Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Grants to Expand Substance Abuse Treatment Capacity for Adult Drug Courts
(Short Title: Treatment Drug Courts-Adults)

(Initial Announcement)

Request for Applications (RFA) No. TI: 08-007

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	**Applications are due by April 10, 2008.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 Grants to Expand Substance Abuse Treatment Capacity in Adult Drug Courts. The purpose of the program is to expand and/or enhance substance abuse treatment services in "problem solving" courts which use the treatment drug court model in order to provide alcohol and drug treatment, recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination to defendants/offenders. Priority for the use of the funding should be given to addressing gaps in the continuum of treatment.

Funding Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity for Adult Drug Courts
Funding Opportunity Number:	TI-08-007
Due Date for Applications:	April 10, 2008
Anticipated Total Available Funding:	$5.4 million
Estimated Number of Awards: award	Up to 18 grants [See Section II of this RFA for complete information.]
Estimated Award Amount:	Up to $300,000 per year [See Section II of this RFA for complete award information.]
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible applicants are existing treatment drug courts that have demonstrated agreements or relationships with existing domestic public and private nonprofit entities and community-based treatment providers. [See Section III-1 of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2008 Grants to Expand Substance Abuse Treatment in Adult Drug Courts. The purpose of the program is to expand and/or enhance substance abuse treatment services in "problem solving" courts which use the treatment drug court model in order to provide alcohol and drug treatment, recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination to adult defendants/offenders. Priority for the use of the funding should be given to addressing gaps in the continuum of treatment.

Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Treatment Drug Courts use regular appearances of the client before a judge (who is part of, or guided by, a team of relevant professionals) in order to monitor compliance with court ordered conditions and substance abuse treatment.

SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

Treatment Drug Court grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse) of the Public Health Service Act.

2. EXPECTATIONS

Background

Information reported by SAMHSA underscores a significant disparity between the availability of treatment services for persons with alcohol and drug use disorders and the demand for such services. According to the 2006 National Survey on Drug Use and Health, 23.6 million individuals needed treatment for an alcohol or illicit drug use problem. Only 10 percent of these individuals received treatment at a specialty facility in the past year. This disparity is also consistent for criminal justice populations, as it is estimated that only 10 percent of those individuals involved with the criminal justice system who are in need of substance abuse treatment receive it as part of their justice system supervision. By providing needed treatment services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

Treatment Drug Courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively intervene and break the cycle of substance abuse, addiction and crime. This is often

used as an alternative to less effective interventions, such as incarceration. Treatment Drug Courts quickly identify substance abusing offenders and place them under strict court monitoring and community supervision as well as provide the participant with effective treatment services.

Treatment Drug Courts are being created at a very high rate (over 1800 in 2007), but without sufficient funding for substance abuse treatment as has been documented in previous studies by the National Association of Drug Court Professionals and the American University Drug Court technical assistance grant. A long-term goal of this program is to build sustainable systems of care for persons needing treatment drug court services. Treatment Drug Courts are problem-solving courts, where all stakeholders work together to give individual clients the opportunity to improve their lives, including recovering from substance use disorders and developing the capacity and skills to become full-functioning parents, employees, and citizens. Further, Treatment Drug Courts help participants avoid penalties such as losing parental rights or being sent to a prison or detention facility. Generally speaking, substance-using offenders benefit substantially from involvement with Treatment Drug Courts. Consequently, it is in SAMHSA's interest to actively support and shape Treatment Drug Courts, so that clinical needs are met and clients are treated in ways consistent with the disease model and the problem-solving model, rather than with the traditional court case-processing model.

Likewise, SAMHSA and the U.S. Department of Justice's Bureau of Justice Assistance (BJA) have long shared a mutual interest in supporting and shaping Treatment Drug Courts, as both agencies fund "drug court" grants programs. These two agencies have had a longstanding partnership regarding drug courts-substance abuse treatment issues. SAMHSA and BJA are developing formal agreements to further encourage and engage in mutual interests and activities related to Treatment Drug Courts. As these initiatives and protocols are developed, SAMHSA's Treatment Drug Court grantees will be expected to participate in any joint activities, publications, meetings, or technical assistance and training services, as appropriate.

Required Activities

Applicants may propose to **expand** substance abuse treatment and recovery support services, to **enhance** substance abuse treatment and outreach and recovery support services, or to do both.

1) Service Expansion: An applicant may propose to **increase access and availability of services to a larger number of clients.** Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must state clearly the number of additional clients to be served for each year of the proposed grant (see Appendix I).**

2) Service Enhancement: An applicant may propose to improve **the quality and/or intensity of services,** for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add gender-specific programming to the current treatment protocol for a population of women and their children being served by the program. **Applicants proposing to enhance**

services must indicate the number of clients who will receive the new enhancement services (see Appendix I).

To demonstrate that a comprehensive service system is in place to meet the complex needs of Treatment Drug Court clients, the Treatment Drug Court must provide MOUs, MOAs, IAAs, or formal contractual agreements that indicate existing relationships/agreements with community-based substance abuse treatment providers. **These documents must be provided in Appendix 1 of your application or it will not be reviewed and you will not be considered for an award.**

Applicants have some flexibility in expanding or enhancing treatment for their Treatment Drug Court. However, there are recognized designs and operational protocols for Treatment Drug Courts, and applicants are expected to develop a project that is consistent with these designs and protocols. Effective Treatment Drug Courts have several well-defined elements known as the "The Ten Key Components of a Drug Court" that all applicants must address in their application to ensure that these elements are incorporated into their Treatment Drug Court model or approach (see Appendix J). **[Note: Key Component # 8 has been modified to comport with SAMHSA's Data Collection and Performance Measurement Requirements - see Sections I-2.4 and 2.5.]**

Applicants must provide a detailed description of the methods and approaches that will be used to reach the specified target population(s).

Applicants must also provide evidence that the proposed expansion and/or enhancement will address the overall goals and objectives of the project within the 3-year grant period.

Applicants must also screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders and use the information obtained from screening and assessment to develop appropriate treatment approaches for persons identified as having such co-occurring disorders. For more information on the process of selecting screening instruments to identify co-occurring substance use and mental disorders, go to http://www.coce.samhsa.gov/products/cod_presentations.aspx.

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;

- 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.

You must identify the role of collaborating organizations in responding to the targeted need. Letters of commitment (outlining services to be provided, level and intensity of resources committed) from collaborating organizations must be included in **Appendix 1** of your application.

Applicants must demonstrate evidence of direct and extensive consultation and collaboration with the corresponding State substance abuse agency in the planning, implementation and evaluation of the project by including a letter from the agency Director or designated representative in **Appendix 5** that indicates the involvement of the agency.

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the target population. 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 your application, you will need to:

- Identify the evidence-based practice you propose to implement.
- Identify and discuss the evidence that shows that the practice is effective. [See note below.]
- Discuss the population(s) for which this practice has been shown to be effective and show that it is appropriate for your target population(s). [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 encouraged to provide other forms of evidence that the practice(s) they propose is appropriate for the target population. Evidence 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 target population 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 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 target population 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 target population 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.

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 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 target population 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.

2.2 Services Delivery

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

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

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

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

2.3 Infrastructure Development (maximum 15% of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use up to 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.

- 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.

2.4 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). Grantees will be required to report performance in the following domains: 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.

You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees must collect and report data using the CSAT Discretionary Services Client Level GPRA Tool, which can be found at

http://www.samhsa.gov/grants/tools.aspx, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

GPRA data must be collected at baseline (i.e., the client's entry into the project), discharge, and 6 months post baseline. 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. In addition, 80% of the participants must be followed-up. GPRA 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. 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.

