BOARD OF COUNTY COMMISSIONERS

DATE: December 11, 2012
AGENDA ITEM NO. 9

Consent Agenda ☑ **Regular Agenda** ☐ **Public Hearing** ☐

County Administrator's Signature:

Subject:

Approval and Acceptance of the SAMHSA Grant Award Related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration (SAMHSA), Joint Adult Drug Court Discretionary Grant, Pinellas County You Can! Program, for Fiscal Year 2012-2013.

Department:

Justice and Consumer Services

Staff Member Responsible:

Tim L. Burns, Director

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS CONFIRM AND ENTER INTO THE MINUTES THE SAMHSA GRANT AWARD DOCUMENTS RELATED TO THE U.S. DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, BUREAU OF JUSTICE ASSISTANCE AND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), JOINT ADULT DRUG COURT DISCRETIONARY GRANT, FOR THE PINELLAS COUNTY YOU CAN! PROGRAM.

Summary Explanation/Background:

This is a supplemental award of $325,000.00 to fund Fiscal Year (FY) 2013 of the Pinellas County You Can! Program. This project is collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. The Pinellas County You Can! Program will launch in an effort to enhance adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. Other goals are to: (1) increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court and (2) decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program.

Fiscal Impact/Cost/Revenue Summary:

The total SAMHSA grant award is $325,000.00 each project year for three (3) years. This is a joint program with the Bureau of Justice Assistance (BJA) and this is the second component award for this grant from SAMHSA. The first component award from BJA was ratified on October 16, 2012. The project is anticipated to begin on October 1, 2012 and end September 30, 2015.

Exhibits/Attachments Attached:

Contract Review Transmittal Slip
SAMHSA Award Documents
Grant Application and Ratifications

CATS # 40912

NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: BJA/SAMHSA FY12-13 Joint Adult Drug Court Grant Award to Enhance Services, Coordination, and Treatment

CONTRACT NO.: _____ ESTIMATED EXPENDITURE / **REVENUE**: **$975,000.00**

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment.

Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: Two copies of the FY12-13 BJA/SAMHSA Joint Adult Drug Court Grant Program Award Documents for the **SAMHSA** award component.

REVIEW SEQUENCE	DATE	INITIALS/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED *ORIGINATOR'S INITIALS & DATE*
Justice & Consumer (Jadonn Sowell)	10/17/12	JS	Please reference notes in CATS.	
Risk Management (Virginia Holscher)	10/23/12	VEH	Grant Appropriation not included in FY13 budget; will require budget resolution	JS 10-17
OMB (Bill Berger)	10/31/12	[illegible]		JS
Finance (Cassandra Williams)	11/5/12	[illegible]		
Legal (Carl Brody)	11/5/12	[illegible]		
Assistant County Administrator (Carl Harness)	11/7/12	[illegible]		

Please return to Justice and Consumer Services **as soon as possible**. All inquiries should be made to Jadonn Sowell ext. 46213. Thank you.

Notice of Award

BJA FY 12 Joint Adult Drug Court **Issue Date:** 09/21/2012
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Grant Number: 1H79TI024477-01

Program Director:
Nicholas Bridenback

Project Title: Pinellas County You Can!

Grantee Address	Business Address
COUNTY OF PINELLAS County Administrator 315 Court Street Clearwater, FL 33756	COUNTY OF PINELLAS County Administrator 315 Court Street Clearwater, FL 33756

Budget Period: 09/30/2012 – 09/29/2013
Project Period: 09/30/2012 – 09/29/2015

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $325,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PINELLAS in support of the above referenced project. This award is pursuant to the authority of Authorized under Section 509 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

for Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI024477-01

Award Calculation (U.S. Dollars)	
Consortium/Contractual Cost	$316,704
Travel Costs	$8,296
Direct Cost	$325,000
Approved Budget	$325,000
Federal Share	$325,000
Cumulative Prior Awards for this Budget Period	$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$325,000

SUMMARY TOTALS FOR ALL YEARS	
YR	**AMOUNT**
1	$325,000
2	$325,000
3	$325,000

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.243
EIN:	1596000800A8
Document Number:	12TI24477A
Fiscal Year:	2012

IC	CAN	Amount
TI	C96T511	$325,000

TI Administrative Data:
PCC: EADC-SCT / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI024477-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79TI024477-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.

c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
d. The HHS Grants Policy Statement.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – TI Special Terms and Condition – 1H79TI024477-01

REMARKS:

This Notice of Award approves funding in the amount of $325,000 as requested in your revised budget submitted 09/18/2012

SPECIAL CONDITION OF AWARD:

NONE

SPECIAL TERM OF AWARD:

NONE

STANDARD TERMS OF AWARD:

1. As required by the Federal Funding Accountability and Transparency Act of 2006, this new award is subject to the subaward and executive compensation reporting requirement of 2 CFR Part 170. Although the full text of this regulation is attached, you may access the language online at http://www.samhsa.gov/grants/subaward.aspx.

The following SAMHSA Term of Award is applicable to all (Type 1) new SAMHSA grants which start on or after Oct. 1, 2010. At this time, Type 2s (competing renewals) and Type 3s (competing supplements) are not included, but may be subject to this requirement in the future:

Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to http://www.fsrs.gov.
ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if-

i. the total Federal funding authorized to date under this award is $25,000 or more;

ii. in the preceding fiscal year, you received-

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:

i. As part of your registration profile at http://www.ccr.gov.
ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if-

i. in the subrecipient's preceding fiscal year, the subrecipient received-

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.
ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions
If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

i. Subawards, and
ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;
ii. A foreign public entity;
iii. A domestic or foreign nonprofit organization;
iv. A domestic or foreign for-profit organization;
v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:

i. Receives a subaward from you (the recipient) under this award; and
ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.
ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
v. Above-market earnings on deferred compensation which is not tax-qualified.
vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

2) Grantees must adhere to all applicable requirements of the Fiscal Year 2012 Consolidated Appropriations Act provisions in PL 112-74 for the Department of Labor, Health and Human Services, and Education and the Department of Interior and Related Agencies and from the Consolidated and Further Continuing Appropriations Act, Fiscal Year 2012, Public Law 112-55 for the United States Department of Agriculture, and Related Agencies on the SAMHSA website at http://www.samhsa.gov/Grants/management.aspx and reference #4 under Important Reminders.

3) This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA). Refer to the order of precedence in Section III (Terms and Conditions) on the NoA and can be found at www.samhsa.gov.

4) The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.

5) The Department of Health and Human Services' (HHS), Office of General Counsel (OGC) has provided guidance on how the lobbying restrictions in the Fiscal Year 2012 Consolidated Appropriations Act (CAA, 2012) will affect HHS programs. Section 503 of the Labor, HHS, and Education Appropriation Act (Division F of the CAA, 2012) is the most comprehensive provision focused on lobbying restrictions. Recent changes to this section may have implications for SAMHSA and its grantees. Using the language provided by OGC, this provides specific guidance on: agency actions; grantee lobbying; tax increases and other restrictions on legal consumer products; and clarification of Internal Revenue Code provisions.

SEC. 503. - Agency Actions

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

Section 503(b) - Grantee and Contractor Lobbying

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6) Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General -- Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.

7) The recommended future support as indicated on the NoA reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

8) For FY 2012, the Consolidated Appropriations Act, 2012 (Public Law 112-74) signed into law on December 23, 2011, restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is $179,700 annually.

9) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

10) Accounting Records and Disclosure - Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations,

unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review of grants with significant amounts of Federal funding.

11) Per (45 CFR 74.36 and 45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.

12) A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at http://www.whitehouse.gov/omb/fedreg/omb-not.html.

13) Program Income accrued under the award must be accounted for in accordance with (45 CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Federal Financial Report, Standard Form 425.

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

14) Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may only be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding on SAMHSA. For postaward requirements and instructions may be found at www.samhsa.gov then click on "grants", then "grants management".

15) The recipient is required to notify the GMO in writing if the Project Director (PD) or key personnel specifically named in the NoA will withdraw from the project entirely, be absent from the project during any continuous period of 3 months or more, or reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award (for example, a proposed change from 40 percent effort to 30 percent or less effort). SAMHSA must approve any alternate arrangement proposed by the recipient, including any replacement of the PD or key personnel named in the NoA.

The request for approval of a substitute PD/key person should include a justification for the change, the biographical sketch of the individual proposed, other sources of support (if applicable), and any budget changes resulting from the proposed change. If the arrangements proposed by the recipient, including the qualifications of any proposed replacement, are not acceptable to SAMHSA, the grant may be suspended or terminated. If the recipient wants to terminate the project because it cannot make suitable alternate arrangements, it must notify the GMO, in writing, of its wish to terminate, and the GMO will forward closeout instructions.

Key staff (or key staff positions, if staff has not been selected) are listed below:

Nicholas Bridenback, Project Director @ 15% level of effort
Kathleen Moore, Evaluator @ 5% level of effort
Jana Balicki, Clinical Director @ 10% level of effort

16) Refer to the NoA under Section II (Payment/Hotline Information) regarding the Payment Management System and the HHS Inspector General's Hotline concerning fraud, waste or abuse.

17) As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your

organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.

18) No HHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

19) Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and Internet sites):

Funding for this conference was made possible (in part) by (insert grant or cooperative agreement award number) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

20) This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://samhsa.gov/grants/trafficking.aspx.

21) Grantees must comply with the requirements of the National Historical Preservation Act and EO 13287, Preserve America. The HHS Grants Policy Statement provides clarification and uniform guidance regarding preservation issues and requirements (pages I-20, "Preservation of Cultural and Historical Resources"). Questions concerning historical preservation, please contact SAMHSA's Office of Program Services, Building, Logistics and Telecommunications Branch at 240-276-1001.

22) Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs promotes efficient delivery of quality health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. Accordingly, all grantees that electronically exchange patient level health information to external entities where national standards exist must:

a) Use recognized health information interoperability standards at the time of any HIT system update, acquisition, or implementation, in all relevant information technology systems supported, in whole or in part, through this agreement/contract. Please consult http://www.hhs.gov/healthit http://www.hhs.gov/healthit for more information, and

b) Use Electronic Health Record systems (EHRs) that are certified by agencies authorized by the Office of the National Coordinator for Health Information Technology (ONC), or that will be certified during the life of the grant. For additional information contact: Jim Kretz at 240-276-1755 or Jim.Kretz@samhsa.hhs.gov; Richard Thoreson at 240-276-2827 or Richard.Thoreson@samhsa.hhs.gov; or Ken Salyards at 2240-276-2003 or Kenneth.Salyards@samhsa.hhs.gov.

