



COURTS ASSISTING MILITARY OFFENDERS

★ RENO MUNICIPAL COURT ★
VETERANS TREATMENT COURT



Reno Municipal Court CAMO-RNO Veterans Specialty Court Program Evaluation Report

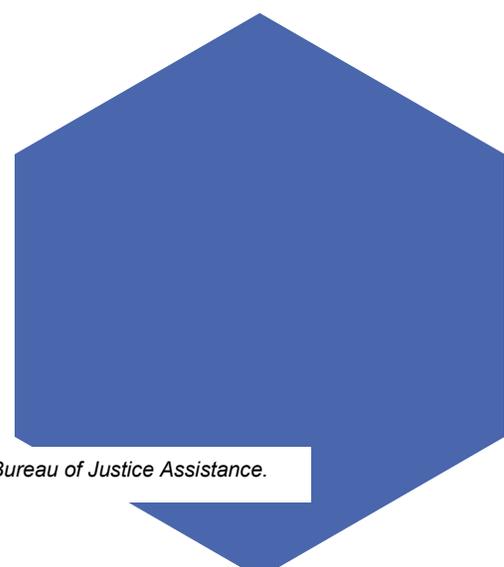
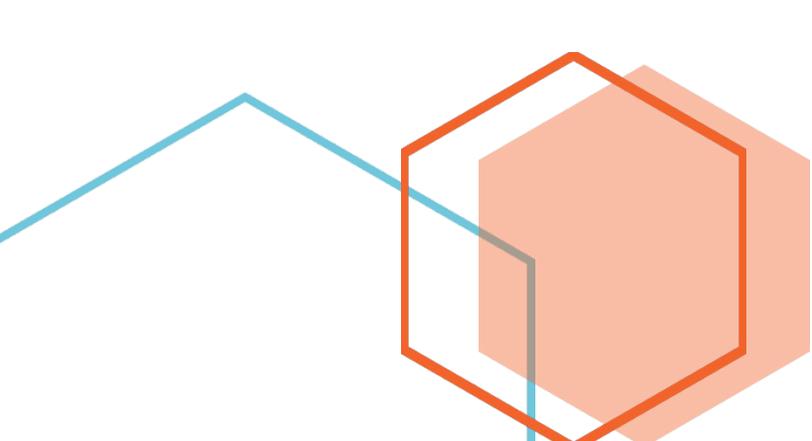
October 1, 2018 – June 30, 2019



Judge Shelly O'Neill, Presiding

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CAMO-RNO PROGRAM EVALUATION REPORT

Reporting Period (month and year): October 1, 2018 - June 30, 2019

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1. Identification Information:

Funding Source: U.S. Department of Justice, Bureau of Justice Assistance.

Project Name: Court Assisting Military Offenders – Reno (CAMO-RNO) Veterans Treatment Court

Grantee Organization: Reno Municipal Court, One South Sierra Street, Reno, NV 89501

Grantee Federal Identification Number: 2018-VC-BX-0014

2. Background:

In November 2017, Reno Municipal Court was selected as a site for a Veterans Treatment Court (VTC) Planning Initiative by the Bureau of Justice Assistance (BJA) and the Justice for Vets (JFV). This initiative included three days of training, with eight hours of pre-training webinars, a team visit to a mentor veteran treatment court and follow-up support with JFV staff and faculty. Reno Municipal Court launched the VTC October 1, 2018. That same month, the U.S. Department of Justice notified the Court it had been awarded a \$277,237 grant to support the implementation of a VTC. The Court is providing an in-kind match of \$99,092 for a total of \$376,329. This four-year implementation grant provides services from January 2019 through December 2022, and is referred to as the CAMO-RNO program.

The grant is designed to provide services for up to 30 veterans over the four-year period, using evidence-based practices (EBP), as provided by clinicians employed at the Reno Veterans Administration, which is also located in Reno. In addition to direct services, other goals identified in the grant application include:

- Reduced Criminal Behaviors
- Reduced Opiate Addiction
- Facilitate Participant Sobriety
- Increase Compliance with Treatment & other Court-Ordered Conditions
- Improve Access to U.S. Veterans Affairs Benefits & Services
- Improve Family Relationships & Social Support Services

- Improve Life Stability

The CAMO-RNO program is a 12-18 month treatment court program initiated for high risk/high need offenders, which informally launched on October 1, 2018. It is modeled after other problem-solving courts and serves veterans struggling with substance use and/or mental health disorders. The presiding judge and a multidisciplinary team of professionals work collaboratively to address the criminal conduct and treat the existing behavioral health problems. The mission of CAMO-RNO is to promote public safety and support veterans and their families through court supervision and coordinated service delivery.

The primary basis for the creation of CAMO-RNO was the enactment by the 2017 Nevada Legislature to allow for the diversion and sealing of criminal records of serious misdemeanors (e.g. driving under the influence and domestic battery) for veterans only upon successful completion of this treatment program.

