Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

(Short Title: SAMHSA Treatment Drug Courts)

(Modified Announcement)

Funding Opportunity Announcement (FOA) No. TI-16-009

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 "Funding Opportunity Announcement (FOA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each FOA. PART II includes requirements that are common to all SAMHSA FOAs. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	**Applications are due by April 4, 2016.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**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.**

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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) 2016 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts. The purpose of this program is to expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) 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 substance use disorder treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Priority for use of grant funds should be given to addressing gaps in the continuum of treatment for individuals in these courts who have substance use disorders or co-occurring substance use and mental disorder (COD) treatment needs. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court model (Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts), as appropriate, and the number of applications received per model type.

Funding Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts (Short Title: SAMHSA Treatment Drug Courts**)**
Funding Opportunity Number:	TI-16-009
Due Date for Applications:	April 4, 2016
Anticipated Total Available Funding:	$16,250,000
Estimated Number of Awards:	50
Estimated Award Amount:	Up to **$**325,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years

Eligible Applicants:	Eligible applicants are tribal, state, and local governments with direct involvement with the drug court/tribal healing to wellness court, such as the Tribal Court Administrator, the Administrative Office of the U.S. 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, and individual adult treatment drug courts. [See Section III-1 of this FOA for complete eligibility information.]

Be sure to check the SAMHSA website periodically for any updates on this program.

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) 2016 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts. The purpose of this program is to expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) 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 substance use disorder treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Priority for use of grant funds should be given to addressing gaps in the continuum of treatment for individuals in these courts who have substance use disorders or co-occurring substance use and mental disorder (COD) treatment needs. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court model (Adult Treatment Drug Courts and Adult Tribal Healing to Wellness 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 use disorders among substance-using 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. A “Tribal Healing to Wellness Court” is more than a tribal court handling substance use disorder cases. It is a component of the tribal justice system that incorporates and adapts the wellness concept to meet the specific substance use disorder needs of each tribal community by establishing more structure and a higher level of accountability for these cases through a system of comprehensive supervision, drug testing, treatment services, immediate sanctions and incentives, team-based case management, and community support.

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 use disorders to the public, and increase the safety of America's citizens by reducing substance use-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 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts 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 F – Addressing Behavioral Health Disparities.)

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 should begin by the 4th month of the project at the latest.

SAMHSA Treatment Drug Courts 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 "Joint BJA/SAMHSA Enhancing Adult Treatment Drug Court Services, Coordination, and Treatment" for FY 2016. 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 a stand-alone drug court solicitation titled "Adult Drug Court Discretionary Grant Program FY 2016 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 use disorder treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-using 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 on SAMHSA's website at http://www.samhsa.gov/grants/grant-announcements-2016.

2. EXPECTATIONS

Required Activities:

Grant funds must be used to expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model.

Grantees must serve a minimum of 40 clients per year. If an applicant proposes to serve fewer than 40 clients a year:

- They must provide a justification in Section C: Implementation Approach that details why they cannot meet the minimum expectation.
- They should consider applying for less than the maximum award amount of up to $325,000 per year. Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application, including the number of clients they propose to serve annually.

Grantees must develop and implement navigator or other strategies to ensure that appropriate individuals are referred to the Drug Court program.

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.

Grant funds should **not** be used for the general operation and management of treatment drug courts, including salaries for staff such as judges, court clerks, probation officers, and staff who are not actively involved in the therapeutic process, or referral to and entry into treatment for substance use disorders.

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 use disorders, co-occurring disorders, and recovery support services. (See Appendix V – Adult Drug Court Model Key Components and Standards and Appendix VI – Tribal Healing to Wellness Court Model Key Components.)

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

The key staff for this program will be the Project Director. SAMHSA expects the Project Director to contribute to the programmatic development and execution of your project in a substantive and measurable way.

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 Food and Drug Administration (FDA)-approved medications (e.g., methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine) when the client has no other source of funds to do so.

MAT is an evidence-based substance use disorder 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 access to the program to any eligible client for the treatment drug court because of his/her 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 must be permitted when 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. 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 his/her scope of practice, has examined the client and determined that the medication is an appropriate treatment for his/her substance use disorder; and
- the medication was appropriately authorized through prescription by a licensed prescriber.

