Alexandria Treatment Court: Program Narrative

I. Statement of the Problem

The Alexandria Treatment Court ("ATC") is seeking grant funding in order to increase the capacity of the program (in terms of the number of participants that can be served), while also improving the services offered to better conform to NADCP best practices. The ATC launched in August of 2019, following an extensive 18-month process of designing a program in coordination with the NADCP/NDCI's planning initiative. Because the ATC does not have a dedicated source of income, the program has limited the number of participants to no more than 10 persons. Obtaining a grant would allow us to substantially expand the number of individuals we serve. Additionally, while our court always strives to parallel the NADCP's best practices, financial limitations have imposed practical constraints on our ability to fully conform with these recommendations. Grant funding would enable us to supplement our program in a way that brings our services fully into line with these standards.

A. Immediate Issues that Grant Will Address/Focused on NADCP Best Practices

1. Capacity: Prior to launching the ATC, our steering committee did an in-depth statistical analysis to determine the number of individuals who could benefit from participation in the program (based solely on admission criteria and assuming no fiscal constraints). That analysis identified 76 facially eligible individuals in the prior year. Because we are capped at 10 participants, we are missing the opportunity to transform countless lives. Grant funding would increase capacity through two primary means. First and foremost by hiring an additional therapist with a dedicated treatment court docket. Our existing therapist is able to serve up to 10 clients and is dedicated to the ATC on a half-time basis. The additional therapist would work with ATC full-time and would serve an additional 20

participants. The second way capacity will be improved is by hiring a professional drug court coordinator (we currently rely on the ATC prosecutor for this position), to handle the increased administrative demands of a larger program.

2. Equity and Inclusion: The NADCP best practices focus on ensuring that drug courts operate in a way that is nondiscriminatory both in intent and impact. The best practices as they pertain to equity and inclusion emphasize the importance of ensuring that, "members of groups that have historically experienced discrimination receive the same levels of care and quality of treatment as other participants with comparable clinical needs." The ATC is philosophically completely dedicated to the principle of equity and inclusion. But, a lack of resources also creates limitations on how well we can fulfill this principle. We have a single therapist who provides services to our participants. And while our therapist is fully committed to serving a diverse set of clients and is culturally competent to do so, we are aware that if we were able to offer bilingual therapy, it would enable us to serve a larger population in a more equitable manner.
3. Drug and Alcohol Testing: The NADCP best practices emphasize the importance of frequent, random, observed tests, with a wide breadth of testing and rapid results (results should be received within 48 hours). We are painfully aware that our resource limitations have made this the area in which our practices are the most unaligned with the NADCP best practices. Grant funding could help us significantly address these shortcomings. Our current testing protocol offers two to three random and observed urine-based drug screens through probation each month. Additionally, a non-observed and non-random oral drug screen is offered at least once a week through our treatment provider. But this testing regiment is deficient from NADCP best practices in several regards. First, NADCP

recommends urine tests twice per weeks until the last phase of the program. We are only able to do urine tests two to three times a month. The vast majority of our testing, because it is done in correlation with therapy sessions is, by its very nature neither random nor unpredictable as the best practices advise. We also do not have the capacity to test on weekends or holidays. Only the tests through probation are observed, also a failure to be in-line with NADCP best practices. Our results from our random/observed tests are not provided within 48 hours as recommended and the breadth of our testing has failed to meet the NADCP standards of "Test specimens are examined for all unauthorized substances that are suspected to be used by Drug Court participants." For example, we have one participant who admits to a reliance on Kratom as a drug of choice and our current resources do not facilitate testing for this substance. These deficiencies are not the result of ignorance or willful non-compliance by our program. Rather, it is a reflection of the practical limitations caused by working within existing resources and not having dedicated funding that could be used to secure drug testing that consistently complies with NADCP best practices.

