



The [U.S. Department of Justice](#) (DOJ), [Office of Justice Programs](#) (OJP) [Bureau of Justice Assistance](#) (BJA) and the [U.S. Department of Health and Human Services](#) (HHS), [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), are seeking applications for funding for enhancing drug court services, coordination, and substance abuse treatment and recovery support services. This program furthers the missions of DOJ and HHS by providing resources to state, local, and tribal governments and state, local, and tribal courts to enhance drug court programs and systems for nonviolent substance-abusing offenders.

Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment FY 2013 Competitive Grant Announcement

Eligibility

Applicants are limited to states or state courts applying on behalf of a single jurisdiction; local courts; counties; other units of local government; or federally recognized Indian tribal governments (as determined by the Secretary of the Interior). Indian tribal governments may apply directly or through other public or not-for-profit private entities. Eligible jurisdictions must have a fully operational (at least 1 year) adult drug court. "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 1 year prior to the submission of the grant application. **By signing the SF-424, the authorized representative of the applicant organization is certifying that the Adult Drug Court(s) that receives funding from this grant announcement is operational, as defined above, for at least 1 year at the time of application.**

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

For the purposes of this solicitation, the definition of "adult drug court" is a court program managed by a non-adversarial and multidisciplinary team that responds to the offenses and treatment needs of offenders who have a drug addiction. Eligible drug court models include Tribal Healing to Wellness Courts, Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, and Veterans Courts that adhere to the Drug Court 10 key components [Defining Drug Courts: The Key Components](#) and serve

substance-abusing adults in the respective problem-solving court, as long as the court meets all the elements required for drug courts, as described herein. Municipal Courts using the problem-solving model, in which substance abuse has been identified as the criterion for the individual being referred to the court, are eligible to apply for funding.

Coordination Requirement: The following requirements must be met or the application will not be reviewed or considered for an award:

- Non-tribal applicants must include a letter from the State Substance Abuse (SSA) agency 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. Applicants must include this letter as **Attachment 7** of the application.
- Non-tribal applicants must also submit a letter from the Chief Justice of the state's highest court, the State Court Administrator, or a designee (for example, the state drug or problem-solving court coordinator) describing how the proposed application would enhance the statewide efforts related to problem-solving courts. Applicants must include this letter as **Attachment 8** of their application.
- Tribal applicants submitting on behalf of a tribe/tribal organization must submit a Tribal Authorizing Resolution in lieu of a letter of support from the state as **Attachment 9** of their application. These resolutions should authorize the inclusion of the tribe or tribal organization and its membership within the application.

Deadline

Applicants must register with Grants.gov prior to submitting an application. (See "How To Apply," page 31.) All applications are due by 11:59 p.m. eastern time on June 13, 2013. (See "Deadlines: Registration and Application," page 6.)

All applicants are encouraged to read: [Important Notice: Applying for BJA Grants in Grants.gov.](#)

Funding estimates for this announcement are based on the FY 2013 Continuing Resolution, as reduced by sequestration. Applicants should be aware that final funding amounts are subject to the availability of funds.

Contact Information

For technical assistance with submitting the application, contact the Grants.gov Customer Support Hotline at 1-800-518-4726 or 606-545-5035 or via e-mail to support@grants.gov.

Note: The Grants.gov Support Hotline hours of operation are 24 hours a day, 7 days a week, except federal holidays.

For assistance with basic requirements of this solicitation, contact the BJA Justice Information Center at 1-877-927-5657, via e-mail to JIC@telesishq.com, or by [live web chat](#). The BJA Justice Information Center hours of operation are 8:30 a.m. to 5:00 p.m. eastern time, Monday through Friday, and 8:30 a.m. to 8:00 p.m. eastern time on the solicitation close date.

For assistance with the Center for Substance Abuse Treatment (CSAT)-specific requirements of this solicitation, contact Michael Weaver, CSAT Public Health Advisor at 240-276-1852 or by e-mail to Michael.Weaver@samhsa.hhs.gov.

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For assistance with financial/fiscal SAMHSA-specific requirements of this solicitation, contact Eileen Bermudez, Grants Management Team Lead at 240-276-1412 or by e-mail to eileen.bermudez@samhsa.hhs.gov.

Grants.Gov number assigned to announcement: BJA-2013-3606

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Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment CFDA #s 16.585 (BJA) and 93.243 (SAMHSA)

Overview

BJA and SAMHSA are accepting applications for FY 2013 grants to enhance the court services, coordination, and evidence-based substance abuse treatment and recovery support services of adult drug courts. The purpose of this joint initiative is to allow applicants to submit a comprehensive strategy for enhancing drug court services and capacity. Applicants are competing for two grant awards (a grant from SAMHSA and a separate grant from BJA) for both criminal justice and substance abuse treatment funds with one application. In order to fulfill all of the requirements for this grant program, applicants should comply with the requirements outlined in this grant announcement as well as those incorporated by reference in the [Requirements Resource Guide](#). These grants are authorized under 42 USC 3797u et seq. and section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

Drug courts funded through this grant solicitation may use federal funding and matched funding to serve only nonviolent offenders¹ and must operate the adult drug court based on BJA's and the National Association of Drug Court Professionals' publication [Defining Drug Courts: The Key Components](#), which addresses the statutory requirements.

This opportunity provides drug court applicants the flexibility to identify the most appropriate evidence-based court (service/docket) model in which to base the drug court, in order to accommodate the needs and available resources of that jurisdiction, so long as the model conforms to the 10 key drug court components, which describe the basic elements that define drug courts. (See page 8 for a definition of "evidence-based.")

NOTE: In addition to this announcement, BJA is offering its standalone drug court solicitation titled "Adult Drug Court Discretionary Grant Program FY 2013 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.

¹ Programs funded through this solicitation may not, with grant funding or matched funding, serve violent offenders. As defined in 42 U.S.C. 3797u-2, a "violent offender" means a person who—(1) is charged with or convicted of an offense that is punishable by a term of imprisonment exceeding one year, during the course of which offense or conduct— (A) the person carried, possessed, or used a firearm or dangerous weapon; (B) there occurred the death of or serious bodily injury to any person; or (C) there occurred the use of force against the person of another, without regard to whether any of the circumstances described in subparagraph (A) or (B) is an element of the offense or conduct of which or for which the person is charged or convicted; or (2) has 1 or more prior convictions for a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm. A BJA Adult Drug Court Grant Program-funded drug court may, at its own discretion and after taking a valid assessment of risk into consideration, choose to provide services to an offender that is otherwise excluded from this program if the grantee is using non-federal (including match) funding to provide the services to that offender. BJA strongly encourages the use of valid risk assessment instruments and consideration of public safety needs in this local decision making process.

SAMHSA is also offering a standalone grant program titled “Grants to Expand Substance Abuse Treatment Capacity in Adult, Juvenile, and Family Drug Courts” (TI-13-005), which provides support to state and local governments and tribes/tribal organizations to expand and/or enhance substance abuse treatment services in existing adult, juvenile, 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.

Applicants may submit an application in response to one or all grant solicitations. However, neither SAMHSA/CSAT nor BJA will make more than one award for the same proposed drug court project to the same jurisdiction/court. Furthermore, both SAMHSA and BJA may consider geographic distribution when making funding decisions. The aforementioned drug court grant solicitations may be found on BJA’s web site at www.bja.gov/funding.aspx#1, and SAMHSA’s web site at www.samhsa.gov/.

Deadlines: Registration and Application

Applicants must register with Grants.gov in order to submit an application. OJP and SAMHSA encourage applicants to **register several weeks before** the application submission deadline. In addition, OJP urges applicants to submit applications 72 hours prior to the application due date. The deadline to apply for funding under this announcement is 11:59 p.m. eastern time on June 13, 2013. See the “How To Apply” section on page 31 for more details. Note that while the deadline for submission is 11:59 p.m. eastern time on June 13, 2013, staff assistance through the BJA Justice Information Center is only available until 8:00 p.m. eastern time (see “Contact Information” on the title page for more information about BJA’s Justice Information Center).

Eligibility

Refer to the title page for eligibility under this program.

Program-Specific Information

Background Information

Drug courts are part of the larger universe of problem-solving courts, and have been demonstrated (where implemented in an evidence-based manner) to reduce recidivism and substance abuse among high-risk substance abusing offenders and increase their likelihood of successful rehabilitation through:

- early, continuous, and intense treatment;
- close judicial supervision and involvement (including judicial interaction with participants and frequent status hearings);
- mandatory and random drug testing;
- community supervision;
- appropriate incentives and sanctions; and
- recovery support services.

BJA and SAMHSA provide drug court applicants the flexibility to identify the most appropriate adult court (service/docket) model in which to base the drug court in order to accommodate the needs and available resources of that jurisdiction, so long as the model conforms to the key drug court components, which describe the basic elements that define drug courts.

For the purposes of this solicitation, an “adult drug court” is a court program managed by a multidisciplinary team that responds to the needs of offenders who have a drug addiction. Drug courts funded through this grant solicitation may use federal funding and matched funding to serve only nonviolent offenders and must operate the adult drug court based on the publication [Defining Drug Courts: The Key Components](#).

