



# Drug Court Discretionary Grant Program: FY 2010 Enhancing Adult Drug Court Services, Coordination, and Treatment Solicitation 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 FY 2010 Enhancing Adult Drug Court Services, Coordination, and Treatment Solicitation, a joint funding initiative of the U.S. Department of Justice, Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) and U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT).

## Assistance with the Proposal

For specific information about the Enhancing Adult Drug Court Services, Coordination and Treatment Solicitation, contact either Tim Jeffries, BJA Policy Advisor at 202-616-7385 or by email at [timothy.jeffries@usdoj.gov](mailto:timothy.jeffries@usdoj.gov) or Holly Rogers, CSAT Public Health Advisor at (240) 276-2916 or by e-mail at [holly.rogers@samhsa.hhs.gov](mailto:holly.rogers@samhsa.hhs.gov)

For general information about Bureau of Justice Assistance (BJA) programs and training and technical assistance, contact BJA at 202-616-6500 or visit the BJA home page at [www.ojp.usdoj.gov/BJA](http://www.ojp.usdoj.gov/BJA).

## 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 does business. 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 2,100 courts have implemented or are planning to implement a drug court 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 are using the court to structure services including escalating sanctions, mandatory drug testing, treatment, and strong aftercare programs to help offenders remain drug and crime free. This grassroots criminal justice initiative began with the adult offender population, but with the success of adult drug courts over the past 19 years, the approach has been adapted to juvenile, tribal, and family drug courts.

In 1994, Congress joined local communities in supporting the drug court philosophy to habilitate 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 Indian 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 drug courts. A modified program was authorized under the 21st Century 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, as amended. 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 to assist in developing treatment, habilitation, and supervision plans for each defendant based on a clinical assessment or diagnostic process. Length 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*, which is based on the experiences of those in 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. The committee comprised drug court practitioners throughout the nation and included judges, prosecutors, defense attorneys, treatment providers, pretrial services 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.ojp.usdoj.gov/BJA/grant/DrugCourts/DefiningDC.pdf](http://www.ojp.usdoj.gov/BJA/grant/DrugCourts/DefiningDC.pdf).

### Ten Key Components of a Drug Court

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.

6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Tribal drug courts should the reference the BJA and Tribal Law and Policy Institute publication titled [\*Tribal Healing to Wellness Courts: The Key Components\*](#).

## General Information

### Definitions

**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 person who either:

1. Is charged with or convicted of an offense that is punishable by a term of imprisonment exceeding one 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.

Note: This definition includes recent amendments made by the Second Chance Act of 2007, Pub. L. 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 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 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 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 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; 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- and for-profit agencies are not eligible applicants for drug court funding, they are encouraged to partner with applicants for delivery of services to offenders.

If a subunit of government (e.g., county probation department, district attorney's office, or pretrial services agency) wishes to apply, it must be designated by an eligible applicant as the authorized representative of that applicant for purposes of applying for this grant. For example, the county executive may designate the county probation or county district attorney's office as its representative for the purpose of applying for this grant. A sample authorization letter may be found on page 29.

## Program Provisions

The following is for informational purposes only and relates to the programmatic provisions and requirements of the Office of Justice Programs and the Bureau of Justice Assistance.

### 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.

### B. Assurances

The applicant, by clicking "Accept" in the Assurances and Certifications section of 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 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 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/spoc.html](http://www.whitehouse.gov/omb/grants/spoc.html)) 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 the Office of Civil Rights, Office of Justice Programs. 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

The Office of Justice Programs 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 thereunder, 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, the Office of Justice Programs 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 U.S. Department of Justice regulations (see 28 C.F.R. Part 18).

#### H. Reporting Requirements

All recipients of grants awarded by the Bureau of Justice Assistance 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 semiannual 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. Recipients of grants awarded by the Center for Substance Abuse Treatment must provide client level data via CSAT's online GPRA Data Entry and Reporting within 7 business days of the forms being completed. CSAT grantees must periodically review the performance data they report to SAMHSA and assess their progress and use this information to improve management of their grant projects. Refer to appendix B for more specific information on these reporting requirements.

