Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

FY 2024

Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts

(Short Title: SAMHSA Treatment Drug Courts)

(Initial Announcement)

Notice of Funding Opportunity (NOFO) No. TI-24-004

Assistance Listing Number: 93.243

Key Information:

Application Deadline	Applications are due by April 1, 2024.
FY 2024 NOFO Application Guide	Throughout the NOFO, there will be references to the FY 2024 NOFO Application Guide (Application Guide). The Application Guide provides detailed instructions on preparing and submitting your application. Please review each section of the Application Guide for important information on the grant application process, including the registration requirements, required attachments, and budget.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participate(s). Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after the application deadline. See *Section I of the Application Guide.*

Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by the administrative deadline. Comments from the Single State Agency are due no later than 60 days after the application deadline.
Electronic Grant Application Submission Requirements	**You must complete three (3) registration processes**: 1. System for Award Management (SAM); 2. Grants.gov; and 3. eRA Commons. See ***Section A of the Application Guide*** (Registration and Application Submission Requirements) to begin this process.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for the fiscal year (FY) 2024 Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (Short Title: SAMHSA Treatment Drug Courts) program. The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. Recipients are expected to provide prevention, harm reduction, treatment, and recovery services for individuals with SUD involved with the courts. With this program, SAMHSA aims to improve abstinence from substance use, housing stability, employment status, social connectedness, health/behavioral/social consequences, and reduce criminal justice involvement.

Funding Opportunity Title:	Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (Short Title: SAMHSA Treatment Drug Courts)
Funding Opportunity Number:	TI-24-004
Due Date for Applications:	April 1, 2024
Estimated Total Available Funding:	$24,400,000
Estimated Number of Awards:	Up to 61 awards (At least 3 awards will be made to Adult Tribal Healing to Wellness Courts, and at least 12 awards will be made to Family Treatment Drug Courts, pending sufficient application volume.)
Estimated Award Amount:	Up to $400,000 per year
Cost Sharing/Match Required:	No
Anticipated Project Start Date:	September 30, 2024
Anticipated Award Date:	No later than September 29, 2024
Length of Project Period:	Up to 5 years

Eligible Applicants:	Eligible applicants are States and Territories, including the District of Columbia, political subdivisions of States, drug courts, Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of Title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private nonprofit entities. [See Section III-1 for complete eligibility information.]
Authorizing Statute:	Section 509 (42 USC 290bb-2) of the Public Health Service Act, as amended.

I. PROGRAM DESCRIPTION

1. PURPOSE

The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. These awards provide a continuum of care, including prevention, harm reduction, treatment, and recovery services, for individuals with SUD involved with the courts. Harm reduction services funded under this award must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services. See SAMHSA's Harm Reduction Framework.

The population of focus is adults diagnosed with SUD as their primary condition who participate in an Adult Tribal Healing to Wellness Court, Family Treatment Drug Court (FTDC) or Adult Treatment Drug Court (ATDC). These drug court models can include Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Treatment Courts, Reentry Courts, and Municipal Courts using the problem-solving court model.

Recipients will be expected to provide a coordinated, multisystem approach designed to combine the sanctioning power of treatment drug courts with effective SUD treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Recipients will also be expected to screen and assess clients for the presence of SUD and/or co-occurring substance use and mental disorders, screen for infectious diseases for which those with SUDs are at high risk, and provide evidence-based and population-appropriate prevention, harm reduction, treatment, and recovery support services. Family drug court applicants will be expected to have an added focus on family preservation and promoting the wellness of the family.

SAMHSA encourages grant recipients to address the diverse behavioral health needs of underserved communities as defined by Executive Order 13985+. Recipients must also serve all individuals equitably and administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age, religion and sex (including gender identity, sexual orientation, and pregnancy). Recipients must also agree to comply with federal conscience laws, where applicable.

SAMHSA Treatment Drug Courts awards are authorized under Section 509 (42 U.S.C 290bb-2) of Public Health Service Act, as amended.

2. KEY PERSONNEL

Key personnel are staff members who must be part of the project, whether or not they receive a salary from the project. Key personnel must make a major contribution to the

project. Key personnel and staff selected for the project should reflect the diversity in the geographic catchment area.

The key personnel for this program will be the Project Director, with a minimum level of effort of 0.20 FTE.

The Project Director is responsible for oversight of the project and must have direct experience working with an Adult Tribal Healing to Wellness Court, FTDC, or ATDC, with an in-depth understanding of its operations and of Adult or Family Drug Court Best Practice Standards or Tribal Court Model Key Components. They must also be able to demonstrate an understanding of evidence-based SUD treatment, the role and scope of long-term recovery supports, and the long-term nature of SUDs.

If you receive an award, you will be notified if the individual designated for this position has been approved. If you need to replace Key Personnel during the project period, SAMHSA will review the credentials and job description before approving the replacement.

3. REQUIRED ACTIVITIES

You must use SAMHSA's funds to primarily support direct services and provide a description in B.2. of the Project Narrative of how you plan to implement all the required activities listed below.

You are expected to begin the delivery of services by the fourth month of the award. You are expected to serve the unduplicated number of individuals proposed in the Project Narrative (B.1).

Recipients are required to carry out each of the following activities:

- Screen and assess clients for the presence of SUD and/or co-occurring substance use and mental disorders. Use the information obtained from the screening and assessment to develop culturally and linguistically appropriate prevention, harm reduction, treatment, and/or recovery support services and treatment plans.
    - Ensure screening and assessments provide equitable access to drug courts for racial, ethnic, sexual, and gender minority groups.
- Screen for infectious diseases for which those with SUDs are at high risk, including, but not limited to, Human Immunodeficiency Virus (HIV), viral hepatitis (hepatitis A, B, and C), and syphilis. Provide appropriate referral and follow-up to ensure treatment if screening tests indicate infection, and vaccination for those infectious diseases for which a vaccine is available.
- Provide evidence-based and culturally and linguistically appropriate treatment services to meet the unique needs of diverse populations at risk.

    - Treatment services must include the use of FDA-approved medications in the treatment of OUD and medication management in outpatient, day treatment (including outreach-based services), intensive outpatient, or residential programs.

- Provide recovery support services (e.g., recovery housing, peer support services, childcare, supported employment, skills training and development, and transportation services) that provide emotional and practical support to maintain client/participant remission.

    - If peer support services are provided, they should be designed with, and delivered by, individuals who have experience with the criminal justice system, have experienced an SUD or co-occurring substance use and mental disorders, and are in recovery.

- Provide family engagement opportunities (e.g., parenting classes, fatherhood programming, family-centered or relational-based therapy, etc.).

- FTDC recipients must provide specific services and supports related to the preservation of the family including, but not limited to, family counseling and family recovery support services.

- FTDC recipients must collaborate with community partners that are trained and can serve diverse populations to provide comprehensive services (e.g., child welfare agencies as referral sources and other agencies that can address the needs of children).