For [Tribal Healing to Wellness Courts](#), [Veterans Treatment Courts](#), and [DWI Courts](#), program designs must function in accordance with the corresponding key components or principles as included in the appendices of this solicitation.

The National Drug Court Resource Center, available at www.NDCRC.org, is a BJA-funded resource for the drug court field. This web site serves as a clearinghouse for drug court training, technical assistance, publications, funding resources, and other practitioner-specific resources. Applicants are encouraged to visit this site for information.

Goals, Objectives, and Outcomes

The overall goal of the Joint Adult Drug Court Solicitation is to expand and/or enhance the drug court capacity of state, local, and tribal levels to reduce crime and substance abuse among high risk/high need offenders. This evidence-based approach includes the key elements of judicially supervised treatment, drug testing, community supervision, appropriate sanctions, and recovery support services. Grant funds must be used to serve high risk/high need populations diagnosed with substance dependence or addiction to alcohol/other drugs and identified as needing immediate treatment. Grant funds may be used to provide services for co-morbid conditions, such as mental health problems, as long as expenditures remain consistent with the drug court model which is designed to serve individuals needing treatment for substance dependence or addiction to alcohol/other drugs.

Program objectives include:

- Building and maximizing the capacity of jurisdictions to ensure that all offenders are identified, appropriately screened, and assessed for risk and need as well as co-occurring substance abuse and mental health needs.
- Ensuring all substance abusing offenders receive targeted research-based and data-driven services.
- Enhancing the provision of recovery support services that prevent recidivism such as individualized treatment, vocational and educational services, and community reintegration services to achieve long-term recovery.
- Lowering costs associated with the population of focus.
- Supporting strategies that ensure drug court practitioners have tools to effectively manage these interventions, including data collection and analysis, training, and technical assistance.
- Tracking drug court performance.

The intended outcomes from these goals and objectives should result in reductions in recidivism and substance abuse of the population of focus while increasing an offender's likelihood of successful reintegration into the community.

Evidence-Based Programs or Practices

OJP places a strong emphasis on the use of data and evidence in policy making and program development in criminal justice. OJP is committed to:

- improving the quantity and quality of evidence OJP generates;
- integrating evidence into program, practice, and policy decisions within OJP and the field; and
- improving the translation of evidence into practice.

OJP considers programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations. Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. The strength of causal evidence, based on the factors described above, will influence the degree to which OJP considers a program or practice to be evidence-based. OJP's [CrimeSolutions.gov](http://www.crimesolutions.gov) web site is one resource that applicants may use to find information about evidence-based programs in criminal justice, juvenile justice, and crime victim services.

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. Applicants can find information on evidence-based treatment practices in SAMHSA's *Guide to Evidence-Based Practices* available at www.samhsa.gov/ebpwebguide and in the [Requirements Resource Guide](#) (RRG). The *SAMHSA Guide to EBPs* provides a short description and a link to dozens of web sites with relevant EBP information—either specific interventions or comprehensive reviews of research findings. Note that SAMHSA's *Guide to Evidence-Based Practices* also references the National Registry of Evidence-Based Programs and Practices (NREPP), 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.*

Based on a review of drug court evaluations and research, BJA has partnered with the National Institute of Justice (NIJ) to identify recommended policies and practices to yield effective interventions that maximize the return on investment for Adult Drug Court Program funding. Findings from the NIJ's Multi-site Adult Drug Court Evaluation are available at www.ojp.usdoj.gov/nij/topics/courts/drug-courts/madce.htm.

A priority consideration will be given to applications that propose designs and strategies that are consistent with each of the following 10 evidence-based program design features listed below.

More information on designing a program around recent evidence-based research findings is available from the National Center for State Courts web site at www.research2practice.org/index.html. (Applicants may propose alternative program designs that depart from this list with compelling justification; however, priority consideration may not be provided for these applicants depending on the justification.)

Adult Drug Court 10 Key Components and Corresponding Evidence-Based Program Principles

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.

(Corresponding evidence-based program principle) Treatment and Other Services—
The applicant should maintain program resources that: address drug court participant needs identified over time; accommodate the range of treatment and other rehabilitation services required; and apply case management beyond initial referral to confirm that providers appropriately deliver ongoing assessment and services.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.

(Corresponding evidence-based program principle) Screening and Assessment—
Referral sources and other stakeholders should be clear on program eligibility criteria, which must be consistent with targeted population needs and available program resources. Applicants should demonstrate an ability to screen promptly and systematically for all offenders potentially eligible for the drug court, identify the agency which will conduct this screening, and detail the procedures that will be used for screening.

The applicant should further demonstrate how those offenders determined to be eligible for the drug court as a result of screening will then be assessed to identify their risk for relapse and recidivism, as well as the nature of treatment and other rehabilitation needs. Assessments should be conducted using instruments that have been validated for the targeted population and updated periodically. Treatment and other service assessments should be reviewed and adjusted to gauge offender needs that may change over time.

(Corresponding evidence-based program principle) Population of Focus—
Program resources should be prioritized for offenders who demonstrate both high criminogenic risk and high substance abuse treatment need. Applicants should aim to serve offenders whose characteristics and risk factors directly relate to a high probability of offending, and who are frequent drug users diagnosed for drug dependence. Also, applicants should target offenders who are subject to (or eligible for) legal sanctions that may provide greater leverage in program compliance.

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

(Corresponding evidence-based program principle) Relapse Prevention, Aftercare and Community Integration—From the first program phase, the applicant should demonstrate how culturally sensitive planning and other programming will be implemented to support relapse prevention, community integration, and aftercare/continuing care services.

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

(Corresponding evidence-based program principle) Monitoring—The applicant should demonstrate a comprehensive plan to: monitor drug court participants using random drug testing and community supervision; disseminate results efficiently to the drug court team; and immediately respond to noncompliance according to established program requirements.

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.

(Corresponding evidence-based program principle) Procedural and Distributive Justice—Applicants should establish and clearly communicate a system of graduated sanctions and incentives that is activated and delivered with certainty in response to offender behavior. Information from the drug court team and the offender should be considered in determining noncompliance and the appropriate response. Specific program responses should be meaningful to the offenders, understandable, and delivered in a manner that is perceived as fair and equitable.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential.

(Corresponding evidence-based program principle) Judicial Interaction—Judges should interact directly and regularly with drug court participants during drug court hearings, which should be as frequent as the participant may require. As the program leader, the judge will maintain authority by demonstrating support for the program and knowledge of individual offenders. Communication between the participant and the judge should be based on a foundation of respect, and judges must maintain an understanding of program resources available to assess and respond to participant behavior.

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

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

More information on designing a program around recent evidence-based research findings is available from the National Center for State Courts' Research to Practice web site at www.research2practice.org/index.html.

For additional information related to the drug court research supporting the Evidence-Based Program Principles and Key Components, visit the following:

- Quality Improvement for Drug Courts: Evidence-Based Practices: www.ndci.org/sites/default/files/ndci/Mono9.QualityImprovement.pdf
- SAMHSA's National Registry of Evidence-Based Programs and Practices, an online registry of mental health and substance abuse interventions: www.nrepp.samhsa.gov/LearnLanding.aspx
- NIJ's Multi-site Adult Drug Court Evaluation: www.nij.gov/topics/courts/drug-courts/madce.htm#results

Note: Appendices A-C include key components and corresponding evidence-based program principles of the Tribal Healing to Wellness Courts, Veterans Treatment Courts, and Driving While Intoxicated Courts.

BJA Drug Court Enhancement Component (BJA Grant Funds):

Applicants may propose to use BJA funding to incorporate the evidence-based design features noted above to: 1) expand the population of focus, 2) enhance court operations, 3) enhance court services, and/or 4) enhance offender services. Additionally:

1. Applicants are encouraged to include or establish new services for populations not currently being served in the drug court based on an examination of the emerging needs in their local offender population.
2. Applicants may propose to enhance court operations including training programs for drug court practitioners, drug court program evaluations, performance management system implementation, and automated management information system implementation.
3. Applicants may propose to use funding to expand or enhance court services in areas such as offender management, including drug testing, case management, and community supervision.
4. Applicants may also propose to improve the quality and/or intensity of services; for instance, funding may be used for enhancing offender services such as healthcare and mental health care, education, vocational training, job training and placement, housing placement assistance, and childcare or other family support services for each participant who requires such services.

For examples of drug court services allowable under this program, see the [Requirements Resource Guide](#).

SAMHSA Substance Abuse Treatment Component (SAMHSA Grant Funds):

SAMHSA funding is intended to fund treatment services or practices that have a demonstrated evidence base and that are appropriate for the drug court population. "Evidence-based practices" refers to approaches for treatment that are validated by some form of documented research evidence. Applicants should address the evidence base for their proposed service selection in the program narrative. **For more information on EBPs, see "Using Evidence-Based Practices" in the [Requirements Resource Guide](#).**

Applicants may propose to enhance and/or expand substance abuse treatment and recovery support services. **For information on allowable substance abuse treatment and recovery support services, see the [Requirements Resource Guide](#).**

Service Enhancement: An applicant may propose to improve **the quality and/or intensity of substance abuse treatment services and recovery support 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 co-occurring treatment intervention to the current treatment protocol for a population being served by the program.