SAMHSA/CSAT also plans to conduct an independent, cross-site evaluation of the Treatment Drug Court projects funded under this announcement. Grantees will be required to participate in the evaluation and provide specific data elements to the evaluator as well as to SAMHSA/CSAT. The evaluation design may require some changes to the required data elements and time periods for data collection and/or reporting. In addition, grantees should consider their participation in the cross-site evaluation in preparing their budgets. Specifically, grantees should plan for project staff costs to support the data collection of all required data, including the GPRA, performance assessment, and cross-site data. Grantees also will be required to participate in all training activities and technical assistance related to the cross-site evaluation. The results from the cross-site evaluation will be shared with all grantees with the goal of enhancing program quality, effectiveness, and efficiency.

2.5 Performance Assessment

Grantees must assess their projects, addressing the performance measures described in Section I-2.4. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

In addition to assessing progress against the performance measures required for this program, your performance assessment must also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.4 and 2.5 above.

2.6 Grantee Meetings

Grantees must send a Treatment Drug Court team consisting of a minimum of six people (judge, project director, clinical director, evaluator, and representatives from the prosecutor's office and the defense bar) to at least 3 meetings in each year of the grant as identified by the Government Project Officer (GPO), and must budget funding for this travel in your budget. All grantees will attend a CSAT grantee meeting that may be held in conjunction with a national drug court conference as one of the mandatory meetings.

II. AWARD INFORMATION

Funding Mechanism: Grant

Anticipated Total Available Funding: $5.4 million

Estimated Number of Awards: Up to 18 grants

Estimated Award Amount: Up to $300,000 (direct and indirect costs) per year

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $300,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Applicants should be aware that the amount to be awarded for continuation awards in year 3 is expected to be 95% of the amount available for continuation awards in year 2. This is being done to create a pool of funds for supplemental performance-based awards (described below). [Note: Applicants should not reduce their requested third year amounts relative to year 2; this adjustment will be made by SAMHSA at the time the year 3 continuation awards are negotiated.]

Supplemental Awards Based on Performance: Section VI-2, Administrative and National Policy Requirements, of this RFA discusses a grantee's proposed performance targets and explains that failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in the reduction or withholding of continuation awards. Conversely, a Treatment Drug Court grantee that exceeds its performance targets or demonstrates efficiencies may receive a supplemental award based on performance to maintain its high level of performance. For year 3 of the Treatment Drug Court grant program, CSAT will review each grantee's Government Performance and Results Act (GPRA) data submissions and assess whether a grantee has: 1) met or exceeded its target for the number of clients served by 25 percent or more; 2) met or exceeded its target for 6 month follow-up rates; and 3) provided services within approved cost bands. Any grantee that has demonstrated appropriate financial management of the grant and has exceeded its targets for the number of clients served by 25 percent or more, exceeded its target for 6 month follow-ups, and provided services within allowable cost bands, may receive a supplemental award of up to 5 percent of the third year requested amount based on performance. Supplemental award amounts will be determined on a sliding scale based on availability of funds and the grantee's achievement of performance goals and demonstration of sound fiscal management. **Applicants should be aware that SAMHSA/CSAT does not plan to make supplemental awards to all grantees, and that is it possible that no grantees will receive supplemental awards based on performance.**

Eligible grantees will be asked to submit a narrative and budget justification for the supplemental award that maintains the increase in its targets during the final year of the project. The supplemental award based on performance is for the purpose of the grantee maintaining, at a minimum, the additional number of clients for the remainder of the project.

A grantee receiving a supplemental award based on performance may be subject to additional site visits and/or audits to verify the accuracy of the client data reported.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

In the Treatment Drug Court model, judges have the authority to assign clients to treatment facilities/programs as they deem appropriate. In other words, the drug court judge, not the treatment program, is the catalyst for enrollment into community-based treatment programming. Because the Treatment Drug Court judge is the pivotal figure and not the public and private nonprofit organization, SAMHSA/CSAT is restricting eligibility to existing individual adult treatment drug courts that have demonstrated relationships/agreements with existing community-based substance abuse treatment providers in order to create the necessary networks to successfully implement these grants. The applicant must provide MOUs, MOAs, IAAs, or formal contractual agreements that indicate existing relationships/agreements with community-based substance abuse treatment providers. **These documents must be provided in Appendix 1 of your application or it will not be reviewed and you will not be considered for an award.**

Furthermore, it is the intention of this program to provide funding to enhance and/or expand treatment and recovery support for individual drug courts. Some State or County Court integrated/consolidated systems require that individual drug courts apply through the State or County. In those cases, if the State or County is the applicant, it will be the award recipient and the entity responsible for satisfying the grant requirements. This approach is permitted, but all grant funds awarded must be dedicated to the individual drug court with the exception of a small set aside, not to exceed two percent of the total award, that is permissible to cover the cost of administration and oversight of the grant.

This grant program is not intended to provide start-up funds to create new treatment drug courts. Therefore, it is essential that applicant drug courts have been operational for at least one year at the time of application. Operational is defined as a judge being designated as a "drug court" judge with a "drug court" docket of cases and seeing defendants in "drug court" on a regular and recurring basis for at least one year prior to the submission of the grant application. By signing the cover page (SF 424 v2) of the application, the authorized representative of the applicant organization is certifying that the Treatment Drug Court for which grant funds are requested is operational as defined above.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following requirements, or your application will be screened out and will not be reviewed: use of the PHS 5161-1 application form; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Appendix A of this document.

3.2 Evidence of Experience and Credentials

SAMHSA/CSAT believes that only existing, experienced, and appropriately credentialed treatment providers with demonstrated infrastructure and expertise will be able to provide required treatment expansion/enhancements services quickly and effectively. To document the fulfillment of this requirement, applicants must:

- List all substance abuse treatment providers committed to participate in the proposed project;

- Demonstrate that each direct service provider organization has 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); Demonstrate that each direct service provider organization has complied with all

applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application; and

- Submit a letter from your Treatment Drug Court Judge in **Appendix 1** that states that the Treatment Drug Court is currently operating and has been operating for at least one year as of the submission 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.]

In **Appendix 1** of your application, you must: (1) identify at least one experienced, licensed service provider organization; (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency if the applicant is a treatment service provider organization; and (3) include the Statement of Assurance (provided in Appendix C of this announcement), signed by the authorized representative of the applicant organization identified on the face page (SF 424 v2) 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 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:

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;

- official documentation that all participating 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 participating 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.

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at www.samhsa.gov/grants/apply.aspx

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- **Face Page –** SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required

to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.

- **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix H of this document.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in "Section V – Application Review Information" of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections F through I. There are no page limits for these sections, except for Section H, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under "Supporting Documentation." Supporting documentation should be submitted in black and white (no color).

- **Appendices 1 through 5** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. There are no page limitations for the appendices. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.

  - *Appendix 1*: (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix C of this announcement) signed by the authorized representative of the

applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support from all collaborating organizations (including MOUs, MOAs, IAAs, and formal contractual agreements that indicate existing relationships/agreements with community-based substance abuse treatment providers); (5) letter from the Treatment Drug Court Judge that states that the Treatment Drug Court is currently operating and has been operating for at least 1 year as of the date of the application.

- *Appendix 2*: Data Collection Instruments/Interview Protocols
- *Appendix 3*: Sample Consent Forms
- *Appendix 4*: Letter to the SSA (if applicable; see Section IV-4 of this document)
- *Appendix 5:* Letter from the corresponding State substance abuse agency that demonstrates evidence of direct and extensive consultation and collaboration with the agency in the planning, implementation, and evaluation of the project.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's Web site with the RFA and provided in the application kits.

- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.

- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.

- **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to Appendix A, *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications,* for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **April 10, 2008**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).**

You will be notified by postal mail that your application has been received.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

SAMHSA will not accept or consider any applications sent by facsimile.

SAMHSA accepts electronic submission of applications through www.Grants.gov. Please refer to Appendix B for "Guidance for Electronic Submission of Applications."

