

**Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration**

**Grants to Expand Substance Abuse Treatment Capacity  
In Adult and Family Drug Courts  
(Short Title: SAMHSA Treatment Drug Courts)**

(Initial Announcement)

**Request for Applications (RFA) No. TI-12-005**

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

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by June 21, 2012.</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2012 Grants to Expand Substance Abuse Treatment in Adult and Family Drug Courts. The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult and family “problem solving” courts which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to defendants/offenders. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Priority for the use of the funding should be given to addressing gaps in the continuum of treatment for those individuals in these courts who have substance abuse and/or co-occurring disorders treatment needs. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition.

<b>Funding Opportunity Title:</b>	Grants to Expand Substance Abuse Treatment in Adult and Family Drug Courts
<b>Funding Opportunity Number:</b>	TI-12-005
<b>Due Date for Applications:</b>	June 21, 2012
<b>Anticipated Total Available Funding:</b>	\$14.135 million
<b>Estimated Number of Awards:</b>	Up to 52 awards  [See Section II of this RFA for complete award information.]
<b>Estimated Award Amount:</b>	\$250,000- \$325,000  [See Section II of this RFA for complete award information.]
<b>Cost Sharing/Match Required</b>	No
<b>Length of Project Period:</b>	Up to 3 years

<b>Eligible Applicants:</b>	<p>Eligibility is limited to States/Tribes/local units of government, or State/Tribal Courts applying on behalf of a single existing drug court jurisdiction, or local existing adult misdemeanor or felony treatment drug courts and family dependency/drug courts that have demonstrated relationships and agreements with existing domestic public and private nonprofit entities and community-based treatment providers,</p> <p><b>NOTE:</b> <u>Juvenile Drug Courts may not apply for this grant solicitation as it is limited to adult and family drug courts.</u></p> <p>[See <a href="#">Section III-1</a> of this RFA for complete eligibility information.]</p>
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# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2012 Grants to Expand Substance Abuse Treatment in Adult and Family Drug Courts. The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult and family “problem solving” courts which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to defendants/offenders. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Priority for the use of the funding should be given to addressing gaps in the continuum of treatment for those individuals in these courts who have substance abuse and/or co-occurring disorders treatment needs. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition.

The term “drug court” means a specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among substance-abusing offenders and to increase the likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, and use of appropriate sanctions and other habilitation services.<sup>1</sup> They are being created at a high rate with over 2,400 in existence in 2011, but many lack sufficient funding for substance abuse treatment. Treatment Drug Courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively intervene and break the cycle of substance abuse, addiction and crime. Stakeholders work together to give individual clients the opportunity to improve their lives, including recovery from substance use disorders, and develop the capacity and skills to become fully-functioning parents, employees and citizens.

SAMHSA’s interest is to actively support and shape various existing Treatment Drug Courts that serve substance-abusing adults in the respective problem-solving court models as long as the court meets all the elements required for drug courts. The intent is to meet the clinical needs of clients and ensure clients are treated using evidence-based practices consistent with the disease model and the problem-solving model, rather than with the traditional court case-processing model. A long-term goal of this

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<sup>1</sup> BJA/SAMHSA Adult Drug Court Services, Coordination, and Treatment FY 2012 Competitive Grant Announcement: Requirements Resource Guide

program is to build sustainable systems of care for individuals needing treatment drug court services in the following four drug court categories in FY 2012:

Category 1- Adult Drug Courts;

Category 2- Adult Municipal/Misdemeanor Drug Courts;

Category 3- Veterans Treatment Courts; and

Category 4- Family Drug Courts.

For definitions of these drug court categories, see Section I-2, Expectations of this RFA. Applicants should indicate on the front page of their application form (SF-424) the category for which they are applying (See Section IV-3, Application Submission Requirements for more information).

This grant program is not intended to provide start-up funds to create new treatment drug courts. Applicant drug courts must be operational for at least one year at the time of application. Operational is defined as a judge being designated as a “drug court” judge with a “drug court” docket of cases and seeing defendants in “drug court” on a regular and recurring basis for at least one year prior to the submission of the grant application. **By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the Adult Treatment Drug Court applying for funds is operational, as defined above, for at least one year at the time of application.**

In alignment with the goals of SAMHSA’s Strategic Initiative: “Trauma and Justice”, this program will help “reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems”. By providing needed treatment and recovery services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America’s citizens by reducing substance abuse related crime and violence. See Appendix J – Background Information for more on drug courts and SAMHSA’s role in providing funding for substance abuse treatment services in drug courts.

“Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Drug Courts (hereafter referred to as SAMHSA Treatment Drug Courts)” is one of SAMHSA’s services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4<sup>th</sup> month of the project at the latest.

SAMHSA Treatment Drug Court grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

**NOTE:** SAMHSA/CSAT, in collaboration with The U.S. Department of Justice, Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), is also offering an innovative funding opportunity for adult drug courts titled “Enhancing Adult Drug Court Services, Coordination, and Treatment FY 2012 Competitive Grant Announcement”. The purpose of the joint initiative is to invite applicants to submit for consideration one comprehensive strategy for enhancing drug court coordination, services, and treatment capacity, allowing applicants to compete for access to both criminal justice and substance abuse treatment funds with one application. BJA will also offer its stand-alone drug court solicitation titled “Adult Drug Court Discretionary Grant Program FY 2012 Competitive Grant Announcement,” which provides financial and technical assistance to States, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders.

