

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment**

**Guidance for Applicants (GFA) No. TI 02-008
Part I - Programmatic Guidance**

**Grant Program to Provide Treatment Services for
Family, Juvenile, and Adult Treatment Drug Courts**

Short Title: Treatment Drug Courts

Application Due Date:
June 19, 2002

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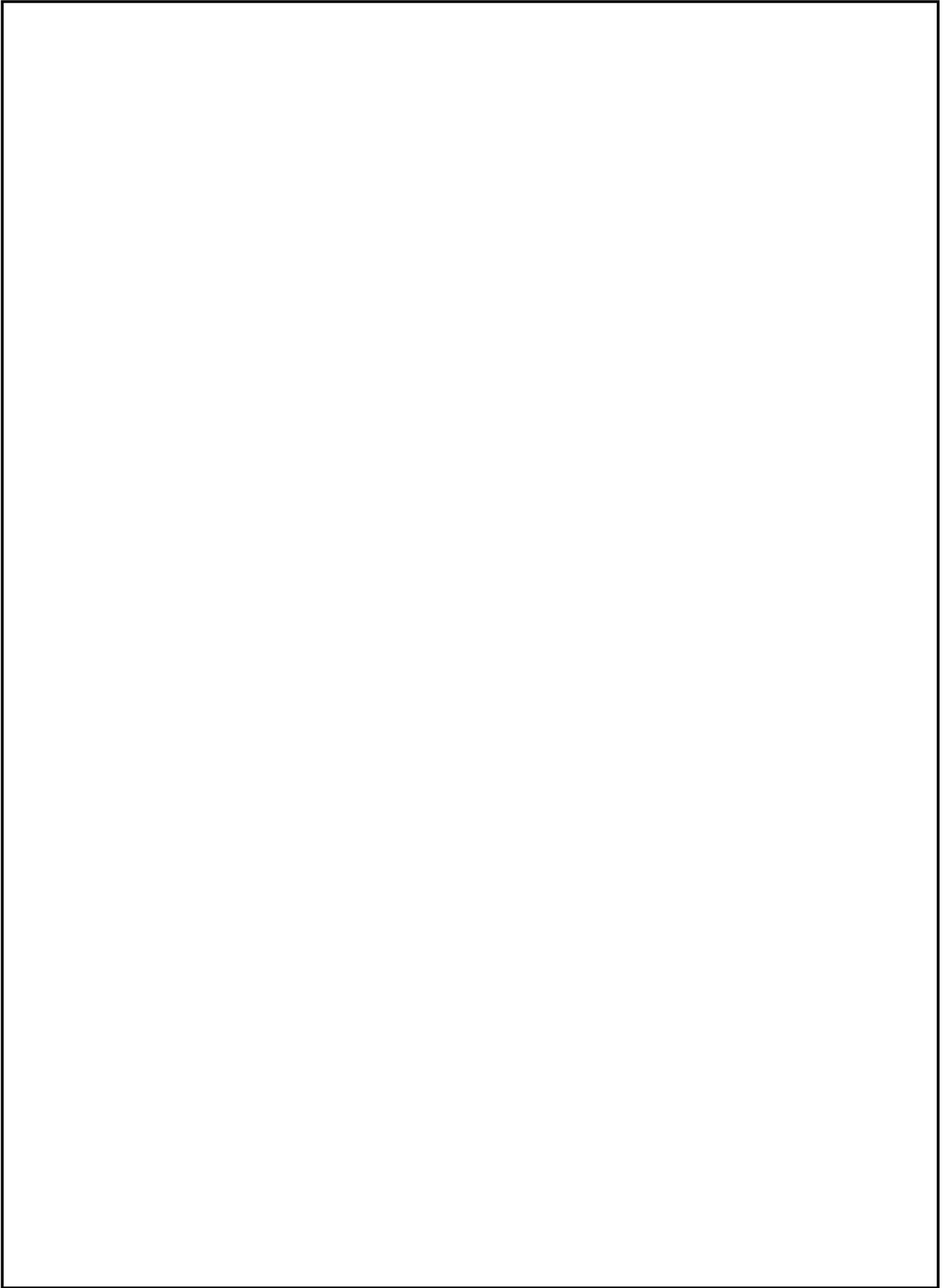
Authority: Section 509 of the Public Health Service Act, as amended, and subject to the availability of funds

Note to Applicants: In addition to this Part I Programmatic Guidance, you need two additional documents to complete your application.

- c PART II - “General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements” (February, 1999).
 - c Public Health Service Grant Application FORM PHS 5161-1.
- See “Application Kit” section for instructions on obtaining these two documents

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I. OVERVIEW

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration.