4. Multidisciplinary Team: The NADCP best practices note the use of an independent drug court coordinator. Currently we have to rely on a senior prosecutor, who has other job responsibilities, to fulfill this role. This is also a reflection of the limitation of working within existing agency resources. While this has worked reasonably well during our first year, in the long run it would be more ideal to have a person filling this role that is not inherently associated with one of the two litigating sides in criminal proceedings. A better sense of objectivity and fairness could be promoted by separating the prosecutorial and coordinator function in our program. Moreover, as the program grows, it will be

impractical to have this function filled by a prosecutor who has an unrelated trial and supervisory case load.

5. Monitoring and Evaluation: We have a fantastic framework for potentially collecting and reporting data in a manner consistent with the NADCP best practices. We had a professional statistician with the Alexandria Police Department participate in our NADCP/NDCI planning initiative with us and develop all of the forms necessary to collect data on the admissions process, timelines, participant background, etc. However, without having a dedicated drug court coordinator, as a practical matter, we have been unable to maintain the statistics in accordance with the best practices. This grant would help rectify that problem. This would get us to the point of complying with the NADCP best practices statement, "The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

B. Current Operations of the Drug Court

1. Referral, screening and assessment process: While a referral can come from any sources (police, magistrate, prosecution, judge), it has most typically started with the defense attorney, given that they have the best initial knowledge of whether their client is likely to benefit from the program and have sufficient legal incentive to want to participate. The defense attorney reaches out to the ATC prosecutor to make sure that there is not a legal bar to participation. Next, the applicant meets with the ATC therapist to be clinically screened for assessment as high-risk/high-needs, which is our program's target population. Through the use of the ASAM (American Society of Addiction Medicine) diagnostic tool and the DSM-V, the therapist assesses whether the participant is clinically eligible in that he or she has moderate to severe substance use disorder. If the participant is deemed

clinically eligible, the prosecutor and defense attorney negotiate the plea agreement for participation (i.e. what legal benefit the defendant will receive if he or she successfully graduates from the program). The participant is then brought before the ATC judge for prompt entry into the program. The aim of this referral process is to ensure that the time between arrest and entry into the program does not exceed 50 days.

2. Eligibility Requirements: To be eligible for the program, the applicant must be an adult who is charged with either a felony probation violation or one of the following felonies: illegal possession of a controlled substance or imitation controlled substance; distribution or possession with intent to distribute marijuana or a controlled substance (where based on the investigation or weights involved the distribution is not for profit and is done to facilitate the applicant's own drug use); prescription fraud; any felony larceny/property/fraud offense; assault on a law enforcement officer or attempting or conspiring to commit any of these offenses. Disqualifying factors include a statutorily mandated exclusion under Virginia law of individuals who have committed a violent felony within 10 years; if the individual is currently working as a confidential informant for law enforcement (they can elect to discontinue this work in order to participate) or if there is a reasonable basis for asserting that the applicant has distributed narcotics for profit.

3. Target Population: The ATC only accepts applicants who are high-risk/high-need.

4. Length and Phases of the Program:

   Phase I (Acute Stabilization) lasts a minimum of 60 days. To advance, a participant must maintain regular attendance at treatment and office visits, demonstrate honesty and maintain sobriety for a minimum of 14 consecutive days. During this phase there is weekly court attendance, weekly individual and group therapy, probation meetings, weekly home

visits by law enforcement, attendance at recovery groups, and participants must adhere to a 9:00 p.m. curfew. During this phase there is a focus on addressing medical and housing needs along with working on changing people, places and things in the participant's life in a manner consistent with recovery.

Phase II (Clinical Stabilization) lasts a minimum of 90 days. To advance, a participant must engage with treatment, be compliant with supervision, and maintain sobriety for a minimum of 30 consecutive days. During this phase there is biweekly court attendance, individual therapy, group therapy, support groups, weekly home visits by law enforcement, and a 10:00 curfew. During this phase there is a focus on maintaining housing and addressing financial needs.