Applicants may apply simultaneously for any or all posted drug court grant solicitations offered by BJA and/or CSAT. However, BJA and CSAT will not make more than one award for the same proposed services within a program. The aforementioned solicitations may be found on OJP/BJA’s website at <https://www.bja.gov/Funding/12BJASAMHSADrugCourtSol.pdf>

## **2. EXPECTATIONS**

SAMHSA/CSAT is seeking applications that expand and/or enhance substance abuse treatment services in operational adult and family “problem solving” courts which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to defendants/offenders. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties.

SAMHSA /CSAT intends to address the recognized substance abuse treatment capacity gap for this population by funding the enhancement and/or expansion of substance abuse treatment for existing operational drug courts in the following four categories:

### **Category 1- Adult Drug Courts**



Misdemeanor and felony adult drug courts that use the drug court model to address the needs of substance abusing adults. This includes DUI/DWI courts, Tribal Healing to Wellness Courts, Co-Occurring Courts, and Community Courts.

### **Category 2- Adult Municipal/Misdemeanor Drug Courts**

Municipal and/or local courts that use the drug court model to address the needs of substance abusing adults charged with minor offenses/misdemeanors. SAMHSA is focusing on preventing serious crimes by diverting individuals at-risk of or with substance abuse treatment needs from deeper penetration into the criminal justice system.

### **Category 3- Veterans Treatment Courts**

Veteran's treatment courts that use the drug court model to address the needs of substance-abusing veterans. SAMHSA is placing significant emphasis on providing the veteran's treatment courts the ability to expand and/or enhance substance abuse treatment services. In addition to addressing the Veterans Treatment Court Ten Key Components (See Appendix K), applicants for Veteran's Courts grants must demonstrate the following:

- How they will engage the family members of the veterans as well as the individual veteran/military service member;
- How they will first use currently existing services/resources available to the veterans/military service members in order to prevent supplantation of funds; and
- How the project will identify and link with the various Veterans Affairs agencies/offices in the State/Tribal/local area of consideration.

### **Category 4- Family Drug Courts**

Family dependency treatment courts/family drug courts that use the drug court model to address the needs of substance abusing adults. The family drug court is a court docket that includes selected abuse, neglect, and dependency cases that are identified where parental substance abuse is a primary factor. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.

**You may apply for funding for one or more of the four categories of drug courts. However, you must submit a separate application for each category of drug court for which you are applying (e.g., if you are applying for a Category 1 and a**

**Category 4 drug court grant, you must submit one application for the Category 1 drug court grant and a separate application for the Category 4 drug court grant).**

For more information on the key components/elements of the four drug court models, see **Appendix K**.

In order to encourage sustainability, applicants must utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and only use SAMHSA grant funds for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Applicants are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. In addition, grantees are required to include "payer of last resort" stipulation in all contracts with partnering provider organizations.

The Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. Accordingly, all CSAT grantees are encouraged to demonstrate ongoing clinical use of a certified EHR system in each year of their SAMHSA grant. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body.

Applicants are asked for the following in Section F: Electronic Health Record Technology (EHR), of the Project Narrative:

- If you currently have an existing EHR system, identify the EHR system that you have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 5** of your application.
- If you do not currently have an existing EHR system, describe your plan to acquire an EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation.

For more information on EHRs, see Appendix L.

This activity is considered infrastructure development; not more than %15 of the total grant award may be used for infrastructure development activities.

Recognizing that Medication-Assisted Treatment (MAT) may be an important part of a comprehensive treatment plan, SAMHSA Treatment Drug Court grantees may use **up to 20%** of the annual grant award to pay for appropriate medication (e.g., Naltrexone,

Disulfiram, Acamprosate Calcium, Buprenorphine) when the client has no other source of funds to do so.

## 2.1 Required Activities and Services

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

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

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

2) **Service Enhancement:** An applicant may propose to improve **the quality and/or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add a co-occurring treatment intervention to the current treatment protocol for a population being served by the program. **Applicants proposing to enhance services must clearly state in "Section C: Proposed Implementation Approach" of the application the number of clients who will receive the new enhancement services for each year of the proposed grant.**

To demonstrate that a comprehensive service system is in place, the applicant must provide letters of commitment or formal contractual agreements (outlining services to be provided, level and intensity of resources committed) from collaborating organizations. Simply providing a "letter of support" from proposed partners is not sufficient to meet this requirement of documented agreements with community based organizations. **These documents must be provided in Attachment 1 of your application or it will not be reviewed and you will not be considered for an award.**

Although applicants have some flexibility in expanding and/or enhancing treatment services, applicants are expected to develop a project that is consistent with recognized designs and operational protocols. Applicants must meet the required components/elements for the category for which you are applying. See **Appendix K-Components/Elements of Drug Court Models** for information on the key components of the drug court models to be funded.