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), announces the availability of FY 2002 funds to expand and/or enhance drug and alcohol treatment services (hereinafter referred to as substance abuse treatment services) in support of Treatment Drug Courts that have begun operating no later than September 30, 2002. It is estimated there will be about:

- c 17 awards for Family Treatment Drug Courts; and
- c 8 awards for Juvenile or Adult Treatment Drug Courts.

Approximately \$10,000,000 will be available in FY 2002. The average award is expected to range from \$300,000 to \$400,000 in costs (direct and indirect) each year. Grants will be awarded for a period of up to 3 years. Awards in year 2 and year 3 will be made subject to continued availability of funds to SAMHSA/CSAT, and progress achieved by the grantee.

Who Can Apply?

Public and domestic private non-profit entities may apply. For example, the following may apply:

- c States and local governments;
- c Indian Tribes and tribal organizations;
- c Courts;
- c Community-based organizations; and
- c Faith based organizations.

Requirements for Treatment Providers and Drug Courts

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

1. list all substance abuse treatment providers committed to participate in the proposed project;
2. present evidence that **all** substance abuse treatment providers have been delivering substance abuse treatment services for at least two years prior to the submission date of the application (examples of evidence include Articles of Incorporation, and 501(3)(c) status);
3. document that all direct providers of substance abuse treatment services involved in the proposed project are in compliance with local, city, county

- and/or State licensing, accreditation, and/or certification requirements; or document that the local/State government does not require licensure, accreditation, or certification; and
4. submit a letter from your Treatment Drug Court Judge that states that the Treatment Drug Court is currently operating, or that it will be operating by September 30, 2002.

The documentation required in 1- 4 above must be provided in Appendix 1 of your application. Applications will be screened by SAMHSA prior to review. Applications that do not include the documentation required in 1- 4 above will not be reviewed.

Types of Treatment Drug Courts Applications

Each application must be for only one of the following three types of Treatment Drug Courts:

- C Family Treatment Drug Courts;
- C Juvenile Treatment Drug Courts; or
- C Adult Treatment Drug Courts

You may submit up to three applications, a separate application for each type of Treatment Drug Court. (Note: See geographic distribution criterion in the “Funding Criteria” section later in this document.)

You may be using a different name for your Treatment Drug Court than the three types of courts named above. If so, be sure to indicate which one of the three types of courts listed above you wish to be considered for.

Application Kit

SAMHSA application kits include the two-part grant announcement (also called the Guidance for Applicants, or “GFA”) and the blank form PHS-5161-1 needed to apply for a grant.

The GFA has two parts:

Part I - provides information specific to the grant or cooperative agreement. It is different for each GFA. **This document is Part I.**

Part II - has general policies and procedures that apply to **all** SAMHSA grants and cooperative agreements.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including Parts I and II, you can:

- C Call the National Clearinghouse for Alcohol and Drug Information at 800/729-6686, or
- C Download the application kit from the SAMHSA web site at www.SAMHSA.gov. Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710. Change the zip code to 20817 if you use express mail or courier service.

If you require a phone number for delivery, you may use (301) 435-0715.

NOTE: Effective immediately, all applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Be sure to type: TI 02-008 and either Family Treatment Court, Juvenile Treatment Court, or Adult Treatment Court in Item Number 10 on the face page of the application form.

Application Dates

Your application must be received by June 19, 2002.

Applications received after this date must have a proof-of-mailing date from the carrier before June 12, 2002.

Private metered postmarks are not acceptable

as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Bruce Fry, J.D.
Social Science Analyst
Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration
5600 Fishers Lane
Rockwall II, Suite 740
Rockville, MD 20857
Telephone: 301-443-0128
Fax: 301-443-3543
E-Mail: Bfry@SAMHSA.gov

For questions on grants management issues, contact:

Steve Hudak
Division of Grants Management, OPS
Substance Abuse and Mental Health
Services Administration
Rockwall II, Suite 630
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
Shudak@SAMHSA.gov

Funding Restrictions

Grant funds may not be used to:

- c Carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- c Pay for pharmacologies for HIV antiretroviral therapy, STDS, TB and

hepatitis B and C.

- C 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).
- C Provide residential treatment services when the residential 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.)
- C Pay for housing other than residential substance abuse treatment.
- C Pay for construction of any building or structure. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities over the entire grant period.)
- C Provide inpatient treatment or hospital-based detoxification services.

Grantee or treatment provider experience may indicate that the use of modest incentives will be necessary to achieve the required 80 percent response rate for each client followup interview. In such cases, the maximum allowable incentive is \$20 or the equivalent (e.g., coupons, bus tokens, etc.) per follow-up

interview.