In all cases, 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 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)[1] and hepatitis C (CDC, 1998)[2], 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 and treatment. If these services will be provided on-site, funds may be used to purchase test kits and other required supplies (e.g., gloves, bio hazardous waste containers) and to train staff on viral hepatitis (B and C) testing and treatment. If viral hepatitis (B and C) testing and treatment will be provided off-site, applicants must provide referrals for testing and treatment for all clients testing positive for viral hepatitis (B or C). Applicants must provide their plans for providing hepatitis testing and treatment on- or off-site in Section C: Proposed Implementation Approach of their project narrative. In addition, if applicants will be providing hepatitis testing off-site, they must provide memoranda of agreement (MOA) demonstrating linkages with appropriate treatment providers in **Attachment 5** of their applications. Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.

Allowable Activities:

Applicants also have the option of providing peer recovery support services (PRSS). **Up to 10%** of grant funds allocated for treatment and recovery services may be used to provide PRSS designed and delivered by individuals who have experienced a substance use disorder or co-occurring substance use and mental disorder and are in recovery. For example, applicants requesting $200,000 for treatment and recovery services could use up to $20,000 for PRSS. "Peers" may include but are not limited to: peer mentors, peer navigators, forensic peers, and family members of those in recovery. PRSS are provided in a variety of settings and across different models of care. They may be provided in recovery community and peer-run settings, and in agency or facility-based programs. Services can be divided into three categories: crisis and respite services; level-of-care transition services; and community-based services,

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[1] 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

[2] 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

including outreach, engagement, and ongoing recovery supports. Please visit SAMHSA's website for information on PRSS at: https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf and information on peer core competencies at: http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers.

SAMHSA will utilize grantees' experiences with provision of peer support to document guidelines and best practices for peer support inclusion in a drug court program. Grantees will be expected to participate in this learning and dissemination process and evaluate the role of the peer support component of their program to ensure effectiveness and efficiency.

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

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 to 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 not covered by 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 Health 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 utilized first when available for that individual.

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, and must provide similar documentation relating to tribal priorities.

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 SSAs can be found on SAMHSA's web site at http://www.samhsa.gov/grants/applying/forms-resources.

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web portals that assist veterans and their families with finding behavioral health treatment and support.

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, SAMHSA-funded policy academies that focus on tribal justice issues, and existing SAMHSA Tribal Healing to Wellness Courts (e.g., Native Connections), if such grants exist in its respective tribal jurisdiction. Further guidance regarding this expectation will be provided upon award.

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 F – 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.

- 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. Grantees will be required to submit data via SAMHSA's data-entry and reporting system; access 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.

The collection of these data will enable SAMHSA to report on key outcome measures relating to the grant program. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide.

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/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/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 group or other demographic factors to ensure 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 annual progress report for each grant year.

No more than 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 no more than 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, and describe your use of grant funds for these activities in Section A of the Project Narrative. Examples of infrastructure activities include but are not limited to the following:

- 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 use disorder 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 2016 is slated as a year for a virtual grantee meeting, and FY 2017 is slated to be on-site. 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: $16,250,000

Estimated Number of Awards: Up to 50

Estimated Award Amount: Up to $325,000/year

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $325,000 in total costs (direct and indirect) in any year of the proposed project. While applicants may apply for up to $325,000 per year, applicants may need a lesser amount to implement their application proposals. Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application.

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/tribal healing to wellness court, such as the Tribal Court Administrator, the Administrative Office of the U.S. 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, and individual adult treatment drug courts. For the purposes of this FOA, 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.

This grant is not intended for Juvenile or Family Dependency Treatment Drug Courts. Any applications received for Juvenile or Family Dependency Treatment 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. A single tribe in the consortium must be the legal applicant, the recipient of the award, and the entity legally responsible for satisfying the grant requirements.

Public and private nonprofit organizations, such as substance use disorder 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 drug or tribal healing to wellness courts. Eligible drug courts must be operational on or before September 1, 2016. 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 Treatment Drug Court or Tribal Healing to Wellness Court applying for funds is operational, as defined above, on or before September 1, 2016.**

To better ensure coordination between the criminal justice and community-based substance use disorder 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 use disorder treatment. **All applicants (unless the applicant is the SSA or tribe/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.

