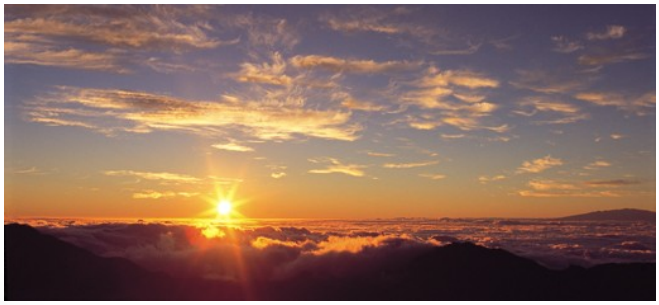
RENO MUNICIPAL COURT

Co-Occurring Disorder Specialty Court (COD) Program Evaluation Report

Final Report
December 2014



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Building Partnerships for a Healthy Community

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RENO MUNICIPAL COURT

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HON. WILLIAM L. GARDNER
Department 2

HON. DOROTHY NASH HOLMES
Department 3

HON. KENNETH R. HOWARD
Department 4

CASSANDRA JACKSON
Court Administrator

JUSTIN ROPER
Chief Marshal – Department of Alternative Sentencing

December 15, 2014

Dear Citizens:

Thank you for your interest in our specialty treatment court for individuals with Co-Occurring Substance Abuse and Mental Health Disorders. This report adds to the body of scientific research developed over the past two decades proving conclusively what we have seen first-hand…that specialty courts work.

Our Co-Occurring Disorder Specialty Court (COD) began with a three-year grant from the Substance Abuse and Mental Health Services Administration. A six month extension was received to allow us to continue to serve our target population. We just completed 3 ½ years with impressive results.

- The Court provided services to 134 men and women, and of those graduates, 85% have not reoffended.
- Average length of treatment was 391 days for our successful clients, at a cost per client of $3,011, which is 30% below the national estimates of $4,300[1].
- Clients reported improvements in virtually every symptom of serious and persistent mental illness. Our program was likely most effective with our sickest clients, as the rate of change appears to be greatest for clients reporting hallucinations and violent behaviors.
- Clients showed great improvement in abstinence from alcohol and illegal drugs (97%) and success in employment (42%).

The Court holds people accountable for their criminal acts while treating the root causes to lessen the possibility that they will re-offend in the future. Our COD Court Team (consisting of the judge, a prosecutor, a defense attorney, treatment professionals, law enforcement, a psychologist, and a case manager) provides individual case monitoring and review to ensure that appropriate services are coordinated and that progress is being made.

Because of the great need in this community, we have continued to develop and offer services through the COD Court since the grant funding ended. Research confirms that this is the most cost-effective and successful way to reduce incarceration, recidivism and substance abuse. We look forward to your continued support for our specialty court programs.

The Honorable Dorothy Nash Holmes
Presiding Judge, Department 3

[1]King, R, and Pasquarella J. http://www.sentencingproject.org. The Sentencing Project, 514 Tenth St. NW Suite 1000, Washington, DC 20004, (202) 628-0871.

Reno Municipal Court -Co-Occurring Disorders Specialty Court Program Evaluation Report

December 2014

This report is presented in three sections; a review of all three sections is designed to provide the reader with a comprehensive, but succinct, overview of the performance of this grant.

Section 1 Page 3
- Grant Technical Specifications
- Project Abstract

Section 2 Page 4
- Background/Key Personnel
- Treatment & Use of Evidence-Based Practices

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- Program Evaluation Statistics
- Project Successes

TECHNICAL SPECS

Funding Source	United States Department of Health and Human Services (DDHS), Substance Abuse and Mental Health Services Administration(SAMHSA), Center for Substance Abuse Treatment (CSAT)
Project Name	Co-Occurring Disorders Court at Reno Municipal Court
Setting	Outpatient
SubPopulation	Criminal Justice Co-Occurring/Dually-Diagnosed
Total Budget	$975,000
Project Start Date	September 30, 2010
Project End Date	March 31, 2014
Total Target	155

Project Abstract

This project encompassed two enhancements to Reno Municipal Court's existing Adult Drug Courts with the creation of a Co-Occurring Mental and Substance Abuse Disorder Specialty Court (COD). The target population is those individuals charged with misdemeanor offenses within the jurisdiction of the Reno Municipal Court who reside in Washoe County (Reno), Nevada and the surrounding area within a 50-mile radius. One hundred forty-five (145) people will be served the first year (435 over the life of the grant).