Funding Criteria

Decisions to fund a grant are based on:

- C the strengths and weaknesses of the application as judged by a peer review committee and approved by CSAT's National Advisory Council;
- C availability of funds;
- C distribution among types of Treatment Drug Courts – awards are planned for about 17 Family Treatment Drug Courts, and about 8 Juvenile or Adult Treatment Drug Courts;
- C geographical distribution. It is SAMHSA/CSAT's intent to ensure the broadest distribution of Treatment Drug Court program funds across the United States as possible. Therefore, the number of awards to applicants from any one State may be limited in order to ensure that applicants from States with few or no grant awards will have an opportunity to receive funding for proposed projects that are deemed worthy of funding via the peer and National Advisory Council review processes; and
- C evidence of non-supplantation of funds.

Evaluation Requirements

This is a services grant program. The goals of

the evaluation component are to obtain data that meet requirements of the Government Performance and Results Act (GPRA) and to conduct a local evaluation that will be useful to the project.

The applicant's evaluation plan must describe approaches to comply with GPRA requirements and to conduct the local evaluation, and must contain an agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.

To meet evaluation requirements, most applicants may need to allocate **up to 15** percent of the budget for evaluation. The percentage depends on the complexity of the evaluation plan and the number of clients proposed to be served through the grant.

Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements, including the collection of CSAT Core Client Outcomes (see Appendix C). Appendix B contains a detailed description of CSAT's GPRA strategy.

Grantees are expected to collect baseline GPRA data at intake on all persons served through the grant, and six and twelve month data post-intake on a minimum 80% of all

clients. Applicants should consider this requirement when preparing the evaluation budget section of the application. CSAT will provide grantees with GPRA reporting formats that specify the minimum information required.

CSAT's GPRA Core Client Outcome domains are:

Ages 18 and above: Percent of service recipients who: have no past month substance abuse; have no or reduced alcohol or illegal drug consequences; are permanently housed in the community; are employed; have no or reduced involvement with the criminal justice system; and have good or improved health and mental health status.

Ages 17 and under: Percent of service recipients who: have no past month use of alcohol or illegal drugs; have no or reduced alcohol or illegal drug consequences; are in stable living environments; are attending school; have no or reduced involvement in the juvenile justice system; and have good or improved health and mental health status.

Applicants must clearly state which service population they propose to address: Adults (18 years and older) or juveniles (17 years and younger), and express their understanding of the GPRA measures to be tracked and collected.

Local Evaluation

In addition to GPRA requirements, grantees must conduct a local evaluation to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation should be designed to provide regular feedback to the project to help the

project improve services. The local evaluation must incorporate but should not be limited to GPRA requirements. Because different programs will differ in their target populations, services, systems linkages, and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are **NOT** required. In general, the applicant's local evaluation plan should include three major components:

- c Implementation fidelity, addressing issues such as: How closely did implementation match the plan? What types of deviation from the plan occurred? What led to the deviations? What impact did the deviations have on planned intervention and evaluation?
- c Process, addressing issues such as: Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community), at what cost (facilities, personnel, dollars)?
- c Outcome, addressing issues such as: What was the effect of treatment on service participants? What program/contextual factors were associated with outcomes? What client factors were associated with outcomes? How durable were the effects?

Longitudinal client level data to be gathered in the local evaluation should meet the same follow-up rate standard (minimum of 80%) required for GPRA.

CSAT has developed a variety of evaluation tools and guidelines that may assist applicants in the design and implementation of the evaluation. These materials are available for free downloads from:

<http://neds.calib.com>.

Post Award Requirements

- c You must provide quarterly written program progress reports for the first three

quarters of each year. The fourth report of each year will be an annual report, covering the entire year. A final report is required at the end of the 3-year project, instead of a third annual report. The Government Project Officer will provide the format for the reports.

- C You are required to attend, and must budget for, two technical assistance meetings each year. Meetings will be three days. These meetings will usually be held in the Washington, DC, area.

- S **Family Treatment Drug Court**
Grantees: At least seven persons must attend each meeting. These seven should include the judge, project director, a clinical director, the evaluator, and representatives from the child welfare department, the prosecutor's office, and the defense bar.

- S **Adult or Juvenile Treatment Drug Court**
Grantees: At least six persons must attend each meeting. These six should include the judge, project director, a clinical director, the evaluator, and representatives from the prosecutor's office and the defense bar.

- C During the course of the project, you will be responsible for ensuring that direct providers of services are in compliance with all local, city, county, and State licensing, certification, or accreditation requirements.

- C You must notify the Single State Agency (State Substance Abuse Agency) within 30 days of receipt of an award.

- C Applicants must clearly communicate that program activities and documents are the result of this SAMHSA/CSAT funding. The Government Project Officer will provide guidance for meeting this requirement.

