

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PUBLIC HEALTH SERVICE

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION**

CENTER FOR SUBSTANCE ABUSE TREATMENT

A COOPERATIVE AGREEMENT FOR A  
COMPREHENSIVE PROGRAM FOR SUBSTANCE  
ABUSING ADULTS INVOLVED WITH THE JUSTICE SYSTEM  
TO BE REHABILITATED, PROVIDE RESTITUTION TO THE COMMUNITY,  
AND HAVE CERTAIN PRIVILEGES RESTORED

Short Title: **Rehabilitation and Restitution**

Guidance for Applicants (GFA) No. TI 01-002

Part I—Programmatic Guidance

Catalog of Federal Domestic Assistance No. 93.230

Under the authority of Section 509 of the Public Health Service Act, as amended, and subject to the availability of funds, the SAMHSA Center for Substance Abuse Treatment will accept applications in response to this Guidance for Applicants for the single receipt date of November 5, 2001.

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## Part I—PROGRAMMATIC GUIDANCE

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[Note to Applicants: In order to prepare an application, Part II, “General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements” (February 1999 edition), must be used in conjunction with this document, Part I, “Programmatic Guidance.”]

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## Section I - OVERVIEW

The “Comprehensive Program for Substance Abusing Adults Involved With the Justice System to Be Rehabilitated, Provide Restitution to the Community, and Have Certain Privileges Restored” (hereinafter referred to as Program Rehabilitation and Restitution) seeks to support knowledge development and systems change initiatives toward the implementation of a sophisticated, multi-system program for substance abusing offenders. This program will provide the opportunity for certain non-violent substance abusing felony offenders to recover from their addiction, provide restitution to victims and the community, and become more fully functioning citizens of the United States, with all the privileges of citizenship returned to them.

### PURPOSE

The Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), announces the availability of funds for cooperative agreements for Program Rehabilitation and Restitution. These cooperative agreements will study the effectiveness of a sophisticated, multi-system program for certain non-violent substance abusing ex-felons:

- to improve treatment retention and outcome;
- to reduce the stigma of past substance abuse and non-violent criminal activity by, among other things, increasing the number and percentage of persons who have their non-violent felony records sealed;
- to reduce criminal activity, which reduces victimization; and
- to assist program clients in becoming more fully functioning citizens of the United States,

This cooperative agreement program has been announced in response to the increasingly serious problem of non-violent substance abusing persons becoming involved with the criminal justice system, with that involvement resulting in short and long term consequences detrimental to the substance abuser, her or his family, and society. **Funds are primarily available for system coordination, case management and evaluation; only a limited amount can be used for direct services as defined in this GFA.** Substantial post-award Federal involvement is needed to meet the goals of Program Rehabilitation and Restitution. This level of involvement necessitates the use of the cooperative agreement mechanism.

SAMHSA/CSAT released “Changing the Conversation: Improving Substance Abuse Treatment: The

National Treatment Plan Initiative” (NTP) on November 28, 2000. This cooperative agreement program addresses the NTP strategy in the following ways. NTP Strategy “No Wrong Door to Treatment,” is addressed in that effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment either directly or through appropriate referral no matter where he or she enters the realm of service. NTP Strategy “Commit to Quality” is addressed in that effective treatment and the wide use of resources depend upon ongoing improvement in the quality of care. The NTP Strategy to “Change Attitudes” applies in that this initiative focuses on causing significant reduction in stigma, and changes in attitudes. The NTP strategy to “Build Partnerships” is addressed in that this strategy requires effective efforts by individuals and organizations throughout the substance abuse treatment field to work with each other and with people and groups throughout society to show a concern to improve substance abuse treatment. This initiative will establish “partnership building” as a priority objective in its programmatic activities. It will encourage formation of effective groups that will 1) unite people with alcohol and /or drug problems, people in recovery, their family and friends, and 2) bridge State/local systems of care and service that are responsible for various dimensions of the problem.

For additional information about the NTP and how to obtain a copy, see Appendix A.

## **ELIGIBILITY**

Applications may be submitted by units of State or local government, Indian Tribes, and tribal organizations, and by public and private domestic nonprofit entities such as community-based organizations and faith-based organizations.

The applicant must show, in Memoranda of Understanding or other documentation, that the appropriate court, the probation and/or parole department, prisons and/or jails, the public health department and/or social services agency, treatment providers, the local job placement agency, city or county government, district attorney and/or prosecutor, public defender, local victim’s organization, and any other appropriate agency agree, at a minimum, to the following:

- Appoint a representative of the agency, with authority to make decisions, to the Rehabilitation and Restitution Steering Committee.
- Fully participate in the planning period and throughout the implementation period.
- Commit the resources necessary to carry out the project.
- Provide all client and systems information necessary to meet evaluation needs, including information needed for evaluation up to five years after federal funding has ended. (The extent of client and system information needed for evaluation purposes after the funding period will be substantially reduced compared to during the funding period. Supplemental funding may become available for this purpose.)

- Memoranda of Understanding from the appropriate entities stating their agreement to the above requirements must be included in the application as Appendix 1. Applications without this documentation in Appendix 1 will not be reviewed and will be returned to the applicant.

### Sealing of Records

Funding is limited to applicants in States that have laws permitting the sealing of the records of most convicted, first-time non-violent ex-felons within five years of the end of post-release supervision. This restriction is essential to the basic programmatic concepts being implemented and evaluated.

Consequently, CSAT needs to place programs in States where the time period before possible sealing of records is the shortest. Further, time periods longer than five years are not acceptable given the fact the maximum permissible grant award period is five years.

The applicant must provide certification, signed by an attorney licensed to practice law in the applicant State, that State law provides or permits the following:

- The sealing of records for most convicted non-violent felons is permitted by state statute. There must be a detailed description of the non-violent felonies that are eligible for sealing, and the non-violent felonies that are not eligible for sealing. Information must be provided on the number of non-violent felonies convictions in a recent year that would eventually be eligible for sealing, and the number that would not be eligible. Applicants must show that most types of non-violent felonies are eligible for sealing, and must include felonies resulting, and also not resulting, from illegal activities involving drugs and alcohol.
- Convicted, non-violent felons whose records are sealed can effectively legally state on employment applications that they do not have a criminal record of any type with respect to the charges that are sealed. Further, they can make the same assertion orally to potential and current employers.
- Potential and current employers have no legal mechanism to determine from any state, county, or local official or record any specific information contained in sealed records, or even the fact a record, or portion of a record, is sealed. Exceptions, and the reason for the exception, must be described. All exceptions designed to allow access to sealed records by law enforcement agencies, and other exceptions to protect the public welfare, are permitted.
- Records can be sealed within five years of termination of post-incarceration or post-sentence supervision.
- The determination whether records are sealed is made by the judiciary or some other process defined by state statute. This process should be described and explained.

