



**Joint BJA/SAMHSA
Adult Drug Court Services, Coordination,
and Treatment
FY 2014 Competitive Grant Announcement
Requirements Resource Guide**

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Introduction

About the Requirements Resource Guide

Applicants should review this document carefully to address all required factors in their proposal. This publication provides required and supplemental guidance for the fiscal year (FY) 2014 Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment. This is a joint funding initiative of the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) and the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Assistance With the Proposal

For specific information about the Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment, contact:

- The BJA Justice Information Center at 1–877–927–5657, via e-mail to JIC@telesishq.com, or by [live web chat](#). The BJA Justice Information Center hours of operation are 8:30 a.m. to 5:00 p.m. eastern time, Monday through Friday, and 8:30 a.m. to 8:00 p.m. eastern time on the solicitation close date.
- For assistance with SAMHSA program-specific requirements, contact Jon Berg, SAMHSA Public Health Advisor at 240–276–1609 or by e-mail at jon.berg@samhsa.hhs.gov.
- For assistance with financial/fiscal SAMHSA-specific requirements of this solicitation, contact Eileen Bermudez, Grants Management Specialist, at 240–276–1412 or by e-mail to eileen.bermudez@samhsa.hhs.gov.

For general information about BJA programs and training and technical assistance, contact BJA at 202–616–6500 or visit the BJA home page at www.bja.gov.

Background: The Drug Court Movement

In 1989, troubled by the increasing impact of drugs and drug-related crime on their criminal justice systems, several communities began experimenting with an approach to low-level drug offenses that brought significant change to the way the court system operates. Miami, Florida established the first known drug court in the country. This new approach integrated substance abuse treatment, sanctions, and incentives with case processing to place nonviolent drug-involved defendants in judicially supervised programs.

Since 1989, more than 2,600 courts have implemented or plan to implement a drug court within their community to address the problems of substance abuse and drug-related crime. Local coalitions of judges, prosecutors, defense attorneys, treatment professionals, law enforcement officials, and other community stakeholders use the court to structure services, including escalating sanctions and providing mandatory drug tests, treatment, and strong aftercare programs to help offenders remain drug- and crime-free. Originally implemented among the adult offender population, the success of drug courts over the past 24 years has led to the approach being adapted to accommodate juvenile, tribal, and family populations.

In 1994, Congress joined local communities in supporting the drug court philosophy to rehabilitate offenders while holding them accountable for their actions. By enacting Title V of the Violent Crime Control and Law Enforcement Act of 1994, Public Law 103-322, 108 Stat. 1796 (September 13, 1994), Congress authorized the U.S. Attorney General to award grants to states, state courts, local courts, units of local government, and tribal governments to establish drug courts. The authority was delegated to the Assistant Attorney General, Office of Justice Programs (OJP). In 1995, the Drug Courts Program Office (DCPO) was established by OJP to administer the Drug Court Discretionary Grant Program and to provide training, financial and technical assistance, and related programmatic guidance and leadership to communities interested in implementing drug courts. A modified program was authorized under the U.S. Department of Justice Appropriations Authorization Act, Public Law 107-273, 116 Stat. 1758 (November 8, 2002) as Part EE of the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act). In FY 2003, BJA began administering the Drug Court Discretionary Grant Program.

Partnership with Treatment

For drug courts to be most effective, judges, court personnel, treatment providers, and treatment coordinators partner together to assist in the development of treatment, rehabilitation, and supervision plans for each defendant based on a clinical assessment or diagnostic process. Lengths of stay in treatment and in aftercare are factors associated with positive outcomes and, in particular, with the cessation of drug use, reduction in recidivism rates, and improvement in educational and employment status and family relationships.

In coordination with the drug court judge and other court personnel, treatment and case management personnel assess clients' treatment needs, track their progress in treatment programs, and determine appropriate levels of treatment services. Supportive social services provide drug court staff with links to employment, educational/vocational placement, family counseling, and housing placement assistance for drug court participants.

Drug court practitioners understand that drug addiction is a complex, chronic, relapsing disease and that a comprehensive, sustained continuum of therapeutic interventions and services can increase clients' periods of abstinence and reduce the rate of relapse, rearrest, and incarceration. Therapeutic interventions and services include prompt intake and assessment, detoxification, substance abuse treatment ranging from outpatient to residential services, and a strong focus on therapeutic relapse prevention methodologies.

Key Components of Drug Courts

In January 1997, DCPO released *Defining Drug Courts: The Key Components*, a report based on experiences from the drug court field. The report 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. This committee was comprised of drug court practitioners throughout the nation and included judges, prosecutors, defense attorneys, treatment providers, pre-trial service officers, and probation officers. The Conference of Chief Justices, the Conference of State Court Administrators, and several states have adopted the following key components. The report is available online at www.ncjrs.gov/pdffiles1/bja/205621.pdf.

Tribal drug courts should reference BJA, in partnership with the Tribal Law and Policy Institute's, publication titled [Tribal Healing to Wellness Courts: The Key Components](#).¹

Note: Applicants must demonstrate that eligible drug court participants promptly enter the drug court program following a determination of their eligibility. A required initial period of incarceration will be grounds for disqualification unless the period of incarceration is mandated by statute for the offense in question. In such instances, the applicant must demonstrate the offender is receiving treatment services while incarcerated if available and begins drug court treatment services immediately upon release.

What an Application Must Include

It is strongly recommended that applicants use appropriate, descriptive file names (e.g., "Program Narrative," "BJA Budget and Budget Narrative," "SAMHSA Budget and Budget Narrative," "Timelines," "Confidentiality and Participant Protection," "Resumes") for all required attachments. It is strongly recommended that all resumes be included in a single file.

Standard Form 424 (BJA)

The Standard Form (SF) 424 will serve as the face page of the application and must be completed for the BJA-funded portion of this application. The SF 424 pages should not be numbered and should be the first pages of the grant application. (Note: Applicants must provide a DUNS number to apply for a grant or cooperative agreement from the federal government.)

Please visit www07.grants.gov/assets/SF424Instructions.pdf for instructions on how to complete SF 424 for BJA funding.

NOTE: An SF-424 must be completed for SAMHSA funding and should be included in Attachment 4.

Attachment 1: Abstract, Table of Contents, and Program Narrative

Abstract

Page 1 of Application.

The first page of the program narrative must include an abstract. This page does not count toward the 30-page limit for the program narrative. The abstract must include the project name, population to be served, strategies/interventions proposed, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project. The first five lines or less of the abstract should contain a summary of the project. Please note: This summary could be used, if the project is funded, in publications, reports to Congress, and/or in press releases. In addition, the abstract must affirm that the 10 key components of a drug court are, or will be, met and must indicate which of the 7 evidence-based design features is proposed in the application. When writing the abstract, please note any corresponding page numbers where features are highlighted in the application.

¹ Tribal Law & Policy Institute, *Tribal Healing to Wellness Courts: The Key Components*, NCJ 188154. Washington, DC: U.S. Department of Justice, Bureau of Justice Assistance, 2003. www.ncjrs.gov/pdffiles1/bja/188154.pdf.

Sample Abstract: The (*jurisdiction name*) is requesting Joint Adult Drug Court Grant Program funds in the amount of (*list separately the total federal amount requested for SAMHSA, which cannot exceed \$975,000 for all three years combined and the total amount requested for BJA, which cannot exceed \$300,000*) to enhance an adult drug court to assist nonviolent offenders with successful rehabilitation from the use of drugs and/or alcohol. The population to be served is/are (*population of focus*). X number of clients will be served with SAMHSA funding each year of the grant for a total of X number of clients over the lifetime of the project. X number of clients will be served with BJA funding each year of the grant for a total of X number of clients over the lifetime of the project. The proposed intervention(s) is/are (*list the strategies/interventions proposed*). The goals and objectives of the project are as follows: (*list goals and objectives*). This will be accomplished by (*list relevant key components and design features citing page numbers where referenced*).