Target Population

There are three target populations, one for each of the Treatment Drug Courts that will be funded under this GFA.

- C Substance abusing parents charged with abuse and/or neglect of their minor children, and their minor children (Family Treatment Drug Court),
- C Substance abusing juveniles charged as delinquent in a juvenile court (Juvenile Treatment Drug Court), and
- C Substance abusing adults who are charged with a criminal offense in an adult criminal court (Adult Treatment Drug Court).

Background

Drug Courts are designed to combine the sanctioning power of courts with effective treatment services to break the cycle of child abuse/neglect or criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Drug Courts are being created at a very high rate, making it difficult to find sufficient funding for substance abuse treatment for the people referred by the Drug Court. A recent study, *Treatment Services in Adult Drug Courts*, May 2001, found substantial shortages in the availability of treatment.

SAMHSA/CSAT is funding this program to help close this gap in treatment by supporting the efforts of treatment drug courts to expand and/or enhance treatment services.

In July 2001, nearly 700 drug courts were operating in the United States, with more than 430 additional drug courts being planned. All 50 states had drug courts in operation or in the planning stages. Thirty-two states had passed legislation supporting drug courts and six more were introducing legislation. According to the Drug Court Clearinghouse at the American University in Washington, D.C., by July 2001, more than 73,000 adults and 1,500 teens had graduated from Drug Court programs.

Drug Court clients take frequent drug tests and meet regularly with their judges. Drug court judges monitor offenders' treatment and impose graduated sanctions on those who do not comply. There also may be rewards for compliance. Clients are expected to stay in treatment and may be ordered to participate in educational, vocational, or community services activities. Clients who graduate from adult or juvenile drug courts may have their criminal charges dismissed or sentences reduced. Clients who graduate from Family Treatment Drug Courts may have petitions of abuse and/or neglect dismissed, and have their children returned to them.

This program addresses key elements of SAMHSA/CSAT's "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan (NTP) Initiative." Treatment Drug Courts specifically address three NTP Strategies:

- C "Invest for Results" by closing serious gaps in treatment capacity for Treatment Drug

Courts, thereby reducing associated health, economic, crime victim, and social cost;

- C "No Wrong Door" to treatment by providing access to treatment for persons involved with the court system; and
- C "Building Partnerships" by requiring close partnerships between the justice, substance abuse, and other systems. (See Appendix A for information about the NTP.)

Program Expectations

Use of funds: Funds are to be used for the provision of alcohol and drug treatment, wrap around services supporting substance abuse treatment, case management, and program management. Funds may not be used to pay for court personnel who are not project directors, case managers, or personnel with similar functions. Funds may also be used for client supervision purposes if you document the necessity of this use.

Funded projects are strongly encouraged to work with the full range of services in a community including medication assisted treatment as appropriate to meet the individual needs of the participants.

You have some flexibility in expanding or enhancing your Treatment Drug Court. However, there are recognized designs and operational protocols for Treatment Drug Courts, and you are expected to develop a project that is consistent with these designs and protocols.

Below is an overview of the features of the three types of Treatment Drug Courts. You should also consult the bibliography in

Appendix D of this document as you develop your application.

Common Features of Adult, Juvenile, and Family Treatment Drug Courts

Key features are:

1. A Steering Committee composed of key stakeholders to provide advice in the design and operation of the Treatment Drug Court is created.
2. Alcohol and other drug treatment services are integrated with justice system case processing.
3. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
4. Eligible participants are identified early and promptly placed in the project.
5. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
6. Frequent staffings (team meetings) are held, where each client's progress, obstacles, and options are discussed individually and case plans are updated as needed.
7. Abstinence is monitored by frequent alcohol and other drug testing.
8. A coordinated strategy governs drug court responses to participants' compliance.

9. Ongoing judicial interaction with each drug court participant is essential.
10. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
11. Continuing interdisciplinary education promotes effective planning, implementation, and operations.
12. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

Juvenile Treatment Drug Courts - Additional and Modified Features

The following features are provided in addition to, or modify, the features described above in "Common Features of Adult, Juvenile, and Family Treatment Drug Courts."

- c The need to develop strategies to motivate juvenile offenders to change. Juveniles who use alcohol and drugs may not have progressed to abuse or dependence and are less inclined to think they have a problem. Juvenile offenders often feel invulnerable, they lack maturity, and are in different developmental stages. These motivational strategies must also help adolescents deal with often powerful negative influences of peers, gangs, and family members.
- c A continuum of family-based treatment and ancillary services using a strength based approach must be provided.
- c Confidentiality requirements must be

rigorously complied with when obtaining information to address the juvenile's problems and progress.