- (Applicants are not eligible if they are from states that use pardons by the State's governor as their mechanism to seal or expunge records.)
- No laws, administrative rules, or judicial rules now in effect in the applicant's state will prevent the applicant from implementing the program described in this Guidance for Applicants.

The appropriate statutes and other legal documentation must be attached to this certification, and the entire certification package should be included as Appendix 2 to the application.

Applicants who wish to ascertain whether their state laws with respect to sealing of records meet eligibility requirements before submitting their complete application may do so by submitting a letter or e-mail requesting the review, plus their completed Appendix 2, to Bruce Fry, CSAT Project Officer (see CONTACTS FOR ADDITIONAL INFORMATION).

While CSAT suggests requests for review be submitted as early as possible, this request for review must be received by CSAT no later than 30 days before the official due date for the application. CSAT will provide a written response by e-mail within 10 business days of receipt of the request. Please designate in your letter of request who should receive CSAT's review decision. This review is optional.

CSAT has conducted a partial review of State statutes with respect to sealing of records, and as of June, 2000, examples of States whose laws meet programmatic requirements include Kansas and Ohio.

**Applications that do not meet all criteria will be deemed ineligible and will not proceed to peer review.**

#### **AVAILABILITY OF FUNDS**

It is estimated that \$2,000,000 will be available to support two awards under this GFA in fiscal year 2002, subject to the availability of funds.

#### **PERIOD OF SUPPORT**

Support may be requested for a period of up to five years. Annual awards will be made subject to continued availability of funds and progress achieved. After the five year period, depending upon the availability of funds, supplemental awards, for purposes of supporting evaluation, may become available. The applicant should not request supplemental awards in their applications responding to this GFA.

## **Section II - PROGRAM DESCRIPTION**

### **BACKGROUND INFORMATION**

Too often a substance abusing, non-violent felon cannot leave the stigma of his or her substance abuse and criminal activity behind even after treatment has been successful and a prison sentence has been served. Regardless of the fact that many substance abusing felons undergo successful treatment during or after incarceration, their loss of many civil rights hinders their attempts to effectively re-enter society. Substance abuse and conviction of a felony, thus, carries numerous civil consequences in addition to the penal sanctions of fines or imprisonment.

The relationship between substance abuse and criminal acts has been clearly established. A majority of persons are using illegal drugs when they are arrested. Although crime rates have been relatively stable or declining in recent years, tougher laws have increased the number of offenders sent to prison and the length of time they serve. Drug-related offenses evolved from being responsible for the fewest incarcerations to causing, by far, the most incarcerations.

Persons incarcerated in our State prisons and jails are unlikely to receive appropriate substance abuse treatment. In 2000, SAMHSA's Office of Applied Studies reported 45% percent of State prisons and 68% of jails have no treatment of any kind. More seriously, in most cases where treatment is provided, it is minimal. Only 21.8% of all prisons provided treatment in segregated settings, which research shows is the most effective approach. It is estimated that about 70 % of persons in State prisons need treatment. Since most are not treated in prison, when they leave prison they still are controlled by their addictions, and are likely to commit crimes again and again until they are caught and put back into prison, where the cycle begins all over again.

It is estimated that in the year 2000, 585,400 persons were released into our communities. Most of them will again commit crimes, with 62% being rearrested within three years. The trends discussed have created the largest ex-felon population the United States has ever experienced, and the majority have substance abuse problems.

CSAT's (NTIES) study shows treatment works, reducing substance use, crime and recidivism. Several recent studies of treatment for offenders have reached the same conclusion. Dr. Harry K. Wexler and his colleagues studied substance use recidivism outcomes for offenders who received treatment in a Therapeutic Community in Amity Prison in California, and then received additional treatment and aftercare in the community. There was a randomly assigned comparison group. Dr. Wexler found that three years after release from prison, 27% of offenders who received in-prison treatment and treatment after prison had recidivated, while 75% of offenders in the comparison groups had gone back to prison. Substantial reductions in drug and alcohol use were also documented. Two other studies, one in Texas by Drs. Knight, Simpson, and Hile and one conducted in Delaware by Dr. Inciardi and his colleagues had similar results.





## Consequences of a Felony Conviction

Under the laws of many States, as well as under Federal law, conviction for a felony has consequences that linger long after a sentence has been served. The laws governing the privileges that may be lost by convicted felons vary widely from State to State, creating a complex national picture of disqualifications and restoration procedures. Even within a particular jurisdiction, there is often no general agreement as to how such laws should be interpreted and applied. This can make it difficult for a convicted felon to determine his or her legal rights and responsibilities. Further, it is not always clear whether and how privileges lost to a Federal felon under State law may be regained.

Finding permanent employment is, perhaps, the most common obstacle for many ex-felons, and one that researchers say is associated with the increased likelihood that they will return to criminal behavior (Berk et al., 1980). Research has consistently found that if parolees can find jobs as soon as possible after release, they are less likely to return to crime and prison. But ex-felons frequently face barriers to finding permanent, unsubsidized employment after release as they often lack occupational skills, have little or no experience seeking employment, and encounter employers who are uneasy about hiring individuals with criminal records (Finn 1999).

Ex-felons often have low-level jobs, which not only do not pay well, but offer no hope for the future. Those engaged in such dead-end jobs have a smaller stake in conformity in the community and are more likely to engage in criminal activity (Crutchfield, 1997).

A total of 3.9 million adults are currently permanently unable to vote as a result of felony convictions. Over a fourth of these individuals were sentenced only to probation. In 14 States, ex-felons who have fully served their sentences remain barred for life from voting. Thirteen percent of all Blacks are barred from voting, representing more than one third of the total population barred from voting, and reflecting a rate that is seven times the national average.

A history of substance abuse and imprisonment creates a kind of stigma that attaches to the individual and affects every area of her or his life. Researchers describe this stigma as a means of excluding the criminal from the social group. Historically, probation and parole were intended to offer the prospect of gradual reintegration into the community, diminishing the stigma over time (Rothman, 1980), but this use of probation and parole is less common today than it was in the past (Simon, 1993). This is partly because sentencing guidelines leave judges little room to use probation as an alternative to prison. In the absence of opportunities to be reintegrated and accepted by the community, the stigma remains, marking the ex-felon for life and often creating angry and defiant responses to the associated feelings of shame and rejection (Scheff and Retzinger, 1991).