- Provide comprehensive case management plans that directly address risks for recidivism, as determined by validated risk assessments, and include delivery or facilitation of services to appropriate clients, including substance use and cognitive behavioral interventions, to address needs and reduce those risks. Case management should also include assisting eligible uninsured clients with applying for health insurance.

- Implement the key components of the drug court model. These key components and standards can be found in Appendix A, Appendix B, and Appendix C.

- Provide language access services (to include interpretation, translation, disability accommodations, and accessibility) to support required activities, as applicable.

Note: Five (5) additional points will be awarded to applicants that are drug courts or the government entity applying on behalf of the drug court(s) (e.g., state, county, or local government), due to the ability of drug courts and judges to directly manage grant funding and services to participants. See Attachment 12.

If an applicant is not a drug court, or the government entity applying on behalf of the drug court (e.g., state, county, or local government), they must submit in Attachment 11 a Memorandum of Understanding (MOU) with the drug court(s), signed by the applicant and the Drug Court Administrator and judge(s). The MOU must address each required component outlined below. If the MOU fails to address any of these components, your application will be screened out. The MOU's required components are as follows:

- Describes how the applicant will coordinate directly with the drug court(s) for which funding is being sought and clearly delineates the authority, responsibility, and roles of court staff and recipient staff for implementing the program goals and objectives, especially related to delivery of SUD treatment, harm reduction, and recovery support services.
- Reflects an agreement that the applicant will serve as the fiscal agent.
- Describes how the applicant and the drug court(s) will partner to ensure the collecting of performance data requirements at the three (3) points of collection.
- Describes the roles and responsibilities of the Project Director, including:
  - The Project Director is an active member of the drug court team. The minimum 0.20 FTE level of effort dedicated to the program may be paid by the court (in-kind) or through a contract with the recipient.
  - Confirmation that the Project Director meets the requirements outlined under Key Personnel.
- Addresses the overall objectives of the drug court program and affirms commitment to the implementation of the evidence-based program principles included in the National Association of Drug Court Professionals (NADCP) key components and drug court best practice standards.
- Demonstrates that the drug court(s) has/have sufficient referral sources for participants for the drug court(s) that meet the outlined client requirements so the applicant can meet the identified client target numbers.
- Only one Project Director is required. If an applicant is not a drug court, or the government entity applying on behalf of the drug court (e.g., state, county, or local government), the Project Director can either be an employee of the applicant or the court.

SAMHSA expects drug court recipients to serve a minimum of 40 clients per year (a minimum of 35 clients per year for FTDCs) if the full annual award amount is

requested. Applicants proposing to serve fewer than the minimum number of clients per year:

- Must provide a justification in Section B: Proposed Implementation Approach that details why they cannot meet the minimum expectation, and
- Should consider applying for less than the maximum award amount of up to $400,000 per year. Applicants are encouraged to apply only for the award amount which they can reasonably expend based on the activities proposed in their application, including the number of clients they propose to serve annually.

Guidelines for the Provision of Food and Drug Administration (FDA)-Approved Medications:

Applicants must provide affirmation in Attachment 9 that the treatment drug court(s) will not deny program access to any eligible client for initiating or continuing FDA-approved medications for SUD treatment.

Specifically, methadone treatment must be permitted when rendered in accordance with current federal and state methadone dispensing regulations from an opioid treatment program and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication for the treatment of the individual's opioid use disorder (OUD). Any providers of SUD services with appropriate prescriptive authority must certify their willingness to prescribe, when clinically indicated, FDA-approved medications on Drug Enforcement Administration Schedule III, IV, or V to treat opioid use disorder. This includes buprenorphine and naltrexone.

Medications available by prescription must be permitted when the following conditions are present:

- The client is receiving FDA-approved medications as part of treatment for a diagnosed Alcohol Use Disorder (AUD), OUD, or co-occurring medical or mental health condition;
- A licensed practitioner, acting within their scope of practice and license, has examined the client and determined that the medication is a medically appropriate treatment for their AUD, OUD, or co-occurring medical or mental health condition; and
- The medication was appropriately authorized or dispensed through prescription by a licensed practitioner and within the context of a patient–practitioner relationship.

Medications must be permitted to be continued for as long as the treating practitioner determines the medication is medically beneficial.

Although a judge retains judicial discretion to reduce the risk of misuse of these medications, there is no circumstance in which a drug court judge, other judicial official,

correctional supervision officer, or any other staff connected to the identified drug court can deny the use of these medications when prescribed as described above.

Operational Drug Courts:

- Funds must be used to expand access to treatment services for SUD and/or co-occurring substance use and mental disorders in existing ATDCs, FTDCs, and Adult Tribal Healing to Wellness Courts. This program is not intended to provide start-up funds to create new ATDCs, FTDCs, or Adult Tribal Healing to Wellness Courts.

- Eligible drug courts must be operational on or before April 1, 2024. "Operational" is defined as having a set of cases and seeing clients in the drug court. By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the treatment drug court(s) applying for funds or partnering, but not as the applicant, is operational, as defined above, on or before April 1, 2024.

4. ALLOWABLE ACTIVITIES

Allowable activities are not required. Applicants may propose to use funds for the following activities after ensuring that they can carry out all required activities:

- Develop and implement tobacco cessation programs, activities, and/or strategies.

- Provide training/activities that address behavioral health disparities and the social determinants of health.

- Implement efforts aligned to the award that may expand diversity, equity, inclusion, and accessibility.

- Develop and implement outreach and referral pathways that engage/target all demographic groups representative of the community.

- Assess for and respond to the needs of individuals and families served by the program who are at risk for or experiencing homelessness.

    - This could include an assessment of homelessness risk, housing status, and eligibility for federal housing programs, and collaboration with homeless services organizations and housing providers, including referral partnerships with public housing agencies and coordination with local homeless Coordinated Entry systems.

Capacity-Building Optional Allowable Activity

Capacity-building involves strengthening the ability of an organization to meet identified goals so that it can sustain or improve the delivery of services. Capacity-building

activities may include, but are not limited to, training, education, and technical assistance; expansion of partnerships; and the development of program materials. SAMHSA recognizes that you may need to implement capacity-building activities to provide or expand direct services or improve their effectiveness. In B.2 of the Project Narrative, applicants must describe the use of funds for capacity-building, such as:

- Developing partnerships with other providers for service delivery and stakeholders serving the population(s) of focus.

- Training/workforce development to help project staff gain skills necessary to utilize new computer system/management information system/electronic health records, etc. funded through this service award.

- Training/workforce development to help your staff or other providers in the community identify mental health or substance use issues or provide effective culturally and linguistically competent services consistent with the purpose of the program. (See Behavioral Health Guide for the National Standards for Culturally and Linguistically Appropriate Services (CLAS)).

5. USING EVIDENCE-BASED PRACTICES, ADAPTED, AND COMMUNITY-DEFINED EVIDENCE PRACTICES

You should use SAMHSA's funds to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus. Evidence-based practices are interventions that promote individual-level or population-level outcomes. They are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the people receiving the services. See SAMHSA's Evidence-Based Practices Resource Center and the National Network to Eliminate Disparities in Behavioral Health to identify evidence-informed and culturally appropriate mental illness and substance use prevention, treatment, and recovery practices that can be used in your project.