Phase III (Prosocial Habilitation) lasts a minimum of 90 days. To advance, a participant must engage with treatment, comply with supervision, begin prosocial activity, begin a recovery network, and maintain sobriety for a minimum of 45 consecutive days. During this phase there is monthly court attendance, individual therapy, moral reconation therapy, support groups, random home visits by law enforcement and an 11:00 p.m. curfew.

Phase IV (Adaptive Habilitation) lasts a minimum of 90 days. To advance a participant must engage with treatment, comply with supervision, maintain prosocial activity, engage the recovery network, begin to address employment/vocational/educational needs, and maintain sobriety for a minimum of 60 days. There is monthly court attendance, individual therapy, random home visits, and a 12:00 a.m. curfew.

Phase V (Continuing Care) lasts a minimum of 90 days. In order to commence (graduate) from the ATC, the participant must engage with treatment, comply with supervision, maintain prosocial activity, engage the recovery network, maintain employment/vocational/education needs, and maintain sobriety for a minimum of 90 days. There is monthly court attendance in this phase and a focus on the development of a continuing care plan following graduation.

5. Case Management Process: One of the ATC's primary aims is to help our participants access the auxiliary services that they need to be fully functioning members of society. Each participant's needs are different. Housing/medical/employment/education are all areas that we frequently see participants in need of assistance. During Phase I (where the focus is on acute stabilization), housing and medical needs are addressed. In Phase II, the focus expands to include financial needs and a budget assessment. The case plan that is adopted at the beginning of the process is updated regularly throughout the participant's involvement in our program. Our treatment provider, the Alexandria Department of Community and Health Services ("DCHS") has a case manager who works on ATC participant case management needs. This includes assisting our participants in finding housing, applying for benefits, and accessing affordable health care.

6. Community supervision: Traditional community supervision occurs through the Alexandria Office of Probation and Parole, which has assigned the same probation officer to work with all ATC participants. This probation supervision also includes two to three monthly random and observed drug tests. Supervision is also facilitated through our law enforcement partners. The Alexandria Police Department has assigned two police officers

to work with the ATC. The Alexandria Sheriff's Department has assigned a deputy. These three law enforcement officers perform both home visits and curfew checks to make sure that participants are complying with the programs rules and living in safe housing that is conducive to recovery.

7. Recovery support services delivery plan (vocational/education/transitional housing services: DCHS has assigned a case manager who works with the senior therapist on delivering support services for recovery. The case manager helps participants access benefits that the City has to offer including housing, employment training, education and medical care. The case manager actively participates in staffing and the court proceedings. While it was nor originally conceptualized that this would occur, it became quickly apparent that coordinating the provision of these services was so crucial to our participant's recovery, that the case manager's full participation in all aspects of the program was vital.
8. Judicial Supervision The ATC is overseen by Judge Lisa B. Kemler, the Chief Judge of the Circuit Court for the City of Alexandria. Judge Kemler was fully engaged in the development of the ATC, including the week-long NADCP/NDCI Drug Court Planning Initiative and attendance at the NADCP 2019 conference at National Harbor. Judge Kemler oversees staffing each week and runs the courtroom process with each individual participant and issues sanctions, incentives and therapeutic adjustments, in consultation with the ATC team embers.
9. Process for Randomized Drug Testing: ATC participants receive frequent breathalyzer tests and oral dip tests for substances when they attend individual or group therapy. This occurs one to times a week. This testing, however, is not random or observed. Participants receive random and observed testing through probation approximately two three times a

month, though there is a time-lag in the receipt of the results. This is an area where we acknowledge deficiency in what we are able to provide our participants and improving this area in order to comply with NADCP best practices will be a focal point of this grant if secured.

10. Incentives and Sanctions: We have received community donations that have helped purchase small dollar gift cards that have been used occasionally as incentives. Because we are resource-limited, we make extensive use of verbal praise as an incentive along with certificates to acknowledge phase promotion. Loosening supervision restrictions to accommodate an individual's personal circumstances can also be used as an incentive – for example allowing an overnight pass out of town so that a participant can visit family.

