Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Fiscal Year 2017
Funding Opportunity Announcement

Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

Jon Berg M.Ed., LCPC
Senior Criminal Justice Project Officer

October 27, 2016
Presentation Outline

• Overview of SAMHSA/CSAT FY2017 Adult Treatment Drug Courts and Tribal Healing to Wellness Courts Funding Opportunity Announcement (FOA) - TI-17-001, Parts I and II. (Page numbers referred to in these slides are for Part I, unless otherwise noted.)

• Questions and Answers
Overview of the FY17 Adult Treatment Drug Courts and Tribal Healing to Wellness Courts
Funding Opportunity Announcement (FOA) - TI-17-001

• **Purpose:** The purpose of this program is to expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to defendants/offenders.

• **Due Date:** December 12, 2016
• **Available Funding:** Up to $18,230,000
• **Estimated Number of Awards:** Up to 56
• **Estimated Award Amount:** Up to $325,000
• **Length of Project Period:** Up to 3 years
Access and Review of Solicitation

• The Adult Treatment Drug Courts and Tribal Healing to Wellness Courts FY17 Competitive Grant Announcement Part I and II can be accessed on SAMHSA’s website at: http://www.samhsa.gov/grants/
• You must respond to the requirements in the FOA, Part I and II in preparing your application.
• You must use the forms in the application package to complete your application.
• Note: Additional materials are available to assist you in completing your application on this posting.
Access and Review of Solicitation (cont.)

• FY 2017 Funding Opportunity Announcement (FOA):
  • PART I: Programmatic Guidance
  • PART II: Administrative and Application Submission Requirements for Discretionary Grants and Cooperative Agreements

• Read them both completely and carefully.
Applicants are required to complete **four (4)** registration processes:

- Dun & Bradstreet Data Universal Numbering System (to obtain a DUNS number);
- System for Award Management (SAM);
- Grants.gov; and
- eRA Commons. (Part II – p. 3)

If you haven’t started these processes, start today.
Submit Application

• You **must** submit your application through Grants.gov.

• All applications that are successfully submitted must be validated by Grants.gov before proceeding to the NIH eRA Commons system and validations.

• If for some reason your application is not accepted, you will receive a subsequent notice from Grants.gov indicating that the application submission has been rejected.

• Correct any errors and resubmit through Grants.gov. (Part II, pp. 4, 8, 12)
Submit Application (cont’d)

• If no errors are found by Grants.gov, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further SAMHSA processing. If there are errors, the applicant will be notified of the problems found in the application. The applicant then must take action to make the required corrections, and re-submit the application through Grants.gov before the application due date and time.

• Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application is complete and error-free. (Part II, pp. 4, 8, 12)
Eligibility is limited to tribal, State and local government entities with direct involvement with the drug court/tribal healing to wellness court, such as:

- Tribal Court Administrators
- Administrative Office of the U.S. Courts
- Single State Agency for Alcohol and Drug Abuse
- Designated State Drug Court Coordinator, or
- Local governmental unit such as county or city agency with direct involvement with the drug court
- Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations; and
- Individual adult treatment drug courts
Important to Note:

- Public and private nonprofit organizations, such as substance use disorder treatment providers, have a pivotal supporting role in treatment drug court programs and may be sub-recipients/contractors to the applicant. However, they are not the catalysts for entry into drug courts and are, therefore, restricted from applying. (p. 18)

- 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 drug court. (p. 19)
Caution – Screen outs

- Your organization **must** be a tribal, state, or local government entity or an adult treatment drug court.
- Juvenile or Family Dependency Treatment Drug Courts will be screened out.
- If your application includes multiple jurisdictions or dockets you **must** include letters of commitment from each drug court judge and include in Attachment 1. (p. 18)
Caution – Screen outs (cont’d)

• Your application **must** provide:
  – At least one experienced, licensed mental health/substance abuse treatment provider organization in Attachment 1. (p. 21)
  – Letters of commitment from all identified direct service provider organizations (e.g., substance use disorder treatment, substance abuse prevention, mental health) that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider. (pp. 19 & 21)
  – A letter from the State Substance Abuse Agency (SSA) or designated representative in Attachment 5, **unless** the applicant organization is the SSA or federally recognized AI/AN tribe/tribal organization. (pp. 13, 19, and 22)
Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition. (p. 6)
Grantees will be expected under this grant program to:

• Expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model. (p. 8)
Grantees will be expected under this grant program to:

• Provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective substance use disorder treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties.