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

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

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

In alignment with the goals of SAMHSA's Strategic Initiative on "Trauma and Justice", grantees are expected to address the impact of violence and trauma by integrating trauma-informed approaches in services or practices delivered to clients. Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at <http://www.samhsa.gov/traumaJustice>.

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

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

- primary health care;
- mental health and substance abuse treatment services;
- community-focused educational and preventive efforts;
- private industry-supported work placements for recovering persons;
- faith-based organizational support;
- support for the homeless;
- HIV/AIDS community-based outreach projects;
- opioid treatment programs;
- health education and risk reduction information; and
- access/referral to STD, hepatitis B (including immunization) and C, and TB testing in public health clinics.

To better ensure coordination between the criminal justice and community-based substance abuse treatment systems, applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. **All applicants (unless the applicant is the SSA) must include this letter in Attachment 4 of your application or it will not be reviewed and you will not be considered for an award.** A listing of the SSA's can be found on SAMHSA's Web site at [www.samhsa.gov/Grants/ssadirectory.pdf](http://www.samhsa.gov/Grants/ssadirectory.pdf)

Grantees are encouraged to provide HIV rapid preliminary antibody testing as part of their treatment regimen. Grantees providing HIV testing must do so in accordance with State and local requirements. **No more than 5% of grant funds may be used for HIV rapid testing.** [Note: Grant funds may be used to purchase such services from another provider.]

All clients who have a preliminary positive HIV test result must be administered a confirmatory HIV test result. Post award, applicants must develop a plan for medical case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. Grantees will be required to report the number of HIV tests and counseling sessions purchased with CSAT grant funds; data on rapid and confirmatory test results; and risk behaviors and other data that may be required by CSAT. All data will be collected using a standardized CSAT-approved instrument and reported to a CSAT web-based data collection site.

As appropriate, post award, SAMHSA will provide technical assistance to: train grantee staff in HIV rapid testing; obtain required State certification to conduct on-site testing; develop, as may be required, agreements with State and local health departments regarding HIV testing activities; and develop a case management system for monitoring and tracking.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

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

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

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.

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

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See [Appendix C](#) for additional information about using EBPs.

### **2.3 Data Collection and Performance Measurement**

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in “[Section E: Performance Assessment and Data](#)” of your application. Grantees will be required to report performance on the following performance measures: client’s substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice status. This information will be gathered using the data collection tool referenced below. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use.

This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at <http://www.samhsa-gpra.samhsa.gov> (click on ‘Data Collection Tools/Instructions’), along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA’s Office of Communications at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected at baseline (i.e., the client’s entry into the project), discharge, and 6 months post-baseline.

Grantees are expected to obtain a 6-month follow-up rate of 80% (i.e., grantees will be expected to complete a face-to-face interview with 80% of all clients served at intake). Upon collection of the data, grantees will have 7 business days to submit the data to SAMHSA. All data will be submitted via the Services Accountability Improvement System, CSAT’s online data-entry and reporting repository. You are encouraged to use your EHR system to automate GPRA reporting. Grantees will be provided extensive training on the system and its requirements post-award. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use.

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

## 2.4 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Grantees will be required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. At a minimum, the performance assessment should include the required performance measures identified above. Grantees may also consider outcome and process questions, such as the following:

### *Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?
- As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

### *Process Questions:*

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

- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

The performance assessment report should be a component of or an attachment to the progress report due in October of each grant year.

**No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.3 and 2.4 above.**

## **2.5 Infrastructure Development (maximum 15% of total grant award)**

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

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

## **2.6 Grantee Meetings**

Grantees must plan to send a Drug Court Team consisting of the judge, project director, clinical director, evaluator, and a representative of the prosecutor's office and the defense bar to at least one joint grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in conjunction with the NADCP national drug court conference and attendance is mandatory. Grantees may determine the current conference location by going to the NADCP website, [www.nadcp.org](http://www.nadcp.org). In addition to travel and per diem costs, the budget should include funds to cover applicable conference registration fees since grantees will attend a joint grantee meeting and a national conference as a cost savings measure.



## II. AWARD INFORMATION

<b>Funding Mechanism:</b>	Grant
<b>Anticipated Total Available Funding:</b>	\$14.135 million
<b>Estimated Number of Awards:</b>	Up to 52 awards total

Category 1- Adult Drug Courts	Up to 9 awards
Category 2- Adult Municipal/Misdemeanor Drug Cts.	Up to 7 awards
Category 3-Veterans Treatment Drug Courts	Up to 26 awards
Category 4- Family Drug Courts	Up to 10 awards

### **Estimated Award Amount:**

Category 1- Adult Drug Courts	Up to \$325,000 per year
Category 2- Adult Municipal/Misdemeanor Drug Cts.	Up to \$325,000 per year
Category 3- Veterans Treatment Drug Courts	Up to \$250,000 per year
Category 4- Family Drug Courts	Up to \$250,000 per year

**Proposed budgets cannot exceed \$250,000 or \$325,000 as appropriate to the category for which you are applying (as described above) in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

Eligibility is limited to States/Tribes, local units of government, and State/Tribal Courts applying on behalf of a single existing drug court jurisdiction, or to local operating adult misdemeanor or felony treatment drug courts and family dependency/drug courts that have demonstrated relationships and agreements with existing domestic public and private nonprofit entities and community-based treatment providers.