Service Expansion: An applicant may also propose to **increase access and availability of services to a larger number of clients**. Applicants may propose to increase the number of clients receiving services as a result of the award. For example, if a drug court 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.

To demonstrate that a comprehensive service system is in place, the substance abuse treatment providers for the drug court must provide letters of commitment which outline the services to be provided including the level and intensity of resources committed. These documents must be provided as **Attachment 6** of the application.

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.

In order to address the prevalent issue of trauma histories in offender populations, applicants must demonstrate how staff will be trained in trauma-informed practices and how these practices will be integrated into the clinical treatment and recovery services provided for the drug court clients. For more information on trauma and trauma-informed practices, go to the National Center for Trauma-Informed Care at www.samhsa.gov/nctic/.

Applicants must demonstrate that they have developed linkages with community-based substance abuse treatment organizations with experience in providing services to the population of focus. **Examples of possible community linkages are provided in the [Requirements Resource Guide](#).**

Medication-assisted treatment (MAT) may be an important part of a comprehensive treatment plan. Grantees may use **no more than 20 percent** of their annual SAMHSA grant award to pay for medication (e.g., Injectable Naltrexone, Disulfiram, Acamprosate Calcium, Suboxone, and Buprenorphine) as appropriate, when the client has no other source of funds to do so.

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 percent** of SAMHSA 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, grantees must develop a plan for medical case management of all clients who have a preliminary positive HIV and confirmatory HIV test result.

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As appropriate, post-award, SAMHSA will provide technical assistance to: train grantee staff in HIV rapid testing; obtain required state certification to conduct onsite 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.

All clients who are considered to be at risk for viral hepatitis (B and C) as specified by the Centers for Disease Control and Prevention's (CDC) recommendations for hepatitis B (CDC, 2008)² and hepatitis C (CDC, 1998)³ must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral. **No more than \$5,000** of SAMHSA grant funds (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing. Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.

Applicants must provide a plan for providing referrals to viral hepatitis testing (if applicable), and to treatment for all clients testing positive for viral hepatitis (B or C) and provide memoranda of agreement demonstrating that they have linkages with appropriate treatment providers in **Attachment 6** of their application.

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

Grantees are strongly encouraged to utilize third party and other revenue realized from provision of services to the extent possible and focus on using SAMHSA grant funds only for services to individuals who are ineligible for public or private 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. Grantees are also encouraged to facilitate the health insurance application and enrollment process for eligible uninsured clients. In addition, grantees are strongly encouraged to include similar stipulations in all contracts with partnering provider organizations. For more information on health insurance and enrollment, visit www.healthcare.gov/marketplace.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all

² Centers for Disease Control and Prevention. Recommendations for identification and public health management of persons with chronic hepatitis b virus infection. MMWR 2008; 57(No. RR-8): 1-39. www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm

³ Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis c virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 57(No. RR-19): 1-20. www.cdc.gov/hepatitis/HCV/GuidelinesC.htm

applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

If an application is funded, the grantee will be expected to: 1) develop a health disparities impact statement. This statement should utilize grantee data to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and (2) develop a plan to decrease the differences in **access, service use, and outcomes** among those subpopulations. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See the [Requirements Resource Guide](#).)

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 SAMHSA grantees who provide services to individuals are encouraged to demonstrate ongoing clinical use of a certified electronic health record (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 must either:

- Identify the certified, EHR system that they, or the primary provider of clinical services associated with the grant (i.e., the grantee, subawardee, or subcontractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information (include a copy of the signed, executed EHR vendor contract in Attachment 6 of their application); **or**
- Describe the plan for the primary provider of clinical services to acquire a certified EHR system. This plan should include staffing, training, budget requirements, and a timeline for implementation. Alternatively, if an applicant has an EHR system that is not currently certified by an ONC approved certifying body, they may include a letter of commitment (in Attachment 6) from their vendor and associated plan to achieve certification. This should include a timeline.

More information about EHR systems is available in the [Requirements Resource Guide](#).

Applicants that do not meet the requirements of both BJA and SAMHSA will not be granted an award.

Amount and Length of Awards

	BJA Funding	SAMHSA Funding
Anticipated Total Available Funding:	\$3,100,000	\$3,250,000
Estimated Number of Awards:	10	10
Estimated Award Amount:	Up to \$300,000 as a one-time award for the entire 3-year grant period	Up to \$325,000 per year for each year of the 3-year grant period
Cost Sharing/Match Required:	Yes See Requirements Resource	No

	Guide for more information on BJA match requirements	
Project Period:	Up to 3 years	Up to 3 years

Annual SAMHSA 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.

All awards are subject to the availability of appropriated funds and to any modifications or additional requirements that may be imposed by law.

Budget Information for BJA and SAMHSA

If awarded, grantees will receive two separate grant awards. Applicants must provide two separate budgets for each grant (i.e., a budget for the requested BJA grant funds and a budget for the requested SAMHSA grant funds). Additionally, if awarded, grantees must have a system in place to track both the BJA grant and SAMHSA grant fund expenditures separately.

BJA Grant Budget Requirements:

Limitation on Use of Award Funds for Employee Compensation; Waiver

With respect to any award of more than \$250,000 made under this solicitation, federal funds may not be used to pay total cash compensation (salary plus bonuses) to any employee of the award recipient at a rate that exceeds 110 percent of the maximum annual salary payable to a member of the federal government’s Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. (The 2013 salary table for SES employees is available at www.opm.gov/oca/13tables/index.asp.) Note: A recipient may compensate an employee at a higher rate, provided the amount in excess of this compensation limitation is paid with non-federal funds. (Any such additional compensation will not be considered matching funds where match requirements apply.)

The Assistant Attorney General (AAG) for OJP may exercise discretion to waive, on an individual basis, the limitation on compensation rates allowable under an award. An applicant requesting a waiver should include a detailed justification in the budget narrative of the application. Unless the applicant submits a waiver request and justification with the application, the applicant should anticipate that OJP will request the applicant to adjust and resubmit the budget.

Minimization of Conference Costs

OJP encourages applicants to review the OJP guidance on conference approval, planning, and reporting that is available on the OJP web site at www.ojp.gov/funding/confcost.htm. This guidance sets out the current OJP policy, which requires all funding recipients that propose to hold or sponsor conferences (including meetings, trainings, and other similar events) to minimize costs, requires OJP review and prior written approval of most conference costs for cooperative agreement recipients (and certain costs for grant recipients), and generally prohibits the use of OJP funding to provide food and beverages at conferences. The guidance also sets upper limits on many conference costs, including facility space, audio/visual services, logistical planning services, programmatic planning services, and food and beverages (in the rare cases where food and beverage costs are permitted at all).

Prior review and approval of conference costs can take time (see the guidance for specific deadlines), and applicants should take this into account when submitting proposals. Applicants also should understand that conference cost limits may change and that they should check the guidance for updates before incurring such costs.

Note on food and beverages: OJP may make exceptions to the general prohibition on using OJP funding for food and beverages, but will do so only in rare cases where food and beverages are not otherwise available (e.g., in extremely remote areas); the size of the event and capacity of nearby food and beverage vendors would make it impractical to not provide food and beverages; or a special presentation at a conference requires a plenary address where conference participants have no other time to obtain food and beverages. Any such exception requires OJP's prior written approval. The restriction on food and beverages does not apply to water provided at no cost, but does apply to any and all other refreshments, regardless of the size or nature of the meeting. Additionally, this restriction does not affect direct payment of per diem amounts to individuals in a travel status under your organization's travel policy.

Costs Associated with Language Assistance (if applicable)

If an applicant proposes a program or activity that would deliver services or benefits to individuals, the costs of taking reasonable steps to provide meaningful access to those services or benefits by individuals with limited English proficiency may be allowable. Reasonable steps to provide meaningful access to services or benefits may include interpretation or translation services where appropriate.

For additional information, see the "Civil Rights Compliance" section of the OJP "Other Requirements for OJP Applications" web page at www.ojp.gov/funding/other_requirements.htm.

