

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'17 SOLICITATION**

Identifying Questions

1. Name of Accountability Court: _____
2. Name of Judicial Circuit: _____
3. Name of person filling out this application: _____
Your email address and phone number: _____
4. On April 27 – 28, 2016 who will be available to answer questions on this grant, if the committee shall have any?
(List name and phone number): _____
5. Type of Accountability Court: Is this a new court or an existing court ?

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

FY'17 Total Budget Request

Request Area	Amount Requested	Matching Funds
Accountability Court Personnel		
Equipment		
Supplies		
Training and Travel		
Printing Supplies		
Drug Tests/Testing		
Contract Personnel		
Transportation Funding		
Total Budget Request:		

General Operating Questions

All applicants should answer.

1. When did/will your program begin (Month & Year)? _____
 New Courts – anticipated date of participant enrollment (Month & Year)? _____

2. 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? _____

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

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

5. What training(s) has your court attended in the past year?

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

7. 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)? _____

8. 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?	Are they P.O.S.T Certified?

9. 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?

10. What is your annual treatment cost? _____

11. Number of active participants (not including those who are AWOL) as of January 1, 2016? _____
 FDTC: Parents _____ Children _____

12. What is the participant capacity (or anticipated capacity for new courts) of your program, in other words, how many participants can you realistically and effectively serve? _____

- If your program is not at capacity, why not?

13. Describe your target population.

14. Describe your eligibility criteria.

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

16. Please describe your participant fee schedule.

17. How much did you collect in participant fees in CY 2015? _____

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

19. Complete the following:

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

Clinical Questions

All applicants should answer. New courts answer based on what you plan to implement.

1. Type of substance abuse assessments that are used:

What is the name of the assessment tool(s)?	When are they conducted?	Who conducts them?

2. What is your *clinical* eligibility criteria?

3. How is the level of treatment determined? Who makes that determination?

4. What type(s) of evidence based treatment does your court use?

5. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of recidivism)?
 _____ If yes, please describe the treatment.

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

7. How often does the program coordinator monitor (sit in on) treatment? _____

8. Does your program have a treatment plan for each individual participant? _____ How often is it reviewed and updated? _____

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

- *If no*, explain how your treatment provider is employed (program staff, contract, etc.) _____
- *If yes*, does the CSB get funding for accountability court treatment directly from DBHDD? _____
- *If yes*, does the CSB get funding for treatment of your participants from other sources? _____
 - *If yes*, please list the other sources: _____
- Do you pay the CSB for (check all that apply):
 - the full amount of treatment, additional, non-billable services such as case management only, nothing for the services for your participants

Performance Measures

For existing courts only, Implementation Courts applicants should skip to “[Court Specific](#)” questions.

1. Total number of participants admitted since program start up (list month/year, too)? _____

2. Program Outcomes (from the beginning of your program):

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)	
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)	
Percentage of participants who successfully exit the program	
Percentage of participants who do not successfully complete the program (terminations, voluntary withdrawal, death/other)	
Number of drug free babies born to participants	

3. 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	

4. Please provide the following information:

For CY'15 (January 1, 2015 through December 31, 2015)	
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.	
Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court.	
Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court.	

Court Specific

Please answer the appropriate section of questions for your type of court. Applicants should answer ALL of the questions in EACH section that you checked in question #5 under Identifying Questions.

Drug Courts: Felony and Veterans

Veterans and Hybrid Courts, if you also selected "Adult Felony Drug Court" on Question #6 in Identifying Questions, please fill out this set of Court Specific Questions.

1. Does your treatment provider provide the court with weekly, written reports on participant progress? _____
Please describe this process.

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

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

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

Mental Health Courts: Adult, Juvenile and Veterans

Veterans and Hybrid Courts, if you also selected "Mental Health Court" on Question #6 in Identifying Questions, please fill out this set of Court Specific Questions. Juvenile Mental Health Courts should also complete this section.

1. 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.

2. Who sends referrals to your court?

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

4. Describe how you identify and resolve competency concerns.

5. Explain how the following services are provided to participants directly (D) and/or by linking to outside providers (OP):
Check all that apply.