Letters of commitment from direct service provider organizations must be provided in Attachment 1 of the application 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 (e.g., substance use disorder treatment, substance abuse prevention, mental health) 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 use disorder treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each mental health/substance use disorder 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 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 use disorder 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 additional documentation (see Appendix II, Statement of Assurance) be sent by email, or to verify that the documentation you submitted is complete.

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

- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix IV of this document**. It is highly recommended that you use the sample budget format in Appendix IV. This will expedite review of your application.**

- **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 section 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. Additional instructions for completing these sections and page limitations for Biographical Sketches/Job Descriptions are included in PART II-IV: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Budget Justification and Narrative** – The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)

- 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 use disorder 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. **If these letters are not included in Attachment I, the application will be screened out and will not be reviewed. (Do not include any letters of support. Reviewers will not consider them 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 adult drug court or tribal healing to wellness court when multiple jurisdictions are applying within one application [See Section III-1, Eligible Applicants].

- **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 state (SSA Director or designated representative) or county indicating that the proposed project addresses a state- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities. **If this letter is not included in Attachment 5, the application will be screened out and will not be reviewed.** Also, for applicants electing to develop and implement plans for providing referrals to viral hepatitis testing and treatment (if testing will not be done on site), include memoranda of agreement (MOA) 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 4, 2016**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 15 percent of the total grant award may be used for developing the infrastructure necessary for expansion of services.

- No more than 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 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) and training for staff related to viral hepatitis (B and C) testing, for applicants electing to develop and implement plans for viral hepatitis testing and treatment.

- If elected, up to 10% of grant funds allocated for treatment and recovery services to provide peer recovery support services designed and delivered by individuals who have experienced a substance use disorder and/or co-occurring substance use and mental disorder and are in recovery.

Be sure to identify these expenses in your proposed budget.

While applicants may apply for up to $325,000 per year, applicants may need a lesser amount to implement their application proposals. Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application.

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 your application will be screened out, i.e., type "A-1", "A-2", etc., before your response to each question.** You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.7. Only information included in the appropriate numbered question will be considered by reviewers.

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 IV and Appendix E).

- 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. Identify your population(s) of focus. Provide a comprehensive demographic profile of this population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Discuss the differences in access, service use, and outcomes for your population of focus in comparison with the general population in the local service area, citing relevant data. Describe how the proposed project will improve these disparities in access, service use, and outcomes.

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 identified in your response to question A.1. To the extent available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the 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 access, service use, and outcomes for the population of focus. If you do not plan to use grant funds for infrastructure development, 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 measurable objectives. These must relate to the intent of the FOA 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. Document how each EBP chosen is appropriate for the outcomes you want to achieve.

Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program.

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.

4. Explain how your choice of an EBP or practice will help you address disparities in service access, use and outcomes for your population(s) of focus.

5. If applicable, describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.

6. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented according to the EBP guidelines.

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).

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. The selected drug court model should reflect the current standards disseminated by the National Association of Drug Court Professionals. If a particular key element/characteristic of the Treatment Drug Court or Tribal Healing to Wellness 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 on trauma and violence is available at http://www.samhsa.gov/trauma-violence.

4. Provide a chart or graph depicting a realistic time line for the entire **3** years of the project period showing dates, key activities, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. 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. Discuss how the proposed approach to identify, recruit, and retain the population(s) of focus considers the language, beliefs, norms, values, and socioeconomic factors of this/these population(s).

7. Identify any other organization(s) that will partner in the proposed project in a significant way. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner in **Attachment 1** of your application. **If these letters are not included in Attachment 1 of the application, the application will be screened out and will not be reviewed.**

8. State 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. Justify that this per-unit cost is reasonable and will provide high quality services that are cost effective.

   [NOTE: 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; and 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.]

10. Describe your plans for providing viral hepatitis testing and treatment for all clients testing positive for viral hepatitis (B or C). Specify whether these services will be provide on- or off-site.

11. Describe how the proposed activities will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (go to http://ThinkCulturalHealth.hhs.gov). Select one element of each of the CLAS Standards: 1) Governance, Leadership and Workforce; 2) Communication and Language Assistance; and 3) Engagement, Continuous Improvement, and Accountability, and specifically describe how these activities will address each element you selected.

