

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

**Grants to Expand Substance Abuse Treatment Capacity for
Juvenile Drug Courts
(Short Title: Juvenile Drug Courts)
(Initial Announcement)**

Request for Applications (RFA) No. TI-09-004

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

Key Dates:

Application Deadline	Applications are due by May 5, 2009.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Treatment is accepting applications for fiscal year (FY) 2009 Grants to Expand Substance Abuse Treatment Capacity for Juvenile Drug Courts. The purpose of this program is to enhance the capacity of existing juvenile drug courts to serve substance-abusing juvenile offenders through the integration and implementation of the Juvenile Drug Court: Strategies in Practice, and the Reclaiming Futures program models.

Funding Opportunity Title:	Grants to Expand Substance Abuse Treatment Capacity for Juvenile Drug Courts
Funding Opportunity Number:	TI-09-004
Due Date for Applications:	May 5, 2009
Anticipated Total Available Funding:	Juvenile Drug Courts- Up to \$1.275 million in total Substance Abuse Treatment- Up to \$600,000
Estimated Number of Awards:	3
Estimated Award Amount:	Juvenile Drug Courts- Up to \$425,000 in total/4 years Substance Abuse Treatment- Up to \$200,000/year
Length of Project Period:	Up to 4 years
Eligible Applicants:	Eligible applicants are existing juvenile drug courts. [See Section III-1 of this RFA for complete eligibility information.]

1. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT), and the U. S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP) in partnership with the Robert Wood Johnson Foundation (RWJ), is accepting applications for fiscal year (FY) 2009 Grants to Expand Substance Abuse Treatment Capacity for Juvenile Drug Courts. The purpose of this program is to enhance the capacity of existing juvenile drug courts to serve substance-abusing juvenile offenders through the integration and implementation of the Juvenile Drug Court: Strategies in Practice, and the Reclaiming Futures program models.

The juvenile drug court is a special court docket approach that builds community partnerships and enhances the capacity of the partners to assist in rehabilitating nonviolent¹ substance-abusing youth through an innovative, integrated approach that reflects the community’s norms, values, resources, and needs. (For more information on the key elements of a juvenile drug court, see **Appendix I.**) The Juvenile Drug Courts: Strategies in Practice model has been used to implement and operate Juvenile Drug Courts. The RWJ Reclaiming Futures model has been effective in combining community system reforms, substance abuse treatment improvement and community engagement to help youth break the cycle of drugs and crime. SAMHSA/CSAT funds will be used to fund the screening, assessment, and treatment components of the Reclaiming Futures model. (For more information on The Six Stages of the Reclaiming Futures model, see **Appendix J.**) The integration and implementation of the Juvenile Drug Courts: Strategies in Practice, and Reclaiming Futures program models will enhance the capacity of communities to provide intervention, treatment, and structure to young people whose lives have begun a downward spiral of substance abuse and delinquent activity.

Under this program, grantees will receive two separate awards: OJJDP will fund the juvenile drug court component and CSAT will fund the substance abuse treatment component. Please note that OJJDP will make a one-time award, up to \$425,000 (**match is required**), per grantee for the entire four year grant period, while CSAT will make annual awards, up to \$200,000, per grantee for each year of the four year grant period. Therefore, grantees must have a system in place to track substance abuse treatment and juvenile drug court grant fund expenditures separately. Grantees will also be required to submit separate documentation to OJJDP for their Grants Management System and adhere to their statutory requirements for juvenile drug courts. For more information on OJJDP’s statutory requirements for juvenile drug courts, go to <http://ojjdp.ncjrs.gov/funding/FundingDetail.asp?fi=118>.

¹ By statute, violent offenders are prohibited from participating in the Juvenile Drug Courts program. For the purposes of juvenile drug courts, the term “violent offender” means a juvenile who has been convicted of, or adjudicated delinquent for, a felony-level offense that: has an element, the use, attempted use, or threatened use of physical force against the person or property of another, or the possession or use of a firearm; or by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

Juvenile Drug Courts is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging substance abuse problems. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

Juvenile Drug Court grants are authorized under Sections 501 (d)(18) and 509 of the Public Health Service Act, as amended, and 42 U.S.C. Section 3797a. This announcement addresses Healthy People 2010 focus area 26 (Substance Abuse).

2. EXPECTATIONS

Overview

The population of focus for this program is adolescents with Substance Use Disorders (SUD), and with SUD and co-occurring mental health disorders who are involved in the juvenile justice system, as well as their families/primary caregivers.

SAMHSA/CSAT in collaboration with OJJDP is offering grants to existing juvenile drug courts to integrate and implement the Juvenile Drug Court: Strategies in Practice model and the Reclaiming Futures program models. Consistent with this requirement, grantees who choose to use the trademark "Reclaiming Futures" name must be licensed by the Robert Wood Johnson Foundation. In an effort to develop additional capacity to serve the growing numbers of youth in need of these types of services, and to deeply retool a service infrastructure that can accommodate both the amount of, and complexity of cases, integrating these models into an existing juvenile drug court will allow communities to create and activate seamless community systems of care that can rehabilitate substance-abusing juvenile offenders. It is expected that successful applicants will continue to implement these models once the grant period ends.

The term "juvenile drug court" means a specially designed court calendar or docket within a juvenile court to which youth having problems with alcohol and/or other drugs are referred; a separate or special jurisdiction court is neither necessary nor encouraged. The juvenile drug court judge maintains close oversight of each case, and both leads and works as a member of a team that comprises representatives from treatment, juvenile justice, social services, school and vocational training programs, law enforcement, probation, the prosecution and the defense.

In addition to ongoing, active oversight and monitoring of youth referred to the docket, other methods used by the juvenile drug court system include addressing problems that may be contributing to their use of drugs and providing linkages to programs that build skills to enable them to succeed upon completion of the drug court programs. For more information on The Juvenile Drug Courts: Strategies in Practice model, go to (<http://www.ncjrs.gov/pdffiles1/bja/197866.pdf>).

The Reclaiming Futures program model embodies three major elements: improvement in treatment services for drug and alcohol use; a comprehensive system of care that coordinates social services; and the involvement of the community in creating new opportunities for the youth. The model is a tool to help communities coordinate the way the courts, service providers, community groups and individual volunteers work together to help teens in trouble. It also asks the juvenile justice and drug treatment systems to invite volunteers and community groups to help reclaim young people by providing them with professional services and engaging them in new opportunities. For more information on the Reclaiming Futures Program model, go to www.reclaimingfutures.org.

The integration of the two models should provide comprehensive, appropriate treatment and support services to juvenile offenders and their families and create significant partnerships between juvenile justice agencies, treatment agencies, and other core support and opportunity agencies.

Juvenile Drug Court Component

In order to satisfy the requirements for the juvenile drug court component, applicants must:

1. Make a system-wide commitment that the Juvenile Drug Courts: Strategies in Practice, and the Reclaiming Futures models will guide the operation and coordination of the juvenile justice and alcohol/drug treatment systems.
2. Hire a drug court/change “coordinator” working at least .5 FTE with a formal job description to use the Reclaiming Futures model to establish an integrated care system for alcohol and drug involved young people.
3. Appoint a “drug court/change team” that includes representatives of the judicial, juvenile justice system (preferably probation, alcohol and drug treatment), community representatives (faith, business, mentoring or youth leadership organizations), youth and family sectors, and others as needed.
4. Assure that drug court/change team members participate in a Reclaiming Futures Learning Collaborative and complete a core curriculum as a team, including online learning courses, phone conferences with Reclaiming Futures learning collaborative organizers and other sites, and occasional face-to-face national meetings.
5. Develop a strategic plan (with timelines, benchmarks, and clear assignments of responsibilities) that includes the following elements:
 - management structure for the change effort;
 - articulated commitment to a whole-system shift to improving the response to identifying and intervening with seriously alcohol and drug involved young people across all sectors of the juvenile justice system;
 - cross-disciplinary orientation and training for system partners;
 - adoption of all six elements of the Reclaiming Futures model;

- expansion of active community partners (treatment agencies, youth mentoring and leadership opportunities, youth employment opportunities, etc.);
- development and implementation of a data tracking system to collect, and report on process and outcome measures described in the Juvenile Drug Courts: Strategies in Practice, and Reclaiming Futures models; and
- strategies and capacity to engage in sustained and targeted communications to specific stakeholders, such as teens and families, and the public.