23) If federal funds are used by the grantee to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

24) By signing the SF-424 (face page) in Item #21, the Authorized Representative (AR) certifies (1) to the statements contained in the list of certifications* and (2) provides the required assurances* and checking the "I AGREE" box provides SAMHSA with the AR's agreement of compliance. It is not necessary to submit signed copies of these documents, but should be retained for your records.

25) The Division of Grants Management created a Public Assistance (P) Account in the Division of Payment Management's (DPM) payment management system to provide a separate accounting of federal funds per SAMHSA grant. When discussing your account with the DPM's Account Representative, provide the document number identified on Page 2 of the Notice of Award under Section I - AWARD DATA, Fiscal Information.

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*The documents are available on the SAMHSA website at http:\\www.samhsa.gov/Grants/new.aspx or contained within the Request for Applications (RFA).

REPORTING REQUIREMENTS:

1) Federal Financial Report (FFR), (Standard Form 425) is required on an annual basis and must be submitted for each budget period as stated on the attached report due date(s) schedule after the close of the 12 month budget period. The FFR is required for each 12 month period, regardless of the overall length of the approved extension period authorized by SAMHSA. In addition, a final FFR is due within 90 days after the end of the extension. NOTE: SINGLE GRANT REPORTING IS REQUIRED FOR EACH SAMHSA PROJECT AS STATED ON THE FFR (#10 d-o). Do not include any amount in Line 10f that has been reported in Line 10e. If applicable, include the required match on this form under Recipient Share (#10 i-k) and Program Income (l-o) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. The FFR must be prepared on a cumulative basis and all program income must be reported. THE STATUS OF ANY FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS FOR EACH 12 MONTH BUDGET PERIOD MUST BE EXPLAINED IN THE REMARKS SECTION (#12). IN ADDITION, YOUR INTENTION TO CARRYOVER THE UNOBLIGATED BALANCE OF FUNDS UP TO 25% OF THE CURRENT FEDERAL SHARE DOLLAR AMOUNT MUST BE STATED IN THE REMARKS SECTION. SUBSEQUENT FFRS MUST REFLECT THE ACTUAL CARRYOVER AMOUNT. If possible, disbursements reported on the FFR should equal/or agree with the top portion of the FFR (#10 a-c). The FFR may be accessed from the following website at http://www.whitehouse.gov/omb/grants_forms including instructions. The data can be entered directly on the form and the system will calculate the figures, then it can be printed and mailed to this office.

2) Submission of a Programmatic Semi-Annual Report is due no later than the dates as follows:

1st Report - April 30, 2013
2nd Report - October 31, 2013

3) The grantee must comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

4) Audit requirements for Federal award recipients are detailed at http://www.whitehouse.gov/sites/default/files/ omb/assets/a133/a133_revised_2007.pdf. Specifically, non-Federal entities that expend a total of $500,000 or more in Federal awards, during each Fiscal Year, are required to have an audit completed in accordance with OMB Circular A-133. The Circular defines Federal awards as Federal financial assistance (grants) and Federal cost-reimbursement (contracts) received both directly from a Federal awarding agency as well as indirectly from a pass-through entity and requires entities submit, to the Federal Audit Clearinghouse (FAC), a completed Data Collection Form (SF-SAC) along with the Audit Report, within the earlier of 30 days after receipt of the report or 9 months after the fiscal year end.

The Data Collection Forms and Audit Reports MUST be submitted to the FAC electronically at http://harvester.census.gov/fac/collect/ddeindex.html. For questions and information concerning the submission process, please visit http://harvester.census.gov/sac/ or call the FAC 1-800-253-0696.

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

INDIRECT COSTS:

If the grantee chooses to establish an indirect cost rate agreement, it is required to submit an indirect cost rate proposal to the appropriate office within 90 days from the start date of the project period. For additional information, please refer to HHS Grants Policy Statement Section I, pages 23-24.

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

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. To find a list of HHS Division of Cost Allocation Regional Offices, go to the SAMHSA website www.samhsa.gov, then click on "grants"; then "grants management"; then "Contact Information".

All responses to special terms and conditions of award and postaward requests must be mailed to the Division of Grants Management, Office of Financial Resources (OFR), SAMHSA below:

For Regular Delivery:
Division of Grants Management, OFR, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

For Overnight or Direct Delivery:
Division of Grants Management, OFR, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20850

CONTACTS:

Holly Rogers, Program Official
Phone: (240) 276-2916 **Email**: holly.rogers@samhsa.hhs.gov **Fax**: (240) 276-2970

Helen Zhou, Grants Specialist
Phone: (240) 276-2482 **Email**: helen.zhou@samhsa.hhs.gov **Fax**: (240) 276-2410

No. 13
BCC 06-26-12
2:03 P.M. SCHMIDT/Smitke

#13 Ratification of the Acceptance of Grant Applications approved with:

a. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration, Joint Adult Drug Court Discretionary Grant Program for the You Can! Program (total grant amount, $1,275,000.00; project period begins October 1, 2012 and ends September 30, 2015) (Justice and Consumer Services).

b. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Juvenile Drug Courts/Reclaiming Futures Discretionary Grant Program for the Youth Treatment Court Program (total grant amount, $1,325,000.00; project period begins October 1, 2012 and ends September 30, 2016) (Justice and Consumer Services).

BOARD OF COUNTY COMMISSIONERS

DATE: June 26, 2012
AGENDA ITEM NO. 13a.

Consent Agenda ☑ **Regular Agenda** ☐ **Public Hearing** ☐

County Administrator's Signature:

Subject:

Approval of Ratification of the Acceptance of the Grant Application Related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration (SAMHSA), Joint Adult Drug Court Discretionary Grant Program, for Fiscal Year 2012.

Department:

Justice and Consumer Services

Staff Member Responsible:

Tim L. Burns, Director

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS RATIFY, CONFIRM, AND ENTER INTO THE MINUTES THE GRANT APPLICATION DOCUMENTS RELATED TO THE UNITED STATES DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, BUREAU OF JUSTICE ASSISTANCE AND SAMHSA, FOR THE PINELLAS COUNTY YOU CAN! PROGRAM.

Summary Explanation/Background:

This is a supplemental award of $1,275,000.00 to fund Fiscal Year (FY) 2012 of the Pinellas County You Can! Program. This project is collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. The Pinellas County You Can! Program will launch in an effort to enhance adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. Other goals are to: (1) increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court and (2) decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program.

Due to the exigent circumstances surrounding deadline and submission time constraints imposed by the Department of Justice, it was necessary for the County Administrator to sign the grant application documents. This item is now before you for ratification of the County Administrator's approval, acceptance, and signature on this grant.

Fiscal Impact/Cost/Revenue Summary:

The total grant amount is $1,275,000.00. The required match funds of $100,369.00 have been identified from existing Court personnel resources, services from WestCare, and existing drug court county resources. The project period begins October 1, 2012 and ends September 30, 2015.

Exhibits/Attachments Attached:

Contract Review Transmittal Slip
Delegated Memorandum Dated May 22, 2012
Grant Documents

CATS #39838

DEPARTMENT OF JUSTICE & CONSUMER SERVICES

MEMORANDUM

TO: Robert S. LaSala, County Administrator

THROUGH: Carl S. Harness, Assistant County Administrator

FROM: Tim L. Burns, Director

SUBJECT: Grant Application Documents Related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance/SAMHSA, Joint Adult Drug Court Grant Solicitation to Enhance Services, Coordination, and Treatment Program, for Fiscal Year 2012

DATE: May 22, 2012

Enclosed for your review and signature are the Grant Application documents that will be submitted via www.Grants.gov related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance/SAMHSA, Joint Adult Drug Court Grant Solicitation to Enhance Services, Coordination, and Treatment Program for Fiscal Year 2012, in the amount of $1,275,000.00.

Pinellas County Government is requesting Joint Adult Drug Court Grant Solicitation to Enhance Services, Coordination, and Treatment Program funds in the amount of $1,275,000.00 to launch the proposed project, known as Pinellas County You Can!, in an effort to enhance adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. This application is collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. You Can! consists of male and female youthful offenders 18 to 26 years of age with prescription drug addictions. The project will serve a total of 185 offenders over the three year grant period. The project's goals are to: (1) increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court and (2) decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program.

If awarded, it is anticipated the project will begin October 1, 2012, and end September 30, 2015. The required match funds of $100,369.11 have been identified from existing Court personnel resources, existing drug court county resources, and services from WestCare.

Due to the contract time periods, these documents are being presented for your signature prior to the Board of County Commissioners approval. The documents will be presented to the Board of County Commissioners via ratification at a later date.

Enclosures

TLB/jns

CATS #39838

NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: BJA/SAMHSA FY12 Joint Adult Drug Court Grant Solicitation to Enhance Services, Coordination, and Treatment

CONTRACT NO.: _____ ESTIMATED EXPENDITURE / **REVENUE**: **$1,275,000.00**

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment.

Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: One copy of the FY12 BJA/SAMHSA Grant Program Application.

REVIEW SEQUENCE	DATE	INITIALS/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED *ORIGINATOR'S INITIALS & DATE*
Originator (Jadonn Sowell)	05/22/12	5/22/12		
Risk Management (Virginia E. Holscher)		N/A		
OMB (John Woodruff)		N/A		
Finance (Cassandra Williams)		N/A		
Legal (Carl Brody)	5/22/12			
Assistant County Administrator (Carl Harness)	5/22/12			

Please return to **Justice and Consumer Services as soon as possible.** All inquiries should be made to **Jadonn Sowell at 464-6213**. Thank you.

No. 9
BCC 10-16-12
2:02 P.M. SMITKE/Burgess

9 Acceptance of grant award related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Joint Adult Drug Court Discretionary Grant Program for the You Can! Program for Fiscal Year 2012-2013 (grant amount, $300,000.00; required match, $100,369.11) ratified and confirmed (Justice and Consumer Services).

BOARD OF COUNTY COMMISSIONERS

DATE: October 16, 2012
AGENDA ITEM NO. 9

Consent Agenda ☑ **Regular Agenda** ☐ **Public Hearing** ☐

County Administrator's Signature:

Subject:

Approval of Ratification of the Acceptance of the Grant Award Related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Joint Adult Drug Court Discretionary Grant Program, for Fiscal Year 2012-2013.