3. Key Personnel (Grant-funded):

All grant-funded positions are identified in Table 1. There are no fulltime positions. The grant staff includes in-kind match of an existing marshal position, and a contracted evaluator. Each is listed below by name, position and title:

<i>Table 1. Staff (Grant-funded)</i>		
<i>Name of Each Key Staff</i>	<i>Position</i>	<i>Title</i>
1. Scott Coppa	.25 in-kind (522 hrs.)	Marshal
2. Kevin Crowe	.14 FTE contractor (307 hrs.)	Grant Evaluator

4. Referral Sources & Collaboration:

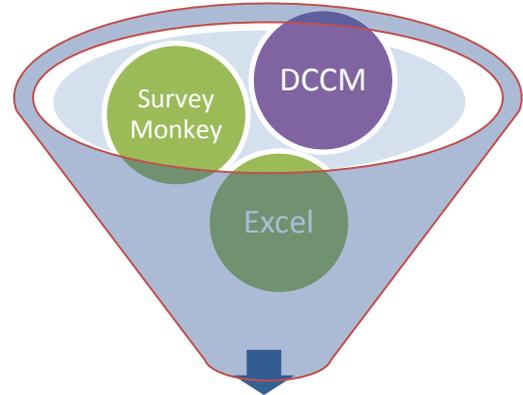
Referral sources are prosecutors, defense counsel and judges that have contact with a potential client at an arraignment hearing. Family members may make referrals as well. Referrals are also accepted from courts in other jurisdictions within the State of Nevada who do not have access to the services this VTC offers. While the VA is, by far, the most used provider, Table 2 shows all possible CAMO-RNO treatment providers at this time.

<i>Table 2. Treatment Service Providers</i>		
<i>Name</i>	<i>Location</i>	<i>Type of Service Provided</i>
Veterans Administration	Reno NV	Treatment provider
Ridge House	Reno NV	Treatment provider
Bristlecone Family Resource Center	Reno NV	Treatment provider
Zephyr Wellness	Reno NV	Treatment provider
Discount Counseling	Fernley NV	Treatment provider

5. Data Management and Oversight:

Reno Municipal Court will use a *formative evaluative process* that will put in place a continuous feedback loop using three data sources (see diagram) that will allow for ongoing program adjustments based upon data-driven decisions.

To evaluate the overall effectiveness of CAMO-RNO, the evaluators proposed an evaluation design that will collect qualitative and quantitative information about program development, implementation, and outcomes. These will be collected from clients, staff and referral sources.



Data Sources for CAMO Evaluation

The primary data source will be the DCCM¹ data system already in use by the court. This data system is 100% state funded. Another data source will utilize Survey Monkey², a proprietary web-based application. This will allow the evaluator to develop web-based surveys. These instruments will rely largely on use of a 5-point Likert scales and unstructured responses.

A CAMO-RNO tracking sheet in MS Excel is monitored monthly. The case manager schedules CAMO-RNO interviews when clients are already in the court facility, so they do not have to make multiple trips, or require staff go into the community. Clients in custody are transported to the court for screening and intake interviews. This arrangement collects data from each participant as they attend court.

Data required for BJA performance reports on progress achieved, client services, barriers encountered, and efforts made to overcome barriers is collected by the Court Program Manager and a contracted evaluation consultant . A public-use evaluation report and other outreach materials are updated semi-annually as each BJA progress report is submitted.

The CAMO-RNO Court Team is a multi-disciplinary team which includes the judge, prosecutor, defense attorney, Alternative Sentencing Unit marshal, RMC treatment court case manager, VA Justice Outreach Coordinator (VJO) and the court coordinator. The Court Program Manager attends the weekly Court Team meetings, as well. Data is shared with the CAMO-RNO project staff who are directly involved in the interpretation and use of this data.

A strong evaluation design includes both qualitative and quantitative methods; including both assures the evaluation will be as effective as possible; these are discussed in Table 3 below.

Table 3. Qualitative and Quantitative Data

Quantitative data is used to quantify the problem by way of generating numerical data or data that can be transformed into usable statistics. Quantitative research uses measurable data to formulate facts and uncover patterns in research. Quantitative data collection methods are much more structured than qualitative data collection methods. Quantitative data collection methods usually include various forms of conducting web

¹ Drug Court Case Management (DCCM) Systems, Advanced Computer Technologies, 101 Market Place Montgomery, Al 36117 Tel: 1-888-549-9880.

