

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services**  
**Administration**

**Grants to Expand Substance Abuse Treatment Capacity in**  
**Adult and Family Drug Courts**

**(Short Title: SAMHSA Treatment Drug Courts)**

**(2<sup>nd</sup> Modified Announcement)**

**Request for Applications (RFA) No. TI-15-002**

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243**

**PART 1: Programmatic Guidance**

Note to Applicants: This document must be used in conjunction with SAMHSA's "Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by April 10, 2015.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts. The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult and family “problem solving” courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination as well as family-focused services in the case of Family Treatment Drug Courts) to defendants/offenders. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, child abuse and neglect, alcohol and/or drug use, and incarceration or other penalties. Grants funds must be used to serve people diagnosed with a substance use disorder as their primary condition, particularly high risk/high need populations diagnosed with substance dependence or addiction to alcohol/other drugs and identified as needing immediate treatment. Grant funds must be used to address gaps in the continuum of treatment for those individuals in these drug courts who have substance abuse and/or co-occurring disorders treatment needs. Grant funds may be used to provide services for co-morbid conditions, such as mental health problems, as long as expenditures remain consistent with the drug court model which is designed to serve individuals needing treatment for substance dependence or addiction to alcohol/other drugs. SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court models (adult and family treatment drug courts) as appropriate, and the number of applications received per model type.

<b>Funding Opportunity Title:</b>	Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Drug Courts (Short Title: SAMHSA Treatment Drug Courts)
<b>Funding Opportunity Number:</b>	TI-15-002
<b>Due Date for Applications:</b>	April 10, 2015
<b>Anticipated Total Available Funding:</b>	\$11,300,000
<b>Estimated Number of Awards:</b>	35
<b>Estimated Award Amount:</b>	Up to \$325,000

<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 3 years
<b>Eligible Applicants:</b>	Eligible applicants are tribal, state and local governments with direct involvement with the drug court, such as the Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, individual adult treatment drug courts, and family treatment drug courts. [See <u>Section III-1</u> of this RFA for complete eligibility information.]

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts. The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult and family “problem solving” courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination as well as family-focused services in the case of Family Treatment Drug Courts) to defendants/offenders. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, child abuse and neglect, alcohol and/or drug use, and incarceration or other penalties. Grants funds must be used to serve people diagnosed with a substance use disorder as their primary condition, particularly high risk/high need populations diagnosed with substance dependence or addiction to alcohol/other drugs and identified as needing immediate treatment. Grant funds must be used to address gaps in the continuum of treatment for those individuals in these drug courts who have substance abuse and/or co-occurring disorders treatment needs. Grant funds may be used to provide services for co-morbid conditions, such as mental health problems, as long as expenditures remain consistent with the drug court model which is designed to serve individuals needing treatment for substance dependence or addiction to alcohol/other drugs. SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court models (adult and family treatment drug courts) as appropriate, and the number of applications received per model type.

The term “drug court” is a specially designed court calendar or docket with the purpose of reducing recidivism and substance abuse among substance-abusing offenders and increasing the likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, and the use of appropriate sanctions and other habilitation services. Drug courts have been created at a high rate with almost 2,700 in existence in 2014, but many lack sufficient funding for substance abuse treatment. Treatment drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively intervene and break the cycle of substance abuse, addiction, and crime. Stakeholders work together to give individual clients the opportunity to improve their lives, including recovery from substance use disorders, and develop the capacity and skills to become fully-functioning parents, employees, and citizens.

SAMHSA's interest is to actively support and shape treatment drug courts that serve substance-abusing clients in the respective problem-solving court models as long as the court meets all the elements required for drug courts. The intent is to meet the clinical needs of clients and ensure clients are treated using evidence-based practices consistent with the disease model and the problem-solving model, rather than with the traditional court case-processing model. A long-term goal of this program is to build sustainable systems of care for individuals needing treatment drug court services.

In alignment with the goals of SAMHSA's Trauma and Justice Strategic Initiative this program will help "reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal justice systems." By providing needed treatment and recovery services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence. Additional anticipated outcomes include: increased number of individuals served, increased abstinence from substance use, increased employment rates, decreased recidivism rates, increased housing stability, decreased criminal justice involvement, improved individual and family functioning and well-being, increased social connectedness, and decreased risky behaviors. The SAMHSA Treatment Drug Court program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

Eligible drug courts must be operational on or before September 1, 2015. Operational is defined as a having a set of cases and seeing clients in the drug court. By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the drug court(s) applying for funds or receiving funds as part of this grant are currently or will be operational on or before September 1, 2015.

SAMHSA Treatment Drug Courts is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery to clients should begin by the 4<sup>th</sup> month of the project at the latest.