The presence of parents in U.S. prison populations is growing. Resuming the parenting role is difficult for mothers and fathers upon release, as they may not have received the substance abuse treatment and parenting skills training they need to reunify their families. Women also often have difficulty finding housing, employment, and child care that will allow them to support their children. The effects of imprisonment on children may, therefore, last far beyond their parents' incarceration. The children also

suffer from stigma, an intergenerational effect of the labeling of their parents (Hagan and Palloni, 1990). These stigmatizing effects have been shown to lead to subsequent delinquent and criminal behavior (Rowe and Farrington 1997).

The increasing numbers of convicted felons have widespread effects on society. According to Rose and Clear (1998), imprisonment swiftly alters the social networks and structures to which ex-felons and their neighbors are connected. Absence from the community due to time in prison cuts the individual off from the informal networks of people who provide important services, such as child care, and alter life chances concerning job referrals and political connections. Upon return to the community, ex-felons must rebuild these networks. Poor people are more reliant on informal networks in their community. When individuals feel isolated, the community is weakened. In the aggregate, the impact of incarceration and the resulting social disruptions in the neighborhood can be devastating.

## **TARGET POPULATIONS**

This GFA targets nonviolent substance abusing or dependent, convicted adult felons who may be able to meet their State's legal requirements for sealing felony records.

## **PROGRAM PLAN**

Cooperative agreements will study the effectiveness of a sophisticated, multi-system program which will provide the opportunity for the target population to recover from their addiction, pay their debt to society, and become more fully functioning citizens of the United States, with all the privileges of citizenship returned to them. The concept of all privileges of citizenship includes the right of vote, and the sealing of criminal records in appropriate situations.

## **Goals**

### *Overall Goals*

Each grantee will:

1. Create a multi-system program in which non-violent ex-felons stop using drugs and alcohol, stop committing crimes, provide appropriate restitution to victims and/or the community, obtain jobs, and become successfully reconnected to their families and their community.
2. Create a multi-system program in which the community and its agencies collaborate to provide services to the non-violent ex-felon in meeting the first goal.
3. Create an agreement that if the non-violent ex-felon:
  - a. stops using drugs and alcohol,
  - b. stops committing crimes,

- c. provides appropriate restitution to victims and/or the community,
- d. makes a good faith effort to find employment, and
- e. meets other statutory requirements,

then the appropriate court will look favorably upon a petition to seal the non-violent ex-felon's criminal record. This project requires the sealing of felony arrests and convictions, and strongly encourages the sealing of misdemeanor arrests and convictions when permitted by law.

4. Assist the non-violent ex-felon in restoring other privileges s/he may have lost or had impaired because of criminal activity.
5. Evaluate whether the proposed program interventions significantly increase how often the outcomes in Goal One are met.

### *Planning Goals*

Because of the complexity of this project, there will be a planning phase which will last from several months to one year. During this period each grantee will:

1. Develop a multi-system advisory group, the "Rehabilitation and Restitution Steering Committee."
2. Develop a Program Design and Implementation Plan, and obtain approval of the plan by all participating agencies and CSAT. The design should build upon current system infrastructure and programs doing similar or related work, such as, Treatment Alternatives to Safer Communities (TASC), drug courts, community courts, alternative sentencing programs, and restorative justice programs.
3. Develop all procedures, forms, and instruments for the operation of Program Rehabilitation and Restitution, and obtain written approval from all agencies involved in their use.

### **Design**

The project must be designed to accomplish the expected long term outcomes of this program, which are:

- to improve treatment retention and outcome;
- to reduce the stigma of past substance abuse and non-violent criminal activity by, among other things, increasing the number and percentage of persons who have their non-violent felony records sealed;
- to reduce criminal activity, which reduces victimization; and
- to assist program clients in becoming more fully functioning citizens.

CSAT is testing the hypothesis that the designed multi-system program will accomplish these four goals. Sealing of records is an integral part of the design and a key expected outcome. While clients of this program will not have a greater legal right to sealing of records than clients who are not in the program, CSAT is testing whether this program will increase the number and percentage of persons who have their non-violent felony records sealed compared to non-violent felons who are not in the program.

CSAT believes that how substance abusing non-violent ex-felons are reintegrated into society is a community decision, and all elements of the community must be involved in designing the approach. Consequently, while this GFA has many recommendations for the appropriate approach, it will be up to the grantee's community, in consultation with CSAT during the planning phase, to develop the best project for the community.

### *Design Overview*

Three different models are proposed, based upon when the client enters the program. The grantee will adopt one, or a combination, of these models, as described below.

#### Alternative A - Entry Before Release From Prison

Clients would agree to be in the program while still in prison, and their participation would continue until a decision is made concerning the sealing of the client's records. The program would be a combined pre-release/post-release program. If possible, treatment services would begin in prison.<sup>1</sup> The case-managers would develop, in collaboration with prison staff, the appropriate short-term individual services plan for appropriate transition from prison to the community. Once in the community, the client and case management agency would then develop and enter, together, into the long-term Rehabilitation and Restitution Contract (see below), which would have to be approved by a multi-agency Case Management Review Team.

Under Alternative A there will be two distinct stages in case-management and services. The first phase is the Reintegration Phase, likely lasting 12 to 24 months. During this phase case-management will be more intensive and most services will be provided. Often this phase will coincide with the time that the client is subject to legal supervision such as parole or probation. The second phase is the Maintenance Phase, in which the client and case manager maintain minimal contacts until shortly before the client is eligible for sealing of records, when the case manager will prepare documentation to the court to be used to maximize the probability the court will order records sealed. During this phase the client will not be under any legal supervision, and the client will be receiving case-management services voluntarily.

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<sup>1</sup>CSAT will not provide funding for treatment during incarceration.

### Alternative B - Entry Upon Conviction and a Sentence of Probation

Under Alternative B the client population would be drawn from persons who have been convicted of a non-violent felony and sentenced to probation, or sentenced to jail and probation. The remaining features of Alternative B would be similar to Alternative A.

### Alternative C - Entry Two Years Before Eligible to Have Records Sealed

Under Alternative C the client population would be drawn from persons who are two years from being eligible to have their records sealed. This program would be entirely voluntary, since it will begin well after a client has completed any parole or probationary period. Upon entry into the program, the client would be comprehensively assessed and a Rehabilitation and Restitution Contract would be agreed upon. It is likely the client may already have completed some elements of the Rehabilitation and Restitution Contract, and the case manager will document this. Consequently, the two years of case management before a sealing decision is reached will be some combination of the Reintegration and Maintenance phases.

### *Selecting Alternative Models*

In making award decisions, CSAT will give preference to applications that use Alternative A, rather than Alternatives B or C, and it will give preference to applications that use Alternative B, rather than Alternative C. However, if an applicant can document why a more preferred Alternative is not practical, CSAT will not penalize the applicant for suggesting a less preferred alternative. Applicants may also propose using more than one Alternative simultaneously; however, this would complicate both the management and evaluation of the project. If the use of more than one alternative is proposed, the applicant must demonstrate how combining Alternatives can be successfully undertaken.