² SurveyMonkey, Inc. 285 Hamilton Avenue, Suite 500. Palo Alto, CA 94301. <http://www.surveymonkey.com>

Table 3. Qualitative and Quantitative Data
and other surveys. In this project, quantitative data will be obtained largely from the DCCM system and Excel. Other quantitatively data may include the Bureau of Justice Affairs, National Center for Health Statistics/Centers for Disease Control, the U.S. Census, or state (NV) & county statistics (Washoe).
Qualitative data is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas for potential quantitative research. Qualitative research is also used to uncover trends in thought and opinions, and dive deeper into a topic. Qualitative data collection methods vary using unstructured or semi-structured interview questions. These are used in focus groups (group discussions), individual interviews, telephone interviews, and web surveys, and systematic observations. The sample size is typically small, and must be reported carefully to assure confidentiality.

Additional methods of gathering information and collecting data include:

- *Staff, Provider, and Referral Source Surveys.* These will document opinions from stakeholders on subjects such as communications, leadership, problem solving, engagement, and consensus building.
- *Client Interviews.* Client will complete a customized interview that will be collected at intake and discharge. This will include both qualitative and quantitative measures.
- *Structured Telephone Surveys.* These use a telephone interview format, and follows a written survey which is then completed by the evaluators during a 10-15 minutes phone call.

Standard statistical methods may be used to analyze data. Inferential statistics are usually not required, and the evaluation will focus on using largely descriptive statistics, such as measures of central tendency at intake and discharge.

- *CAMO-RNO assessment/evaluation:* Collection of qualitative and quantitative data will be completed by using a customized intake assessment developed by the evaluator. It will be used at intake and discharge. The assessment is conducted as a face-to-face interview with each client. This interview examines his/her substance abuse history, family/living situation issues, educational and/or employment history, deployment info, emotional/behavioral issues and health and psychiatric history.

The CAMO-RNO interview is conducted by the supervising marshal. He has been trained in the administration of this interview assessment by the evaluator. Longer term follow ups may include focus groups or telephone interviews which will be scheduled beginning in June 2020.

Post-discharge follow-ups are likely to present the single greatest challenge as defendants often leave the area or have absconded and cannot be located.

6. Treatment Protocol:

The court partners with the local VA Medical Center in Reno, Nevada (one of a limited number of polytrauma centers in the nation). Most, but not all clients go to VA or treatment. Only VA treatment data was analyzed for this report. Since the CAMO-RNO program accepts vets receiving treatment outside the VA, other providers can be used, (see Table 2).

- *Referral/Screening:* CAMO-RNO service begins with a referral from a judge, attorneys, court staff or another Nevada judge outside RMC jurisdiction. A single point of contact at RMC Coordinator coordinates services. The selection of each potential client begins with a screening for substance use

and co-occurring disorders, conducted by a Licensed Alcohol and Drug Counselor (LADC) who is contracted with the court. RMC staff also administers a presentence screening which includes use of the Risk and Needs Triage (RANT). The Risk and Needs Triage, (RANT[®]), is a decision support tool for judges and other criminal justice professionals. It is derived from empirical evidence showing that outcomes in community correctional settings are influenced by how well drug-involved offenders are matched to services suited to both their clinical needs and criminogenic risks.

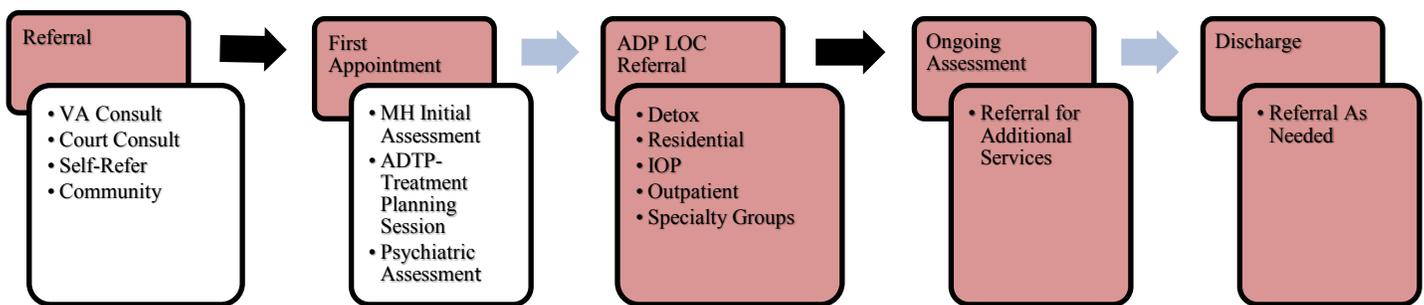
In addition to the RANT, the screening includes a background interview, trauma screen, and collecting demographic information. The results from the screening tools are then compiled to determine if additional mental health screening is necessary.

The Veteran Justice Outreach Coordinator (VJO) is then contacted to verify if the potential client is a veteran and, if so, what services are they utilizing at the VA, if any. If the client is already receiving services from the VA, information is obtained from the VA. If not, the client undergoes a clinical screening with a court contracted psychologist, who makes a recommendation for treatment. This information is then provided to the court team at the weekly meeting and a determination is made as to whether the client is accepted into the program or not.