• Address gaps in the continuum of treatment for those individuals in these courts who have substance use disorders or co-occurring substance use and mental disorders (COD) treatment needs. (p. 6)
Proposed Implementation Approaches:

- **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.

- **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. (p. 8)
Grantees must serve a minimum of 40 clients per year. If an applicant proposed to serve fewer that 40 clients a year:

- They must provide a justification in Section B: Implementation Approach that details why they cannot meet the minimum expectation.
- They should consider applying for less than the maximum award amount of up to $325,000 per year. Applicants are encouraged to apply only for the grant amount which they can reasonably expend based on the activities proposed in their application, including the number of clients they propose to serve annually. (p. 8)
Grant funds should not be used for the general operation and management of treatment drug courts, including salaries for staff such as judges, court clerks, probation officers, and staff who are not actively involved in the therapeutic process, or referral to and entry into treatment for substance use disorders. (p. 8)
Review of FOA
Required Activities and Services (cont.)

• Applicants **must** describe how they will meet the key components of the drug court model(s) in which they are proposing to expand and/or enhance substance use disorders, co-occurring disorders, and recovery support services.

• Applicants **must** screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders. (p. 9)
Medication-assisted Treatment Services

• MAT is an evidence-based substance use disorder treatment protocol.

• SAMHSA supports the right of individuals to have access to FDA-approved medications under the care and prescription of a physician.

• Grantees are encouraged to use **up to 20 percent** of the annual grant award to pay for Food and Drug Administration (FDA)-approved medications when the client has no other source of funds to do so. (p. 9)
Applicants must affirm, in Appendix B: Statement of Assurance, that the treatment drug court(s) for which funds are sought will not deny access to the program to any eligible client for the treatment drug court because of his/her use of FDA-approved medications for the treatment of substance use disorders.

In all cases, MAT must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. (p. 9)
• 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. (p. 10)
Allowable Activities

- **Up to 10 percent** of grant funds allocated for treatment and recovery services may be used to provide peer recovery support services designed and delivered by individuals who have experienced a substance use disorder or co-occurring substance use and mental disorder and are in recovery.

- “Peers” may include but are not limited to: peer mentors, peer navigators, forensic peers, and family members of those in recovery. (p. 11)
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. (p. 14)
Data Collection and Performance Measurement (cont.)

• This information will be gathered using 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, along with instructions for completing it. (see further instructions for access on page 14)

• No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections 1-2.2 and 2.3. (pp. 14-16)
Grantees will be required to report performance on the following performance measures:

- Number of individuals served
- Abstinence from substance use
- Housing stability
- Risk behaviors
- Employment
- Social connectedness
- Criminal justice involvement (p. 14)
Data Collection and Performance Measurement (cont. 3)

• Grantees are expected to:
  o Collect data via face-to-face interviews using the GPRA tool at three data collection points; intake to services, six months post intake, and at discharge.
  o Achieve a 6-month follow-up rate of 80%.
  o Submit all data via the data collection tool.

• Grantees will be provided training on the GPRA tool and the data collection tool. (p. 14)
Performance Assessment

• Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

• At a minimum, the performance assessment should include the required performance measures identified in Sections I.2.2 and I.2.3. (p.14-15)
Evaluation Criteria:

• The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E (pp. 24-28).
• Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E. (p. 24)
• Section B: Proposed Implementation Approach – no number 9. Respond according to numbers listed. (p. 26)
Submission Dates and Times

• Applications are due by **11:59 PM** (Eastern Time) on **December 12, 2016**.

• 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). (p. 22)
Final Points

- **Read** the FOA, Parts I and II
- **Understand** the FOA
- **Reread** the FOA very carefully and respond to each requirement directly and fully.
- **Use** appropriate forms as outlined in the FOA and available on the SAMHSA website.
Questions and Answers
Session
???????