An ***evidence-based practice*** (EBP) is a practice that has been documented with research data to show its effectiveness. A ***culturally adapted practice*** refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values. ***Community-defined evidence practices*** (CDEPs) are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Both researchers and practitioners recognize that EBPs, culturally adapted practices, and CDEPs are essential to improving the effectiveness of treatment and prevention services. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for evidence base and appropriateness for the population of focus. If an

EBP(s) exists for the population(s) of focus and types of problems or disorders being addressed, it is expected you will use that/those EBP(s). If one does not exist but there are culturally adapted practices, CDEPs, and/or culturally promising practices that are appropriate, you may implement these interventions.

In Section C of your Project Narrative, identify the practice(s) from the above categories that are appropriate or can be adapted to meet the needs of your specific population(s) of focus. You must discuss the population(s) for which the practice(s) has (have) been shown to be effective and document that it is (they are) appropriate for your population(s) of focus. You must also address how these interventions will improve outcomes and how you will monitor and ensure fidelity to the practice. For information about monitoring fidelity, see the Fidelity Monitoring Checklist. In situations where an EBP is appropriate but requires additional culturally informed practices, discuss this in C.1.

6. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT

Data Collection/Performance Measurement

You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in Section E of the Project Narrative.

Recipients are required to report performance on the following measures:

1. Number of individuals served
2. Abstinence from substance use
3. Housing stability
4. Employment/education status
5. Social connectedness
6. Health/behavioral/social consequences
7. Access to treatment
8. Treatment(s) provided
9. Retention in treatment
10. Criminal justice involvement

FTDC recipients will also be required to collect and report data on the children of parents and other family members participating in the FTDC, as well as family functioning outcomes such as:

- Number and type of services provided to children and additional family members.
- Number of children placed in out-of-home care.
- Re-entries to out-of-home care/foster care.

- Number of children reunited with parents after being removed from the home and placed in temporary placement.

You must collect and report in SAMHSA's Performance Accountability and Reporting System (SPARS) data, using a uniform data collection tool to be provided by SAMHSA. An example of a tool is the GPRA Client Outcome Measures for Discretionary Programs. This tool collects data on program participants and the services provided during the program. Data will be collected at three points: intake to SAMHSA-funded services, 6-months post intake, and discharge from the SAMHSA-funded services. Training and technical assistance on SPARS data collection and reporting will be provided after award.

Project Performance Assessment

Recipients must periodically review their performance data to assess their progress and use this information to improve the management of the project. The project performance assessment allows recipients to determine whether their goals, objectives, and outcomes are being achieved and if changes need to be made to the project. This information is included in your Programmatic Progress Report (See Section VI.3 for a description of reporting requirements.) **This information will be included in the semi-annual progress report. See Section VI.3.**

In addition, one key part of the performance assessment is determining if your project has or will have the intended impact on behavioral health disparities. You will be expected to collect data to evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed.

For more information, see the ***Application Guide,*** *Section D* ***- Developing Goals and Measurable Objectives and*** *Section E* ***- Developing the Plan for Data Collection and Performance Measurement.***

7. OTHER EXPECTATIONS

SAMHSA Values That Promote Positive Behavioral Health

SAMHSA expects recipients to use funds to implement high-quality programs, practices, and policies that are recovery oriented, trauma informed, and equity based to improve behavioral health.[1] These are part of SAMHSA's core principles, as documented in the strategic plan.

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[1] "Behavioral health" means the promotion of mental health, resilience and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster:

- *Health*—managing one's illnesses or symptoms and making informed, healthy choices that support physical and emotional well-being;
- *Home*—having a stable and safe place to live;
- *Purpose*—conducting meaningful daily activities, such as a job or school; and
- *Community*—having supportive relationships with families, friends, and peers.

Recovery-oriented systems of care embrace recovery as:

- emerging from hope;
- person-driven, occurring via many pathways;
- holistic, supported by peers and allies;
- culturally based and informed;
- supported through relationships and social networks;
- involving individual, family, and community strengths and responsibilities;
- supported by addressing trauma; and based on respect.

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. SAMHSA defines a trauma-informed approach through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer Support:* peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and using lived experience to promote recovery and healing;
- *Trustworthiness and Transparency*: organizational decisions are conducted to build and maintain trust with participants and staff;
- *Collaboration and Mutuality:* importance is placed on partnering and leveling power differences between staff and service participants;
- *Cultural, Historical, and Gender Issues*: culture- and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice, and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[2]

[2] https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

It is critical for recipients to promote the linkage to recovery and resilience for individuals and families affected by trauma.

Behavioral health equity is the right to access high-quality and affordable healthcare services and supports for all populations, regardless of the individual's race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location. By improving access to behavioral health care, promoting quality behavioral health programs and practices, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high-quality services, behavioral health disparities can be further reduced by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

Behavioral Health Disparities

If your application is funded, you must submit a Behavioral Health Disparity Impact Statement (DIS) no later than 60 days after award. *See Section G of the Application Guide*. Progress and evaluation of DIS activities must be reported in annual progress reports (see Section VI.3 Reporting Requirements).

The DIS is a data-driven, quality improvement approach to advance equity for all. It is used to identify underserved and historically under-resourced populations at the highest risk for experiencing behavioral health disparities. The purpose of the DIS is to create greater inclusion of underserved populations in SAMHSA's grants.

The DIS aligns with the expectations related to Executive Order 13985.

Language Access Provision

Per Title VI of the Civil Rights Act of 1964, recipients of federal financial assistance must take reasonable steps to make their programs, services, and activities accessible to eligible persons with limited English proficiency. Recipients must administer their programs in compliance with federal civil rights laws that prohibit discrimination based on race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). (**See the Application Guide *Section J - Administrative and National Policy Requirements***)

Tribal Behavioral Health Agenda

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board, developed the National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies their application addresses.

Tobacco and Nicotine-free Policy

You are encouraged to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except accepted tribal traditions and practices).

Reimbursements for the Provision of Services

Recipients must first use revenue from third-party payments (such as Medicare or Medicaid) from providing services to pay for uninsured or underinsured individuals. Recipients must implement policies and procedures that ensure other sources of funding (such as Medicare, Medicaid, private insurance, etc.) are used first when available for that individual. Grant award funds for payment of services may be used for individuals who are not covered by public or other health insurance programs. Each recipient must have policies and procedures in place to determine affordability and insurance coverage for individuals seeking services. Program income revenue generated from providing services must first be used to pay for programmatic expenses related to the proposed grant activities.

Recipients must also assist eligible uninsured clients with applying for health insurance. If appropriate, consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services).

Inclusion of People with Lived Experience Policy

SAMHSA recognizes that people with lived experience are fundamental to improving mental health and substance use services and should be meaningfully involved in the planning, delivery, administration, evaluation, and policy development of services and supports to improve processes and outcomes.