Department:

Justice and Consumer Services

Staff Member Responsible:

Tim L. Burns, Director

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS RATIFY, CONFIRM, AND ENTER INTO THE MINUTES THE GRANT AWARD DOCUMENTS RELATED TO THE UNITED STATES DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS, BUREAU OF JUSTICE ASSISTANCE, FOR THE PINELLAS COUNTY YOU CAN! PROGRAM.

Summary Explanation/Background:

This is a supplemental award of $300,000.00 to fund Fiscal Year (FY) 2013 of the Pinellas County You Can! Program. This project is collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. The Pinellas County You Can! Program will launch in an effort to enhance adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. Other goals are to: (1) increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court and (2) decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program.

Due to the exigent circumstances surrounding deadline and acceptance time constraints imposed by the Department of Justice, it was necessary for the County Administrator to sign the grant award documents. This item is now before you for ratification of the County Administrator's approval, acceptance, and signature on this grant.

Fiscal Impact/Cost/Revenue Summary:

The total Bureau of Justice Assistance grant award is $300,000.00. The required match funds of $100,369.11 have been identified from existing Court personnel resources, services from WestCare, and existing drug court county resources. This is a joint program with the Substance Abuse and Mental Health Services Administration (SAMHSA) and there could be a second component award from SAMHSA in the future. The project is anticipated to begin on October 1, 2012 and end September 30, 2015.

Exhibits/Attachments Attached:

Contract Review Transmittal Slip
Delegated Memorandum Dated August 31, 2012
Award Documents

CATS #40617

NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: BJA/SAMHSA FY12-13 Joint Adult Drug Court Grant Award to Enhance Services, Coordination, and Treatment

CONTRACT NO.: _____ ESTIMATED EXPENDITURE / **REVENUE**: **$300,000.00**

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment.

Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: Two copies of the FY12-13 BJA/SAMHSA Joint Adult Drug Court Grant Program Award Documents for the BJA award component.

REVIEW SEQUENCE	DATE	INITIALS/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED *ORIGINATOR'S INITIALS & DATE*
Originator (Jadonn Sowell)	08/31/12	8/31/12		
Risk Management (Virginia E. Holscher)	8/31			
OMB (Bill Berger)	9/11/12		Not included in FY13 budget request. Matching funds are included in FY13 appropriation. Why is this award $300,000 when 6/26/12 award was $1,275,000?	
Finance (Cassandra Williams)	9/13/12			
Legal (Carl Brody)	9/14/12			
Assistant County Administrator (Carl Harness)	9/17/12			

Please return to **Justice and Consumer Services as soon as possible.** All inquiries should be made to **Jadonn Sowell at 464-6213**. Thank you.

CATS #40617

DEPARTMENT OF JUSTICE & CONSUMER SERVICES

MEMORANDUM

TO: Robert S. LaSala, County Administrator

THROUGH: Carl S. Harness, Assistant County Administrator

FROM: Tim L. Burns, Director

SUBJECT: Grant Award Documents Related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration (SAMHSA), Joint Adult Drug Court Discretionary Grant, Pinellas County YouCan! Program, for Fiscal Year 2013

DATE: August 31, 2012

Enclosed for your review and signature are the Grant Award documents related to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration (SAMHSA), Joint Adult Drug Court Discretionary Grant, Pinellas County YouCan! Program, for Fiscal Year 2013, in the amount of $300,000.00.

This project is collaboration between the Sixth Judicial Circuit Court of Florida, WestCare, Center for Rational Living, and Pinellas County. The Pinellas County You Can! Program will launch in an effort to enhance adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs.

The total Bureau of Justice Assistance grant amount is $300,000.00. The required match funds of $100,369.11 have been identified from existing Court personnel resources, services from WestCare, and existing drug court county resources. This is a joint program with the Substance Abuse and Mental Health Services Administration (SAMHSA) and there could be a second component award from SAMHSA in the future. The project is anticipated to begin on October 1, 2012 and end September 30, 2015.

Due to the contract time periods, these award documents are being presented for your signature prior to the Board of County Commissioners (BCC) approval. The documents will be presented to the Board of County Commissioners via ratification at a later date. Also, attached are copies of the grant application and contract review slip as these were brought through review during the application process and ratified by the BCC on June 26, 2012.

TB/jns

GRANTS.GOV™

Grant Application Package

Opportunity Title:	BJA FY 12 Joint Adult Drug Court Solicitation to Enhanc
Offering Agency:	Bureau of Justice Assistance
CFDA Number:	16.585
CFDA Description:	Drug Court Discretionary Grant Program
Opportunity Number:	BJA-2012-3261
Competition ID:	
Opportunity Open Date:	04/09/2012
Opportunity Close Date:	05/24/2012
Agency Contact:	For assistance with basic requirements of this solicitation, contact the BJA Justice Information Center at 1-877-927-5657, via e-mail to JIC@telesishq.com, or by live web chat. The BJA Justice Information Center hours of operation are 8:30 a.m. to 5:00 p.m. eastern time, Monday through Friday, and 8:30 a.m. to

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

*** Application Filing Name:** Pinellas County You Can!

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

- Application for Federal Assistance (SF-424)
- Assurances for Non-Construction Programs (SF-42
- Budget Narrative Attachment Form
- Disclosure of Lobbying Activities (SF-LLL)
- Other Attachments Form
- Project Narrative Attachment Form

Optional Documents

- Faith Based EEO Survey

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

1 **Enter a name for the application in the Application Filing Name field.**

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 **Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.

- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.

- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 **Click the "Save & Submit" button to submit your application to Grants.gov.**

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County, Pinellas of

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800

* c. Organizational DUNS: 0552002160000

d. Address:

* Street1: 315 Court Street
Street2:
* City: Clearwater
County:
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 33756-5165

e. Organizational Unit:

Department Name: Justice & Consumer Services

Division Name: Justice Coordination

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.
* First Name: Tim
Middle Name: L.
* Last Name: Burns
Suffix:

Title: Bureau Director

Organizational Affiliation: Pinellas County Justice & Consumer Services

* Telephone Number: 727-453-7441
Fax Number: 727-453-7433

* Email: tburns@pinellascounty.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.585

CFDA Title:

Drug Court Discretionary Grant Program

*** 12. Funding Opportunity Number:**

BJA-2012-3261

* Title:

BJA FY 12 Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Pinellas County You Can!

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 9-11 * b. Program/Project: 9-11

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2012 * b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	1,273,885.20
* b. Applicant	0.00
* c. State	52,122.27
* d. Local	45,246.84
* e. Other	3,000.00
* f. Program Income	0.00
* g. TOTAL	1,374,254.31

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name:

* Last Name: LaSala

Suffix:

* Title: County Administrator

* Telephone Number: 727-464-3485 Fax Number: 727-464-3484

* Email: rlasala@pinellascounty.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

OMB Number: 4040-0007
Expiration Date: 06/30/2014

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Completed on submission to Grants.gov	County Administrator
* APPLICANT ORGANIZATION	* DATE SUBMITTED
County, Pinellas of	Completed on submission to Grants.gov

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** Attachment 2--Budget and Indirect.pdf

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DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

** Name:* County, Pinellas

** Street 1:* 315 Court Street *Street 2:*

** City:* Clearwater *State:* FL: Florida *Zip:* 33756

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:
Department of Justice/OJP/BJA

7. * Federal Program Name/Description:
Drug Court Discretionary Grant Program

CFDA Number, *if applicable:* 16.585

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix: ** First Name:* n/a *Middle Name:*

** Last Name:* n/a *Suffix:*

** Street 1:* *Street 2:*

** City:* *State:* *Zip:*

b. Individual Performing Services (including address if different from No. 10a)

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*** Signature:** Completed on submission to Grants.gov

***Name:** *Prefix:* Mr. ** First Name:* Robert *Middle Name:*

** Last Name:* LaSala *Suffix:*

Title: County Administrator **Telephone No.:** 727-464-3435 **Date:** Completed on submission to Grants.gov

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Project Narrative File(s)

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ABSTRACT

The applicant, Pinellas County Government, is requesting Joint Adult Drug Court Grant Program funds in the amount of $975,000.00 for SAMHSA and $298,885.20 for BJA to enhance adult drug court to assist nonviolent felony offenders with successful rehabilitation from the use of alcohol and/or drugs. The population to be served by the project, known as *You Can!* consists of male and female youthful offenders 18 to 26 years of age with prescription drug addictions. The project will serve a total of 185 offenders over the three year grant period (55 in Year 1, 65 in Year 2, and 65 in Year 3). The Global Appraisal of Individual Needs-Q3 will be used to assess participants in the project. The Matrix Model, which utilizes Motivational Interviewing coupled with Cognitive Behavioral Therapy and has been extensively documented in the research literature, will be used along with the evidence-based and gender-responsive Seeking Safety curriculum. The following are the project's goals and objectives:

Goal 1 - Increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court.

- Provide comprehensive evidence-based intensive outpatient substance abuse treatment to 185 male and female youthful offenders with prescription drug addictions.
- Use the multidisciplinary Matrix (MET/CBT) model of service delivery supplemented by the Seeking Safety curriculum.
- Develop a responsive system of care for program clients that efficiently and effectively respond to immediate needs and builds a recovery support system.

Goal 2 – Decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program.

- Screen, identify, and treat/refer for treatment female and male youthful offenders enrolled in the intensive outpatient program with co-occurring mental and behavioral health disorders.
- Provide comprehensive overdose prevention to 185 male and female youthful offenders with prescription addictions enrolled in the intensive outpatient program.
- Provide specialized trauma-informed services to male and female youthful offenders enrolled in the program that present with PTSD or sub-clinical trauma using an evidenced-based intervention, Seeking Safety.

The project is designed to comply with all 10 key components of a drug court as demonstrated on pages 11-14 of the application.

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STATEMENT OF THE PROBLEM

Immediate Issues and Proposed Enhancement and/or Expansion

Prescription drug abuse has reached epidemic proportions in Pinellas County, Florida due to the large number of pain clinics in the area. The following statistics for 2010, the most recent year for which relevant data are available, shows the extent of this problem:

- Roughly 27 people were admitted every month to emergency rooms for prescription drug related incidents.
- Over twice as many people died from accidental prescription drug overdoses than from motor vehicle related accidents.
- There were 249 prescription drug related accidental deaths, an increase of 14 percent in comparison to 2009.
- Deaths from oxycodone, alprazolam, methadone, hydrocodone, morphine and diazepam were the highest in the state 2010.
- Practitioners dispensed 6.3 million units of oxycodone.
- A resident died every 36 hours with oxycodone either present or the cause of death.

