

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

COVER SHEET

1. Name of Accountability Court _____

2. Name of Judicial Circuit _____

3. Name of person filling out this application: _____

Your email address: _____

Your daytime phone number: _____

4. Type of Accountability Court. Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Adult Felony Drug Court | <input type="checkbox"/> DUI Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Misdemeanor Court |
| <input type="checkbox"/> Veteran's Court (please also select either drug court or mental health court) | <input type="checkbox"/> Family Dependency Treatment Court |
| | <input type="checkbox"/> Juvenile Drug Court |
| | <input type="checkbox"/> Juvenile Mental Health Court |

5. Is this a new court or an existing court ?

FY'15 Total Budget Request
(this will autofill once you complete your budget on pages 15-21)

Request Area	Amount Requested	Matching Funds
Personnel		
Contract Personnel		
Drug Tests/Testing Supplies		
Equipment		
Supplies		
Training and Travel		
Other		
Total Budget Request:		

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General Operating Questions

1. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? _____. How often do they meet? _____

2. Does your court have an independent 501(c)3? _____ If not, why not?

3. Does your court have a formal policy on staff training requirements and continuing education? _____ If yes, briefly describe the policy.

4. What training has your court attended in the past year?

5. Do you have a structured, written orientation program for new members of the team? _____

6. What is your target population? How has it changed since the inception of your program?

7. Describe your eligibility criteria.

8. How many staffings do you conduct per month? _____ What days/times are your status hearings/court sessions (ex. Every Monday. Status hearing at 8 am, court at 9 am)?

9. How many days does a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? _____

10. Please describe your courts field supervision/surveillance (who does your court's surveillance, how often is each participant visited, how long is the average visit, etc.)?

- Are they P.O.S.T. certified? _____

11. Is there a binding Contract, Letter Agreement or MOU between your court and treatment provider that stipulates an agreed upon level of treatment services provided to your court for a specified fee? _____

If no, why not? _____

12. How much does your program pay annual for treatment? _____

Does your court pay the full amount for treatment for your participants? _____

Please describe your participant fee schedule.

13. How much did you collect in participant fees in CY 2014? _____

14. What is the average length of your program? _____

15. Complete the following:

Phases/length	Average # of drug screens per week (or month in the later phases)	Average number and hours of treatment sessions per week (or month in the later phases)	Number of court appearances per month	Number of active participants in this phase (as of 1/1/15)

Clinical Questions

16. What type of substance abuse assessments are conducted, when are they conducted, who conducts the assessments and what is the name of the assessment tool(s)?

17. What is your clinical eligibility criteria?

18. How do you determine what level of treatment is needed?

19. What type of evidence based treatment does your court use?

20. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of redivism)? _____ What is used? _____

21. How does the court ensure that the chosen tools/models are used consistently and faithfully?

22. How does the program coordinator monitor treatment? _____

23. Does your program have an individualized treatment plan for each participant? _____ How often is it reviewed? _____

24. Do you use your local CSB for treatment services? _____

If no, explain how your treatment provider is employed (program staff, contract, etc.)

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? _____

i Does the CSB get funding for treatment of your participants from other sources? _____

If yes, please list the other sources: _____

ii Do you pay the CSB for: the full amount of treatment,
additional, non billable services such as case management only
nothing for the services for your participants

Drug Testing

25. What percentage of your testing is random? _____ How do you ensure that the drug testing is random?

26. For what drugs do you routinely screen? _____

What drug testing company do you use (Siemens, Redwood, etc.)? _____

27. Are all of your urine screens observed? _____ Who observes the urine sample _____

Are they the same sex as the participant? _____

28. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? _____ If you mail the screens to a lab, how often are they sent? _____

29. Describe the policy for participants to dispute the results of the drug screen.

30. Are creatinine violations considered positives _____ If not, why not?

_____ Are unexcused or missed screens considered positive? _____

Performance Measures - (Implementation courts should skip to the Court Specific Question section.)

For Adult Drug Court, Adult Mental Health Court, DUI and Family Drug Court ONLY. Using LSI-R data from 1/1/14 through 12/31/14, list the number and percentage of moderate _____/_____% and high risk participants _____/_____%.

*DUI Courts only: Please indicate the dates your information above covers: _____

31. List the number of drug screens administered the past year (1/1/14 – 12/31/14). _____
32. Fill out the chart below for all of the positive screens within the past year.

Cutoff Level for:	Amphetamine	
	Cocaine	
	Creatinine	
Number of No Shows		
Number refusing to admit use		
Number not producing a sample in a reasonable period of time		
Number of diluted samples		
Number of tests refused		
Other		
Total Number of Positive Drug Screens*		

*A positive drug screen for one or more substances when derived from one sample should be considered as one positive test.