### *Establishing a Rehabilitation and Restitution Contract*

A "Rehabilitation and Restitution Contract" will be established between each client accepted into the program and all participating agencies. In return for the client's meeting the requirements of an individualized services plan, the agencies participating in the program will provide the client with very specific services. The purpose of the contract is to clearly lay out the terms under which the community agrees that a substance abusing non-violent ex-felon has paid his or her debt to society and she or he is now entitled to all the benefits of citizenship allowed by the community and State of residence. This type of contract is similar to agreements already used. There are various names for such a contract depending upon the State's systems and agencies, such as individualized case plan, terms and condition of probation or parole, services plan, and treatment contract. However, the contract required by this GFA is more ambitious in that it will likely last over a longer period of time, will require many agencies in both the justice and substance abuse treatment systems to agree to it (leaving no entity with sole control over all aspects), and will include combinations of benefits not usually addressed together.

## Elements of the Contract

Elements of the contract must include:

Requirements to be met by the substance abusing non-violent ex-felon:

- successfully complete substance abuse treatment, and remain drug and alcohol free
- submit to regular drug testing
- obtain a GED if the client has no high school diploma
- become employed, make good faith efforts to obtain employment, or have other means of support than employment
- fulfill the requirement of a restorative justice plan, including performing community service, and responding to victims' concerns when appropriate
- continue in aftercare programs, including peer support groups
- live crime free
- comply with other terms of the contract

Participating agencies will be required to provide the following services and actions:

- comprehensive assessment
- an individualized services plan
- case management, using a team case management approach
- a continuum of substance abuse treatment
- drug testing
- a complete range of support services and treatment
- support in obtaining a GED or other necessary education
- a strong job training, placement and retention program, preferably one in which employers essentially "guarantee" job slots for program participants
- a continuum of supervision
- aftercare/continuing care programs, including peer support groups
- assistance in having felony records sealed
- assistance in having misdemeanor records sealed when permitted by law

## *Program Operation*

### Staffing

- A Project Director will provide overall management and coordination.
- Case Managers - Case managers will ensure that the client receives the services agreed to by the participating agencies, and monitor the client's participation. They will be responsible for documenting completion of the Rehabilitation and Restitution Contract so a complete record is available to the court at the time a decision is made about sealing of records. These positions are meant to complement, and not duplicate, other case management functions already available

in the community. Probation or parole officers, TASC case managers, treatment case managers, or others may be available to conduct most case management activities. In those communities where strong case management resources exist, the Program Rehabilitation and Restitution case manager will have a relatively large caseload, having primarily an administrative monitoring function to ensure the elements of the contract are met. In communities where case management resources are scarce, the Program Rehabilitation and Restitution case manager will, of necessity, have smaller caseloads and will be actively providing a range of case management services.

- Evaluation staff - Grantee responsibilities will include conducting interviews; collecting, abstracting, and submitting data; and attending meetings with the national evaluator. There will be no independent local evaluation. The grantee will provide qualified staff to conduct the above activities and other assignments as directed by the national evaluator. The series of interviews will include a 3-hour baseline interview and 5 subsequent 2-hour interviews for follow up, for a total of 13 hours of interviewing per participant over the course of the project. The minimum number of participants is 1,200, including 600 in the comparison group and 600 persons receiving services. In addition to the interviewers, the applicant is required to provide staff to abstract data from participant records. Applicants should expect to conduct 2 hours of data abstraction for each participant. The applicant should provide a dedicated person to oversee the data collection process, including the interviewing and data abstraction processes. This position does not necessarily need to be full-time.
- Other staff may be proposed in any agency, with documentation showing the necessity of the position. These staff must play a key role in furthering the purpose of this cooperative agreement. Examples of position areas include those in the court that would help administer the program and persons providing job placement related services.

## **Evaluation**

The evaluation will consist of three major parts: client outcome, process, and systems impact. There will be an experimental and comparison group for the client outcome evaluation. The national evaluator, which will be funded separately by the Center for Substance Abuse Treatment, will conduct and supervise the evaluation.

In order to maintain enough statistical power to perform appropriate data analyses, applicants must plan for a minimum of 1,200 participants in the program, one half of whom must receive the integrated services and other supports, and one half who will be in a comparison group, and will receive whatever the services as usual may be if they so choose.

It will be the responsibility of the national evaluation contractor to obtain Office of Management and Budget approval of data collection instruments prior to the collection of information. Grantees should expect the national evaluation contractor to supervise the data collection process, including, but not



limited to, recruitment, interviews, data abstraction, follow up, and attrition. In addition, grantees should expect some adjustments to the program design and data collection plans as they relate to evaluation efforts. The grantees and the national evaluation contractor will work together to ensure a strong evaluation design. The grantee will provide all client and systems information necessary to meet evaluation needs, including information needed for evaluation up to five years after Federal funding has ended. The extent of client and system information needed for evaluation purposes after the funding period will be substantially reduced compared to during the funding period.

During the initial planning and subsequent years of the project, the grantee should expect to attend evaluation and technical assistance coordinating meetings at the national evaluator contractor's location. There will be four meetings conducted during the first year and two meetings held each subsequent year, for a total of 12 meetings. Applicants should plan to send a minimum of five people to attend these meetings.

Applicants must document that an appropriate comparison group is available for the evaluation, and that random assignment is feasible.

### **General Project Requirements**

Projects receiving awards under this GFA must agree to:

1. Collaborate with CSAT contractors who will conduct a national evaluation of the project and provide technical assistance. The awardee must use the data collection instruments and other instruments developed by the CSAT national evaluator, as adapted to meet local systems.
2. Grantees are expected to comply with the Government Performance and Results Act (GPRA) including, but not limited to, the collection of SAMHSA's Core Client Outcomes. CSAT's GPRA Strategy and Client Outcome Measures can be found in Appendix A.
3. Funds are primarily available for system coordination, case management, and evaluation; only a limited amount can be used for direct services. Applicants should use existing resources whenever possible to meet the direct service requirements of this GFA. However, the applicant may request funding for a particular direct service if the applicant has adequately provided staff and resources for system coordination, case management, and evaluation.

## **COOPERATIVE AGREEMENT ROLES**

### *Federal Staff - Government Project Officer*

This project requires substantial post award Federal programmatic participation. The Government Project Officer will provide assistance and guidance to the grantee through each stage of the project, in addition to reviewing and approving each stage of the project. The Government Project Officer will provide direction to the grantee and will monitor grantee performance. The Government Project Officer will conduct site visits regularly, and will author or co-author publications.