## Use of Funds

### BJA Allowable Drug Court Services

You must use BJA's grant funds 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.
- Expand or enhancing court and offender management services including drug testing, case management, judicial supervision, and community supervision.

## **SAMHSA Allowable Substance Abuse Treatment Services**

You must use SAMHSA’s services grant funds primarily to support allowable direct substance abuse treatment services. This includes the following types of activities:

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

**Note:** The current Department of Justice 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. Applicant should include in their application provisions for determining if these costs would interfere with a client’s rehabilitation.

## **Recovery Support Services Allowable Under Either Budget**

In addition to enhancing court coordination and services and providing direct treatment services, applicants may propose to provide “wrap-around”/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 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 enhanced as part of the proposed project.

## **Recovery Support Services Examples**

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.

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

Examples of recovery support services include the following:

- Transportation to and from treatment, recovery support activities, employment, etc.
- Employment services and job training

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

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

#### *Transportation*

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

#### *Employment Services and Job Training*

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

#### *Case Management*

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

#### *Relapse Prevention*

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

#### *Referrals and Assistance in Locating Housing*

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

#### *Child Care*

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

## **Community Linkages Examples**

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; and
- access/referral to STD, hepatitis B (including immunization) and C, and TB testing in public health clinics.

## **Substance Abuse Treatment Services Infrastructure Development**

Although services grant funds must be used primarily for direct services, SAMHSA/CSAT recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use up to 15% of the total substance abuse treatment 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.
- Enhancing your computer system, management information system (MIS), electronic health records, etc.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

## **Funding Restrictions**

### **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 (body armor, handcuffs, billy clubs, pepper spray).
- Electronic monitoring.

### **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 <http://www.samhsa.gov/grants/management.aspx>:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments and federally Recognized Indian Tribal Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Hospitals: 45 CFR Part 74, Appendix E

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.
- 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 \$20 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 \$20 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.

- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- 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.
- No more than 20% of the annual SAMHSA treatment grant award to pay for appropriate medication (e.g., Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine) when the client has no other source of funds to do so.
- No more than 20% of the total SAMHSA grant award may be used for data collection, performance measurement, and performance assessment.
- No more than 15% of the total SAMHSA services grant award may be used for infrastructure development.
- 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% of the total award, that is permissible to cover the cost of administration and oversight of the grant.
- No more than 5% 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.)

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

### **Proposed Number of Service Recipients-Guidelines and Definitions**

#### **Instructions**

Your application must specify the proposed number of unduplicated clients in the Selection Criteria of the Grant Announcement.

In estimating the number of unduplicated clients proposed for each grant year, take into account start-up during early project months and any changes expected during the course of the funding period.

**Service Expansion:** Expansion applications 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 persons per year may propose to expand service capacity to be able to admit 50 more persons annually. Clearly state the additional annual admissions you anticipate by use of Adult Drug Court funds, not those now being served.

**Service Enhancement:** If you propose 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, specify the number of persons who will receive expanded services during each grant year in the Project Narrative, and the total numbers in the Abstract. Although service enhancements may not increase the number of clients being served per se, you should specify the current and proposed number of clients who will receive the new enhancement services. Do 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 which case you should count the clients only in Year 1. Numbers should also be unduplicated across services. For instance, if you propose to enhance services through the addition of case management and employment counseling, some clients may receive both types of services. Do not double-count these clients.

**Total # Persons Served:** Specify the total number of persons who will receive grant supported services. These numbers should be unduplicated, so that numbers stated here may not equal the sum of “enhanced” and “expansion” clients served. If some clients will receive both enhanced and expanded services, do not double-count these clients. The key is to count individual clients served, not provided services. To specify the total number of persons served, estimate the unduplicated number of individuals who will receive grant-supported services.

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

### **Using Evidence-Based Practices**

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

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

**Note: 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 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 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 people 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 this practice 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/practice in a way that is as close as possible to the original service/practice. However, SAMHSA understands that you may need to make minor changes to the service/practice to meet the needs of your population of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to your proposed service/practice that you believe are necessary for these purposes. You may describe your own experience either with the population 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 in the related narrative how 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 Web site to provide a simple and direct connection to Web sites 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 Web sites 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* also references another SAMHSA Web site, 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 of focus and purposes of your project.