33. Please answer the following using answers from the beginning of your program:

Program Outcome	
A. Percentage of employable (not on disability) participants employed at start of program (to calculate, add up all the employable participants who are working upon admittance to the program and divide by the total number of employable participants admitted to your program)	
B. Percentage of employable (not on disability) participants employed at graduation (to calculate, add up all the employable participants employed at graduation and divide by the total number of employable participants who graduated from your program)	
C. Percentage of participants who successfully exit the program	
D. Percentage of participants who do not successful complete the program (terminations, voluntary withdrawal, death/other)	
E. Number of drug free babies born to participants	

34. **Units of service.**

- _____ Total number of court sessions in the past year.
- _____ Total number of days of inpatient treatment in the past year.
- _____ Number of hours of treatment scheduled within the past month.
- _____ Number of scheduled treatment hours attended within the past month.

35. Number of people screened for the program in the past year (1/1/14 – 12/31/14)? _____
 Number of participants accepted in the past year (1/1/14 – 12/31/14)? _____

36. Please list:
 Total number of graduates as of 12/31/14 _____
 Number of graduates/certificates of participation awarded from 1/1/14 – 12/31/14? _____
 Total number of participants admitted since program start up? _____
 Average age of your participants (at entry into the program) _____
 Average age participants began abusing drugs? _____

37. Please provide the following information:

For CY'14 (January 1, 2014 through December 31, 2014)	
A. Daily cost of incarceration in county jails or YDC for counties served by your court. List <u>each</u> county that your court serves separately.	
B. Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court.	
C. Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court.	
D. Number of active participants with new charges (excluding traffic citations other than DUI) since entering the program.	
E. Number of active participants with new convictions/adjudications (excluding traffic citations other than DUI) since entering the program.	
F. Number of graduates with new charges (excluding traffic citations other than DUI) within the past three years since graduating the program.	
G. Number of graduates with new convictions/adjudications (excluding traffic citations other than DUI) within the past three years since graduating the program.	
H. Number of participants who were terminated.	
I. Number of participants who were removed for other reasons (e.g. death, medical, mental illness, etc.)	

Court Specific Questions

Please answer the appropriate section of questions for your type of court. You should answer ALL of the questions in each section that you checked in question #3.

Felony Drug Courts:

38. Does your treatment provider provide the court with weekly, written reports on participant progress? _____

39. Does your program offer: (check all that apply)
group counseling individual counseling drug testing

40. Does your program offer: (check all that apply)
family counseling health screens
gender specific counseling assessment and counseling for co-occurring
domestic violence counseling mental health issues

41. Does your program offer: (check all that apply)
employment counseling and assistance housing
educational component mentoring
medical and dental care alumni groups? Please list any other additional
transportation services your program offers: _____

Mental Health Courts: (includes all levels of Courts)

42. Tell us about what organizations and agencies you partner with in your community? Are there memorandums of understanding between your court and anyone else, please elaborate.

43. Who sends referrals to your court? _____

44. What measures are in place in your program to ensure that a defendant does not spend more time in the MH program than the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process?

45. Describe your guidelines for the identification and expeditious resolution of competency concerns.

46. Explain how the following services are provided to participants, either directly (D) and/or by linking to outside providers (OP):

- | | |
|---------------------------------|-------------------------------------|
| _____ medication | _____ housing |
| _____ counseling | _____ crisis interventions services |
| _____ substance abuse treatment | |
| _____ financial benefits | |

_____ peer support
_____ case management

_____ MRT
_____ other evidence based treatment

47. Do you offer gender specific treatment? _____ Do you offer interpretative services? _____
Please list any other additional services your program offers:

48. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?

49. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).

50. Performance measures - (January 1, 2014 - December 31, 2014):

- _____ Percent of scheduled judicial status hearings attended by the participant
- _____ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

51. If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with this standard.

DUI Courts:

52. How do you determine the right type and length of treatment for each participant?

53. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period? _____

54. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support.

55. How do you caution the participants against driving without a license?

Family Drug Courts:

56.

Please respond for CY'14 (Jan 1, 2014 – Dec 31, 2014)	
A. Number of graduates with new DFCS reports	
B. Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program	
C. Number of drug-free babies born while participant was active in program or to a graduate of the program.	
D. Number of days that participants' children have been kept out of foster care.	

57. List the services your court offers participants (group counseling, individual counseling, gender specific services, mental health treatment, parenting classes, anger management classes, family or domestic relations counseling, etc.).

58. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)

59. Describe DFCS involvement in your court.

Is there a specific caseworker assigned to the drug court? _____ Have they had formal training specific to drug courts? _____

60. Is there a structured systematic assessment provided for the children in your program? _____

61. Was your program capacity determined by formula or by service limitations? _____

62. What challenges has your program experienced in the past year and how has your team overcome them?

63. Does treatment communicate with court via email? _____

64. In order to graduate, are clients required to have a job or be in school? _____

65. In order to graduate, are clients required to have a sober housing environment? _____

66. Did the presiding Judge of the program volunteer? _____ Is the Judge's term over the program indefinite? _____

67. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? _____ If so, what were those modifications?