SAMHSA treatment drug court grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

**NOTE:** SAMHSA/CSAT, in collaboration with the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), is also offering a

grant opportunity for adult drug courts titled “Enhancing Adult Drug Court Services, Coordination, and Treatment FY 2015 Competitive Grant Announcement.” The purpose of the joint initiative is for applicants to submit one comprehensive strategy for enhancing drug court coordination, services, and treatment capacity, which allows applicants to compete for two grants (one from BJA and one from SAMHSA) with one application.

BJA is also offering its stand-alone drug court solicitation titled “Adult Drug Court Discretionary Grant Program FY 2015 Competitive Grant Announcement,” which provides financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders.

Applicants may submit an application in response to one or all grant solicitations. However, neither SAMHSA/CSAT nor BJA will make more than one award for the same proposed drug court project to the same jurisdiction/court. Furthermore, both SAMHSA and BJA may consider geographic distribution when making funding decisions. The aforementioned drug court grant solicitations may be found on OJP/BJA’s website at <https://www.bja.gov/funding.aspx#1>, and SAMHSA’s website at <http://www.samhsa.gov/grants/grant-announcements-2015>.

## 2. EXPECTATIONS

**1) Service Expansion:** An applicant may propose to increase access and availability of services to a larger number of clients. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a drug court program currently serves 50 persons per year and has a waiting list of 50 persons (but lacks funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. Applicants must clearly state in [Section C: Proposed Implementation Approach](#) the number of additional clients to be served each year of the proposed grant.

**2) Service Enhancement:** An applicant may propose to improve the quality and/or intensity of services, for example, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a drug court program may propose to add a co-occurring treatment intervention to the current treatment protocol for a population being served by the program. Applicants proposing to enhance services must clearly state in [Section C: Proposed Implementation Approach](#) the number of clients, who will receive the new enhancement services each year of the proposed grant.

In [Section C: Proposed Implementation Approach](#) of the Project Narrative, applicants must describe how they will meet the key components of the drug court model(s) in



which they are proposing to expand and/or enhance substance abuse, co-occurring, and recovery support services. (See [Appendix V](#) – Adult Drug Court Model Components and [Appendix VI](#) – Family Drug Court Model Elements.)

Please see [Appendix IV](#): Allowable Substance Abuse and/or Co-Occurring Treatment and Recovery Support Services for a comprehensive but not exhaustive range of collaborative efforts, treatment, and recovery support services for which these grant funds may be used.

- Applicants must screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
- Recognizing that Medication-Assisted Treatment (MAT) may be an important part of a comprehensive treatment plan, SAMHSA Treatment Drug Court grantees are encouraged to use **up to 20 percent** of the annual grant award to pay for FDA-approved medications (e.g., methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) when the client has no other source of funds to do so.

MAT is an evidence-based substance abuse treatment protocol and SAMHSA supports the right of individuals to have access to FDA-approved medications under the care and prescription of a physician. SAMHSA recognizes that not all communities have access to MAT due to a lack of physicians who are able to prescribe and oversee clients using anti-alcohol and opioid medications. This will not preclude the applicant from applying, but where and when available, SAMHSA supports the client's right to access MAT. This right extends to participation as a client in a SAMHSA-funded drug court. Applicants must affirm, in Appendix II: Statement of Assurance, that the treatment drug court(s) for which funds are sought will not deny any eligible client for the treatment drug court access to the program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder must be permitted. Similarly, medications available by prescription must be permitted unless the judge determines the following conditions have not been met:

- the client is receiving those medications as part of treatment for a diagnosed substance use disorder

- a licensed clinician, acting within their scope of practice, has examined the client and determined that the medication is an appropriate treatment for their substance use disorder
- the medication was appropriately authorized through prescription by a licensed prescriber.

In all cases, medication assisted treatment (MAT) must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. Grantees must assure that a drug court client will not be compelled to no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a licensed prescriber's recommendation or valid prescription.

Under no circumstances may a drug court judge, other judicial official, correctional supervision officer, or any other staff connected to the identified drug court deny the use of these medications when made available to the client under the care of a properly authorized physician and pursuant to regulations within an Opioid Treatment Program or through a valid prescription and under the conditions described above. A judge, however, retains judicial discretion to mitigate/reduce the risk of abuse, misuse, or diversion of these medications.

- Grantees are encouraged to provide HIV rapid preliminary antibody testing as part of their treatment regimen. Grantees providing HIV testing must do so in accordance with state and local requirements. Up to 5 percent of grant funds may be used for HIV rapid testing. [Note: Grant funds may be used to purchase such services from another provider.]

All clients who have a preliminary positive HIV test result must be administered a confirmatory HIV test result. Post award, grantees must develop a plan for medical case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. As appropriate, SAMHSA will provide technical assistance to: train grantee staff in HIV rapid testing; obtain required state certification to conduct on-site testing; develop, as may be required, agreements with state and local health departments regarding HIV testing activities, and develop a case management system for monitoring and tracking.