• **Clinical services:** Direct clinical services are generally provided by the Veterans Administration in Reno Nevada, although other providers have been used in very small numbers. VA services are coordinated by the VJO. She coordinates training for law enforcement personnel on veteran specific issues, and provides case coordination for CAMO-RNO clients and the VA programs.

The Reno VA offers a comprehensive array of Behavioral Health (BH) Programs to RMC clients, (See Fig. 1). BH clinical services are coordinated by a clinical team (PCT) which administers outpatient treatment to Veterans diagnosed with PTSD related to combat or non-combat traumas. Treatment is also provided to Veterans diagnosed with PTSD and Substance Use Disorders. Evidence-based psychotherapies for PTSD (Prolonged Exposure Therapy, Cognitive Processing Therapy), Harm Reduction, SMART Recovery, and group therapy, which include education about PTSD with a focus on learning coping skills to reduce the intensity, frequency, and duration of symptoms, are also provided.

Fig. 1. VA Treatment Services



Medication management is available to Veterans who elect to receive pharmacotherapy for the symptoms of PTSD. Adult family members are welcome to attend any group therapy with a veteran, and couples therapy to address how PTSD symptoms impact relationships and families is also provided.

• *Mental Health Inpatient Services:* The Mental Health Unit (MHU) is a 14-bed, inpatient psychiatric unit that provides inpatient treatment to veterans presenting at risk of harm to self or others, requiring inpatient detoxification, requiring medication stabilization, and/or presenting with acute mental health symptoms exacerbation. The average length of stay is 3-5 days.

• *Mental Health Clinic:* The Mental Health Clinic provides outpatient mental health services, including individual therapy, group therapy, couples therapy, as well as medication management. Veterans work with their Mental Health Treatment Coordinator to develop a collaborative treatment plan. Psychotherapy groups are available to address topics such as depression, anxiety, anger management, healthy aging, women's wellness, and communication skills. In addition to services provided onsite at the Reno VAMC, therapy and medication management are also provided to Veterans in rural areas by onsite providers at our Community-Based Outpatient Clinics or via video teleconferencing.

• *Psychosocial Rehab and Recovery Center (PRRC):* The PRRC is an outpatient program that provides individual and group therapy, case management, crisis intervention, and medication management to veterans diagnosed with a serious mental illness that significantly impairs one's day-to-day social, vocational, and/or educational functioning. A major clinical focus of this program is to provide Veterans who live with a serious mental illness with services that reduce the need for frequent hospitalization.

• *Addictive Disorders Treatment Program:* The Addictive Disorders Treatment Program (ADTP) provides evidence-based substance use treatment services to help Veterans reach their recovery - oriented goals of abstinence or harm reduction. Addiction treatment services are provided along a continuum of care that will be matched to the Veteran individual treatment needs.

Reno Municipal Court Services (RMC): The CAMO-RNO program is administered by the Reno Municipal Court. The program uses a 4-phased approach, and lasts a minimum of 12 months. Individual progress will vary, and RMC provides a highly structured program for each CAMO-RNO client, so as each client demonstrates improved functioning, the hours and intensity of services are reduced. Conversely, if a client fails to meet treatment goals, the level of treatment can be increased as deemed necessary. Each phase consists of specified treatment objectives and specific requirements for advancement into the next phase. Requirements for advancement from each phase are described below.

Phase I – Treatment Plan Development/Stabilization (Minimum of 90 days). In Phase I, needs are assessed by the treatment team. Progress will be closely monitored and reported to the Judge. Requirements include:

- Participate in full assessment/orientation in order to determine treatment needs. Course of treatment is individualized according to participant needs.
- Complete program orientation.
- Install electronic monitoring device – SCRAM unit.
- Participate and comply with treatment as directed by the treatment team and/or providers.
- Engage with case manager for services.
- Engage with VJO.
- Develop case plan and commitment.
- Secure stable housing.
- Report to CAMO-RNO Marshal and comply with supervision as directed.

- Random drug and alcohol testing at least two (2) times per week as directed.
- Take non-narcotic medication as directed by medical and mental health professionals.
- Attend a minimum of three (3) recovery support/self-help meetings per week and actively seek a recovery support/self-help sponsor.
- Participate in clean and sober recreation.
- Attend weekly court appearances as determined by the Judge.
- Meet with individual team members as instructed.
- If matched, engage with mentor.
- Petition for advancement

Phase I Advancement Criteria:

- Comply with treatment and supervision.
- Must be stable and have housing plan.
- Maintain sobriety; no positive drug test results (including missed, tampered or diluted tests) for thirty (30) consecutive days.
- Non-narcotic medication taken as directed.
- No unexcused absences from scheduled services for forty-five (45) consecutive days.
- Documentation of required minimum attendance at recovery support/self-help meetings for a minimum of ninety (90) days.