    In terms of sanctions, we utilize verbal reprimands, we have required participants attend criminal sentencing events, we have restricted curfew, increased court attendance requirements and utilized mandatory additional community service. We also have utilized flash incarceration, but consistent with best practices, do not exceed five days for any sanction and typically use either one or two days of incarceration. Flash incarceration is used for dishonesty or failing to attend treatment, rather than for self-admitted drug use, as we believe that to be an approach more consistent with recovery.

11. Graduation and Expulsion Requirements: An ATC participant graduates from the program by successfully completing Phase V. He or she then receives the judicial benefit of their participation (e.g. dismissal of the charge). As for termination, we follow the practice that it should be easy to get into the program and hard to get out. While a participant can voluntarily withdraw from the program, we are reluctant to involuntarily terminate someone (and so far have not done so). A participant has full Due Process rights

in the termination context which can include a contested hearing where they and their attorney have an opportunity to present evidence and argument on the charge. We have had only one termination hearing since the ATC began and the judge decided against termination.

12. Restitution/Costs/Fees: We do not currently charge participants any fees.

C. Mechanism for Prioritization of Individuals with High Criminogenic Need

The ATC specifically targets high-risk individuals. Individuals with first-time drug possession arrests would not typically be permitted to participate in the program, because Virginia law already provides a mechanism for dismissal of charges for those charges that involves significantly less judicial oversight and programmatic demands. Our community also has a long-established culture of progressive sentencing standards for non-violent crime. As a result of this, individuals faced with non-violent charges, would not typically face incarceration of sufficient length that they would want to participate in the ATC as an alternative. For example, if an individual is realistically looking at 30-60 days on a charge if convicted, there would be insufficient legal motivation for them to want to participate in our program.

To demonstrate the efficacy of our program in targeting high-risk population, 75 percent of our current offenders would face sentencing guidelines that recommended a penitentiary sentence in excess of one year if they were not participating in our program. For practical purposes, for non-violent offenses under Virginia law, a person will not face penitentiary guidelines absent a sufficient criminal record that they would be classified as high-risk under any criminogenic assessment tool.

Each of our offenders (with the exception of one participant who is being courtesy supervised from another jurisdiction), has a lengthy criminal history with repeated adult felony

convictions. The intensity of our program is such that no defense attorney would refer a client to the ATC who did not have a similar background of convictions.

D. Treatment Services/Practices Received

The ATC therapist assess participants needs through the use of the DSM-V, the Comprehensive Needs Assessment, the client report, drugs screens, breathalyzers, and the ASAM criteria. This data is used to develop an individualized and client-centered treatment plan that is updated every 90 days or as needed. The ATC therapist provides and oversees the SUD services available to ATC Participants through the Substance Use Outpatient Treatment Program (SUDOTP) which provides a continuum of evidenced-based treatment services based on the stages of change including individual, family and group therapy and medicated assisted treatment. For example, in Phase I and II, participants complete the 16-week MATRIX program, which provides seven hours of treatment a week for the first four weeks of treatment and six hours of treatment for the remaining 12 weeks. Participants attend three recovery support groups each week and individual personal therapy. In Phase III and IV, participants are part of the Moral Reconation Group which addresses criminal therapy, while continuing recover support groups and individual therapy. All ATC participants are able to access other treatment services such as:

- Dialectical Behavioral Therapy (DBT) to address emotional dysregulation and anger management.
- Medicated assisted treatment for individuals with an Opioid Use Disorder
- Psychiatric evaluation and medication management for participants who have co-occurring mental health diagnoses.

II. Program Design and Implementation

When the ATC received training from the NDCI/NADCP as part of the Drug Court planning Initiative, one of the focal points was ensuring that the entry process was designed to make sure that no more than 50 days transpired between when an individual was arrested and when her or she enters the program. We use legal mechanisms to reduce the amount of time prior to entry into the program. For example, while many cases would be delayed by over a month waiting for formal indictment through the grand jury, our program utilizes legal waivers and a process of charging by Information, that allows us to bring cases immediately before the Court. Potential participants are given priority for clinical screening and that can be facilitated either in the community or at the jail if someone is incarcerated pretrial.