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) Web site at www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native tribe or tribal organization.

- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.

- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.

- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal**

Service: Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SPOC – Funding Announcement No. **TI-08-007**. Change the zip code to **20850** if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)[1] to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the face page of the application (SF 424 v2); and
- a summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA's Web site at www.samhsa.gov. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA**." The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-08-007**. Change the zip code to **20850** if you are using another delivery service.

In addition:

[1] Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

- Applicants may request that the SSA send them a copy of any State comments.

- The applicant must notify the SSA within 30 days of receipt of an award.

5. FUNDING LIMITATIONS/RESTRICTIONS

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

- 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

In addition, SAMHSA's Treatment Drug Court grant recipients must comply with the following funding restrictions:

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

- No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in the required data collection follow-up.

- Funds may not be used to pay for court personnel who are not project directors, case managers, or personnel with similar functions related to the assessment, referral or provision of treatment services. Funds may be used for client supervision purposes if you document the necessity of this use as it is related to treatment services.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix G.

6. OTHER SUBMISSION REQUIREMENTS

You may submit your application in either electronic or paper format:

Submission of Electronic Applications

SAMHSA accepts electronic submission of applications through www.Grants.gov. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-

line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.
Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

You must submit an original application and 2 copies (including appendices). The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

Send applications to the address below:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using another delivery service.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**Treatment Drug Courts-Adults – TI-08-007**" in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Hand carried applications will not be accepted. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

SAMHSA will not accept or consider any applications sent by facsimile.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-E below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-E.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1**.

- The Project Narrative (Sections A-E) together may be no longer than 30 pages.

- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on "Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence."

- The Supporting Documentation you provide in Sections F-I and Appendices 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, applicants are encouraged to respond to each bulleted statement.

Section A: Statement of Need (10 points)

- Describe the target population and the geographic area to be served, and justify the selection of both. Clearly state the total numbers to be served/treated annually and through the lifetime of the project, as well as demographic information.

- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the target population based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local data or trend analyses, State data (e.g., from State Needs Assessments), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

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

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, treatment, and/or intervention).

- Identify the evidence-based service/practice that you propose to implement and the source of your information. (See Section I-2.1, Using Evidence-Based Practices.) Discuss the evidence that shows that this practice is effective with the target population. If the evidence is limited or non-existent for the target population, provide other information to support your selection of the intervention for the target population.

- Document the evidence that the practice you have chosen is appropriate for the outcomes you want to achieve.

- Identify and justify any modifications or adaptations you will need to make to the proposed practice to meet the goals of your project and why you believe the changes will improve the outcomes.

- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.

- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population, while retaining fidelity to the chosen practice.

Section C: Proposed Implementation Approach (30 points)

- Describe how the proposed service or practice will be implemented. You must also address how the required key elements of the treatment drug court model (see Appendix J) are included in your program design. If a particular key element/characteristic of the Treatment Drug Court model is missing, you must provide a justification for not including it. **[Note: This element has been weighted such that 10 points of the 30 points for this section will be scored for this element.]**

- Applicants must demonstrate evidence of direct and extensive consultation and collaboration with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the project. You must include a letter from the State substance abuse agency in **Appendix 5** that indicates the involvement of the agency.

- Describe how you will screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders, and use the information obtained from the screening and assessment to develop appropriate treatment approaches for persons identified as having such co-occurring disorders.

- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of

services to be provided and anticipated outcomes. Describe how the target population will be identified, recruited, and retained.

- Discuss the target population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Appendix 1**.

- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.

- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment personnel.

- Discuss how key staff have demonstrated experience in serving the target population and are familiar with the culture of the target population. If the target population is multilinguistic, indicate if the staffing pattern includes bilingual and bicultural individuals.

- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible,

compliant with the Americans with Disabilities Act (ADA), and amenable to the target population. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.4 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.

- Describe how data will be used to manage the project and assure continuous quality improvement.

- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

  Program Costs. The following are considered reasonable ranges by treatment modality:

  - Drug Court Programs (regardless of client treatment modality - residential, outpatient, non-methadone, outpatient, methadone, intensive outpatient, screening/brief treatment/outreach/pretreatment services or peer recovery support services): $3,000 to $5,000

- Describe your plan for conducting the performance assessment as specified in Section I-2.5 of this RFA and document your ability to conduct the assessment.

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

SUPPORTING DOCUMENTATION

Section F: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section G: Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, and that no more than 20% of the total grant award will be used for data collection and performance assessment. An illustration of a budget and narrative justification is included in Appendix H of this document.

Section H: Biographical Sketches and Job Descriptions**.**

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position

description and/or a letter of commitment with a current biographical sketch from the individual.

- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application, using the guidelines provided below.

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven bullets below. Appendix F of this RFA provides a more detailed discussion of issues applicants should consider in addressing these seven bullets. 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 bullets, 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.

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

- Describe the target population and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.

- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. 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 to be effective by consulting with existing local programs and reviewing the relevant literature.

In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed $20. (See Appendix F: Confidentiality and Participant Protection.)

- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, "Data Collection Instruments/Interview Protocols." State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.

- Explain how you will ensure privacy and confidentiality of participants' records, data collected, interviews, and group discussions. Describe where the data will be stored, safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. Provide copies of all consent forms in **Appendix 3** of your application, "Sample Consent Forms." If needed, give English translations.

- Discuss why the risks are reasonable compared to expected benefits 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 of 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.

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, 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 clients 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, or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above. For those programs where the individual award is over $100,000, applications also must be reviewed by the appropriate National Advisory Council.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers and, when applicable, approved by the Center for Substance Abuse Treatment's National Advisory Council;

- availability of funds; and

- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size.

An application that requests funds to serve more than one treatment drug court will not be funded. No more than one grant award per local or county court jurisdiction will be made. SAMHSA will coordinate with the Department of Justice's Office of Justice Programs, Bureau of Justice Assistance (BJA) on FY 2008 Treatment Drug Court awards to ensure that an individual Treatment Drug Court does not receive both a new BJA implementation grant and a new SAMHSA Treatment Drug Court expansion and/or enhancement grant.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award, signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

If you are not funded, you may re-apply if there is another receipt date for the program.

2. 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 participating 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. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.4, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit bi-annual and final progress reports, as well as annual and final financial status reports.

- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.

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

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., "GPRA data") from grantees. The performance requirements for SAMHSA's Treatment Drug Courts grant program are described in Section I-2.4 of this document under "Data Collection and Performance Measurement."

3.3 Publications

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.

- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Holly Rogers
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1014
Rockville, Maryland 20857
(240) 276-2916
holly.rogers@samhsa.hhs.gov

For questions on grants management issues contact:

Kathleen Sample
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1089
Rockville, Maryland 20857
(240) 276-1407
kathleen.sample@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. ***If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- ❑ Use the PHS 5161-1 application form.

- ❑ Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.

- ❑ Information provided must be sufficient for review.

- ❑ Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under "Submission of Electronic Applications.")

- ❑ To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ❑ The 10 application components required for SAMHSA applications should be included and submitted in the following order:

    - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
    - Abstract
    - Table of Contents
    - Budget Form (Standard Form 424A, which is in PHS 5161-1)
    - Project Narrative and Supporting Documentation
    - Appendices
    - Assurances (Standard Form 424B, which is in PHS 5161-1)
    - Certifications
    - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
    - Checklist (a form in PHS 5161-1)

- ❑ Applications should comply with the following requirements:

  - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - Documentation of nonprofit status as required in the PHS 5161-1.

- ❑ Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.

- ❑ Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ❑ The page limits for Appendices stated in Section IV-2.2 of this announcement should not be exceeded.

- ❑ Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search www.Grants.gov for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the www.Grants.gov apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; 3) Credential Provider registration; and 4) Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- *Text legibility*: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

- *Amount of space allowed for Project Narrative*: The Project Narrative for an electronic submission may not exceed **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed**. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., "Appendices 1-3", "Appendices 4-5."