Table of Contents

Page 2 of Application.

Within the table of contents, make sure to include page numbers for each major section of the application and each attachment. The table of contents should be page 2 of the application. This page does not count toward the 30-page program narrative limit.

Program Narrative

Page 3 and up to Page 32 of Application.

The program narrative must respond to the solicitation and the specific Selection Criteria listed within the solicitation (pages 27-30 of the FY 2014 competitive grant solicitation) in the given order. The program narrative must be double-spaced, use a standard 12-point font (Times New Roman is preferred) with 1-inch margins, and must not exceed 30 pages. Please number pages “3 of 32” “4 of 32,” etc. Submissions that do not adhere to the format may be deemed ineligible.

Attachment 2: Budgets and Budget Narratives

Applicants must provide **TWO** separate budgets:

1. BJA Budget with a required match must clearly delineate the uses for BJA funds (not to exceed \$300,000).
2. SAMHSA Budget with no match must clearly show the use for the requested SAMHSA funds (not to exceed \$325,000 per year for a total not to exceed \$975,000 over the 3 years).

If awarded, the applicant will receive two separate grant awards (BJA award and SAMHSA award) and will be responsible for tracking the resources separately with TWO separate budgets.

Allowable Costs for BJA and SAMHSA

Required Grantee Meeting

Grantees must plan to attend an annual grantee meeting (in person or virtually). Applicants should plan to send a drug court team consisting of the judge, project director, clinical director, evaluator, and a representative of the prosecutor’s office and the defense bar to at least one

grantee meeting in each year of the grant. Applicants must include a detailed budget and narrative for this travel in their budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. Grantee meetings may coincide with other national drug court conferences. Applicants may wish to consider travel, conference registration fees, and per diem costs for other such conferences in their budgets.

BJA Budget and Budget Narrative

A sample BJA budget worksheet can be found at www.ojp.gov/funding/forms/budget_detail.pdf. If submitting a different BJA budget format, applicants must include the budget categories as listed in the sample budget worksheet.

Be sure to identify the source of the 25 percent nonfederal portion of the total drug court project costs and how matched funds will be used. Please see the OJP Financial Guide for questions pertaining to the budget, including allowable and unallowable costs, at: www.ojp.gov/financialguide/index.htm.

BJA Allowable Drug Court Services

Please note: BJA's grant funds must be used primarily to support allowable enhanced court services and coordination costs. This includes the following types of activities:

- Enhancing court operations including the development of training programs for drug court practitioners in order to improve team functioning and effectiveness, court coordination services, and the development and implementation of an automated management information system.
- Expanding or enhancing court and offender management services including drug testing, case management, judicial supervision, and community supervision.

BJA Funding Restrictions

BJA grant funds must be used for purposes supported by the program and may not be used to purchase:

- Firearms,
- Food,
- Grant-writing expenses,
- Drug dogs,
- Law enforcement equipment (e.g., body armor, handcuffs, billy clubs, pepper spray), or
- Electronic monitoring equipment.

BJA Budget Guidance

Applications should provide a Budget Detail Worksheet and Narrative that justifies or explains each budget item, how each item relates to project activities, and how the item supports the number of clients projected for in the application. Also, the following information should be provided for the following 3-year budget period:

- Complete Budget Detail Worksheet and Narrative for year 1 of the project.
- Complete Budget Detail Worksheet and Narrative for year 2 of the project.
- Complete Budget Detail Worksheet and Narrative for year 3 of the project.
- Year 1, year 2, and year 3 Budget Detail Worksheets must be uploaded to the Budget Detail Worksheet as one file. Similarly, year 1, year 2, and year 3 Budget Detail Worksheets and Narratives must be uploaded to the Budget Detail Worksheet Attachment as one file. Only the most current file uploaded as an attachment is saved as part of the application. If years 1, 2, and 3 are not attached as one file, BJA will only receive the last file attached. Note that in order for the application to be considered for funding, all year 1, year 2, and year 3 Budget Detail Worksheets and Narratives must be submitted.

The amount of federal funds requested in box A under “Estimated Funding” in Grants.gov must reflect the total amount of federal funds over the entire 3-year project period.

The amount given in box B under “Estimated Funding” in Grants.gov must reflect the entire 25 percent match requirement. Further, the Budget Detail Worksheets and Budget Narratives for each year of the 3-year project period must reflect the federal request and the match amount.

Applicants must include detailed requests for data collection and evaluation costs. The amount budgeted should be sufficient to accomplish the data collection and evaluation plans described in the application, including the preparation of research reports. Budgets should distinguish management information systems (MIS)-related costs from evaluation costs, and internal vs. external staff costs.

Please note: Federal funds allowable for this program will be 75 percent of the total project costs with a 25 percent match requirement. Match is restricted to the same uses of funds as allowed for federal funds. As required by statute, a portion of the match must be in cash. The term “portion” is not defined. Please refer to the Program Provisions: D. Match Requirements, found on page 35 of this guide for more information on this match requirement. Applicants must note clearly on the Budget Detail Worksheet the budget items that represent local match. For example, the individual items that represent local match may be indicated with an asterisk.

Sample BJA Drug Court Funding Request Budget

A. Personnel

- Only personnel who work directly for the grantee should be included in this section. All other personnel should appear under the Consultants/Contracts category (section G of this sample BJA funding request budget). For example, if the court is the grantee, the drug court coordinator should be listed under the Personnel section, but the counselors for the treatment provider should be listed under the Consultants/Contracts section.

Please note: The previous policy that prohibited the use of federal funds for the judges, prosecutors, and defense attorneys has been rescinded.

- Funds may be requested only to support new positions dedicated to the drug court.
- Personnel information must include each employee's annual salary, either as a percentage of time on the project or as a full-time equivalent (FTE) (1 FTE = 100 percent), and the duration of the grant period.

Example:

<u>Name/Position</u>	<u>Computation</u>	<u>Cost</u>
Jane Doe, Case Manager	100% time x \$20,000 annual	\$20,000 salary x 1 year

B. Fringe Benefits

- Fringe benefit costs must be provided for all allowable personnel listed in section A. The total percentage of the fringe benefit rate must be shown, along with the breakdown of that percentage.

Example:

<u>Name/Position</u>	<u>Computation</u>	<u>Cost</u>
Jane Doe, Case Manager	27.85% fringe benefit rate x \$5,570	\$20,000 annual salary x 1 year

(Fringe Benefit Rate: FICA = 6.2%; Medicare = 1.45%; Unemployment = 0.2%; Health Insurance = 20%; Total = 27.85%)

C. Travel

- BJA encourages the use of funds for the team to travel to other drug courts, even if the grantee's drug court has been operational for 1 or more years. All travel must be pre-approved by the program manager.
- Grant recipients are encouraged to use BJA funds to send a team to attend the National Association of Drug Court Professionals' (NADCP) Annual Drug Court Training Conference.
- Recipients of drug court grant funds are required to include a line item in the budget to attend trainings on MIS (if receiving federal funds to develop or implement an MIS) implementing a juvenile drug court (if implementing a juvenile program), and technical assistance. Line items for visits to an operational drug court should also be included.
- Grant recipients must follow their local travel regulations. If the grantee does not have local travel regulations itemized on the Budget Detail Worksheet, federal regulations will apply.
- All funds listed in this category must be listed individually. When locations of workshops and/or conferences are not known, applicants are asked to estimate conference travel costs, up to \$1,000 per person.

Example:

Purpose of Travel	Location	Item	Computation	Cost
Training Workshop	Unknown	Airfare	\$600 x 6 people	\$3,600
		Hotel	\$100/night x 6 people x 3 nights	\$1,800
		Meals	\$40/day x 6 people x 4 days	\$960
		Ground transportation	\$20 x 6 people	\$120

D. Equipment

- Only nonexpendable items should be listed in this category. Expendable items should be listed under Supplies (section E) or Other Costs (section H).
- Federal funds may be used to purchase equipment when current equipment either does not exist or is unable to perform the necessary tasks required in drug court operations. Prior to requesting funds for equipment, applicants must confirm that there is a need for the technology and that the equipment will be used by drug court personnel only.
- Equipment must be used 100 percent of the time for drug court purposes.
- Equipment costs should be itemized to the extent possible.