Phase II – Ongoing Treatment/Aftercare (Minimum of 90 days). In Phase II, each treatment plan is updated to identify ongoing treatment goals. Counseling and meetings focus on areas that are challenging, and will identify ways of coping with stressful situations. Phase II requirements include:

- Participate in all forms of treatment as directed by the treatment team.
- Comply with case management services as determined by the treatment team.
- Continue engagement with VJO.
- Maintain stable housing.
- Comply with supervision; participate in office and/or home visits.
- Plan to comply with statutory program mandates.
- Random drug and alcohol testing at least two (2) times per week as directed.
- Take non-narcotic medication as directed by medical and mental health professionals.
- Attend a minimum of three (3) recovery support/self-help meetings per week and actively seek a recovery support/self-help sponsor.
- Participate in clean and sober recreation.
- Attend bi-weekly court appearances as determined by the Judge.
- Meet with individual team members as instructed.
- Formulate personal goals in conjunction with the treatment team; such as vocational/educational counseling, psychotherapy, exercise, anger management, parenting skills.
- Engage with community support per treatment providers.
- Continue engagement with mentor.
- Seek employment and financial stability.
- Begin ordered community service hours
- Plan to pay fines and fees.
- Petition for advancement.

Phase II Advancement Criteria:

- Maintain sobriety; no positive drug test results (including missed, tampered or diluted tests) for forty-five (45) consecutive days.
- No unexcused absences from scheduled services for sixty (60) consecutive days.
- Non-narcotic medication taken as directed.
- Comply with treatment.
- Comply with supervision.
- Employment or productive use of time such as community service or school attendance.
- Documentation of attendance at no fewer than three (3) recovery support/self-help meetings each week, and having a recovery support/self-help sponsor for a minimum of ninety (90) days.
- Demonstrate a positive adjustment to ongoing treatment.
- Pay court ordered fees.

Phase III – Relapse Prevention (Minimum of 90 days). Phase III will address ongoing recovery needs. The focus will be on daily living skills. This phase is designed to support each client as a productive and responsible member of the community. Phase III requirements include:

- Continue to participate and comply with treatment.
- Comply with case management services as determined by the treatment team.
- Continue engagement with VJO, as necessary.
- Maintain stable housing.
- Continue to comply with supervision; participate in office and/or home visits.
- Continue to comply with statutory program mandates.
- Random drug and alcohol testing at least two (2) times per week as directed.
- Take non-narcotic medication as directed by medical and mental health professionals.
- Attend a minimum of three (3) recovery support/self-help meetings per week and actively seek a recovery support/self-help sponsor.
- Participate in clean and sober recreation.
- Attend court appearances every three (3) weeks as determined by the Judge.
- Meet with individual team members as instructed.
- Maintain personal goals in conjunction with the treatment team; such as vocational/educational counseling, psychotherapy, exercise, anger management, parenting skills.
- Continue engagement with community support per treatment providers.
- Continue engagement with mentor.
- Maintain full-time employment and/or progress toward an educational goal.
- Completion of ordered community service hours.
- Pay any outstanding fines and fees.
- Petition for advancement.

Phase III Advancement Criteria:

- Maintain sobriety; no positive drug test results (including missed, tampered or diluted tests) for sixty (60) consecutive days.
- No unexcused absences from scheduled services for sixty (60) consecutive days.
- Non-narcotic medication taken as directed.
- Comply with treatment.
- Comply with supervision.
- Employment or productive use of time such as community service or school attendance.

- Documentation of attendance at no fewer than three (3) recovery support/self-help meetings each week, and having a recovery support/self-help sponsor for a minimum of ninety (90) days.
- Demonstrate a positive adjustment to ongoing treatment.

Phase IV – Achievement / Graduation (Minimum of 90 days). Phase IV will transition each client from the Reno Municipal Veterans Treatment Court structure to a lifestyle more representative of what is experienced following graduation. Phase IV requirements include:

- Participate in all forms of treatment as directed by the treatment team. Attend individual counseling session to complete an exit plan.
- Attend other treatment services as determined to be necessary by the treatment team.
- Drug and alcohol test on a random basis.
- Take non-narcotic medication as directed by medical and mental health professionals.
- Attend recovery support/self-help meetings as determined by the treatment team.
- Report to team members as instructed.
- Participate in clean and sober recreation.
- Comply with supervision; participate in office and/or home visits.
- Maintain full-time employment and/or progress toward an educational goal.
- Attend Court appearances as determined by the Judge.
- Consider becoming a mentor to a new Veterans Treatment Court participant in the future.
- Petition to graduate.

Phase IV Graduation Criteria:

- Maintain sobriety; no positive drug test results (including missed, tampered or diluted tests) for ninety (90) consecutive days.
- No unexcused absences from scheduled services for sixty (60) consecutive days.
- Gainful employment or productive use of time including community service or school attendance.
- Take non-narcotic medication as directed.
- Maintain consistent attendance at all court appearances and treatment team appointments.
- Achievement of stable living arrangements and healthy interpersonal relationships.
- A definitive aftercare plan, which may include recovery support/self-help meetings, VA outpatient counseling, group attendance at a former residential program, or active participation in the Veterans Treatment Court alumni group.
- Fulfillment of goals as stated in the individual treatment plan.
- Proof of attendance at all other events or courses as required by the Judge.
- Completion of volunteer project (may be presented to the team).
- Completion of a relapse prevention plan (may be presented to the team).