Behavioral Health for Military Service Members and Veterans

Recipients are encouraged to address the behavioral health needs of active-duty military service members, national guard and reserve service members, returning veterans, and military families in designing and implementing their programs.

Behavioral Health for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Intersex (LGBTQI+) Individuals

In line with the Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals and the behavioral health disparities that the LGBTQI+ population face, all recipients are encouraged to address the behavioral health needs of this population in designing and implementing their programs.

Behavioral Health Crisis and Suicide Prevention

Recipients are encouraged to develop policies and procedures that identify individuals at risk of suicide/crisis; and utilize or promote SAMHSA national resources, such as the 988 Suicide & Crisis Lifeline, SAMHSA Helpline/Treatment Locator, and FindSupport.gov.

8. RECIPIENT MEETINGS

SAMHSA will hold an in-person meeting annually. You must send a minimum of one staff member, the Project Director, but may send up to five staff directly related to the implementation of the drug court (e.g., judge, clinical staff, project coordinator, peer mentors, prosecuting/defense attorney, evaluator) to these recipient meetings. For this cohort, recipient meetings will be held each year of the award. You must submit a detailed budget and narrative for this travel. For planning purposes, these meetings are usually held in the Washington, D.C., metropolitan area for **3.5** days. These meetings are usually held in conjunction with the "All RISE" annual conference. If SAMHSA elects to hold a virtual meeting, budget revisions may be permitted.

II. FEDERAL AWARD INFORMATION

1. GENERAL INFORMATION

Funding Mechanism:	Grant Award
Estimated Total Available Funding:	$24,400,000
Estimated Number of Awards:	Up to 61 awards.
	At least 3 awards will be made to Adult Tribal Healing to Wellness Courts, and at least 12 awards will be made to FTDCs, pending sufficient application volume.
Estimated Award Amount:	Up to $400,000 per year, inclusive of indirect costs
Length of Project Period:	Up to 5 years
Anticipated Start Date	September 30, 2024

Your annual budget cannot be more than $400,000 in total costs (direct and indirect) in any year of the project. Annual continuation awards will depend on the availability of funds, progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2024 appropriation. Funding amounts are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are states and territories (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of states (local governments), drug courts, Indian tribes, or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or community- and faith-based organizations, or other public or private nonprofit entities.

All nonprofit entities must provide documentation of their nonprofit status in Attachment 8 of your application.

Eligible Adult Treatment Drug Court (ATDC) models include Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Treatment Courts, Reentry Courts, Recovery Courts, and Municipal Courts using the problem-solving model. Adult Tribal Healing to Wellness Courts (ATHWC) and Family Treatment Drug Courts (FTDC) are eligible to apply.

Recipients who received funding in FY 2020, FY 2021, FY 2022, or FY 2023 under Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts (TI-20-003, TI-22-010, or TI-23-007) are not eligible to apply for this funding opportunity.

It is allowable to apply on behalf of one or more drug courts (ATDC, Adult Tribal Healing to Wellness Courts, or FTDC) either through a single application or several applications. When an eligible entity applies on behalf of multiple drug courts, the applicant is the award recipient and the entity responsible for satisfying the grant requirements. See Section III.3 below for more information.

Note: Five (5) additional points will be awarded to applicants that are drug courts or the government entity applying on behalf of the drug court(s) (e.g., state, county, or local government), due to the ability of drug courts and judges to directly manage grant funding and services to participants. See Attachment 12.

For general information on eligibility for federal awards, see https://www.grants.gov/learn-grants/grant-eligibility.

2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

3. OTHER REQUIREMENTS

An organization may submit more than one application; however, each application must focus on a different population of focus or a different geographic/catchment area(s).

When the applicant is not the drug court, or multiple drug courts are included in a single application, Letters of Commitment from each ATDC, Adult Tribal Healing to Wellness Courts, or FTDC judge must be included in **Attachment 9,** stating they intend to meet the award reporting requirements.

Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able to provide the required services quickly and effectively. Applicants are encouraged to include appropriately credentialed organizations that provide services to underserved, diverse populations. All required activities must be provided by applicants directly, by subrecipients, or through referrals to partner agencies. In **Attachment 1**, applicants must submit evidence that three additional requirements related to the provision of services have been met.

The three requirements are:

1. A provider organization for direct client mental health/substance use disorder treatment and recovery support services appropriate to the award must be involved in the project. The provider may be the applicant or another organization committed to the project as demonstrated by a Letter of Commitment (LOC). More than one provider organization may be involved.

2. Each mental health/substance use disorder treatment organization (which may include the applicant and any partners) must have at least two years of experience (as of the due date of the application) providing relevant services. Official documents must establish that the organization has provided relevant services for the last two years.

3. Each mental health/substance use disorder treatment provider organization must be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The above requirements apply to all service provider organizations. If the state licensure requirements are not met by the organization, an individual's license cannot be used instead of the state requirement. Eligible tribes and tribal organization mental health/substance use disorder prevention, treatment, and recovery support providers must be in compliance with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. In Attachment 1, you must include a statement certifying that the service provider organizations meet these requirements.

Following the review of your application, if the score is in the fundable range, the Government Project Officer (GPO) may request that you submit additional documentation or verify that the documentation submitted is complete. **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

The application forms package can be found at Grants.gov Workspace or eRA ASSIST. Due to potential difficulties with internet access, SAMHSA understands that applicants may need to request paper copies of materials, including forms and required documents. See *Section A of the Application Guide* for more information on obtaining an application package.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

REQUIRED APPLICATION COMPONENTS:

You must submit the standard and supporting documents outlined below and in *Section A - 2.2 of the Application Guide (Required Application Components).* All files uploaded must be in Adobe PDF file format. See *Section B of the Application Guide* for formatting and validation requirements.

SAMHSA will not accept paper applications except under special circumstances. If you need special consideration, the waiver of this requirement must be approved in advance. See *Section A - 3.2 of the Application Guide (Waiver from Electronic Submission).*

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line 4** (Applicant Identifier), enter the eRA Commons Username of the PD/PI.
  - In **Line 8f**, enter the name and contact information of the Project Director identified in the budget and in Line 4 (eRA Commons Username).
  - In **Line 17** (Proposed Project Date) enter: a. Start Date: 9/30/2024; b. End Date: 9/29/2029.

- **In Line 18** (Estimated Funding), enter the amount requested or to be contributed for the first budget/funding period only by each contributor.
- **Line 21** is the authorized official and should not be the same individual as the Project Director in Line 8f.

  It is recommended new applicants review the sample of a completed SF-424.

- **SF-424A BUDGET INFORMATION FORM –** Fill out all Sections of the SF-424A using the instructions below. **The totals in Sections A, B, and D must match.**

  - **Section A –** Budget Summary: If cost sharing/match is **not required,** use the first row only (Line 1) to report the total federal funds (e) and nonfederal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required,** use the **second row** (Line 2) to report the total nonfederal funds (f) for the **first year** of your project only.

  - **Section B –** Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match **is required,** use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.

  - **Section C –** If cost sharing/match is **not required,** leave this section blank. If cost sharing/match **is required,** use the second row (line 9) to report nonfederal match for the **first year** only.