Example:

Item	Computation	Cost
Computer	\$850	\$850

E. Supplies

- It is important to distinguish between supplies and equipment; generally, supplies are expendable. Examples of expendable supplies include office supplies and drug tests.

Example:

Supply Item	Computation	Cost
Instant Urine Drug Test Kits	\$330/box x 3 boxes per year x 1 year	\$990
Office Supplies	\$200/month x 12 months	\$2,400

(pens, copy paper, staples, tape, print cartridges, desk calendars, binders)

F. Construction

- Construction is not an allowable expenditure. Minor repairs or renovations may be allowable, with approval from the BJA Director.

G. Consultants/Contracts

- This category includes costs for treatment, collateral services, and evaluation activities.
- Consultant fees in excess of \$450 per day require additional justification and approval by BJA.
- Grant recipients must follow local guidelines for sole-source procurement. Contracts of more than \$100,000 awarded without competition (regardless of whether it is federal or match funds) require a sole-source justification and approval prior to the awarding of such contracts.

Example:

<u>Name of Consultant</u>	<u>Service Provided</u>	<u>Computation</u>	<u>Cost</u>
Public Health Lab	Urine screens	\$5/each x 12 months x 100 screens/month	\$6,000

H. Other Costs

- Other costs may include rent, telephone costs, and anything else that is not classified as supplies or equipment. These costs must be new and directly related to the drug court program.

Example:

<u>Description</u>	<u>Computation</u>	<u>Cost</u>
Telephone Service	\$260/month x 12 months	\$3,120
Technical Assistance	\$1,000 x 1 year	\$1,000

I. Indirect Costs

- Grant recipients must have an approved federal indirect cost rate. The indirect cost rate is issued by the grantee’s cognizant agency; if DOJ is the cognizant agency, then OJP’s Office of the Chief Financial Officer (OCFO) will negotiate an indirect cost rate with the grantee. Local units of government that do not have a federally approved rate may apply for an

agency-established indirect cost rate. The governmental unit must, upon request, make available for review documentation supporting the rate.

J. Budget Summary

- The federal share, match, and total amount must be shown for each category.

Please note: Check all calculations and totals before sending the budget to OCFO.

Example:

<u>Category</u>	<u>Federal</u>	<u>Local</u>	<u>Total</u>
A. Personnel			
B. Fringe Benefits			
C. Travel			
D. Equipment			
E. Supplies			
F. Construction			
G. Consultants/Contracts			
H. Other Costs			
TOTAL DIRECT COSTS			
I. Indirect Costs			
TOTAL PROJECT COSTS			
Federal Request			
Nonfederal Amount			

SAMHSA Budget and Budget Narrative

SAMHSA Allowable Substance Abuse Treatment Services

SAMHSA's services grant funds must be used primarily to support allowable direct substance abuse treatment services, which includes:

- Providing direct treatment (including screening, assessment, and care management) or prevention services for diverse populations at risk. Treatment must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential programs. [Note: If you are proposing a residential program, you must identify it as such in the Project Narrative.]
- Providing "wrap-around"/recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve access and retention. [Note: Grant funds may be used to purchase such services from another provider.]

Please note: The current DOJ Drug Court Program authorizing statute requires participant payments for treatment and restitution; however, it does not allow imposing a fee on a client that would interfere with the client's rehabilitation. Applicants should include in their application provisions for determining if these costs would interfere with a client's rehabilitation.

Substance Abuse Treatment Services Infrastructure Development

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. Grantees 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, such as:

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

SAMHSA Funding Limitations/Restrictions

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at www.samhsa.gov/grants/management.aspx:

- Educational Institutions: 2 CFR Part 220 (OMB Circular A-21),
- State, Local, and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87),
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122), and
- Hospitals: 45 CFR Part 74, Appendix E.

In addition, SAMHSA's Joint Adult Drug Courts grant recipients must comply with the following funding restrictions:

- No more than **20 percent** of the total SAMHSA grant award may be used for medication-assisted treatment to pay for medication (e.g., Injectable Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine) as appropriate when the client has no other source of funds to do so.
- No more than **20 percent** of the total SAMHSA grant award may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
- No more than **15 percent** of the total SAMHSA grant award may be used for infrastructure development. For examples of allowable infrastructure activities, see the Infrastructure Development section in the Requirements Resource Guide.
- No more than **5 percent** of SAMHSA grant funds may be used for HIV rapid testing. (Note: SAMHSA grant funds may be used to purchase such services from another provider.)
- **No more than \$5,000** of SAMHSA grant funds (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing.
- When the tribal, state, county, or local government is the applicant, all grant funds awarded must be dedicated to the individual drug court with the exception of a small set aside, **not to exceed 2 percent** of the total award, that is permissible to cover the cost of administration and oversight of the grant. *This does not refer to the indirect cost rate.*

Be sure to identify these expenses in your proposed budget.

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the solicitation. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

SAMHSA 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

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 324 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. Local travel policies prevail.

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).

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 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

Item(s)	Rate	Cost
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

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

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

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

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

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

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

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

FEDERAL REQUEST

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of

focus, and will report Government Performance and Results Act (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. feet 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) is 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>.

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

=====

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**

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

Proposed Project Period

a. Start Date:	09/30/2014	b. End Date:	09/29/2017
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BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$163,100
Fringe	\$10,896	\$11,223	\$11,559	\$33,678
Travel	\$2,444	\$2,444	\$2,444	\$7,332
Equipment	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$11,388
Contractual	\$86,997	\$86,997	\$86,997	\$260,991
Other	\$15,815	\$13,752	\$11,629	\$41,196

Category	Year 1	Year 2*	Year 3*	Total Project Costs
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$517,676
Indirect Charges	\$5,093	\$5,246	\$5,403	\$15,742
Total Project Costs	\$177,806	\$177,806	\$177,806	\$533,418

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) **\$533,418**

***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 SAMHSA Funding Restrictions, regarding allowable costs.]

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows that no more than 15 percent of the total grant award will be used for infrastructure development, if necessary; no more than 20 percent of the total grant award will be used for data collection, performance measurement, and performance assessment; no more than 20 percent of the total SAMHSA grant award may be used for medication-assisted treatment to pay for medication; no more than 5 percent of SAMHSA grant funds may be used for HIV rapid testing; no more than \$5,000 of SAMHSA grant funds (when no other funds are available) may be used for viral hepatitis (B and C) testing; and when the tribal, state, county, or local government is the applicant, no more than 2 percent of the total award may be used to cover the cost of administration and oversight of the grant.

Infrastructure Development	Year 1	Year 2	Year 3	Total Infrastructure Costs
Personnel	\$2,250	\$2,250	\$2,250	\$6,750
Fringe	\$558	\$558	\$558	\$1,674
Travel	0	0	0	0
Equipment	\$15,000	0	0	\$15,000
Supplies	\$1,575	\$1,575	\$1,575	\$4,725
Contractual	\$5,000	\$5,000	\$5,000	\$15,000
Other	\$1,617	\$2,375	\$2,375	\$6,367
Total Direct Charges	\$6,000	\$11,758	\$11,758	\$29,516
Indirect Charges	\$750	\$750	\$750	\$2,250
Total Infrastructure Costs	\$6,750	\$12,508	\$12,508	\$31,766

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Total Data Collection & Performance Measurement Costs
Personnel	\$6,700	\$6,700	\$6,700	\$20,100
Fringe	\$2,400	\$2,400	\$2,400	\$7,200
Travel	\$100	\$100	\$100	\$300
Equipment	0	0	0	0
Supplies	\$750	\$750	\$750	\$2,250
Contractual	\$24,950	\$24,950	\$24,950	\$74,850
Other	0	0	0	0

Total Direct Charges	\$34,300	\$34,300	\$34,300	\$102,900
Indirect Charges	\$698	\$698	\$698	\$2,094
Data Collection & Performance Measurement	\$34,900	\$34,900	\$34,900	\$104,700

Attachment 3: Project Timeline, Resumes, and Key Staff

Project Timeline

The project timeline should be presented in a chart or graph form and provide a realistic time line for the entire project period. The chart or graph should include key activities, project goals, related objectives, activity, expected completion dates, and responsible staff.