Therefore, in addition to direct application by an individual misdemeanor or felony Adult or Family Treatment Drug Court, units of State/tribal/local government such as the Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency with direct involvement with the drug court may apply on behalf of an individual adult treatment drug court. When the Tribal/State, County or local government is the applicant, all grant funds awarded must be dedicated to the individual drug court with the exception of a small set aside, **not to exceed two percent** of the total award, that is permissible to cover the cost of

administration and oversight of the grant. In order to reach more drug courts, the following SAMHSA/CSAT drug court grantees are not eligible to apply for funding under this solicitation:

- FY 2010 SAMHSA Adult Treatment Drug Court grantees;
- FY 2010 SAMHSA-BJA Adult Drug Court grantees; and
- FY 2011 SAMHSA-BJA Adult Drug Court grantees.

**This grant is NOT intended for Juvenile Drug Courts and those entities should not apply.**

In those cases where a Tribe/State/local unit of government (city/county) applies on behalf of a drug court, the Tribe/State/local governmental unit will be the award recipient and the entity responsible for satisfying the grant requirements. Although funding is intended for individual drug courts, SAMHSA recognizes the scarcity of treatment resources in some rural communities. Therefore, it is allowable for contiguous rural counties in one State to apply as a multi-county partnership to serve more than one drug court within the identified counties. However, in such situations, one county unit of government must assume the role of lead applicant, which will oversee and administer the grant for the multiple jurisdictions.

Furthermore, eligible applicants **must** have demonstrated relationships and agreements with existing community-based substance abuse treatment providers in order to create the necessary networks to successfully implement these grants. Public and private nonprofit organizations such as substance abuse treatment providers have a pivotal supporting role in treatment drug court programs and may be sub-recipients/contractors to the applicant. However, they are not the catalysts for entry into drug court and are therefore restricted from applying.

This grant program is not intended to provide start-up funds to create new adult treatment drug courts. Applicant drug courts must be operational for at least one year at the time of application. Operational is defined as a judge being designated as a “drug court” judge with a “drug court” docket of cases and seeing defendants in “drug court” on a regular and recurring basis for at least one year prior to the submission of the grant application. **By signing the cover page (SF424) of the application, the authorized representative of the applicant organization is certifying that the Adult Treatment Drug Court applying for funds is operational, as defined above, for at least one year at the time of application.**

To better ensure coordination between the criminal justice and community-based substance abuse treatment systems, applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. **All applicants (unless the**

**applicant is the SSA) must include this letter in Attachment 4 of your application or it will not be reviewed and you will not be considered for an award.** A listing of the SSA's can be found on SAMHSA's Web site at [www.samhsa.gov/Grants/ssadirectory.pdf](http://www.samhsa.gov/Grants/ssadirectory.pdf).

**Letters of commitment or formal contractual agreements from collaborating organizations must be provided in Attachment 1 of your application and a letter from the SSA Director or designated representative must be included in Attachment 4 of your application as outlined in Section I-2 (unless the applicant is the SSA), or the application will not be reviewed and will not be considered for an award.**

The statutory authority for this program prohibits grants to for-profit agencies.

## **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match are not required in this program.

## **3. OTHER**

### **3.1 Additional Eligibility Requirements**

**You must comply with the following three requirements, or your application will be screened out and will not be reviewed:**

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in [Section IV-3](#) of this document; and
3. formatting requirements provided in [Appendix A](#) of this document.

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

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

The three requirements are:

- Each mental health/substance abuse treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

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

**[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible Tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable Tribal licensing, accreditation, and certification requirements, as of the due date of the application. See [Appendix D](#), Statement of Assurance.]**

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

- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and State requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable State, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>2</sup>
- for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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

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<sup>2</sup> Tribes and tribal organizations are exempt from these requirements.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include

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

### 2. CONTENT AND GRANT APPLICATION SUBMISSION

#### 2.1 Application Package

A complete list of documents included in the application package is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

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

#### 2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. Grants.gov will not accept your application if you do not have current CCR registration. If you do not have an active CCR registration prior to submitting your paper application, it will be screened out and returned to you without review. The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <http://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>].**
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, the category of drug court for which you are applying, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix H](#) of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through F. Sections A-F together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project

Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
  - **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment service provider organization; (3) the Statement of Assurance (provided in [Appendix D](#) of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment or contractual agreements from collaborating organizations.
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a Web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
  - **Attachment 3:** Sample Consent Forms
  - **Attachment 4:** Letter from the SSA Director or designated representative that they support the application and confirm that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment.

- **Attachment 5:** A copy of the signed, executed EHR vendor contract (if applicable)
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application package.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site and check the box marked ‘I Agree’ before signing the face page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propoganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.
- **Documentation of nonprofit status** as required in the Checklist

### 2.3 Application Formatting Requirements

Please refer to [Appendix A](#), *Checklist for Formatting Requirements and Screen out Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

### 3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **June 21, 2012**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. You are encouraged to apply electronically. Hard copy applications are due by **5:00 PM**



(Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

**Note: If you use the USPS, you must use Express Mail.**

**SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.**

### **Submission of Electronic Applications**

If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix B](#), “Guidance for Electronic Submission of Applications.”