Your strategic plan must be included in **Appendix 6** of your application.

Substance Abuse Treatment Component

Applicants are required to implement the Adolescent Community Reinforcement Approach (ACRA) coupled with Assertive Continuing Care (ACC) and/or Motivational Enhancement Therapy/Cognitive Behavioral Therapy-5 (MET/CBT-5). ACRA, ACC, and MET/CBT-5 have proven effective in building community capacity for treatment and were developed with funding from CSAT and NIAAA. These approaches allow for cost-effective training of multiple staff and are amenable to a train-the-trainers approach, ensuring sustainability over time. While you may implement both evidence-based practices, you are encouraged to implement only one (i.e., ACRA coupled with ACC *or* MET/CBT-5). The ACRA, ACC, and MET/CBT-5 manuals are available for free download at <http://www.chestnut.org/LI/BookStore/index.html>.

Grantees will be provided training, ongoing support, coaching and supervision to implement the A-CRA/ACC and/or MET/CBT-5 models. These proven evidence-based approaches are in the public domain with manuals that guide the treatment and provide measures of fidelity. CSAT will provide training, ongoing support, and coaching for one A-CRA/ACC Clinical Supervisor and up to four A-CRA/ACC Clinicians at no cost to the grantee. CSAT will also provide training, ongoing support, and coaching for one MET/CBT-5 Clinical Supervisor and one MET/CBT-5 Clinician at no cost to the grantee. Training, ongoing support, and coaching for any additional staff must be provided at the expense of the grantee. For additional information on the A-CRA/ACC training and certification processes/requirements for clinicians and supervisors, see **Appendix K**. For additional information on the MET/CBT-5 training and certification processes/requirements for clinicians and supervisors, see **Appendix L**.

Grantees will also receive training and certification in conducting a full bio-psycho-social clinical assessment that identifies SUD, co-occurring mental health disorders, and family support and functioning. The clinical assessment instrument is the Global Appraisal of Individual Needs (GAIN). This instrument also cross-walks to DSM-IV-TR and ICD-10 diagnostic criteria as well as ASAM PPC II patient placement criteria, and is in the public domain. Use of the GAIN is required in this grant program and is integral to providing the interventions as developed. These interventions were developed and proven effective by CSAT in the Cannabis Youth Treatment program. The GAIN was an integral part of these interventions and they cannot be properly utilized without the use of the GAIN as the clinical assessment tool and clinical instrument for follow-up. The GAIN is also utilized for appropriate placement in treatment, revisions to the treatment plan, and supports specific interventions and sessions in each of the required treatment protocols. It has been used successfully in the previous CSAT Effective Adolescent Treatment,

Adolescent Residential Treatment, Effective Adolescent Treatment, and Assertive Adolescent and Family Treatment grant programs.

CSAT will provide training, ongoing support, and coaching for **two** GAIN Local Trainers and **one** GAIN Clinical Interpreter at no cost to the grantee. Training, ongoing support, and coaching for any additional staff must be provided at the expense of the grantee. For more information on the GAIN training and certification requirements, see **Appendix M**. More information on the GAIN can be found at <http://www.chestnut.org/LI/gain/index.html>.

2.1 Using Evidence-Based Practices

SAMHSA's substance abuse treatment services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population of focus. An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. The required substance abuse treatment modalities to be implemented in this program (i.e. ACRA, ACC, and MET/CBT-5) are evidence-based practices.

SAMHSA understands that you may need to make minor changes to the required practices of the models in order to meet the needs of your population of focus or your program, or to allow you to use resources more efficiently. However, prior to making any modifications or adaptations, the treatment provider must complete training and certification in the required evidence-based practices and obtain approval from the CSAT Project Officer. You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at www.samhsa.gov/ebpwebguide.

2.2 Services Delivery

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

- Providing direct treatment (including screening, assessment, and case management) services for youth involved in the juvenile justice system. Treatment must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential programs.
- Providing “wrap-around”/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and retention. [Note: Grant funds may be used to purchase such services from another provider.]

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

2.3 Data Collection and Performance Measurement

Juvenile Drug Court Component

To assist in fulfilling the Justice Department’s responsibilities under the Government Performance and Results Act (GPRA), P.L. 103–62, applicants who receive OJJDP funding under this program must provide data that measure the results of their work. Grantees’ assistance in obtaining this information will facilitate future program planning and will allow OJP to provide Congress with measurable results associated with federally funded programs. Performance measures must reflect the specific problems, goals and objectives, and design (See Section I-2- Expectations) associated with the drug court component of this grant. Applicants should address how the program models, Juvenile Drug Courts and Reclaiming the Futures, will be integrated and implemented, and develop a program design that will facilitate the gathering of data on the required performance measures. Applicants are required to submit a progress report to OJJDP every six (6) months via the grants management system (GMS). OJJDP will share the progress reports with CSAT. Performance measures for this solicitation are as follows:

Objective	Performance Measures	Data Grantee Provides
To enhance and/or expand drug courts for nonviolent substance abusing juvenile offenders	<p>System Improvement:</p> <p>Percent of staff trained in drug court procedures.</p> <p>Percent of staff trained in Reclaiming Futures procedures.</p> <p>Percent of programs/initiatives participating in the Juvenile Drug Court evaluation.</p> <p>Direct Service:</p> <p>Number of youth served by the juvenile drug court program.</p> <p>Percent of program youth who exhibit a reduction in substance use during the reporting period (e.g., a desired change in the targeted behavior).</p>	<p>Number of staff trained in drug court procedures, compared to total number of staff.</p> <p>Number of staff trained in Reclaiming Futures procedures, compared to total number of staff.</p> <p>Number of juvenile drug court programs/initiatives participating in the evaluation, compared to total number of programs.</p> <p>Number of youth served by the juvenile drug court program.</p> <p>Number of program youth who exhibit a reduction in substance use during the reporting period, compared to total number of program youth.</p>

Objective	Performance Measures	Data Grantee Provides
	<p>Percent of program youth who reoffend (arrested or seen at juvenile court for new offense or violation of a court order) while participating in the program.</p> <p>Percentage of participants successfully graduating from juvenile drug court program.</p>	<p>Number of program youth who reoffend, while participating in the program, compared to total number of program youth.</p> <p>Number of participants successfully graduating from juvenile drug court program, compared to total number of program participants.</p>

To determine those that apply to your drug court program, visit <http://ojjdp.ncjrs.gov/grantees/pm/index.html>. The Office of Justice Programs (OJP) is developing enhanced performance measures for the drug court component of the program. These measures will be completed in the coming months. By applying for this grant, applicants agree that they will also report on these additional measures when they are released.

Applicants must have a system in place to track substance abuse treatment and juvenile drug court grant fund expenditures separately. Applicants are required to submit separate financial reports on their streams of funding to the respective funding agencies (OJJDP and CSAT) quarterly.

In addition to data specific to the common goals of each juvenile drug court, funded sites will be expected to cooperate fully with the national evaluator by collecting process, impact and baseline data, and to collaborate across sites using standardized qualitative and quantitative measures to document the implementation of the grant.