Family Treatment Drug Courts - Additional and Modified Features

The Family Treatment Drug Court mission is to establish an integrated, court-based collaboration that protects children from abuse and neglect precipitated by substance abuse through timely decisions, coordinated services, treatment, and safe and permanent placements.

The following features are provided in addition to, or modify, the features described above in "Common Features of Adult, Juvenile, and Family Treatment Drug Courts."

- C The safety and welfare of the abused and neglected children is placed above the needs of the adult client.
- C A continuum of family-based treatment and ancillary services using a strength based approach is provided.
- C Training, education, and counseling, as required, is provided to meet the developmental needs of the children.
- C Appropriate and timely permanent placements are provided for children consistent with the requirements of the Adoption and Safe Families Act.

II. DETAILED INFORMATION ON WHAT TO INCLUDE IN YOUR APPLICATION

In order for your application to be **complete**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if your project is funded.

3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM

Fill out sections B, C, and E of the Standard Form 424A, which is part of the PHS 5161-1. Follow instructions in Appendix B of Part II of the GFA.

' **5. REVIEW CRITERIA/PROJECT NARRATIVE**

The Review Criteria/Project Narrative describes your project. It consists of Sections A through D. These sections may not be longer than 25 pages. **Applications exceeding 25 pages for Sections A through D will not be reviewed.** More detailed information about Sections A through D follows in III. after #10 of this checklist.

G Section A - Understanding and Need

G Section B - Project Design and Operation

G Section C - Evaluation

G Section D - Project Management

Supporting documentation for your application should be provided in sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

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

G Section F - Budget Justification, Existing Resources, Other Support

You must provide a narrative justification for 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.

G Section G - Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from the person with her/his sketch.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- *Sample sketches and job descriptions are listed in Item 6 in the Project Narrative section of the PHS 5161-1.*

G Section H- Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address are outlined in Section IV. after the Review Criteria/Project Narrative description in this document.

' **6. APPENDICES 1 THROUGH 8**

c Use only the appendices listed below.

c **Don't** use appendices to extend or replace any of the sections of the Review Criteria/Project Narrative unless specifically required in this GFA (reviewers will not consider them if you do).

c **Don't** use more than 30 pages (plus all instruments and forms) for the appendices.

__Appendix 1:

Applications will be screened by SAMHSA prior to review. Applications will not be reviewed unless the following requirements of Appendix 1 are met.

1. list all substance abuse treatment providers committed to participate in the proposed project;
2. present evidence that **all** substance abuse treatment providers have been delivering substance abuse treatment services for at least two years prior to the submission date of the application (examples of evidence include Articles of Incorporation, and 501(3)(c) status);
3. document that all direct providers of substance abuse treatment services involved in the proposed project are in compliance with local, city, county and/or State licensing, accreditation, and/or certification requirements; or document that the local/State government does not require licensure, accreditation, or certification; and
4. submit a letter from your Treatment Drug Court Judge that states that the Treatment Drug Court is currently operating, or that it will be operating by September 30, 2002.

__Appendix 2: Letters of Support

__Appendix 3: Examples of Confidentiality Waiver Forms and Data Sharing Agreements

__Appendix 4: Coordination with Other Federal/Non-Federal Programs

__Appendix 5: Evidence of Non-Supplantation of Funds

__Appendix 6: Letter to Single State Agencies.

__Appendix 7: Data Collection Instruments/Interview Protocols

__Appendix 8: Sample Consent Forms

' **7. ASSURANCES**

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

' **8. CERTIFICATIONS**

See PHS 5161-1 for instructions.

' **9. DISCLOSURE OF LOBBYING ACTIVITIES**

Please see Part II of the GFA for lobbying prohibitions.

' **10. CHECKLIST**

See Appendix C in Part II of the GFA for instructions.

III. REVIEW CRITERIA/ PROJECT NARRATIVE - SECTIONS A THROUGH D DETAILED

Sections A through D provide both the criteria by which your application will be reviewed, and what you should put in the Project Narrative. Below you will find detailed information on how to respond to these sections. Your response for Sections A through D together may not be longer than 25

pages. Applications exceeding 25

pages for Sections A through D **will not be reviewed.**

C Your application will be reviewed against the requirements described below for sections A through D.

C A peer review committee will assign a point value to your application based on how well you address **each** of these sections.

C The number of points after each main heading shows the **maximum number of points** a review committee may assign to that category.

C Individual or bulleted statements do not have specific points assigned to them; they are provided to invite attention to important areas within the criterion.

C Reviewers will also be looking for evidence, where appropriate, of cultural competence **in each section** of the Project Narrative. Points will be deducted from applications that do not adequately address the cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the GFA.