  - **Section D –** Forecasted Cash Needs: Enter the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **nonfederal** funds.

  - **Section E –** Budget Estimates of Federal Funds Needed for the Balance of the Project: Enter the total funds requested for the out years (e.g., Year 2, Year 3, Year 4, and Year 5). For example, if funds are being requested for five years total, enter the requested budget amount for each budget period in columns b, c, d, and e (i.e., 4 out years) — (b) First column is the budget for the second budget period; (c) Second column is the budget for the third budget period; (d) Third column is the budget for the fourth budget period; (e) Fourth column is the budget for the fifth budget period. Use Line 16 for federal funds and Line 17 for nonfederal funds.

See *Section B of the Application Guide* to review common errors in completing the SF-424 and the SF-424A. These errors will prevent your application from being successfully submitted.

See instructions on completing the SF-424A form at: Sample SF-424A (No Match Required).

It is highly recommended you use the Budget Template on the SAMHSA website.

- **PROJECT NARRATIVE – (Maximum 10 pages total)**

  The Project Narrative describes your project. It consists of Sections A through E. (Remember that if your Project Narrative starts on page 5 and ends on page 15, it is 11 pages long, not 10 pages.) Instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information.

- **BUDGET JUSTIFICATION AND NARRATIVE**

  You must submit the budget justification and narrative as a file entitled "BNF" (Budget Narrative Form). (*See Section A – 2.2 of the Application Guide - Required Application Components*.)

- **ATTACHMENTS 1 THROUGH 12**

  Except for Attachment 4 (Project Timeline), do not include any attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider these attachments.

  To upload the attachments, use the:
    - Other Attachment Form, if applying with the Grants.gov Workspace.
    - Other Narrative Attachments, if applying with eRA ASSIST.

  - ***Attachment 1: Letters of Commitment/Service Providers/Evidence of Experience and Credentials***
    1. Identification of at least one experienced, credentialed SUD/co-occurring mental health treatment provider organization.
    2. A list of all direct service provider organizations that will partner in the project, including the applicant agency, if it is a service provider organization.
    3. Letters of Commitment from these direct service provider organizations; **(Do not include any letters of support. Reviewers will not consider them.)** A letter of support describes general support of the project, while a Letter of Commitment outlines the specific contributions an organization will make in the project.)
    4. Statement of Certification — You must provide a written statement certifying that all partnering service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements.

- ***Attachment 2: Data Collection Instruments/Interview Protocols***
  You do not need to include standardized data collection instruments/interview protocols in your application. If the data collection instrument(s) or interview protocol(s) is/are not standardized, submit a copy. Provide a publicly available web link to the appropriate instrument/protocol.

- ***Attachment 3: Sample Consent Forms***

  Include, as appropriate, informed consent forms for:
  - service intervention;
  - exchange of information, such as for releasing or requesting confidential information.

- ***Attachment 4: Project Timeline***
  Reviewers will assess this attachment when scoring Section B of your Project Narrative. The timeline cannot be more than two pages. See instructions in Section V, B.3.

- ***Attachment 5: Biographical Sketches and Position Descriptions***
  See *Section F of the Application Guide, Biographical Sketches and Position Descriptions,* for information on completing biographical sketches and position descriptions. Position descriptions should be no longer than one page each, and biographical sketches should be two pages in total.

- ***Attachment 6: Letter to the State Point of Contact***
  Review information in Section IV.6, and see *Section I of the Application Guide (Intergovernmental Review)* for detailed information on E.O. 12372 requirements to determine if this applies.

- ***Attachment 7: Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines***
  This **required** attachment is in response to *Section C of the Application Guide,* and reviewers will assess the response.

- ***Attachment 8: Documentation of Nonprofit Status***
  Proof of nonprofit status must be submitted by private nonprofit organizations. Any of the following is acceptable evidence of nonprofit status:
  - A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations, as described in section 501(c)(3) of the IRS Code.
  - A copy of a current and valid Internal Revenue Service tax exemption certificate.

- A statement from a state taxing body, State Attorney General, or other appropriate state official certifying the applicant organization has nonprofit status.
- A certified copy of the applicant organization's certificate of incorporation or similar document that establishes nonprofit status.
- Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

- ***Attachment 9: Judicial Letter of Commitment/Certification:*** Applicants must submit Letters of Commitment from each partnering/collaborating ATDC, Adult Tribal Healing to Wellness Courts, and/or FTDC judge(s), stating they intend to meet the award requirements, including reporting requirements and the use of medications for SUDs. The letters must specify that the drug court judge(s) will not: 1) deny any appropriate and eligible client for the adult treatment drug court access to the program because of their use of FDA-approved medications to treat an SUD (e.g., methadone, injectable naltrexone, noninjectable naltrexone, disulfiram, acamprosate calcium, buprenorphine, etc.) that was appropriately authorized through prescription by a licensed practitioner; and 2) mandate that a drug court client no longer take medications as part of the conditions of the drug court, if such a mandate is inconsistent with a practitioner's recommendation or prescription.

- ***Attachment 10: Form SMA 170* – *Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.*** You must complete Form SMA 170 if your project is providing substance use prevention or treatment services.

- ***Attachment 11: Required MOU for Non-Drug Courts*** - When the applicant is not a drug court, or the government entity applying on behalf of the drug court (e.g., state, county, or local government), the applicant **must** submit a Memorandum of Understanding (MOU) with the drug court(s) that addresses the MOU requirements listed below. If the MOU does not fully address each required MOU component outlined below, the application will be screened out and not be reviewed.

- The MOU with the drug court(s) is required to be signed by the applicant, the Drug Court Administrator, and judge(s) and:
  - Describes how the applicant will coordinate directly with the drug court(s) for which funding is being sought and clearly delineate the authority, responsibility, and roles of court staff and grant recipient staff for implementing the program goals and objectives, especially related to delivery of SUD treatment, harm reduction, and recovery support services.
  - Reflects an agreement that the applicant will serve as the fiscal agent.

    - Describes how the applicant and the drug court(s) will partner to ensure the collecting of performance data requirements at the three (3) points of collection.
    - Describes the roles and responsibilities of the Project Director, including:
        - That the Project Director is an active member of the drug court team. The minimum 0.20 FTE level of effort dedicated to the grant program may be paid by the court (in-kind) or through contract with the grant recipient.
        - Confirmation that the Project Director meets the requirements outlined under Key Personnel.
    - Addresses the overall objectives of the drug court program and affirms commitment to the implementation of the evidence-based program principles included in the National Association of Drug Court Professionals (NADCP) key components and drug court best practice standards.
    - Demonstrates that the drug court(s) has/have sufficient referral sources for participants for the drug court(s) that meet the outlined client requirements so the applicant can meet the identified client target numbers.

- ***Attachment 12: Certification of Applicant Drug Court Status***
  A letter certifying the applicant is either the drug court or the government entity applying on behalf of the drug court (e.g., state, county, or local government) is acceptable as documentation for the application. The letter must be submitted by drug court judge(s) and/or administrator(s).