- All clients, who are considered to be at risk for viral hepatitis (B and C) as specified by the Centers for Disease Control and Prevention's (CDC) recommendations for hepatitis B (CDC, 2008)<sup>1</sup> and hepatitis C (CDC, 1998)<sup>2</sup>,

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<sup>1</sup> Centers for Disease Control and Prevention. Recommendations for identification and public health management of persons with chronic hepatitis b virus infection. MMWR 2008; 57(No. RR-8): 1-39. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>

must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral. **Up to \$5,000** of grant funds per year (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchasing test kits and other required supplies (e.g., gloves, bio hazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing. Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.

Applicants must provide a plan for providing referrals to viral hepatitis testing (if testing will not be on site), and treatment for all clients testing positive for viral hepatitis (B or C) in [Section C](#) of the Project Narrative. Applicants must also provide memoranda of agreement demonstrating linkages with appropriate treatment providers in **Attachment 5** of the application.

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index and other sources indicate earlier mortality among individuals, who have mental and substance use disorders, than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.

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<sup>2</sup> Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis c virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 57(No. RR-19): 1-20.  
<http://www.cdc.gov/hepatitis/HCV/GuidelinesC.htm>

To ensure that non-state substance abuse agency applicants for SAMHSA drug treatment court grants continue to demonstrate evidence of working directly and extensively with the corresponding state substance abuse agency in the planning, implementation, and evaluation of the grant, applicants must include a letter from the state substance abuse agency (SSA) director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the state strategy of substance abuse treatment. Federally recognized AI/AN tribes and tribal organizations are not required to include the SSA letter, but may wish to coordinate with the SSA, as appropriate.

**All applicants (unless the applicant is the SSA or a federally recognized AI/AN tribe or tribal organization) must include this letter in Attachment 5 of the application or the application will be screened out and will not be reviewed.** A listing of the SSA's can be found on SAMHSA's web site at <http://www.samhsa.gov/grants/applying/forms-resources>.

Over two million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

If a Tribal Healing to Wellness Court application is funded under the adult drug court model, the grantee will be expected to work in collaboration with the existing SAMHSA Tribal Law and Order Act/Office of Indian Alcohol and Substance Abuse, Alternatives to Incarceration on Reservations initiatives, and SAMHSA funded policy academies that focus on tribal justice issues. Upon award, further guidance regarding this expectation will be provided.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. In this statement, you must propose: (1) the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See PART II: Appendix G – Addressing Behavioral Health Disparities)

## 2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In [Section B](#) of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.
- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: See PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix I](#) of this document for additional information about using EBPs.

## 2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in [Section E: Data Collection and Performance Measurement](#) of your application. Grantees will be required to report performance on the following performance measures: number of individuals served, abstinence from substance use, employment, housing stability, criminal justice involvement, social connectedness, and risk behaviors. This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at <http://www.samhsa-gpra.samhsa.gov> (click 'Click Here to Enter SAIS', then click on 'Data Collection Tools/Instructions', and then click 'Services'), along with instructions for completing it.

Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Once data are collected, grantees are required to utilize the Common Data Platform (CDP), SAMHSA's web-based data collection and reporting tool. All data must be submitted through the CDP within seven days of data collection.

The collection of these data will enable CSAT to report key outcomes relating to substance use. In addition, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. If you have an electronic health records (EHR) system to collect and manage most or all client-level clinical information, you should use the EHR system to automate GPRA reporting.

In addition, CSAT expects Family Drug Treatment Court grantees to collect data on the children of parents participating in the FDTC, as well as family functioning outcomes. Grantees will use electronic abstraction and secondary data collection for the data elements that are already being collected by counties and states in their reporting requirements of federally-mandated data. There are four data sources that will be used to obtain and report the data elements: three federal child welfare data sets, and a federal substance abuse treatment data set. In addition, grantees will participate in a cross-site pre-post-test use of the North Carolina Family Assessment Scale General + Reunification (NCFAS-G+R). Technical assistance and support for obtaining the data and using the NCFAS-G+R will be provided to each grantee.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

### **2.3 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions such as the following:

*Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic groups or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

The performance assessment report should be a component of or an attachment to the biannual progress report of each grant year.