Substance Abuse Treatment Component

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “Section E: Performance Assessment and Data” of your application. Grantees will be required to report performance on the following performance measures: client’s substance use, family and living conditions, employment status, social connectedness, access to treatment, retention in treatment and criminal justice status. This information will be gathered using the CSAT Discretionary Services Client Level GPRA Tool, which can be found at <http://www.samhsa.gov/grants/tools.aspx>, along with instructions for completing it. Hard copies are available in the application kits available by calling the SAMHSA Information Line at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. Data will be collected in a face-to-face interview at baseline (i.e., the client’s entry into the project), discharge, and 3 and 6 months post the baseline. Data are to be entered into CSAT’s GPRA Data Entry and Reporting System via the Internet within 7 business days of the forms being completed. In addition, a minimum of 80% of participants must receive the GPRA interview 6 months after the baseline interview. 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, the GAIN clinical assessment at intake, and its ongoing clinical use (at 3, 6 and 12 months post GAIN intake) are required in this program to: measure adherence to treatment goals; identify clinical needs that arise that require a modification of the treatment plan; and permit ongoing clinical assessment for any newly emerging problems. This ongoing assessment is critical for youth because of the likelihood of co-occurring mental health disorders and/or high levels of trauma, and to provide the needed clinical information for adequately delivering the intervention. More information on the GAIN can be found at <http://www.chestnut.org/LI/gain/index.html>.

CSAT will provide training and technical assistance for up to **four** individuals per site in GAIN administration at no cost to the grantee. Training for any additional staff must be provided at the expense of the grantee. For more information on the GAIN training and certification requirements, see **Appendix M**.

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

2.4 Performance Assessment

For the substance abuse treatment component **ONLY**, grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

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 participants?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?

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

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

2.5 Grantee Meetings

Grantees must plan to send a minimum of four people (including the Project Director) to at least one joint grantee meeting in each year of the grant, and you must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and Federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	Juvenile Drug Courts- Up to \$1.275 million in total Substance Abuse Treatment- Up to \$600,000
Estimated Number of Awards:	Juvenile Drug Courts- 3 Substance Abuse Treatment- 3
Estimated Award Amount:	Juvenile Drug Courts- Up to \$425,000 in total/4 years Substance Abuse Treatment- Up to \$200,000/year
Length of Project Period:	Up to 4 years

For the Juvenile Drug Court Component, proposed budgets cannot exceed \$425,000 in total costs (direct and indirect) for the entire proposed project. Note: OJJDP will make a one-time award, up to \$425,000, per grantee for the entire four year grant period.

For the Substance Abuse Treatment Component, proposed budgets cannot exceed \$200,000 in total costs (direct and indirect) in any year of the proposed project. Note: SAMHSA will make annual awards, up to \$200,000, per grantee over the four year grant period. Annual continuation awards will depend on the availability of funds, grantee progress in meeting

project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligibility is restricted to existing individual Juvenile Drug Courts that have demonstrated relationships and agreements with existing community-based substance abuse treatment providers in order to create the necessary networks to successfully implement these grants. Juvenile Drug Courts are the only eligible entities for this program because such courts are the catalysts for juveniles involved in the criminal justice system to enter a drug court program. Although public and private nonprofit organizations have a pivotal supporting role in drug court programs and may be sub-recipients/contractors to the applicant, they are not the catalysts for entry into drug court and are restricted from applying.

Funding is intended to serve individual drug courts, although some States/Counties have restrictions prohibiting individual courts from applying for this type of funding. **Only** if there is a formal legislative, administrative, or policy restriction preventing an individual court from applying for a grant or legally administering grant or treatment funds can the State or County apply for this grant. In those cases, the State, County, or designated subunit of government (e.g., county probation department, district attorney's office, or pretrial services agency) will be the award recipient, the entity responsible for satisfying the grant requirements and must provide the documentation of the restriction that prohibits the individual court from applying in **Appendix 7 of the application**. Designated subunits of government must also submit an authorization letter from the State or County in **Appendix 7 of the application**.

Under this program, grantees will receive two separate awards; OJJDP will fund the juvenile drug court component and CSAT will fund the substance abuse treatment component. Please note that OJJDP will make a one-time award, up to \$425,000, per grantee for the entire four year grant period, while CSAT will make annual awards, up to \$200,000, per grantee for each year of the four year grant period. A match is required for the OJJDP award. Therefore, grantees must have a system in place to track substance abuse treatment and juvenile drug court grant fund expenditures separately.

2. COST SHARING and MATCH REQUIREMENTS

Match Requirement (for OJJDP Funds only):

This program requires a local match of at least 25 percent of the total program costs. The match is required for the OJJDP Juvenile Drug Court funds only. To calculate the amount of the required OJJDP match, divide the Federal Request by 0.75, then multiply this amount by 0.25:

$(\text{Federal Request}/0.75) \times 0.25 = \text{Required Local Match}$

For example, if the request for Federal support is \$425,000, the minimum local match requirement would be \$141,667, making the total project budget \$566,667:

\$425,000 divided by 0.75 equals \$566,667
\$566,667 multiplied by 0.25 equals \$141,667.

Match funds are restricted to the same uses as allowed for Federal funds. Within each budget category, the applicant must clearly delineate the individual items as match. (For example, individual items that are matched may be indicated with an asterisk.) As required by statute, “cash” contributions must constitute a portion of the nonfederal share of the grant. The remainder of the match may be in-kind. The OJP Financial Guide (www.ojp.usdoj.gov/FinGuide) provides additional information on the types and sources of match funds.

3. OTHER

3.1 Additional Eligibility Requirements

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

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. For the substance abuse treatment component **ONLY**, you must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client (e.g., substance abuse treatment) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each direct service provider organization must have at least 2 years experience (as of the due date of the application) providing relevant substance abuse treatment services to adolescents in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant substance abuse treatment services to adolescents for the last 2 years); and
- Each direct service provider organization must comply with all applicable local (city, county) and State/tribal licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]

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

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

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

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;
- official documentation that all participating organizations have been providing relevant substance abuse treatment services to adolescents for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

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

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

Additional materials available on this Web site include:

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

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 Application Kit

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page (SF 424 v2), budget forms, assurances, certification, and checklist. You must use the PHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (www.samhsa.gov/grants/index.aspx) and a synopsis of the RFA is available on the Federal grants Web site (www.Grants.gov).

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

2.2 Required Application Components

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

- **Face Page** – SF 424 v2 is the face page. This form is part of the PHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]

- **Abstract** – Your total abstract should not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- **Budget Form – For CSAT funds**-Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix H of this document. **For OJJDP funds**- A Budget Detail Worksheet template is available at www.ojp.usdoj.gov/Forms/budget.pdf. The worksheet should provide the detailed computation for each budget line item. The worksheet must list the cost of each item and show how the cost was calculated. For example, costs for personnel should show the annual salary rate and the percentage of time devoted to the project for each employee paid through grant funds. The budget detail worksheet should present a complete and detailed itemization of all proposed costs. Include this worksheet with the SF 424A.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

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

- **Appendices 1 through 7** – Use only the appendices listed below. If your application includes any appendices not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3, 4 and 7 combined. There are no page limitations for Appendices 2, 5 and 6. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the appendices as: Appendix 1, Appendix 2, etc.
 - *Appendix 1:* (1) Identification of at least one experienced, licensed service provider organization; (2) a list of all direct service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided

- in Appendix C of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; (4) letters of commitment/support.
- *Appendix 2: Data Collection Instruments/Interview Protocols*
 - *Appendix 3: Sample Consent Forms*
 - *Appendix 4: Letter to the SSA (if applicable; see Section IV-4 of this document)*
 - *Appendix 5: A copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority.*
 - *Appendix 6: Strategic Plan (see Section I-2- Expectations, of this document)*
 - *Appendix 7: **If applicable**, Documentation of the Restriction that Prohibits an Individual Court from Applying for a Grant and, for subunits of government only, Authorization Letter (see Section III-1 of this document)*
- **Assurances – Non-Construction Programs.** You must read the list of assurances provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kits.
 - **Certifications –** You must read the list of certifications provided on the SAMHSA Web site or in the application kit before signing the face page (SF 424 v2) of the application.
 - **Disclosure of Lobbying Activities –** You must submit Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form.
 - **Checklist –** Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

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

3. SUBMISSION DATES AND TIMES

Applications are due by close of business on **May 5, 2009**. Hard copy applications are due by 5:00 PM (EST). Electronic applications are due by 11:59 PM (EST). **Hand carried applications will not be accepted. Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

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

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

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

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

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

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

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State’s review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD

In addition, if you are a community-based, non-governmental service provider and you are not transmitting your application through the State, you must submit a Public Health System Impact Statement (PHSIS)² to the head(s) of appropriate State and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a State or local government or American Indian/Alaska Native Tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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

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

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Crystal Saunders, Director of Grant Review, Office of Program Services, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **TI-09-004**. Change the zip code to **20850** if you are using another delivery service.