Experiencing a wait of six to eight weeks in outpatient services, the Pinellas County Adult Drug Court partnered with two substance abuse treatment providers, WestCare Gulf Coast-Florida and the Center for Rational Living, and the Florida Mental Health Institute at the University of South Florida to address the prescription drug problem. The group formed the Pinellas County Adult Drug Court Collaborative, which identified a gap in drug court treatment: specialized gender-specific services for male and female youthful offenders 18-26 years of age addicted to prescription drugs. The evidence-based *You Can!* program was developed specifically to address this gap in services.

The goals of *You Can!* is to decrease substance use and recidivism of drug court participants by (1) increasing the availability and enhance the provision of comprehensive gender-specific,

evidence-based substance abuse treatment for male and female youthful offenders addicted to prescription drugs; and (2) decreasing mental, behavioral, and physical health factors frequently associated with prescription drug addiction and possible death among male and male youthful offenders. The project will serve 185 youthful drug court offenders – 55 individuals the first year and 65 the second and third – who, in addition to a history of prescription drug problems may have mild-to-moderate mental illness. Participants will be placed in an outpatient or residential substance abuse program depending on individual needs. Disqualifying factors will include parole violation; arrests for violent crimes, sales of controlled substances, or burglary; and inability to participate due to hallucinations.

The Collaborative has conducted significant research, training and consensus-building activities with regard to the specialized needs of youthful offenders, both male and female. Evidence-based approaches similar to those proposed in this application were piloted several years ago in a project funded by SAMHSA. The pilot project, which utilized motivational interviewing, cognitive behavioral therapy, and in its later stages trauma informed care, proved successful with its population of focus: female defendants with prescription misuse issues. The proposed project builds upon lessons learned in the pilot, using evidence-based, gender-specific practices to provide a program for youthful offenders, both male and female, that can be replicated throughout the region.

Current Adult Drug Court Operations

A division of the Sixth Judicial Circuit Court, the Pinellas County Adult Drug Court (Adult Drug Court) was established in 2001 to reduce recidivism among non-violent felony offenders with identified substance abuse problems. **Structure of Existing Adult Drug Court Program:** The Adult Drug Court program involves regular required appearances before a judge,

community supervision, substance abuse treatment, and random drug testing. Pinellas County Government, the applicant, contracts with qualified nonprofit behavioral health agencies on behalf of the drug court for outpatient, residential, and recovery support services. **Program Length:** Typically, the length of the program is 24 months although persons who have completed treatment, remained drug free, and completed all other case-specific requirements may petition the court for a dismissal of charges or early termination of probation after twelve months. **Population of Focus:** The Adult Drug Court serves male and female non-violent felony offenders with substance abuse issues; sex offenders are excluded. **Screening and Assessment:** The State Attorney's Office determines eligibility for the Adult Drug Court after reviewing the facts and circumstances of the arrest as well as the prior arrest history and criteria for acceptance into the program. An initial assessment is conducted by a third-party vendor under contract to the County using a set of standardized instruments: Substance Abuse Subtle Screen Inventory for Adults (SASSI-3); University of Rhode Island Change Assessment Scale (URICA); APA Diagnostic and Statistical Manual (DSM-IV); and American Society for Addiction Medicine Patient Placement Criteria Rating (ASAM). **Recovery Supportive Services Delivery Plan:** Following a comprehensive intake assessment, the treatment provider works with the participant to develop an individualized service plan that is shared with the judge and court coordinator. **Judicial Supervision:** Participants appear in court before the judge every month. While in treatment, their counselor appears with them in court to report on their progress. **Community Supervision:** Community supervision is provided by the Florida Department of Corrections (FDOC) Pre-Trial Intervention and Probation Department. Pre-Trial Intervention involves 18 months of supervision. Probation is 24 months in length. Both allow for early termination after 12 months. Community supervision includes monthly office visits, random in-home visits, and

job verification, as well as verification of treatment, community service hours, and payment of court-ordered costs. **Drug Testing:** Treatment providers and the FDOC drug test participants on a random basis weekly during treatment and monthly for up to one year after treatment is completed. **Case Management:** Treatment providers under contract to the court provide comprehensive case management based on the individualized service plan; a goal of case management is to facilitate communication between the substance abuse treatment and medical providers regarding alternative methods to treat chronic pain. **Incentives and Sanctions:** A system of graduated incentives and sanctions are utilized. Incentives include encouragement and recognition, furloughs to travel out of county or state, advancement to the next phase of treatment, early termination of probation, formal graduation and a certificate of completion, and other incentives deemed appropriate. The judge imposes sanctions based upon reports from treatment providers and probation officers that are administered for program non-compliance, testing positive, unsatisfactory treatment performance, absconding from treatment, and new arrests. **Substance Abuse Treatment:** Substance abuse treatment is provided by local nonprofit agencies selected through a competitive process. The following services are available for Adult Drug Court participants: Outpatient Level II (2x/week for 12 weeks); Outpatient Level III (4x/week for 12 weeks); Residential Level 1 (6 months residential f/b 12 weeks of aftercare); Residential Level II (16 - 18 months residential treatment f/b aftercare); Residential III (6 - 12 week program for women f/b aftercare. The Adult Drug Court team monitors treatment quality and effectiveness through weekly case staffings. **Restitution:** Restitution only applies in those cases (e.g., dealing in stolen property, petit theft, DUI with property damage) where a victim asks for restitution. In such cases, the judge will mandate the restitution amounts and terms. **Program Participant Costs:** Pre-Trial Intervention and Probation require a cost of supervision

fee. Participants pleading to Probation also are required to pay court costs. In addition, they may be asked to pay a nominal fee to attend group treatment sessions. **Program Success Data:** Outcome data are tracked by the treatment provider using a computer database. These data are shared with the judge and court officials, and used in the aggregate for the Adult Drug Court annual progress report.

Treatment Services Currently Available for Drug Court Participants

The following treatment services are available for Adult Drug Court participants: substance abuse treatment, mental health services, case management, vocational services, and post-graduation relapse prevention using evidence-based models and curriculum.

Impact of Drug Court Program

The Adult Drug Court proven highly successful in saving lives and jail costs, with approximately 87% of the court's 2,000 graduates remaining arrest-free after three years.

Mechanism for Targeting Offenders Facing Substantial Jail/Prison Time

In 2010, the Florida legislature modified the eligibility criteria for participation in drug court and appropriated funds to develop a pilot program for post-adjudicatory adults. These actions resulted in a pilot program that saves State resources by diverting "high risk" offenders (e.g., those with a history of more frequent arrests) who would otherwise face substantial jail/prison time into community-based treatment programs. The goals for these defendants are the same as for those previously being served in drug court; that is, reduced recidivism through treatment and rehabilitation. In Pinellas County, "higher-risk" offenders meeting the expanded eligibility criteria are diverted to WestCare or the Center for Rational Living for Level 2, Level 3 Outpatient or Non-Secure Residential Treatment and will be served by the proposed program, if they meet all other eligibility criteria.

Nature of Problem and Extent of Crime and Substance Use/Abuse for Population of Focus

The results of the 2009 *National Survey on Drug Use and Health* (NSDUH) found seven million people in the U.S. had used/abused prescription drugs in the previous month. This is almost a million more people than abused these substances in 2008. Prescription drug abuse is especially of concern among young adults. Results from the 2010 NSDUH indicate that young adults aged 18 to 25 are the most likely to use illicit drugs; 5.9% of young adults reported abusing prescription drugs in the past year. Other epidemiological studies document the increased prevalence of prescription drug abuse in young adults (Manchikanti, Fellows, Ailinani, & Pampati, 2010; McCabe, Cranford, & West, 2008).

Despite widespread media and political attention, many so-called "pill mills" continue to proliferate in Pinellas County. According to the Pinellas County Medical Examiner's Office, young adults frequently die of prescription drugs. In 2010, a total of 229 young adults died in Pinellas County with prescription drugs in their system or as the primary cause of death (LiveFree!, 2012). Prescription medication overdose was the primary cause of death for 117 young adults in Pinellas County in 2010, compared to the total of 142 deaths in 2009 primarily from prescription medication overdose across all age groups. Among all prescription drug-related deaths of young adults in Pinellas County for 2010, oxycodone was most prevalent, present in or the primary cause of 58 deaths.

Young adults who misuse prescription or other illicit drugs in Pinellas County frequently come into contact with the criminal justice system. The Pinellas County Sheriff Office arrested a total of 1,328 young adults for drug, alcohol, or tobacco charges between February 1, 2011 and March 19, 2012 (LiveFree!, 2012). There were 2,187 charges associated with these 1,328 arrests, the majority of these charges (n =1,059; 48.4%) related to controlled substances or the

possession of drug paraphernalia (n = 316; 14.4%). While it is not clear how many of these charges directly relate to the misuse of prescription medication, the large number of young adults with substance use-related offenses suggests the need to target services for younger offenders.

In the past twelve months, over half of the cases discharged (n = 827) from the Pinellas County Adult Drug Court involved prescription medications. For almost one-third of the defendants, prescription drugs were the "drug of choice" with females twice as likely as males to select prescription drugs as their primary drug. For young adults, these figures are even more frightening with 15.3%, 10.81%, and 2.25% indicating that prescription drugs were their first, second, and third drug of choice, respectively. Together, 44.6% of the youthful offenders selected marijuana and prescription drugs as their primary drug.

Evaluation data from a pilot program in Pinellas County funded by SAMHSA several years ago indicate that young adults (18 to 26 years old; n = 96) have statistically significant higher rates of prescription drug use when compared to older adults (27 years old and higher; n = 114) at program admission. At baseline, 64.6% of younger adults reported any prescription drug use in the past 90 days, as compared to 36.0% for older adults. Younger adults also were significantly more likely to report higher levels of pain killer/opiate use (M = 17.6 days; SD = 28.3) when compared to older adults (M = 7.7; SD = 19.3).