**Up to 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.**

#### **2.4 Infrastructure Development (maximum 15 percent of total grant award)**

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use **up to 15 percent** of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

#### **2.5 Grantee Meetings**

Grantees must plan to attend an annual grantee meeting in each year of the grant. It is anticipated that during the three-year grant period, grantees will alternate between physical, on-site grantee meetings and “virtual” grantee meetings on an alternating year basis. FY 2015 is slated as a year for a virtual grantee meeting. In years when on-site grantee meetings are held, applicants should plan to send the Project Director and two additional drug court members from the following to attend the annual grantee meeting: the Judge, Clinical Director, Evaluator, and a representative from the prosecutor’s office and the defense bar. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each on-site grantee meeting will be three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. Grantee meetings may coincide with other national drug court conferences. Applicants are encouraged to consider travel, conference registration fees, and per diem costs for other such conferences in their budgets.

## **II. AWARD INFORMATION**

**Funding Mechanism:** Grant

**Anticipated Total Available Funding:** \$11.3 million



<b>Estimated Number of Awards:</b>	Up to 35
<b>Estimated Award Amount:</b>	Up to \$325,000
<b>Length of Project Period:</b>	Up to 3 years

**Proposed budgets cannot exceed \$325,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### **III. ELIGIBILITY INFORMATION**

#### **1. ELIGIBLE APPLICANTS**

Eligible applicants are tribal, state and local governments with direct involvement with the drug court, such as the Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, individual adult treatment drug courts, and family dependency treatment drug courts. For the purposes of this RFA, eligible adult drug court models include Tribal Healing to Wellness Courts, Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Treatment Courts, Veterans Treatment Courts, and Municipal Drug Courts that adhere to the drug court 10 key components. Eligible Family Drug Court Programs provide services to parents with substance use disorders or substance use and co-occurring mental health disorders involved with the family dependency court as a result of child abuse and neglect issues. The programs should provide services to the children of the parents in the program as well as to the parents.

**This grant is not intended for Juvenile Drug Courts. Any applications received for Juvenile Drug Courts will be screened out and will not be reviewed.**

It is allowable for an eligible entity to apply on behalf of one or more drug courts, either through a single application or several applications. When the state/local/tribal government (city/county) or eligible entity applies on behalf of a drug court(s), the applicant will be the award recipient and the entity responsible for satisfying the grant requirements. When multiple jurisdictions apply within one application, letters of commitment from each drug court judge must be included stating they intend to meet the grant and reporting requirements. **If such letters of commitment are not**

**included in Attachment I, the application will be screened out and will not be reviewed.**

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Public and private nonprofit organizations, such as substance abuse treatment providers, have a pivotal supporting role in treatment drug court programs and may be sub-recipients/contractors to the applicant. However, they are not the catalysts for entry into drug courts and are, therefore, restricted from applying. SAMHSA strongly believes that the court is in the best position to administer this program because the court partners with selected treatment providers on the course of treatment for drug court clients.

This grant program is not intended to provide start-up funds to create new adult or family treatment drug courts. Eligible drug courts must be operational on or before September 1, 2015. Operational is defined as a having a set of cases and seeing clients in the drug court. **By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the Adult or Family Treatment Drug Court applying for funds is operational, as defined above on or before September 1, 2015.**

To better ensure coordination between the criminal justice and community-based substance abuse treatment systems, applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the state strategy of substance abuse treatment. **All applicants (unless the applicant is the SSA or Tribe/Tribal organization) must include this letter or the application will not be reviewed and you will not be considered for an award.** A listing of the SSA's can be found on SAMHSA's Web site at <http://www.samhsa.gov/grants/applying/forms-resources>.

**Letters of commitment or formal contractual agreements from collaborating organizations must be provided in Attachment 1 of the application and a letter from the SSA Director or designated representative must be included in Attachment 5 of the application as outlined in Section I-2 (unless the applicant is the SSA or Tribe/Tribal Organization), or the application will be screened out and will not be reviewed.**

## 2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

## 3. EVIDENCE OF EXPERIENCE AND CREDENTIALS

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client substance abuse treatment services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment provider organization must have at least 2 years of experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation and certification requirements, as of the due date of the application.

**[Note: The above requirements apply to all mental health/substance abuse treatment service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix II, Statement of Assurance, in this document.]**

Following application review, if your application's score is within the funding range, the government project officer (GPO) may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided;
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation and certification; OR 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation and certification requirements do not exist; and
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

**If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.**

## **IV. APPLICATION AND SUBMISSION INFORMATION**

**In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:**

### **1. ADDITIONAL REQUIRED APPLICATION COMPONENTS**

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages. More detailed instructions for completing each section of the Project Narrative are provided in [Section V](#) – Application Review Information of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F and G. There are no page limits for these sections except for Section F, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II-V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form is posted on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>.
- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; **(Do not include any letters of support – it will jeopardize the review of your application if you do.)** (4) the Statement of Assurance (provided in Appendix II of this announcement) signed by the authorized representative of the applicant organization identified on the first page (SF-424) of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time, and (5), letters of commitment from each drug court judge when multiple jurisdictions are applying within one application. [See Section III.1, Eligible Entities]
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).
  - **Attachment 5:** A letter from the SSA Director or designated representative indicating that the proposed project addresses a state- or

county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities. Also, include memoranda of agreement (MOAs) demonstrating linkages with appropriate treatment providers for all clients testing positive for viral hepatitis (B or C) in Attachment 5.