In addition to the Web site 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.

### **Confidentiality and SAMHSA Participant Protection**

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Attachment 5 of your application, using the guidelines provided below.

#### **Confidentiality and SAMHSA 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 must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

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

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

## 2. Fair Selection of Participants

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

## 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
- 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 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 Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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 [ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov), or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

### **Additional SAMHSA Requirements**

#### **SAMHSA/CSAT Application Forms**

For CSAT Substance Abuse Treatment funding, applicants must complete and include in Attachment 4, the forms identified in the SAMHSA Grant Application Kit which can be found at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

Applicants must complete the PHS- 5161-1 Grant Application Form which includes:

- Face Page (SF- 424 v 2) (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-10-013)
- Budget Information Form for Non-Construction Programs (SF- 424A)
- Assurances Form for Non-Construction Programs (SF- 424B)
- Certifications
- Checklist

- Disclosure of Lobbying Activities

In addition to the PHS-5161-1, applicants must complete the forms listed below:

- Assurance of Compliance (HHS-690)
- Survey on Ensuring Equal Opportunity for Applicants
- Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations (SMA 170)
- Project/Performance Site Location Form

### **Evidence of Experience and Credentials**

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

The three requirements are:

- A provider organization for direct client substance abuse treatment services appropriate to the grant must be involved in the proposed project. More than one provider organization may be involved;
- Each direct service 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 direct service provider organization must comply with all applicable local (city, county) and State/tribal 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.]**

The application must include: (1) identify experienced, licensed substance abuse treatment service provider organizations; (2) include a list of all direct substance abuse treatment service provider organizations that have agreed to participate in the proposed project; (3) provide letters of commitment or formal contractual agreements from the substance abuse treatment service provider organizations (outlining services to be provided, level and intensity of resources committed). Simply providing a “letter of support” from proposed partners is not sufficient to meet this requirement of documented agreements with community based organizations; and (4) include the Statement of Assurance (provided in the Requirements Resource Guide accompanying this announcement), signed by the authorized representative of the applicant organization identified on the face-page (SF 424) of the application, attesting that all participating service provider organizations:

- meet the 2-year experience requirement;
- meet applicable licensing, accreditation, and certification requirements; and
- if the application is within the funding range for grant award, the applicant will provide the CSAT Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, your application's score is within the funding range, the GPO will call you and request that the following documentation be sent by overnight mail:

- official documentation that all collaborating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all collaborating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

## 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 Web site 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 Web site (<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; or
  - requirements to address problems identified in review of the application.
- 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.
- 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.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is collaborating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site at

<http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

## 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.

## Application Process

### Applicant Information Page

The first page of the program narrative must include the following information in the order listed. This page does not count toward the 30-page limit for the program narrative.

#### A. Applicant Contact Information

1. Name and job title
2. Agency
3. Address
4. Phone
5. Fax
6. E-mail

#### B. Size of Jurisdiction

1. Population
2. Urban, suburban, or rural
3. State, local, tribal community
4. Name of city and county where court is located

#### C. Target Population including proposed number of service recipients

D. Indicate the type of problem-solving court [drug court (felony/misdemeanor), community court, DUI/DWI court, co-occurring court, etc.]. If the will target DUI or DWI offenders, and, if so, indicate how you learned about this solicitation. If known, please indicate the National Highway and Traffic Safety Administration (NHTSA) region ([www.nhtsa.gov/nhtsa/whatis/regions/Index.cfm?Fitting=No](http://www.nhtsa.gov/nhtsa/whatis/regions/Index.cfm?Fitting=No)).

E. Indicate whether the applicant jurisdiction has ever received a planning grant from the Drug Court Discretionary Grant Program or participated in the Drug Court Planning Initiative. If the jurisdiction

received a planning grant, include the grant number for the award. If the jurisdiction participated in the Drug Court Planning Initiative, include the dates of the training programs.