3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

Section A of the Application Guide has information about the three registration processes you must complete, including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must maintain an active SAM registration throughout the time your organization has an active federal award or an application under consideration by an agency. This does not apply if you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110.

4. APPLICATION SUBMISSION REQUIREMENTS

Submit your application no later than 11:59 PM (Eastern Time) **April 1, 2024**. If you are submitting more than one application, the project title should be different for each application.

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. Refer to *Section A of the Application Guide* for information on how to apply.

All applicants MUST be registered with NIH's eRA Commons, Grants.gov, and the System for Award Management (**SAM.gov**) **in order to submit this application.** The process could take up to 6 weeks**.** (See *Section A of the Application Guide* for all registration requirements).

If an applicant is not currently registered with the eRA Commons, Grants.gov, and/or SAM.gov, the registration process MUST be started immediately. If an applicant is already registered in these systems, confirm the SAM registration is still active and the Grants.gov and eRA Commons accounts can be accessed.

WARNING: BY THE DEADLINE FOR THIS NOFO, THE FOLLOWING TASKS MUST BE COMPLETED TO SUBMIT AN APPLICATION:

- **The applicant organization MUST be registered in NIH's eRA Commons;**

  AND

- **The Project Director MUST have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.**

No exceptions will be made.

DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. Waiting until the last minute may result in the application not being received without errors by the deadline.

5. FUNDING LIMITATIONS/RESTRICTIONS

The funding restrictions for this project must be identified in your budget for the following:

- Food can be included as a necessary expense[3] for individuals receiving SAMHSA-funded mental and/or substance use disorder treatment services, not to exceed $10.00 per person per day.
- Recovery housing is an allowable cost. Funds may not be used to pay for nonrecovery housing, housing application fees, or housing security deposits.

[3] Appropriated funds can be used for an expenditure that bears a logical relationship to the specific program, makes a direct contribution, and be reasonably necessary to accomplish specific program outcomes established in the grant award or cooperative agreement. The expenditure cannot be justified merely because of some social purpose and must be more than merely desirable or even important. The expenditure must neither be prohibited by law nor provided for through other appropriated funding.

You must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in *Section H* of the Application Guide.

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

All SAMHSA programs are covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See the Application Guide, *Section I* - *Intergovernmental Review* - for additional information on these requirements as well as requirements for the Public Health System Impact Statement (PHSIS).

7. OTHER SUBMISSION REQUIREMENTS

See *Section A of the Application Guide* for specific information about submitting the application.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes your plan for implementing the project. It includes the Evaluation Criteria in Sections A–E below. The application will be reviewed and scored according to your response to the evaluation criteria.

In developing the Project Narrative, use these instructions:

- The Project Narrative (Sections A–E) may be no longer than **10 pages**.
- You must use the five sections/headings listed below in developing your Project Narrative.
- **Before the response to each criterion, you must indicate the section letter and number** (**i.e**., **"A.1," "A.2," etc.).** You do not need to type the full criterion in each section.
- Do not combine two or more criteria or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Reviewers will only consider information included in the appropriate numbered criterion.**
- Your application will be scored based on how well you address the criteria in each section.

- The number of points after each heading is the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual criterion, each criterion is assessed in determining the overall section score.

- Any cost-sharing in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

SECTION A: Population of Focus and Statement of Need (10 points – approximately 1 page)

1. Identify and describe your population(s) of focus and the geographic catchment area where you will deliver services that align with the intended population of focus. Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.

2. Describe the extent of the problem in the catchment area, including service gaps and disparities experienced by underserved and historically under-resourced populations. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in A.1. Identify the source of the data (for example, the National Survey on Drug Use and Health (NSDUH), County Health Rankings, Social Vulnerability Index, etc.).

SECTION B: Proposed Implementation Approach (30 points – approximately 5 pages, not including Attachment 4 – Project Timeline)

1. Describe the goals and measurable objectives of your project, and align them with the Statement of Need described in A.2. (See the Application Guide, *Section D - Developing Goals and Measurable Objectives*) for information of how to write SMART objectives – Specific, Measurable, Achievable, Relevant, and Time-bound). Provide the following table:

Number of Unduplicated Individuals to be Served with Award Funds					
Year 1	Year 2	Year 3	Year 4	Year 5	Total

NOTE: If you are proposing to serve fewer than the minimum of 40 clients per year (a minimum of 35 clients per year for FTDCs) and you are requesting the full funding amount, you must provide a justification that explains why you are unable to meet the minimum expectation for clients to be served.

2. Describe how you will implement all Required Activities in Section I. If funds will be used for capacity-building, describe how those funds will be used.

   NOTE: You must describe how you will meet the key components of the drug court model(s) for which you are proposing to expand treatment for SUDs, co-occurring substance use and mental disorders, harm reduction, and recovery support services. (If an applicant is not the drug court, follow MOU guidance in Attachment 11.)

3. In **Attachment 4**, provide no more than a two-page chart or graph depicting a realistic timeline for the entire **five (5)** years of the project period, showing dates, key activities, and responsible staff. The key activities must include the required activities outlined in Section I. [**NOTE**: Be sure to show that the project can be implemented, and service delivery can begin as soon as possible, and no later than **four months** after the award. **The timeline does not count towards the page limit for the Program Narrative.]**

SECTION C: Proposed Evidence-based, Adapted, or Community-Defined Evidence Service/Practices (25 points — approximately 2 pages)

1. Identify the EBPs, culturally adapted practices, or CDEPs that you will use. Discuss how each intervention chosen is appropriate for your population(s) of focus and the intended outcomes you will achieve. Describe any modifications (e.g., cultural) you will make to the EBP(s)/CDEP(s) and the reasons the modifications are necessary. If you are not proposing to make any modifications, indicate so in your response.

2. Describe the monitoring process you will use to ensure the fidelity of the EBPs/CDEP(s), evidence-informed and/or promising practices that will be implemented. (See information on fidelity monitoring in Section I.5.)

SECTION D: Staff and Organizational Experience (Up to 20 points – approximately 1 page)

Note: Five (5) additional points will be awarded to applicants that are drug courts or the government entity applying on behalf of the drug court(s) (e.g., state, county, or local government).

1. Demonstrate the experience of your organization with similar projects and/or providing services to the population(s) of focus, including underserved and historically under-resourced populations. **NOTE**: To receive the five (5) additional points, applicants must submit the letter of certification in **Attachment 12**.

2. Identify other organization(s) that you will partner with in the project. Describe their experience providing services to the population(s) of focus and their specific roles and responsibilities for this project. Describe the diversity of partnerships. If

applicable, include Letters of Commitment from each partner in **Attachment 1.** If you are not partnering with any other organization(s), indicate so in your response.

3. Provide a complete list of staff positions for the project, including the Key Personnel (Project Director) and other significant personnel. For each staff member, describe their:
   - Role;
   - Level of Effort (stated as a percentage of full-time employment, such as 1.0 (full-time) or 0.5 (half-time), and not number of hours); and
   - Qualifications, including their experience providing services to the population of focus, familiarity with the culture(s) and language(s) of this population, and working with underserved and historically under-resourced populations.