In addition:

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

² Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 v2 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

5. FUNDING LIMITATIONS/RESTRICTIONS

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

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

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

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

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

6. OTHER SUBMISSION REQUIREMENTS

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

Submission of Electronic Applications

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

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

Please refer to Appendix B for detailed instructions on submitting your application electronically.

Submission of Paper Applications

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

Send applications to the address below:

For United States Postal Service:

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

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

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **“Juvenile Drug Courts and TI-09-004”** in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

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

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

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

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

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the “Program Narrative” instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-E) together may be no longer than 30 pages.
- You must use the five sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative, and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. SAMHSA’s guidelines for cultural

competence can be found on the SAMHSA Web site at www.samhsa.gov. Click on “Grants/Applying for a New SAMHSA Grant/Guidelines for Assessing Cultural Competence.”

- The Supporting Documentation you provide in Sections F-I and Appendices 1-7 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

- Describe the population of focus and the geographic area to be served, and justify the selection of both. Also include demographic information (including race/ethnicity, age, gender, etc.) on the population of focus.
- Describe the nature and scope of the youth substance abuse problem in the jurisdiction to be addressed by this project. Local data should be used to provide evidence that the problem exists, to demonstrate the size and scope of the problem, and to document the effects of the problem on the population of focus and the larger community. Information should be included on the rates and patterns of substance abuse among juvenile offenders. Statistics should be provided on the volume of arrests and patterns of offenses for juvenile offenders, and how it is anticipated that this will impact the capacity of the drug court program.
- Describe any problems or challenges associated with how the current juvenile court system operates that will be addressed by this program. Information should be provided on the number of treatment slots available and whether this is sufficient to meet the needs of the target population.
- Describe any previous or current attempts to address the problem.
- Non-tribal applicants must show that identified needs are consistent with priorities of the State or county that has primary responsibility for the service delivery system. You may include, in **Appendix 5**, a copy of the State or County Strategic Plan, a State or county needs assessment, or a letter from the State or county indicating that the proposed project addresses a State- or county-identified priority. Tribal applicants must provide similar documentation relating to tribal priorities.

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

- Clearly state the purpose, goals and objectives for the juvenile drug court and substance abuse treatment components of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention, reduction in substance use, and support SAMHSA's and OJJDP's goals for the program).
- Clearly state the evidence-based practice(s) (i.e., A-CRA/ACC and/or MET/CBT-5) you propose to implement and justify its appropriateness for your population of focus.
- Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the population of focus, while retaining fidelity to the chosen practice.
- Demonstrate how the integrated Juvenile Drug Courts: Strategies in Practice, and Reclaiming Futures models, and the required evidence-based substance abuse treatment practices will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Appendix D for a sample logic model.)

Section C: Proposed Implementation Approach (30 points)

- Describe how the Reclaiming Futures model and required evidence-based substance abuse treatment services/practices will be integrated into the juvenile drug court program.
- Describe how the required key elements of the juvenile drug court model (see Appendix I) are included in your program design.
- Discuss how the six stages of the Reclaiming Futures model (see Appendix J) will be implemented in the juvenile drug court including screening and assessment; care coordination; treatment initiation, treatment engagement; and completion.
- Describe your strategic plan for the entire project period including key activities, milestones, and responsible staff (See Section I-2- Expectations of this RFA). Your strategic plan must be included in **Appendix 6** of your application.
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. Describe how the population of focus will be identified, recruited, and retained.
- Discuss the language, beliefs, norms and values of the population of focus, as well as socioeconomic factors that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.

- Describe how project planning, implementation and assessment will include client input.
- Describe the methods/systems to be used to track substance abuse treatment and juvenile drug court grant fund expenditures separately.
- Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable. Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the project in **Appendix 1**.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award.
- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.
- Describe your plan to continue the project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- Discuss how the drug court/change teams will specify how much of each client's service plan must be completed in order for the plan as a whole to be considered complete.
- Describe any leveraged resources (cash or in-kind) from local sources to support the project and identify any other Federal, State, or private foundation grants that serve the same local area and target population.

Section D: Staff and Organizational Experience (20 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population of focus and ties to grassroots/community-based organizations that are rooted in the culture and language of the population of focus.
- Provide a complete list of staff positions for the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as the juvenile drug court/change team “coordinator”, members of the “change team”, and treatment/prevention personnel.

- Discuss how key staff have 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 are qualified to serve this population.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population of focus. If the ADA does not apply to your organization, please explain why.

Section E: Performance Assessment and Data (15 points)

- Document your ability to collect and report on the required juvenile drug court and substance abuse treatment performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe how data will be used to manage the project and assure continuous quality improvement.
- Provide a per-person or unit cost of the substance abuse treatment practices to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served.

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

- Outpatient (Non-Methadone): \$1,000 to \$5,000
- Screening/Brief Intervention/Brief Treatment/Outreach/Pretreatment Services: \$200 to \$1,200
- Drug Court Programs (regardless of client treatment modality): \$3,000 to \$5,000
- Peer Recovery Support Services: \$1,000 to \$2,500

Note: There are three potential evidence-based practices for this project. Each of the three falls into the Outpatient (Non-Methadone) cost range. If you implement only MET/CBT-5, the cost range is \$1,000 to \$5,000. If you implement the ACRA/ACC, the cost range is \$2,000 to \$10,000. If you implement all three evidence-based practices, the cost range is \$3,000 to \$15,000.

The outreach and pretreatment services cost band applies only to outreach and pretreatment programs that do not offer treatment services but operate with a network of substance abuse treatment facilities. Treatment programs that add outreach and pretreatment services to a treatment modality or modalities are expected to fall within the cost band for that treatment modality.

- For the substance abuse treatment component only, describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.

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

SUPPORTING DOCUMENTATION

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

Section G: Budget Justification, Existing Resources, Other Support.

Juvenile Drug Court Component- The narrative should describe each budget item and relate it to the appropriate project activity. It should closely follow the content of the budget detail worksheet and provide justification for all proposed costs. In the budget narrative, the applicant should explain how fringe benefits were calculated, how travel costs were estimated, why particular items of equipment or supplies must be purchased, and how overhead or indirect costs (if applicable) were calculated. The budget narrative should justify the specific items listed in the budget detail worksheet (particularly supplies, travel, and equipment) and demonstrate that all costs are reasonable.

Substance Abuse Treatment Component- You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and performance assessment.

An illustration of a budget and narrative justifications are included in Appendix H of this document.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what should be included in biographical sketches and job descriptions can be found on page 22, Item 6, in the Program Narrative section of the PHS 5161-1 instruction page, available on the SAMHSA Web site.

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

Confidentiality and Participant Protection:

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

- Identify foreseeable risks or adverse effects due to participation in the project and/or in the data collection (performance assessment) activities (including physical, medical, psychological, social, legal, and confidentiality) and provide your procedures for minimizing or protecting participants from these risks. Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Describe the population of focus and explain why you are including or excluding certain subgroups. Explain how and who will recruit and select participants.
- State whether participation in the project is voluntary or required. If you plan to provide incentives/compensate participants, specify the type (e.g., money, gifts, coupons), and the value of any such incentives. Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven to be effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20. (See Appendix F: Confidentiality and Participant Protection.)
- Describe data collection procedures, including sources (e.g., participants, school records) and the data collecting setting (e.g., clinic, school). Provide copies of proposed data collection instruments and interview protocols in **Appendix 2** of your application, “Data Collection Instruments/Interview Protocols.” State whether specimens such as urine and/or blood will be obtained and the purpose for collecting the specimens. If applicable, describe how the specimens and process will be monitored to ensure both the safety of participants and the integrity of the specimens.
- Explain how you will ensure privacy and confidentiality of participants’ records, data collected, interviews, and group discussions. Describe where the data will be stored,

safeguards (e.g., locked, coding systems, storing identifiers separate from data), and who will have access to the information.