BJA Match Requirement (a portion of the match must be cash and the remainder can be in-kind)

Federal funds awarded under this program may not cover more than 75 percent of the total costs of the project being funded. The applicant must identify the source of the 25 percent non-federal portion of the total project costs and how match funds will be used. If a successful applicant's proposed match exceeds the required match amount, and OJP approves the budget, the total match amount incorporated into the approved budget becomes mandatory and subject to audit. (Match is restricted to the same uses of funds as allowed for the federal funds.) Applicants may satisfy this match requirement with any portion of cash and the remainder can be in-kind funds. See the [OJP Financial Guide](#) for definitions and examples of in-kind funding. The formula for calculating the match is:

$$\frac{\text{Federal Award Amount}}{\text{Federal Share Percentage}} = \text{Adjusted (Total) Project Costs}$$

$$\text{Required Recipient's Share Percentage} \times \text{Adjusted Project Cost} = \text{Required Match}$$

Example: 75%/25% match requirement: for a federal award amount of \$300,000, match would be calculated as follows:

$$\frac{\$300,000}{75\%} = \$400,000 \quad 25\% \times \$400,000 = \$100,000 \text{ match}$$

Applicants wishing to exceed the 25 percent match amount should reflect the amount above 25 percent in the program narrative section only. The budget detail should

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distinguish cash from in-kind matched funds using an asterisk to show what percentage of the budget is cash. (Refer to the OJP Financial Guide at www.ojp.gov/financialguide/index.htm.)

SAMHSA Grant Budget Requirements:

- No match is required for the SAMHSA budget.
- Provide a per-person or unit cost of the project to be implemented. This figure is calculated by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20 percent for data and performance assessment; and 2) dividing this number by the total unduplicated number of persons to be served.
- Applicants must include key staff positions (Project Director and Clinical Supervisor) in the budget. If the Project Director is a contractor/consultant the applicant must include a copy of the contract or proposed contract with the application.
- SAMHSA's Sample Budget and Justification format must be used. A sample budget and justification is included in the [Requirements Resource Guide](#).

For a comprehensive list of SAMHSA requirements and funding restrictions, see the [Requirements Resource Guide](#).

Performance Measures

There will be two primary types of data reporting required by BJA and SAMHSA, which includes the biannual report and Government Performance and Results Act (GPRA) (Public Law 103-62) reporting requirements of both agencies. The biannual report provides an overview of the goals and objectives of the grant as proposed in the application and the progress made in achieving these measures.

Submission of performance measures data is not required for the application. Instead, applicants should discuss in their application their proposed methods for collecting data for performance measures. Refer to the section "What an Application Should Include" for additional information.

BJA Performance Measures:

To assist the Department with fulfilling its responsibilities under GPRA and the GPRA Modernization Act of 2010, Public Law 111-352, applicants that receive funding under this solicitation must provide data that measure the results of their work done under this solicitation.

Award recipients will be required to provide the relevant data by submitting quarterly performance metrics through BJA's online Performance Measurement Tool (PMT), located at www.bjaperformancetools.org. The following measures are examples of some of the core performance measures for the Adult Drug Court Discretionary Grant Program, but applicants should examine the complete list at: (1) Implementation, www.bjaperformancetools.org/help/BJADrugCourtImplementationIndicator111011.pdf; (2) Enhancement, www.bjaperformancetools.org/help/BJADrugCourtENHANCEMENT111011.pdf; or (3) Statewide, www.bjaperformancetools.org/help/BJADRUGCOURTStatewideIndicators111011.pdf.

Enhancement Grantees

Objective	Performance Measure	Data Grantees Provide
Improve, enhance, and/or expand drug court services to reduce substance use and recidivism of drug court participants.	Percentage of participants admitted to the program	During this reporting period: A. Number of drug court participants that were admitted B. Total number of eligible drug court participants
	Percentage of participants who successfully completed the program	A. Number of participants enrolled in the program B. Number of participants who successfully completed program requirements C. Total number of successful and unsuccessful completions
	Percentage of participants who tested positive for illegal substance	A. Number of drug court participants in the program for 90 days who tested positive for the presence of an illegal substance during this reporting period B. Number of drug court participants in the program for 90 days who were tested for the presence of illegal drugs during this reporting period
	Percentage of program participants who recidivate while enrolled in the program Percentage of program participants who were arrested Percentage of program participants who recidivate within one year after completion of the program	A. Number of drug court participants B. Number of drug court participants who recidivate while enrolled in the program. C. Number of drug court participants who were arrested for drug offenses D. Number of drug court participants who were arrested for non-drug offenses E. Number of drug court participants who were arrested for non-drug and drug offense one year after program completions

OJP does not require applicants to submit performance measures data with their application. Instead, applicants should discuss in their application their proposed methods for collecting data for performance measures. Refer to the section “What an Application Should Include” on page 21 for additional information.

Note on Project Evaluations

Applicants that propose to use funds awarded through this solicitation to conduct project evaluations should be aware that certain project evaluations (such as systematic investigations designed to develop or contribute to generalizable knowledge) may constitute “research” for purposes of applicable DOJ human subjects protection regulations. However, project evaluations that are intended only to generate internal improvements to a program or service, or are conducted only to meet OJP’s performance measure data reporting requirements, likely do not constitute “research.” Applicants should provide sufficient information for OJP to determine whether the particular project they propose would either intentionally or unintentionally collect and/or use information in such a way that it meets the DOJ regulatory definition of research.

Research, for the purposes of human subjects protections for OJP-funded programs, is defined as, “a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge” 28 C.F.R. § 46.102(d). For additional information on determining whether a proposed activity would constitute research, see the decision tree to assist applicants on the “Research and the Protection of Human Subjects” section of the OJP “Other Requirements for OJP Applications” web page (www.ojp.gov/funding/other_requirements.htm). Applicants whose proposals may involve a research or statistical component also should review the “Confidentiality” section on that web page.

SAMHSA Data Collection and Performance Measurement Requirements:

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under GPRA. Applicants must document their ability to collect and report the required data in the “Evaluation, Aftercare, Sustainability, and Plan for Collecting the Performance Measurement Data” program narrative section of the application. Grantees will be required to report performance on the following performance measures: number of individuals served, abstinence from substance use, employment, housing stability, criminal justice involvement, social connectedness, and risk behaviors. This information will be gathered using the CSAT GPRA Client Outcome Measures for Discretionary Programs GPRA tool, which can be found at www.samhsa-gpra.samhsa.gov (click on “Data Collection Tools/Instructions,” then click “Services”), along with instructions for completing it.

Grantees will be required to collect data via a face-to-face interview using this tool at three data collection points: intake to services, 6 months post intake, and at discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a 6-month follow-up rate of 80 percent. Once data are collected, grantees are required to report data utilizing the Services Accountability Improvement System (SAIS), CSAT’s web-based data collection and reporting tool.

Data are required to be submitted within 7 business days of their collection. Training will be provided on all aspects of GPRA data collection upon grant award. Hard copies are available in the application packages which are available by calling SAMHSA at 1-877-SAMHSA7 (TDD: 1-800-487-4889). The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA’s grant programs are reducing disparities in access, service use, and outcomes nationwide. If applicants have an electronic health records system to collect and manage most or all client-level clinical information, they should use the EHR to automate GPRA reporting.

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

Note: The applicant is required to identify the number of clients that will be served annually and over the entire 3-year project period. The number of clients identified by the applicant is the number of clients that will have GPRA intake, 6 months post intake, and discharge as previously noted above. For more information see “Proposed Number of Service Recipients-Guidelines and Definitions” in the [Requirements Resource Guide](#).

SAMHSA Local Performance Assessment Requirements:

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help grantees determine whether they are achieving the goals, objectives, and outcomes they intend to achieve and whether adjustments need to be made to their project. Performance assessments also should be used to determine whether the project is having /will have the intended impact on behavioral health disparities. Grantees will be required to report on their progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted on an annual basis.

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/ sexual identity (sexual orientation/gender identity)?
- How durable were the effects?

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 types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the CLAS standards?
- 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?

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

No more than 20 percent of the total SAMHSA grant award may be used for data collection, performance measurement, and performance assessment activities.

Notice of Post-Award FFATA Reporting Requirement

Applicants should anticipate that OJP and SAMHSA will require all recipients of awards of \$25,000 or more under this solicitation, consistent with the Federal Funding Accountability and Transparency Act of 2006 (FFATA), to report award information on any first-tier subawards totaling \$25,000 or more, and, in certain cases, to report information on the names and total compensation of the five most highly compensated executives of the recipient and first-tier subrecipients. Each applicant entity must ensure that it has the necessary processes and systems in place to comply with the reporting requirements should it receive funding. Reports regarding subawards will be made through the FFATA Subaward Reporting System (FSRS), found at www.fsrs.gov/.

Note also that applicants should anticipate that no subaward of an award made under this solicitation may be made to a subrecipient unless the potential subrecipient acquires and provides a Data Universal Numbering System (DUNS) number.

What an Application Should Include

Applicants should anticipate that if they fail to submit an application that contains all of the specified elements, it may negatively affect the review of the application, and, should a decision be made to make an award, it may result in the inclusion of special conditions that preclude access to or use of award funds pending satisfaction of the conditions.

Moreover, applicants should anticipate that applications that are unresponsive to the scope of the solicitation, or that do not include application elements designated by BJA and SAMHSA to be critical, will neither proceed to peer review nor receive further consideration. Under this solicitation, BJA and SAMHSA have designated the following application elements as critical: Program Narrative, Budget Detail Worksheet, and Budget Narrative. The Budget Detail Worksheet and Budget Narrative should be combined in one document and must contain **both** narrative and detail information.