Resumes

If any grant funds will be used to fund personnel, resumes for personnel and/or job descriptions for the positions must be submitted. Job descriptions should be no longer than 1 page each. If a person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.

Key Staff

Applicants must identify key staff and the level of effort in percent form that each identified person will be involved with the grant. Key staff members include the project director and clinical director/supervisor. This section should discuss the selected key staff’s demonstrated experience in serving the population of focus and their familiarity with the culture and language of the population of focus. If the population of focus is multicultural and multilinguistic, describe how the staff is qualified to serve this population.

Attachment 4: SAMHSA Application Forms

Applicants must complete these forms even if they were already completed for the BJA component of the application.

Attachment 4 forms can be identified in the SAMHSA Grant Application Kit, which can be found at <http://beta.samhsa.gov/grants/applying/forms-resources>.

Applications must include the following required application components listed below:

- **Face Page** – SF-424 is the face page. (Please note: For Item 11, insert CFDA # 93.243 and CFDA Title Substance Abuse and Mental Health Services Administration; for Item 12, insert Funding Opportunity # TI-14-008) (Note: Applicants must provide a Dun and

Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at www.dnb.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know if you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to www.sam.gov.**

- **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 this document.
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. Applicants must read the list of assurances provided on the SAMHSA website **and check the box marked ‘I Agree’** before signing the first page (SF-424) of the application. Applicants are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s website with the RFA and provided in the application package.
- **Certifications** – Applicants must read the list of certifications provided on the SAMHSA website **and check the box marked ‘I Agree’** before signing the face page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. Applicants must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that the applicant has obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.

- **Documentation of nonprofit status** as required in the Checklist.

Attachment 5: SAMHSA Confidentiality and Participant Protection/Human Subjects Guidelines:

Confidentiality and Participant Protection:

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

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of 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 copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.

- How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 5**, 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. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under "Applying for a New SAMHSA Grant," <http://beta.samhsa.gov/grants/applying>.

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 email at OHRP@hhs.gov, or call (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed on page 3 of this Resource Guide.

Attachment 6: Evidence of Experience and Credentials for Substance Abuse Treatment Providers and Letters of Commitment

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. Applicants must meet three additional requirements related to the provision of services.

The three requirements are:

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

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

[Note: The above requirements apply to all 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 "Statement of Assurance" below.]

Following application review, if the application's score is within the funding range, the GPO may contact the applicant to request that the following documentation be sent by overnight mail, or to verify that the documentation was submitted is complete:

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

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

SAMHSA 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 2-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.

- A letter of commitment from every mental health/substance abuse treatment service provider organization listed in Attachment 6 of the application that specifies the nature of the participation and the service(s) that will be provided.
- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years.
- Official documentation that all mental health/substance abuse treatment provider organizations: (1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR (2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.² (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: (1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR (2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Signature of Authorized Representative

Date

² Tribes and tribal organizations are exempt from these requirements.

Attachment 7: State Substance Abuse Agency Director or Designee Letter

Applicants must include a letter from the state substance abuse (SSA) director or designated representative that they support the application and confirm that the proposal conforms to the framework of the state's strategy of substance abuse treatment. A listing of the SSAs can be found on SAMHSA's web site at <http://beta.samhsa.gov/sites/default/files/ssadirectory.pdf>. This requirement does not pertain to American Indian government applicants. See below for information about the Tribal Authorizing Resolution requirement.

Attachment 8: Chief Justice, State Court Administrator, or Designee Letter

Applicants must include a letter from the chief justice of the state's highest court, the state court administrator, or a designee (e.g., the state drug or problem solving court coordinator) describing how the proposed application would enhance the statewide efforts related to problem-solving courts. A listing of the state drug and problem solving court coordinators can be found on BJA's web site at www.bja.gov/ProgramDetails.aspx?Program_ID=58. This requirement does not pertain to American Indian government applicants. See below for information about the Tribal Authorizing Resolution requirement.

Attachment 9: Tribal Authorizing Resolution (if applicable)

Tribes, tribal organizations, or third parties proposing to provide direct services or assistance to residents on tribal lands should include in their applications a resolution, a letter, affidavit, or other documentation, as appropriate, that certifies that the applicant has the legal authority from the tribe(s) to implement the proposed project on tribal lands. In those instances when an organization or consortium of tribes applies for a grant on behalf of a tribe or multiple specific tribes, then the application should include appropriate legal documentation, as described above, from all tribes that would receive services/assistance under the grant. A consortium of tribes for which existing consortium bylaws allow action without support from all tribes in the consortium (i.e., without an authorizing resolution or comparable legal documentation from each tribal governing body) may submit, instead, a copy of its consortium bylaws with the application.

Applicants that are unable to submit with the application a fully-executed (i.e., signed) copy of appropriate legal documentation, as described above, consistent with the applicable tribe's governance structure, should, at a minimum, submit an unsigned, draft version of such legal documentation as part of its application (except in cases where, with respect to a tribal consortium applicant, consortium bylaws allow action without the support of all consortium member tribes). If selected for funding, use of and access to funds will be contingent on receipt of the fully-executed legal documentation.

General Information

Additional SAMHSA Requirements

Administrative and National Policy Requirements:

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
- Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

Reporting Requirements:

In addition to the data reporting requirements listed in the solicitation, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>.

Enforcement Actions:

SAMHSA may take enforcement action based on a recipient's failure to comply with a term or condition of award. The regulations in 45 C.F.R. Part 16 govern the appeals of final written decisions in certain disputes arising under SAMHSA programs.

Publications:

If funded under this grant program, grantees are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240–276–2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that grantees:

- Provide GPO and the SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

BJA Program Provisions

The following is for informational purposes only and relates to the programmatic provisions and requirements of OJP and BJA.

A. Application for Federal Assistance (SF–424)

The Application for Federal Assistance is a standard form used by most federal agencies. This form contains 18 different items, all of which must be completed before the application is reviewed. For more information about the SF-424 form, visit the "What an Application Must Include" section of this guide.

B. Assurances

The applicant, by clicking "Accept" in the Assurances and Certifications section of [Grants.gov](https://www.grants.gov), assures that it will comply with the requirements contained in the assurances in order to receive federal funds under this program. It is the responsibility of the recipient of the federal funds to

comply with these requirements. Failure to comply may result in the withholding of funds, termination of the award, or other sanctions.

C. Certification Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements

- **Lobbying:** The applicant and its subgrantees, contractors, and subcontractors, will not use federal funds for lobbying and will disclose any lobbying activities.
- **Debarment:** The applicant and its principals have not been debarred or suspended from federal benefits and have not had any proceedings initiated against them; have not been convicted of, indicted for, or criminally or civilly charged by a government entity for fraud, violation of antitrust statutes, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and have not had a public transaction terminated for cause or default.
- **Drug-Free Workplace:** The applicant will or will continue to provide a drug-free workplace. Clicking “Accept” in the Assurances and Certifications section of [Grants.gov](https://www.grants.gov) commits the applicant to compliance with the certification requirements under 28 C.F.R. Part 69, New Restrictions on Lobbying, and 28 C.F.R. Part 67, Government-Wide Debarment and Suspension (Nonprocurement) and Government-Wide Requirements for Drug-Free Workplace (Grants). The certification will be treated as a material representation of the fact upon which reliance will be placed by the U.S. Department of Justice in making awards.