As soon as an applicant enters the ATC, they are given bond (if they were not already released) and immediately begin individual and group therapy treatment. This occurs within a matter of days, at most.

We do not presently charge fees for participation in the ATC, as the vast majority of our participants are indigent. There are fees on a sliding scale for treatment services, which work actively with insurance carriers including Medicaid/Medicare. The therapist and case manager actively work with our participants to ensure that they have health insurance that can cover these fees and their other medical needs. We have never had an individual unable to participate in our program because of financial need.

Our program fully embraces Medication-assisted treatment (MAT) as an evidence-based form of substance abuse treatment. Our participants are eligible to receive this treatment and no one would be denied access due to participation in such a treatment regime

A. <u>Proposed Enhancement and Specific Objectives</u>

We propose three specific enhancements from this grant. 1) The hiring of an additional dedicated therapist to provide treatment to an additional 20 participants, thus tripling the capacity of the program to 30 participants; 2) the hiring of a professional treatment court coordinator whose job will be solely focused on this program and will enable us to separate this function from the ATC prosecutor as it is presently structured; 3) dedicated funding for drug testing to be able to ensure compliance with the NADCP best practices of frequent, comprehensive, monitored, and random drug tests.

B. Evidence Based Principles Implemented

In addition to vastly improving capacity, these enhancements would allow us to adhere more closely to NADCP best practices in four specific areas:

- Equity and Inclusion: As a very basic level, by having a dedicated treatment court coordinator who is able to collect the date regarding participant admissions compared to our community's population at large, we will be able to statistically assess whether our admissions criteria and process has any disparate impact and whether it practices fully the principles of equity and inclusion. Second, by hiring a second therapist, we expand the therapeutic background as we strive to serve a diverse group of participants. Additionally, we will prioritize in the hiring of a therapist bilingual skills, in order to help ensure that we are providing full access to our program by Spanish-speaking members of our community. If we find ourselves unable to fulfill that specific objective, we will explore other ways to facilitate reaching this goal.
- Drug and Alcohol Testing: As described in the statement of the problem, we are woefully aware of the deficiency of our drug and alcohol testing when compared to NADCP best practices. Dedicated funding for this will enable us to achieve random, monitored, frequent, and comprehensive drug tests.

- Multidisciplinary Team: By hiring a treatment court coordinator, we will be able to separate this from the prosecution function where it presently resides, improving the independence of the program,
- Monitoring and Evaluation: While we have the forms to collect significant statistics on our program and its participants, because we do not have a dedicated coordinator, we don't presently have the resource capacity to do so. Funding for this purpose will help us actualize the NADCP best practices in this area.

C. Identification/Access and Prioritization of participation by high-risk/high need populations: We currently use the DSMV-V and ASAM diagnostic tool to ensure that we are targeting a high needs population. This was selected because it was identified in the NADCP/NDCI drug court planning initiative training as an acceptable tool and it was a diagnostic tool that we had the present capacity to utilize. While we believe the incentive structure of our program inherently only attracts "high risk" individuals, one of our programmatic goals over the next 12 months will be incorporating a specific diagnostic tool for assessing whether a participant is "high risk."

D. Target Population Number: We presently have the capacity to serve 10 participants. This grant will enable us to increase that population to 30. We derived that number based on existing known data about how many clients a full-time therapist can appropriately serve, understanding that the therapeutic needs and demands of a participant change depending on which phase of the program they are in.