BJA and SAMHSA strongly recommend use of appropriately descriptive file names (e.g., "Program Narrative," "Budget Detail Worksheet and Budget Narrative," "Time Task Plan," "Memoranda of Understanding," "Resumes") for all attachments. OJP recommends that resumes be included in a single file.

1. Information to Complete the Application for Federal Assistance (SF-424)

The SF-424 is a required standard form used as a cover sheet for submission of pre-applications, applications, and related information. Grants.gov and GMS take information from the applicant's profile to populate the fields on this form. See the [Requirements Resource Guide](#) for further information.

2. Program Narrative (Attachment 1)

Only **one** program narrative should be submitted. The program narrative must respond to the solicitation and the Selection Criteria (1-4) listed below in the order given. The program narrative should be double-spaced, using a standard 12-point font (Times New Roman is preferred) with 1-inch margins, and should not exceed 30 pages. Number pages "1 of 30" "2 of 30," etc.

If the program narrative fails to comply with these length-related restrictions, noncompliance may be considered in peer review and in final award decisions.

Abstract:

The first page of the program narrative must include an abstract. This page does not count toward the 30-page limit for the program narrative.

The abstract should include the project name, population to be served, strategies/ interventions proposed, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of the abstract, write a summary of the project that can be used, if the project is funded, in publications, reporting to Congress, or press releases. A sample abstract can be found in the Application Information section of the [Requirements Resource Guide](#). The abstract should affirm that the 10 key components of a drug court are or will be met and must indicate which of the seven evidence-based design features are proposed in the application. Also note the corresponding page numbers where features are highlighted in the application.

Program Narrative:

The following sections should be included as part of the program narrative:

1. Statement of the Problem
2. Project Design and Implementation
3. Capabilities and Competencies
4. Evaluation, Aftercare, Sustainability, and Plan for Collecting the Performance Measurement Data

BJA and SAMHSA do not require applicants to submit performance measures data with their application. Performance measures are included as an alert that BJA and SAMHSA will require successful applicants to submit specific data as part of their reporting requirements. For the application, applicants should indicate an understanding of these requirements and discuss how they will gather the required data, should they receive funding.

Refer to the Selection Criteria, page 26, for the specific components of what the narrative should include.

3. Two Budgets: BJA Budget Detail Worksheet and Narrative AND SAMHSA Budget and Narrative (Attachment 2)

Applicants must provide TWO separate budgets (Selection Criteria 5) which clearly show the use for BJA funds and SAMHSA funds. If awarded, the grantee will receive two separate awards (BJA award and SAMHSA award) and will be responsible for tracking the resources separately.

1. BJA Budget with a required match must clearly delineate the uses for BJA funds (not to exceed \$300,000). An example for the BJA budget can be found in the Requirements Resource Guide (Sample BJA Drug Court Funding Request Budget).
2. SAMHSA Budget with no match must clearly show the use for the requested SAMHSA funds (not to exceed \$325,000 per year for up to 3 years for a total not to exceed \$975,000). An example for the SAMSHA budget can be found in the Requirements Resource Guide (SAMHSA Sample Budget and Justification (no match required)).

Please note: The Sample Budgets for BJA and SAMHSA differ. Applicants should complete the budgets using the correct template located in the Requirements Resource Guide.

Required Grantee Meetings

Grantees must plan to attend an annual grantee meeting (in person or virtually). Applicants should plan to send a drug court team consisting of the judge, project director, clinical director, evaluator, and a representative of the prosecutor's office and the defense bar to at least one grantee meeting in each year of the grant. Applicants must include a detailed budget and narrative for this travel in their budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. Grantee meetings may coincide with other national drug court conferences. Applicants may wish to consider travel, conference registration fees and per diem costs for other such conferences in their budgets.

BJA Budget Detail Worksheet and Narrative and Indirect Cost Rate Agreement:

a. BJA Budget Detail Worksheet

A sample budget detail worksheet can be found at www.ojp.gov/funding/forms/budget_detail.pdf. If the budget is submitted in a different format, the budget categories listed in the sample budget worksheet should be included.

For questions pertaining to budget and examples of allowable and unallowable costs, see the OJP Financial Guide at www.ojp.usdoj.gov/financialguide/index.htm.

The budget must indicate how the 75 percent BJA federal funds and the 25 percent match will be allocated in the overall budget.

b. BJA Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed in the Budget Detail Worksheet. Proposed budgets are expected to be complete; reasonable and allowable; cost effective; and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the completion of the proposed project. Applicants should identify the source of the 25 percent non-federal portion of the total project costs and how match funds will be used. The narrative may include tables for clarification purposes but need not be in a spreadsheet format. As with the Budget Detail Worksheet, the Budget Narrative should be broken down by year.

c. BJA Indirect Cost Rate Agreement (if applicable)

Indirect costs are allowed only if the applicant has a federally-approved indirect cost rate. (This requirement does not apply to units of local government.) Attach a copy of the federally approved rate agreement to the applications. Applicants that do not have an approved rate may request one through their cognizant federal agency, which will review all documentation and approve a rate for the applicant organization or, if the applicant's accounting system permits, costs may be allocated in the direct cost categories. If DOJ is the cognizant federal agency, obtain information needed to submit an indirect cost rate proposal at www.ojp.usdoj.gov/funding/pdfs/indirect_costs.pdf.

SAMHSA Budget and Narrative and Indirect Cost Rate Agreement:

a. SAMHSA Budget and Narrative

Applicants must provide a narrative justification of the items included in their proposed budget, as well as a description of existing resources and other support they expect to receive for the proposed project. Reference the [Requirements Resource Guide](#) for a sample of the SAMHSA budget and narrative as well as SAMHSA funding restrictions.

b. SAMHSA Indirect Cost Rate Agreement

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

4. Additional Attachments

Project Timeline, Resumes, and Key Staff (Attachment 3)

Applicants must include a realistic timeline for the project, resumes, and job descriptions for proposed staff and identify key staff and level of effort. For more information, refer to the [Requirements Resource Guide](#).

SAMHSA Application Forms (Attachment 4)

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

Applicants must complete the following forms:

- Face Page (SF-424) (NOTE: For Item 11, insert CFDA #93.243 and CFDA Title Substance Abuse and Mental Health Services Administration; for Item 12, insert Funding Opportunity #TI-13-006)
- Budget Information Form for Non-Construction Programs (SF-424A)
- Project/Performance Site Location(s) Form
- Assurances Form for Non-Construction Programs (SF-424B)
- Certifications
- Disclosure of Lobbying Activities
- Checklist
- Documentation of nonprofit status as required in the Checklist

SAMHSA Confidentiality and Participant Protection (Attachment 5)

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. Applicants must describe procedures relating to Confidentiality, Participant Protection, and the Protection of Human Subjects Regulations in Attachment 5 of their application (see “Confidentiality and SAMHSA Participant Protection” in the [Requirements Resource Guide](#)). Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

Evidence of Experience and Credentials for Substance Treatment Provider(s) and Letters of Commitment (Attachment 6)

Applicants must include the following as Attachment 6 of the application:

- (1) Identification of at least one experienced, licensed service provider organization;
- (2) A list of all direct service provider organizations that have agreed to participate in the proposed project;
- (3) Letters of commitment; and
- (4) The Statement of Assurance (provided in the [Requirements Resource Guide](#)) 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 SAMHSA Government Project Officer (GPO) the required documentation within the specified time. If the application is within the funding range for grant award, the applicant will provide the GPO with the required documentation within the time specified. For more information on Evidence of Experience and Credentials for Substance Treatment Provider(s) and Letters of Commitment/Formal Contractual Agreements, see the [Requirements Resource Guide](#).
- (5) A copy of the signed, executed EHR vendor contract, if the applicant has an existing EHR system.

State Substance Abuse Agency Director, or Designee Letter (Attachment 7)

Nontribal applicants must include a 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. **A listing of the SSAs can be found on SAMHSA's web site at www.samhsa.gov/Grants/ssadirectory.pdf.** This requirement does not pertain to Indian government applicants. See below for information about the Tribal Authorizing Resolution requirement.

Chief Justice, State Court Administrator or Designee Letter (Attachment 8)

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

5. Tribal Authorizing Resolution (if applicable, Attachment 9)

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

comparable legal documentation from each tribal governing body) may submit, instead, a copy of its consortium bylaws with the application.

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

6. Other Standard Forms

Additional forms that may be required in connection with an award are available on OJP's funding page at www.ojp.usdoj.gov/funding/forms.htm. For successful applicants, receipt of funds may be contingent upon submission of all necessary forms. Note in particular the following forms:

- a. [Standard Assurances*](#)
Applicants must read, certify, and submit this form in GMS prior to the receipt of any award funds.
- b. [Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements*](#)
Applicants must read, certify and submit in GMS prior to the receipt of any award funds.
- c. [Accounting System and Financial Capability Questionnaire](#)
Any applicant (other than an individual) that is a non-governmental entity and that has not received any award from OJP within the past 3 years, must download, complete, and submit this form.

