Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts

(Short Title: Family Treatment Drug Courts)

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-004

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: Administrative and Application Submission Requirements 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 March 3, 2017.**
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 the application deadline. Comments from the Single State Agency are due no later than 60 days after the 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) 2017 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts [Short Title: Family Treatment Drug Courts (FTDCs)]. The purpose of this program is to expand and/or enhance substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to parents with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing. Services must address the needs of the family as a whole and include direct service provision to children (18 and under) of individuals served by this project. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services promoting successful family preservation and reunification. Priority funding should address gaps in the treatment continuum for court involved individuals who need treatment for a SUD and/or co-occurring SUD and mental disorders while simultaneously addressing the needs of their children.

Funding Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts [Short Title: Family Treatment Drug Courts (FTDCs)]
Funding Opportunity Number:	TI-17-004
Due Date for Applications:	March 3, 2017
Anticipated Total Available Funding:	Up to $6,375,000
Estimated Number of Awards:	Up to 15
Estimated Award Amount:	Up to $425,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years

Eligible Applicants:	Eligible applicants include state and local governments, such as the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency with direct involvement with the family treatment drug court; Tribal Court Administrator; federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations; and individual family treatment drug courts. Family treatment drug courts that received an award under TI-15-002 (FY 2015 Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Drug Courts) are not eligible to apply for this funding opportunity. [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.

IMPORTANT: SAMHSA is transitioning to the National Institutes of Health (NIH)'s electronic Research Administration (eRA) grants system. Due to this transition, SAMHSA has made changes to the application registration, submission, and formatting requirements for all Funding Opportunity Announcements (FOAs). All applicants must register with NIH's **eRA Commons** in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

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) 2017 Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts [Short Title: Family Treatment Drug Courts (FTDCs)]. The purpose of this program is to expand and/or enhance substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to parents with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing. Services must address the needs of the family as a whole and include direct service provision to children (18 and under) of individuals served by this project. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services promoting successful family preservation and reunification. Priority funding should address gaps in the treatment continuum for court involved individuals who need treatment for a SUD and/or co-occurring SUD and mental disorders while simultaneously addressing the needs of their children.

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 in families by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of parents and children. By providing needed treatment and recovery services, this program is intended to reduce the health and social costs of substance use and dependence to the public.

The expectations of the grant are to provide funding for FTDCs to assist participants in reducing the rates of substance misuse, the severity of SUDs and co-occurring disorders, and decreasing out of home placements for children through family reunification and preservation. This, in turn, should also decrease the number of parents or guardians whose parental rights have been or will be terminated. It is expected that parents within the FTDC programs will have improved individual and family functioning as a result of receiving services. Parents will also have increased rates of employment, increased access to treatment and recovery support services for SUD and/or co-occurring SUD and mental disorders, and increased rates of treatment completion. Children will show an increase in socio-emotional, behavioral, developmental and/or cognitive functioning and will have access to comprehensive services to meet their varied needs. The award will allow current FTDCs to enhance and sustain programing by implementing evidence-based practices (EBPs) and wraparound approaches to services in order to serve participants and their families.

The FTDC grant program 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 sixth month of the project at the latest.

Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts 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.

2. EXPECTATIONS

Grant funds must be used to expand and/or enhance SUD treatment services in existing FTDCs.

Grantees should serve a minimum of 35 parents that are enrolled in the FTDC program. Grantees must also serve the children of the parents enrolled in the program. If an applicant proposes to serve fewer than 35 parents a year:

- They must provide a justification in Section B: Proposed 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 $425,000 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.

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 FTDC 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 or add a new location. Applicants must clearly state in Section B:

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 FTDC 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 B: 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 FTDCs, 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 SUDs.

In Section B: Proposed Implementation Approach of the Project Narrative, applicants must describe how they will meet the family drug court guidelines and how they are proposing to expand and/or enhance SUDs, co-occurring disorders, and recovery support services. (See Appendix F: Family Drug Court Guidelines.)