## **2. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **April 10, 2015**.

## **3. FUNDING LIMITATIONS/RESTRICTIONS**

SAMHSA Treatment Drug Court grant recipients must comply with the following funding restrictions:

- Up to 15 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- Up to 20 percent of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- Up to 15 percent of the total grant award may be used to coordinate primary health care services and community-based substance abuse and behavioral health services connected with treatment drug court settings.
- Up to 5 percent of grant funds may be used for HIV rapid testing.
- Up to 20 percent of the annual grant award may be used to pay for FDA-approved medication as part of Medication-Assisted Treatment (MAT), which includes methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, and buprenorphine when the client has no other source of funds to do so.
- Up to \$5,000 of grant funds per year (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchasing test kits and other required supplies (e.g., gloves, bio hazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.**

## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type “A-1”, “A-2”, etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F).
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

#### **Section A: Population of Focus and Statement of Need (15 points)**

1. Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics and sexual identity (sexual orientation, gender identity).
2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
3. Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data

Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program, including drug court program specific data.

4. If you plan to use grant funds for infrastructure development, describe the infrastructure changes you plan to implement and how they will enhance/improve service effectiveness. If you do not plan to use grant funds for infrastructure changes, indicate so in your response.

### **Section B: Proposed Evidence-Based Service/Practice (25 points)**

1. Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.
2. Describe the Evidence-Based Practice(s) (EBPs) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation, gender identity); and disability. [See [Appendix I: Using Evidence-Based Practices \(EBPs\)](#).]
3. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP. Describe how the proposed practice will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status), language and literacy, sexual identity (sexual orientation, gender identity) and disability.
4. Explain how your choice of an EBP or practice will help you address disparities in service access, use and outcomes for subpopulations.
5. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.



## Section C: Proposed Implementation Approach (30 points)

1. Indicate whether your proposed project will expand (i.e., increase access and availability of services to a larger number of clients) and/or enhance drug court services (i.e., improve the quality and/or intensity of services). For Family Drug Treatment Court applicants planning to enhance drug court services, indicate whether your proposal to provide services to children of parents served is an enhancement of your current program design.
2. Describe how the proposed service or practice will be implemented. You must also address how the required key elements of the treatment drug court model you have chosen (see [Appendices V](#) and [VI](#) for the key components of the two drug court models) are included in your program design. If a particular key element/characteristic of the Treatment Drug Court model is missing, you must provide a justification for not including it.
3. Describe how the proposed service(s) or practice(s) to be implemented will address the impact of violence and trauma by integrating trauma-informed approaches delivered to clients. [Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at <http://www.samhsa.gov/traumaJustice>.]
4. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
5. Describe how you will screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
6. Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
7. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community substance abuse treatment and (if applicable) mental health organizations supporting the project in **Attachment 1**.

8. Justify the unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. If you are proposing to expand services, indicate the numbers of additional clients to be served during each year of the grant over the number you are currently serving. If you are proposing to enhance services, indicate the number of clients who will receive the new enhancement services during each year of the grant. **Note:** Identify any residential treatment services that will be funded within this project and include the number of individuals that you propose will be served with residential treatment slots. This number should be included in the number of unduplicated individuals that will be served with grant funds.
9. Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.
10. Describe how you will utilize third party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan.
11. Describe how you will facilitate the health insurance application and enrollment process for eligible uninsured clients.
12. Describe your plan for providing referrals to viral hepatitis testing (if testing will not be on site), and treatment for all clients testing positive for viral hepatitis (B or C).

**Section D: Staff and Organizational Experience (10 points)**

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have

linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

2. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
3. Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).
4. Describe how your staff will ensure the input of adults, families, and people in recovery in assessing, planning and implementing your project.

### **Section E: Data Collection and Performance Measurement (20 points)**

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting. If applicable, specify and justify any additional measures or instruments you plan to use for your grant project.
2. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
3. Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

## **SUPPORTING DOCUMENTATION**

### **Section F: Biographical Sketches and Job Descriptions**

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

### **Section G: Confidentiality and SAMHSA Participant Protection/Human Subjects**

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application. See [Appendix III](#) of this document for guidelines on these requirements.

## **2. REVIEW AND SELECTION PROCESS**

In addition to the criteria for basing funding decisions in PART II: Section VI, decisions for funding SAMHSA Drug Court awards will be based on the following:

SAMHSA/CSAT, in collaboration with the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), is also offering a grant opportunity for adult drug courts titled “Enhancing Adult Drug Court Services, Coordination, and Treatment FY 2015 Competitive Grant Announcement.” The purpose of the joint initiative is for applicants to submit one comprehensive strategy for enhancing drug court coordination, services, and treatment capacity, which allows applicants to compete for two grants (one from BJA and one from SAMHSA) with one application.