### *Role of the Grantee*

The grantee is expected to cooperate fully with the Government Project Officer in the implementation and evaluation of the project. Activities include compliance with all aspects of the terms and conditions of the cooperative agreement; cooperation with the Government Project Officer in accepting guidance and responding to requests for data; cooperation with the national evaluation and technical assistance contractors; compliance with GPRA; and authorship or co-authorship of publications to make results of the project available.

## **Section III - PROJECT REQUIREMENTS**

**Project Summary:** In 5 lines or fewer, 72 characters per line, applicants must provide a summary for later use in publications, reporting to Congress, press releases, etc., should the application be funded. This may be the first 5 lines of the Project Abstract.

All applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV of the GFA. Applicants should carefully review and consider the information provided in Section II when responding to this section.

### **A. PROJECT DESCRIPTION**

#### **Statement of the Problem**

Specify the issues to be addressed by your proposed project. Provide a descriptive background of the problem, so that it is clear your experience with this problem is substantial and your understanding of the problem is well-grounded. Demonstrate a need to resolve the issues and describe prior attempts to address them. Detail the effects of the issues, and the impact and costs of not solving them in terms of resources and the negative effects on the target population, crime victims, and society in general. Provide relevant literature review, supporting documentation, and data that reflect the current state of

knowledge.

### **Target Populations**

Describe the target population, and summarize the needs of the target population.

### **Purpose and Goals**

Show the logical progression from overall purpose(s) of the project through its goals and objectives, using an outline form if preferred. Describe the contributions to the field should the project be successful, including innovations and/or the expansion of system and service capacity.

## **B. PROJECT PLAN**

### **Design**

Discuss and justify the project approach for the Planning Phase.

Describe and justify the project approach for the Operational Phase. The project approach should include, but is not limited to, the following elements and issues:

- Justify why the lead agency has that responsibility, and describe how it will be able to ensure other stakeholders will meet the commitments made by them in this application, and in the Memoranda of Understanding and letters of support.
- Discuss the roles and responsibilities of all participating agencies and other stakeholders, and describe the financial and non-financial resources they will contribute to the project.
- Describe who will be on the Program Rehabilitation and Restitution Steering Committee, who will chair the committee, and what system and community authority the committee members have. Describe how the decisions of the Steering Committee will be accepted and implemented by the participating agencies.
- Discuss which project model, Alternative A, B, or C, or some combination, will be used. If Alternative B is chosen instead of A, provide documentation why Alternative A cannot or should not be used. If Alternative C is chosen instead of Alternatives A or B, provide documentation why Alternatives A and B cannot or should not be used. If use of more than one Alternative simultaneously is proposed, document how combining Alternatives can be successfully undertaken.
- Detail how the Alternative Model chosen will be used, describing the steps the client will take from identification as a possible participant to the final determination of whether the client's

records will be sealed. Describe the roles of all agencies, and the steps each agency will have to take to perform their tasks. The applicant may propose to deviate from selected elements of the model chosen whenever necessary in order to meet the goals of this GFA in the applicant's community. Such proposed deviations should be explained.

- Describe the number of persons expected to be served during the entire period of the cooperative agreement. Detail the number of persons expected to receive each of the various services proposed in the application.
- Describe and discuss the elements of the Rehabilitation and Restitution Contract. Respond to each proposed element listed at Elements of the Contract. Add elements to fit the needs of your jurisdiction.
- Provide documentation that State law allows criminal records to be sealed so that convicted non-violent ex-felons can effectively legally state on employment applications that they do not have a criminal record, and that records can be sealed within five years of termination of post-incarceration or post-sentence supervision. Describe any exceptions to this rule. Attach a copy of appropriate statutes to the application in Appendix 2. Discuss what discretion the court or other sealing approval authority has in determining whether to grant an individual petition to seal records. Describe what steps will be taken to maximize the chance the court or other sealing approval authority will approve a petition to seal records.
- Describe the role of the case management entity throughout the project, its role in documenting completion of the Rehabilitation and Restitution Contract, and its role in providing evidence of this completion to the court or other authority responsible for determining whether records will be sealed.

## **Evaluation**

Describe the collaboration with the national evaluator, including conducting interviews; collecting, abstracting and submitting data; and attending meetings with the national evaluator.

Generally describe the data elements and data systems available for each of the key agencies involved, at a minimum the appropriate court, the probation and/or parole department, prisons and/or jails, the public health department and/or social services agency, the agency housing the case management function, and major treatment providers. Discuss potential obstacles in collecting data, and how these obstacles will be overcome. Provide confidentiality waiver forms and other data sharing agreements that the key agencies agree will be used, and document this agreement in Appendix 1 of your application, Memoranda of Understanding.

Document the availability of sufficient numbers of clients and comparison subjects to meet the minimum

of 1,200 participants in the project, one half of whom should be expected to receive the integrated services. Describe the feasibility of, and process for, random assignment.

Describe the procedures the applicant will put in place to ensure compliance with GPRA and the collection of CSAT's Core Client Outcomes at baseline, 6 and 12 month follow-ups. For a more detailed description of CSAT's GPRA Strategy and CSAT GPRA TOOL see Appendix B.

**C. PROJECT MANAGEMENT: IMPLEMENTATION PLAN, ORGANIZATION, STAFF, EQUIPMENT/FACILITIES, BUDGET, AND OTHER SUPPORT**

**Implementation Plan**

The applicant must present a plan for the implementation of the project including:

- how multi-agency and/or -system arrangements will be implemented and managed;
- how staff will be recruited and selected;
- a schedule and timeline of activities, events, reports, and products, including target dates and person(s) responsible; and
- documentation of the practicality, adequacy and appropriateness of sub-contracts and multi-agency collaborations

**Organization Capability**

The applicant must include a specific, detailed description of its experience with the development and implementation of a sophisticated, multi-agency and multi-system program providing services to substance abusing adults involved with the criminal justice system. This experience must be quantitatively described whenever possible. If sub-contractors are involved, describe their organizational capability separately, and explain how the sub-contractors enhance the overall capability of the team. The application must show evidence of prior collaboration, where applicable, with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or other organizations

**Staff and Staffing Plans**

The applicant must provide a detailed staffing plan for the project, showing an organizational chart, and roles and responsibilities. Include staff, consultants, sub-contractors, and collaborating agencies. Discuss the qualifications/experience of the project director and other key staff, consultants, and subcontractors, providing job descriptions and resumes for persons identified for the project. The plan must address cultural competence of the project staff.

## **Equipment and Facilities**

The applicant must describe facilities and equipment that will be made available to the project, and any equipment that will have to be procured for the project. Equipment and facilities must be shown to be adequate for the proposed project activities, accessible to the target population and conducive to their utilization in terms of the culture and concerns of the target population.