Please see Appendix G: Allowable Substance Use Disorder 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.

Required Activities:

You must use SAMHSA's service grant funds primarily to support direct services. This includes the following activities:

- Providing outreach and other engagement strategies to increase participation in, and access to treatment services for parents and their children. If you are proposing to provide only outreach and other strategies to increase access, you must show that there are treatment services available and your organization has the ability to connect families with those services.

- Providing direct treatment (including screening, assessment, and care management) services for diverse populations at risk. Treatment must be provided in outpatient, day treatment (including outreach-based services), intensive outpatient, or residential programs.

- Children of parents in family drug court may have been affected by prenatal and postnatal exposure to substance use and trauma that could result in deficits, delays, and concerns of a neurological, physical, social-emotional, behavioral, or cognitive nature. Grantees must collaborate with community partners to provide comprehensive services for children to meet their varied needs.

- Providing strategies to strengthen parent child bonding, such as home visits and supervised visits as well as family counseling to strengthen family functioning, and assist with reunification of families when children have been in out of home placement.

- Providing "wraparound"/recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve access and retention in services. [Note: Grant funds may be used to purchase such services from another provider.]

- Applicants must screen and assess clients for the presence of co-occurring mental and SUDs, 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.

Allowable Activities:

Recognizing that medication-assisted treatment (MAT) may be an important part of a comprehensive treatment plan, SAMHSA FTDC 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 SUD 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 family drug court. Applicants must affirm, in Appendix B: Statement of Assurance, that the FTDC(s) for which funds are sought will not deny access to the program to any eligible client for his/her use of FDA-approved medications for the treatment of SUDs (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 SUD;
- 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 SUD; and
- the medication was appropriately authorized through prescription by a licensed prescriber.

In all cases that MAT is utilized, 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.

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

[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

C) in accordance with state and local requirements, either on-site 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 services. 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 services. 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 B: 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 1** of their applications. Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.

Applicants also have the option of providing peer recovery support services (PRSS). **Up to 20 percent** of grant funds allocated for treatment and recovery services may be used to provide PRSS designed and delivered by individuals who have experienced a SUD or co-occurring SUD and mental disorder and are in recovery. For example, applicants requesting $200,000 for treatment and recovery services could use up to $40,000 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. 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.

Other Expectations:

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 (See PART II: Appendix E, Addressing Behavioral Health Disparities).

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.

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.

To ensure that non-state substance abuse agency applicants for SAMHSA FTDC grants continue to demonstrate evidence of working directly and extensively with the corresponding single state substance abuse agency (SSA) in the planning, implementation, and evaluation of the grant, applicants must include a letter from the SSA Director or designated representative indicating that the proposed project supports the application and confirms that the proposal conforms to the framework of the state strategy of SUD treatment. Federally recognized American Indian/Alaska Native (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.

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 EBP refers to approaches to prevention or treatment that are validated by some form of documented research evidence. However, SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix A of this document for additional information about using EBPs. In Section C of your project narrative, you will need to:

- Identify the EBPs you propose to implement for the specific population(s) of focus. Include evidence-based family and parenting interventions for children of parents with SUDs and their parents (e.g., Celebrating Families, Nurturing Families, Strengthening Families, Parent-Child Psychotherapy, etc.). Justify the use of each EBP for your population of focus. If an EBP does not exist/apply for your program/population(s) of focus, describe the service/practice you plan to implement as an appropriate alternative.

- 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. Indicate whether/how the practice(s) will be adapted for a specific population. SAMHSA encourages you to consult with an expert or the program developer to complete any modifications to the chosen EBP. This is especially important when adapting EBPs for specific underserved populations for whom there are fewer EBPs.

In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.

[Note: See PART II: Appendix C - Standard Funding Restrictions, regarding allowable costs for 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 as part of SAMHSA's Congressional Justification.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above), 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 progress report to be submitted bi-annually.