*These OJP Standard Assurances and Certifications are forms which applicants accept in GMS. They are not additional forms to be uploaded at the time of application submission.

Selection Criteria

The following five selection criteria will be used to evaluate each application, with the different weight given to each based on the percentage value listed below after each individual criteria. For example, the first criteria, "Statement of the Problem," is worth 15 percent of the entire application in the review process.

1. Statement of the Problem (15 percent of 100)

- Describe the immediate issues that the grant seeks to address and the proposed enhancements and/or expansion that will address these issues.
- Describe the current operation of the adult drug court, addressing program structure; program length; population of focus; screening and assessment; recovery supportive services delivery plan; judicial supervision; community supervision; drug testing; case management; incentives and sanctions; substance abuse treatment; restitution; costs charged to program participants; and program success data. Identify the treatment service(s)/practice(s) available for drug court participants.

- Provide local data and any evaluation findings that demonstrate the program's impact with regard to offender and community outcomes. Describe a mechanism for targeting offenders facing substantial jail/prison sentences and providing specific drug court resources and services to meet their needs.
- Describe the nature of the problem and extent of both crime and substance use/abuse (e.g., current crime rates, prevalence rates, or incidence data) for the population of focus based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local crime or epidemiologic data or trend analyses, state data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.

2. Project Design and Implementation (30 percent of 100)

- Clearly state the purpose, goals, and objectives of the proposed enhancement and/or expansion project linking it to the 10 key components of drug courts ([Defining Drug Courts: The Key Components](#)). Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase drug court participation; court services; court coordination; necessary non-treatment services; and treatment access, availability, outreach, pre-services, treatment, and/or intervention).
- Identify the evidence-based treatment service(s)/practice(s) that the application proposes to implement and the information source (see [Requirements Resource Guide](#), "Using Evidence-Based Practices"). Discuss the evidence that shows that this practice is effective with the population of focus. If the evidence is limited or non-existent for the population of focus, provide other information to support the intervention selection. If this is not an evidence-based practice, explain why this treatment intervention was selected over other treatment interventions.
- Document the evidence that the selected treatment practice(s) is (are) appropriate for the outcomes intended to be achieved.
- Identify and justify any modifications or adaptations needed—or already made—to the proposed evidence-based treatment practice(s) to meet the project goals and how the changes are intended to improve outcomes.
- Describe how the proposed project will address the following issues in the population 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.
- Demonstrate how the proposed service(s)/practice(s) will meet project goals and objectives within the 3-year grant period.
- Describe how clients will be screened and assessed for the presence of co-occurring substance use (abuse and dependence) and mental health disorders and how the information obtained from the screening and assessment will be used to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
- State clearly the unduplicated number of individuals proposed to be served (annually and over the entire project period), including the types and numbers of services to be provided and anticipated outcomes.

- Describe how the population of focus will be identified, recruited, and retained. Based on the language, beliefs, norms, values, and socioeconomic factors of the population 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. Identify related governmental or community initiatives which complement or will be coordinated with the proposal.
- Describe how project planning, implementation, and assessment will include client input.
- If you currently have an existing EHR system, identify the EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, subawardee or subcontractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 6** of your application. If you or the primary provider of clinical services does not currently have an existing EHR system, describe the plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a timeline for implementation. Be sure to include these costs in your budget. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a timeline.

3. Capabilities and Competencies (25 percent of 100)

- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA- and OJP-funded projects, if applicable. Identify collaborating organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment in **Attachment 6** of the application.
- 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 substance abuse treatment 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 they will be overcome.
- 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 an explanation of staff positions for the project, including the role of each and their level of effort and qualifications. Include in **Attachment 3** the resumes for key staff positions, including the Project Director and Clinical Director/Supervisor.
- Discuss how key staff has demonstrated experience in serving the population of focus and are familiar with the culture and language of the population of focus. If the population of focus is multicultural and multilingual, describe how the staff is qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that treatment and other services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, explain why.

4. Evaluation, Aftercare, Sustainability, and Plan for Collecting the Performance Measurement Data (15 percent of 100)

- Provide a plan detailing how performance of court operations will be evaluated and managed. Describe the program's screening and referral process which ensures that offenders screened and referred to drug court mirror the jurisdiction's substance abuse arrestee percentages.
- Describe how the program will demonstrate an ongoing review of the expected program capacity as compared to the actual program capacity.
- Describe how operation and enhancement efforts will be maintained after federal assistance ends and how current collaborations and evaluations will be used to leverage ongoing resources.
- Provide a client community reintegration or aftercare strategy as well as a sustainability plan detailing how court operations will be maintained after federal assistance ends.
- Document the ability to collect and report on the required performance measures as directed. Describe your plan for data collection, management, analysis, and reporting. Specify and justify any additional measures or instruments planned to be used for the grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups.
- Describe how information related to process and outcomes will be routinely communicated to program staff and incorporated into the plan for conducting the bi-annual performance assessment.

5. Budget (15 percent of 100)

Applicants must provide two proposed budgets, one for SAMHSA funded and one for BJA funding. Both budgets must be complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities).⁴ Reference the [Requirements Resource Guide](#) for a complete list of allowable costs and examples of the BJA budget and narrative and the SAMHSA budget and narrative.

Review Process

OJP and SAMHSA are committed to ensuring a fair and open process for awarding grants. BJA reviews the application to make sure that the information presented is reasonable, understandable, measurable, and achievable, as well as consistent with the solicitation.

Peer reviewers will review the applications submitted under this solicitation that meet basic minimum requirements. BJA may use either internal peer reviewers, external peer reviewers, or a combination to review the applications under this solicitation. An external peer reviewer is an expert in the field of the subject matter of a given solicitation who is NOT a current DOJ employee. An internal reviewer is a current DOJ employee who is well-versed or has expertise in the subject matter of this solicitation. Applications that meet basic minimum requirements will be evaluated, scored, and rated by a peer review panel. Peer reviewers' ratings and any resulting recommendations are advisory only. In addition to peer review ratings, considerations

⁴ Generally speaking, a reasonable cost is a cost that, in its nature or amount, does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs.

for award recommendations and decisions may include, but are not limited to, underserved populations, geographic diversity, strategic priorities, past performance, and available funding.

After the peer review is finalized, the SAMHSA Division of Grants Management (DGM) and the OJP Office of the Chief Financial Officer (OCFO), in consultation with SAMHSA and BJA, conducts a financial review of all potential discretionary grant awards to evaluate the fiscal integrity and financial capability of applicants; examines proposed costs to determine if the budget and budget narrative accurately explain project costs; and determines whether costs are reasonable, necessary, and allowable under applicable federal cost principles and agency regulations.

Absent explicit statutory authorization or written delegation of authority to the contrary, all final grant award decisions will be made by the Assistant Attorney General (AAG) and the Administrator of SAMHSA.

Additional Requirements

Applicants selected for awards must agree to comply with additional legal requirements upon acceptance of an award. OJP encourages applicants to review the information pertaining to these additional requirements prior to submitting your application. Additional information for each can be found at www.ojp.usdoj.gov/funding/other_requirements.htm.

- Civil Rights Compliance
- Civil Rights Compliance Specific to State Administering Agencies
- Faith-Based and Other Community Organizations
- Confidentiality
- Research and the Protection of Human Subjects
- Anti-Lobbying Act
- Financial and Government Audit Requirements
- National Environmental Policy Act (NEPA)
- DOJ Information Technology Standards (if applicable)
- Single Point of Contact Review
- Non-Supplanting of State or Local Funds
- Criminal Penalty for False Statements
- Compliance with [Office of Justice Programs Financial Guide](#)
- Suspension or Termination of Funding

- Non-Profit Organizations
- Government Performance and Results Act (GPRA)
- Rights in Intellectual Property
- Federal Funding Accountability and Transparency Act of 2006 (FFATA)
- Awards in Excess of \$5,000,000 – Federal Taxes Certification Requirement
- Policy and Guidance for Conference Approval, Planning, and Reporting
- OJP Training Guiding Principles for Grantees and Subgrantees

How To Apply

Applicants must submit applications through Grants.gov. Applicants must first register with Grants.gov in order to submit an application through Grants.gov, a “one-stop storefront” to find federal funding opportunities and apply for funding. Find complete instructions on how to register and submit an application at www.Grants.gov. Applicants that experience technical difficulties during this process should call the Grants.gov Customer Support Hotline at **800-518-4726** or **606-545-5035**, 24 hours a day, 7 days a week, except federal holidays. Registering with Grants.gov is a one-time process; however, **processing delays may occur, and it can take several weeks** for first-time registrants to receive confirmation and a user password. OJP encourages applicants to **register several weeks before** the application submission deadline. In addition, OJP urges applicants to submit applications 72 hours prior to the application due date to allow time to receive validation messages or rejection notifications from Grants.gov, and to correct in a timely fashion any problems that may have caused a rejection notification.

Note: BJA encourages all prospective applicants to sign up for Grants.gov email notifications regarding this solicitation. If this solicitation is cancelled or modified, individuals who sign up with Grants.gov for email updates will be notified.