The project was designed for early identification and intervention of offenders with co-occurring disorders. Offenders who appeared for misdemeanor charges and exhibited or had a previous diagnosis of a mental health condition coupled with alcohol or other drug use were served by the COD Specialty Court. This Court filled a service gap for those offenders charged with DUI or Domestic Violence who cannot be referred to the county's mental health court. The program integrated services for those with co-occurring disorder in order to reduce relapse and recidivism.. The project goals were:

Goal 1: Identify co-occurring disorders upon entry to the criminal justice system and evaluate for further treatment.

Goal 2: Assign identified clients to the Co-Occurring Disorder Court to create a treatment plan in conjunction with disposing of their criminal offense.

Goal 3: Integrate services for those identified with co-occurring disorders to include pharmaceutical and COD treatment and community supervision.

Goal 4: Connect program participants to community services, including basic needs, housing, educational, and vocational.

Goal 5: Maintain program participation with aftercare plan include support services to sustain abstinence and reduce relapse.

Goal 6: Utilize evidence-based practices as the foundation of all services.

The outcomes for the target population were a sustained period of abstinence, a reduction in relapse, and lower likelihood of a return to the criminal justice system.

Background/History. Reno Municipal Court (RMC) has Specialty Courts in Departments 3 and 4 which divert offenders from the traditional criminal justice system with a combination of treatment, electronic monitoring, and compliance supervision by the RMC Marshals Alternative Sentencing Unit (ASU).

Judge Ken Howard presides over Fresh Start Therapeutic Court for persons sentenced for Driving Under the Influence of Alcohol or Drugs. Most participants in this court are second time DUI offenders. This court monitors over 40 participants per year and holds court monthly.

Judge Dorothy Nash Holmes presides over a Specialty Court with three dockets which yearly serves upwards of 250 offenders. The three dockets include one for DUI-Drug offenders; one for homeless "serial inebriate" misdemeanants ("TRAIN Court"); and, one for individuals with co-occurring substance abuse and mental health issues ("COD Court"), which is the subject of this report. Each docket has weekly status hearings and also utilizes ASU marshal supervision to ensure compliance.

All of Reno Municipal Court's Specialty Courts receive some funding through the Nevada Administrative Office of the Courts. The COD court discussed in this report was implemented with a 3-year grant obtained by the late Judge Paul Hickman, and awarded in 2010 by the federal Substance Abuse and Mental Health Services Agency (SAMHSA).

The COD Court contracted with Access to Health Network, Bristlecone Family Services, Family Counseling Service, Dr. Lisa Keating, and Quest Counseling, and collaborated with other local treatment professionals, as well.

Key Personnel

Project Director: Mary K. Baker, Court Program Manager
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Telephone Number: (775) 881-8049 E-mail Address: kzcrowe@charter.net

Other COD project staff included a blend of legal, administrative, law enforcement and MIS personnel.

1. Presiding Judge	Dorothy Nash Holmes, Department 3
2. Clinical Director	Lisa Keating, Ph.D.
3. Case Manager	Ana Ramos
4. Alternative Sentencing Officers	Marlina Stone, Matthew Thompson
5. Legal Counsel Defender	Keith Loomis, Esq.
6. Legal Counsel Prosecutor	Pamela Roberts, Esq. and Jill Drake, Esq.
7. Court Administration	Marilyn Tognoni
8. Alternative Sentencing Sgt.	Gregg Deighton