Ensure all pages in your application are numbered consecutively, with the exception of the standard forms in the PHS-5161 application package. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: **"Back-up for electronic submission."** The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Include the Grants.gov tracking number in the top right corner of the face page (SF 424 v2) for any paper submission. Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424 v2), the assurances (SF 424B), and hard copy of any other required documentation that cannot be submitted electronically. **You must include the Grants.gov tracking number for your application on these documents with original signatures, on the top right corner of the face page, and send the documents to the following address. The documents must be received at the following address within 5 business days after your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery services, change the zip code to 20850.

If you require a phone number for delivery, you may use (240) 276-1199.

Appendix C - Statement of Assurance

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

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;

- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and

- official documentation that all participating 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 <u>does not</u> constitute adequate documentation.)

_____ _____

Signature of Authorized Representative Date

Appendix D – Sample Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or "change" and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a "logical" chain of "if-then" relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the **Inputs,** which are the resources, contributions, time, staff, materials**,** and equipment you will invest to change these conditions. These inputs then are organized into the **Program Components**, which are the activities, services, interventions and tasks that will reach the target population. These outputs then are intended to create **Outputs** such as changes or benefits for the consumer, families, groups, communities, organizations and SAMHSA. The understanding and further evidence of what works and what does not work will be shown in the **Outcomes**, which include achievements that occur along the path of project operation.

*The logic model presented is not a required format and SAMHSA does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.

Sample Logic Model*

Resources (Inputs)	>	Program Components (Activities)	>	Outputs (Objectives)	>	Outcomes (Goals)
Examples		**Examples**		**Examples**		**Examples**
People Staff – hours Volunteer – hours Funds Other resources Facilities Equipment Community services		Outreach Intake/Assessment Client Interview Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices Other Services Placement in employment Prenatal care Child care Aftercare Program Support Fundraising Long-range planning Administration Public Relations		Waiting list length Waiting list change Client attendance Client participation Number of Clients: Admitted Terminated Inprogram Graduated Placed Number of Sessions: Per month Per client/month Funds raised Number of volunteer hours/month Other resources required		Inprogram: Client satisfaction Client retention In or postprogram: Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Appendix E – Logic Model Resources

Chen, W.W., Cato, B.M., & Rainford, N. (1998-9). Using a logic model to plan and evaluate a community intervention program: A case study. *International Quarterly of Community Health Education*, *18*(4), 449-458.

Edwards, E.D., Seaman, J.R., Drews, J., & Edwards, M.E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, *13*(2), 43-62.

Hernandez, M. & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas into Action*. [Making children's mental health services successful series, volume 1]. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies. http://cfs.fmhi.usf.edu or phone (813) 974-4651

Hernandez, M. & Hodges, S. (2001). Theory-based accountability. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health*, pp. 21-40. Baltimore: Brookes.

Julian, D.A. (l997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, *20*(3), 251-257.

Julian, D.A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and Program Planning*, *18*(4), 333-341.

Patton, M.Q. (1997). *Utilization-Focused Evaluation* (3rd Ed.), pp. 19, 22, 241. Thousand Oaks, CA: Sage.

Wholey, J.S., Hatry, H.P., Newcome, K.E. (Eds.) (1994). *Handbook of Practical Program Evaluation.* San Francisco, CA: Jossey-Bass Inc.

Appendix F – Confidentiality and Participant Protection

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 target population(s) 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 in **Appendix 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.

  - Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, "Sample Consent Forms"**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

   Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. 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.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the Web at http://www.hhs.gov/ohrp. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (240/453-6900). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

Appendix G – Funding Restrictions

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.

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

Appendix H – Sample Budget and Justification

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Project Director	J. Doe	$30,000	1.0	$30,000	$-0-	
Clinical Director	J. Doe			$-0-	In-Kind	
Secretary	Unnamed	$18,000	0.5	$-0-	$ 9,000	
Counselor	R. Down	$25,000	1.0	$25,000	$-0-	
SUBTOTAL				**$55,000**	**$9,000**	
Enter Personnel subtotal on 424A, Section B, 6.a.						**$64,000**
Fringe Benefits (24%)				$15,360	$-0-	
SUBTOTAL				**$15,360**	**$-0-**	
Enter Fringe Benefits subtotal on 424A, Section B, 6.b.						**$15,360**

Travel

2 trips for SAMHSA Meetings for 2 Attendees (Airfare @ $600 x 4 = $2,400) + (per diem @ $120 x 4 x 6 days = $2,880)	$5,280	$-0-
Local Travel (500 miles x .24 per mile)	$-0-	$120
SUBTOTAL	**$5,280**	**$120**
Enter Travel subtotal on 424A, Section B, 6.c.		**$ 5,400**

[Note: Current Federal Government per diem rates are available at www.gsa.gov.]

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) $5000.

SUBTOTAL	**$-0-**	**$-0-**
Enter Equipment subtotal on 424A, Section B, 6.d.		**$-0-**

Supplies

Office Supplies	$500	$-0-	
Computer Software – Microsoft Word	$-0-	500	

Enter Supplies subtotal on 424A, Section B, 6.e. **$1,000**

CONTRACTUAL COSTS

Evaluation

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Evaluator	J. Wilson	$48,000	.05	$24,000	$-0-	
Other Staff		$18,000	1.0	$18,000	$-0-	
Fringe Benefits (25%)				$10,500	$-0-	
Travel						
2 trips x 1 Evaluator ($600 x 2)				$ 1,200	$-0-	
Per Diem @ $120 x 6				720	$-0-	
Supplies (General Office)				500	$-0-	
Evaluation Contractual Direct Costs				$54,920	$-0-	
Evaluation Contractual Indirect Costs (19%)				$10,435	$-0-	
Evaluation Contract Subtotal				**$65,355**		
SUBTOTAL				**$65,355**	**$-0-**	**$65,355**

Training

Job Title	Name	Annual Salary	Level of Effort	SAMHSA Funded	Non-Federal Sources	TOTAL
Coordinator	M. Smith	$ 12,000	0.5	$12,000	$-0-	
Admin. Asst.	N. Jones	9,000	0.5	9,000	$-0-	
Fringe Benefits (25%)				5,250	$-0-	
Travel						
2 Trips for Training						
Airfare @ $600 x 2				$1,200	$-0-	
Per Diem $120 x 2 x 2 days				480	$-0-	
Local (500 miles x .24/mile)				120	$-0-	
Supplies						
Office Supplies				$500	$-0-	
Software (Microsoft Word)				$500	$-0-	
Training Contractual Direct Costs Subtotal				$40,025	$-0-	**$40,025**
Training Contractual Indirect Costs Subtotal				$-0-	$-0-	**$-0-**

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

SUBTOTAL	**$105,380**	**$-0-**	**$105,380**
Enter Contractual subtotal on 424A, Section B, 6.f.			**$105,380**

	SAMHSA Funded	**Non-Federal Sources**	**TOTAL**
OTHER			
Rent (500 Sq. Ft. x $9.95)	$ 4,975	$-0-	
Telephone	$ 500	$-0-	
Maintenance (e.g., van)	$-0-	$ 2,500	
Audit	$-0-	$ 3,000	
Consultants = Expert @ $250/day X 6 day (If expert is known, should list by name)	$ 1,500	$-0-	
SUBTOTAL	**$6,957**	**$5,500**	
Enter Other subtotal on 424A, Section B, 6.h.			**$12,475**
TOTAL DIRECT CHARGES (sum of 6.a-6.h)			
Enter Total Direct on 424A, Section B, 6.i.			**$192,640**
INDIRECT CHARGES			
15% of Salary and Wages (copy of negotiated Indirect Cost Rate Agreement attached) [$64,000 X 15% = $9,600]			
Enter Indirect Costs subtotal of 424A, Section B, 6.j.			**$9,600**
Enter TOTALS on 424A, Section B, 6.k. (sum of 6i and 6j)			**$202,240**

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined. If rent is requested, provide the name of the owner of the building/facility. If anyone related to the project owns the building which is a less than arms length arrangement, provide cost of ownership/use allowance.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to: a) waive indirect costs if an award is issued; or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

OTHER SOURCES – If other non-Federal sources of funding, including match or cost sharing as a total operating budget is included, provide the name of the source, e.g., in-kind, foundation, program income, Medicaid, State funds, applicant organization, etc., and explain its use.