### **Submission of Paper Applications**

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

#### **For United States Postal Service:**

Diane Abbate, Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**SAMHSA Treatment Drug Courts TI-12-005**” and the **specific category of drug court for which you are applying (See Section I-2, Expectations)** in item number 12 on the face page (SF-424) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix B](#) for “Guidance for Electronic Submission of Applications.”

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

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See [Appendix E](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

#### **5. FUNDING LIMITATIONS/RESTRICTIONS**

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

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

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

- No more than **15%** of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than **20%** of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- No more than **5%** of grant funds may be used for HIV rapid testing.
- No more than **20%** of the total grant award may be used to pay for appropriate medication (e.g., Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine) when the client has no other source of funds to do so.

- No more than **2%** of the total grant award may be used to cover the cost of administration and oversight of the grant when a Tribe/State/local unit of government (city/county) applies on behalf of an individual adult treatment drug court.

**SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in [Appendix F](#).**

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-F) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, or it will not be considered. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural competence can be found on the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under “Resources for Grant Writing.”
- The Supporting Documentation you provide in Sections G-J and Attachments 1-5 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

**Section A: Statement of Need (10 points)- Indicate the category of drug court for which you are applying; this information does not factor into your score for this section.**

- With respect to the primary purpose and goals of the grant program:
  - Describe and justify your population(s) of focus.
  - Describe and justify the geographic area to be served.
  - Describe existing service gaps.

Demographic information on the population(s) of focus, e.g., race, ethnicity, age, socioeconomic status, geography must be provided.

- Describe the nature of the problem and document the extent of the need (e.g., current prevalence rates or incidence data) for the population(s) of focus based on data.
- Describe how you will utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and only use SAMHSA grant funds for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds).
- The statement of need should include a clearly established baseline for the project. Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data. Documentation of need may come from a variety of qualitative and quantitative sources.
- To better ensure coordination between the criminal justice and community-based substance abuse treatment systems, applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. **All applicants (unless the applicant is the SSA) must include this letter in Attachment 4 of your application or it will not be reviewed and you will not be considered for an award.** A listing of the SSA's can be found on SAMHSA's Web site at [www.samhsa.gov/Grants/ssadirectory.pdf](http://www.samhsa.gov/Grants/ssadirectory.pdf)
- Describe how you will facilitate the health insurance application and enrollment process for eligible uninsured clients.

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

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section E, Performance Assessment and Data.
- Identify the evidence-based service(s)/practice(s) that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Also include the source of your information. (See Section I-2.2, and Appendix C, Using Evidence-Based Practices.)
  - Discuss the evidence that shows that this practice is effective with your population(s) of focus.
  - Document the evidence that the practice(s) you have chosen is (are) appropriate for the outcomes you want to achieve.
  - If the evidence is limited or non-existent for your population(s) of focus, provide other information to support your selection of the intervention(s) for your population(s) of focus.
  - Identify and justify any modifications or adaptations you will need to make – or have already made – to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose this evidence-based practice over other evidence-based practices. If this is not an evidence-based practice, explain why you chose this intervention over other interventions.
- Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice:
  - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
  - Language and literacy;
  - Sexual identity – sexual orientation and gender identity; and
  - Disability.

## **Section C: Proposed Implementation Approach (25 points)**

- Indicate whether your proposed project will expand services, enhance services, or do both. Describe how the proposed service or practice will be implemented. You must also address how the required key elements of the treatment drug court model you have chosen (see Appendix K – Components/Elements of

Drug Court Models) are included in your program design. If a particular key element/characteristic of the Treatment Drug Court model is missing, you must provide a justification for not including it.

In addition to addressing the Components/Elements of Drug Court Models in Appendix K, Veterans Treatment Court (Category 3) applicants must demonstrate:

- how they will engage the family members of the veterans as well as the individual veteran/military service member;
- how they will first use currently existing services/resources available to the veterans/military service members in order to prevent supplantation of funds; and must
- demonstrate how the project will identify and link with various Veterans Affairs agencies/offices in the State/Tribal/local area of consideration.
- Describe and provide a rationale for the anticipated impact the proposed project will have on your community. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.
- Describe how the proposed service(s) or practice(s) to be implemented will address the impact of violence and trauma by integrating trauma-informed approaches delivered to clients. [Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at <http://www.samhsa.gov/traumaJustice>.]
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. If you are proposing to expand services, indicate the number of additional clients to be served during each year of the grant over the number you are currently serving. If you are proposing to enhance services, indicate the number of clients who will receive the new enhancement services during each year of the grant.
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Describe how you will screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information

obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

- Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Attachment 1**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.

#### **Section D: Staff and Organizational Experience (20 points)**

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus. If the ADA does not apply to your organization, please explain why.

#### **Section E: Performance Assessment and Data (15 points)**

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement. Describe how information related to process and outcomes will be routinely communicated to program staff.
- Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.