BJA is also offering its stand-alone drug court solicitation titled “Adult Drug Court Discretionary Grant Program FY 2015 Competitive Grant Announcement,” which provides financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders.

Applicants may submit an application in response to one or all grant solicitations. However, neither SAMHSA/CSAT nor BJA will make more than one award for the same proposed drug court project to the same jurisdiction/court. Furthermore, both SAMHSA and BJA may consider geographic distribution when making funding decisions. The aforementioned drug court grant solicitations may be found on OJP/BJA’s website at <https://www.bja.gov/funding.aspx#1>, and SAMHSA’s website at <http://www.samhsa.gov/grants/grant-announcements-2015>.

## **VI. ADMINISTRATION INFORMATION**

### **1. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>. SAMHSA will provide grantees with reporting guidelines and requirements at the time of award and at the initial grantee orientation meeting after the award.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Gregory D. Torain, M.Ed., LCPC  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1130

Rockville, Maryland 20857  
(240) 276-1832  
[Gregory.Torain@samhsa.hhs.gov](mailto:Gregory.Torain@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Eileen Bermudez  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1091  
Rockville, Maryland 20857  
(240) 276-1412  
[eileen.bermudez@samhsa.hhs.gov](mailto:eileen.bermudez@samhsa.hhs.gov)

## **Appendix I – Using Evidence-Based Practices (EBPs)**

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain practices for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other practices that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with a practice that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA’s goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, justify the use of multiple evidence-based practices. Discuss how the use of multiple evidence-based practices will be integrated into the program.

Describe how the effectiveness of each evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

### **Resources for Evidence-Based Practices:**

You will find information on evidence-based practices at <http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Resource Library* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see PART II: Appendix D – Funding Restrictions, regarding allowable costs for EBPs.]

## Appendix II – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*]  
\_\_\_\_\_, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the fundable range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant, whose application meets the following requirements:

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years;
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; OR 2) official documentation from the appropriate agency of the applicable state, county or other governmental unit that licensing, accreditation and certification requirements do not exist.<sup>3</sup> (Official documentation is a copy of each service provider organization's license, accreditation and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.);
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist; and

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<sup>3</sup> Tribes and tribal organizations are exempt from these requirements.



- for the treatment drug court(s) for which funds are sought will not: 1) deny any appropriate and eligible client for the treatment drug court access to the program because of their use of FDA-approved MAT medications (e.g., methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) that is in accordance with an appropriately authorized prescribed by a physician's prescription; and 2) mandate that a drug court client no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a physician's recommendation or prescription.

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Signature of Authorized Representative

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Date

## **Appendix III – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### **Confidentiality and Participant Protection:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled “Protection of Human Subjects Regulations” to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

#### **1. Protect Clients and Staff from Potential Risks**

- Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

#### **2. Fair Selection of Participants**

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women or other targeted groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, For example: court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

#### 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II**.

#### 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example: will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

## 7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

## **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp> or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

## Appendix IV – Allowable Substance Abuse and/or Co-Occurring Treatment and Recovery Support Services

Applicants must propose to **expand** substance abuse treatment and recovery support services, to **enhance** substance abuse treatment and outreach and recovery support services, or do both.

**1) Service Expansion:** An applicant may propose to **increase access and availability of services to a larger number of clients**. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example: if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must clearly state in [Section C: Proposed Implementation Approach](#) the number of additional clients to be served each year of the proposed grant.**

**2) Service Enhancement:** An applicant may propose to improve **the quality and/or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example: a substance abuse treatment project may propose to add a co-occurring treatment intervention to the current treatment protocol for a population being served by the program. **Applicants proposing to enhance services must clearly state in [Section C: Proposed Implementation Approach](#) the number of clients who will receive the new enhancement services each year of the proposed grant.**

### **Substance Abuse and/or Co-Occurring Treatment and Recovery Services:**

The following represents core services/treatment to be provided, and for which funds may be used:

- Screening and a comprehensive individual assessment for substance use and/or co-occurring mental disorders, case management, program management and referrals related to substance abuse treatment for clients.
- Alcohol and drug (substance abuse) treatment in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential treatment programs. [Note: If you are proposing to use grant funds for any residential substance abuse treatment services you must clearly identify these services or treatment modality as such in [Section C](#) of the Project Narrative.]
- In addition to the core services/treatment to be provided, wrap around services supporting the access to and retention in substance abuse treatment or to address the treatment-specific needs of clients during or following a substance abuse treatment episode (See below under “Recovery Support Services”) may be funded. Wrap around services may include the following as long as these

services are directly tied to the treatment and recovery of the treatment drug court clients:

- Individualized services planning directly related to treatment and recovery of the treatment drug court client.
- Science-based drug testing as part of treatment compliance, and therapeutic intervention. The use of funds for drug testing is limited to that testing that is directly related to treatment and recovery of the individual. Drug testing for the purposes of judicial/correctional supervision with the sole intent of 'administration of justice' such as punishment or sanctions without therapeutic intervention may not be funded.