CALCULATION OF FUTURE BUDGET PERIODS
(based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified. (NOTE: salary cap of $191,300 is effective for all FY 2008 awards.)

	First 12-month Period	**Second 12-month Period**	**Third 12-month Period**
Personnel			
Project Director	30,000	30,000	30,000
Secretary*	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies**	1,000	520	520

**Increased amount in 01 year represents costs for software.

Contractual			
Evaluation***	65,355	67,969	70,688
Training	40,025	40,025	40,025

***Increased amounts in 02 and 03 years reflect the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second through the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.

Appendix I - Proposed Number of Service Recipients- Guidelines and Definitions

Instructions

Your application must specify the proposed number of service recipients in the Abstract and in the Project Narrative under Section C: Proposed Implementation Approach.

In estimating the number of service recipients 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 TCE 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.

Appendix J – The Ten Key Components of a Drug Court

Key Component #1

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

Purpose: The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offenders dependent on alcohol and other drugs. Realization of these goals requires a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, TASC programs, evaluators, an array of local service providers, and the greater community. State-level organizations representing AOD issues, law enforcement and criminal justice, vocational rehabilitation, education, and housing also have important roles to play. The combined energies of these individuals and organizations can assist and encourage defendants to accept help that could change their lives.

The criminal justice system has the unique ability to influence a person shortly after a significant triggering event such as arrest, and thus persuade or compel that person to enter and remain in treatment. Research indicates that a person coerced to enter treatment by the criminal justice system is likely to do as well as one who volunteers.[2]

Drug courts usually employ a multiphased treatment process, generally divided into a stabilization phase, an intensive treatment phase, and a transition phase. The stabilization phase may include a period of AOD detoxification, initial treatment assessment, education, and screening for other needs. The intensive treatment phase typically involves individual and group counseling and other core and adjunctive therapies as they are available (see Key Component 4). The transition phase may emphasize social reintegration, employment and education, housing services, and other aftercare activities.

Performance Benchmarks:

1. Initial and ongoing planning is carried out by a broad-based group, including persons representing all aspects of the criminal justice system, the local treatment delivery system, funding agencies, the local community other key policymakers.

2. Documents defining the drug court's mission, goals, eligibility criteria, operating procedures, and performance measures are collaboratively developed, reviewed, and agreed upon.

3. Abstinence and law-abiding behavior are the goals, with specific and measurable criteria marking progress. Criteria may include compliance with program requirements, reductions in

[2] Hubbard, R., Marsden, M., Rachal, J., Harwood, H., Cavanaugh, E., and Ginzburg, H. Drug Abuse Treatment: A National Study of Effectiveness. Chapel Hill: University of North Carolina Press, 1989.

Pringle G., Impact of the criminal justice system on substance abusers seeking professional help, Journal of Drug Issues. Summer, pp. 275283, vol 12, no. 3, 1982.

criminal behavior and AOD use, participation in treatment, restitution to the victim or to the community, and declining incidence of AOD use.

4. The court and treatment providers maintain ongoing communication, including frequent exchanges of timely and accurate information about the individual participant's overall program performance.[3]

5. The judge plays an active role in the treatment process, including frequently reviewing treatment progress. The judge responds to each participant's positive efforts as well as to noncompliant behavior.

6. Interdisciplinary education is provided for every person involved in drug court operations to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.

7. Mechanisms for sharing decision making and resolving conflicts among drug court team members, such as multidisciplinary committees, are established to ensure professional integrity.

Key Component #2

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

Purpose: To facilitate an individual's progress in treatment, the prosecutor and defense counsel must shed their traditional adversarial courtroom relationship and work together as a team. Once a defendant is accepted into the drug court program, the team's focus is on the participant's recovery and law-abiding behavior--not on the merits of the pending case.

The responsibility of the prosecuting attorney is to protect the public's safety by ensuring that each candidate is appropriate for the program and complies with all drug court requirements. The responsibility of the defense counsel is to protect the participant's due process rights while encouraging full participation. Both the prosecuting attorney and the defense counsel play important roles in the court's coordinated strategy for responding to noncompliance.

Performance Benchmarks:

1. Prosecutors and defense counsel participate in the design of screening, eligibility, and case-processing policies and procedures to guarantee that due process rights and public safety needs are served.

2. For consistency and stability in the early stages of drug court operations, the judge, prosecutor, and court-appointed defense counsel should be assigned to the drug court for a sufficient period of time to build a sense of teamwork and to reinforce a nonadversarial atmosphere.

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[3] All communication about an individual's participation in treatment must be in compliance with the provisions of 42 CFR Part 2 (the federal regulations governing confidentiality of alcohol and drug abuse patient records), and with similar State and local regulations.

3. The prosecuting attorney:

- reviews the case and determines if the defendant is eligible for the drug court program;
- files all necessary legal documents;
- participates in a coordinated strategy for responding to positive drug tests and other instances of noncompliance;
- agrees that a positive drug test or open court admission of drug possession or use will not result in the filing of additional drug charges based on that admission; and
- makes decisions regarding the participant's continued enrollment in the program based on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.

4. The defense counsel:

- reviews the arrest warrant, affidavits, charging document, and other relevant information, and reviews all program documents (e.g., waivers, written agreements);
- advises the defendant as to the nature and purpose of the drug court, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in the drug court will affect his or her interests;
- explains all of the rights that the defendant will temporarily or permanently relinquish;
- gives advice on alternative courses of action, including legal and treatment alternatives available outside the drug court program, and discusses with the defendant the long-term benefits of sobriety and a drug-free life;
- explains that because criminal prosecution for admitting to AOD use in open court will not be invoked, the defendant is encouraged to be truthful with the judge and with treatment staff, and informs the participant that he or she will be expected to speak directly to the judge, not through an attorney.

Key Component #3

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

Purpose: Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can force substance abusing behavior into the open, making denial difficult. The period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of AOD treatment. Judicial action, taken promptly after arrest, capitalizes on the crisis nature of the arrest and booking process.

Rapid and effective action also increases public confidence in the criminal justice system. Moreover, incorporating AOD concerns into the case disposition process can be a key element in strategies to link criminal justice and AOD treatment systems overall.

Performance Benchmarks:

1. Eligibility screening is based on established written criteria. Criminal justice officials or others (e.g., pretrial services, probation, TASC) are designated to screen cases and identify potential drug court participants.

2. Eligible participants for drug court are promptly advised about program requirements and the relative merits of participating.

3. Trained professionals screen drug court-eligible individuals for AOD problems and suitability for treatment.

4. Initial appearance before the drug court judge occurs immediately after arrest or apprehension to ensure program participation.

5. The court requires that eligible participants enroll in AOD treatment services immediately.

Key Component #4

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

Purpose: The origins and patterns of AOD problems are complex and unique to each individual. They are influenced by a variety of accumulated social and cultural experiences. If treatment for AOD is to be effective, it must also call on the resources of primary health and mental health care and make use of social and other support services.[4]

In a drug court, the treatment experience begins in the courtroom and continues through the participant's drug court involvement. In other words, drug court is a comprehensive therapeutic experience, only part of which takes place in a designated treatment setting. The treatment and criminal justice professionals are members of the therapeutic team.