C Remember to respond to the Review Criteria/Project Narrative sections for only the type of Treatment Drug Court you have applied for:

- S Adult;
- S Juvenile; or
- S Family.

Section A: Understanding and Need (15 points)

Understanding Treatment Drug Courts

C Discuss Treatment Drug Courts, showing an understanding of:

- S the purpose of Treatment Drug Courts;
- S the strengths of using a Treatment Drug Court;
- S obstacles that must be overcome to have an effective Treatment Drug Court; and
- S solutions to the obstacles.

Need for a Treatment Drug Court in the Applicant's Jurisdiction

- C Clearly indicate in your application which one of the target populations and courts you are applying for. See "I. Overview - Target Population" for your three options.
- C Describe your target population in terms of demographics.
- C Describe currently available resources for substance abuse treatment, wraparound services, and supervision, and then describe why they are insufficient or inappropriate to respond to the demand for services.

Section B: Project Design and Operation (40 points)

- C Provide a detailed description of the proposed project. **Make sure this description is consistent with the program features in "I. Overview, Program Expectations,"** found earlier in this document.

- S** For Adult Treatment Drug Courts, use the subsection “Common Features of Adult, Juvenile, and Family Treatment Drug Courts.”
- S** For Juvenile Treatment Drug Courts, use the subsection “Common Features of Adult, Juvenile, and Family Treatment Drug Courts,” **and use the subsection** “Juvenile Treatment Drug Courts - Additional and Modified Features.”
- S** For Family Treatment Drug Courts, use the subsection “Common Features of Adult, Juvenile, and Family Treatment Drug Courts,” **and use the subsection** “Family Treatment Drug Courts - Additional and Modified Features.”
- C** As you describe your entire project, be sure to include a description of how persons receiving substance abuse treatment services will receive appropriate assessment, case management, and treatment.
- C** Discuss how your project will effectively address age, gender, sexual orientation, language, culture, literacy, disability and racial/ethnic characteristics of the target population.
- C** Document how the proposed project expands, or enhances, the current capacity to provide treatment and wraparound services. You may both expand and enhance your program if you choose.
- S** If you are expanding your program, estimate the number of new persons expected to be served during each of the three years of the project, and describe the treatment and wraparound services they will receive.
- S** If you are enhancing your project, describe what new treatment and wraparound services will be provided to the clients you already intended to serve, and how many will receive these new services each year.
- C** Discuss how services now in place to serve the target population will be coordinated with, or complement, the proposed project.
- C** Describe who will be on your Treatment Drug Court’s Steering Committee
- S** Required members include:
- 1) judge;
 - 2) probation and/or parole department;
 - 3) treatment providers;
 - 4) district attorney or prosecutor; and
 - 5) public defender/attorney who is appointed to represent Treatment Drug Court clients.
- S** Other members may include representatives from:
- 1) detention facilities, prisons and/or jails;
 - 2) public health department;
 - 3) local job placement agency;
 - 4) local government;
 - 5) local victim’s organization;
 - 6) faith based organizations;
 - 7) child welfare/social services agency;
 - 8) any other appropriate agency; and
 - 9) a consumer who has been in recovery for a substantial period of time.
- S** Note: The social services/child welfare agency is a required member of the Family Treatment Drug Court’s Steering Committee, but not the Steering Committee for the Adult or Juvenile

Treatment Drug Courts.

- C Describe the method of operation of the Steering Committee, including how it will provide advice on how to manage and operate the project.
- C Document support by members of the Steering Committee, and any other key stakeholders, through letters of support or similar documentation. (Place letters in Appendix 2 of your application).
- C Explain why the applicant is the lead agency, and how it will ensure that other stakeholders will meet the commitments made by them in this application through the Steering Committee and by other means.

Section C: Evaluation (15 points)

- C Describe plans and procedures to comply with GPRA requirements, including collection of baseline GPRA data at intake on all persons served through the grant, and six and twelve month post-intake data on a minimum of 80% of all clients.
- C Describe any prior applicant experience in conducting follow-up client interviews, use and effect (if any) of incentives in the prior activities, and the specific methods (including incentives) to achieve an 80% response rate for the follow-up interviews.
- C Describe the local evaluation plan, including plans to assess implementation fidelity, process, and client outcome, to ensure the cultural appropriateness of the evaluation, and to integrate the local evaluation with GPRA requirements.
- C Describe what additional evaluation questions you will ask to augment the GPRA evaluation. Questions should include, but are not limited to, questions about the court system and probation system. Describe plans for data management, data processing and clean-up, quality control and data retention. Describe plans for data analysis and interpretation.
- C Describe plans for using interim evaluation findings to improve the quality of services.
- C Document the appropriateness of the proposed approaches to gathering quantitative and qualitative data on the target population. Address not only reliability and validity but the appropriateness of the instruments to age, gender, sexual orientation, language, culture, literacy, disability and racial/ethnic characteristics of the target population.
- C Describe plans for including members of the target population and/or their advocates in the design and implementation of the evaluation and in the interpretation of findings.
- C State agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.
- C Provide examples of forms that will be signed by clients that permit the appropriate exchange of treatment and other information between the named agencies (i.e., confidentiality waiver forms). Further, provide any data sharing agreements that the key agencies will use. Place this documentation in Appendix 3 of your application.