- Describe the process for obtaining and documenting consent from adult participants and assent from minors along with consent from their parents or legal guardians. **For the Juvenile Drug Court grant program, you must include language regarding the use of the GAIN Assessment Tool in your consent and assent forms (see Appendix M of this announcement).** Provide copies of all consent forms in **Appendix 3** of your application, “Sample Consent Forms.” If needed, give English translations.
- Discuss why the risks are reasonable compared to expected benefits from the project.

Protection of Human Subjects Regulations

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

Applicants whose projects must comply with the Human Subjects Regulations must, in addition to the bullets above, fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling clients in the project. General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

2. REVIEW AND SELECTION PROCESS

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

Decisions to fund a grant are based on:

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

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

Not more than one award per applicant per geographic community will be made.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

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

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

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

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements to address problems identified in review of the application.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in

suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.3, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit annual and final progress reports, as well as annual and final financial status reports to SAMHSA. OJJDP requires that applicants submit quarterly financial reports and semi-annual progress reports.
- Because SAMHSA is extremely interested in ensuring that treatment and prevention services can be sustained, your progress reports should explain plans to ensure the sustainability of efforts initiated under this grant.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Juvenile Drug Courts grant program are described in Section I-2.3 of this document under “Data Collection and Performance Measurement.”

3.3 Publications

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

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

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

VII. AGENCY CONTACTS

For questions about program issues contact:

Randy Muck, M.Ed.
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1097
Rockville, Maryland 20857
(240) 276-1576
Randy.Muck@samhsa.hhs.gov

Mark Morgan
Grant Program Specialist
Office of Juvenile Justice and Delinquency Prevention
810 7th Street, N.W.
Washington, DC 20531
(202) 353-9243
Mark.Morgan@usdoj.gov

For questions on grants management issues contact:

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

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

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

- Use the PHS 5161-1 application form.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (For Project Narratives submitted electronically, see separate requirements in Section IV-6 of this announcement under “Submission of Electronic Applications.”)
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

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

- The 10 application components required for SAMHSA applications should be included and submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Appendices
 - Assurances (Standard Form 424B, which is in PHS 5161-1)
 - Certifications
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)

- Checklist (a form in PHS 5161-1)
- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection specified in Section V-1 of this announcement.
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Appendices stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-6 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

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

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

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

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

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

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

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed **15,450** words. **If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be**

reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

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

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

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

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

For United States Postal Service:

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

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

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

Appendix C – Statement of Assurance

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

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

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization’s license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization’s license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

Signature of Authorized Representative

Date

Appendix D – Sample Logic Model

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

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

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

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, inprogram, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs**, **Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include inprogram (e.g., client satisfaction, client retention); and in or postprogram (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime).

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

Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
Examples	Examples	Examples	Examples
<p>People</p> <ul style="list-style-type: none"> Staff – hours Volunteer – hours <p>Funds</p> <p>Other resources</p> <ul style="list-style-type: none"> Facilities Equipment Community services 	<p>Outreach</p> <ul style="list-style-type: none"> Intake/Assessment Client Interview <p>Treatment Planning</p> <p style="padding-left: 40px;">Treatment by type:</p> <ul style="list-style-type: none"> Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention <p>Special Training</p> <ul style="list-style-type: none"> Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices <p>Other Services</p> <ul style="list-style-type: none"> Placement in employment Prenatal care Child care Aftercare <p>Program Support</p> <ul style="list-style-type: none"> Fundraising Long-range planning Administration Public Relations 	<p>Waiting list length</p> <ul style="list-style-type: none"> Waiting list change Client attendance Client participation <p>Number of Clients:</p> <ul style="list-style-type: none"> Admitted Terminated Inprogram Graduated Placed <p>Number of Sessions:</p> <ul style="list-style-type: none"> Per month Per client/month <p>Funds raised</p> <p>Number of volunteer hours/month</p> <p>Other resources required</p>	<p><u>Inprogram:</u></p> <ul style="list-style-type: none"> Client satisfaction Client retention <p><u>In or postprogram:</u></p> <ul style="list-style-type: none"> Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Appendix E – Logic Model Resources

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

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

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

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

Julian, D.A. (1997). Utilization of the logic model as a system level planning and evaluation device. *Evaluation and Planning*, 20(3), 251-257.

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

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

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

Appendix F – Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

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

2. Fair Selection of Participants

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

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with

existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$20.

- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

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

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

6. Adequate Consent Procedures

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

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

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. **For the Juvenile Drug Court grant program, you must include language regarding the use of the GAIN Assessment Tool in your consent and assent forms (see Appendix M of this announcement).** The sample forms must be included in **Appendix 3**, “Sample Consent Forms”, of your application. If needed, give English translations.

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

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents.

Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

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

Protection of Human Subjects Regulations

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

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific performance assessment design proposed by the applicant may require compliance with these regulations. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA Web site, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

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

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

Appendix G – Funding Restrictions

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

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

- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

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

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

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE. WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD. NOTE: FOR THE SUBSTANCE ABUSE TREATMENT COMPONENT ONLY.

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

FEDERAL REQUEST

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

JUSTIFICATION: Describe the role and responsibilities of each position.

The executive director will provide oversight of grant, including fiscal and personnel management, community relations and project implementation and evaluation. The coordinator will coordinate project services and project activities, including training, communication, data collection and information dissemination.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A)

\$52,765

B. Fringe Benefits: List all components of fringe benefits rate

FEDERAL REQUEST

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

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A)

\$10,896

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

FEDERAL REQUEST

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

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

Cost for two members to attend a grantee meeting in Washington, DC. Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on agency's privately owned vehicle (POV) reimbursement rate.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A)

\$2,444

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

FEDERAL REQUEST (enter in Section B column 1 line 6d of form SF424A)

\$ 0

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

FEDERAL REQUEST

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

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

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and outreach workshops. All costs were based on retail values at the time the application was written. *Provide justification for purchases, especially if they were requested and purchased under a previous budget.

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A)

\$ 3,796

F. Contract: generally amount paid to non-employees for services or products. A consultant is a non-employee who provides advice and expertise in a specific program area.

FEDERAL REQUEST (Consultant)

Name	Service	Rate	Other	Cost
To be selected	Coalition Building	\$150/day	15 days	\$2,250
	Travel	.38/mile	360 miles	\$137
TOTAL				\$2,387

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

This person will advise staff and coalition members on ways to maintain, increase membership, and develop a Strategic Prevention Framework for the local coalition. The rate is based on the average consulting rate in this area. Consultant is expected to make up to 6 trips (each trip a total of 60 miles) to meet with staff and the coalition. Mileage rate is based on POV reimbursement rate. A request for proposal will be issued to secure a competitive bid before final selection is made.

FEDERAL REQUEST (Contract)

Entity	Product/Service	Cost
To be selected	1.5 minute Public Service Announcement (PSA)	\$2,300
To be selected	Evaluation Report	\$4,500
TOTAL		\$6,800

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

A local media outlet will produce a 1.5-minute PSA from the youth drug awareness video for the local television market. Tasks will include cutting and editing the tape, preparing introductory statement, inserting music and/or narrative, and synchronizing the sound track. A local evaluation specialist will be contracted to produce the year-end results of the coalition efforts. A request for proposal will be issued to secure a competitive bid before final selection is made.