The therapeutic team (treatment providers, the judge, lawyers, case managers, supervisors, and other program staff) should maintain frequent, regular communication to provide timely reporting of a participant's progress and to ensure that responses to compliance and noncompliance are swift and coordinated. Procedures for reporting progress should be clearly defined in the drug court's operating documents.

While primarily concerned with criminal activity and AOD use, the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, HIV and sexually-transmitted diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles--especially domestic violence--and the long-term effects of childhood physical and sexual abuse. If not addressed, these factors will impair an individual's success in treatment and will compromise compliance with program requirements. Co-occurring factors should be considered in treatment planning. In addition, treatment services must be relevant to the ethnicity, gender, age, and other characteristics of the participants.

[4] Treatment-Based Drug Court Planning Guide and Checklist, Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System, TIP #21, Treatments Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing, TIP #23. Rockville, MD: Center for Substance Abuse Treatment, 1996.

Longitudinal studies have consistently documented the effectiveness of AOD treatment in reducing criminal recidivism and AOD use.[5] A study commissioned by the Office of National Drug Control Policy found AOD treatment is significantly more cost-effective than domestic law enforcement, interdiction, or "source-country control" in reducing drug use in the United States.[6] Research indicates that the length of time an offender spends in treatment is related to the level of AOD abuse and criminal justice involvement.[7] A comprehensive study conducted by the State of California indicates that AOD treatment provides a $7 return for every $1 spent on treatment. The study found that outpatient treatment is the most cost-effective approach, although residential treatment, sober living houses, and methadone maintenance are also cost-effective.[8] Comprehensive studies conducted in California[9] and Oregon[10] found that positive outcomes associated with AOD treatment are sustained for several years following completion of treatment.

For the many communities that do not have adequate treatment resources, drug courts can provide leadership to increase treatment options and enrich the availability of support services. Some drug courts have found creative ways to access services, such as implementing treatment readiness programs for participants who are on waiting lists for comprehensive treatment programs. Other drug courts have made use of pretrial, probation, and public health treatment services.

Performance Benchmarks:

1. Individuals are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and individuals are suitably matched:

- An assessment at treatment entry, while useful as a baseline, provides a time specific "snapshot" of a person's needs and may be based on limited or unreliable information. Ongoing assessment is necessary to monitor progress, to change the treatment plan as necessary, and to identify relapse cues.

- If various levels of treatment are available, participants are matched to programs according to their specific needs. Guidelines for placement at various levels should be developed.

- Screening for infectious diseases and health referrals occurs at an early stage.

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[5] The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision. Lipton, D., Washington, DC: National Institute of Justice, Research Report, November 1995.

[6] Rydell, P., Everingham, S. Controlling Cocaine: Supply Versus Demand Programs. Santa Monica, CA: RAND Corporation, Office of National Drug Control Policy, Policy Research Center, 1994.

[7] Field, G. Oregon prison drug treatment programs. In C. Leukefeld and F. Tims (eds.), Drug Abuse Treatment in Prisons and Jails. Research monograph series #108. Rockville, MD: National Institute on Drug Abuse, 1992. Wexler, H., Falkin, G., and Lipton, D. Outcome evaluation of a prison therapeutic community for substance abuse treatment. Criminal Justice and Behavior, 17, pp 71-92, 1990.

[8] Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA) General Report. Sacramento, CA: California Department of Alcohol and Drug Programs, April 1994.

[9] Ibid.

[10] Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon. Salem, OR: Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources, February 1996.

2. Treatment services are comprehensive:

- Services should be available to meet the needs of each participant.
- Treatment services may include, but are not limited to; group counseling; individual and family counseling; relapse prevention; 12-step self-help groups; preventive and primary medical care; general health education; medical detoxification; acupuncture for detoxification, for control of craving, and to make people more amenable to treatment; domestic violence programs; batterers' treatment; and treatment for the long-term effects of childhood physical and sexual abuse.
- Other services may include housing; educational and vocational training; legal, money management, and other social service needs; cognitive behavioral therapy to address criminal thinking patterns; anger management; transitional housing; social and athletic activities; and meditation or other techniques to promote relaxation and self-control.
- Specialized services should be considered for participants with co-occurring AOD problems and mental health disorders. Drug courts should establish linkages with mental health providers to furnish services (e.g., medication monitoring, acute care) for participants with co-occurring disorders. Flexibility (e.g., in duration of treatment phases) is essential in designing drug court services for participants with mental health problems.
- Treatment programs or program components are designed to address the particular treatment issues of women and other special populations.
- Treatment is available in a number of settings, including detoxification, acute residential, day treatment, outpatient, and sober living residences.
- Clinical case management services are available to provide ongoing assessment of participant progress and needs, to coordinate referrals to services in addition to primary treatment, to provide structure and support for individuals who typically have difficulty using services even when they are available, and to ensure communication between the court and the various service providers.

3. Treatment services are accessible:

- Accommodations are made for persons with physical disabilities, for those not fluent in English, for those needing child care, and/or for persons with limited literacy.
- Treatment facilities are accessible by public transportation, when possible.

4. Funding for treatment is adequate, stable, and dedicated to the drug court:

- To ensure that services are immediately available throughout a participant's treatment, agreements are made between courts and treatment providers. These agreements are based on firm budgetary and service delivery commitments.
- Diverse treatment funding strategies are developed based on both government and private sources at national, State and local levels.

- Health care delivered through managed care organizations is encouraged to provide resources for the AOD treatment of member participants.
- Payment of fees, fines, and restitution is part of treatment.
- Fee schedules are commensurate with an individual's ability to pay. However, no one should be turned away solely because of an inability to pay.

5. Treatment services have quality controls:

- Direct service providers are certified or licensed where required, or otherwise demonstrate proficiency according to accepted professional standards.
- Education, training, and ongoing clinical supervision are provided to treatment staff.

6. Treatment agencies are accountable:

- Treatment agencies give the court accurate and timely information about a participant's progress. Information exchange complies with the provisions of 42 CFR, Part 2 (the Federal regulations governing confidentiality of AOD abuse patient records) and with applicable State statutes.
- Responses to progress and noncompliance are incorporated into the treatment protocols.

7. Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.

Key Component #5

Abstinence is monitored by frequent alcohol and other drug testing.

Purpose: Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress. Modern technology offers highly reliable testing to determine if an individual has recently used specific drugs. Further, it is commonly recognized that alcohol use frequently contributes to relapse among individuals whose primary drug of choice is not alcohol.

AOD testing results are objective measures of treatment effectiveness, as well as a source of important information for periodic review of treatment progress. AOD testing helps shape the ongoing interaction between the court and each participant. Timely and accurate test results promote frankness and honesty among all parties.

AOD testing is central to the drug court's monitoring of participant compliance. It is both objective and cost-effective. It gives the participant immediate information about his or her own progress, making the participant active and involved in the treatment process rather than a passive recipient of services.

Performance Benchmarks:

1. AOD testing policies and procedures are based on established and tested guidelines, such as those established by the American Probation and Parole Association. Contracted laboratories analyzing urine or other samples should also be held to established standards.

2. Testing may be administered randomly or at scheduled intervals, but occurs no less than twice a week during the first several months of an individual's enrollment. Frequency thereafter will vary depending on participant progress.

3. The scope of testing is sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse, including alcohol.

4. The drug-testing procedure must be certain. Elements contributing to the reliability and validity of a urinalysis testing process include, but are not limited to:

- Direct observation of urine sample collection;
- Verification temperature and measurement of creatinine levels to determine the extent of water loading;
- Specific, detailed, written procedures regarding all aspects of urine sample collection, sample analysis, and result reporting;
- A documented chain of custody for each sample collected;
- Quality control and quality assurance procedures for ensuring the integrity of the process; and
- Procedures for verifying accuracy when drug test results are contested.