Section D: Project Management (30 points)

Implementation and Operation Plan

- C Present a plan for the implementation and operation of the project including:
 - S a schedule and timeline of activities and products, including target dates and person(s) responsible; and
 - S how multi-agency and/or -system arrangements will be implemented and managed.

Organization Capability

- C Describe your experience with the implementation of multi-agency and multi-system programs.
- C If sub-contractors are involved, describe their organizational capabilities, and what they will contribute to the project.

Staff and Staffing Plans

- C Provide a staffing plan, showing an organizational chart. Include staff, consultants, sub-contractors, and collaborating agencies.
- C Provide the level of effort and qualifications of the Project Director and other key personnel.
- C Provide evidence that the proposed staff have requisite training, experience, and cultural sensitivity to provide services to the target population. Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation,

disability, literacy, and ethnic, racial, and cultural factors of the target population.

Equipment and Facilities

- C Describe facilities and equipment available to the project, and any equipment that will have to be procured for the project. Equipment and facilities must be shown to be adequate for the proposed project activities; accessible to the target population; and American Disabilities Act compliant.

Budget, Sustainability and Other Support

- C Provide evidence that required resources not included in the Federal budget request are adequate and accessible.
- C Provide evidence that SAMHSA/CSAT funds will complement or leverage funds from other sources.
- C Provide a plan to secure resources or obtain support to continue activities funded by this program at the end of the period of Federal funding.

, NOTE: Although the budget for the proposed project is not a review criterion that receives points, the peer review committee will be asked to comment on the budget after the merits of the application have been considered.

IV. CONFIDENTIALITY AND PARTICIPANT PROTECTION

The CSAT Director has determined that grants

awarded through this announcement must meet SAMHSA Participant Protection requirements.

You must address 7 areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the 7 areas are not relevant to your project, you must document the reasons. No points will be assigned to this section.

This information will:

- 1) Reveal if the protection of participants is adequate or if more protection is needed.
- 2) Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section H of your application, you will need to:

- C Report any possible risks for people in your project.
- C State how you plan to protect them from those risks.
- C Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Ø Protect Clients and Staff from Potential Risks

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be

followed to minimize or protect participants against potential risks, including risks to confidentiality.

- C Give plans to provide help if there are adverse effects to participants.
- C Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

Ú Fair Selection of Participants

- C Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- C Explain the reasons for using special types of participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- C Explain the reasons for including or excluding participants.
- C Explain how you will recruit and select participants. Identify who will select participants.

Ú Absence of Coercion

- C Explain if participation in the project is voluntary or required. Identify possible

reasons why it is required. For example, court orders requiring people to participate in a program.

- C If you plan to pay participants, state how participants will be awarded money or gifts.
- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

U Data Collection

- C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in **Appendix 7**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

U Privacy and Confidentiality:

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

Y Adequate Consent Procedures:

- C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- C State:
 - If their participation is voluntary,
 - Their right to leave the project at any time without problems,
 - Risks from the project,
 - Plans to protect clients from these risks.
- C 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 should get written informed consent.

- C Indicate if you will get informed consent from

participants or 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?

- c Include sample consent forms in your **Appendix 8**, titled “Sample Consent Forms.” 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.

- c Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

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

V. SPECIAL CONSIDERATIONS AND REQUIREMENTS

SAMHSA’s policies and special considerations and requirements can be found in **Part II** of the

GFA in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- c Population Inclusion Requirement
- c Government Performance Monitoring Consumer Bill of Rights
- c Promoting Nonuse of Tobacco
- c Coordination with Other Federal/Non-federal Programs (put documentation in **Appendix 4**)
- c Supplantation of Existing Funds (put documentation in **Appendix 5**)
- c Letter of Intent
- c Single State Agency Coordination (put documentation in **Appendix 6**)
- c Intergovernmental Review
- c Public Health System Reporting Requirements
- c Confidentiality/SAMHSA Participant Protection

Also, see Healthy People 2010, Ch. 26: Substance Abuse, for information related to this program.