SECTION E: Data Collection and Performance Measurement (15 points – approximately 1 page)

1. Describe how you will collect the required data for this program and how such data will be used to manage, monitor, and enhance the program (See the *Application Guide, Section E – Developing the Plan for Data Collection and Performance Measurement*).

2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (Other federal and nonfederal sources)

You must provide a narrative justification of the items included in your budget. In addition, if applicable, you must provide a description of existing resources and other support you expect to receive for the project as a result of cost matching. Other support is defined as funds or resources, nonfederal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or nonfederal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs (e.g., sporting events, entertainment).

See the *Application Guide, Section K - Budget and Justification* - for information on the SAMHSA Budget Template. **It is highly recommended that you use the template.** Your budget must reflect the funding limitations/restrictions noted in Section IV-5. **Identify the items associated with these costs in your budget**.

3. REVIEW AND SELECTION PROCESS

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

Award decisions are based on the strengths and weaknesses of your application as identified by peer reviewers. Note the peer review results are advisory, and there are other factors SAMHSA might consider when making awards.

The program office and approving official make the final decision for funding based on the following:

- Approval by the Center for Substance Abuse Treatment National Advisory Council (NAC), when the individual award is over $250,000.

- Recipients who received funding in FY 2020, FY 2021, FY 2022, or FY 2023 under Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts (TI-20-003, TI-22-010, or TI-23-007) are not eligible to apply for this funding opportunity.

- Availability of funds.

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

- SAMHSA may select awards for funding that best reach underserved communities and/or populations.

- At least 3 awards will be made to tribes/tribal organizations, and at least 12 awards will be made to FTDCs, pending sufficient application volume from these groups.

- Submission of any required documentation that must be received prior to making an award.

- SAMHSA is required to review and consider any Responsibility/Qualification (R/Q) information about your organization in SAM.gov. In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). You may include in your proposal any comments on any information entered into the R/Q section in SAM.gov about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in R/Q, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR 75.205, HHS Awarding Agency Review of Risk Posed by Applicants.

VI. FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

You will receive an email from eRA Commons that will describe how you can access the results of the review of your application, including the score that your application received.

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the Signing Official identified on page 3 of the SF-424 (Authorized Representative section); and 2) the Project Director identified on page 1 of the SF-424 (8f). The NoA is the sole obligating document that allows recipients to receive federal funding for the project.

If your application is not funded, an email will be sent from eRA Commons.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

If your application is funded, you must comply with all terms and conditions of the NoA. See information on standard terms and conditions. See the Application Guide, *Section J - Administrative and National Policy Requirements* - for specific information about these requirements. You must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS 690). To learn more, see the HHS Office of Civil Rights website.

In addition, if you receive an award, HHS may terminate it if any of the conditions in CFR § 200.340 (a)(1)-(4) are met. No other termination conditions apply.

3. REPORTING REQUIREMENTS

Recipients are required to submit semi-annual Programmatic Progress Reports (at 6 months and 12 months). The six-month report is due no later than 30 days after the end of the second quarter. The annual progress report is due within 90 days of the end of each budget period.

The report must discuss:

- Updates on key personnel, budget, or project changes (as applicable).
- Progress achieving goals and objectives and implementing evaluation activities.
- Progress implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- Problems encountered serving the populations of focus and efforts to overcome them.
- Progress and efforts made to achieve the goal(s) of the DIS, including qualitative and quantitative data and any updates, changes, or adjustments as part of a quality improvement plan.

You must submit a final performance report within 120 days after the end of the project period. This report must be cumulative and include all activities during the entire project period.

Management of Award:

Recipients must also comply with standard award management reporting requirements, unless otherwise noted in the NOFO or NoA.

VII. AGENCY CONTACTS

For program and eligibility questions, contact:

Jon Berg
Center for Substance Abuse Treatment
Division of Service Improvement
Substance Abuse and Mental Health Services Administration
(240) 276-1609
TreatmentDrugCourts@samhsa.hhs.gov

For fiscal/budget questions, contact:

Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
(240) 276-1940
FOACSAT@samhsa.hhs.gov

For review process and application status questions, contact:

Gabriela Porter
Office of Financial Resources, Division of Grant Review
Substance Abuse and Mental Health Services Administration
(240) 276-1675
gabriela.porter@samhsa.hhs.gov

Appendix A – Adult Drug Court Model Key Components and Best Practice Standards

The purpose of this program is to expand SUD treatment services in existing adult problem-solving courts which use the treatment drug court model to provide SUD treatment (including screening, assessment, case management, program coordination, and recovery support services) to individuals involved in the criminal justice system. Eligible adult drug court models include Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Treatment Courts, Reentry Courts, and Municipal Courts using the problem-solving model. Effective treatment drug courts have several well-defined elements, and all applicants must address the appropriate components for the model for which they are applying to ensure that these elements are incorporated into their drug court model or approach. Applicants are encouraged to visit the following websites for more information on the 10 Key Components of Drug Courts and the Best Practice Standards for the adult drug court models eligible for this grant program:

Adult Drug Courts, Co-Occurring Drug and Mental Health Courts, and Municipal Courts:

- Adult drug courts, co-occurring courts, and municipal courts must demonstrate how they address the "The Key Components."

DWI/DUI Courts:

- DUI/DWI drug courts must demonstrate how they address "The Guiding Principles of DWI Courts."

Veterans Treatment Courts:

- Veterans Treatment Courts must demonstrate how they address the "Veterans Treatment Court Ten Key Components."

Drug Court Standards

Over the past three decades, hundreds of evaluations of drug courts have been conducted that have demonstrated their effectiveness, as well as five meta-analyses of study findings, making drug courts one of the most rigorously tested and evaluated programs in the criminal justice field. Over the past several years, the NADCP/All RISE identified 10 best practice standards for adult drug courts. These standards are based on the expansive body of research spanning nearly 20 years that represents best practices in SUD, pharmacology, behavioral health treatment, and criminal justice, that, if integrated into practice, will optimize drug court operations. In support of this optimization of drug courts, SAMHSA strongly encourages applicants, and

particularly applications proposing to enhance existing drug courts, to design their proposed programs with the intention of moving toward the full incorporation of NADCP/ALL RISE's **Adult Drug Court Best Practice Standards**, Volumes One and Two, which represent the most current evidence-based principles and practices. The standards are as follows:

Standard 1: Target Population
Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence- based assessment tools and procedures.

Standard 2: Historically Disadvantaged Groups
Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.

Standard 3: Roles and Responsibility of the Judge
The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.

Standard 4: Incentives, Sanctions, and Therapeutic Adjustments
Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.

Standard 5: SUD Treatment
Participants receive SUD treatment based on a standardized assessment of their treatment needs. SUD treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

Standard 6: Complementary Treatment and Social Services
Participants receive complementary treatment and social services for conditions that co-occur with SUD and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.

Standard 7: Drug and Alcohol Testing
Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.