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

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

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

FEDERAL REQUEST

Item	Rate	Cost
Rent	\$15/sq.ft x 700 sq. feet	\$10,500
Telephone	\$100/mo. x 12 mo.	\$1,200
Student Surveys	\$1/survey x 2784	\$2,784
Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,819

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

Rent and telephone are necessary to operate the project. The monthly telephone costs reflect the % of effort for the personnel listed in this application. Survey copyright requires the purchase of the ATOD surveys. Brochures will be used at various community functions (health fairs and exhibits).

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

Indirect cost rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

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

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

BUDGET SUMMARY:

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

*** TOTAL DIRECT COSTS:**

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

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$100,000**

OJJDP Budget and Budget Narrative

Applicants must provide separate budgets for the OJJDP Juvenile Drug Court operation component and the CSAT treatment component. The streams of funding from OJJDP and SAMHSA/CSAT must be kept separate and managed, accounted for and financial reports submitted separately to the respective funding agencies. Applicants must provide a budget that: (1) is complete, allowable, and cost effective in relation to the proposed activities; (2) shows the cost calculations demonstrating how the applicant arrived at the total amount requested; and (3) provides a brief supporting narrative to link costs with project activities.

For the Drug Court component only, applicants must submit a budget that includes both a detailed worksheet itemizing all costs and a narrative explaining and justifying each budget item:

- Budget Detail Worksheet

The worksheet should provide the detailed computation for each budget line item. The worksheet must list the cost of each item and show how the cost was calculated. For example, costs for personnel should show the annual salary rate and the percentage of time devoted to the project for each employee paid through grant funds. The budget detail worksheet should present a complete and detailed itemization of all proposed costs. A Budget Detail Worksheet template is available at www.ojp.usdoj.gov/Forms/budget.pdf for the OJJDP Juvenile Drug Court component.

- Budget Narrative

The narrative should describe each budget item and relate it to the appropriate project activity. It should closely follow the content of the budget detail worksheet and provide justification for all proposed costs. In the budget narrative, the applicant should explain how fringe benefits were calculated, how travel costs were estimated, why particular items of equipment or supplies must be purchased, and how overhead or indirect costs (if applicable) were calculated. The budget narrative should justify the specific items listed in the budget detail worksheet (particularly supplies, travel, and equipment) and demonstrate that all costs are reasonable.

Appendix I – Key Elements of a Juvenile Drug Court

The following are the key elements of a juvenile drug court:

1. Collaborative Planning

Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

2. Teamwork

Develop and maintain an interdisciplinary, nonadversarial work team.

3. Clearly Defined Target Population and Eligibility Criteria

Define a target population and eligibility criteria that are aligned with the program's goals and objectives.

4. Judicial Involvement and Supervision

Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

5. Monitoring and Evaluation

Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.

6. Community Partnerships

Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

7. Comprehensive Treatment Planning

Tailor interventions to the complex and varied needs of youth and their families.

8. Developmentally Appropriate Services

Tailor treatment to the developmental needs of adolescents.

9. Gender-Appropriate Services

Design treatment to address the unique needs of each gender.

10. Cultural Competence

Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

11. Focus on Strengths

Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

12. Family Engagement

Recognize and engage the family as a valued partner in all components of the program.

13. Educational Linkages

Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

14. Drug Testing

Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

15. Goal-Oriented Incentives and Sanctions

Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

16. Confidentiality

Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

Appendix J – The Six Stages of the Reclaiming Futures Model

Key elements of the Reclaiming Futures model include: 1) a comprehensive assessment of juvenile offenders for physical, psychological, and social issues, including drug and alcohol use or abuse, emotional or mental health issues, family or school dysfunction, physical problems, and history of abuse and neglect; 2) an expanded system of care that coordinates its efforts to serve juvenile offenders; 3) treatment and services that help youth and their families identify and build upon their strengths; and 4) a strength-based system of graduated responses that acknowledges the success of youth who successfully complete treatment. The following are the six stages of the Reclaiming Futures model.

- **Screening.** Extensive state of the art approaches (scientifically validated techniques) should be used in the initial screening.
- **Assessment.** Extensive state of the art approaches (scientifically validated techniques) should be used in the initial assessment.
- **Care Coordination.** Applicants should describe case management services that assure that partners work together effectively with youth and their parents. These partners must include substance abuse and mental health treatment, and juvenile probation. Other critical partners in the process include a variety of community agencies and community members who involve teens in positive developmental activities that encourage youth to participate in their community in a variety of new ways. Care coordination should occur in close partnership with juvenile probation and under the supervision of the juvenile drug court.
- **Treatment Initiation.** Service initiation is a critical moment in intervention. Applicants should discuss previous time lags between referral to treatment and its start, if any, and how the time lags will be eliminated or drastically reduced, increasing the chances of youth retention in the treatment process.
- **Treatment Engagement.** There should be careful monitoring of youth's participation in treatment sessions.
- **Completion.** Applicants should discuss the completion of the coordinated care plans and methods used in recognizing and celebrating youth's successes.

For more information on the Reclaiming Futures Program model, go to www.reclaimingfutures.org.

Appendix K – A-CRA/ACC Training and Certification Processes/Requirements

The A-CRA/ACC Certification process begins with a four-day training. This training provides an overview of the A-CRA procedures and role-play sessions for the trainees to practice using the model. ACC uses all the A-CRA procedures plus additional information on case management, home visits and assertive linkage to continuing care services. Those who attend the A-CRA/ACC training will receive information on the requirements for the certification processes. CSAT and its contractors will provide training, ongoing support, and coaching for **one** A-CRA/ACC Clinical Supervisor and up to **four** A-CRA/ACC Clinicians at no cost to the grantee. Training, ongoing support, and coaching for any additional staff must be provided at the expense of the grantee.

A-CRA Certification

For the Juvenile Drug Courts Program, each site must have one clinical supervisor achieve Local Agency A-CRA Clinical Supervisor Certification and all clinicians working on the grant project must achieve A-CRA Clinician Certification.

NOTE: The A-CRA Certification Process must be completed within six months of training or grantees will need to request an extension from the CSAT Project Officer and justify the extension.

Required for both the A-CRA Clinical Supervisor and Clinician Certification

- Read the A-CRA manual prior to attending training.
- Complete knowledge tests on A-CRA before attending training and score above 80%.
- Attend the complete four-day A-CRA/ACC training sponsored by CSAT. The site clinical supervisor must attend the training before or at the same time as the first clinician.
- Participate in teleconferences every other week for A-CRA/ACC coaching (dial in conference call number and ID code will be provided; calls will be at no cost to the grantee).

Additional Requirements for A-CRA Clinical Supervisors

- During the weeks when the bi-weekly coaching teleconferences are not scheduled, the clinical supervisor will conduct a supervision session with staff at their site. During this session, the supervisor will discuss the case review report (generated from EBTx.org), and provide feedback on clinical sessions after listening to Digital Session Recordings (DSR) and completing the A-CRA checklist. We recommend that each clinician have an individual supervision session every other week. These should begin in the 3rd week after training.

- Demonstrate during recorded supervisor sessions and upload to www.EBTx.org:
 - Competency in using the case review report.
 - Reinforcement of competent use of the procedures.
 - Constructive feedback to improve one or more aspects of the procedure or technique.
- Using www.EBTx.org, upload ratings and comments related to at least one clinician's DSR weekly supervisory sessions (the clinician(s) will be uploading the same audio files for their certification process).
 - This requirement necessitates that the supervisor has sufficient time available to rate sessions of all clinicians at least weekly.
- Achieve high consistency (80% or better) with the expert rater for at least **six** A-CRA sessions (do not have to be the same clinician or client). Supervisors will receive feedback on each rating.
- Demonstrate during coaching calls an understanding of the A-CRA/ACC supervision process.
- Be approved by the lead trainers, which will require submission and approval of other recorded supervision sessions.