APPENDIX A

Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative

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

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

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

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

APPENDIX B

CSAT's GPRA Strategy

OVERVIEW

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

DEFINITIONS

Performance Monitoring The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.

Evaluation Individual systematic studies conducted periodically or “as needed” to assess how well a program is working and why particular outcomes have (or have not) been achieved.

Program For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.¹

Activity A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.

Project An individual grant, cooperative agreement, or contract.

¹GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

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

Reduce the Health and Social Costs Associated with Drug Use.

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

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

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

several years, these will be added to the outcomes reported from the targeted capacity expansion program.

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

CSATs “PROGRAMS” FOR GPRA REPORTING PURPOSES

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

- ! Goal 1: Assure services availability;
- ! Goal 2: Meet unmet and emerging needs;
- ! Goal 3: Bridge the gap between research and practice; and
- ! Goal 4: Enhance service system performance²

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

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

KD - Knowledge Development SAPTBG - Substance Abuse Prevention and Treatment Block Grant
 KA - Knowledge Application TSE - Targeted Capacity Expansion
 NDC - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting

²Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.³ In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

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

- c Number of clients served (unduplicated)

- c Increase % of adults receiving services who:
 - (a) were currently employed or engaged in productive activities;
 - (b) had a permanent place to live in the community;
 - (c) had no/reduced involvement with the criminal justice system.

- c Percent decrease in
 - (a) Alcohol use;
 - (b) Marijuana use;
 - (c) Cocaine use;
 - (d) Amphetamine use
 - (e) Opiate use

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

- c Increase % of States that express satisfaction with TA provided
- c Increase % of TA events that result in systems, program or practice improvement.

2. MEET UNMET OR EMERGING NEEDS

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

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

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

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

- ! Percent of adults receiving services increased who:
 - a) were currently employed or engaged in productive activities
 - b) had a permanent place to live in the community
 - c) had reduced involvement with the criminal justice system
 - d) had no past month use of illegal drugs or misuse of prescription drugs
 - e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- ! Percent of children/adolescents under age 18 receiving services who:
 - a) were attending school
 - b) were residing in a stable living environment
 - c) had no involvement in the juvenile justice system
 - d) had no past month use of alcohol or illegal drugs
 - e) experienced reduced substance abuse related health, behavior, or social consequences.

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

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This “program” or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT’s portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

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

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

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

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or “field reviewers”, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).⁴ In addition, input on other topics (such as what additional work in the area may be needed, substantive and “KD process” lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This “program” involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.⁵ Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices

⁴The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

⁵Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see “Enhance Service System Performance,” below).

Grant program will be added.

Activities in this program have the purpose of moving “best practices,” as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a “best practice.”⁶ In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

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

EVALUATIONS

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

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

⁶Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

respond flexibly to these situations as they arise.

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

APPENDIX C

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

CSAT GPRA Client Outcome Measures for Discretionary Programs

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

A. RECORD MANAGEMENT

Client ID

Contract/Grant ID

Grant Year
Year

Interview Date / /

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

- | | | |
|----|---|-----------------------|
| 1. | During the past 30 days how many days have you used the following: | Number of Days |
| a. | Any Alcohol | <input type="text"/> |
| b. | Alcohol to intoxication (5+drinks in one sitting) | <input type="text"/> |
| c. | Illegal Drugs | <input type="text"/> |
| 2. | During the past 30 days, how many days have you used any of the following: | Number of Days |
| a. | Cocaine/Crack | <input type="text"/> |
| b. | Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] | <input type="text"/> |
| c. | Heroin [Smack, H, Junk, Skag], or other opiates | <input type="text"/> |
| d. | Non prescription methadone | <input type="text"/> |
| e. | Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel] MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline..... | <input type="text"/> |
| f. | Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] | <input type="text"/> |
| g. | Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche] | <input type="text"/> |

- h. Inhalants, [poppers, snappers, rush, whippets] |__|__|
- i. Other Illegal Drugs--Specify_____ |__|__|

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

C. FAMILY AND LIVING CONDITIONS

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

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]
- Not enrolled
 - Enrolled, full time

- Enrolled, part time
- Other (specify)_____

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

|__|__| level in years

2a. **If less than 12 years of education, do you have a GED (General Equivalency Development- Diploma)?**

- Yes No

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

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

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

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



E. CRIME AND CRIMINAL JUSTICE STATUS

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

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- Excellent
- Very good
- Good
- Fair
- Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:

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

b. Outpatient Treatment for:

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

c. Emergency Room Treatment for:

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

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- Male
- Female
- Other (please specify) _____

2. Are you Hispanic or Latino?

- Yes
- No

3. What is your race? (Select one or more)

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

4. What is your date of birth?

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

APPENDIX D

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