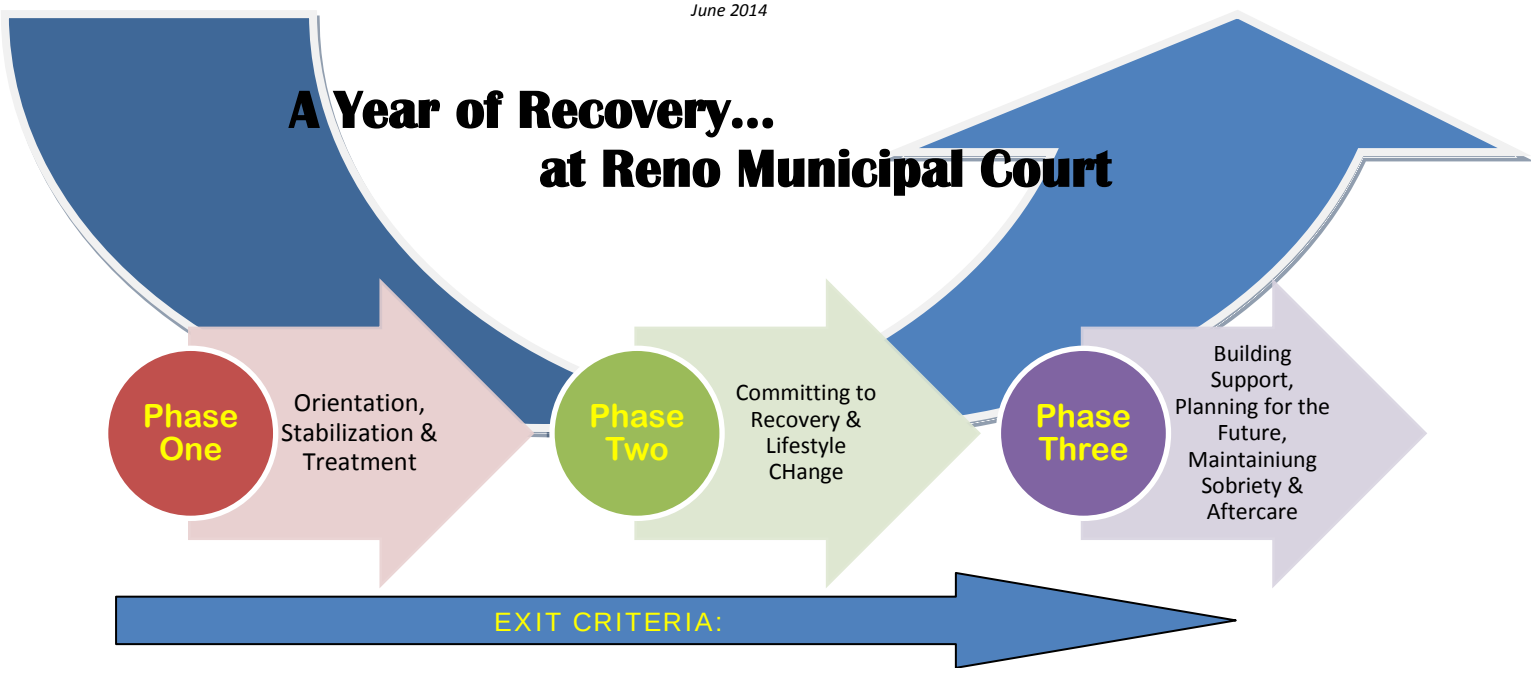
Treatment & Use of Evidence-Based Practices

The COD Treatment Team

The COD Court provided a one-year treatment program, including careful monitoring and progression through three phases. The COD treatment program is outlined in detail in Figure 1 below.

RENO MUNICIPAL COURT
MISDEMEANOR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER SPECIALTY COURT (COD)
RECOVERY PHASE SYSTEM
June 2014

A Year of Recovery... at Reno Municipal Court



1. Attending treatment regularly for 6 weeks with no missed sessions.
2. Attending 5 self-help meetings per week and seeking a sponsor.
3. Met with psychiatrist, taking medication, if needed.
4. No use of disallowed substances.
5. Compliance with downloads of electronic monitor and/or drug/alcohol testing.
6. Compliance with probation conditions. No missed court reviews.
7. Complete Exit Request Form for Phase 2.

1. Actively engaged in treatment (No instances of "no call/no show.")
2. Clinician endorses that client demonstrates an understanding of the basis of client's addiction and mental health issues.
3. Attending self-help groups (5 weekly or as ordered); sponsor obtained; actively involved in self-help.
4. Continued compliance with psychiatric treatment & medication, if needed.
5. Community service concluded.
6. Setting boundaries with substance abusing peers and partner; and, if necessary, made constructive changes in housing to achieve drug/alcohol free environment.
7. Demonstrating appropriate daily living skills, interpersonal skills and leisure activities.
8. Relationships with family, others improved or re-established.
9. Maintaining sobriety.
10. Full compliance with probation conditions. No unexcused court absences.
11. Complete Essay for Request to move to Phase 3.

1. Full compliance with treatment and supervision.
2. Treatment completed. Handled all appointments responsibly. (No instances of "no call/no show.")
3. Continuing self-help. Implementing plan for employment, training, education or living activities.
4. Maintaining appropriate daily activities, life skills, interpersonal skills and leisure activities.
5. Community service and all other conditions are completed.
6. Completed a written relapse prevention and aftercare plan approved by counselors and presented to Team members.
7. 100% negative drug/alcohol tests for 90 consecutive days.
8. All court fines/fees and other charges paid in full.

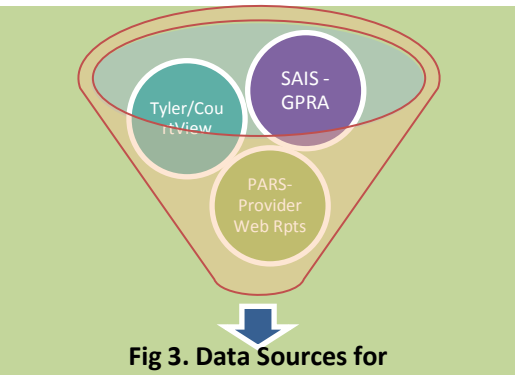


Fig 3. Data Sources for Co-Occurring Court Performance Measures

Grant performance measures were collected from three information systems. These are SAMSHA's Substance Abuse Information system (SAIS), Reno Municipal Court's existing case management system (Tyler Odyssey™ and previously CourtView™), and the Provider Automated Reporting system (PARS).