Standard 8: Multidisciplinary Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment, and supervision services.

Standard 9: Census and Caseloads

The Drug Court serves as many eligible individuals as practicable, while maintaining continuous fidelity to best practice standards.

Standard 10: Monitoring and Evaluation

The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.
The standards represent the cumulative body of the most current evidence-based practices available to drug courts to effectively operationalize the drug court 10 key components listed below.

Appendix B – Tribal Healing to Wellness Court Model Key Components

The purpose of this program is to expand SUD treatment services in existing adult problem-solving courts that use the adult drug court model, to provide SUD treatment (including screening, assessment, case management, program coordination, and recovery support services) to individuals involved in the criminal justice system. Adult Tribal Healing to Wellness Courts are an eligible drug court model. Tribal Healing to Wellness Courts have several well-defined elements, and all applicants must address the appropriate components for this model to ensure that these elements are incorporated into their drug court model or program approach.

The Ten Components of Tribal Wellness to Healing Courts are:

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

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

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

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

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

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

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

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

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

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

Tribal Healing to Wellness Courts must demonstrate how they address the Key Components of Tribal Wellness to Healing Courts. Applicants are encouraged to visit the following website for more information on the key components: http://www.ncjrs.gov/pdffiles1/bja/188154.pdf.

Appendix C – Family Treatment Court Best Practice Standards

The purpose of this program is to expand SUD treatment services in existing adult problem-solving courts, which use the treatment drug court model to provide SUD treatment (including screening, assessment, case management, program coordination, and recovery support services) to individuals involved in the criminal justice system. The Family Treatment Drug Court is an eligible adult drug court model. Effective Family Treatment Drug Courts have several well-defined elements, and all applicants must address the appropriate components for this model to ensure that these elements are incorporated into their drug court model or program approach.

The Family Treatment Court Best Practice Standards were published in 2019. Children and Family Futures partnered with the National Association of Drug Court Professionals (NADCP/ALL RISE) to publish the Family Treatment Court Best Practice Standards. Supported by the Office of Juvenile Justice and Delinquency Prevention, these best practices represent 30 years of rigorous research and rich practice experience. Not only do they serve as an invaluable resource to family treatment courts, but the document also benefits all treatment courts by providing guidance on how to best serve children and families involved in the justice system. The eight Family Treatment Court Best Practice Standards provide clear practice mandates to improve outcomes for children, parents, and families. For the complete description of the standards, please visit: Family Treatment Court Best Practice Standards.

Family drug courts are expected to follow these standards:

- **Organization and Structure** – The family treatment court (FTC) has agreed-upon structural and organizational principles that are supported by research and based on evidence-informed policies, programs, and practices. The core programmatic components, day-to-day operations, and oversight structures are defined and documented in the FTC policy and procedure manual, participant handbook, and memoranda of understanding (MOUs).

- **Role of the Judge** – Judicial leadership is critical to the effective planning and operation of the family treatment court (FTC). The FTC judge works collectively with leaders of partner agencies and other stakeholders to establish clear roles and a shared mission and vision. He or she has the unique ability to engage the leaders and stakeholders in the development, implementation, and ongoing operations of the FTC. The judge is a vital part of the operational team, convening meetings that encourage team members to identify shared values, voice concerns, and find common ground. Additionally, the judge's development of rapport with participants is among the most important components of the FTC.

- **Ensuring Equity and Inclusion** – Family treatment court (FTC) has an affirmative obligation to consistently assess its operations and those of partner organizations for policies or procedures that could contribute to disproportionality and disparities among historically marginalized and other underserved groups. The FTC actively

collects and analyzes program and partner organization data to determine if disproportionality or disparities exist in the program; if so, the FTC implements corrective measures to eliminate them.

- **Early Identification, Screening, and Assessment** – The process of early identification, screening, and assessment provides the greatest opportunity to fully meet the comprehensive needs of children, parents, and families affected by SUDs that come to the attention of the child welfare system. Family treatment court (FTC) team members and partner agencies screen and assess all referred families using objective eligibility and exclusion criteria based on the best available evidence indicating which families can be served safely and effectively in the FTC. Team members use validated assessment tools and procedures to promptly refer children, parents, and families to the appropriate services and levels of care. They conduct ongoing validated assessments of children, parents, and families while also addressing barriers to recovery and reunification throughout the case. Service referrals match identified needs and connect children, parents, and family members to evidence-based interventions, promising programs, and trauma-informed, culturally responsive, and family-centered practices. FTC team members take on varying roles for this process to occur in a timely and efficient manner.

- **Timely, High-Quality, and Appropriate SUD Treatment** – SUD treatment is provided to meet the individual and unique substance-related clinical and supportive needs of persons with SUDs. For participants in family treatment court (FTC), it is important that the SUD treatment agency or clinician provide services in the context of the participants' family relationships, particularly the parent–child dyad, and understand the importance of and responsibility for ensuring child safety within the Adoption and Safe Families Act timeline for child permanency. A treatment provider's continuum of services includes early identification, screening, and brief intervention; comprehensive standardized assessment; stabilization; appropriate, manualized, evidence-based treatment, including medications, if warranted; ongoing communication with the FTC team; and continuing care. The parent, child, and family treatment plan is based on individualized and assessed needs and strengths and is provided in a timely manner including concurrent treatment of mental health and physical health.

- **Comprehensive Case Management, Services, and Supports for Families** – Family treatment court (FTC) ensures that children, parents, and family members receive comprehensive services that meet their assessed needs and promotes sustained family safety, permanency, recovery, and well-being. In addition to high-quality substance use and co-occurring mental health disorder treatment, the FTC's family-centered service array includes other clinical treatment and related clinical and community support services. These services are trauma responsive, include family members as active participants, and are grounded in cross-systems collaboration and evidence-based or evidence-informed practices implemented with fidelity.

- **Therapeutic Responses to Behavior** – The family treatment court (FTC) operational team applies therapeutic responses (e.g., child safety interventions, treatment adjustments, complementary service modifications, incentives, sanctions) to improve parent, child, and family functioning; ensure children's safety, permanency, and well-being; support participant behavior change; and promote participant accountability. The FTC recognizes the biopsychosocial and behavioral complexities of supporting participants through behavior change to achieve sustainable recovery, stable reunification, and resolution of the child welfare case. When responding to participant behavior, the FTC team considers the cause of the behavior as well as the effect of the therapeutic response on the participant, the participant's children and family, and the participant's engagement in treatment and supportive services.

- **Monitoring and Evaluation** – The family treatment court (FTC) collects and reviews data to monitor participant progress, engage in a process of continuous quality improvement, monitor adherence to best practice standards, and evaluate outcomes using scientifically reliable and valid procedures. The FTC establishes performance measures for shared accountability across systems, encourages data quality, and fosters the exchange of data and evaluation results with multiple stakeholders. The FTC uses this information to improve policies and practices, in addition to monitoring the strengths and limitations of various service components. Evaluation results and data are also critical components of effective stakeholder outreach and sustainability helping the FTC "tell its story" of success and needs.