Additional Requirements for Clinicians

- Begin recording sessions within the first three weeks after completing training; continue to record and upload all DSRs to www.EBTx.org. E-mail EBTx@chestnut.org the file name of a DSR to be reviewed each week.
- On the DSRs, the clinician must demonstrate:
 - A positive, supportive, relationship-enhancing tone to the sessions (i.e., receiving rating of 3 or greater in each of the General Clinical Skills).
 - Competency in the following A-CRA procedures (i.e., receiving rating of 3 or greater in each of the following areas, across six DSRs): FA of Use, FA of Pro-social behavior, Happiness Scale, Treatment Plan/Goals of Counseling, Communication Skills, Problem Solving Skills, and Adolescent-Caregiver Relationship Skills
- Follow the established DSR submission process. This process requires using the required digital recorders (two are provided to each grantee) and uploading DSR files to www.EBTx.org.
- Participate weekly in supervision sessions with their site clinical supervisor or the expert team.
- Enter the A-CRA session data after each session on the www.EBTx.org website.

ACC Certification

For the Juvenile Drug Courts Program, each site must have one clinical supervisor achieve Local Agency ACC Clinical Supervisor Certification (described below) and have clinicians designated as ACC clinicians achieve A-CRA Certification (described above) and ACC Certification.

NOTE: The ACC Certification Process must be completed within nine months of training or grantees will need to request an extension from the CSAT Project Officer and justify the extension.

Required for both Clinical Supervisor and Clinician Certification

- All of the above which is described for A-CRA certification
- Read the ACC manual prior to attending training.
- Complete knowledge test on ACC before attending training and score above 80%.
- Attend the full four-day A-CRA/ACC training. The site clinical supervisor has to attend the training before or at the same time as the first clinician.
- Participate in teleconferences every other week for A-CRA/ACC coaching (dial in conference call number and ID code will be provided; calls will not cost grantee).

Additional Requirements for ACC Clinical Supervisors

During **recorded supervision sessions** demonstrate the ability to review, praise, and/or provide suggestions to the clinician:

- About linking the client to ACC.
- About the frequency or content of mid-week telephone calls
- About the clinician's discussion and assistance with probation, school, or other needs.

Additional Requirements for ACC Clinicians

Based on a report derived from the session log, the clinician must:

- Link no less than 50% of clients to first ACC session within 14 days of discharge from the previous treatment episode.
- Complete mid-week telephone calls no less than 60% of the weeks (per client) in ACC for the purpose of next session reminders, monitoring homework completion, barrier reduction for homework completion, or to provide support (e.g., completed calls for 7 out of 12 weeks)
- Assist no less than 80% of the ACC clients with probation, school, or other needs.

Appendix L – MET/CBT-5 Training and Certification Processes/Requirements

CSAT has teamed with a group of National Consultant/Trainers who are experts on this approach to adolescent treatment. The National Consultant /Trainers are responsible for: conducting the MET/CBT-5 certification training sessions; evaluating whether the participants have mastered the required competencies; and providing technical assistance to clinical supervisors and local MET/CBT-5 trainers.

Training will be supported at no cost to the grantee for **one** clinical supervisor and **one** therapist/clinician. Training for any additional staff must be provided at the expense of the grantee unless an exemption is provided by CSAT. Therapists must be certified within 4 months of training and clinical supervisors must be certified within 7 months of training. If certification takes longer the grantee site may be required to pay for ongoing support to reach certification from their grant funds unless an exemption is received from CSAT.

Clinical grantee staff may receive certification as therapists, and/or clinical supervisors of the MET/CBT-5 intervention. Those who receive certification as a clinical supervisor, may then train, certify, and supervise their local staff.

Therapist Certification Criteria

The therapist certification training is conducted by a national consultant/trainer or a certified clinical supervisor. The duration of the training is three days. Therapists seeking MET/CBT-5 certification must demonstrate competencies in the implementation of the two MET and three CBT sessions. During training, therapists are required to:

Review and demonstrate an understanding of the rationale behind the therapeutic technique;
Observe live or audio-taped examples of each of the five MET/CBT-5 sessions; and
Practice procedures from the intervention.

After receiving training in the intervention, therapists' mastery of the required skill sets will be determined through reviews of audio-tapes of each of the five sessions. The participants in these audio-taped sessions will be properly consented with each treatment site's 'Consent for Taping' form prior to taping the sessions. The consent forms will include information about: (1) what will happen during the taped sessions, (2) the site's plan to keep the audio-taped record confidential; and (3) the site's plan for handling the audio-tapes.

The trainees are rated on their ability to deliver each of the five sessions associated with this treatment approach with the "Supervisor Session Rating Form for Individual and Group Sessions" (Sampl & Kadden, 2001)³ (see Appendix of the MET/CBT-5 manual). Trainees will

³ Sampl, S., & Kadden, R. (2001). Motivational enhancement therapy and Cognitive behavioral therapy (MET-CBT-5) for adolescent cannabis users: 5 sessions (DHHS Publication No. (SMA) 01-3486, Cannabis Youth Treatment (CYT) Manual Series, Volume 1). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

also be expected to complete the appropriate 'Therapist Session Report' (Sampl & Kadden, 2001), which is found in the MET/CBT-5 manual's appendix. The "Therapist Session Report" forms are used for self-monitoring of fidelity. The supervisor also reviews the 'Therapist Session Report' form for progress tracking. Until a local clinical supervisor has been certified, therapists send audiotapes of each session, labeled with a date, unique therapist identification number, type of session, and a completed therapist session report to a designated national trainer. A session of MET or CBT will be deemed adequate once the supervisor who is rating the tape, rates the therapist's skill level at adequate (4) or better. Once a particular session has been deemed adequate, the therapist no longer needs to submit audiotapes of that session. The therapist is certified once they have demonstrated mastery of all five sessions.

On the local level, a certified clinical supervisor may provide the training. They will also review the therapists' delivery of the five sessions and determine when a level of mastery has been reached.

Clinical Supervisor Certification

Certification of Clinical Supervisors is a three-step process. First, the clinical supervisors must attend the three-day training. Second, they must obtain therapist certification as outlined above as rated by one of the national trainers. Third, supervisors must be judged as proficient in their rating of one MET and one CBT session at their local site by the national trainers. This requires that a local supervisor rate a tape and then send his or her ratings, with the tape that was rated, to the national consultant. The protocol is the same as above for the forwarding of the audiotapes and therapist session reports for review by the national trainers.

Expectation for Local Supervision

Local supervisors should have a goal of meeting with therapists once every week to review issues related to clinical process and safety net concerns. The activities that will take place during these meetings include: (1) reviewing part or all of one tape and the accompanying "Therapist Session Form"; (2) completing a "Supervisor Session Form"; (3) reviewing a "Case Review" form with the therapist; and (4) discussing clinical progress, including safety net issues. The "Case Review" form lists all of the therapist's cases, starting dates, expected discharge dates, and MET/CBT procedures completed for each individual. This form will be completed by the therapist and brought to supervision each week. It also aids the local supervisor in assessing the performance review criteria for these meetings. These criteria include: (1) the percentage of each therapist's clients that have weekly sessions; (2) the percentage of each therapist's clients completing all five MET/CBT-5 sessions; and (3) the percentage of each therapist's tapes turned in for review.

Clusters

Clinical supervisors at the grantee sites will be grouped in clusters with one of the national trainers. The assigned national trainer will conduct monthly conference calls to assist in the ongoing development of the clinical staff in the intervention. National trainers will also review and check with local supervisors on the implementation of local supervision.

Appendix M – GAIN Training and Certification Processes/Requirements

GAIN Local Trainer certification process begins at a four-day National GAIN Training. These "Train the Trainer" events are designed to train individuals on how to teach other staff how to administer the GAIN. The Local Trainer candidate must successfully complete the GAIN Training and become a Certified GAIN Administrator before starting on the GAIN Local Trainer process. GAIN Local Trainer Certification is achieved by successfully training other staff members at the Local Trainer's agency and demonstrating the ability to provide feedback and recognize mastery level of GAIN administration.