Juvenile Courts:

68. Are all participants required to be enrolled in school or a GED program? _____

69. What is the annual cost savings brought about by your participants not being in YDC? _____

70. What percentage of your participants' parents are mandated to attend court sessions? _____

71. What percentage of your participants' parents are mandated to participate in treatment? _____

72. Does your program offer: (check all that apply)

gender specific counseling

domestic relations or family counseling

mental health treatment

parenting classes

anger management classes

73. Does your court receive assistance from the following? If not, please explain

Local Churches or Faith Based Org

Civic Groups (Elks Club, Kiwanis,

Rotary, etc)

Junior League

Local college or school groups

Any others? Please list:

ALL COURTS SHOULD ANSWER: (this grant is NOT intended to fund your program fully)

74. How is or will your program be funded? (Add additional pages if necessary.)

Fund Source	Amount	If you do not receive funding from this source, why not?
County/Local Government		
DATE Fund		
Participant Fees		
Federal Grants		
BJA		
SAMHSA		
JAG (Federal or State)		
Community Service Boards		
Revenue From Lab		
501 c(3)		
Other Sources (please name):		
TOTAL PROGRAM BUDGET		

75. Please describe your courts sustainability plan.

SECTION V: NARRATIVE

Please fully describe your request. Explain why your request can not be funded using other funding sources. Include any appropriate additional documentation that may help explain your project. *Please note: if you attach information that is not relevant, or is voluminous, the committee may choose to not consider it.* Include in your narrative how your project adheres to the state standards and best practices. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

SECTION VI: BUDGETS

Budget Detail

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds. It is not necessary to include your entire operating budget. YOU MUST SUBMIT YOUR INFORMATION ON THE ATTACHED PAGES. If you include your own pages, they will NOT be evaluated by the committee.

Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed on the Budget Detail Worksheet. Proposed budgets are expected to be complete, reasonable and allowable, cost effective, and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the program. If you need additional space, please attach an additional page.

Budget Priority Form

Use the Budget Priority Form to indicate which of the items you requested in the budget detail take priority to your program. If the Funding Committee needs to make cuts, it may consider your program's preferences on this form. Please be sure to use the wording you used in the budget detail section. Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

Restrictions on Use of Funds

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, utilities, furniture (existing courts only), incentives, monthly cell phone charges, case management software (including maintenance and upgrades), office supplies, construction projects, vehicles, weapons or grant administrative overhead.

BUDGET DETAIL WORKSHEET

A. Accountability Court Personnel/Salaries and Benefits. List each position by title and name of employee, if available. In order to calculate the budget, enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency. Contract Personnel should be listed under "B. Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED _____
TOTAL MATCHING FUNDS _____

Justification:

C. Drug Tests/Testing Supplies. List items by type. Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED _____
TOTAL MATCHING FUNDS _____

Justification:

D. Equipment. List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Anything listed here should have a value over \$4999. Anything under \$5,000 should be requested under "E. Supplies".

Item	Purpose	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED _____
TOTAL MATCHING FUNDS _____

Justification:

E. Supplies. List items by type (e.g. brochures, treatment handbooks, manuals, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are NOT allowable through this grant. Drug testing supplies should be put under "C. Drug Tests/Testing Supplies".

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED _____
TOTAL MATCHING FUNDS _____

Justification:

G. Other. List anticipated expenses not considered in one of the above categories.

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED _____
TOTAL MATCHING FUNDS _____

Justification:

Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so we can match up your request.

Example:

Priority #	Budget Category	Item Description	Amount
1.	A (1&2)	Coordinator Salary/Benefits	\$75,000
2.	B	Treatment Provider	\$50,000
3.	C	Drug Tests	\$20,000

Priority #	Budget Category	Item Description	Amount
1			
2			
3			

SECTION VII: ATTACHMENTS

Required Forms

The following forms are required. Please submit as attachments to your application.

- *Certification for Accountability Court Funding – signed and dated by the accountability court judge
- *Contract between the Accountability Court and Treatment Provider (if you have one)
- *Organizational chart. Sample organizational charts can be found on www.gaaccountabilitycourts.org. You can modify the example, or submit your own. If you submit your own org chart, it must include the person’s name, title, percentage of time they devote to the accountability court, and how the position is funded.

Certification for Accountability Court Funding

I certify that the _____ (*court name*) provides the following. (check if accurately describes).

- 1.The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
- 2.Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights.
- 3.Eligible participants are identified early and promptly placed into the accountability program.
- 4.The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5.Abstinence is monitored by frequent alcohol and other drug testing.
- 6.A coordinated strategy governs accountability court responses to participants’ compliance.
- 7.The accountability court has ongoing judicial interaction with each participant.
- 8.The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
- 9.Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
- 10.The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

****Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.****

By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: www.gaaccountabilitycourts.org.

Submitted by: _____
Judge

Court Date