Together these state, local and custom systems provided a comprehensive array of evaluation information concerning the operation of this specialty court.

Intakes: Figure 4 below indicates that as of April 1, 2014, 134 individuals received a formal intake. The project has achieved an impressive 86% of the projected SAMHSA grant intake targets. Intakes showed variation in monthly intakes, which have declined since the high in April 2013. Grant paid intakes were discontinued by December 1, 2013, to allow for grant closeout.

Fig. 4. Intakes				
	Client Target To Date	Intakes Received To Date	Intake Coverage Rate To Date	Avg. Rate of All Grantees[2]
April 2014	155	134	86.5%	107.9%

***Follow-ups*:** Figure 5 indicates that, as of April 1, 2014, the COD exceeded the SAMHSA targets (70%). The COD follow-up rate substantially outperformed other similar grants. The follow-up rate was influenced largely by targeted efforts by staff to conduct follow-ups.

Fig. 5. Six month follow-up				
	6 month follow-ups due	6-month follow-up rec'd	6 month follow-up rate	Avg. Follow-up Rate of all Grantees
April 2014	126	115	91.3%	77.1%

Reported Drug Use at Intake: As shown in Figure 6 below, alcohol and marijuana continue to be the drugs most commonly abused as reported at intake, accounting for over 68% of all usage.

Figure 6. Client Drug Use At Intake		
Drug	***# Clients***	***%***
Alcohol	54	40.3%
Marijuana/hashish	36	26.9%
Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	13	9.7%
Cocaine/crack	7	5.2%
Percocet	5	3.7%
Heroin (Smack, H, Junk, Skag)	4	3.0%
Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax), Triazolam (Halcion); and Estasolam (Prosom and Rohypnol-also known as Roofies, Roche, and Cope)	4	3.0%
Hallucinogenic/psychedelics: PCP, (Angel dust, Ozone, Wack, RocketFuel, MDMA Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline	3	2.2%
Nonprescription methadone	2	1.5%
Other illegal drugs	2	1.5%

[2] The Avg Intake Rate of all GFA's can exceed 100% due to programs who have conducted more Intakes than their Grant Intake Target number.

Figure 6. Client Drug Use At Intake		
Morphine	1	0.7%
Tylenol 2,3,4,	1	0.7%
Oxycontin/Oxycodone	1	0.7%
Inhalants (poppers, snappers, rush, whippets)	1	0.7%

Who Did We Serve? *Figures 7-9 provide information regarding demographics of the clients seen in the COD Specialty Court.*

Fig. 7. Age

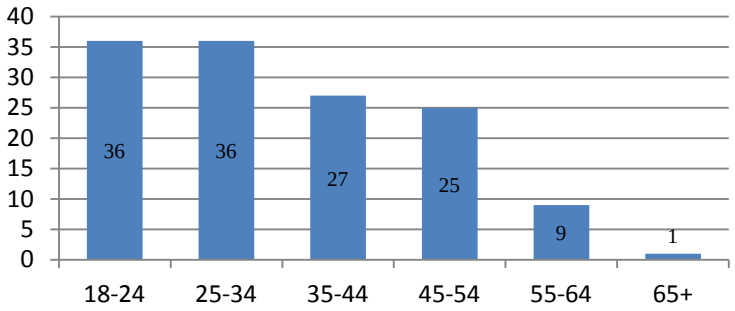


Fig. 8. Race

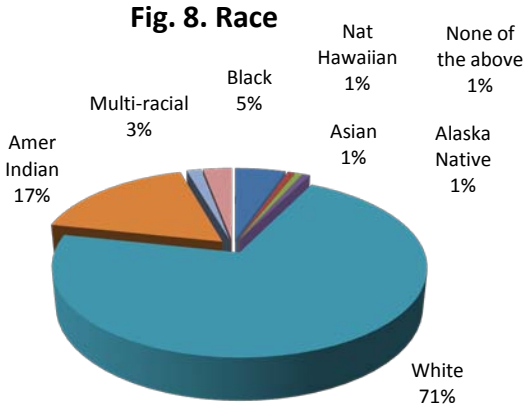


Fig. 9. Gender

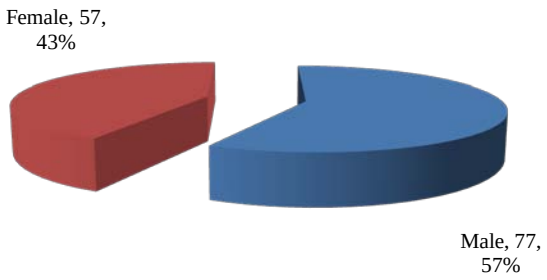


Figure 8 indicates racial composition of the clients. Native Americans were 17% of the COD clients, while they represent just 1.3% of Reno's population. Of the total 134 clients shown in Fig 8, 9% (N=12) were Hispanic or Latino.