### **Community Linkages:**

Applicants must demonstrate that they have developed linkages with community-based organizations with experience in providing services to these communities. Examples of possible community linkages include, but are not limited to:

- Primary health care.
- Substance abuse treatment services and where appropriate integrated mental health treatment services for individuals with co-occurring disorders.
- Private industry-supported work placements for recovering persons.
- Faith-based organizational support.
- Mentoring programs.
- Community service.
- Support for the homeless.
- HIV/AIDS community-based outreach projects.
- Opioid treatment programs.
- Health education and risk reduction information.
- Access/referral to STD, hepatitis B (including immunization) and C, and TB testing in public health clinics.

### **Examples of Recovery Support Services:**

Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs must be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others. RSSs are a key component of recovery-oriented systems of care.



Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge.

Examples of recovery support services include the following:

- Transportation to and from treatment, recovery support activities, employment, etc.
- Employment services and job training.
- Case management/individual services coordination, providing linkages with other services (legal services, TANF, social services, food stamps, etc.).
- Outreach.
- Relapse prevention.
- Referrals and assistance in locating housing.
- Child care.
- Family/marriage education.
- Peer-to-peer services, mentoring, coaching.
- Life skills.
- Education.
- Parent education and child development.
- Substance abuse education

#### **Definitions for Recovery Support Services:**

**Transportation:** Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation services may include public transportation or a licensed and insured driver who is affiliated with an eligible program provider.

**Employment Services and Job Training:** These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.

**Case Management:** Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort.

**Relapse Prevention:** These services include identifying a client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

**Referrals and Assistance in Locating Housing:** This includes referral to local sober houses, access to housing databases, and assistance in locating housing.

**Child Care:** These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with state laws regarding child care facilities.

**Family/Marriage Counseling and Education:** Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family re-unification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.

**Peer-to-Peer Services, Mentoring, and Coaching:** Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Peer mentoring or coaching refers to a one-on-one relationship in which a peer leader with more recovery experience motivates, supports, and encourages another peer in establishing and maintaining his/her recovery. Mentors/coaches may help peers develop goals and action plans, as well as helps them find resources. Recovery support includes an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment and/or recovery support services, and improved functioning in recovery.

**Life Skills:** Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.

**Education:** Supported education services are defined as educational counseling and may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning services and support. Vocational training and education also provide support for clients pursuing adult basic education, i.e., general education development (GED) and college education.

**Parent Education and Child Development:** An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.

## Appendix V – Adult Drug Court Model Components

The purpose of this program is to expand and/or enhance substance abuse treatment services in “problem solving” courts which may include the use of the adult drug court model. Eligible “adult” drug court models include Tribal Healing to Wellness Courts, Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Courts, and Municipal Courts using the problem solving model. Effective treatment drug courts have several well-defined elements and all applicants must address the appropriate components for the model for which they are applying to ensure that these elements are incorporated into their drug court model or approach. Applicants are encouraged to visit the following websites for more information on the key components of the adult drug court models eligible for this grant program:

### **Adult Drug Courts, Co-Occurring Drug and Mental Health Courts, and Municipal Courts:**

- Adult drug courts, co-occurring courts, and misdemeanor courts must demonstrate how they address the “The Key Components”, which can be accessed at the following: <http://www.bja.gov/grant/DrugCourts/DefiningDC.pdf>.

### **Tribal Healing to Wellness Courts:**

- Tribal Healing to Wellness Courts must courts must demonstrate how they address the Key Components , which can be accessed at the following: <http://www.ncjrs.gov/pdffiles1/bja/188154.pdf>.

### **DWI/DUI Courts:**

- DUI/DWI drug courts must courts must demonstrate how they address the “The Guiding Principles of DWI Courts,” which can be accessed at the following: <http://www.dwicourts.org/learn/about-dwi-court/-guiding-principles>

### **Veterans Treatment Courts:**

Veterans Treatment Courts must demonstrate how they address the “Veterans Treatment Court Ten Key Components” listed below:

Buffalo’s Veterans Treatment Court has adopted the components below, which include slight modifications of the essential tenements of the ten key components as described in the U.S. Department of Justice Publication entitled “*Defining Drug Courts: The Key Components*”, (Jan.1997). Although there are differences between drug courts, mental health courts, tribal courts, and Veterans Treatment Courts, the *Key Components* provides the foundation in format and content for the *Essential Elements* of each of these drug court models.