Section D: Staff and Organizational Experience (10 points)

1. Discuss the capability and experience of the applicant organization with similar projects and populations. Demonstrate that the applicant organization has 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. Discuss the capability and experience of other partnering organizations with similar projects and populations. Demonstrate that other partnering 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. If you are not partnering with any other organizations, indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Project Director and other staff, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and other staff.

4. Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.

5. Describe how your staff will elicit the input of 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 FOA.

2. Describe your specific plan for:
   - data collection,
   - management,
   - analysis, and
   - reporting.

   The data collection plan must specify the staff person(s) responsible for tracking the measurable objectives that are identified in your response to question B1.

3. Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this FOA and document your ability to conduct the assessment.

4. Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, and how any necessary adjustments to the implementation of the project will be made.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources)

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in Appendix IV - Sample Budget and Justification, of this document. **It is highly recommended that you use the Sample Budget format in Appendix IV. This will expedite review of your application.**

Be sure that your proposed budget reflects the funding limitations/restrictions specified in Section IV-3. **Specifically identify the items associated with these costs in your budget**.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See PART II: Appendix B – Guidance for Electronic Submission of Applications.)

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

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over $150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds;
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size; and
- the specific drug court model (Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts) presented in the application and the number of applications received per model type.

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 "Joint BJA/SAMHSA Enhancing Adult Treatment Drug Court Services, Coordination, and Treatment" for FY 2016. 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 2016 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 use disorder treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-using 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-2016.

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.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act requires the development and maintenance of an information system that contains specific information on the integrity and performance of covered federal agency contractors and grantees. The Federal Awardee Performance and Integrity Information System (FAPIIS) was developed to address these requirements. FAPIIS provides users access to integrity and performance information from the FAPIIS reporting module in the Contractor Performance Assessment Reporting System (CPARS), proceedings information from the Entity Management section of SAM database, and suspension/debarment information from the Performance Information section of SAM. As of January 1, 2016, both recipients and federal agencies have new reporting requirements in FAPIIS. SAMHSA will provide additional information as it becomes available. Please refer to the FAPIIS website for additional information at https://www.fapiis.gov/fapiis/index.action.

VII. AGENCY CONTACTS

For questions about program issues contact:

Jon D. Berg
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, 13E65
Rockville, Maryland 20857
(240) 276-1609
Jon.Berg@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
FOACSAT@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 funding 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 meeting these requirements.

- 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; and

- 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.[3] (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.

_____ _____

Signature of Authorized Representative Date

[3] Tribes and tribal organizations are exempt from these requirements.

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 – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	$64,890	10%	$6,489
(2) Grant Coordinator	To be selected	$46,276	100%	$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	**$52,765**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.

(3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate.

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	$52,765	$4,037
Workers Compensation	2.5%	$52,765	$1,319
Insurance	10.5%	$52,765	$5,540
		TOTAL	**$10,896**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) $10,896

C. Travel: Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	$200/flight x 2 persons	$400
		Hotel	$180/night x 2 persons x 2 nights	$720
		Per Diem (meals and incidentals)	$46/day x 2 persons x 2 days	$184
(2) Local travel		Mileage	3,000 miles@.38/mile	$1,140
			TOTAL	**$2,444**

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **$2,444**

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **$ 0**

E. Supplies: Materials costing less than $5,000 per unit (federal definition) and often having one-time use.

FEDERAL REQUEST

Item(s)	**Rate**	**Cost**
General office supplies	$50/mo. x 12 mo.	$600
Postage	$37/mo. x 8 mo.	$296
Laptop Computer	$900	$900
Printer	$300	$300
Projector	$900	$900
Copies	8000 copies x .10/copy	$800
	TOTAL	**$3,796**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	$250/individual x 3 staff	5 days	$750
(2) Treatment Services	1040 Clients	$27/client per year		$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ $27,000 + Fringe Benefits of $6,750 = $33,750	*****Travel at 3,124 @ .50 per mile = $1,562 *****Training course $175 *****Supplies @ $47.54 x 12 months or $570 *****Telephone @ $60 x 12 months = $720 *****Indirect costs = $9,390 (negotiated with contractor)	$46,167
(4) Jane Smith	Evaluator	$40 per hour x 225 hours	12 month period	$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of $30,000 x 10% level of effort		$3,000
			TOTAL	**$86,997**

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

(1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

(2) Treatment services for clients to be served based on organizational history of expenses.