D. Match Requirements

The BJA federal share of a grant-funded project may not exceed 75 percent of the total project costs. At least 25 percent of the total project costs is a required match and must come from local sources.

Within each budget category, the applicant must clearly delineate the individual items that are match. For example, individual items that represent local match may be indicated with an asterisk. A portion of the match must be cash.

E. Single Point of Contact Review

Executive Order 12372 requires applicants from state and local units of government or other organizations providing services within a state to submit a copy of the application to the state’s Single Point of Contact (SPOC), if one exists, and if this program has been selected for review by the state. Applicants must contact their state SPOCs (www.whitehouse.gov/omb/grants_s poc) to determine whether their programs have been selected for state review. The date that the application was sent to the SPOC or the reason such submission is not required should be entered in block 3 of the Overview section of GMS.

F. Civil Rights Compliance

All recipients of federal grant funds are required to comply with nondiscrimination requirements contained in various federal laws. In the event that a court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability, or

age against a recipient of funds after a due process hearing, the recipient must agree to forward a copy of the finding to OJP's Office of Civil Rights. All applicants should consult the Assurances and Certifications required with the application funds to review the applicable legal and administrative requirements.

G. Suspension or Termination of Funding

OJP may suspend funding in whole or in part, terminate funding, or impose another sanction on a recipient for the following reasons:

- Failure to comply substantially with the statutory requirements of Part EE of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, Public Law 90-351, Title I, 82 Stat. 197, and the program guidelines issued there under, or other provisions of federal law.
- Failure to make satisfactory progress toward the goals or strategies set forth in this application.
- Failure to adhere to the requirements in the grant agreement, standard conditions, or special conditions.
- Proposing or implementing substantial plan changes to the extent that, if originally submitted, the application would not have been selected for funding.
- Knowingly filing a false certification in this application or other report or document.
- Other good cause shown.

Before imposing sanctions, OJP will provide reasonable notice to the recipient of its intent to impose sanctions and will attempt informally to resolve the problem. Hearing and appeal procedures will follow those in DOJ regulations (see 28 C.F.R. Part 18).

H. Progress and Financial Reporting Requirements

All recipients of grants awarded by BJA are required to submit quarterly Financial Status Reports and BJA drug court grantees are required to submit quarterly on performance measures through BJA's Performance Measurement Tool. On a semi-annual basis, Categorical Assistance Progress Reports are due. Additionally, recipients who expend \$500,000 or more of federal funds during their fiscal year are required to submit an organization-wide financial and compliance audit report.

Civil Rights Guidance

12-Step Program and Religious Discrimination:

Since the Safe Streets Act prohibits discrimination on the basis of religion, drug court grant recipients are prohibited from requiring individuals to participate in any substance abuse program that incorporates religious elements that are contrary to an individual's religious beliefs (mandatory participation in a substance abuse program that incorporates religious elements may also violate the U.S. Constitution). While requiring participation in some type of established

recovery program does not run counter to the Safe Streets Act, numerous courts have found 12-step programs to be religious in nature. Therefore, if a drug court grant recipient uses a 12-step program as its primary method of treatment, it is required that the recipient also identify viable, alternative secular programs, which it can make available on an equal-access basis to individuals who object to the religious tenets of the 12-step program.

Services to Limited-English-Proficient Persons:

Recipients of OJP financial assistance are required to comply with several federal civil rights laws, including Title VI of the Civil Rights Act of 1964 (Title VI) and the Safe Streets Act, as amended. These laws prohibit discrimination on the basis of race, color, religion, national origin, and sex in the delivery of services.

National origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with Title VI and the Safe Streets Act, recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. Grantees are encouraged to consider the need for language services for LEP persons served or encountered both in developing their proposals and budgets and in conducting their programs and activities. Reasonable costs associated with providing meaningful access for LEP individuals are considered allowable program costs.

The U.S. Department of Justice has issued guidance for grantees to assist them in complying with Title VI requirements. The guidance document can be accessed on the Internet at www.lep.gov, by contacting OJP's Office for Civil Rights at 202-307-0690, or by writing to the following address:

Office for Civil Rights
Office of Justice Programs
U.S. Department of Justice
810 7th Street NW., Eighth Floor
Washington, DC 20531

Racial and Ethnic Preferences in Grantee Programs:

As a result of the above statutes prohibiting discrimination on the basis of race and national origin, programs funded by OJP must not condition the delivery of benefits and services on racial classifications. Recipients, therefore, should exercise diligence and caution in attempting to target programs and services to particular racial or ethnic groups. Absent clear evidence of past discrimination by recipients, programs that use race as a criterion for participation, or for providing a service, or benefit are generally impermissible.

Glossary of Terms

Drug court:

A specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance-abusing offenders and to increase the offenders' likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, and use of appropriate sanctions and other habilitation services.

For the purposes of this solicitation, the definition of “adult drug court” shall include Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Courts, and Community Courts that serve substance-abusing adults in the respective problem-solving court.

Violent offender:

For purposes of BJA-funded adult, family, and tribal drug courts, a violent offender is a person who either:

1. Is charged with or convicted of an offense that is punishable by a term of imprisonment exceeding 1 year, during the course of which:
 - A. The person carried, possessed, or used a firearm or another dangerous weapon; and
 - B. There occurred the use of force against the person of another; or
 - C. There occurred the death of, or serious bodily injury to, any person, without regard to whether any of the circumstances described above is an element of the offense or conduct of which or for which the person is charged or convicted; or
2. Has one or more prior convictions of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm.

Please note: This definition includes recent amendments made by the Second Chance Act of 2007, Public Law 110-199. See appendix A for frequently asked questions about the violent offender definition.

Retention:

Retention is the number of drug court graduates plus current participants (numerator) divided by the number of people ever enrolled (denominator).

Grantee:

States, state courts, local courts, counties, other units of local government, or American Indian tribal governments acting directly or through an agreement with other public or private entities that receive funding under the drug court program.

State:

Any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, or the Northern Mariana Islands.

Unit of local government:

Any city, county, township, town, borough, parish, fiscal court, village, or other general purpose political subdivision of a state; an American Indian tribe that performs law enforcement functions as determined by the Secretary of the Interior; or, for the purpose of assistance eligibility, any agency of the District of Columbia government or the U.S. Government performing law enforcement functions in and for the District of Columbia and the Trust Territory of the Pacific Islands.

Indian tribe:

A tribe, band, pueblo, nation, or other organized group or community of American Indians, including any Alaska Native village or regional or village corporation (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act [43 U.S.C. 1601 et seq.]), that is recognized as eligible for the special programs and services provided by the United States to American Indians because of their special status as Indians.

Eligible applicants:

For purposes of this application, eligible applicants are states, state courts, local courts, counties, and other units of local government; American Indian tribal governments may apply directly or through other public or non-for-profit private entities. All applicants must demonstrate management and financial capabilities to effectively plan and implement projects of the size and scope described in this application. While faith- and community-based and non-for-profit agencies are not eligible applicants for drug court funding, they are encouraged to partner with applicants for delivery of services to offenders.

Examples of Recovery Support Services

Recovery Support Services

In addition to enhancing court coordination and services and providing direct treatment services, applicants may propose to provide recovery support services (e.g., child care, vocational, educational, and transportation services) designed to improve court participation and compliance as well as treatment access and retention. The current U.S. Department of Justice Drug Court Program authorizing statute requires that grants be made to programs which include these services. Applicants should clearly explain how these services will be added or be enhanced as a part of the proposed project.

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 may 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.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of*

change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

Examples of recovery support services include the following:

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

Definitions for Recovery Support Services

Transportation:

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

Employment Services and Job Training:

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

Case Management:

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

Relapse Prevention:

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

Referrals and Assistance in Locating Housing:

This includes referral to local sober houses, access to housing databases, and assistance in locating housing.