The evaluation data for the pilot program, which utilized the evidence-based approaches proposed in this application, also indicate that program participants had significant reductions over time in criminal recidivism, particularly for substance-related offenses in the first six-months after program admission and any past 90 day use of illicit drugs from baseline (76.2%) to twelve-month follow-up assessment (9.0%); as well as the number of days misusing prescription

drugs in the past 90 days from baseline (9.13 days to twelve-month follow-up assessment (1.49 days) (Moore, K.A., Young, M.S., Barrett, B., & Givens, E., 2011).

Early evidence of the pilot program's ability to address participant criminal recidivism and substance use argues for the expansion of this successful treatment program to address prescription drug abuse issues among criminal offenders of *both* genders. Because men are more likely to have additional co-morbid substance use disorders and present with different treatment needs (Wu, Woody, Yang, & Blazer, 2010), expansion to serve male offenders will likely require some tailoring of services (Strain, 2002). A new program should target and focus on younger offenders (18-26 years old) of both genders, the population most in need of drug court program intervention for prescription drug abuse since prescription drug abuse is highest among young adults (Manchikanti et al., 2010), with both genders sharing similar prevalence rates.

PROJECT DESIGN AND IMPLEMENTATION

Purpose, Goals, and Objectives

The overall purpose of *You Can!* is to expand and enhance the Adult Drug Court's capacity to reduce substance use and recidivism among drug court participants. The program's goals are and objectives are as follows:

Goal	Objective	Outcome
Increase the availability and enhance the provision of comprehensive gender-specific, evidence-based substance abuse treatment for male and female youthful offenders with prescription drug addictions that are referred by the Adult Drug Court.	Provide comprehensive evidence-based intensive outpatient substance abuse treatment to 185 male and female youthful offenders with prescription drug addictions. Use the multidisciplinary Matrix (MET/CBT) model of service delivery supplemented by the Seeking Safety curriculum. Develop a responsive system of care for program clients that efficiently and effectively respond to immediate needs and builds a recovery support system.	80% of completers will not engage in new criminal activity during the 30 days prior to discharge and 80% of these will not engage in new criminal activity at six months post admission. 90% of admissions will have individualized treatment and discharge plans. 90% of completers will participate in a multi-disciplinary discharge planning meeting. 90% of completers will reduce their alcohol and drug use within the 90 days prior to discharge and 75% will maintain these gains at six months post admission.

Decrease mental, behavioral and physical health factors frequently associated with prescription drug addiction and possible death among male and female youthful offenders referred for treatment by the Adult Drug Court and enrolled in the intensive outpatient program.	Screen, identify, and treat/refer for treatment female and male youthful offenders enrolled in the intensive outpatient program with co-occurring mental and behavioral health disorders. Provide comprehensive overdose prevention to 185 male and female youthful offenders with prescription addictions enrolled in the intensive outpatient program. Provide specialized trauma-informed services to male and female youthful offenders enrolled in the program that present with PTSD or sub-clinical trauma using an evidenced-based intervention, Seeking Safety.	90% of admissions with co-occurring mental health disorders will have individualized treatment plans that integrate treatment for these problems and substance abuse issues. At least 75% of admissions with co-occurring mental health disorders will exhibit decreased symptoms within the 90 days prior to discharge and 75% of these clients will maintain these gains at six months post-admission. At least 75% of admissions having PTSD or sub-clinical trauma will complete the "Seeking Safety" curriculum. At least 75% of admissions completing the Seeking Safety curriculum will exhibit decreased trauma-related symptoms within the 90 days prior to discharge and 75% of these clients will maintain these gains six months post admission.

Relationship to of Program to Key Components of Drug Courts

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing. The drug court and treatment providers will maintain ongoing communication throughout the justice system process in order to exchange information about individual participant program performance. Cases will be staffed weekly to discuss participant progress and to obtain input and feedback from drug court team members for scheduled judicial reviews. The judge will play an active role in the treatment process, meeting with individual participants and treatment staff monthly to review compliance with program requirements, reduction in criminal behavior and substance use, participation in treatment, and restitution to victims and the community. Cross system training and various interagency structures will be utilized to foster understanding, facilitate communication, share decision-making, and resolve conflicts among drug team members and treatment providers. **2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting offenders' due process rights**. The drug court judge, state's attorney, and public defender will work together as

a team to focus on participant's recovery in a non-adversarial atmosphere. To ensure due process and public safety, the judge, state's attorney, and public defender will participate in the design of screening, eligibility, and case processing policies and procedures for the proposed project. Consistent with their existing roles, the state's attorney will review the case and screen youthful offenders to ensure they meet the established eligibility requirements, and the public defender will educate offenders and the offenders' attorney about the nature and purpose of the drug court, the drug court process, and the project. **3. Eligible offenders are identified early and promptly placed in the drug court program.** Eligibility for the project will be determined at the time of filing by the state attorney's office, which screens each adult felony case after arrest to determine if defendants meet the eligibility criteria. All youthful offenders with prescription drug issues will be considered for entrance into the project regardless of race, ethnic diversity, gender, or sexual orientation. Funding of the proposed project should reduce considerably the six to eight week wait time for outpatient treatment currently being experienced by youthful offenders with prescription drug use/misuse problems. **4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.** The proposed project will fill a gap in the continuum of alcohol, drug, and related treatment and rehabilitation services currently offered by the Adult Drug Court. The project will create a new gender-specific, culturally competent program for youthful offenders with a history of prescription drug abuse, including those with a co-occurring psychiatric disorder. The system navigator will facilitate access to other related treatment and rehabilitative services consistent with the individual service plan. **5. Abstinence is monitored by frequent alcohol and other drug testing.** During treatment, random drug testing will be conducted by treatment providers and the Department of Corrections weekly. Upon completion of treatment, the Department of Corrections will randomly

drug test each participant at least once a month. **6. A coordinated strategy governs drug court responses to offenders' compliance.** The Adult Drug Court will respond expeditiously to apply both graduated incentives and sanctions. Graduated incentives will include: encouragement and recognition; furloughs to travel out of county or out of state; advancement to the next phase of treatment; early termination of probation; formal graduation and a certificate of completion from the drug court program; and other incentives to court deems appropriate. The court will impose sanctions based upon reports from the treatment provider and probation officers. Progressive sanctions will be administered for non-compliance, testing positive, unsatisfactory treatment performance, absconding from treatment, and any new arrests. **7. Ongoing judicial interaction with each drug court participant is essential.** All drug court offenders will be required to attend a judicial review every month. Team members, other than the judge and offender, participating in judicial reviews will include: probation officer, substance abuse treatment representative, defense attorney, state attorney's office representative, and drug court coordinator. **8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.** Program management data will be obtained from records maintained for day-to-day operations. An assessor employed by the treatment provider will routinely collect these data and enter them in aggregate into the court's automated system so they can be compiled into program reports. Drug court managers will use the reports to analyze program operations, measure program effectiveness, and modify program procedures as necessary. An independent evaluator also will also the data, and prepare interim/final reports for the project. **9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.** The drug court team and treatment staff will continue to receive training and education through the Florida Office of State Courts Administrator, and to attend Federal and

local trainings. Implementing the training and education obtained with fidelity will ensure that drug court goals and policies are understood, reasonable, and realistic, and provide opportunities for ongoing interaction between personnel from the different organizations. **10. Forging partnerships among drug courts, public agencies, and community-based organizations generate local support and enhance drug court effectiveness.** Key members of the drug court team include the drug court judge, drug court coordinator, representatives of the state attorney and public defender's offices, probation officers, and the treatment provider liaison. The team will meet monthly to discuss the status of the project and to resolve issues of concern.

How Achievement of the Goals Will Produce Meaningful and Relevant Results

The primary outcome of *You Can!* will be a reduction in substance use and criminal recidivism among a group of high risk offenders. The project will increase the capacity of the drug court to treat young adult offenders with prescription drug problems who are likely to recidivate. Alcohol and drug use, specifically prescription drug misuse and abuse, will be reduced among this population through access to outpatient treatment, improved care coordination, and recovery support services. Implementation of evidence-based practices that are gender-specific and culturally competent will improve treatment retention, completion, and outcome rates. Prescription drug addiction and deaths will decrease as mental, behavioral and physical health factors frequently associated with prescription drug addiction improves.

Description of Evidence-Based Treatment Services That Will Be Provided

The project will focus on youthful offenders referred to the program by the Adult Drug Court for prescription drug misuse/abuse issues. Following screening and referral, offenders will be further by treatment providers using the Global Appraisal of Individual Needs-Q3 (GAIN-Q3). An assessor trained in the GAIN-Q3 will administer this evidence-based tool at intake and again

six and twelve months after admission. Based on the results of the screenings and assessments, offenders, assisted by a counselor and the system navigator, will develop an individualized treatment plan. During the planning process, the counselor will determine whether the offender has a legitimate pain issue and alternative therapies need to be built into the plan.

The counselor and system navigator will work with offenders on issues related to prescription drug abuse, substance abuse, mental health and primary health care needs, housing and vocational, recovery support services, and access to medications. Participants will receive three months of intensive treatment—three times per week (Phase 1); three months of treatment—two times per week (Phase 2); and three to six months of aftercare and relapse prevention using a peer-focused model—at least once every two weeks (Phase 3). This phase will include education, social support groups, individual counseling, and regular drug testing.

Trauma and gender-specific groups will be offered; participation at community-based AA and NA meetings will be encouraged. Motivational Interviewing and Cognitive Behavioral Therapy will be utilized as will the evidence-based and gender-responsive Seeking Safety curriculum. Graduates who remain drug- and arrest-free will have an opportunity to be trained as support leaders. These individuals will provide leadership in the aftercare phase. Judicial reviews will occur every month. Treatment staff will meet with drug team members prior to and also attend monthly judicial reviews.

Upon admission to the program each client will be assigned a color. They will be required to call in daily to be given the color of the day. If it is their color they will have to come in and complete a urine analysis within 24 hours. The Florida Department of Corrections and the Office of the State Attorney will maintain community supervision of all participants for up to 24 months. The Adult Drug Court judge, however, can take into consideration program performance

and discharge a participant early if they have done well. Written protocols will ensure the perception of procedural fairness throughout all court and program operations.