In addition to data collected on the parents, FTDC grantees should collect data on the children of parents participating in the FTDC, as well as family functioning outcomes and report it on their local performance assessment, such as the following:

- Number and type of services provided to children and additional family members.
- Number of children identified as at risk of removal from the home who are able to remain in the custody of a parent or caregiver through case closure.
- Number of children placed in out of home care.
- Average length of stay (in days) for children in out of home care/foster care.
- Re-entries to out of home care/foster care.
- Number of children reunited with parents after being removed from the home and placed in temporary placement.
- Number of children in permanent placement.
- Number of parents/guardians whose parental rights were terminated.
- Number of children who had an initial occurrence and/or recurrence of substantiated child maltreatment.
- Number of children who show an increase in socio-emotional, behavioral, developmental, and/or cognitive functioning.
- Number of substance-exposed newborns.
- Reasons for discharge from the FTDC.

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 factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual orientation/gender identity?
- Was the intervention effective in maintaining the project outcomes at six-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 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 EBP 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 bi-annual progress report.

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 B: Proposed Implementation Approach of the Project Narrative.

- Developing partnerships with the designated child welfare agency and 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 and family needs, care process, integration with the child welfare agency and related support services, and outcomes.

- Training/workforce development to help your staff or other providers in the community identify mental health or substance use 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 five-year grant period, grantees will alternate between physical, on-site grantee meetings and "virtual" grantee meetings on an alternating year basis. FY 2018 and FY 2020 are slated as years for virtual grantee meetings, and FY 2019 and FY 2021 are 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 to attend the annual grantee meeting. 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 the National Association of Drug Court Professionals (NADCP) Annual Training Conference. Applicants are encouraged to attend the NADCP Annual Training Conference or other national conference in person during the years of the virtual grantee meetings. Applicants are encouraged to consider travel, conference registration fees, and per diem costs in their budgets.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: Up to $6,375,000

Estimated Number of Awards: Up to 15

Estimated Award Amount: Up to $425,000 per year

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed $425,000 in total costs (direct and indirect) in any year of the proposed project. While applicants may apply for up to $425,000 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.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2017 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants include state and local governments, such as the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency with direct involvement with the drug court; Tribal Court Administrator; federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations; and individual family treatment drug courts that adhere to the drug court 10 key components (see Appendix E).

This grant is only intended for FTDCs. Any applications received on behalf of or from any other drug court programs (e.g., Juvenile or Adult 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 FTDCs, either through a single application or several applications. When the state/local/tribal government (city/county) or eligible entity applies on behalf of a FTDC(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 family 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 1, 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 AI/ANs 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 AI/ANs 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.

FTDCs that received an award under TI-15-002 (FY 2015 Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Drug Courts) are not eligible to apply for this funding opportunity.

Public and private nonprofit organizations, such as SUD treatment providers, have a pivotal supporting role in FTDC programs and may be sub-recipients/contractors to the applicant. However, they are not the catalysts for entry into family 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 the designated child welfare agency and selected treatment providers on the course of treatment for family drug court clients.

This grant program is not intended to provide start-up funds to create new FTDCs. Eligible drug courts must be operational on or before September 1, 2017. Operational is defined as a having a set of cases and seeing clients in the FTDC. **By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the FTDC applying for funds is operational, as defined above, on or before September 1, 2017.**

To better ensure coordination between the criminal justice and community-based SUD treatment systems, applications must include a letter from the SSA Director or designated representative indicating that the proposed project supports the application and confirms that the proposal conforms to the framework of the state strategy of SUD 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 use 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 abuse treatment provider organization must have at least two 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 two years); and

- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

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

Following application review, if your application's score is within the fundable range, the government project officer (GPO) may contact you to request that additional documentation 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: Sections I and II, 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 D of this document. **It is highly recommended that you use the sample budget format in Appendix D. 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 must be attached to your application using the Other Attachments Form from the Grants.gov application package. Additional instructions for completing these sections and page limitations for Biographical Sketches/Position Descriptions are included in PART II: Section II-3.1, Required Application Components, and Appendix D, Biographical Sketches and Position Descriptions. 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: SectionII-3.1, Required Application Components.)