## **Budget and Other Support**

The applicant must include a line-item budget according to the instructions in Part II of this GFA. The travel budget category must include a line item for a minimum of seven persons to travel to Washington, D.C., two times each year for three-day grantee meetings, as well as for the evaluation coordinating meetings at the national evaluator contractor's location described in the Evaluation section.

The applicant must describe any other support for the project (e.g., program income, in-kind services or other resources). Provide the value for each such support element, and include these values in the budget presentation, if appropriate.

(Exhibits for this section (e.g., timelines, organization/staffing/flow charts, etc.) must be included in Appendix 3 of the application.)

## **POST AWARD REQUIREMENTS**

*First Year Planning Report* - Develop a Program Design and Implementation Plan, and obtain approval of the plan by CSAT within 9 months of award.

*Other Written Reports* - The grantee must submit a quarterly written report. The fourth quarterly report of each year will be an annual report and will cover the entire year. A final report is also required, summarizing project progress, problems, alterations in approaches used, and involvement of target populations. The Government Project Officer will provide the format for the reports.

*SAMHSA Program* - All activities and documents must clearly communicate that these activities and documents are the result of this SAMHSA-funded program. The Government Project Officer will provide specific guidance for complying with this requirement.

*Government Performance and Results Act* - The Government Performance and Results Act (GPRA) requires *all* Federal agencies to regularly conduct evaluations of their programs. For purposes of reporting under GPRA, all activities in SAMHSA have been divided into four broad programmatic goals, as specified in Appendix A. The scope of activities under this GFA corresponds primarily to the goal: "Bridge the gap between research and practice."

In addition, SAMHSA shares responsibility with other Federal agencies for reducing health and social costs associated with substance abuse. Goals and objectives that are pertinent to this GFA are also included in Appendix A - CSAT's GPRA Strategy.

Grantees are expected to comply with GPRA including but not limited to the collection of CSAT's Core Client Outcomes.

The grantee will collect information necessary to meet these requirements, and will prepare documentation required to obtain any necessary approvals.

All planned products must be delivered to, and approved by, CSAT by the end of the project term, including all project data.

## **Section IV - REVIEW OF APPLICATIONS**

### **GUIDELINES**

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

**The review criteria A-C below correspond to subsections A-C in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore it is important for applicants to follow carefully the outline, headings, and subheadings when providing the requested information.**

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. **The bulleted statements that follow each review criterion do not have weights.** The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)





## REVIEW CRITERIA

### A. Project Description (20 points)

#### *Statement of the Problem*

- The issues to be addressed by the project are specified, and a descriptive background of the problem is provided.
- The need to resolve the problem is demonstrated.
- Attempts by the applicant and/or others to address the problem are described.
- The effects of the problem, and the impact and costs of not solving the problem in terms of resources and the negative effects on the target population, and society in general are described.

#### *Target Populations*

- The target population, and its needs, are clearly defined. If applicable, the extent to which adequate justification for exclusion of certain populations is demonstrated.

#### *Purpose and Goals*

- The applicant demonstrates an understanding of the goals and objectives as defined in the GFA.
- The purpose and goals of the work to be performed through the Cooperative Agreement are clearly defined, showing a logical progression from overall purpose(s) through goals and objectives to final results and products.
- The proposed project purpose moves to resolution or resolves the stated problem, including an understanding of the substance abuse and justice issues related to the target population.
- The proposed project goal(s) will support meaningful and relevant results.
- The achievement of those goals would advance the field, be assessed as innovative, and/or expand system and service capacity.

## **B. Project Plan (40 Points)**

### *Design*

- The proposed design addresses the proposed project's purposes and goals for the Planning Phase (year 1) and the Operational Phase (years 2 - 5).
- The applicant justifies why it is the lead agency, and describes how it will be able to ensure that other stakeholders will meet the commitments made by them in this application and the memoranda of understanding and letters of support.
- The applicant discusses the roles and responsibilities of all participating agencies and other stakeholders.
- The project approach describes who will be on the Program Rehabilitation and Restitution Steering Committee, who will chair the committee, and what system and community authority the committee members have. It describes how the decisions of the Steering Committee will be accepted and implemented by the participating agencies.
- The applicant chooses a project model - A, B, or C, or some combination. If Alternative B is chosen instead of A, the applicant provides adequate documentation why Alternative A cannot or should not be used. If Alternative C is chosen instead of Alternatives A or B, the applicant provides adequate documentation why Alternative A and B cannot or should not be used.
- The project approach details how the model chosen will be used, describing the steps the client will take from identification as a possible participant to the final determination of whether the client's records will be sealed. A description of the roles of all agencies is provided, including the steps each agency will have to take to perform their tasks. If the applicant deviates from the model chosen when necessary in order to meet the goals of this GFA in the applicant's community, the applicant adequately justifies the deviation.
- The project approach describes the number of persons expected to be served during the entire period of the cooperative agreement, and details the number of persons expected to receive each of the various services proposed in the application.
- The project approach discusses each element of the Rehabilitation and Restitution Contract. It adds elements to fit the needs of the applicant's jurisdiction, and adequately justifies the addition of any element.
- The project approach discusses what discretion the court or other sealing approval authority has in determining whether to grant an individual petition to seal records, and

describes what steps will be taken to maximize the chance the court or other sealing approval authority will approve a petition to seal records.

- The project approach describes the role of the case management entity throughout the project, its role in documenting completion of the Rehabilitation and Restitution Contract, and its role in providing evidence of this completion to the court or other authority responsible for determining whether records will be sealed.

### *Evaluation*

- Data and data systems available for each of the key agencies involved, at a minimum the appropriate court, the probation and/or parole department, prisons and/or jails, the public health department and/or social services agency, the agency housing the case management function, and major treatment providers are described.
- The applicant discusses potential obstacles in collecting data, and how these obstacles will be overcome.
- The applicant states the procedures that they will put in place to ensure compliance with GPRA and the collection of CSAT's Core Client Outcomes at baseline, 6 and 12 month follow-ups.
- Confidentiality waiver forms and other data sharing agreements that the key agencies agree will be used are provided.
- The applicant documents the availability of sufficient numbers of clients and controls to meet the minimum of 1,200 participants in the project, one half of whom should be expected to receive integrated services and other supports. The feasibility of, and process for, random assignment is described.

### **C. Project Management: Implementation Plan, Organization, Staff, Equipment / Facilities, Budget, and Other Support (40 Points)**

#### *Implementation Plan*

- The proposed plan implements the design and is timely, feasible, achievable, and realistic.
- The implementation plan includes:
  - S how multi-agency and/or multi-system arrangements will be implemented and managed;
  - S how staff will be recruited and selected;

- S a schedule and timeline of activities, events, reports, and products, including target dates and person(s) responsible; and
- S documentation of the practicality, adequacy and appropriateness of sub-contracts and multi-agency collaborations.