The GAIN Q-3 is an evidence-based multipurpose assessment used to accurately and efficiently identify a wide range of life problems among adolescents and adults in both clinical and general populations. The overall purpose of the GAIN-Q3 is to efficiently and accurately assign people entering or being screened for services into one of three groups: those who do not appear to have problems in need of attention; those who appear to have mild problems that can be addressed in a brief intervention; and those whose results indicate the need for referral for a more detailed assessment or specialized treatment. For participants whose results indicate mild problems, the GAIN-Q3 system provides the means to conduct a brief intervention based on the principles of motivational interviewing.

The project will utilize the Matrix Model, an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings (Rawson et al., 1995). The goal of the Matrix Model is to provide a therapeutic framework in which substance abusers can: (a) cease substance use, (b) remain in treatment, (c) learn about issues critical to addiction and relapse, (d) receive direction and support from a trained therapist, (e) receive education for family members affected by the addiction, (f) become familiar with self-help programs, and (g) receive monitoring by 12-panel urine testing. The model utilizes a client-counselor partnership approach and incorporates family strengthening and education components. Treatment materials draw on other tested approaches, and include elements pertaining to the areas of relapse prevention, family and group therapies, drug education, and self-help participation (National Institute on Drug Abuse [NIDA], 1999).

The Matrix Model utilizes Motivational Interviewing coupled with Cognitive Behavioral Therapy which has been extensively documented in the literature and is listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). Cognitive Behavioral Therapy addresses relapse prevention, including "...exploring the positive and negative consequences of continued use, self-monitoring to recognize drug cravings early on and to identify high-risk situations for use, and strategies for coping with high-risk situations and the desire to use." Several NIDA-funded projects have shown that the use of the Matrix model demonstrated statistically significant reductions in drug and alcohol use, improvements in psychological indicators, and reduced risky sexual behaviors (Rawson et al., 1995; Shoptaw, Frosch, Rawson, & Ling, 1997). These reports, along with evidence suggesting comparable treatment response between methamphetamine users and cocaine users, (Huber, Ling, Shoptaw, Gulati, & Brethen, & Rawson, 1997), provides empirical support for the use of the model.

Seeking Safety is a treatment for clients with a history of trauma and substance abuse (Najavits, 2002). The treatment was designed for use either individually or in groups, and a variety of settings. Seeking Safety focuses on coping skills and psycho-education, and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas –cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes.

Since 1992, Seeking Safety has been implemented in more than 3,000 clinical settings and as part of statewide initiatives in Connecticut, Hawaii, Oregon, Texas, and Wyoming. It has been implemented in programs for substance abuse, mental health, domestic violence, homelessness,

women and children, and veterans and in correctional, medical, and school settings in the United States and internationally. The program is the only model for PTSD and substance use disorder comorbidity that meets standard criteria in the field as an effective treatment (Chambless & Hollon. 1998; Najavits, Ryngala, Back, Bolton, Mueser, & Brady, 2008).

Evidence Selected Treatment Is Appropriate for the Outcomes

According to outcome information include in the NREPP, Matrix Model participants were 38% more likely to stay in treatment compared with participants receiving treatment as usual. Stimulant drug-use indicators were significantly reduced during treatment for both Matrix participants and the treatment-as-usual participants. Compared with a subgroup of participants receiving 12 weeks of total treatment at comparison sites, Matrix participants on average produced more drug-free urine samples. Likewise, the NREPP included data from a study of Seeking Safety in which a randomized controlled trial of 107 participants assessed the severity of substance use in participants assigned to Seeking Safety, Relapse Prevention, or a usual care control condition. Compared with individuals in the usual care control condition, Seeking Safety participants significantly reduced their substance use at the end of treatment and showed a significant improvement on trauma symptoms at the end of treatment.

Modifications or Adaptations

No modifications or adaptations will be made.

How Proposed Project Addresses Issues in the Population of Focus

You Can! will address issues of age, race/ethnic, culture, language, sexual orientation, disability, literacy and gender etc relative to women and their children through extensive cultural diversity and sensitivity training while retaining fidelity to the chosen practice. **Race/Ethnicity:** Individuals will be recruited to participate in the project regardless of race/ethnicity. Efforts will

be made to hire staff reflective of the race/ethnicity of the population served. Culturally appropriate materials will be employed in service delivery. **Religion:** Individuals will be recruited to participate in the project regardless of religion; accommodations will be made to specific religious beliefs and practices as needed. **Gender:** Both females and males will be recruited to participate in the project. The project will provide gender-specific services for both females and males. Literature and materials will be utilized proven to be effective with the specific population. **Age:** Program services will be age-appropriate for the population served. Staff will be cognizant of age-appropriate language for messages and in treatment sessions as well as in any literature or materials used. **Geography:** Service sites will be accessible by mass transportation; the project will provide bus passes to offenders to assist with transportation. **Socioeconomic Status:** All treatment services provided by the program will be provided at no charge to participants. **Culture:** Cultural norms and expectations will be taken into account in the implementation of this project, and services will be adapted to the cultural norms and expectations of participants. **Language:** The court will provide bi-lingual/bi-cultural translators as needed for the various judicial proceedings; treatment agencies will provide the same in the treatment environment. **Sexual Orientation:** The project will work with all sexual orientations to foster inclusion, safety, and ease of access to all interventions. **Disability:** Individuals will be recruited to participate in the project regardless of disability. If an individual requires additional assistance, project staff will make the necessary arrangements. Assistance for the hearing and sight impaired will be accessed through the local Deaf Services Center and Lighthouse for the Blind to ensure maximum participation. **Literacy:** Project staff will ensure a wide range of materials are available and read with any individual with limited to no reading skills.

How Proposed Services Will Meet Project Goals and Objectives Within Grant Period:

You Can! will provide the data requited so that OJP can calculate values for the required Performance Measures including those stated in the Grant Announcement. In addition to meeting BJA performance measures, the goals and objectives identified by the applicant will yield the following relevant results over the life of the grant:

- At least 90% (N=58) annually will remain substance free during treatment and 6 months post admission as evidenced by random drug screenings and GPRA.
- Use of the Matrix Model will empower at least 80% (N=52) of participants annually to complete their individualized service plan as indicated by treatment records, the CMR, WAI and GPRA.
- Use of Seeking Safety will yield a 70% decrease in trauma symptoms among program participants as evidenced by the BSI, PTSD Checklist and GPRA.
- At least 90% (N=4) annually of offenders enrolled in the Windmoor Detoxification program will complete their treatment and enter outpatient treatment drug-free as evidenced by their pre-treatment screening.
- At 12 months post admission, a 70% decrease in recidivism among successful *You Can!* completers will be evident per court records and the GPRA.
- At least 10 peer support leaders will provide peer recovery support to program participants annually as indicated by the leadership training roster.
- At least 85% (N=54) of participants annually will receive a community-based service as result of a *You Can!* referral or linkage as indicated by their service plan notes.
- At least 50% (N=32) of program participants annually will be referred to a community-based mental health provider partner for a formal mental health evaluation.
- At least 85% (N=54) of program participants annually will remain substance free during the aftercare phase and follow-up as indicated by drug screenings and GPRA.
- At least 80% (N=52) of program participants annually who complete treatment will have stable living arrangements at discharge and 80% will maintain these living arrangements at 6 months follow-up as evidenced by treatment records and GPRA.
- The Pinellas County Adult Drug Court Collaborative will develop at least four new partnerships with community-based organizations annually.

- At least 50 community stakeholders will attend each of the two community education events hosted by the Pinellas County Adult Drug Court Collaborative.
- At least 100 community members will be educated annually about prescription misuse by the Pinellas County Adult Drug Court Collaborative.

How Clients will be Screened and Assessed for the Presence of Co-occurring Disorders

Consistent with established Adult Drug Court procedure, participants will be screened prior to referral to the Adult Drug Court by a vendor of the court, Solutions Behavioral Healthcare Consultants, Inc. using a series of standardized instruments described earlier in this application. The screening will explore demographics, presenting issues, alcohol and drug history, psychiatric history, medical history, education, employment and family relationships among other topics. Treatment providers involved in the project will supplement these results with those of the GAIN-Q, which they will administer at intake and again six and twelve months after admission. The results of these screenings and assessments will be used to identify the presence of co-occurring substance abuse and mental health disorders, which will be addressed in the individualized treatment plan.

Number of Individuals to be Served

The project will serve 185 drug court clients with prescription misuse problems over a 3-year period (55 YR 1, 65 YR 2-3).

How Population of Focus Will Be Identified, Recruited, and Retained

The project will continue and build upon Pinellas County's existing Adult Drug Court program, with special emphasis on identifying and recruiting young adults (18-26) who have prescription drug misuse/abuse issues. The project's assessor will work closely with the State Attorney's Office, Office of the Public Defender, and Adult Drug Court staff to identify prospective participants. The project will employ the Matrix Model and Seeking Safety

evidence-based practices, which should enhance engagement, treatment, and retention. Additionally, retention should be enhanced by infusing the program from outreach to aftercare with state-of-the-art gender-specific, culturally competent approaches. The project's lead counselor, Heidi Jacobsen, has extensive experience operating gender-specific, culturally competent programs.

Related Governmental or Community Initiatives

The Sixth Judicial Circuit Court, WestCare and the Center for Rational Living are connected to a multi-disciplinary network comprised of dozens of social services, law enforcement, and health care organizations, which will facilitate acceptance of referrals from the project's system navigator. In addition, Windmoor Hospital in Pinellas County has a painkiller detoxification program that will be available if residential treatment is needed. (The applicant has allocated funding from the budget to cover the costs of program participants who volunteer to enter a detoxification program for their prescription abuse prior to outpatient treatment.) The applicant and its partners will join the Tampa Bay Prescription Drug Task Force to participate in a community education/prevention campaign about prescription misuse. Along with project partners, stakeholders from the taskforce will help form a *You Can!* Advisory Board.

How Project Planning, Implementation, and Assessment Will Include Client Input

Staff will regularly and systematically seek input from participants and, when appropriate, family members. Input from participants will be obtained through interviews and/or counseling sessions at the time of screening, intake, assessment, throughout the delivery of all services, upon discharge, and post-discharge. Input will be used to revise individual plans, change individual service delivery, improve project processes and services; and prioritize training needs.