- 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. Use the Other Attachments Form from Grants.gov to upload the attachments.

    - **Attachment 1**: (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) letters of commitment from these direct service provider organizations; (4) if applicants will be providing hepatitis testing off-site, provide memoranda of agreement (MOA) demonstrating linkages with appropriate treatment providers; (5) the Statement of Assurance (provided in Appendix B 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 two-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; (6) letters of commitment from each family drug court judge when multiple jurisdictions are applying within one application [See Section III-1, Eligible Applicants]; and (7) a letter of support from the designated child welfare agency expressing their support and willingness to participate and collaborate with the project. **(If the Letters of Commitment from each partner and the letter of support from the designated child welfare agency are not included in Attachment 1, the application will be screened out and will not be reviewed.)**

- **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**: Copy of letter to the SSA transmitting the PHSIS (if applicable; see PART II: Appendix B, Intergovernmental Review (E.O. 12372) Requirements).

- **Attachment 5**: Applicants must include a letter from the SSA Director or designated representative indicating that the proposed project supports the application and confirms that the proposal conforms to the framework of the state strategy of SUD treatment. 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.**

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 3, 2017.**

IMPORTANT: Due to SAMHSA's transition to NIH's eRA grants system, SAMHSA has made changes to the application registration, submission, and formatting requirements.

Please be sure to read PART II of this FOA very carefully to understand the requirements for SAMHSA's new grant system. Applicants will need to register with NIH'S eRA Commons in order to submit an application. Applicants also must register with the System for Award Management (SAM) and Grants.gov (see PART II: Section I-1 and Section II-1 for all registration requirements).

Due to the new registration and application requirements, it is strongly recommended that applicants start the registration process **six (6) weeks in advance** of the application due date.

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 medications as part of 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 services.

- If elected, up to 20 percent of grant funds allocated for treatment and recovery services to provide PRSS designed and delivered by individuals who have experienced a SUD and/or co-occurring SUD and mental disorder and are in recovery.

Be sure to identify these expenses in your proposed budget.

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

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

All SAMHSA grant programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See PART II: Appendix B for additional information on these requirements as well as requirements for the Public Health System Impact Statement.

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, 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.

- 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 individuals with a SUD and/or co-occurring SUD and mental disorders who have had a dependency petition filed against them or are at risk of such filing and their children (18 and under) 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 for parents, children, and families, and document the extent of the need (i.e., drug exposed newborns, family reunification rates, lack of access to treatment services for parents, lack of mental health services for children, poor family functioning, etc.) 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.

Section B: Proposed Implementation Approach (30 points)

1. Describe the purpose of the proposed project, including its goals and measureable objectives. These must relate to the intent of the FOA and performance measures you identify in Section E: Data Collection and Performance Measurement.

2. Provide a chart or graph depicting a realistic time line for the entire five 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. [NOTE: Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than six months after grant award. The time line should be part of the Project Narrative. It should not be placed in an attachment.]

3. Describe how the proposed service or practice and key activities in your timeline will be implemented. You must also address how the FTDC model guidelines (see Appendix F for the FTDC Guidelines) are included in your program design. If a particular characteristic of the FTDC model is missing, you must provide a justification for not including it.

4. Describe how you will identify, recruit, and retain parents, children and their families, and how this approach will take into consideration the language, beliefs, norms, values, and socioeconomic factors of this/these population(s).

5. Describe how you will provide direct treatment (including screening, assessment, and care management) services and "wraparound"/recovery support services (e.g., child care, vocational, educational, and transportation services).

6. Describe how children will be screened, assessed, and provided treatment and how you will collaborate with community partners to provide comprehensive services to children.