(3) Case manager is vital to client services related to the program and outcomes.

(4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.

(5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: Expenses not covered in any of the previous budget categories.

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	$15/sq.ft x 700 sq. feet	$10,500
(2) Telephone	$100/mo. x 12 mo.	$1,200
(3) Client Incentives	$10/client follow up x 278 clients	$2,780
(4) Brochures	.89/brochure X 1500 brochures	$1,335
	TOTAL	**$15,815**

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm's length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) are required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.

(3) The $10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: https://rates.psc.gov/fms/dca/map1.html. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If an organization has a federally approved rate of 10%, the approved rate would prevail.**

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe **(.08 x $63,661)** **$5,093**

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) $172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) $5,093

TOTAL: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
$177,806

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Provide the total proposed project period and federal funding as follows:

Proposed Project Period

a. Start Date: 09/30/2012 b. End Date: 09/29/2017

BUDGET SUMMARY (should include future years and projected total)

Category	**Year 1**	**Year 2***	**Year 3***	**Year 4***	**Year 5***	**Total Project Costs**
Personnel	$52,765	$54,348	$55,978	$57,658	$59,387	$280,136
Fringe	$10,896	$11,223	$11,559	$11,906	$12,263	$57,847
Travel	$2,444	$2,444	$2,444	$2,444	$2,444	$12,220
Equipment	0	0	0	0	0	0
Supplies	$3,796	$3,796	$3,796	$3,796	$3,796	$18,980
Contractual	$86,997	$86,997	$86,997	$86,997	$86,997	$434,985
Other	$15,815	$13,752	$11,629	$9,440	$7,187	$57,823
Total Direct Charges	$172,713	$172,560	$172,403	$172,241	$172,074	$861,991
Indirect Charges	$5,093	$5,246	$5,403	$5,565	$5,732	$27,039
Total Project Costs	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$177,806**	**$889,030**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.
Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see PART II: Appendix D, Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. **Be sure the budget reflects the funding restrictions in Section IV-3 of the FOA Part I: Programmatic Guidance.**

Infrastructure Development	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Infra-structure Costs**
Personnel	$2,250	$2,250	$2,250	$2,250	$2,250	$11,250
Fringe	$558	$558	$558	$558	$558	$2,790
Travel	0	0	0	0	0	0
Equipment	$15,000	0	0	0	0	$15,000
Supplies	$1,575	$1,575	$1,575	$1,575	$1,575	$7,875
Contractual	$5,000	$5,000	$5,000	$5,000	$5,000	$25,000
Other	$1,617	$2,375	$2,375	$2,375	$2,375	$11,117
Total Direct Charges	$6,000	$11,758	$11,758	$11,758	$11,758	**$53,072**

Infrastructure Development	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Infra-structure Costs**
Indirect Charges	$750	$750	$750	$750	$750	**$3,750**
Total Infrastructure Costs	**$6750**	**$12,508**	**$12,508**	**$12,508**	**$12,508**	**$56,782**

Data Collection & Performance Measurement	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Data Collection & Performance Measurement Costs**
Personnel	$6,700	$6,700	$6,700	$6,700	$6,700	$33,500
Fringe	$2,400	$2,400	$2,400	$2,400	$2,400	$12,000
Travel	$100	$100	$100	$100	$100	$500
Equipment	0	0	0	0	0	0
Supplies	$750	$750	$750	$750	$750	$3,750
Contractual	$24,950	$24,950	$24,950	$24,950	$24,950	$124,750
Other	0	0	0	0	0	0
Total Direct Charges	$34,300	$34,300	$34,300	$34,300	$34,300	$171,500
Indirect Charges	$698	$698	$698	$698	$698	$3,490
Data Collection & Performance Measurement	**$34,900**	**$34,900**	**$34,900**	**$34,900**	**$34,900**	**$174,500**

Appendix V – Adult Drug Court Model Key Components and Standards

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.

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

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.