#### **Section F: Electronic Health Records (5 points)**

- If you currently have an existing EHR system, identify the EHR system that you have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 5** of your application.
- If you do not currently have an existing EHR system, describe your plan to acquire an EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation.



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

## **SUPPORTING DOCUMENTATION**

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

**Section H:** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary; no more than 20% of the total grant award will be used for data collection and performance assessment; no more than 20% of the total grant award will be used to pay for appropriate medication (e.g., Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine) when the client has no other source of funds to do so; no more than 5% of the total grant award will be used for HIV rapid testing; and no more than 2% of the total grant award may be used to cover the cost of administration and oversight of the grant when a Tribe/State/local unit of government (city/county) applies on behalf of an individual adult treatment drug court.

An illustration of a budget and narrative justification is included in [Appendix H](#) of this document.

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

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix G of this document.

**Section J:** Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section J of your application. See [Appendix I](#) for guidelines on these requirements.

## 2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

## VI. ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

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

If you are not funded, you will receive notification from SAMHSA.

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional

terms and conditions with you prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation;
  - requirements to address problems identified in review of the application; or
  - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
  - Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
  - In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application package for SAMHSA grants and is posted on the SAMHSA Web site at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

### **3. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in [Section I-2.3](#), grantees must comply with the reporting requirements listed on the SAMHSA Web site at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Kenneth W. Robertson

Lead Public Health Advisor, Criminal Justice Grants Team  
Targeted Populations Branch, Division of Services Improvement  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 5-1001  
Rockville, Maryland 20857  
(240) 276-1621  
[Kenneth.robertson@samsha.hhs.gov](mailto:Kenneth.robertson@samsha.hhs.gov)

For questions on grants management and budget issues contact:

Roger George  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1081  
Rockville, Maryland 20857  
(240) 276-1418  
[roger.george@samhsa.hhs.gov](mailto:roger.george@samhsa.hhs.gov)

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

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

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in [Section IV-3](#) of this grant announcement.
- You must be registered in the Central Contractor Registration (CCR) prior to submitting your application. The DUNS number used on your application must be registered and active in the CCR prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
  - Face Page (SF-424)
  - Abstract

- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist
- Documentation of nonprofit status as required in the Checklist
- Applications should comply with the following requirements:
  - Provisions relating to confidentiality and participant protection specified in [Appendix I](#) of this announcement
  - Budgetary limitations as specified in [Sections I, II](#), and [IV-5](#) of this announcement
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in [Section IV-3](#) of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

## Appendix B – Guidance for Electronic Submission of Applications

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

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

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

**If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application.** The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). REMINDER: CCR registration expires each year and must be updated annually. It can take 24 hours or more for updates to take effect, so check for active registration well before your grant deadline. **Grants.gov will not accept your application if you do not have active CCR registration.** The DUNS number you use on your application must be registered and active in the CCR. You can view your CCR registration status at <https://www.bpn.gov/CCRSearch/Search.aspx> and search by your organization's DUNS number. Additional information on the Central Contractor Registration (CCR) is available at <https://www.bpn.gov/ccr/default.aspx>. Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: [http://www.grants.gov/applicants/get\\_registered.jsp](http://www.grants.gov/applicants/get_registered.jsp).

Please allow sufficient time to enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to

monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

**It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.).** If you do not have access to Microsoft Office 2007 products, you may submit PDF files. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office 2007 or PDF may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, the electronic application will not convey properly to SAMHSA.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-F) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections G-J) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-5) in this order and numbered consecutively.

Scanned images must be scanned at 75 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in a rejection of application.

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

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



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

Be sure to scan all images at 75 dpi and save as a jpeg or pdf file. Also, be sure to label each file according to its contents, e.g., “Project Narrative”, “Budget Narrative”, “Other Attachment 1”, and “Other Attachment 2”. **If the number of files exceeds the 4 allowable files, the electronic application will not convey properly to SAMHSA.**

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

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

## Appendix C – Using Evidence Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

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

evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

### **Resources for Evidence-Based Practices:**

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at <http://www.samhsa.gov/ebpwebguide>. SAMHSA has developed this Web site to provide a simple and direct connection to Web sites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of Web sites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's *Guide to Evidence-Based Practices* also references another SAMHSA Web site, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the Web site noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

## Appendix D – Statement of Assurance

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

- a letter of commitment or formal contractual agreement from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and State requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable State, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>3</sup> (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for Tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the Tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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<sup>3</sup> Tribes and tribal organizations are exempt from these requirements.

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Signature of Authorized Representative

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Date

## Appendix E – Intergovernmental Review (E.O. 12373) Requirements

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

- Check the list to determine whether your State participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. **RFA # TI-12-005**. Change the zip code to 20850 if you are using another delivery service.

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)<sup>4</sup> to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services

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<sup>4</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF-424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

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

You must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **RFA # TI-12-005**. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

## Appendix F – Funding Restrictions

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

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.



- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

## **Appendix G– Biographical Sketches and Job Descriptions**

### **Biographical Sketch**

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether Federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

### **Job Description**

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

## Appendix H – Sample Budget and Justification (no match required)

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

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

### FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			<b>TOTAL</b>	<b>\$52,765</b>

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

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

**Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

**B. Fringe Benefits:** List all components that make up the fringe benefits rate

**FEDERAL REQUEST**

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		<b>TOTAL</b>	<b>\$10,896</b>

**JUSTIFICATION:** Fringe reflects current rate for agency.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF-424A) **\$10,896**

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

**FEDERAL REQUEST**

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles@.38/mile	\$1,140
			<b>TOTAL</b>	<b>\$2,444</b>

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

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

**D. Equipment:** an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

**FEDERAL REQUEST**

<b>Item(s)</b>	<b>Rate</b>	<b>Cost</b>
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	<b>TOTAL</b>	<b>\$3,796</b>

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

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

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

for Project Director.

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

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

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

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

**FEDERAL REQUEST**

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

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

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

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

**\*Represents separate/distinct requested funds by cost category**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

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

**FEDERAL REQUEST**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	<b>TOTAL</b>	<b>\$15,815</b>

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

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.



**\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

**FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to:

<http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

**FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)**

**8% of personnel and fringe (.08 x \$63,661) \$5,093**

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**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) \$172,713**

**INDIRECT CHARGES:**

**FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) \$5,093**

**TOTALS: (sum of 6i and 6j)**

**FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)**  
**\$177,806**

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**UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.**

Provide the total proposed Project Period and Federal funding as follows:

**Proposed Project Period**

a. Start Date:	<b>09/30/2012</b>	b. End Date:	<b>09/29/2017</b>
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**BUDGET SUMMARY (should include future years and projected total)**

<b>Category</b>	<b>Year 1</b>	<b>Year 2*</b>	<b>Year 3*</b>	<b>Year 4*</b>	<b>Year 5*</b>	<b>Total Project Costs</b>
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
<b>Total Direct Charges</b>	<b>\$172,713</b>	<b>\$172,560</b>	<b>\$172,403</b>	<b>\$172,241</b>	<b>\$172,074</b>	<b>\$861,991</b>

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
<b>Total Project Costs</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$177,806</b>	<b>\$889,030</b>

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

**\*FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

# Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

## Confidentiality and Participant Protection:

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

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

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

### 2. Fair Selection of Participants

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

- Explain the reasons for including or excluding participants.
  - Explain how you will recruit and select participants. Identify who will select participants.
3. Absence of Coercion
- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
  - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
  - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.
4. Data Collection
- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
  - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
  - Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.
5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

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

#### 6. Adequate Consent Procedures

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

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

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

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

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

### **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or [ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov), or (240) 453-6900. SAMHSA–

specific questions should be directed to the program contact listed in Section VII of this announcement.



## **Appendix J – Background Information**

### **Background: The Drug Court Movement**

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

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

In 1994, Congress joined local communities in supporting the drug court philosophy to rehabilitate offenders while holding them accountable for their actions. In 1995, the Drug Courts Program Office (DCPO) was established by the Office of Justice Programs in the U.S. Department of Justice to administer the Drug Court Discretionary Grant Program and to provide training, financial and technical assistance, and related programmatic guidance and leadership to communities interested in implementing drug courts. In FY 2003, the Office of Justice Programs through the Bureau of Justice Assistance began administering the Drug Court Discretionary Grant Program and continues funding awards to drug court projects across the nation.<sup>5</sup>

### **Partnership with Treatment**

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

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<sup>5</sup> BJA/SAMHSA Adult Drug Court Services, Coordination, and Treatment FY 2012 Competitive Grant Announcement: Requirements Resource Guide

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

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

### **SAMHSA's Role in the Drug Court Arena:**

The Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services like its Justice Department counterpart, the Office of Justice Programs, was interested in assisting communities with promulgating the drug court model as it provided a vehicle within the justice system to link the judiciary with the community-based substance abuse treatment. SAMHSA support for the drug court movement began in the early 1990s when staff began attending the national conferences on drug courts and began visiting the early drug court programs. SAMHSA utilized its expertise in substance abuse treatment models to provide assistance to these drug courts in the form of various publications such as the SAMHSA Treatment Improvement Protocols (TIPs) and Treatment Assistance Publications (TAPs) and treatment checklists for drug court programs. In 2003, SAMHSA through its Center for Substance Abuse Treatment began providing discretionary grants to fund the expansion of substance abuse treatment services for various models of drug courts, including adult, juvenile, and family drug courts. That funding has continued to the present FY 2012 grant solicitations for the provision of substance abuse treatment for drug courts.

SAMHSA recognizes there is a significant disparity between the availability of treatment services for persons with alcohol and drug use disorders and the demand for such services. According to the 2010 National Survey on Drug Use and Health, 23.1 million individuals needed treatment for an alcohol or illicit drug use problem. Only 11 percent of these individuals received treatment at a specialty facility in the past year. This disparity is also consistent for criminal justice populations, as estimates show only 8.3 percent of individuals involved with the criminal justice system who are in need of substance abuse treatment receive it as part of their justice system supervision. By providing needed treatment services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

Treatment Drug Courts are problem-solving courts, often used as an alternative to incarceration, that quickly identify substance abusing offenders and place them under strict court monitoring and community supervision as well as provide the participant with effective treatment services.