Client Outcomes (at 6-month follow-up)

Figure 10 provides clear evidence that successful COD clients made measureable improvements in <u>all</u> **key client outcomes** measuring housing stability; social connectedness; health/ behavioral/social consequences; employment/education; crime; and, abstinence. The greatest improvements for our clients were in the areas of abstinence and employment, with the least rate of change in social connectedness and housing.

Fig. 10. Client Outcome Measure	*# Valid cases*[3]	*% at intake*	*% at 6 month follow up*	*Rate of change*
Abstinence: did not use alcohol or illegal drugs	114	45.6%	78.9%	73.1%
Crime and Criminal Justice: had no 30 day past arrests	114	66.7%	83.3%	25.0%
Employments/Education: were currently employed or attending school	114	29.8%	44.7%	50.0%
Health/Behavioral/Social Consequences: experienced no alcohol or illegal drug related health, behavioral, or social consequences	114	70.2%	91.2%	30.0%
Social Connectedness: were socially connected	114	89.5%	95.6%	6.9%
Stability in Housing: had a permanent place to live in the community	114	43.0%	50.0%	16.3%

Figure 11 provides clear evidence that the COD clients made measureable improvements in all **key client outcomes** measuring high risk behaviors such as injection drug use; unprotected sexual contact; unprotected sexual contact with an individual who is HIV or AIDS positive; unprotected sex with an injecting drug user; and, unprotected sexual contact with an individual high on some substance. The greatest improvements for our clients was in the areas of unprotected sex with an injecting drug user, injecting illegal drugs themselves, and having unprotected sexual contact with an individual high on some substance.

Fig. 11. Changes in High Risk Behaviors	*# Valid Cases*[3]	*% at intake*	*% at 6 month follow up*	*Rate of change*
Injected illegal drugs	116	3.4%	0.9%	-75%
Had unprotected sexual contact	35	71.4%	60.0%	-16.0%
Had unprotected sexual contact with an individuals who was or is HIV positive or has AIDS	18	0.0%	0.0%	n/a
Had unprotected sex with an injected drug users	18	5.6%	0.0%	-100.0%
Had unprotected sexual contact with an individual high on some substance	18	22.2%	5.6%	-75.0%

Clients continue to report clear measurable improvements in virtually all major **symptoms of serious and persistent mental illnesses**; especially notable were decreases in hallucinations and violent behaviors, and depression (see Figure 12 below). Marked increases in use of prescription medications continue to be evidenced; this is due largely to the fact that the COD court provides psychotropic medication management, which is often not available to our clients prior to coming into the COD program.

Fig. 12. Mental Health Outcomes	*# Valid cases*	*% at intake*	*% at 6 month follow up*	*Rate of change*
Depression	115	75.7%	48.7%	-35.6%
Anxiety	115	86.1%	63.5%	-26.3%
Hallucinations	115	11.3%	5.2%	-53.8%
Trouble concentrating, understanding, or remembering	115	64.9%	49.1%	-24.3%

[3] The number of valid cases is the active records in the SAIS systems that have both an Intake and Discharge interview completed.

Trouble controlling violent behavior	115	10.4%	6.1%	-41.7%
Attempted suicide	115	1.7%	1.7%	0.0%
Prescribed medication for psychological or emotional problems	115	41.7%	73.0%	75.0%

Services to veterans: Of the 134 active clients served by the grant, 12 were veterans (9.7%).

Client Costs: The SAIS Grantee Cost report indicated that the cost per client was $3,542 per client[4]

National Mental Health Court Performance Measures: Staff began reporting selected National Mental Health Court Performance Measures (MHCPM)[5] with the April 2012 biannual report. Staff can now examine changes in this baseline data. These national MH performance measures include:

Total Time in Program. The average length of time between a participant's admission into the Co-Occurring Disorder Court (COD) and permanent exit. If this time span is very short, participants may not be receiving enough treatment and care to affect long-term improvement. If it is very long, courts may be devoting too great a share of their resources to difficult cases, denying opportunities to other potential. *Since the program began in February 2011, clients were staying longer in this program. Each discharged client averaged 292 days in the program, up from 271 days reported in October 2013, 241 days in October 2012, and 154 days as reported in the April 2012 biannual report (See Figure 13).*