E. Enhancement Options Requested: We are seeking funds to a) scale up our program's capacity (by increasing the number of participants served); b) provide access to critical

support services/improve the quality and intensity of services (by improving our drug testing options); and c) enhancing court services (by retaining a dedicated coordinator).

a. Drug Testing: We will utilize funding to ensure that we have the capacity through a private provider to offer random, frequent, observed and comprehensive drug tests. This would include the capacity to test on weekends or holidays and the ability to test a more comprehensive panel of substances with quicker reporting of results.

b. Status Hearings: Status hearings occur weekly for participants in the first phase of the program. In the second phase they move to biweekly hearings. In the later phases they are monthly. We have a detailed policies and procedures manual that was developed in the NADCP/NDCI drug court planning initiative that is used to help ensure consistent procedures being used in status hearings.

c. Perception of Procedural Fairness: Whenever we impose a sanction or incentive or sanction, we deliberately examine how it compares to a similarly situated participant in a prior hearing. This is done specifically to prevent any perception of unfairness.

d. Evidence-based treatment interventions: We utilize an individual treatment plan that is developed for each participant that is frequently updated. Part of the reason these plans are individualized is because we recognize that participants needs pertaining to substance abuse, mental illness and cognitive behavior are different and must be treated differently. We utilize programs like MAT, specifically because it is evidence-based.

e. Describe plan to provide treatment and services to address opioid, stimulant and substance abuse reduction.

f. Incorporation of participant's families: One of the remarkable things that we have seen since launching is the involvement of participants families who will come to court. Part of the way that this has been nurtured is by the individual relationships built between our participants, their families, and the three law enforcement officers who work our program. These officers are individuals who are trusted in the community and who are philosophically dedicated to our program, which has helped generate support for our initiatives from the families of the participants.

III. Capabilities and Competencies

A. Treatment Team Members

- Judge (Hon. Lisa B. Kemler): The judge runs the weekly staffing that occurs before the ATC docket. In court she interacts with the participants and provides incentives, sanctions, and therapeutic adjustments, based on the discussion/recommendations from staffing. The judge also signs all legal orders associated with effectuating the program.

- Prosecutor (David A. Lord): The prosecutor is responsible for providing the legal assessment for eligibility in the program, providing criminal discovery to the defendant's attorney, formulating the plea offer that is part of the program's participation, drafting legal documents that are needed to effectuate a person's participation, and advocating for the government's view in staffing or contested hearings.

- Defense Attorney (Laurel Roberson): The defense attorney represents all participants in the program, including advocating for them and helping them advocate for themselves throughout

the process. The defense attorney advises the defendant's as they enter the plea and helps voice their viewpoint during staffing.

- Treatment Provider (Lina Cuda): The treatment provider coordinates the treatment needs of the participant, overseeing their participation in relevant therapy groups and providing individual therapy. The treatment provider coordinates with a case manager to help address participant's other needs such as housing, employment, medical and financial needs.
- Researcher/Evaluator/Management Information Specialist (currently vacant): During the initial phase of our program, this role was filled by Jessie Bryant, who was a statistics specialist with the Police Department. She was responsible for helping track the statistical needs of the program. Ms. Bryant is no longer filling this role. This position will be filled by the special assistant to the Commonwealth Attorney for rehabilitative programs. While this person's full-time job is not focused on the ATC, their scope of work will include providing the statistical analysis needed for the ATC. Preliminary approval for the hiring of this position has been given by the City of Alexandria.
- Community Supervision Representative (Cherelle Lamptey): A single probation officer oversees all participants and provides traditional supervision services along with random and observed drug tests.
- Law Enforcement (Off. Bennie Evans/Off. Shakita Warren/Deputy Devon Neckles): The law enforcement members of the team provide home and work checks and verify curfew compliance

B. <u>Other Critical Personnel</u>

In addition to the treatment team, we have two additional bodies that work with our program. The first is the ATC steering committee, which exists primarily to help generate

community support and identify resources. Additionally, we have an advisory committee which meets annually for the purpose of maintaining the memorandum of understanding and providing a governing structure to the program. Some of the partners who participate in these two groups include our clerk of court, Offender Aid and Restoration, Pretrial Supervision, and additional policy personnel with the Department of Community and Health Services. As referenced earlier in this application, the case manager is also an integral part of staffing.