Adult Treatment Drug Courts is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse and mental health prevention and treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging mental health and substance abuse problems.

**Resources for Additional Information:**

Some websites that may be useful for obtaining more information on drug courts and substance abuse treatment in criminal justice settings include:

Bureau of Justice Assistance <http://www.bja.gov>

Center for Court Innovation <http://courtinnovation.org>

National Association of Drug Court Professionals <http://www.nadcp.org>

National Center for State Courts

<http://www.ncsconline.org/wc/CourTopics/topiclisting.asp>

National Drug Court Institute <http://www.ndci.org>

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

U.S. Department of Veteran Affairs <http://www.va./HOMELESS/>

## **Appendix K – Components/Elements of Drug Court Models**

As indicated in Section 2: Expectations, applicants are expected to develop a project that is consistent with recognized designs and operational protocols. You must meet the required components/elements for the category for which you are applying. Effective treatment drug courts have several well-defined elements and all applicants must address the appropriate components for the model for which they are applying to ensure that these elements are incorporated into their drug court model or approach. Applicants are encouraged to visit the following websites for more information on the key components of the four categories of drug court models for this grant program:

### **Category 1- Adult Drug Courts – This category includes the Adult Drug Courts, DUI/DWI Courts, Tribal Healing to Wellness Courts, Co-Occurring Courts and Community Courts.**

- Adult drug courts, co-occurring courts, and community courts must demonstrate how they address the “The Ten Key Components”, which can be accessed at [www.bja.gov/grant/DrugCourts/DefiningDC.pdf](http://www.bja.gov/grant/DrugCourts/DefiningDC.pdf).
- Tribal Healing to Wellness Courts must courts must demonstrate how they address the Key Elements, which can be accessed at [www.ncjrs.gov/pdffiles1/bja/188154.pdf](http://www.ncjrs.gov/pdffiles1/bja/188154.pdf).
- DUI/DWI drug courts must courts must demonstrate how they address the “The Ten Guiding Principles of DWI Courts”, which can be accessed at [www.ndci.org](http://www.ndci.org).

### **Category 2- Adult Municipal and/or Misdemeanor Courts – This category includes operational Municipal and/or local courts.**

- Adult municipal and/or misdemeanor courts must demonstrate how they address the “The Ten Key Components”, which can be accessed at [www.bja.gov/grant/DrugCourts/DefiningDC.pdf](http://www.bja.gov/grant/DrugCourts/DefiningDC.pdf).

### **Category 3- Veterans Treatment Courts – This category includes operational veteran’s treatment courts.**

Veterans treatment courts must demonstrate how they address the “Veterans Treatment Court Ten Key Components” listed below:

Buffalo’s Veterans Treatment Court has adopted the components below, which include slight modifications of the essential tenements of the ten key components as described in the U.S. Department of Justice Publication entitled “*Defining Drug Courts: The Key*

*Components*”, (Jan.1997). Although there are differences between drug courts, mental health courts, tribal courts, and veterans treatment courts, the *Key Components* provides the foundation in format and content for the *Essential Elements* of each of these drug court models.

**Key Component #1: Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing**

Buffalo’s Veterans Treatment Court promotes sobriety, recovery and stability through a coordinated response to veteran’s dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

**Key Component #2: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights**

To facilitate the veterans’ progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team’s focus is on the veteran’s recovery and law-abiding behavior—not on the merits of the pending case.

**Key Component #3: Eligible participants are identified early and promptly placed in the Veterans Treatment Court program**

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person’s life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult.

**Key Component #4: Veterans Treatment Courts provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services**

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma. Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

**Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing**

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

**Key Component #6: A coordinated strategy governs Veterans Treatment Court responses to participants' compliance**

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

**Key Component #7: Ongoing judicial interaction with each Veteran is essential**

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

**Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness**

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program

**Key Component #9: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations**

All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

**Key Component #10: Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness**

Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veterans Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

**Category 4- Family drug courts must demonstrate how they address the “The 11 Key Elements of Family Treatment Drug Courts” listed below:**

1. A Steering Committee composed of key stakeholders to provide advice in the design and operation of the Family Treatment Drug Court.
2. Alcohol and other drug treatment services that are integrated with justice system case processing.
3. Use of a non-adversarial approach, with prosecution and defense counsel promoting public safety while protecting participants' due process rights.
4. Early identification and prompt placement of eligible participants.
5. Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
6. Frequent staffings (team meetings), where each client's progress, strengths, obstacles, and options are discussed individually, and case plans are updated as needed.
7. Frequent alcohol and other drug testing.
8. A coordinated strategy that governs drug court responses to participants' compliance.
9. Judicial interaction that is ongoing with each drug court participant.
10. Interdisciplinary education that promotes effective planning, implementation, and operations.
11. Partnerships among drug courts, public agencies, and community-based organizations.

## Appendix L – Electronic Health Record (EHR) Resources

The following is a list of Websites for EHR information:

For additional information on EHR implementation please visit:

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

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

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

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (<http://www.samhsa.gov/HealthPrivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:

[SAMHSA.HIT@samhsa.hhs.gov](mailto:SAMHSA.HIT@samhsa.hhs.gov).