5. Ideally, test results are available and communicated to the court and the participant within one day. The drug court functions best when it can respond immediately to noncompliance; the time between sample collection and availability of results should be short.

6. The court is immediately notified when a participant has tested positive, has failed to submit to AOD testing, has submitted the sample of another, or has adulterated a sample.

7. The coordinated strategy for responding to noncompliance includes prompt responses to positive tests, missed tests, and fraudulent tests.

8. Participants should be abstinent for a substantial period of time prior to program graduation.

Key Component #6

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

Purpose: An established principle of AOD treatment is that addiction is a chronic, relapsing condition. A pattern of decreasing frequency of use before sustained abstinence from alcohol and other drugs is common. Becoming sober or drug free is a learning experience, and each relapse to AOD use may teach something about the recovery process.

Implemented in the early stages of treatment and emphasized throughout, therapeutic strategies aimed at preventing the return to AOD use help participants learn to manage their ambivalence toward recovery, identify situations that stimulate AOD cravings, and develop skills to cope with high-risk situations. Eventually, participants learn to manage cravings, avoid or deal more effectively with high-risk situations, and maintain sobriety for increasing lengths of time.

Abstinence and public safety are the ultimate goals of drug courts, but many participants exhibit a pattern of positive urine tests within the first several months following admission. Because AOD problems take a long time to develop and because many factors contribute to drug use and dependency, it is rare that an individual ceases AOD use as soon as he or she enrolls in treatment. Even after a period of sustained abstinence, it is common for individuals to occasionally test positive.

Although drug courts recognize that individuals have a tendency to relapse, continuing AOD use is not condoned. Drug courts impose appropriate responses for continuing AOD use. Responses increase in severity for continued failure to abstain.

A participant's progress through the drug court experience is measured by his or her compliance with the treatment regimen. Certainly cessation of drug use is the ultimate goal of drug court treatment. However, there is value in recognizing incremental progress toward the goal, such as showing up at all required court appearances, regularly arriving at the treatment program on time, attending and fully participating in the treatment sessions, cooperating with treatment staff, and submitting to regular AOD testing.

Drug courts must reward cooperation as well as respond to noncompliance. Small rewards for incremental successes have an important effect on a participant's sense of purpose and accomplishment. Praise from the drug court judge for regular attendance or for a period of clean drug tests, encouragement from the treatment staff or the judge at particularly difficult times, and ceremonies in which tokens of accomplishment are awarded in open court for completing a particular phase of treatment are all small but very important rewards that bolster confidence and give inspiration to continue.

Drug courts establish a coordinated strategy, including a continuum of responses, to continuing drug use and other noncompliant behavior. A coordinated strategy can provide a common operating plan for treatment providers and other drug court personnel. The criminal justice system representatives and the treatment providers develop a series of complementary, measured responses that will encourage compliance. A written copy of these responses, given to participants during the orientation period, emphasizes the predictability, certainty, and swiftness of their application.

Performance Benchmarks:

1. Treatment providers, the judge, and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance and to enable the court to respond immediately. Procedures for reporting noncompliance are clearly defined in the drug court's operating documents.

2. Responses to compliance and noncompliance are explained verbally and provided in writing to drug court participants before their orientation. Periodic reminders are given throughout the treatment process.

3. The responses for compliance vary in intensity:

- Encouragement and praise from the bench;
- Ceremonies and tokens of progress, including advancement to the next treatment phase;
- Reduced supervision;
- Decreased frequency of court appearances;
- Reduced fines or fees;
- Dismissal of criminal charges or reduction in the term of probation;
- Reduced or suspended incarceration; and
- Graduation.

4. Responses to or sanctions for noncompliance might include:

- Warnings and admonishment from the bench in open court;
- Demotion to earlier program phases;
- Increased frequency of testing and court appearances;
- Confinement in the courtroom or jury box;
- Increased monitoring and/or treatment intensity;
- Fines;
- Required community service or work programs;
- Escalating periods of jail confinement (However, drug court participants remanded to jail should receive AOD treatment services while confined); and
- Termination from the program and reinstatement of regular court processing.

Key Component #7

Ongoing judicial interaction with each drug court participant is essential.

Purpose: The judge is the leader of the drug court team, linking participants to AOD treatment and to the criminal justice system. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to participants--often for the first time--that someone in authority cares about them and is closely watching what they do.

Drug courts require judges to step beyond their traditionally independent and objective arbiter roles and develop new expertise. The structure of the drug court allows for early and frequent judicial intervention. A drug court judge must be prepared to encourage appropriate behavior and to discourage and penalize inappropriate behavior. A drug court judge is knowledgeable about treatment methods and their limitations.

Performance Benchmarks:

1. Regular status hearings are used to monitor participant performance:

- Frequent status hearings during the initial phases of each participant's program establish and reinforce the drug court's policies, and ensure effective supervision of each drug court participant. Frequent hearings also give the participant a sense of how he or she is doing in relation to others.
- Time between status hearings may be increased or decreased, based on compliance with treatment protocols and progress observed.
- Having a significant number of drug court participants appear at a single session gives the judge the opportunity to educate both the offender at the bench and those waiting as to the benefits of program compliance and consequences for noncompliance.

2. The court applies appropriate incentives and sanctions to match the participant's treatment progress.

3. Payment of fees, fines and/or restitution is part of the participant's treatment. The court supervises such payments and takes into account the participant's financial ability to fulfill these obligations. The court ensures that no one is denied participation in drug courts solely because of inability to pay fees, fines, or restitution.

Key Component #8

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

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). Grantees will be required to report performance in the following domains: 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.

You must document your ability to collect and report the required data in "Section E: Performance Assessment and Data" of your application. Grantees must collect and report data using the CSAT Discretionary Services Client Level GPRA Tool, which can be found at http://www.samhsa.gov/grants/tools.aspx, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

GPRA data must be collected at baseline (i.e., the client's entry into the project), discharge, and 6 months post baseline. 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. In addition, 80% of the participants must be followed-up. GPRA 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 collecting, tracking, and follow-up, as well as data entry, will be provided by CSAT.

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. Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

Key Component #9

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

Purpose: Periodic education and training ensures that the drug court's goals and objectives, as well as policies and procedures, are understood not only by the drug court leaders and senior managers, but also by those indirectly involved in the program. Education and training programs also help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and AOD treatment personnel, and promote a spirit of commitment and collaboration.

All drug court staff should be involved in education and training, even before the first case is heard. Interdisciplinary education exposes criminal justice officials to treatment issues, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the treatment and the justice system components. Judges and court personnel typically need to learn about the nature of AOD problems and the theories and practices supporting specific treatment approaches. Treatment providers typically need to become familiar with criminal justice accountability issues and court operations. All need to understand and comply with drug testing standards and procedures.

For justice system or other officials not directly involved in the program's operations, education provides an overview of the mission, goals, and operating procedures of the drug court.

A simple and effective method of educating new drug court staff is to visit an existing court to observe its operations and ask questions. On-site experience with an operating drug court provides an opportunity for new drug court staff to talk to their peers directly and to see how their particular role functions.

Performance Benchmarks:

1. Key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures should also define requirements for the continuing education of each drug court staff member.

2. Attendance at education and training sessions by all drug court personnel is essential. Regional and national drug court training provide critical information on innovative developments across the Nation. Sessions are most productive when drug court personnel attend as a group. Credits for continuing professional education should be offered, when feasible.

3. Continuing education institutionalizes the drug court and moves it beyond its initial identification with the key staff who may have founded the program and nurtured its development.

4. An education syllabus and curriculum are developed, describing the drug court's goals, policies, and procedures. Topics might include:

- Goals and philosophy of drug courts;
- The nature of AOD abuse, its treatment and terminology;
- The dynamics of abstinence and techniques for preventing relapse;
- Responses to relapse and to noncompliance with other program requirements;
- Basic legal requirements of the drug court program and an overview of the local criminal justice system's policies, procedures, and terminology;
- Drug testing standards and procedures;
- Sensitivity to racial, cultural, ethnic, gender, and sexual orientation as they affect the operation of the drug court;
- Interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis"); and
- Federal, State, and local confidentiality requirements.