**Key Component #1: Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing**

Buffalo's Veterans Treatment Court promotes sobriety, recovery and stability through a coordinated response to veterans' dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

**Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights**

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior—not on the merits of the pending case.

**Key Component #3: Eligible participants are identified early and promptly placed in the Veterans Treatment Court program**

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult.

**Key Component #4: Veterans Treatment Courts provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services**

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma. Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

**Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing**

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

**Key Component #6: A coordinated strategy governs Veterans Treatment Court responses to participants' compliance**

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

**Key Component #7: Ongoing judicial interaction with each Veteran is essential**

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship maintained throughout treatment increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

**Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness**

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program

**Key Component #9: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations**

All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

**Key Component #10: Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness**

Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veterans Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment

Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

## **Appendix VI – Family Drug Court Model Elements**

The purpose of this program is to expand and/or enhance substance abuse treatment services in “problem solving” courts which can include the use of the family drug court model. Family Drug Court Programs seeks to enhance or expand services provided to parents with substance use disorders or substance use and co-occurring mental health disorders involved with the family dependency court as a result of child abuse and neglect issues. The programs may provide services to the children of the parents in the program as well as to the parents.

### **Family drug courts must demonstrate how they address the “The 11 Key Elements of Family Treatment Drug Courts” listed below:**

1. A Steering Committee composed of key stakeholders to provide advice in the design and operation of the Family Treatment Drug Court.
2. Alcohol and other drug treatment services that are integrated with justice system case processing.
3. Use of a non-adversarial approach, with prosecution and defense counsel promoting public safety while protecting participants' due process rights.
4. Early identification and prompt placement of eligible participants.
5. Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
6. Frequent staffings (team meetings), where each client's progress, strengths, obstacles, and options are discussed individually, and case plans are updated as needed.
7. Frequent alcohol and other drug testing.
8. A coordinated strategy that governs drug court responses to participants' compliance.
9. Judicial interaction that is ongoing with each drug court participant.
10. Interdisciplinary education that promotes effective planning, implementation, and operations.
11. Partnerships among drug courts, public agencies, and community-based organizations.

Below are services and supports for parents, children, and families for Family Dependency/Drug Courts that may be included as well as the examples listed in “Appendix L: Allowable Substance abuse and/or Co-Occurring Treatment and Recovery Support Services.”

### **Services for Parents**

- Parental engagement that ensures parents/guardians are encouraged to participate in all programs and services for which they qualify. Engagement can be achieved through the use of peer mentors, outreach specialists or other program components designed to encourage parental participation. SAMHSA encourages the use of persons in recovery to support parents in FDC and that parents be given a voice in plans that include them.
- Screening, assessment, treatment, discharge, and long-range recovery support services that are evidence-based and tailored to the individual needs of the client, are gender appropriate, trauma informed, and culturally relevant to the client.
- For parents with co-occurring mental health problems that the family drug court cannot support enhanced case coordination to support access to mental health services.
- Evidence-based strategies to address gender-specific experience of trauma (e.g., “Seeking Safety,” “Trauma Recovery, and Empowerment,” “Helping Women Recover,” “Helping Men Recover,” etc.)
- Linkages to primary health care and dental care to meet parents’ needs including linkages to family planning services for women.
- Linkages to domestic violence prevention/intervention services.
- Training for foster parents, relatives, and other substitute caregivers about the special needs of children and youth who have suffered from abuse or neglect and whose parents have a substance use disorder.

### **Services for Children**

- Coordination with the child welfare agency around safety planning, reunification, and/or other permanent placements.
- Services to meet children’s mental health needs, including attention to the trauma-informed services to meet the needs of children and services that address the long-term impact of parents’ substance abuse disorders on the children.
- Linkages to primary health/pediatric care and dental care for children.
- As part of the parents’ substance abuse treatment regimen provide evidence-based early intervention and preventive services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- Use of home visiting services, if appropriate, to monitor child and family wellbeing and to deliver in-home services.



## **Services for Families**

- Evidence-based family and parenting interventions for children of parents with substance use disorders and their parents (e.g., Celebrating Families, Nurturing Families, Strengthening Families, Parent-Child Psychotherapy, etc.).
- Services to strengthen parent-child bonding, such as mentoring programs, home visits, and supervised visits as well as family counseling to strengthen family functioning and assist with reunification of families when children have been in out-of-home placements.
- Linkages to ancillary services for families to assist them in securing services, such as safe and drug-free housing, transportation, vocational training and education, government benefits, legal services, and child care.
- Case management services to coordinate services for parents, children and other care providers, to facilitate management of services amongst agencies and service providers.