- F. Indicate whether the applicant jurisdiction has ever received a drug court grant from OJP or SAMHSA. Include the grant number for each award.
- G. Indicate whether the application is requesting federal funding to support either the development and/or implementation of an automated management information system or a process or outcome evaluation.

## Selection Criteria

- **Statistical information on program success.** Applicants must provide the following:
  1. Program capacity.
  2. Retention rate.
  3. Daily average number of clients enrolled.
  4. Total clients, graduates, and terminations since the beginning of the program.
  5. Data on the race and ethnicity, age, and gender of the arrestee population in the applicant community.
  6. Information on the specific substance abuse patterns among adult offenders in the applicant community.
- **Enhancement of capacity or improvement of services.** If the application seeks funding to enhance the resources available to the drug court or to provide additional services to drug court clients, applicants must provide the following information:
  1. The specific goals and objectives of the proposed enhancement.
  2. Evaluation findings that justify the need for the additional resources or services.
  3. The specific problems that will be addressed by the additional resources or services.
  4. An explanation of how the additional resources or services will benefit drug court clients.
- **Development of training programs for drug court practitioners.** If the application seeks funding to develop training programs for drug court practitioners, applicants must provide the following information:
  1. A full description of the proposed training program.
  2. An explanation of why federal funds are needed to develop training programs.
  3. The specific goals and objectives of the trainings.
  4. The target audience.
  5. An explanation of how the training programs will be organized.

6. The intended impact of the trainings.
  7. An explanation of how the training programs will be evaluated.
  8. A description of the intended followup after the training events.
  9. An explanation of how the training programs will incorporate the 10 key components of a drug court (see [\*Defining Drug Courts: The Key Components\*](#)).
- **Attendance at training programs by drug court practitioners.** If the application requests funding for drug court practitioners to attend training programs, applicants must provide the following information:
    1. The subject matter of the training programs to be attended.
    2. A list of the drug court team members who will attend the trainings.
    3. An explanation of how the trainings will benefit the drug court program.
    4. A description of the intended followup after the training events.
  - **Completion of a process and/or outcome evaluation.** If the application seeks funding to conduct a process and/or outcome evaluation:

Applicants must identify the independent evaluator who will help the drug court conduct the process and outcome evaluations. If the evaluator has not been identified, the applicant must describe the steps the drug court will take to solicit and select the evaluator, and how the drug court will work with the evaluator to design the data collection process, collect and maintain the data, analyze the data, and prepare evaluation reports.

The description must incorporate measurable program goals and objectives. Examples include size and type of target population screened and admitted, program completion rates, average time in program (or cohort-based 1-year retention rates), percentage of drug tests that are negative, percentage of participants rearrested during program participation, amount and type of services received, and percentage of participants employed after 1 year.

1. **Process evaluation.** Applicants must:
  - a. Describe how the process evaluation will help the drug court assess the effectiveness of its operations and its ability to meet its goals and objectives, and how the findings could be used to change and improve the court's operations.
  - b. Describe the specific data elements to be collected and analyzed for the process evaluation and how these data will be used for program operation and management.
2. **Outcome evaluation.** Applicants must:
  - a. Describe how the outcome evaluation will help the drug court assess the effectiveness of its operations, and how the findings could be used to change and improve the court's operations.
  - b. Describe the plan for collecting data on rearrest, reconviction, and/or re-incarceration for 1 year following drug court completion or dropout. If available, provide the identification of

- sources of data for other postprogram outcomes such as drug use, employment and earnings, health care, and drug treatment participation.
- c. Identify and justify a comparison group for measuring the relative change in postprogram recidivism outcome measures. The comparison group should be as similar as possible to the drug court participants. Indicate what variables will be used, either to match drug court participants to comparison subjects, or to balance the samples statistically for analysis. Indicate how the evaluation will identify and control other potential matching variables or covariates.
- **Development and implementation of an automated management information system.** If the application seeks funds to develop and implement an automated management information system (MIS), applicants must provide the following information:
    1. Describe how the information is currently being collected and analyzed and how the proposed system will benefit the drug court.
    2. Describe the methods planned for collecting, storing, and maintaining adequate data to support the drug court's operations as well as the process and outcome evaluations.
    3. Discuss plans for data-sharing agreements with treatment service providers and other agencies.
    4. Provide information on how the MIS will be flexible enough to allow the evaluator to analyze the following data by participant characteristics and other factors such as program services received, drug test results, in-program rearrests, length of time in the program, sanctions and rewards, number of court hearings, and completion rates.