Key Component #10

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

Purpose: Because of its unique position in the criminal justice system, a drug court is especially well-suited to develop coalitions among private community-based organizations, public criminal justice agencies, and AOD treatment delivery systems. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts.

The drug court is a partnership among organizations--public, private, and community-based--dedicated to a coordinated and cooperative approach to the AOD offender. The drug court fosters systemwide involvement through its commitment to share responsibility and participation of program partners. As a part of--and as a leader in--the formation and operation of community partnerships, drug courts can help restore public faith in the criminal justice system.

Performance Benchmarks:

1. Representatives from the court, community organizations, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community meet regularly to provide guidance and direction to the drug court program.

2. The drug court plays a pivotal role in forming linkages between community groups and the criminal justice system. The linkages are a conduit of information to the public about the drug court, and conversely, from the community to the court about available community services and local problems.

3. Partnerships between drug courts and law enforcement and/or community policing programs can build effective links between the court and offenders in the community.

4. Participation of public and private agencies, as well as community-based organizations, is formalized through a steering committee. The steering committee aids in the acquisition and distribution of resources. An especially effective way for the steering committee to operate is through the formation of a nonprofit corporation structure that includes all the principle drug court partners, provides policy guidance, and acts as a conduit for fundraising and resource acquisition.

5. Drug court programs and services are sensitive to and demonstrate awareness of the populations they serve and the communities in which they operate. Drug courts provide opportunities for community involvement through forums, informational meetings, and other community outreach efforts.

6. The drug court hires a professional staff that reflects the population served, and the drug court provides ongoing cultural competence training.

More information can be found at the following site: http://www.nadcp.org/whatis.

Appendix K – Useful Criminal Justice Websites and Electronic Newsletters

CDC Correctional Health Home Page
http://www.cdc.gov/nchstp/od/cccwg/default.htm

Bureau of Justice Statistics
http://www.ojp.usdoj.gov/bjs/welcome.html

National Institute of Justice
http://www.ojp.usdoj.gov/nij/topics/a-z-index.htm

National Commission on Correctional Health Care
http://www.ncchc.org

Office on National Drug Court Policy
http://www.whitehousedrugpolicy.gov

National Criminal Justice Reference Service
http://www.ncjrs.gov/App/Topics/Topic.aspx?Topicid=35

Vera Institute of Justice
http://www.vera.org

Bureau of Justice Assistance (BJA)
http://www.ojp.usdoj.gov/BJA

Addiction Technology Transfer Center
http://www.nattc.org

Center for Court Innovation
http://www.courtinnovation.org/publications.html#future

National Treatment Accountability for Safer Communities (TASC)
http://www.nationaltasc.org

American Correctional Association (ACA)
http://www.aca.org

National Institute of Justice
http://www.ojp.usdoj.gov/nij

National Institute on Drug Abuse
http://www.nida.nih.gov

Urban Institute
http://www.urban.org/Template.cfm?NavMenuID=24

American Correctional Health Services Association
http://www.achsa.org

U.S. Department of Justice (DOJ)
http://www.usdoj.gov

National Institute of Corrections
http://www.nicic.org

National Center for State Courts
http://www.ncsconline.org/wc/CourTopics/topiclisting.asp

National Drug Court Institute
www.ndci.org

Appendix L – Glossary

Co-occurring Disorders: The simultaneous presence of substance use (abuse or dependence) and mental disorders.

- **Screening for Co-occurring Disorders**: The purpose of screening is to determine the *likelihood* that a person has a co-occurring substance use or mental disorder. The purpose is *not* to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the client presents for services.

- **Assessment for Co-occurring Disorders**: An assessment consists of gathering information and engaging in a process with the client that enables the provider to establish the presence or absence of a co-occurring disorder; determine the client's readiness for change; identify client strengths or problem areas that may affect the processes of treatment and recovery, and engage a person in the development of an appropriate treatment relationship. Assessment is a formal process that may involve clinical interviews, administration of standardized instruments, and/or review of existing information The purpose of the assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the client to develop a treatment and service plan.

Federally-recognized Tribes: Indian Tribes with whom the Federal Government maintains an official government-to-government relationship; usually established by a Federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA), within Department of the Interior, maintains and regularly publishes the list of federally recognized Indian Tribes.*

Grant: A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Peer: An individual who shares the experience of addiction and recovery, either directly or as a family member or significant other.

Peer-to-Peer Recovery Support Services: Recovery support services designed and delivered by peers to assist others in or seeking recovery, and/or their family members and significant others, to initiate and/or sustain recovery from alcohol and drug use disorders and closely related consequences.

Practice: A practice is any activity, or collective set of activities, intended to improve outcomes for people with or at risk for substance abuse and/or mental illness. Such activities may include direct service provision, or they may be supportive activities, such as efforts to improve access to and retention in services, organizational efficiency or effectiveness, community readiness,

collaboration among stakeholder groups, education, awareness, training, or any other activity that is designed to improve outcomes for people with or at risk for substance abuse or mental illness.

Recovery Community: Persons having a history of alcohol and drug problems who are in or seeking recovery or recovered, including those currently in treatment, as well as family members, significant others, and other supporters and allies.

Recovery Support Services: Supportive services designed to assist people in or seeking recovery and their family members and significant others initiate and/or sustain recovery by providing supports in four major areas:

- Emotional support refers to demonstrations of empathy, caring, and concern that bolster one's self-esteem and confidence. Peer mentoring, peer coaching, and peer-led support groups are examples of peer-to-peer recovery support services that provide emotional support.
- Informational support involves assistance with knowledge, information, and skills. This type of support can include providing information on where to go for resources or might involve teaching a specific skill. Examples of peer recovery support services that provide informational support include peer-led life skills training (e.g., parenting, stress management, conflict resolution), job skills training, citizenship restoration, educational assistance, and health and wellness information (e.g., smoking cessation, nutrition, relaxation training).
- Instrumental support refers to concrete assistance in helping others do things or get things done, especially stressful or unpleasant tasks. Examples in this category might include providing transportation to get to support groups, child-care, clothing closets, and concrete assistance with tasks such as filling out applications or helping people obtain entitlements.
- Affiliational support offers the opportunity to establish positive social connections with other recovering people. It is important for people in recovery to learn social and recreational skills in an alcohol- and drug-free environment. Especially in early recovery – when there may be little that is reinforcing about abstaining from alcohol or drugs – alcohol- and drug-free socialization may help prevent relapse [Meyers & Squires, 2001; Miller, Meyers & Hiller-Sturmhofel, 1999). In addition, community and cultural connections can be important in helping the recovering person establish a new identity around health and wellness as opposed to an identity formed in relation to the cultures of alcohol and drugs (Coyhis and White, 2002).

Recovery support services are based, philosophically, on the notion that recovery is a larger construct than sobriety or abstinence and embraces a reengagement with the community based on resilience, health, and hope. Therefore, recovery support services are designed to focus less on the pathology of substance use disorders and more on maximizing opportunities to create a lifetime of recovery and wellness for self, family, and community.

State-Recognized Tribes: Tribes that maintain a special relationship with the State government and whose lands and rights are usually recognized by the State. State recognized Tribes may or may not be federally recognized.

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

Target Population: The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

Tribal Organizations: The recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities (PL 93-638 as amended).

*Note: Tribal Government is defined as an American Indian or Alaska Native Tribe, Band, Nation, Pueblo, Village or Community that the Secretary of Interior acknowledges to exist as an Indian Tribe pursuant to the Federally Recognized Indian List Act of 1994, 25 USC 479a.