CAPABILITIES AND COMPETENCIES

How Project Components Will Be Embedded Within Existing Service Delivery System

Since its inception in 1984, the Pinellas County Department of Justice and Consumer Services (PCDJCS), formerly the Office of Justice Planning and the Department of Justice Coordination, has been tasked with providing research and project coordination on issues that impact Pinellas County. PCDJCS serves as a conduit to manage federal, state, and local funding directed towards public safety initiatives and criminal justice, and administers numerous grants, nationally-recognized justice technology projects, local law enforcement and judicial program and service funding. PCDJCS maintains oversight responsibility of more than 50 justice-related contracts in such areas as law enforcement, substance abuse, domestic violence, jail diversion programs, juvenile justice, child protection, and the courts. Department staff serves as the County liaison for approximately 30 committees and task forces, and facilitate a number of county-wide meetings including the Substance Abuse Advisory Board, Pinellas County Data Collaborative, and Law Enforcement Information Sharing and Analysis Committee. As the applicant agency, PCDJCS will provide oversight and management for the grant-funded project.

The Sixth Judicial Circuit Court, part of Pinellas County Government, will serve as the implementing agency for the project. The Circuit Court houses the Pinellas County Adult Drug Court and is responsible for its overall direction and management. The Adult Drug Court is a blended felony court with a combination of felony pre-plea, post –plea-post adjudication, and probation violators. Its voluntary 24-month program provides court-supervised comprehensive treatment for eligible non-violent felony offenders with substance abuse issues. The drug court is available to the entire substance offender population of Pinellas County who meets drug court criteria and desire treatment. Bi-lingual staff is available.

WestCare, one of two proposed project treatment providers, is a 501 (c)3 community-based nonprofit, is part of WestCare, Inc., the nationwide network of behavioral health service organizations established more than 38 years ago. WestCare is licensed under Florida Chapter 397 and has developed a presence in the Florida counties of Pinellas and Escambia as a provider of comprehensive behavioral health services for specialized populations including homeless men and women, youth, individuals transitioning into the community from jail, individuals with co-occurring mental health and substance abuse issues and individuals living with HIV/AIDS. In 2003, WestCare partnered with the Mustard Seed Inn and Turning Point. Today, the two programs facilitate a continuum of care for homeless adults with substance abuse and mental health issues and provide health and human services in St. Petersburg. Across the nation, WestCare is known for its expertise in the areas of criminal justice, homeless and gender-specific programming and serves upwards of 2,000 men, women and youth annually.

The Center for Rational Living (CRL), the second proposed treatment provider, has provided community-based outpatient substance abuse treatment and aftercare services to the criminal justice population since 1996. The Center has provided inpatient and outpatient services to the Pinellas County Drug Court, Department of Corrections, DUI-Counterattack, and Sun Coast Safety Counsel. CRL is a contracted provider for the Pinellas County Drug Court providing outpatient services and utilizes community resources to link clients with services not provided. CRL is aware of the issues criminal justice clients may be experiencing, and understands the key to successful outcomes for substance abuse treatment and reducing recidivism.

The evaluator, the Louis de la Parte Florida Mental Health Institute (FMHI), will contract to provide the independent evaluation component of the program. FMHI was created by the Florida legislature in 1967, and has many years of experience providing research, training, education,

technical assistance, and support to behavioral health agencies, professionals, consumer organizations, and advocates. FMHI's external research funding exceeds $30 million annually. Faculty within its Department of Mental Health Law and Policy has specific experience working in the area of substance abuse and mental health for justice-involved populations, and has received numerous federal grants to support these initiatives. The lead Evaluator, Dr. Kathleen Moore, has worked on over 20 funded grant projects and currently serves as Principal Investigator (PI) or Co-Principal Investigator (Co-PI) on seven grants with a focus on criminal justice and co-occurring disorders.

Letters of commitment outlining services to be provided, level, and intensity of resources committed from all collaborating organizations are attached to this application.

Groundwork Completed and When Service Delivery Can Begin

The Pinellas County Adult Drug Court has identified existing resources and facilities that will be used by the project. Pinellas County has an inter-local agreement in place with the Sixth Judicial Circuit for drug court treatment funding as well as contracts with drug court treatment providers, WestCare and the Center for Rational Living. The project director and clinical directors have been identified and the treatment facilities have been operational in the community for decades. Service delivery will begin no later than four months after grant award.

Potential Barriers to Success and How They Will Be Overcome

Potential barriers to successful conduct of the proposed project include client transportation, health care, and family issues. The program will provide bus passes to offenders to assist with transportation and will include incentives to encourage participation and follow-up. The systems navigator will assist with enhanced care coordination to strengthen access to medical and vocational services, housing, and additional recovery support services.

Program Continuity and Changes in Operational Environment

All key partners will ensure program continuity is maintained when there is a change in the operational environment due to staff turnover, a change in ancillary funding, or a change in project leadership. Issues relating to project stability and performance will be addressed during monthly meetings of the key stakeholders.

Staff Positions for the Project

Position Title	Staff Name or Status	Attached
Drug Court Coordinator	Nicholas Bridenback	Resume
Court Program Specialist I	VACANT	Job Description
Circuit Judge	Judge Dee Anna Farnell	Resume
Clinical Director	Jana Balicki, MS	Resume
Counselor	Heidi Jacobsen, CAP, LMHCI	Resume
Counselor	VACANT	Job Description
Care Coordinator/Navigator	VACANT	Job Description
Research Assistant	VACANT	Job Description
Evaluator	Kathleen Moore, Ph.D.	Resume

Demonstrated Experience of Key Staff

The project director, clinical directors and evaluator have more than 60 years experience serving, and are familiar with the culture of, the target population. These individuals bring a lifetime of experience and understanding of the plight of the target population to this project. Project Director Nicholas Bridenback is the current Pinellas County Drug Court Coordinator. He has more than 10 years experience in working with individuals involved in the criminal justice system. WestCare Clinical Director Jana Balicki has more than 20 years of experience in administering substance abuse and mental health treatment to the target population in residential and outpatient modalities. Evaluator Dr. Kathleen Moore has worked on over 20 grant projects in

the area of substance abuse and mental health for the past 12 years including several grants in collaboration with various community-based agencies. Pinellas County Lead Judge Farnell graduated from Florida State University and received her Juris Doctor from Stetson University College of Law. She was elected as Circuit Court Judge in November of 1994 and has been the Drug Court Judge since January 2007. Job descriptions and resumes for key staff are attached.

Resources Available for Proposed Project

The resources available for the proposed project include space for the project in fully equipped facilities operated by the Pinellas County Adult Drug Court, Pinellas County Department of Justice and Consumer Services, FMHI, WestCare and the Center for Rational Living. Treatment facilities operated in St. Petersburg and Clearwater by the latter two organizations, WestCare and the Center for Rational Living, will provide access to project services on both ends of the county, south and north. The facilities have sufficient space to accommodate the project and are already in use by the population of focus.

All facilities to be used by the project are within close proximity to public transportation and are centrally located to other health and human services, including health departments and primary health care centers. Additionally, WestCare and the Center for Rational Living will network with project partners and the Pinellas County Coalition for the Homeless to secure bus tokens for participants if needed. All facilities are accessible to persons with special needs as prescribed in the Florida Americans with Disabilities Accessibility Implementation Act including, where appropriate, wheel-chair ramps and wheel-chair accessible bathrooms.

EVALUATION, AFTERCARE, SUSTAINABILITY AND DATA COLLECTION PLAN

How Court Performance Will Be Evaluated and Managed

Evaluation of court performance will focus on process measures and program outcomes, including the collection of qualitative and quantitative data. ***Process Evaluation***. This will consist of a series of ongoing activities and review of selected program implementation issues. Three major activities will be conducted as part of the process evaluation: (1) staff and participant interviews to examine the perceived effectiveness of different components of the adult drug court program; (2) observation of drug court and treatment activities to examine the fidelity, quality, and comprehensiveness of various program services, and identify potential areas for improvement; and (3) review of key program materials and records, including clinical and supervision records, status hearing reports, and written materials describing the drug court program. ***Outcome Evaluation***. This will examine the extent to which involvement in the drug court reduces substance use and recidivism, as well as key outcome measures such as mental health symptomatology, trauma symptoms, social support, and treatment readiness. Outcome evaluation data will be supplied by the program from: (1) treatment records, (2) court records, and (3) survey information collected on participants. Monthly Steering Committee meetings will provide a forum for evaluators to meet with drug court program staff to review interim findings that will guide discussion of potential changes to program operation and management issues.

Program's Screening and Referral Process

At intake, an outside evaluation firm, Solutions Behavioral Healthcare Consultants, will screen offenders referred through Drug Court using various standardized assessments: Substance Abuse Subtle Screen Inventory for Adults (SASSI-3), University of Rhode Island Change Assessment Scale (URICA), APA Diagnostic and Statistical Manual (DSM-IV), and American

Society for Addiction Medicine Patient Placement Criteria Rating (ASAM). A Summary Report will be generated with aggregated information from these standardized assessment instruments.

How Program Will Demonstrate Ongoing Review of Expected Program Capacity

A standing agenda item at each monthly *You Can!* Steering Committee meeting will be a report on and comparison of the program's actual capacity and its expected capacity. Ongoing communication at these meetings will occur between judicial staff to ensure that all interested parties understand the referral process and grant requirements.

How Program Will Be Maintained and Current Collaborations/Evaluations Leveraged

Pinellas County will make every effort to obtain future funding after grant period expire. The program's key stakeholders will disseminate project evaluation and performance reports, and advocate on behalf of continuation funding for the project with federal, state and local officials.

Client Community Reintegration or Aftercare Strategy and Sustainability Plan

The partners in the proposed project have a successful history of working together to sustain projects supported by the community. The Sixth Judicial Circuit Court has sustained previous grant projects including a two-year Family Court Implementation Grant in 2000-2002 and a BJA Adult Drug Court Enhancement Grant that terminated in August 2011. The earlier grant established a Unified Family Court that is still operational, and the Adult Drug Court Enhancement was developed to keep costs contained so that it could be absorbed within the court's technology funds. The court believes that enough support will be generated to enable the allocation of necessary resources to sustain the proposed project if it is successful.