## Sample Authorization Letter

James H. Burch, II [current date]  
Acting Director  
Bureau of Justice Assistance  
810 Seventh Street NW.  
Washington, DC 20531

RE: [drug court grant number, name of grant, and type of grant]

Dear Director Burch:

As the [Chief Executive Officer or similar authority] for the [state or unit of local government], on behalf of [state or unit of local government], I hereby authorize [name of agency administering the grant] as the official representative of [state or unit of local government] authorized to apply to undertake a drug court program or project. This designation is made pursuant to the authority conferred upon me by Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711, et seq.), and it is effective as of [date of original application].

Any additional correspondence concerning this drug court grant should be directed to [the agency administering the grant]. The appropriate contact person at that agency is [contact at agency administering the grant], who can be reached at [phone number] or [e-mail].

Sincerely,

[name and title]

## 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 \_\_\_\_\_, 2005

\_\_\_\_\_  
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

## Statement of Assurance

As the authorized representative of *[insert name of applicant organization]*

\_\_\_\_\_, I assure SAMHSA that all collaborating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every 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 t;
- official documentation that all service provider organizations collaborating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all collaborating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (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.)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## BJA Budget Guidance

Applicants applying for an implementation grant are required to do the following:

1. Provide a Budget Detail Worksheet and Narrative that justifies or explains each budget item, relates it to project activities, and supports the number of clients projected in the application. If applying for a multiple-year project, provide the following:
  - a. Complete Budget Detail Worksheet and Narrative for year 1 of the project.
  - b. Complete Budget Detail Worksheet and Narrative for year 2 of the project.
  - c. Complete Budget Detail Worksheet and Narrative for year 3 of the project.
  - d. 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 your application to be considered for funding all year 1, year 2, and year 3 Budget Detail Worksheets and Narratives must be submitted.
2. The amount of funding requested in the budget must be justified. One of the major criteria that must be met for a budget to be considered reasonable is for the number of clients to be served to match the services to be offered and the funds requested.
3. The amount of federal funds requested in box A under the “Estimated Funding” in GMS must reflect the total amount of federal funds over the entire 1-, 2-, or 3-year project period.
4. The amount given in box B under “Estimated Funding” in GMS must reflect the entire 25 percent match requirement. Further, the Budget Detail Worksheets and Budget Narratives for each year of the proposed project period must reflect the federal request and the match amount.
5. 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 MIS-related costs from evaluation costs, and internal vs. external staff costs.

Applicants applying for an enhancement grant are required to do the following:

1. Provide a Budget Detail Worksheet and Narrative that justifies or explains each budget item, relates it to project activities, and supports the number of clients projected for in the application. If applying for a multiple-year project, provide the following:
  - a. Complete Budget Detail Worksheet and Narrative for year 1 of the project.
  - b. Complete Budget Detail Worksheet and Narrative for year 2 of the project.
  - c. 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 your application to be considered for funding all year 1, year 2, and year 3 Budget Detail Worksheets and Narratives must be submitted.

2. 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 1- or 2-year project period.
3. 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 proposed project period must reflect the federal request and the match amount.
4. 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 MIS-related costs from evaluation costs, and internal vs. external staff costs.

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 Program Provisions: D. Match Requirements in 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. For example, if the court is the grantee, the drug court coordinator should be included in personnel, but the counselors for the treatment provider should be included in the contracts section.

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 percentage of time on the project or Full-Time Equivalent (FTE) (1 FTE = 100 percent), and the duration of the grant period.

Example

Name/Position	Computation	Cost
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

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

(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 one or more years. All travel must be preapproved by the program manager.
- Grant recipients are encouraged to use BJA funds to send a team to attend the annual drug court conference sponsored by the National Association of Drug Court Professionals.
- Recipients of drug court grant funds are required to include a line item in the budget to attend MIS training (if receiving federal funds to develop or implement an MIS) and to attend the training on

implementing a juvenile drug court (if implementing a juvenile program), as well as for technical assistance or a visit to an operational drug court.