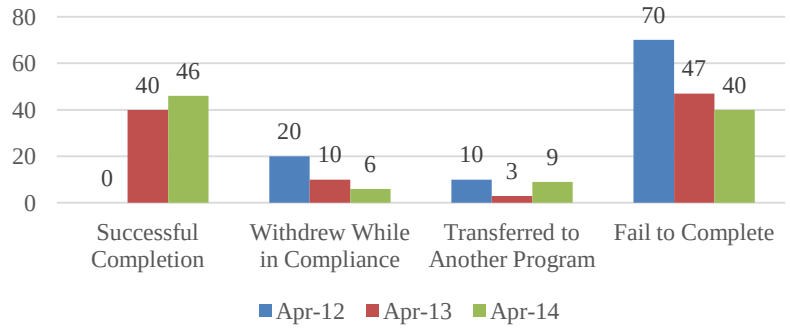
Fig. 13. Total Time in Program

Retention. Figure 14 below illustrates the percent of participants admitted to the COD Court during the same time frames, who exited the program by one of the following four reasons: 1) successful completion, 2) voluntary withdrawal while in compliance, 3) transfer to another program, and 4) failure/termination. Retention is important in the COD Court because it is critical that participants receive treatment and supervision of long enough duration to affect change. *This measure continued*

[4]Assumes 80% of total budget. 20% is allocated for evaluation and is not included.
[5] Waters, N., & Cheesman, F. (2010). M*ental Health Performance Measures: Implementation & Users Guide* Williamsburg, VA: National Center for State Courts.

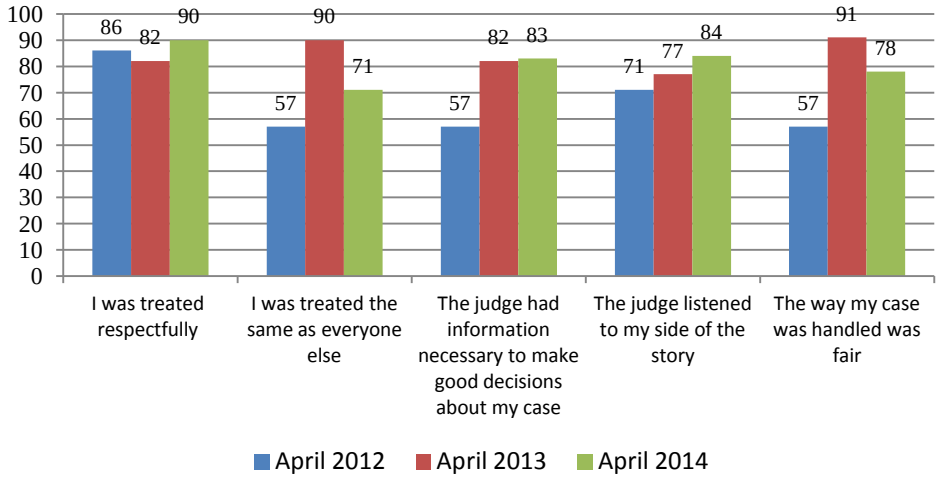
to show marked improvement over the life of the grant. In the April 2012 report, the COD program had not yet had any successful completers; however, by April 2013 40% successfully completed the program; and by April 2014 this rate had increased to 46%. Substantially fewer clients are failing to complete the program.

Figure 14. COD Retention Rates



Participant Satisfaction. Responses to five statements, which measure client satisfaction using a supplemental survey to the GPRA discharge survey, appear in Figure 15 below. These questions are used to help assess whether participants view the processes of COD Court as fair. Research in problem solving courts has shown a link between procedural fairness and program outcomes[6]. The work of Tom Tyler demonstrates this link by showing that the perception of fairness is often more important than the actual outcome of the case (see e.g., procedural justice) making this measure important in gauging perceived justice by the participant.

Figure 15. COD Client Satisfaction



Treatment Services

The provision of therapeutic services provided to COD clients was measured using the Provider Automated Reporting System (PARS). Under development for over a year, PARS became operational in November 2012. It was designed to account for the treatment services provided to clients of the COD court. PARS automated the monthly treatment reporting by providers of mental health and

[6] Gottfredson, D., Kearley, B., Najaka, S., and Rocha, C. (2007). How Drug Courts Work An Analysis of Mediators. *Journal of Research on Crime and Delinquency.*

substance abuse treatment services to the specialty court. In addition, PARS assisted in streamlining specialty court treatment billing.

Using PARS data over the entire three year grant cycle, seven clinicians provided a whopping 7,024 therapy sessions, of which the bulk (4,878 or 69%) was offered in group sessions and 30% (N=2,128) were individual sessions. The treatment staff were very busy, each providing on average 1,003 sessions to our clients. The program further provided a rigorous regime of clinical services to each client, on average each COD client received intensive treatment of 59 sessions each (See Figure 16).