### *Organization Capability*

- The applicant describes its experience with the development and implementation of sophisticated, multi-agency and multi-system programs providing services to substance abusing adults involved with the criminal justice system.
- The applicant describes the organizational capability of any sub-contractors, and the extent to which the sub-contractors enhance the overall capability of the team.
- Evidence of collaboration, where applicable, with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or other organizations is provided.

### *Staff and Staffing Plans*

- The proposed staffing pattern is appropriate and adequate for implementation of the project.
- The strength of the qualifications and experience of the project director, and other key personnel, including proposed consultants and subcontractors are described.
- Staff qualifications and experience are appropriate for the target population.
- Staff qualifications demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, disability, sexual orientation, and other cultural factors related to the target populations.

### *Equipment and Facilities*

- Adequacy and availability of resources, equipment, and facilities for the proposed project activities are described.

### *Budget and Other Support*

- Adequacy of additional resources not budgeted for that will be utilized to implement this project, if applicable, is described.

Note: Although the reasonableness and appropriateness of the proposed budget for each year of the proposed project are not review criteria for this GFA, the IRG will be asked to consider these after the merits of the applications have been considered.

## **Section V. SPECIAL CONSIDERATIONS / REQUIREMENTS**

SAMHSA's policies and special considerations/requirements related to this program include:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010 (The Healthy People 2010 priority focus area(s) related to this program are in Chapter 26 - Substance Abuse.
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Letter of Intent
- Coordination with Other Federal/Non-Federal Programs (put documentation in Appendix 4)
- Single State Agency for Substance Abuse Coordination (put documentation in Appendix 5)
- Intergovernmental Review (E.O. 12372)
- Confidentiality/Human Subject Protection

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

## **Section VI- APPLICATION PROCEDURES**

All applicants must use application form PHS 5161-1, which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

### **TI 01-002, Rehabilitation and Restitution**

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. The original and two copies of the completed application must be sent to the following address.

SAMHSA Programs  
Center for Scientific Review  
National Institutes of Health  
Suite 1040  
6701 Rockledge Drive MSC-7710

Bethesda, MD 20892-7710\*

\*Applicants who wish to use express mail or courier service should change the zip code to 20817.

Complete application kits for this program may be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686 . The address for NCADI is provided in Part II.

## **APPLICATION RECEIPT AND REVIEW SCHEDULE**

The expected schedule for receipt and review of applications under this GFA is as follows:

<u>Receipt Date</u>	<u>IRG Review</u>	<u>Council Review</u>	<u>Earliest Start Date</u>
Nov. 5, 2001	Dec., 2001	Jan., 2002	Jan., 2002

Applications must be received by the above receipt date to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than 1 week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (NOTE: These instructions replace the "Late Applications" instructions found in the PHS 5161-1.)

## **CONSEQUENCES OF LATE SUBMISSION**

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

## **APPLICATION REQUIREMENTS / COMPONENTS CHECK LIST**

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 and follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedure Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit review of the application, the

Programmatic Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

- Section II. Program Description
- Section III. Project Requirements
- Section IV. Review of Applications

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

\_\_FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

\_\_ABSTRACT (not to exceed 35 lines)

\_\_TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

\_\_BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

\_\_PROGRAM NARRATIVE (The information requested for sections A-C of the Program Narrative is discussed in the subsections with the same titles in Section III - Project Requirements, and Section IV -Review of Applications. **Sections A-C may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.**)

- \_\_A. Project Description: Statement of the Problem, Target Populations, Purpose and Goals
- \_\_B. Project Plan: Design, Evaluation
- \_\_C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, Budget, and Other Support

**There are no page limits for the following sections D-G except as noted in F. Biographical Sketches/Job Descriptions. Sections D-G will not be counted toward the 25 page limitation for sections A-C.**

- \_\_D. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application.)
- \_\_E. Budget Justification/Existing Resources/Other Support



\_\_\_ Sections B, C, and E of the Standard Form 424A must be filled out according the instructions in Part II, Appendix B.

\_\_\_ A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs).

\_\_\_ All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support "Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, State "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

\_\_\_F. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

\_\_\_G. Confidentiality/Human Subject Protection

The information provided in this section will be used to determine whether the level of protection of human subjects appears adequate or whether further provisions are needed, according to standards set forth in Title 45, Part 46, of the Code of Federal Regulations. Adequate protection of human subjects is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. **Applicants should discuss how each element will be addressed, or why it does not apply to the project.**

Note: So that the adequacy of plans to address protection of human subjects, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

- a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.
- b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.
- c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

- (a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.
- (b) Explain the rationale for the use of special classes of subjects, such as pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.
- (c) summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

- (a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).
- (b) If participants are paid or awarded gifts for involvement, explain the remuneration process.
- (c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

- (a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).
- (b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.
- (c) Provide, in Appendix No. 6, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 7, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives

or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

\_\_APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES**, excluding all instruments.)

- \_\_Appendix 1: Memoranda of Understanding, Confidentiality Waiver Forms, and Data Sharing Agreements
- \_\_Appendix 2: State Law Documentation and Appropriate Statutes
- \_\_Appendix 3: Organizational Structure/Timeline/Staffing Patterns Exhibits
- \_\_Appendix 4: Coordination with Other Federal/Non-Federal Programs
- \_\_Appendix 5: Letter to Single State Agencies
- \_\_Appendix 6: Data Collection Instruments/Interview Protocols
- \_\_Appendix 7: Sample Consent Forms

\_\_ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

\_\_CERTIFICATIONS

\_\_DISCLOSURE OF LOBBYING ACTIVITIES

\_\_CHECKLIST PAGE (See Appendix C in Part II for instructions)

## **TERMS AND CONDITIONS OF SUPPORT**

For specific guidelines on terms and conditions of support, allowable items of expenditure and

alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA data.

### Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

## Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

## **AWARD DECISION CRITERIA**

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG, and the CSAT National Advisory Council review process.

Other award criteria will include:

- Availability of funds.
- Preference regarding selection of alternative models (see Selecting Alternative Models in Section II).