Child Care:

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

Family/Marriage Counseling and Education:

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

Peer-to-Peer Services, Mentoring, 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 help 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.

Examples of Recovery Support Service Rate Ranges

Rate ranges for selected recovery support service types.

Recovery support service type	Unit of service	Range
Most common types		
Transportation	Round trip	\$10–\$14 bus pass
Employment services or job training	Hour	\$10–\$46.79
Case management	Hour	\$10–\$56.89
Child care	Hour	\$3.85–\$12
Family, marriage counseling, and education	Hour (individual)	\$5–\$81.98
Peer-to-peer services, mentoring, coaching	Hour (individual)	\$10–\$56.89
	Hour (group)	\$15–\$20.50
Other		
Life skills	Hour	\$25–\$30
Education	Hour (individual)	\$20–\$25

Examples of Community Linkages

Applicants must demonstrate that they have developed linkages with community-based organizations with experience in providing services to these communities.

Examples of possible community linkages include, but are not limited to:

- Primary health care.
- Mental health and substance abuse treatment services.
- Community-focused educational and preventive efforts.
- Private industry-supported work placements for recovering persons.
- Faith-based organizational support.
- Mentoring programs.
- Community service.
- Support for the homeless.
- HIV/AIDS community-based outreach projects.
- Opioid treatment programs.
- Health education and risk reduction information.
- Access/referral to STD, hepatitis B (including immunization) and C, and TB testing in public health clinics.

Guidelines and Definitions for Proposed Number of SAMHSA Service Recipients

For this solicitation, the application must specify the proposed number of unduplicated clients expected to be served with SAMHSA grant funds. In estimating the number of unduplicated clients proposed for each grant year, applicants should take into account start-up costs during the early project months and any changes expected during the course of the funding period.

Service Expansion:

Expansion applications are those that propose to increase the number of clients receiving services as a result of the award. For example, a treatment facility or an outreach and pretreatment program that currently admits 50 people per year may propose to expand service capacity to be able to admit 50 additional people annually for a total of 100 people per year. Applications should clearly state the additional annual admissions anticipated by use of Adult Drug Court funds, not those now being served.

Service Enhancement:

If the application proposes to improve the quality and intensity of services—for instance, by adding state-of-the-art treatment approaches, or adding a new service to address special needs of clients—the number of people who will receive expanded services during each grant year must be specified in the Project Narrative, and the total numbers must be listed in the Abstract. Although service enhancements may not increase the number of clients being served per se, applications should specify the current and proposed number of clients who would receive the new enhancement services. Applications should not double-count clients. Some clients, for instance, may begin to receive an enhanced service near the end of year 1 and continue receiving the service into year 2. In this instance, the clients should only be counted in year 1. Numbers should not be duplicated across services. For instance, if the application proposes to enhance services through the addition of case management and employment counseling, some clients may receive both types of services; these clients should not be double-counted.

Total Number of People Served:

Each application should specify the total number of people who will receive SAMHSA grant-supported services. These numbers should not be duplicated, so that numbers stated here may not equal the sum of “enhanced” and “expansion” clients served. Even if some clients would receive both enhanced and expanded services, they should not be double-counted. The key is to count individual clients served, not provided services. To specify the total number of persons served, the application should estimate the unduplicated number of individuals who will receive grant-supported services.

A tabular format is suggested for portraying these data, but it is not required.

Using Evidence-Based Practices

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions 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 interventions 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 an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

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

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at <http://www.samhsa.gov/ebpwebguide>. 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 *Guide* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's *Guide to Evidence-Based Practices on the Web* also references another SAMHSA website, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool,

not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is “recommended” or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

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 Funding Restrictions, regarding allowable costs for EBPs.]

Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: **“Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.”** Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see “Sample Health Disparities Impact Statement” at the end of this appendix).

You also will be required to implement a data-driven quality improvement plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations:

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race,
- By ethnicity,
- By gender (including transgender), as appropriate, or
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate.

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011, <http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards. **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Sample Health Disparities Impact Statement:

1. Proposed number of individuals to be served by subpopulations in the geographic area

Access: The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in the geographic area. The disparate populations are highlighted in the narrative below.

	FY 1	FY 2	FY 3	FY 4	Totals
Direct Services: Number to be served	200	175	100	125	600
<i>By Race/Ethnicity</i>					
African American	10	9	5	6	30
American Indian/Alaska Native	1	1	0	1	3
Asian	2	2	1	1	6
White (non-Hispanic)	103	91	52	65	311
Hispanic or Latino (not including Salvadoran)	32	28	16	20	96
Salvadoran	44	37	22	28	130
Native Hawaiian/Other Pacific Islander	4	3	2	2	11
Two or more Races	4	4	2	3	13
<i>By Gender</i>					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
<i>By Sexual Orientation/Identity Status</i>					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of Middle Lake, Massachusetts is predominantly represented by first- and second-generation Latino immigrants, mainly from El Salvador. There has been a recent increase of the immigrant population in the city with individuals primarily from Haiti and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends. However, our agency has served relatively low numbers of Salvadorans. Therefore, we have chosen to focus our efforts on the Salvadoran subpopulation.

2. A Quality Improvement Plan Using Our Data

Use: Services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The project team will collaborate with the community enrichment program and the county health specialist consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Program data will be used to monitor and manage program outcomes by race, ethnicity, and LGBT status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, referral to enrollment, treatment completion and discharge data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to enroll and complete the program (and possible interventions). The Evaluator will meet on a bi-weekly basis with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all services and supports will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

3. Adherence to the CLAS Standards

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

a. Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Salvadoran subpopulation.

b. Preferred languages

Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

c. Health literacy and other communication needs of all sub-populations identified in your proposal

All services programs will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

<http://www.healthit.gov/providers-professionals>.

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>.

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing>.

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42 CFR Part II (<http://www.samhsa.gov/healthprivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:

SAMHSA.HIT@samhsa.hhs.gov.

Appendices

Appendix A: Frequently Asked Questions About the Violent Offender Definition

Adult Drug Courts

- 1. Is an offender eligible for the drug court program if he or she has previously been convicted of a misdemeanor offense related to threatened or actual use of force or use, possession, or carrying of a firearm or another dangerous weapon?**

The statute's definition of violent offender specifically limits prior offenses, punishable by a term of imprisonment exceeding 1 year, that causes a person to be categorized as a "violent offender" to felony crimes of violence. If a person has a prior misdemeanor conviction, even though threatened or actual use of force or use, possession, or carrying of a firearm or another dangerous weapon occurred during the offense, the person is not a violent offender according to the statute. Therefore, the offender is eligible for the drug court program as long as his or her current offense does not fall within the violent offender definition.

- 2. Is an offender eligible for the drug court program if he or she has a prior felony arrest (but not conviction) for an offense related to the threatening or actual use of force or use, possession, or carrying of a firearm or another dangerous weapon?**

The statute's definition of violent offender specifically limits prior offenses, punishable by a term of imprisonment exceeding 1 year, that causes a person to be categorized as a "violent offender" to felony crimes of violence. Prior felony arrests are not included in this definition. If a person has a prior felony arrest, even though it involved threatened or actual use of force or use, possession, or carrying of a firearm or another dangerous weapon, the person is not a violent offender according to the statute. Therefore, the offender is eligible for the drug court program as long as his or her current offense does not fall within the violent offender definition.

- 3. Does the definition of violent offender include persons who legally use, possess, or carry a firearm or another dangerous weapon?**

OJP and BJA interpret the definition of violent offender as being restricted to persons who illegally use, possess, or carry a firearm or another dangerous weapon. Therefore, offenders are not precluded from participation in a drug court for either using a legally licensed firearm or dangerous weapon in a legally justifiable way, such as in circumstances of self-defense, or possessing or carrying an otherwise legally licensed firearm or dangerous weapon.