- 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 would apply.
- Funds in this category must be broken out. 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

<u>Purpose of Travel</u>	<u>Location</u>	<u>Item</u>	<u>Computation</u>	<u>Cost</u>
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 or Other Costs.
- 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 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

<u>Item</u>	<u>Computation</u>	<u>Cost</u>
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

<u>Supply Item</u>	<u>Computation</u>	<u>Cost</u>
Instant Urine Drug Test Kits	\$330/box x 3 boxes per year x 1 year	\$990
Office Supplies (pens, copy paper, staples, tape, print cartridges, desk calendars, binders)	\$200/month x 12 months	\$2,400

#### **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 the Office of the Comptroller, OJP, will negotiate an indirect cost rate with the grantee. Local units of government that do not have a federally approved rate may apply 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.

Note: Check all calculations and totals before sending the budget to the Office of the Comptroller.

Example

<u>Category</u>	<u>Federal</u>	<u>Local</u>	<u>Total</u>
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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

## Sample CSAT Drug Court Funding Request Budget (no match required)

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

**A. Personnel:** an employee of the applying agency whose work is tied to the application

### FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Project Director	John Doe	\$64,890	10%	\$ 6,489
Coordinator	To be selected	\$46,276	100%	\$46,276
			TOTAL	\$52,765

**JUSTIFICATION: Describe the role and responsibilities of each position.**

The Project Director will provide daily oversight of the grant and will be considered a key staff position. The coordinator will coordinate project services and project activities, including training, communication and information dissemination. Key staff positions require prior approval of resume and job description.

**FEDERAL REQUEST**(enter in Section B column 1 line 6a of form SF424A) **\$52,765**

**B. Fringe Benefits:** List all components of 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 SF424A) **\$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
Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

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

Cost for two staff to attend a grantee meeting in Washington, DC. Local travel is needed to attend local meetings, project activities, and training events. (Be as specific as possible regarding events and conference names and locations.) Local travel rate is based on the grantee organization’s policies and procedures privately owned vehicle (POV) reimbursement rate.

**FEDERAL REQUEST**(enter in Section B column 1 line 6c of form SF424A) **\$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 SF424A) **\$ 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
Printer*	\$300	\$300
Projector*	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	<b>TOTAL</b>	<b>\$3,796</b>

**JUSTIFICATION: Describe need and include explanation of how costs were estimated.**

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

\*Provide adequate justification and need for purchases.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF424A) **\$ 3,796**

**F. Contract:** A consultant is an individual retained to provide professional advice for a fee. A contract provides services for a fee. The grantee must have procurement policies and procedures governing their use of consultants and contracts that are consistently applied among all the organization’s projects.

**FEDERAL REQUEST**

Name	Service	Rate	Other	Cost
Joan Doe	Training staff	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
			<b>TOTAL</b>	<b>\$2,387</b>

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

This person will advise staff on ways to increase the number clients and client services. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and other local and government experts. Mileage rate is based on grantee’s POV reimbursement rate.

**FEDERAL REQUEST**

Entity	Product/Service	Cost
To Be Announced	Marketing Coordinator \$25/hour x 115 hours	\$2,300
ABC, Inc.	Evaluation \$65/hr x 70 days	\$4,500
TOTAL		\$6,800

**JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.**

The Marketing Coordinator will develop a marketing plan to include public education and outreach efforts to engage clients of the community about grantee activities, provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools. Information disseminated by written or oral communication, electronic resources, etc. A local evaluator will be contracted to produce the outcomes and report input of GPRA data.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF424A) **\$ 9,187**  
(combine the total of consultant and contact)

**G. Construction: NOT ALLOWED** – Leave Section B columns 1&2 line 6g on SF424A blank.

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

**FEDERAL REQUEST**

Item	Rate	Cost
Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
Telephone	\$100/mo. x 12 mo.	\$1,200
Client Incentives	\$10/client follow up x 278 clients	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
TOTAL		\$15,819

**JUSTIFICATION: Break down costs into cost/unit, i.e. cost/square foot. Explain the use of each item requested.**

Office space is included in the indirect cost rate agreement; however, other service site rental costs are necessary for the project as well as telephone service to operate the project. The rent is calculated by square footage and reflects SAMHSA’s share of the space. The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only. Brochures will be used at various community functions (health fairs and exhibits) once per month throughout the service area.