The CAMO-RNO program also provides use of sanctions and incentives. These are detailed below:

Incentives: During the course of treatment the Veterans Treatment Court Judge may reward positive progress and/or pro-social behavior with incentives, as listed below.

- | | |
|--|---------------------------------|
| •Court-announced perfect compliance list | •Drawings for gift certificates |
| •Applause/Praise from Judge and Team | •Sports/Concert Tickets |
| •Advancement to next phase | •Fewer court appearances |
| •Called first and leave early | •Adjust curfew |

- Fun sober events
- Graduation ceremony

- Grant travel privileges

Since the start of the grant, 8 clients have received 15 incentives; these were gift cards or bus passes.

Sanctions: If a client fails to follow rules, achieve progress or is otherwise noncompliant, the Veterans Treatment Court Judge may impose sanctions, as listed below.

- Admonishment from the Judge
- Increased drug testing
- Demotion to an earlier program phase
- Lengthen time in program
- Write an essay and read it aloud
- Increased frequency of court appearances
- Community service
- Periods of incarceration

Since the start of the grant, 1 client has received 1 sanction, which was a community service assignment.

7. Client Statistics:

A key data element of this evaluation examines how many potential clients are being screened for admission into the CAMO-RNO program. Using the RANT, the CAMO-RNO program has provided an effective and accurate screening mechanism for this program.

Screening: As shown in Fig. 2, the CAMO-RNO program has screened a total of 39 people, of those, about 46% were accepted into the CAMO-RNO program. Fig. 3 shows the risk level at intake. Fig. 4 shows the reason for nonacceptance.

Fig. 2. Screening Rate
TOTAL=39

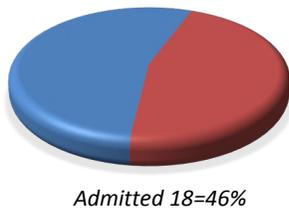


Fig. 3. Risk Levels At Intake

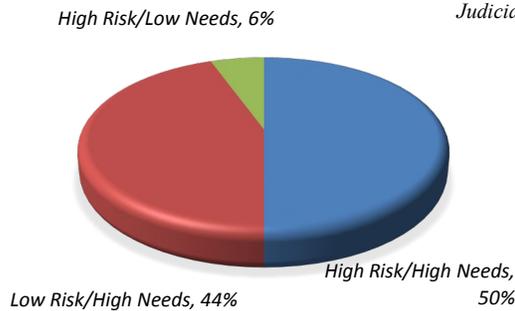
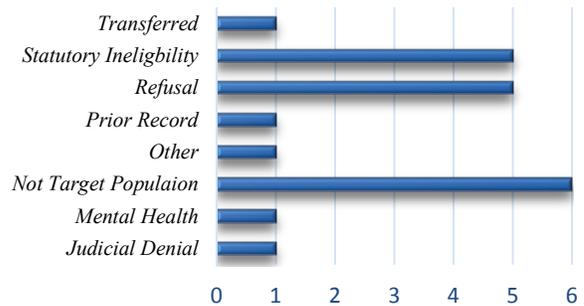


Fig. 4. Reason For Nonacceptance



Intakes: Fig. 5 shows that most clients are male. Most clients are 26-44, but there are younger and older clients (Fig. 6).

Fig. 8 shows the branch of services for each CAMO-RNO client.

Fig. 5. Client Gender

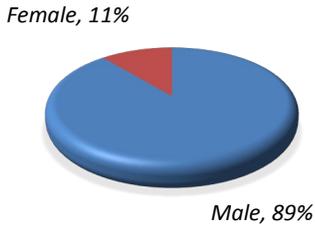


Fig. 6. Client Age

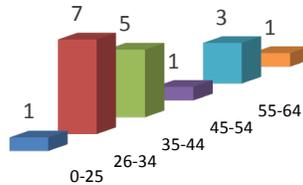


Fig. 7. Client Race

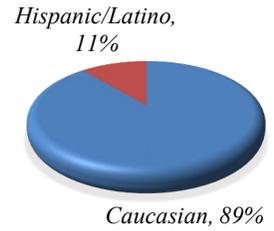
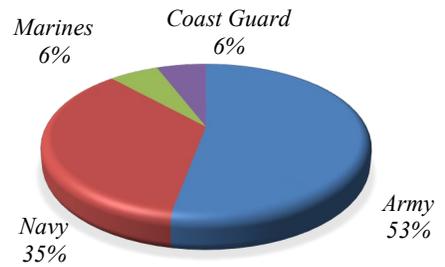


Fig. 8. Branch Of Service



The CAMO-RNO grant is projected to provide direct services to up to 30 veterans over a 4-year period. This equates to 7-8 people per year, or .8 per month. Fig. 9 shows the monthly intakes into the CAMO-RNO program.