	D	OP
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Financial Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Interventions Services	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Based Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you offer gender specific treatment? _____

- Do you offer interpretative services? _____
- Please list any other additional services:

7. 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?

8. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at www.gaaccountabilitycourts.org).

9. Performance measures - (January 1, 2015 - December 31, 2015):

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).	
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:

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

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

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

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

Family Dependency Treatment Courts:

1. Within the past year, please list:

Number of graduates with new DFCS reports.	
Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program.	
Number of drug-free babies born while participant was active in program or to a graduate of the program.	
Number of days that participants' children have been kept out of foster care.	

2. 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.)

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

4. Describe DFCS involvement in your court.
5. Is there a specific caseworker assigned to the drug court? _____ Have they had formal training specific to drug courts?
6. Is there a structured systematic assessment provided for the children in your program? _____
7. Was your program capacity determined by formula or by service limitations? _____
8. What challenges has your program experienced in the past year and how has your team overcome them?
9. Does treatment communicate with court via email? _____
10. In order to graduate:
 - Are clients required to have a job or be in school? _____
 - Are clients required to have a sober housing environment? _____
11. Did the presiding Judge of the program volunteer? _____ Is the Judge's term over the program indefinite? _____
12. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? If so, what were those modifications?

Juvenile Courts:

1. Are all participants required to be enrolled in school or a GED program? _____
2. What is the annual cost savings brought about by your participants not being in YDC? _____
3. What percentage of your participants' parents are mandated to attend court sessions? _____
4. What percentage of your participants' parents are mandated to participate in treatment? _____
5. Does your program offer: *(check all that apply)* gender specific counseling domestic relations or family counseling mental health treatment parenting classes anger management classes
6. Does your court receive assistance from the following? *(check all that apply)* Local Churches or Faith Based Organizations Civic Groups, Elks Club, Kiwanis, Rotary, etc. Junior League Local college or school groups Other (please list): _____ If not, please explain

Transportation Funding

All applicants should fill out the following if your court is seeking transportation grant funds. Transportation projects include things such as partnerships with the Department of Corrections or local Sheriff's offices to provide transportation to/from court or treatment services. Transportation vouchers (such as bus or train passes) may be requested. Transportation grant funds will not be allowed to be used for: vehicles, gas cards or incentives. Funding requests for this Budget Detail (see [E.3 Transportation Funding](#)) can be shared among multiple courts. The funds will be applied to the application in which the questions and Budget Detail are completed.

1. If you are applying for multiple courts, please list the courts.
2. How many participants do you anticipate will participate in your proposed transportation project (from July 1, 2016 – June 30, 2017)? If you are applying for multiple courts, please list the court name then the number of participants.
3. How many new participants will your court add if the proposed transportation project is funded? If you are applying for multiple courts, please list the court name then the number of participants.
4. Please fully describe your proposed transportation project. Include why the project is needed and cannot be funded by other sources.

Fund Source: How is your program currently funded?

All applicants should answer. Remember, this grant is NOT intended to fund your program fully.

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

Describe your courts Sustainability Plan

All applicants should answer. Accountability Courts, new and existing, should begin working towards sustainability upon the inception of the program. It is prudent for a court to consider various methods of funding in the event that grant funds are not available. Your sustainability plan, which may include an action plan to attain funding without the use of grant funds, should be fully described.

Narrative

Please **fully but concisely** describe your request/project/expansion. 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.

Budget Instructions

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, construction projects, vehicles, weapons or grant administrative overhead.

Budget Detail Worksheet

Complete the attached budget detail worksheet. The budget should include everything you are requesting from grant funds AND 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. This worksheet should be used to prepare the program budget and budget summary. Any category not applicable to your budget may be left blank. Be sure to include the required 10% cash match, you do not have to provide a cash match for each line item.

Budget Explanation

The Budget explanation 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 explanation should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The explanation should explain how all costs were estimated and calculated and how they are relevant to the program.

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 5. 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.

Budget Detail Worksheet

[Instructions Click Here](#)

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 "Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested
TOTAL FUNDS REQUESTED				

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide "Total Funds Requested" by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:

[Instructions Click Here](#)

B. 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. Show the budget calculation. Please note that all items must be at least \$5,000 per unit to be considered equipment. Otherwise please list items in "Supplies". Make sure to explain how the equipment is necessary for the success of the program and describe the procurement method to be used.

