5:30-8:30PM

Participants attend one evening session per week. Attend court once a month.

Services:

1. Treatment plan
2. Group therapy
3. Educational groups/assignments
4. Individual/family counseling/clinical case management
5. Random drug screens

Requirements:

1. Review treatment plan – assess need for additional (wrap-around) services to be set down as phase-specific goals (parenting classes, individual counseling, GED, etc.) – within 10 days of phase transition
2. Complete treatment goal sheet with primary counselor
3. Participate in one evening treatment session per week (5:30 – 8:30 PM/ 3 hrs)
4. Attend court once per month
5. Attend three 12 step meetings per week or court approved alternative support services (e.g. faith-based support)
6. Maintain relationship/regular contact with sponsor or scheduled participation in court approved alternative support services
7. Attend one clinical case management session per month, maintain weekly check-in with case manager/counselor
8. Attend one family counseling session or workshop per month as requested
9. Submit to random drug/alcohol screening
10. Maintain court approved employment, obtain minimum 35 hours per week
11. Make regular payments on treatment fees
12. Participate in service projects with new participants (e.g., orientation, mentoring, screening)
13. Complete two community assignments per month (e.g., PTA, homeless outreach, mentoring activities)
14. Complete relapse prevention plan
15. Provide all requested documentation in timely manner
16. Attend Drug Court Team Review before entering aftercare phase

IV. Phase IV: Aftercare (Minimum 1 year)

Treatment Day(s): Friday

Program Hours: 8:30AM-10:30 AM

Participants are on aftercare status. Attend court once per month.

Services:

1. Treatment Plan
2. Individual/family counseling
3. Random drug screens

Requirements:

1. Review treatment plan – assess need for additional (wrap-around) services to be set down as phase-specific goals (parenting classes, individual counseling, GED, etc.) – within 10 days of phase transition
2. Complete treatment goal sheet with primary counselor
3. Attend court once per month
4. Attend three 12 step meetings per week or court approved alternative support services (e.g. faith-based support)
5. Maintain relationship/regular contact with sponsor or scheduled participation in court approved alternative support services

6. Attend one clinical case management session per month, maintain weekly check-in with case manager/counselor
7. Submit to random drug/alcohol screening
8. Maintain court approved employment, obtain minimum 35 hours per week
9. Make regular payments on treatment fees
10. Participate in service projects with new participants (e.g., orientation, mentoring, screening)
11. Complete 2 community assignments per month (eg., PTA, homeless outreach, mentoring activities)
12. Provide all requested documentation in timely manner

Proposed Staffing Pattern: 2 FT and 1 PT

1. 2 FT Licensed clinicians @ costs of \$45-50,000/clinician plus benefits
2. 1 PT Certified Addiction Counselor @ cost of \$10,400 (\$20/hr x 20hrs/week x 26 pay periods)
NOTE: This PT position will begin only after the program reaches a census of 30.
3. Secretary: Initially this position will be PT @ a cost of \$20/hour for 10hrs/week; ramp up to 20hrs/week with an increase in census, and eventually it will be a FT position.

Growth Expectation:

First Year: Anticipate a census of 30; Target census (over two years) 70 participants

CSB will invoice Drug Court for salaries and administrative overhead costs.