All applicants are required to complete the following steps:

1. **Acquire a Data Universal Numbering System (DUNS) number.** In general, the Office of Management and Budget requires that all applicants (other than individuals) for federal funds include a DUNS number in their applications for a new award or a supplement to an existing award. A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and differentiating entities receiving federal funds. The identifier is used to for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients. The DUNS number will be used throughout the grant life cycle. Obtaining a DUNS number is a free, one-time activity. Call Dun and Bradstreet at 866-705-5711 to obtain a DUNS number or apply online at www.dnb.com. A DUNS number is usually received within 1-2 business days.
2. **Acquire registration with the System for Award Management (SAM).** SAM replaces the **Central Contractor Registration (CCR) database** as the repository for standard information about federal financial assistance applicants, recipients, and subrecipients. OJP

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requires all applicants (other than individuals) for federal financial assistance to maintain current registrations in the SAM database. Applicants must be registered in SAM to successfully register in Grants.gov. (Previously, organizations that had submitted applications via Grants.gov were registered with CCR, as it was a requirement for Grants.gov registration. SAM registration replaces CCR as a pre-requisite for Grants.gov registration.) Applicants must **update or renew their SAM registration annually** to maintain an active status.

Applicants that were previously registered in the CCR database must, at a minimum:

- Create a SAM account;
- Log in to SAM and migrate permissions to the SAM account (all the entity registrations and records have already been migrated).

Applicants that were not previously registered in the CCR database must register in SAM prior to registering in Grants.gov. Information about SAM registration procedures can be accessed at www.sam.gov.

3. **Acquire an Authorized Organization Representative (AOR) and a Grants.gov username and password.** Complete the AOR profile on Grants.gov and create a username and password. The applicant organization's DUNS number must be used to complete this step. For more information about the registration process, go to www.grants.gov/applicants/get_registered.jsp.
4. **Acquire confirmation for the AOR from the E-Business Point of Contact (E-Biz POC).** The E-Biz POC at the applicant organization must log into Grants.gov to confirm the applicant organization's AOR. Note that an organization can have more than one AOR.
5. **Search for the funding opportunity on Grants.gov.** Use the following identifying information when searching for the funding opportunity on Grants.gov. The Catalog of Federal Domestic Assistance (CFDA) number for this solicitation is 16.585, titled "Drug Court Discretionary Grant Program," and the funding opportunity number is BJA-2013-3606.
6. **Complete the Disclosure of Lobbying Activities.** All applicants must complete this information. An applicant that expends any funds for lobbying activities must provide the detailed information requested on the form, *Disclosure of Lobbying Activities*, (SF-LLL). Applicants that do not expend any funds for lobbying activities should enter "N/A" in the required highlighted fields.
7. **Submit an application consistent with this solicitation by following the directions in Grants.gov.** Within 24–48 hours after submitting the electronic application, the applicant should receive an e-mail validation message from Grants.gov. The message will state whether OJP has received and validated the application, or rejected it, with an explanation. **Important:** OJP urges applicants to submit applications **at least 72 hours prior to** the application due date to allow time to receive the validation messages or rejection notifications from Grants.gov, and to correct in a timely fashion any problems that may have caused a rejection notification.

Note: Grants.gov only permits the use of specific characters in names of attachment files. Valid file names may only include the following characters: A-Z, a-z, 0-9, underscore (), hyphen (-), space, and period. Grants.gov will forward the application to OJP's Grants Management System (GMS). GMS does not accept executable file types as application

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attachments. These disallowed file types include, but are not limited to, the following extensions: “.com,” “.bat,” “.exe,” “.vbs,” “.cfg,” “.dat,” “.db,” “.dbf,” “.dll,” “.ini,” “.log,” “.ora,” “.sys,” and “.zip.”

Note: Duplicate Applications

If an applicant submits multiple versions of an application, BJA will review the most recent version submitted.

Experiencing Unforeseen Grants.gov Technical Issues

Applicants that experience unforeseen Grants.gov technical issues beyond their control that prevent them from submitting their application by the deadline must e-mail the BJA Justice Information Center (see page 2 for contact information) **within 24 hours after the deadline** and request approval to submit its application. The e-mail must describe the technical difficulties, and include a timeline of the applicant’s submission efforts, the complete grant application, the applicant DUNS number, and any Grants.gov Help Desk or SAM tracking number(s). **Note: BJA does not automatically approve requests.** After the program office reviews the submission, and contacts the Grants.gov or SAM Help Desks to validate the reported technical issues, BJA will inform the applicant whether the request to submit a late application has been approved or denied. If the technical issues reported cannot be validated, OJP will reject the applications as untimely.

The following conditions are not valid reasons to permit late submissions: (1) failure to register in sufficient time, (2) failure to follow Grants.gov instructions on how to register and apply as posted on its web site, (3) failure to follow all of the instructions in the OJP solicitation, and (4) technical issues with the applicant’s computer or information technology environment, including firewalls.

Notifications regarding known technical problems with Grants.gov, if any, are posted at the top of the OJP funding web page at www.ojp.usdoj.gov/funding/solicitations.htm.

Provide Feedback to OJP on This Solicitation

To assist OJP in improving its application and award processes, we encourage applicants to provide feedback on this solicitation, application submission process, and/or the application review/peer review process. Feedback can be provided to OJPSolicitationFeedback@usdoj.gov.

IMPORTANT: This e-mail is for feedback and suggestions only. Replies are **not** sent from this mailbox. If you have specific questions on any program or technical aspect of the solicitation, **you must** directly contact the appropriate number or e-mail listed on the front of this solicitation document. These contacts are provided to help ensure that you can directly reach an individual who can address your specific questions in a timely manner.

If you are interested in being a reviewer for other OJP grant applications, e-mail your resume to ojppeerreview@lmbps.com. The OJP Solicitation Feedback e-mail account cannot forward your resume. **Note:** Neither you nor anyone else from your organization can be a peer reviewer in a competition in which you or your organization has submitted an application.

Appendix A

Tribal Healing to Wellness Court Key Components

Key Component #1: Tribal Healing to Wellness Courts brings together community-healing resources with the tribal justice process, using a team approach to achieve the physical and spiritual healing of the participant and the well-being of the community.

*(Corresponding evidence-based program principle) **Treatment and Other Services**—The applicant should maintain program resources that: address drug court participant needs identified over time; accommodate the range of treatment and other rehabilitation services required; and apply case management beyond initial referral to confirm that providers appropriately deliver ongoing assessment and services.*

*(Corresponding evidence-based program principle) **Relapse Prevention, Aftercare and Community Integration**—From the first program phase, the applicant should demonstrate how culturally sensitive planning and other programming will be implemented to support relapse prevention, community integration, and aftercare/continuing care services.*

Key Component #2: Participants enter the wellness court program through various referral points and legal procedures while protecting their due process rights.

*(Corresponding evidence-based program principle) **Screening and Assessment**—Referral sources and other stakeholders should be clear on program eligibility criteria, which must be consistent with targeted population needs and available program resources. Applicants should demonstrate an ability to screen promptly and systematically for all offenders potentially eligible for the drug court, identify the agency which will conduct this screening, and detail the procedures that will be used for screening.*

The applicant should further demonstrate how those offenders determined to be eligible for the drug court as a result of screening will then be assessed to identify their risk for relapse and recidivism, as well as the nature of treatment and other rehabilitation needs. Assessments should be conducted using instruments that have been validated for the targeted population and updated periodically. Treatment and other service assessments should be reviewed and adjusted to gauge offender needs that may change over time.

*(Corresponding evidence-based program principle) **Target Population**—Program resources should be prioritized for offenders who demonstrate both high criminogenic risk and high substance abuse treatment need. Applicants should aim to serve offenders whose characteristics and risk factors directly relate to a high probability of offending, and who are frequent drug users diagnosed for drug dependence. Also, applicants should target offenders who are subject to (or eligible for) legal sanctions that may provide greater leverage in program compliance.*

Key Component #3: Eligible substance abuse offenders are identified early through legal and clinical screening for eligibility and are promptly placed in the Tribal Healing to Wellness Program.

Key Component #4: Tribal Healing to Wellness Programs provides access to holistic, structured and phased substance abuse treatment and rehabilitation services that incorporate culture and tradition.

Key Component #5: Participants are monitored through intensive supervision that includes frequent and random testing for alcohol and other substance use.

*(Corresponding evidence-based program principle) **Monitoring**—The applicant should demonstrate a comprehensive plan to: monitor drug court participants using random drug testing and community supervision; disseminate results efficiently to the drug court team; and immediately respond to noncompliance according to established program requirements.*

Key Component #6: Progressive consequences (or sanctions) and rewards (or incentives) are used to encourage participant compliance with program requirements.