Item	Purpose	Calculation	Total Grant Funds Requested
TOTAL FUNDS REQUESTED			

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide "Total Funds Requested" by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:
[Instructions Click Here](#)

C. Supplies

Drug testing supplies should be put under “Drug Tests/Testing Supplies”. List items by type (e.g. general office supplies, postage, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are generally NOT funded for existing courts through this grant. Drug testing supplies should be put under “Drug Tests/Testing Supplies”.

Item	Calculation	Total Grant Funds Requested
TOTAL FUNDS REQUESTED		

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide “Total Funds Requested” by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:
[Instructions Click Here](#)

D. In-State Training and Travel

Funds for travel must be budgeted in compliance with the State of Georgia Statewide Travel Regulations. Funds requested to support travel to the State Accountability Court Conference is limited to a maximum of 8 attendees per/court. Requests should include no more than *two nights of lodging* per/person, if the court is located 51 miles or more from the conference venue; *mileage (\$0.54/mile) expenses* for attendees to and from the conference venue; *per diem expenses* for meals if your court is located 51 miles or more from the conference venue; and *registration fees*. Funds for lodging expenses should not exceed \$135/night, the conference registration fee is \$275/person, and per diem expenses should not exceed \$28/day. The CACJ will provide breakfast and lunch to conference attendees, and please consider using State vehicles and/or carpooling to the conference when possible. The 2016 State Accountability Courts Conference is scheduled to be held at the **Classic Center in Athens, Georgia**.

Purpose	Location	Traveler's Name/Title	Calculation	Total Grant Funds Requested
TOTAL FUNDS REQUESTED:				

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide "Total Funds Requested" by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:
[Instructions Click Here](#)

E. Printing Supplies

List items by type (e.g. letterhead/envelopes, business cards, brochures, manuals). Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested
TOTAL FUNDS REQUESTED:		

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide "Total Funds Requested" by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:
[Instructions Click Here](#)

Other

F.1 Drug Tests/Testing Supplies

List items by type. Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested
TOTAL FUNDS REQUESTED:		

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide "Total Funds Requested" by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:

[Instructions Click Here](#)

F.2 Contract Personnel

Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly rate multiplied by the estimated number of hours. (If you are requesting funding for contract employees such as treatment providers, surveillance officers, lab technicians etc. they should be listed here.)

Type of Service	Provider's Name	Hourly Rate x Number of Hours Worked	Average Number of Participants Served	Total Grant Funds Requested
TOTAL FUNDS REQUESTED:				

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide "Total Funds Requested" by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:
[Instructions Click Here](#)

F.3 Transportation Funding

If you are requesting funding for transportation, make sure you answered the questions under “[Transportation Funding](#)”. Transportation projects include things such as partnerships with the Department of Corrections or local Sheriff’s offices to provide transportation to/from court or treatment services, bikes and accessories, transportation vouchers (such as bus or train passes), etc. Transportation grant funds will not be allowed to be used for: vehicles, gas cards or incentives.

Item	Calculation	Total Grant Funds Requested
TOTAL FUNDS REQUESTED:		

TOTAL MATCHING FUNDS: _____

If you are requesting funds from this line item you must provide a 10% match. To obtain total matching funds divide “Total Funds Requested” by 9. Please explain below where the matching funds will be allocated from.

EXPLANATION:
[Instructions Click Here](#)

Budget Priority Form

[Instructions Click Here](#)

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	Coordinator Salary and Benefits	\$60,000
2.	F.2	Treatment Provider	\$50,000
3.	F.1	Drug Tests	\$20,000

Priority	Budget Category	Item Description	Amount

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 confirming that the information in this Request for Funding Application is accurate and complete.

Submitted by: _____
Judge

Court

Date

Attachments

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

1. Certification for Accountability Court Funding (p. 25 of this grant)– signed and dated by the Accountability Court Judge.
2. Contract or MOU between the Accountability Court and Treatment Provider (if you have one).
3. 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 organizational chart, it must include the person's name, title, percentage of time they devote to the accountability court, and how the position is funded.