7. Describe what strategies will be used to strengthen parent child bonding, such as home visits and supervised visits as well as family counseling to strengthen family functioning, and assist with reunification of families when children have been in out of home placement.

8. Describe how services will be coordinated with the child welfare agency around case management, safety planning, reunification, and how information will be shared across systems.

9. Indicate whether your proposed project will expand (i.e., increase access and availability of services to a larger number of clients) and/or enhance family drug court services (i.e., improve the quality and/or intensity of services). Indicate

whether your proposal to provide services to children of parents served is an enhancement of your current program design.

10. 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 parents, children, and their families. Information on trauma and violence is available at http://www.samhsa.gov/trauma-violence.

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 from 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.

12. Describe how you will screen and assess parents for the presence of co-occurring mental and SUDs and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the parents identified as having such co-occurring disorders.

13. Identify any other organization(s) that will partner in the proposed project. Describe their specific roles and responsibilities. Demonstrate their commitment to the project by including Letters of Commitment from each partner with your application. Include a letter of support from the designated child welfare agency with your application. **If Letters of Commitment from each partner and the letter of support from the designated child welfare agency are not included in Attachment 1 of the application, the application will be screened out and will not be reviewed.**

14. State the unduplicated number of individuals (parents, children, and other family members) you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request. If you are proposing to serve fewer than 35 parents a year, you must provide a justification that details why you cannot meet the minimum expectation. You are also required to include the numbers to be served by race, ethnicity, gender (including transgender populations), and sexual orientation. **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.

15. 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 parents and their families. If you do not

plan to use grant funds for infrastructure development, indicate so in your response.

16. 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 provided on- or off-site.

Section C: Proposed Evidence-Based Service/Practice (25 points)

1. Describe EBPs that will be used. Include evidence-based family and parenting interventions for parents with SUDs and their children. 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. 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.

2. 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.

3. Describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

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

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.

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

4. Discuss how key staff members 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 members 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 ensure 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 measureable 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 these data will inform the ongoing implementation of the project.

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 D - Sample Budget and Justification, of this document. **It is highly recommended that you use the Sample Budget format in Appendix D. This will expedite review of your application.**

Be sure 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: Section II-3.1, Required Application Components.)

REQUIRED SUPPORTING DOCUMENTATION

Section F: Biographical Sketches and Position Descriptions.

See PART II: Appendix D, 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. **Failure to include these procedures will impact the review of your application.** See Appendix C 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 CSAT'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
- In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application, SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently the Federal Awardee Performance and Integrity Information System (FAPIIS)]

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. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a progress report to be submitted bi-annually. SAMHSA will provide grantees with reporting due dates and guidelines at the time of award and at the initial grantee orientation meeting after the award.

VII. AGENCY CONTACTS

For questions about program issues contact:

Amy Romero
Center for Substance Abuse Treatment, Division of Services Improvement
Substance Abuse and Mental Health Services Administration
(240) 276-1622
Amy.Romero@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
(240) 276-1412
FOACSAT@samhsa.hhs.gov

Appendix A – 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 EBP(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 EBP over other evidence-based practices.

- If applicable, justify the use of multiple EBPs. Discuss how the use of multiple EBPs 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 (EBPs):

You will find information on EBPs 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 EBPs 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 C – Standard Funding Restrictions, regarding allowable costs for EBPs.]

Appendix B – 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 two 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 two 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.

- for the treatment drug court(s) for which funds are sought will not: 1) deny any appropriate and eligible client for the family treatment drug court access to the program because of their use of FDA-approved MAT medications (e.g., methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) that is in accordance with an appropriately authorized prescribed by a physician's prescription; and 2) mandate

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

that a drug court client no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a physician's recommendation or prescription.