Drug Court Standards

Over the past three decades, hundreds of evaluations of drug courts have been conducted that have demonstrated their effectiveness, as well as five meta-analyses of study findings, making drug courts one of the most rigorously tested and evaluated programs in the criminal justice field. Over the past several years, the NADCP identified 10 best practice standards[4] for adult drug courts. These standards are based on the expansive body of research spanning nearly 20 years that represents best practices in addiction, pharmacology, behavioral health treatment, and criminal justice, that, if integrated into practice, will optimize drug court operations. In support of this optimization of drug courts, BJA strongly encourages applicants, and particularly applications proposing to enhance existing drug courts, to design their proposed programs with the intention of moving toward the full incorporation of NADCP'S newly adopted standards, which represent the most current evidence-based principles and practices. The standards are as follows:

Standard 1 Target Population

Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures.

Standard 2 Historically Disadvantaged Groups

Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.

Standard 3 Roles and Responsibility of the Judge

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[4] Adult Drug Court Best Practice Standards, Volume 1. National Association of Drug Court Professionals. Allrise.org. http://www.allrise.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf (accessed December 18, 2015).

Adult Drug Court Best Practice Standards, Volume 2. National Association of Drug Court Professionals. NDCRC.org. http://www.ndcrc.org/sites/default/files/adult_drug_court_best_practice_standards_volume_ii.pdf (accessed December 18, 2015).

The Drug Court judge stays abreast of current law and research on best practices in Drug

Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.

Standard 4 Incentives, Sanctions, and Therapeutic Adjustments

Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.

Standard 5 Substance Abuse Treatment

Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

Standard 6 Complementary Treatment and Social Services

Participants receive complementary treatment and social services for conditions that co-occur with substance abuse and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.

Standard 7 Drug and Alcohol Testing

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.

Standard 8 Multidisciplinary Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.

Standard 9 Census and Caseloads

The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.

Standard 10 Monitoring and Evaluation

The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

The standards represent the cumulative body of the most current evident-based practices available to drug courts to effectively operationalize the drug court 10 key components listed below. A detailed video presentation of NADCP's drug court standards can be accessed at www.nadcp.org/Standards.

Appendix VI –Tribal Healing to Wellness Court Model Key Components

The purpose of this program is to expand and/or enhance substance abuse treatment services in problem solving courts that use the adult drug court model which includes "Tribal Healing to Wellness Courts. Tribal Healing to Wellness 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.

The Ten Components of Tribal Wellness to Healing Courts are:

Key Component #1: Tribal Healing to Wellness Courts bring together community-healing resources with the tribal justice process, using a team approach to achieve the physical and spiritual healing of the participant and the well-being of the community.

Key Component #2: Participants enter the wellness court program through various referral points and legal procedures while protecting their due process rights.

Key Component #3: Eligible substance abuse offenders are identified early through legal and clinical screening for eligibility and are promptly placed in the Tribal Healing to Wellness Program.

Key Component #4: Tribal Healing to Wellness Programs provide access to holistic, structured and, phased substance abuse treatment and rehabilitation services that incorporate culture and tradition.

Key Component #5: Participants are monitored through intensive supervision that includes frequent and random testing for alcohol and other substance use.

Key Component #6: Progressive consequences (or sanctions) and rewards (or incentives) are used to encourage participant compliance with program requirements.

Key Component #7: Ongoing judicial interaction with each participant and judicial involvement in team staffing is essential.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness to meet three purposes: providing information to improve the Healing to Wellness process; overseeing participant progress; and preparing evaluative information for interested community groups and funding sources.

Key Component #9: Continuing interdisciplinary education promotes effective wellness court planning, implementation, and operation.

Key Component #10: The development of ongoing communication, coordination, and cooperation among team members, the community and relevant organizations are critical for program success.

Tribal Healing to Wellness Courts must courts must demonstrate how they address the Key Components of Tribal Wellness to Healing Courts. Applicants are encouraged to visit the following website for more information on the key components which can be accessed at: http://www.ncjrs.gov/pdffiles1/bja/188154.pdf.

Appendix VII – 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 grant over the number you are currently serving.**

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 during 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.

- Substance usedisorder 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 use disorder 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 use disorder treatment or to address the treatment-specific needs of clients during or following a substance use disorder 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 use disorder 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.