C. Treatment Partner

Our treatment is provided through the Alexandria Department of Community and Human Services ("DCHS"). DCHS was one of the parties that began the initiative to create a treatment court and participated fully in the planning initiative and actively engages in our governing structure. Our therapist works directly for DCHS and participates fully in staffing. Because DCHS is one of the most integral parts of our program we are able to see on a weekly basis how they utilize evidence-based treatment and the entire treatment team observes every week the quality and effectiveness of their service delivery.

IV. Evaluation, Continued Care and Health Care Integration, Sustainment, and Plan for Collecting the Data Required for this Solicitation's Performance Measures

When we launched the ATC, one of our core team members was Jessie Bryant, who worked with the statistics division of the Alexandria Police Department. Ms. Bryant participated in the NADCP/NDCI Drug Court Planning Initiative with us and devised a number of forms that can be used to collect data on the performance of the ATC, particularly as it relates to the NADCP best practices. These forms include an eligibility and referral form, a detailed screening form, status hearing forms, and treatment/probation/police data reporting forms. When fully utilized, these forms will enable our program to ensure that we are collecting data to demonstrate equity and

inclusion in admission (and the lack of disparate impact through admissions process), data regarding the use of sanctions and incentives, period of time from arrest to enrollment, period of time in each step, etc. While Ms. Bryant is no longer part of the ATC team, the Office of the Commonwealth's Attorney (our prosecution partner) had been given preliminary approval by the City to retain a special assistant to the Commonwealth Attorney on rehabilitative programs. This hire, if finalized, will have statistics capabilities that will be used by the ATC to help utilize these forms to track and analyze client-level demographic, performance and outcome data and to conduct regular assessments of program service delivery and performance. Maintaining this kind of data is time-consuming and the lack of an independent treatment court coordinator has limited our ability to maintain the statistics in the best manner. If we receive the grant, the ATC will be entirely willing and able to report aggregated client-level performance and outcome data to BJA. The drug court coordinator will collect the data and process it with the assistance of the special assistant to the Commonwealth's Attorney for rehabilitative programs.

The use of the statistical forms that we have developed by a drug court coordinator will provide some of the following specific statistical reporting points:

- Demographics of Alexandria's population as a whole (and criminal-defendant population) compared to the ATC participants. This will help ensure equity and inclusion and a lack of disparate impact and enrollment.
- Specific time between arrest and enrollment in the ATC and in each phase of the program, demonstrating compliance with best practices regarding quick access to treatment and progression through the ATC.
- We believe that the grant would enable us to triple capacity to 30 participants within 12 months of hiring the personnel conceptualized by the grant. The drug court coordinator (with the

statistician's assistance) would be able to provide quarterly reports comparing the number of participants served compared the projected number anticipated by this application.

- While we are only 12 months into the launching of the ATC and thus do not have after-care data yet, this will be a focal point of our program as it continues to grow. Ensuring successful transition from the ATC to unsupervised recovery is absolutely critical. That transition planning will be a part of every participant's Phase V participation in the program.

Sustainability

One of the most valuable portions of the NADCP/NDCI Drug Court Planning Initiative training was the session on tapping into community resources. It helped our team understand that even without a dedicated public funding stream, we have the capacity to help service the needs of our participants through community partners. We have utilized that training to date in order to obtain donated initiatives for our participants as well as bus passes for every person (the latter has been critical in our participants ability to successfully access treatment and participate in the program). To help facilitate donations, in the short term, we signed a memorandum of understanding with the Alexandria Bar Foundation, that allows us to use them as a temporary source for the receipt of tax-deductible donations to the ATC for things such as small incentives. We are working on building on that initiative to create long-term sustainability in a post-grant reality. Our plan, once we have a drug court coordinator is to create our own 401(c)(3) that can be used to solicit and manage tax-deductible donations. We have a community that will readily support this program if given the chance. Having a dedicated treatment court coordinator means this will be a viable option for developing funding support for our program on a scale that can maintain long-term viability.