_____ _____

Signature of Authorized Representative Date

Appendix C – 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 users, 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 obtain 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 D – 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 use, 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 arms 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: 09/30/2017 b. End Date: 09/29/2022

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 C – Standard 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.**

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	0	0	0	0	0	0
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	$11,000	$11,758	$11,758	$11,758	$11,758	$58,032
Indirect Charges	$750	$750	$750	$750	$750	$3,750
Total Infrastructure Costs	**$11,750**	**$12,508**	**$12,508**	**$12,508**	**$12,508**	**$61,782**

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
Total Data Collection & Performance Measurement Costs	**$34,998**	**$34,998**	**$34,998**	**$34,998**	**$34,998**	**$174,990**

HIV Rapid Testing	Year 1	Year 2	Year 3	Year 4	Year 5	Total HIV Rapid Testing Costs
Personnel	$2,250	$2,250	$2,250	$2,250	$2,250	$11,250
Fringe	0	0	0	0	0	0
Travel	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Supplies	$2,000	$2,000	$2,000	$2,000	$2,000	$10,000
Contractual	$3,000	$3,000	$3,000	$3,000	$3,000	$15,000
Other	$2,500	$2,500	$2,500	$2,500	$2,500	$12,500
Total Direct Charges	$9,750	$9,750	$9,750	$9,750	$9,750	$48,750
Indirect Charges	$750	$750	$750	$750	$750	$3,750
Total HIV Rapid Testing Costs	**$10,500**	**$10,500**	**$10,500**	**$10,500**	**$10,500**	**$52,500**

MAT FDA Approved Medications	Year 1	Year 2	Year 3	Year 4	Year 5	Total MAT FDA Approved Medications 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
Total MAT FDA Approved Medications Costs	**$34,998**	**$34,998**	**$34,998**	**$34,998**	**$34,998**	**$174,990**

Viral Hepatitis (B and C) Testing	Year 1	Year 2	Year 3	Year 4	Year 5	Total Viral Hepatitis (B and C) Testing Costs
Personnel	0	0	0	0	0	0
Fringe	0	0	0	0	0	0
Travel	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Supplies	$2,000	$2,000	$2,000	$2,000	$2,000	$10,000
Contractual	0	0	0	0	0	0
Other	$2,500	$2,500	$2,500	$2,500	$2,500	$12,500
Total Direct Charges	$4,500	$4,500	$4,500	$4,500	$4,500	$22,500
Indirect Charges	$450	$450	$450	$450	$450	$2,250
Total Viral Hepatitis (B and C) Testing Costs	**$4,950**	**$4,950**	**$4,950**	**$4,950**	**$4,950**	**$24,750**

Peer Recovery Support Services (PRSS)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total Peer Recovery Support Services (PRSS) 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	0	0	0	0	0	0
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	$11,000	$11,758	$11,758	$11,758	$11,758	$58,032
Indirect Charges	$750	$750	$750	$750	$750	$3,750
Total Peer Recovery Support Services (PRSS) Costs	**$11,750**	**$12,508**	**$12,508**	**$12,508**	**$12,508**	**$61,782**

Appendix E – Key Components of Drug Courts and Standards

In January 1997, the Drug Courts Program Office (DCPO), Office of Justice Programs, released *Defining Drug Courts: The Key Components,* which describes the 10 key components of a drug court and provides performance benchmarks for each component. It was developed through a cooperative agreement between DCPO and the National Association of Drug Court Professionals, which convened the Drug Court Standards Committee. The report is available online at http://www.ndci.org/sites/default/files/nadcp/Key_Components.pdf.

Ten Key Components of a Drug Court

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.

2. Using a nonadversarial approach, prosecution, and defense counsel promote public safety while protecting participants' due process rights.

3. Eligible participants are identified early and promptly placed in the drug court program.

4. Drug courts provide access to a continuum of alcohol, drug, and related treatment and rehabilitation services.

5. Abstinence is monitored by frequent alcohol and other drug testing.

6. A coordinated strategy governs drug court responses to participants' compliance.

7. Ongoing judicial interaction with each drug court participant is essential.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

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, SAMHSA 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

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.

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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).