- 4. If a drug court client is charged with a violent crime, as defined by the statute, while in the program, must he or she be removed from the program? Does it matter if the new charge is a misdemeanor or a felony?**

Any new charge for a violent offense, as defined by the statute, whether a misdemeanor or a felony prohibits the client from further or continued participation in the BJA-funded program. If and only if the violent charges are dropped or the client is found not guilty can the client reenter the program.

5. Is an offender eligible for the drug court program if a charge that would qualify as a violent offense according to the definition above is dropped or reduced to a nonviolent offense?

If a charge is dropped or reduced to a nonviolent offense, the offender is eligible for the drug court program. Charges that have been dropped cannot be considered when assessing whether an offender falls under the violent offender definition. Reduced charges are subject to the violent offender definition. Therefore, if the reduced charge does not qualify as a violent offense, then the offender is eligible.

Adult, Family, Juvenile, and Tribal Drug Courts

1. If a violent offender is admitted, inadvertently or otherwise, to a drug court program, is it possible for the BJA grant to be rescinded or canceled?

The statute provides that if the Assistant Attorney General determines that one or more violent offenders are participating in a program receiving funding under this part, such funding shall be promptly suspended, pending the termination of participation by the person(s) deemed ineligible to participate under the statute.

If it is discovered that one or more violent offenders are inadvertently participating in a drug court program, the federally funded portion of the program will be suspended pending the removal of the violent offender(s) from the program. If the program fails to remove the violent offender(s), funding must be rescinded or canceled, because the statute provides that no violent offender(s) will be permitted to participate in a federally funded drug court program.

2. Does the degree of violence within a violent offense affect eligibility?

Under the specific situations set out by the statute, the degree of violence within a qualifying offense is irrelevant. If the offender commits a violent offense under the statute, he or she is ineligible to participate in a drug court program.

Appendix B: Drug Court Grantee Reporting Requirements

All recipients of BJA grants are required to submit the following reports:

- 1. Financial Status Reports (SF-269A):** Financial status reports are due quarterly no later than the 45th day following the end of each calendar quarter. A report must be submitted every quarter the award is active, even if there has been no financial activity during the reporting period. The final report is due 120 days after the end date of the award. Future awards and fund draw downs will be withheld if financial status reports are delinquent.
- 2. Performance Measures:** Beginning in 2008, Adult Drug Court Discretionary Grant Program performance measures will be collected quarterly through BJA's [Performance Measurement Tool \(PMT\)](#). Grantees will upload their performance measures results from the new web site to the [Grants Management System \(GMS\)](#) on a semi-annual basis. The BJA PMT will support grantees' ability to identify, collect, and submit performance measures data for BJA grant awards. An assigned userID and password is needed to access the system. Please contact the help desk at 1-888-252-6867 to obtain a userID. The [Drug Court User's Guide](#) provides more information about this process.
- 3. Semi-Annual Progress Reports:** Recipients of funding are required to submit an initial and then semi-annual progress report. The progress reports describe activities during the reporting period and the status or accomplishment of objectives as set forth in the approved application for funding. Progress reports must also address the GPRA and programmatic performance measures identified in the solicitation. Progress reports must be submitted within 30 days after the end of the reporting periods (January 1–June 30; July 1–December 31) for the life of the award. A final report, which provides a summary of progress toward achieving the goals and objectives of the award, significant results, and any products developed under the award, is due 120 days after the end date of the award.
- 4. Single Audit Report:** Recipients who expend \$500,000 or more of federal funds during their fiscal year are required to submit an organization-wide financial and compliance audit report. The audit must be performed in accordance with the U.S. General Accountability Office Government Auditing Standards. The audit report currently is due to the Federal Audit Clearinghouse no later than 9 months after the end of the recipient's fiscal year.

All recipients of SAMHSA grants are required to submit the following reports:

If an application is funded, SAMHSA will provide the grantee with guidelines and requirements for the following reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine a grantee's progress toward meeting its goals.

1. Annual/Final Financial Status Reports:

Effective February 1, 2011, the [Federal Financial Report \(FFR\)](#) (Standard Form 425) is required on an annual basis and must be submitted to SAMHSA for each budget period as stated. The FFR is required for each 12-month period, regardless of the overall length of the approved extension period authorized by SAMHSA.

2. SAMHSA's Programmatic Semi-Annual and Final Progress Reports:

Grantees must periodically review the performance data they report to SAMHSA noted in the Data Collection and Performance Measurement Requirements and assess their progress and use this information to improve management of their grant projects. The grantee should use the performance assessment, which is designed to help them determine achievement of the goals, objectives, and outcomes for completing this report. 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 bi-annually. The reports should explain plans to ensure the sustainability of efforts initiated under this grant. This report provides an overview of the goals and objectives of the grant as proposed in the application and the progress made in achieving these measures.

Grantees will be required to comply with the requirements of 2CFR Part 170 –The Transparency Act Subaward and Executive Compensation Reporting Requirements. See <http://www.samhsa.gov/grants/subaward.aspx> for information on implementing this requirement.

Appendix C: Process Evaluations

Applications should be prepared to answer the following questions about their selected evidence-based practice(s) and their overall project.

Population of Focus:

What is the drug court's population of focus? To what extent is the population of focus being reached, as evidenced by relevant characteristics of the drug court participants (e.g., current charge, prior record, nature and severity of substance abuse problem, race, age, and gender)? How do drug court participants compare to defendants not participating in the drug court with respect to these characteristics?

Screening and Assessment:

What are the intake and assessment procedures? What screening and assessment instruments are used to identify offenders who are appropriate for the drug court program (e.g., Addiction Severity Index, Michigan Alcoholism Screening Test)? During each 6-month period of operation, how many offenders are deemed paper-eligible for the program? What are their characteristics? How many offenders undergo formal screening for the drug court program? What are their characteristics? How many offenders are accepted into the drug court program? How many are accepted but decline to participate? How many are rejected by the prosecutor? By the public defender? By the drug court judge? By the treatment provider? What are the characteristics of offenders who decline to participate, or who refuse?

Case Processing:

At what point in the criminal justice process does the program intervene (e.g., pre-trial, post-conviction)?

Program Length:

How long is the program? Is it possible to complete it early? What is the average length of stay in the program? What percentages of clients remain in the program for 1 month? For 3 months? For 6 months? 9? 12? Graduate? (Percentages should be calculated only for those clients who had the opportunity to be in the program for that length of time.) What are the characteristics of clients in each of these categories?

Urinalysis Testing:

Who conducts urinalysis testing? How frequently are participants tested for specific types of drugs? Is the drug testing done randomly? Are drug tests observed? What percentages of all drug tests are positive for any drug? For marijuana? Cocaine? Heroin? Methamphetamine? Other? What percentage of clients has at least one positive urine test? What percentages of clients test positive for marijuana? Cocaine? Heroin? Methamphetamine? Other? Specify the time period used for this calculation. Is testing for alcohol conducted on a routine basis? If so, what percentage of clients tests positive for alcohol?

Treatment Resources:

What treatment services are provided? Who provides the treatment? What specific treatment modalities are used? To what extent, and under what circumstances, does the drug court use residential treatment services? Are there any other service interventions provided (e.g., therapeutic community type, initial detoxification phase)? Are culture- or gender-specific groups used? Is aftercare provided? What does it consist of? How many units of each type of service are received by the clients? Compare by phase of treatment and specify the time period used.

Ancillary Services:

What ancillary services are provided? Who coordinates the referral of services? How many referrals are made for each type of ancillary service? What percentage of clients actually received each type of service? Compare by phase of treatment, and specify the time period used.

Sanctions and Incentives:

What behavior is sanctioned in the program? What sanctions are used? What behavior is rewarded in the program? What incentives are used? Are sanctions and incentives applied uniformly? Specify the percentages of clients receiving each type of sanction and incentive. What is the average number of each type of sanction and incentive received for each client? Specify the time period used in these calculations.