## **CONTACTS FOR ADDITIONAL INFORMATION**

Questions concerning program issues may be directed to:

Bruce Fry, Government Project Officer  
Division of Practice and Systems Development  
Center for Substance Abuse Treatment  
Substance Abuse and Mental Health Services Administration  
Rockwall II, Suite 740  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-0128, [BFry@SAMHSA.gov](mailto:BFry@SAMHSA.gov)

Questions regarding grants management issues may be directed to:

Kathleen Sample  
Division of Grants Management, OPS  
Substance Abuse and Mental Health Services Administration  
Rockwall II, Suite 630  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-9667, [Ksample@SAMHSA.gov](mailto:Ksample@SAMHSA.gov)



## APPENDIX A

### National Treatment Plan

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation" over the past year. The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site—[www.samhsa.gov](http://www.samhsa.gov) (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

## APPENDIX B: CSAT's GPRA STRATEGY

### OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President’s Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

### DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or “as needed” to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established. <sup>2</sup>
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

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<sup>2</sup>GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

## CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

### Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the

efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these “end” outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

**CSATs “PROGRAMS” FOR GPRA REPORTING PURPOSES**

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or “programmatic goals” for GPRA reporting purposes:

- ! Goal 1: Assure services availability;
- ! Goal 2: Meet unmet and emerging needs;
- ! Goal 3: Bridge the gap between research and practice;
- ! Goal 4: and Enhance service system performance<sup>3</sup>

The following table provides the crosswalk between the budget/statutory authorities and the “programs”:

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development

SAPTBG - Substance Abuse Prevention and Treatment Block Grant

KA - Knowledge Application

TCE - Targeted Capacity Expansion

NDC - National Data Collection/Data Infrastructure

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<sup>3</sup>Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.<sup>4</sup> In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

## **1. ASSURE SERVICES AVAILABILITY**

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)
- Increase % of adults receiving services who:
  - (a) were currently employed or engaged in productive activities;
  - (b) had a permanent place to live in the community;
  - (c) had no/reduced involvement with the criminal justice system.
- Percent decrease in
  - (a) Alcohol use;
  - (b) Marijuana use;
  - (c) Cocaine use;
  - (d) Amphetamine use
  - (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided

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<sup>4</sup>Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

- Increase % of TA events that result in systems, program or practice improvements

## **2. MEET UNMET OR EMERGING NEEDS**

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- ! Were identified needs met?
- ! Was service availability improved?
- ! Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- ! Percent of adults receiving services increased who:
  - a) were currently employed or engaged in productive activities
  - b) had a permanent place to live in the community
  - c) had reduced involvement with the criminal justice system
  - d) had no past month use of illegal drugs or misuse of prescription drugs
  - e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs
  
- ! Percent of children/adolescents under age 18 receiving services who:
  - a) were attending school
  - b) were residing in a stable living environment
  - c) had no involvement in the juvenile justice system
  - d) had no past month use of alcohol or illegal drugs
  - e) experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

## **3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE**

This “program” or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT’s portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment

issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance

abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- ! Knowledge was developed; and
- ! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or “field reviewers”, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).<sup>5</sup> In addition, input on other topics (such as what additional work in the area may be needed, substantive and “KD process” lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

### **3.1 PROMOTE THE ADOPTION OF BEST PRACTICES**

This “program” involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.<sup>6</sup> Within CSAT, these activities currently include the Product

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<sup>5</sup>The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

<sup>6</sup>Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program



Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving “best practices”, as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a “best practice.”<sup>7</sup> In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

#### **4. ENHANCE SERVICE SYSTEM PERFORMANCE**

As described earlier, this programmatic goal is distinguished from “Promote the adoption of best practices” primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on “systems” rather than more broadly on “services.” The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of “Promoting the adoption of best practices.”

#### **EVALUATIONS**

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

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goal for infrastructure development (see “Enhance Service System Performance,” below).

<sup>7</sup>Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to “real” management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

Form Approved  
OMB No. 0930-0208  
Expiration Date 10/31/2002

## **CSAT GPRA Client Outcome Measures for Discretionary Programs**

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Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. 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 control number for this project is 0930-0208.



- h. Inhalants, poppers, rush, whippets |\_|\_|\_|
- i. Other Illegal Drugs--Specify \_\_\_\_\_ |\_|\_|\_|

**3. In the past 30 days have you injected drugs?**     Yes     No

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**C. FAMILY AND LIVING CONDITIONS**

- 1. In the past 30 days, where have you been living most of the time?**
- Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
  - Street/outdoors (sidewalk, doorway, park, public or abandoned building)
  - Institution (hospital., nursing home, jail/prison)
  - Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)
- 2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?**
- Not at all
  - Somewhat
  - Considerably
  - Extremely
- 3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?**
- Not at all
  - Somewhat
  - Considerably
  - Extremely
- 4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?**
- Not at all
  - Somewhat
  - Considerably
  - Extremely

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**D. EDUCATION, EMPLOYMENT, AND INCOME**

- 1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is**

that full time or part time?]

- Not enrolled
- Enrolled, full time
- Enrolled, part time
- Other (specify)\_\_\_\_\_

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|\_|\_|\_| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

- Yes
- No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- Employed full time (35+ hours per week, or would have been )
- Employed part time
- Unemployed, looking for work
- Unemployed, disabled
- Unemployed, Volunteer work
- Unemployed, Retired
- Other Specify\_\_\_\_\_

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

		INCOME							
a. Wages	\$				,				.00
b. Public assistance . . . .	\$				,				.00
c. Retirement . . . . .	\$				,				.00
d. Disability . . . . .	\$				,				.00
e. Non-legal income	\$				,				.00
f. Other_____ (Specify)	\$				,				.00

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**E. CRIME AND CRIMINAL JUSTICE STATUS**

1. In the past 30 days, how many times have you been arrested? \_\_\_\_\_ times
2. In the past 30 days, how many times have you been arrested for drug-related offenses? \_\_\_\_\_ times
3. In the past 30 days, how many nights have you spent in jail/prison? \_\_\_\_\_ nights

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**F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT**

1. How would you rate your overall health right now?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor

2. During the past 30 days, did you receive

**a. Inpatient Treatment for:**

	No	Yes ±	If yes, altogether for how many nights (DK=98)
i. Physical complaint	/	/	_____
ii. Mental or emotional difficulties	/	/	_____
iii. Alcohol or substance abuse	/	/	_____

**b. Outpatient Treatment for:**

	No	Yes ±	If yes, altogether how many times (DK=98)
i. Physical complaint	/	/	_____
ii. Mental or emotional difficulties	/	/	_____
iii. Alcohol or substance abuse	/	/	_____

**c. Emergency Room Treatment for:**

	No	Yes ±	If yes, altogether for how many times (DK=98)
i. Physical complaint	/	/	_____
ii. Mental or emotional difficulties	/	/	_____

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## H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. **Gender**

- Male
- Female
- Other (please specify) \_\_\_\_\_

2. **Are you Hispanic or Latino?**

- Yes
- No

3. **What is your race?**

- Black or African American
- Asian
- American Indian
- Native Hawaiian or other Pacific Islander
- Alaska Native
- White
- Other (Specify) \_\_\_\_\_

4. **What is your date of birth?**

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|  
Month / Day / Year



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