For the Juvenile Drug Courts program, each site must have two designated staff achieve certification as GAIN Local Trainers. Each site must also have one designated Local Trainer with a clinical background achieve GAIN Clinical Interpretation Certification (GCIC).

Process for GAIN Administration Certification

To achieve GAIN Administration Certification, you must:

- Review the GAIN Manual prior attending training;
- Actively participate in and complete at least 90% of training hours at a four-day National GAIN "Train the Trainer" event in Normal, Illinois to attain GAIN Coursework certification.

Submit audio taped or digitally recorded interviews to the GAIN Administration Quality Assurance (QA) Team and receive feedback on each submission.

Note: The deadline for submission of the recorded interviews to the GAIN Administration QA Team Administration and receiving certification is 3 months from the last day of GAIN training.

Process for GAIN Local Trainer Certification

To achieve GAIN Local Trainer Certification, you must:

- Achieve GAIN Administration Certification; and
- Pass both **Stage 1** and **Stage 2** of the Local Trainer certification process:

Stage 1 consists of reviewing a taped interview of a GAIN interviewer trainee not ready to be certified and providing detailed written feedback on issues found within the interview.

-The reviewed tape is submitted to the GAIN Administration QA Team for a blind review. A member of the GAIN Administration QA Team compares the feedback written

by the Local Trainer candidate with the feedback written by the GAIN Administration QA Team.

-Once the GAIN Administration QA Team has determined that the Local Trainer candidate is proficient in giving specific, detailed, evaluative feedback to GAIN Administration trainees, the Local Trainer candidate passes Stage 1.

Stage 2 consists of the same process outlined for Stage 1 except the Local Trainer candidate must submit a tape of someone they feel has reached mastery level of GAIN administration. The GAIN Administration QA Team evaluates the Local Trainer's ability to write feedback and determine whether a trainee is ready to be a GAIN certified site interviewer.

Note: The time allotted to complete the entire GAIN Local Trainer Certification process is six months from the last day of the GAIN training.

Process for GAIN Clinical Interpretation Certification

To achieve GAIN Clinical Interpretation Certification, you must:

- Be certified as a GAIN Local Trainer;
- Have clinical experience or a clinical background (i.e., appropriate licensure or provide treatment or treatment planning as part of your job);
- Have significant experience using the GAIN Recommendation and Referral Summary (GRRS); Experience with 10-20 cases using the G-RRS is optimal;
- Have experience with treatment planning;
- Be capable of training agency staff how to best utilize the G-RRS for effective treatment planning;
- Attend 4-day clinical interpretation training; and
- Complete the 3-stage process described below:

Stage 1 involves an open-book clinical examination, which each candidate will take on-line through the GAIN Coordinating Center (GCC) On-Line Learning Site. The exam allows the GCC to evaluate the competency of a clinical candidate in three theoretical foundation areas: Diagnosis, Treatment Planning and Level of Care Placement and GAIN Scales and Acronyms.

Stage 2 involves reviewing and editing a GAIN Recommendation and Referral Summary (GRRS). The GCC will send the candidate electronic documentation, including the GAIN and its accompanying Individual Clinical Profile (ICP) and G-RRS reports (no tapes, just the documentation), of a mock case. The candidate must review the case, edit the G-RRS in track changes mode, and return it so that a GAIN clinical reviewer can determine the candidate's editing proficiency. In addition the candidate must submit their time on task for the editing process. Detailed written feedback will be provided to the GCIC candidate

describing the candidate's strengths and areas needing improvement. The process continues until the trainee receives a rating of Sufficient or better on all major sections of the feedback form.

Stage 3 for Clinical Certification involves e-mail submission of a completed GAIN and GAIN reports from the candidate's site. These represent an actual client assessment and reports (no tapes, just the documentation) including the completed GAIN-I, the ICP report, the unedited G-RRS report, the edited G-RRS report, and the validity report. The case used for the submission must have at least one substance disorder and at least one other mental health diagnosis on Axis I. The case must also have an Axis V rating assigned by the GCIC candidate. A GAIN clinical reviewer will review the case documentation and write detailed feedback using the same process described in Stage 2. The candidate will receive the case and written feedback form within 14 days of receipt. Once a candidate has passed all three stages, they will be awarded GAIN Clinical Interpretation Certification.

The time allotted to complete the entire GAIN Clinical Interpretation Certification process is 90 days after completion of clinical coursework.

Appendix N – Required Language for Juvenile Drug Courts Program Assent/Consent Forms

The text below discloses the purpose, use, and confidential nature of the information to be collected in this project and must be included as a section in your participant assent/consent form(s). If your organization has an Institutional Review Board, you may be required to do an Assent Form for the adolescent and a Consent Form for a parent/guardian. Language for both is provided below. If you are not required to do both or if you enroll participants age 18 or older you may only need to use the youth version (first paragraph). Inclusion of this language in your assent and consent forms is required for the Juvenile Drug Courts grant program.

Participant Assent or (when applicable) Consent Form (youth under age 18)

Use of GAIN Assessment, Treatment Records, and Audio-Recording Data:

This project is funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, a federal agency that funds services to help people with substance abuse problems. The first and most important use of your assessment and treatment records are to help staff help you and monitor how you are doing over time. As part of the current grant, copies of information you provided on the GAIN Assessment, Treatment Records and audio-recordings of assessment and treatment sessions will also be submitted to Chestnut Health Systems in Illinois (Telephone: 309-451-7700). This is done to make sure treatment staff complete the forms correctly and to help evaluate the project that funds the services you receive. The assessment and treatment records information that you provide will be combined with information from many other individuals to support program evaluation, planning, and research to better understand and treat the problems faced by youth. We will remove information that could identify you from these combined data files. Examples of the type of identifying information that will be taken out of the combined data file are your name, address, phone numbers, social security number, driver's license number, treatment record number, and date of birth. We also request your permission to audio-record your meetings with staff when they are doing assessments or therapy. The purpose of these recordings is to review how the staff are working with you and to give them suggestions for doing a better job when necessary. In order to further protect the confidentiality of your information, Chestnut staff and anyone authorized to use the combined data set or review audio recordings must sign an agreement to respect your confidentiality by, a) agreeing never to try to figure out who you are, b) not to report any information on you as an individual, and c) to abide by federal regulations that protect the privacy of your treatment records and their use in program evaluation and research (42 C.F.R., Part 2, HIPAA).

Consent Form (parent/guardian version)

Use of GAIN Assessment, Treatment Records, and Audio-Recording Data:

This project is funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, a federal agency that funds services to help people with substance abuse problems. The first and most important use of the assessment and treatment

records for your child are to help staff help you and monitor how you are doing over time. As part of the current grant, copies of information your child provided on the GAIN Assessment, Treatment Records and audio recordings of assessment and treatment sessions will also be submitted Chestnut Health Systems in Illinois (Telephone: 309-451-7700). This is done to make sure treatment staff complete the forms correctly and to help evaluate the project that funds the services your child will receive. The assessment and treatment records information that your child provides will be combined with information from many other youth to support program evaluation, planning, and research on how to better understand and treat the problems faced by youth. We will remove information that could identify your child from these combined data files. Examples of the type of identifying information that will be taken out of the combined data file are name, address, phone numbers, social security number, driver's license number, treatment record number, and date of birth. We also request your permission to audio-record your child's meetings with staff when they are doing assessments or therapy. The purpose of these recordings is to review how the staff are working with your child and to give them suggestions for doing a better job when necessary. In order to further protect the confidentiality of your child's information, Chestnut staff and anyone authorized to use the combined data set or review audio recordings must sign an agreement to respect your child's confidentiality by, a) agreeing never to try to figure out the identity of any young person participating in the project, b) not to report any information on any individual, and c) to abide by federal regulations that protect the privacy of treatment records and their use in program evaluation and research (42 C.F.R., Part 2, HIPAA).