Of the three specific evidence based practices (EBP) identified in the SAMHSA grant, (i.e. Cognitive Behavioral Therapy or CBT, Motivational Interviewing or MI, and Contingency Management or CM), Figure 18 indicates that CBT was the predominant EBP used; offered in 83% of all sessions (N=1,136). Motivational Interviewing was also widely used; in 17% of the sessions (N=233). Use of the third EBP, Contingency Management was negligible.

Fig. 16. Client Therapeutic Services Provided Since the Start of the Grant (3 years)	
Total Sessions	7,049
Number of Clinicians	7
Average sessions per client	59
Average sessions per clinician	1,003
Avg clients per clinician	16

Figure 17. Specialty Court Treatment Provided In last 6 months (Sept 2013-March 2014)

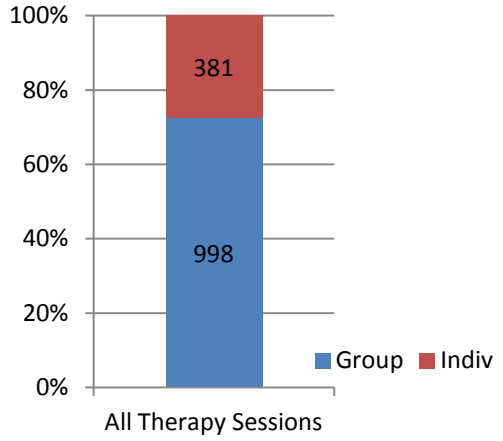
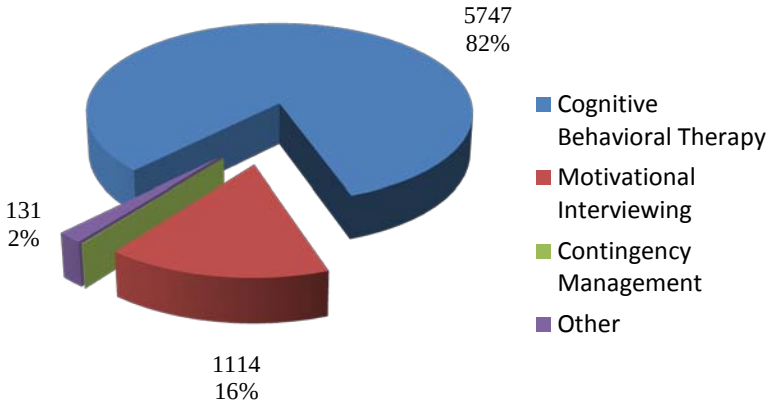


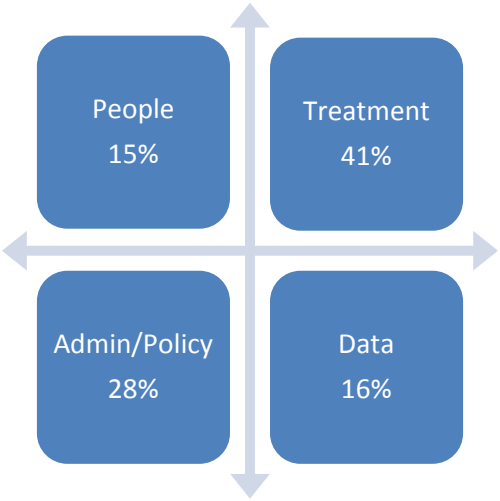
Figure 18. What Evidence Based Practices (EBP) Are Used With COD Clients?



Local Grant Performance Measures. Six grant-specific performance measures were included in the evaluation design. These are monitored at the option of the RMC court administration. The COD Program has been very successful in accomplishing these entire locally developed grant objectives, as illustrated below in Figure 19:

Fig. 19. 2013-14 COD Court - Local Grant Goals "At-A-Glance" Good neutral/no change Poor			
	Goal Description	Objective	Status April 2013
1	Identify co-occurring disorders upon entry to the criminal justice system and evaluate for further treatment	80% of defendants who report both alcohol or other drug use and a mental health issue will be screened using the GAIN-Short Screener.	100% of 289 referrals have been screened using GAIN-SS
2	Assign identified clients to the Co-Occurring Disorder Court to create a treatment plan in conjunction with disposing of their criminal offense.	Defendants evaluated as having a COD will be referred to the COD Specialty Court for intake.	Since the grant began, 289 people were referred for screening; of that, 134 (46%) went on to intake.
3	Integrate services for those identified with co-occurring disorders to include pharmaceutical and COD treatment and community supervision.	An individualized treatment plan will be developed for each defendant depending on treatment needs and will be maintained in the case file	100% of clients have developed written treatment plans. Verified during on site reviews by clinical director.
4	Connect program participants to community services, including basic needs, housing, educational, vocational, and more	Increase program participants' skill level in finding, accessing and maintaining engagement with various community services as measured by self-report and tracking data of successful referrals	Data is collected by case manager and kept in client files.
5	Develop and implement a referral process for aftercare which identifies needed support services to sustain abstinence and reduce relapse	All participants who successfully complete the specialty court program will be referred for continued services as part of a formal written aftercare plan, which has been discussed with the client.	100% of successful clients complete a written relapse prevention and aftercare plan with their treating clinician. The plan is reviewed by the Clinical Director and Alternative Sentencing Officer.
6	Utilize evidence-based practices (EBP) as the foundation of all services.	100% of participants will be exposed to evidenced base practices as reported using provider monthly treatment reports (MTR).	Data is now collected using new (PARS) provider reporting system • Services: 7,024 total sessions since start of grant 30% indiv, 70% group •Types of EBP Used: Cognitive Behavioral (CBT) =82% Motivational Interviewing (MI)=16%, Contingency Management (CM)=0%, Other=3%

Project Successes. Thirty-two specific program achievements were reported to the grantor over the entire three-and-one-half-year funding period. These successes were categorized into one of four categories as shown in Fig. 20 below.



Almost half of the reported successes involved the treatment component of the grant; while the least involved personnel.

The summary of project successes mentioned here are those that led to a successful, sustainable program model.

Treatment Component.

- Professional development for staff in the use of the GAIN Short Screen, the ASAM Criteria, mental health issues and best practices for dealing with the mentally ill were critical components of the program's growth. Treatment protocols were established to align with program phases; and incentives and sanctions were developed to effectively address distal and proximal goals.
- Outpatient psychiatric care and psychotropic medications were provided through an agreement with Access to HealthCare Network (AHN), the first and only nonprofit medical discount plan in the state of Nevada. AHN offered discounted psychiatric care and medication services at a significant cost savings to the Court.
- Trauma Informed Care was emphasized and the clinical director and one clinician attended a SAMHSA funded regional training on trauma. The format of screening tool used was modified to include trauma. The Court Team considers trauma if the need arises for a sanction. This has developed into a full trauma history screen being conducted at the time of screening.
- Modified Recovery Protocol. The Recovery Phase System was consistently updated throughout the project and ultimately reduced from four phases to three so clients' were focused on the activity required in the phase rather than the time frame. Appropriate sanctions are aligned with the Phase System.

Multi-Disciplinary Team Building. The Court Team's defined roles and professional development was necessary for program implementation to be completed. An electronic needs assessment was conducted to identify issues and training topics. A series of regular grant staff meetings were held to share the program indicators and monitor grant program operations. The clinical director led targeted staff professional development beginning in October 2011. Key project staff participated in NADCP conferences which were found to be effective team and program building experiences. Ultimately, our program was showcased in a SAMHSA Partnerships Online Learning Module on Multi-Disciplinary Team Roles and Boundaries. Project staff have developed and built relationships with each other and outside stakeholders, service providers and agencies. The Court Team has tremendous respect for each other's roles and boundaries.

Case Manager. An Alternative Sentencing Officer was reassigned as a case manager in 2013. This new position was responsible for assisting clients accessing community resources, developing case management plans and strategies with clients for successful completion of the program. The case manager also completed and tracked all GPRA intake, 6 month and discharge

assessment(s). The case manager schedules assessments when clients are already in the court facility, so they do not have to make multiple trips, or require staff go into the community. The case manager conducts all pre-screening activities which include a Trauma History Screen; a Referral Interview covering prior mental health and/or substance abuse treatment, as well as family support; an Insurance Worksheet which opens the door to assure clients are in compliance with the Affordable Care Act and determines where the client may be referred for treatment; and, enters the case into the new statewide Drug Court Case Management System. The clinical director and case manager incorporated SAMHSA's Wellness Initiative into the program by creating a Wellness Series based on Eight Dimensions of Wellness. This series enhances our program to promote and encourage clients to improve their heath behaviors while also exploring the many positive traits they have.

Provider Automated Reporting System (PARS). This web-based case management data system for substance abuse and mental health treatment providers was designed to capture a defined set of treatment measures. It replaced cumbersome written monthly treatment reports submitted by providers with an automated system that collected valuable data on treatment methods and the changes in the ASAM dimensions. The state of Nevada has since implemented a Drug Court Case Management System that will allow clinicians to enter attendance data but not specific treatment measures. It is hoped that eventually this system will collect additional treatment data.