Judicial Supervision:

How often do defendants appear before the judge? What team members are involved in the status hearings? Are staffings held prior to court? What information is routinely available to the judges and other team members? In what format? What is the average number of status hearings held for each client in the first 3 months of the enrollment? First 6 months? First year? Per month of time in the program?

Expulsion:

What are the expulsion criteria? What happens to defendants who fail the program?

Graduation:

How does a defendant graduate from the program? Are charges dismissed upon graduation?

Drug Court Team and Program Coordination:

Who makes up the drug court team? What are the roles and responsibilities of the team members (e.g., judge, prosecutor, defense attorney, treatment provider) in the drug court? What other agencies are linked to or involved with the drug court (e.g., pre-trial services, probation, community mental health)? Who is in charge of coordinating all the agencies? How often does the team meet and what is discussed?

Retention in the Program:

To what extent is the drug court successful in retaining participants in the program and in treatment, as evidenced by the number of persons accepted into the program, graduated, currently active (and length of time in program), and terminated? Are reasons for termination consistent? What are the characteristics (demographics, type of drug problem, charge, prior criminal record, social indicators, and health) of clients who graduate from the program? Who is terminated? Who remain at least 6 months? Who remain at least 1 year? If possible, calculate 6-month and 1-year program retention rates including only those clients who were admitted to the program at least 6 months prior to the calculation of retention and 1 year prior, respectively.

Impact on Criminal Behavior:

To what extent have program participants been arrested on new charges while they are active in the program? When participants have been arrested, what are the types of charges (e.g., drug possession, traffic infraction, violent offense)? To what extent have drug court participants remained arrest-free after their admission to the program? What percentage of all clients is rearrested during their time in the drug court program? What percentage of graduates? Of those terminated? What are the characteristics of clients who are rearrested during the program,

compared to those who are not rearrested? What percentage have reentered the criminal justice system due to a formal criminal charge?

Because arrest data may not provide a true depiction of recidivism for criminally involved individuals due to the use of certain crime deterrent strategies in many communities, drug court programs are encouraged to define recidivism as instances where criminal behavior has resulted in reentering the criminal justice system via formal misdemeanor and felony criminal charges. If possible, this should include arrests both during program participation and from 1 to 2 years after program completion. At a minimum, recidivism should be defined as instances where an individual has reentered the criminal justice system by way of a formal arrest. Whether arrest data are for misdemeanor and/or felony charges and if they apply to program participants and/or program graduates should always be noted. Also note the range of time for when data are being collected (i.e., 1 or 2 years following program completion).

Impact on Participants' Life Circumstances:

To what extent has the program succeeded in enhancing participants' capacity to function in the community? Enhancing their educational levels? Job skills? Actual employment? Physical health? To what extent have program participants been able to be reunited with families from whom they had been separated? How many drug-free babies have been born to program participants? What percentages of clients are employed after 6 months in the program? After 12 months? Upon graduation? What percentage is in school or in a training program?

Implementation:

Were all program components implemented as intended? If not, why? Have any changes been made to the program from the initial design? Is the program reaching the goals and objectives set forth initially? Have new goals and objectives been added? Are there areas of the program that appear problematic? Do team members have concerns about the program? What are some recommendations to improve problematic areas?

Collection of Evaluation Data

Applicants are encouraged to design, implement, and maintain an automated data collection system to collect program implementation data, process information, and baseline data that can be used to chart the progress and impact of the funded program. The application should detail data elements to be included in the automated data collection system and outline procedures to collect this information, including budgetary and personnel information. The following is a list of the types of information that drug court information systems should routinely collect in addition to the information listed under the Performance Measures section of the solicitation:

- Characteristics of persons admitted to the program.
- Date of arrest.
- Date of admission to the drug court program.
- Age.
- Sex.
- Race/ethnicity.
- Family status.
- Employment status.
- Educational level.
- Current charge(s).

- Criminal history.
- Drug use history.
- Alcohol and other drug treatment history.
- Mental health treatment history.
- Medical needs (including detoxification).
- Nature and severity of substance abuse problem.
- Treatment recommendations (from initial assessment and any follow-up assessments) and record of treatment regimen followed by each participant.
- Number of participants currently active in the program, with categorization to reflect the number of persons in specific program phases, duration of time in program, and principal types of treatment being provided.
- Number and characteristics of persons who successfully complete the program.
- Number and characteristics of persons who have been terminated from the program, reasons for termination, and length of time in the program before termination.
- Criminal justice sanctions imposed on participants who do not complete the program.
- Number of participants who fail to appear at drug court hearings and number of bench warrants issued for participants by stage of participation in the program.
- Number of rearrests during involvement in the drug court program and for a period of at least 1 year thereafter and the types of arrests (e.g., drug possession, other nonviolent offense, violent offense).
- Fees, fines, costs, and restitution paid by each participant.
- Community service hours completed by each participant.
- Drug test histories of each participant while in the drug court program.
- Record of attendance and treatment progress for each participant.
- Record of program sanctions imposed on each participant in response to a positive drug test or other evidence of noncompliance with program requirements.
- Principal accomplishments of each participant while in the drug court program (e.g., advancement to new phase, attainment of GED or other educational objective, employment, family re-unification, birth of drug-free baby).
- Costs of drug court operations, and the source(s) of funding for each operational component.

For further information, refer to the BJA publication *Drug Court Monitoring, Evaluation, and Management Information Systems*, available online at www.ncjrs.org/html/bja/monitor/welcome.html.

Appendix D: Sample Forms

Sample Consent Form

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION: DRUG COURT REFERRAL

I, defendant's name, hereby consent to communication among treatment program's name and Judge name of presiding judge, name of prosecuting attorney or prosecutor's office, name of defense attorney, the probation department of jurisdiction, (and/or other referring agency), and (other).

The purpose of and need for this disclosure is to inform the court and other above parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the drug court monitoring criteria.

Disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports concerning charges, docket number, indictment number.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the drug court for the case named above, such as the discontinuation of all court (and/or, where relevant, probation) supervision upon my successful completion of the drug court requirements or upon sentencing for violating the terms of my drug court involvement (and/or, where relevant, probation).

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records, and that recipients of this information may redisclose it only in connection with their official duties.

Date _____

Signature of Defendant _____

Signature of Parent, Guardian or Representative (if Required) _____

Sample Service Agreement

QUALIFIED SERVICE ORGANIZATION AGREEMENT

Between

PIONEER CLAIM MANAGEMENT and OSBORNE TREATMENT SERVICES, INC.

PIONEER CLAIM MANAGEMENT (PIONEER) and OSBORNE TREATMENT SERVICES, INC. (OSBORNE) hereby enter into a Qualified Service Organization Agreement whereby PIONEER agrees to provide liability insurance representation, including contracting for legal services, to OSBORNE in the matter of Luis Martinez vs. 809 Realty Corp. and Osborne Treatment Services, Inc. Furthermore, PIONEER:

- 1) Acknowledges that in receiving, storing, processing, or otherwise dealing with any information from OSBORNE about any client of OSBORNE, past or present, PIONEER and all of its agents and assigns are fully bound by the provisions of the federal laws and regulations governing the Confidentiality of Drug and Alcohol Abuse Patient Records (42 United States Code, Section 290dd-2, and 42 Code of Federal Regulations, Part 2); and
- 2) Undertakes to resist, in judicial proceedings if necessary, any efforts to obtain access to information pertaining to any OSBORNE client otherwise than as expressly provided for in the federal confidentiality regulations (42 C.F.R., Part 2).

Executed this day of _____, 2014

Signature of PIONEER Officer

Signature of OSBORNE Officer

Print Name of Signing Officer

Print Name of Signing Officer

Title of Signing Officer
PIONEER CLAIM MANAGEMENT
195 Lake Louise Marie Road
Rock Hill, NY 12775

Title of Signing Officer
OSBORNE TREATMENT SERVICES, INC.
809 Westchester Avenue
Bronx, NY 10455