Fig. 9. CAMO-RNO Intakes By Month

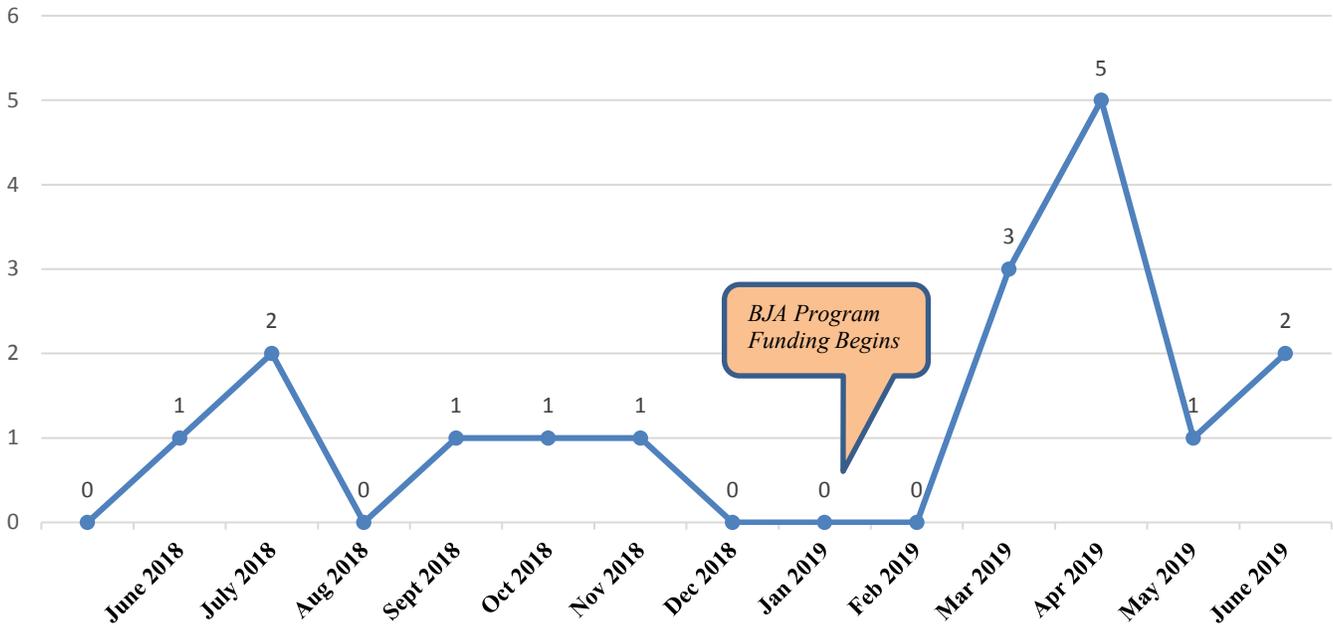


Table 4 below calculates an annual program intake rate. The CAMO-RNO project has already achieved well over 100% of the annual intake target for 2019.

	<i>Annual Client Target Projected</i>	<i>Intakes Received To Date Actual</i>	<i>Annual Intake Coverage Rate</i>
2019	7	18	258%
2020	8	--	--
2021	8	--	--
2022	9	--	--
Total	30	--	--

Treatment: Since October 2018, clinicians at the VA provided a total of 845.5 contact hours to 15 of the active clients in the program. The remaining three clients were served by providers in the area in which they reside or at Ridge House because they did not qualify for VA services.

Discharges: Discharge statistics will be collected as per the grant application. We plan to report the number of successful completions and type of discharge as they become available, with the first program discharges projected in October 2019.

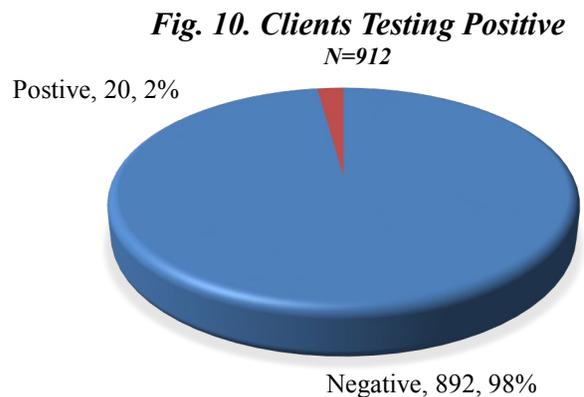
Drug Testing: Testing provided by the CAMO-RNO program includes both urinalysis (UA) and Preliminary Breath Testing (PBT). Most testing is done onsite at RMC with the exception of four clients who tested in the area in which they lived. The court has entered into an agreement effective July 1, 2019, to contract drug testing offsite. Testing includes:

- Alcohol
- Buprenorphine
- Marijuana
- Opiate 300
- Prescription Sedatives
- Synthetic marijuana (K2)
- Amphetamine
- Buprenorphine 5
- Methamphetamines
- Oxycontin
- Barbiturates
- Cocaine
- Methamphetamine
- PCP (Phencyclidine)
- Prescription Stimulants or Amphetamines
- Tramadol
- Benzodiazepines
- Hallucinogens
- Norfentanyl
- Prescription Opioids

Testing Frequency: During this period, there were a total of 912 UA and PBT tests administered. On average, each of the 18 active CAMO-RNO clients received an average of 50.6 tests since the start of the grant. Of the 18 active clients during this time frame, four were being tested in the area in which they reside or in a sober living environment.

Upon entering the CAMO-RNO program, each client is placed on alcohol testing through electronic monitoring for 90 days.

Clients Testing Positive: There were 20 positive tests, about 2% of all UA/PBT results (Fig. 10).



8. Project Accomplishments:

There have been many accomplishments related directly to this grant. As identified in the Grant Abstract, there are eight identified goals within this grant; this report provides a detailed report on these 8 grant goals.

Goal 1. Provide Direct Services Using An Evidence Based (EBP) Treatments For Up To 30 Or More Veterans Over The 4 Years Of The Grant. This grant is projected to provide direct services to up to 30 veterans over a 4-year period. The CAMO-RNO project has already achieved well over 100% of the annual intake target for 2019 and is at 258% capacity.

Goal 2. Reduce the likelihood of criminal behaviors: In addition to comparing rearrest records, we will survey clients upon discharge and using a 3 month long term follow-up to determine the perceived effectiveness of the program in reducing criminal behaviors.

Goal 3. Reduced use of opiate addictions: Our community has seen a decline in opioid prescription and use. According to the most recent data available (2018) from the State of Nevada, Department of Public Health, Office of Public Health Informatics and Epidemiology; Washoe County does relatively well when compared with other Nevada counties regarding opioid painkiller prescribing rates. Washoe County sits at the state prescribing rate of 87.4 and above the U.S. prescribing rate of 66.5.

Goal 4. Maintain client sobriety: We will survey clients upon discharge and using a 3 month long-term follow-up to determine the perceived effectiveness of the program in helping maintain client sobriety. In order to maintain individual confidentiality, data will be available when we have at least 5 discharges.

Goal 5. Improved client access to VA Services: We will survey clients upon discharge and using a 3 month long- term follow-up to determine the perceived effectiveness of the program in improving access to VA services. Data will be available when we have at least 5 discharges in order to maintain individual confidentiality.

Goal 6. Improved client access to Reno Municipal Court Services: We will survey clients upon discharge and using a 3 month long- term follow-up to determine the perceived effectiveness of the program in improving access to RMC services. Data will be available when we have at least 5 discharges to maintain confidentiality.

Goal 7. Improved client relationships with family and social supports: We will survey clients upon discharge and using a 3 month long- term follow-up to determine the perceived effectiveness of the program in improving relationships with family and social supports.

Goal 8. Improve the overall stability of each client: The evaluator will survey clients upon discharge and using a 3 month long-term follow-up, to determine the perceived effectiveness of the program. Data will be available when we have at least 5 discharges to maintain confidentiality.

9. What major activities are planned for the next 6 months?

- Hiring a Mentor Coordinator.
- Attendance at the NADCP training conference in July 2019, including the newly-hired mentor coordinator.
- Submitting a budget modification to include drug testing costs.

- Training and/or TA in order to properly serve veterans who are on the L/H or H/L RANT spectrum, and to maintain fidelity to program standards.

10. Any innovative programs/accomplishments:

This program is unique in its statutory authorization to allow veterans to defer and dismiss their charges. This allowance acts as a key incentive for some veterans to enter the program where they would otherwise have passed up the opportunity. Nonetheless, once these individuals are in the program, they find it extremely helpful and fulfilling providing them with opportunities to reconnect with family and friends and embrace a full and substance free lifestyle.

The court established a community outreach for payee services. Other innovative programs include contracting with veterans to assist with home repairs; and establishment of new community opportunities for our veterans. For example, our clients have been able to volunteer if they choose at Sierra Nevada Horses & Heroes, an equine program.

The program partnered with the Nevada Humane Society to waive adoption fees for animals for our clients. One of our veterans has also taken advantage of this adoption to help her continue in the program.

The program has also partnered with American Iron Gym which provides free gym membership to participants based upon attendance eight times per month. Each month that the time condition is met, the veteran then qualifies for another free month. The recently sober veterans advise that the gym membership allows them to re-focus on their physical well-being, as well as building camaraderie with those attending.