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 EBPs available to drug courts to effectively operationalize the drug court 10 key components. A detailed video presentation of NADCP's drug court standards can be accessed at www.nadcp.org/Standards.

Appendix F – Family Drug Court Guidelines

Published in 2013 and revised in 2015, *Guidance to States: Recommendations for Developing Family Drug Court (FDC) Guidelines,* provides information on best practices and collaborative principles to develop and sustain FDCs and incorporates up-to-date research supporting key strategies. For the complete description of the guidelines, please visit: http://www.cffutures.org/resources/publications/guidance-states-developing-family-drug-court-guidelines.

Family drug courts must demonstrate how they will address each guideline listed below:

- **Create a Shared Mission and Vision** – The development of the mission and vision of a FDC should be a collaborative effort across systems and partners should work together to develop shared goals and identify conflicting values. The mission and vision should encapsulate the family dynamic by understanding that only treating a single member of the family is not enough.

- **Develop Interagency Partnerships** – The families in the FDC are in need of various services to address the multitude of issues affecting healthy family functioning. FDCs should develop partnerships with community providers such as mental health treatment, domestic violence agencies, Court Appointed Special Advocates (CASA) for children, primary and oral health care providers, child care, housing, transportation, and employment-related services.

- **Create Effective Communication Protocols for Sharing Information** – FDCs need to create effective communication protocols at the case and systems level to have comprehensive information sharing with all partners and across systems.

- **Ensure Interdisciplinary Knowledge** – Cross-training is an important element for effective bridging of systems that are collaborating to better serve families and children. Cross-training establishes an integral and unified understanding of the effects of substance use on child abuse and neglect; the most up-to-date research and science on the relevant topics affecting the systems; the legal requirements of each system; and the goals, objectives, and operational components of the FDC.

- **Develop a Process for Early Identification and Assessment** – Due to requirements that limit the time parents have to reunify with their children, it is important to streamline the process of screening and assessment. Screening for parental SUD and whether it was a factor on alleged child neglect and abuse should occur as soon as, or before, a dependency case is filed in family court.

- **Address the Needs of Parents** – Engagement, retention, and meeting the needs of parents is a collaborative effort that needs to be reflected in coordinated child welfare case plans and treatment plans as well as increased partnerships

within the community and the FDC so that comprehensive services and supports can be established.

- **Address the Needs of Children** – Children of parents in drug court may have been affected by prenatal and postnatal exposure to substance use and trauma that could result in deficits, delays, and concerns of a neurological, physical, social-emotional, behavioral, or cognitive nature. FDCs need to collaborate with community partners to provide comprehensive services for children to meet their varied needs.

- **Garner Community Support** – It is important for a FDC to develop community partnerships, whether formal or informal, to comprehensively service children and families while building a network of collaboration at the organizational level.

- **Implement Funding and Sustainability Strategies** – FDCs should ensure sustainability through assuring adequate resources through funding and the optimal use of existing resources; reviewing and modifying the policies and procedures to optimize program effectiveness; and developing community outreach, education, and partnerships.

- **Evaluate Shared Outcomes and Accountability** – The entire FDC team is responsible for evaluation, accountability and to establish mutual performance measures. Each team member is then responsible to evaluate these measures within their organization and share the outcomes with the rest of the team.

Appendix G – Allowable Substance Use Disorder 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 or add a new location. **Applicants must clearly state in Section B: 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 B: 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.

- SUD 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 SUD treatment services you must clearly identify these services or treatment modality as such in Section B of the Project Narrative.]

- In addition to the core services/treatment to be provided, wraparound services supporting the access to and retention in SUD treatment or to address the treatment-specific needs of clients during or following a SUD treatment episode (See below under “Recovery Support Services”) may be funded. Wraparound 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 families. Examples of possible community linkages include, but are not limited to:

- Primary medical and dental care;
- SUD 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; and
- 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.

RSSs 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 RSSs 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; and
- Substance abuse education.

Definitions for RSSs:

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 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.