\*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 since mortgage costs are unallowable.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6h of form SF424A) **\$ 15,819**

**Indirect cost rate:** Indirect costs can only 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 indirect cost rate agreement.

For information on applying for the indirect rate go to: [samhsa.gov](http://samhsa.gov) then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF424A)  
 8% of salaries and wages and fringe benefits (.08 x \$63,661) **\$5,093**

**BUDGET SUMMARY: (identical to SF-424A)**

<b>Category</b>	<b>Federal Request</b>
Salaries & Wages	\$52,765
Fringe Benefits	\$10,896
Travel	\$2,444
Equipment	0
Supplies	\$3,796
Contractual	\$9,187
Other	\$15,819
Total Direct Costs*	\$94,907
Indirect Costs	\$5,093
Total Project Costs	\$100,000

**\* TOTAL DIRECT COSTS:**  
**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF424A) **\$94,907**

**TOTAL PROJECT COSTS:** Sum of Total Direct Costs and Indirect Costs  
**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF424A) **\$100,000**

## Civil Rights Guidance

- 12-Step Program and Religious Discrimination

Because 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 Omnibus Crime Control and Safe Streets Act of 1968 (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](http://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

Because the above statutes prohibit 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.

# 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 one year, that cause 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 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 one year, that cause 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 interprets 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 Bureau of Justice Assistance 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 drawdowns will be withheld if financial status reports are delinquent.

*Performance Measures:* Beginning in the 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.

2. **Semiannual Progress Reports:** Recipients of funding are required to submit an initial and then semiannual 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 Government Performance and Results Act 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.
3. **Single Audit Report: Recipients** who expend \$500,000 or more of federal funds during their fiscal year are required to submit an organizationwide 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 CSAT grants are required to submit the following reports:

1. **SAMHSA's Data Collection and Performance Measurement Requirements:** Grantees will be required to report performance on the following SAMHSA client-level performance measures: client's substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice status. This information will be gathered using the data collection tool referenced below. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to these measures, grantees will be expected to collect and report data on the frequency and type of substance use 90 days prior to incarceration.

These data must be collected at baseline (i.e., the client's entry into the project), discharge, and 6 months post-baseline. To be in compliance with the requirements of the grant, grantees must collect and report individual client follow-up data (discharge and 6 months post baseline) on a minimum of 80 percent of all clients who receive a baseline interview. All data are to be entered into CSAT's

GPRA Data Entry and Reporting System via the Internet within 7 business days of the forms being completed. GPRA performance data will be reported to the public, the Office of Management and Budget (OMB), and Congress as part of SAMHSA's budget request. Training and technical assistance on data collection, tracking, and follow-up, as well as data entry, will be provided by CSAT.

Grantees must collect and report data using the CSAT Discretionary Services Client Level GPRA Tool, which can be found at [www.samhsa.gov/grants/tools.aspx](http://www.samhsa.gov/grants/tools.aspx), along with instructions for completing it. Hard copies are available by calling the SAMHSA Health Information Network at 1-877-SAMHSA7 (TDD: 1-800-487-4889).

**2. SAMHSA's Performance Assessment Requirements:**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be conducted by an outside, independent evaluator and designed to help the grantee determine whether it is achieving the goals, objectives, and outcomes that were intended and whether adjustments need to be made to the project. 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.

## Appendix C: Process Evaluations

**Target population:** What is the drug court's target population? To what extent is that population 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 in 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., pretrial, postconviction)?

**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., pretrial 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, 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 substance abusing behavior:** 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 test positive for alcohol?

**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 followup 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 reunification, 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](http://www.ncjrs.org/html/bja/monitor/welcome.html).