*(Corresponding evidence-based program principle) **Procedural and Distributive Justice**—Applicants should establish and clearly communicate a system of graduated sanctions and incentives that is activated and delivered with certainty in response to offender behavior. Information from the drug court team and the offender should be considered in determining noncompliance and the appropriate response. Specific program responses should be meaningful to the offenders, understandable, and delivered in a manner that can be perceived as fair and equitable.*

Key Component #7: Ongoing judicial interaction with each participant and judicial involvement in team staffing is essential.

*(Corresponding evidence-based program principle) **Judicial Interaction**—Judges should interact directly and regularly with drug court participants during drug court hearings, which should be as frequent as the participant may require. As the program leader, the judge will maintain authority by demonstrating support for the program and knowledge of individual offenders. Communication between the participant and the judge should be based on a foundation of respect, and judges must maintain an understanding of program resources available to assess and respond to participant behavior.*

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness to meet three purposes: providing information to improve the Healing to Wellness process; overseeing participant progress; and preparing evaluative information for interested community groups and funding sources.

Key Component #9: Continuing interdisciplinary education promotes effective wellness court planning, implementation, and operation.

Key Component #10: The development of ongoing communication, coordination, and cooperation among team members, the community and relevant organizations are critical for program success.

Appendix B

Veterans Treatment Court 10 Key Components

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

*(Corresponding evidence-based program principle) **Treatment and Other Services**—The applicant should maintain program resources that: address drug court participant needs identified over time; accommodate the range of treatment and other rehabilitation services required; and apply case management beyond initial referral to confirm that providers appropriately deliver ongoing assessment and services.*

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

*(Corresponding evidence-based program principle) **Procedural and Distributive Justice**—Applicants should establish and clearly communicate a system of graduated sanctions and incentives that is activated and delivered with certainty in response to offender behavior. Information from the drug court team and the offender should be considered in determining noncompliance and the appropriate response. Specific program responses should be meaningful to the offenders, understandable, and delivered in a manner that can be perceived as fair and equitable.*

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

*(Corresponding evidence-based program principle) **Screening and Assessment**—Referral sources and other stakeholders should be clear on program eligibility criteria, which must be consistent with targeted population needs and available program resources. Applicants should demonstrate an ability to screen promptly and systematically for all offenders potentially eligible for the drug court, identify the agency which will conduct this screening, and detail the procedures that will be used for screening.*

The applicant should further demonstrate how those offenders determined to be eligible for the drug court as a result of screening will then be assessed to identify their risk for relapse and recidivism, as well as the nature of treatment and other rehabilitation needs. Assessments should be conducted using instruments that have been validated for the targeted population and updated periodically. Treatment and other service assessments should be reviewed and adjusted to gauge offender needs that may change over time.

*(Corresponding evidence-based program principle) **Target Population**—Program resources should be prioritized for offenders who demonstrate both high criminogenic risk and high substance abuse treatment need. Applicants should aim to serve offenders whose characteristics and risk factors directly relate to a high probability of offending, and who are frequent drug users diagnosed for drug dependence. Also, applicants should target offenders who are subject to (or eligible for) legal sanctions that may provide greater leverage in program compliance.*

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

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*(Corresponding evidence-based program principle) **Relapse Prevention, Aftercare and Community Integration**—From the first program phase, the applicant should demonstrate how culturally sensitive planning and other programming will be implemented to support relapse prevention, community integration, and aftercare/continuing care services.*

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

*(Corresponding evidence-based program principle) **Monitoring**—The applicant should demonstrate a comprehensive plan to: monitor drug court participants using random drug testing and community supervision; disseminate results efficiently to the drug court team; and immediately respond to noncompliance according to established program requirements.*

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

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

*(Corresponding evidence-based program principle) **Judicial Interaction**—Judges should interact directly and regularly with drug court participants during drug court hearings, which should be as frequent as the participant may require. As the program leader, the judge will maintain authority by demonstrating support for the program and knowledge of individual offenders. Communication between the participant and the judge should be based on a foundation of respect, and judges must maintain an understanding of program resources available to assess and respond to participant behavior.*

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

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

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.

Appendix C

The Guiding Principles of DWI Courts

Guiding Principle #1: Determine the Population

*(Corresponding evidence-based program principle) **Target Population**—Program resources should be prioritized for offenders who demonstrate both high criminogenic risk and high substance abuse treatment need. Applicants should aim to serve offenders whose characteristics and risk factors directly relate to a high probability of offending, and who are frequent drug users diagnosed for drug dependence. Also, applicants should target offenders who are subject to (or eligible for) legal sanctions that may provide greater leverage in program compliance.*

Guiding Principle #2: Perform a Clinical Assessment

*(Corresponding evidence-based program principle) **Screening and Assessment**—Referral sources and other stakeholders should be clear on program eligibility criteria, which must be consistent with targeted population needs and available program resources. Applicants should demonstrate an ability to screen promptly and systematically for all offenders potentially eligible for the drug court, identify the agency which will conduct this screening, and detail the procedures that will be used for screening.*

The applicant should further demonstrate how those offenders determined to be eligible for the drug court as a result of screening will then be assessed to identify their risk for relapse and recidivism, as well as the nature of treatment and other rehabilitation needs. Assessments should be conducted using instruments that have been validated for the targeted population and updated periodically. Treatment and other service assessments should be reviewed and adjusted to gauge offender needs that may change over time.

Guiding Principle #3: Develop the Treatment Plan

Guiding Principle #4: Supervise the Offender

*(Corresponding evidence-based program principle) **Monitoring**—The applicant should demonstrate a comprehensive plan to: monitor drug court participants using random drug testing and community supervision; disseminate results efficiently to the drug court team; and immediately respond to noncompliance according to established program requirements.*

Guiding Principle #5: Forge Agency, Organization, and Community Partnerships

*(Corresponding evidence-based program principle) **Relapse Prevention, Aftercare and Community Integration**—From the first program phase, the applicant should demonstrate how culturally sensitive planning and other programming will be implemented to support relapse prevention, community integration, and aftercare/continuing care services.*

Guiding Principle #6: Take a Judicial Leadership Role

*(Corresponding evidence-based program principle) **Procedural and Distributive Justice**—Applicants should establish and clearly communicate a system of graduated sanctions and incentives that is activated and delivered with certainty in response to offender behavior.*

Information from the drug court team and the offender should be considered in determining noncompliance and the appropriate response. Specific program responses should be meaningful to the offenders, understandable, and delivered in a manner that can be perceived as fair and equitable.

Guiding Principle #7: Develop Case Management Strategies

Guiding Principle #8: Address Transportation Issues

Guiding Principle #9: Evaluate the Program

Guiding Principle #10: Ensure a Sustainable Program

Application Checklist

FY 2013 Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment

The application checklist has been created to assist in developing an application.

Eligibility Requirement

_____ Applicants are limited to states or state courts applying on behalf of single local jurisdiction, local court, county, other unit of local government, or Indian tribal governments (as defined under the Indian Self Determination Act, 25 U.S.C. 450b(e)); Indian tribal governments may apply directly or through other public or not-for-profit private entities. Eligible jurisdictions must have a fully operational (at least 1 year) adult drug court. (see title page)

The federal amount requested is within the allowable limit:

- _____ The federal amount requested is within the allowable limit(s) (see page 14)
 - BJA:** a one-time award up to \$300,000 (**match is required**) per grantee for the entire 3-year grant period
 - SAMHSA:** annual awards, up to \$325,000 per year for each year of the 3-year grant period. Annual SAMHSA 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.

The application contains:

- _____ Application for Federal Assistance (SF-424) (see [Requirements Resource Guide](#))
- _____ *Attachment 1: Program Narrative, including an abstract (see page 21)
- _____ *Attachment 2 (see page 22)
 - BJA Budget Worksheet and Budget Narrative
 - SAMHSA Budget Worksheet and Budget Narrative
- _____ Attachment 3: Project Timeline, Resumes and Key Staff (see page 24)
- _____ Attachment 4: SAMHSA Application Forms (see page 24)
- _____ Attachment 5: Confidentiality and SAMHSA Participant Protection (see page 24)
- _____ *Attachment 6: Evidence of Experience and Credentials for Substance Treatment Provider(s) and Letters of Commitment, and a copy of the signed, executed EHR vendor contract, if you have an existing EHR system. (see page 24)
- _____ *Attachment 7: State Substance Abuse Agency Director or Designee Letter (see page 25) (**required for nontribal applicants**)
- _____ *Attachment 8: Chief Justice, State Court Administrator or Designee Letter and/or Letter Certifying Abstract Sent to State Drug or Problem Solving Court Coordinator (see page 25) (**required for nontribal applicants**)
- _____ Attachment 9: Tribal Authorizing Resolution (If applicable) (see page 25)
- _____ Other Standard Forms as applicable (see page 26), including:
 - _____ Disclosure of Lobbying Activities (see page 32)
 - _____ Accounting System and Financial Capability Questionnaire (if applicable)
- _____ Other:
 - _____ DUNS Number (see page 31)
 - _____ SAM Registration (see page 31)

*These elements are the basic minimum requirements for applications. Applications that do not include these elements shall neither proceed to peer review nor receive further consideration by BJA or SAMHSA.