Ability to Collect and Report Required Performance Measures

The performance assessment and data collection will be supervised by Dr. Kathleen Moore at the Florida Mental Health Institute (FMHI). BJA has required performance measures that will be

collected via treatment and court records to ensure compliance with outcomes. These measures include: (1) percentage admitted, (2) percentage of successful program completions, (3) percent tested positive for illegal substances, and (4) rate of recidivism. SAMHSA has required GPRA measures to ensure compliance with baseline, discharge, and six-month outcomes. FMHI has extensive experience conducting client outcome research, including projects that used the GPRA Tool required by this grant. A partial list of past and current projects includes: (1) Evaluation of Refuge Treatment for Homeless Project (2009-present), (2) Evaluation of Hillsborough Medication-Assisted Drug Court Treatment (2009-present), (3) Evaluation of Pinellas County's Drug Court Program (2008-2011), and (4) Evaluation of Family Dependency Treatment Court Program (2006-2009). Dr. Moore has been involved in three prior and two current SAMHSA-funded projects that have GPRA requirements similar to those of the current proposal and has an average follow-up completion rate of 86%, exceeding the GPRA requirement of 80% retention.

Data Collection, Management, Analysis, and Reporting Plan

The current evaluation will utilize a systematic approach to data collection, management, analysis, and reporting. The treatment team coordinator will contact evaluation staff for the enrollment meeting with the participant. The evaluation staff will administer the initial baseline GPRA and other ancillary measures, obtain informed consent, explain the study and collect extensive co-locator information from the participant along with permission to contact others who may know the individual's whereabouts. All follow-ups will be coordinated and administered by the evaluation team. If the person does not keep the follow-up appointment, the evaluation team will begin active follow-up by contacting friends and family. To encourage client participation, we will offer each client a $10.00 incentive for completing each follow-up interview. **Additional Measures or Instruments:** In addition to the required BJA performance

measures and GPRA client outcome measures, the following measures and scales are included in this study because they (1) have evidenced sound psychometric properties and sensitivity to change, (2) have been previously used in similar research, and (3) measure constructs hypothesized to be affected by the proposed intervention. These measures include:

1. ***Brief Symptom Inventory*** (BSI; Derogatis, 1993). The BSI is a 53-item measure of mental health symptoms over the past 7 days. It has been used extensively in homelessness, mental health, and substance abuse research. The BSI has produced scores with internal consistencies of α = .71-.85 and two week test–retest reliability of α = .68-.91 (Derogatis, 1993).

2. ***Posttraumatic Stress Disorder Checklist*** (PCL; Weathers, Litz, Herman, Huska, & Keane, 1993). This 17-item self-report scale for PTSD is based on DSM-IV criteria. Respondents indicate how much distress a symptom has caused over the past month. The PCL has produced scores with an internal consistency of α = .94 (Ruggiero, Del Ben, Scotti, & Rabalais, 2003).

3. ***Circumstances, Motivation, and Readiness*** (CMR; De Leon, Melnick, & Kressel, 1997). The CMR scale is an 18-item instrument designed to measure motivation, readiness for treatment, and predict retention in treatment among abusers of illicit drugs.

4. ***Working Alliance Inventory*** (Horvath & Greenberg, 1989). This is a 12-item inventory comprised of three subscales: bond, task, and goal. The scales have produced scores with internal consistencies of α =.83 to .98.

Use of Data to Manage the Project and Assure Continuous Quality Improvement

FMHI will submit an application to the University of South Florida's Institution Review Board (IRB) to ensure that project data collection complies with all regulations regarding the use of human subjects. To ensure continuous quality improvement of data collection, a Research Assistants' Manual that was developed for a similar project will be modified and used. An

experienced research assistant will conduct face-to-face interviews and enter the data on hardcopies. A data entry person will enter this information into a Microsoft Access program via computer. Quality control will be maintained by the field supervisor who will directly observe every interviewee in the field and by checking 10-15% of data entries by matching the hardcopy with the computer entry. FMHI's Research Data Center will retain the computer files and is in full compliance with HIPAA regulations to protect the confidentiality of the data.

Baseline measures will be collected immediately after the client is accepted into the program before clients are exposed to treatment. The same set of measures will be completed at six-month follow-up. Disparate outcomes will be assessed by analyzing results for subgroups of individuals based on demographic factors like age, race, and ethnicity. Evaluation reports summarizing process and outcome findings will be presented and discussed monthly at Steering Committee meetings, thereby providing continuous oversight of program performance.

Information Related to Process and Outcomes

Steering Committee meetings will be conducted monthly with key stakeholders at which evaluation updates will be communicated and discussed. The process evaluation will assist the program to meet its goals and objectives by providing the basis for recommendations to improve program functions and activities. The outcome evaluation will assist in determining the program's effectiveness in reducing substance use and recidivism of drug court participants. Data obtained from the drug court process and outcome evaluation will be monitored in order to modify program components, procedures, and to justify sustainability of the program. Recommendations will be incorporated into the bi-annual performance assessment.

BJA/SAMHSA - Adult Drug Court Services, Coordination, and Treatment
BJA Budget Narrative – Pinellas County, Florida

A. Personnel:

Position	Name	Annual Salary/Rate	Level of Effort	Cost Year 1	Cost Year 2	Cost Year 3	Total Cost
Court Program Specialist	TBD	$30,320.04	100%	$30,320.04	$30,320.04	$30,320.04	$90,960.12
Drug Court Coordinator (County match)	Nick Bridenback	$46,208.45	20%	$9,241.69	$9,241.69	$9,241.69	$27,725.07
Circuit Judge (State match)	Dee Anna Farnell	$142,178.00	10%	$14,217.80	$14,217.80	$14,217.80	$42,653.40
			TOTAL	**$53,779.53**	**$53,779.53**	**$53,779.53**	**$161,338.59**

JUSTIFICATION:

The Court will hire a Court Program Specialist I to ensure that project participants are progressing in drug court, maintain data regarding their progress, and ensure that treatment provider reports are completed timely and that cases are ready for hearing.

The Drug Court Coordinator will be the program coordinator for the project. As such, he will oversee all aspects of program implementation and contract compliance. He will collect, review and report on project deliverables, and hold project team meetings.

The Circuit Judge assigned to the Adult Drug Court will review the status of the project participants at frequent status hearings, impose incentives and sanctions, and decide questions related to drug court progress, violations, appropriate treatment level and drug court graduation or unsuccessful termination.

FEDERAL REQUEST **$90,960.12**

B. Fringe Benefits: List all components that make up the fringe benefits rate

Component	Rate	Wage	Cost Year 1	Cost Year 2	Cost Year 3	Total Cost
Court Program Specialist:						
FICA	.0765	$30,320.04	$2,319.48	$2,319.48	$2,319.48	$6,958.44
Retirement	.0566	$30,320.04	$1,716.11	$1,716.11	$1,716.11	$5,148.33
Health Insurance	$12,420	Flat yearly cost	$12,420.00	$12,420.00	$12,420.00	$37,260.00
Dental	$450	Flat yearly cost	$450.00	$450.00	$450.00	$1,350.00
Long-term Disability	.0044	$30,320.04	$133.41	$133.41	$133.41	$400.23
Life Insurance	.0019	$30,320.04	$57.61	$57.61	$57.61	$172.83
Drug Court Coordinator:						
FICA	.0765	$9,241.69	$706.99	$706.99	$706.99	$2,120.97
Retirement	.0566	$9,241.69	$523.08	$523.08	$523.08	$1,569.24
Health Insurance	$12,420	20% of flat yearly cost	$1,863.00	$1,863.00	$1,863.00	$5,589.00
Dental	$450	20% of flat yearly cost	$67.50	$67.50	$67.50	$202.50
Long-term Disability	.0044	$9,241.69	$40.66	$40.66	$40.66	$121.98
Life Insurance	.0019	$9,241.69	$17.56	$17.56	$17.56	$52.68
Circuit Judge:						
FICA	.0765	$14,217.80	$1,087.66	$1,087.66	$1,087.66	$3,262.98
Retirement	.0791	$14,217.80	$1,124.63	$1,124.63	$1,124.63	$3,373.89
Health/Benefits	$9,440	10% of flat yearly cost	$944.00	$944.00	$944.00	$2,832.00
		TOTAL	**$23,471.69**	**$23,471.69**	**$23,471.69**	**$70,415.07**

JUSTIFICATION:

Fringe reflects current rate for respective agency. Fringe for Drug Court Coordinator is County-funded match; fringe for Circuit Judge is State-funded match.

FEDERAL REQUEST **$51,289.83**

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

Purpose of Travel	Location	Item	Rate	Cost Year 1	Cost Year 2	Cost Year 3	Total Cost
(1) Grantee Conference	TBD	Airfare	$500 airfare * 4 staff * 1 trip/year	$2,000.00	$2,000.00	$2,000.00	$6,000.00
		Lodging	$200/day * 4 staff * 2 days * 1 trip/year	$1,600.00	$1,600.00	$1,600.00	$4,800.00
		Per Diem	$36/day * 4 staff * 3 days * 1 trip/year	$432.00	$432.00	$432.00	$1,296.00
		Incidental	Parking fees, local mileage, etc. $40/person *4 staff * 1 trip/year	$160.00	$160.00	$160.00	$480.00
(2) Seeking Safety Training (WestCare match)	Local	One–day Instructor Cost	$500 * 1 session each year	$500.00	$500.00	$500.00	$1,500.00
(3) Matrix Training (WestCare match)	Local	One-day Instructor Cost	$500 * 1 session each year	$500.00	$500.00	$500.00	$1,500.00
			TOTAL	**$5,192.00**	**$5,192.00**	**$5,192.00**	**$15,576.00**

JUSTIFICATION:

National Travel: Four staff will travel one time annually to a required Joint Grantee Meeting for three days to a location to be determined. Mandatory Annual meeting costs are estimated. Pinellas County's travel policies will be strictly enforced. Training and travel will be provided for court staff and project collaborative partners.

The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period. Mr. Maikel Belfor, Residential Program Director at WestCare will conduct this training annually for clinical staff.

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Ms. Jean Jones, Outpatient Program Director at WestCare, will conduct this training annually for clinical staff.

FEDERAL REQUEST **$12,576.00**

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

FEDERAL REQUEST – **$ 0**

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

Item(s)	Rate	Cost Year 1	Cost Year 2	Cost Year 3	Total Cost
1,690 urinalysis tests/year	$4.50 per test	$7,605.00	$7,605.00	$7,605.00	$22,815.00
508 six-panel swabs/year	$10.46 per swab	$5,313.68	$5,313.68	$5,313.68	$15,941.04
	TOTAL	**$12,918.68**	**$12,918.68**	**$12,918.68**	**$38,756.04**

JUSTIFICATION:

Urinalysis tests will be administered to 65 clients per year for six months each at a rate of 1 test per week. (65 x 26 = 1,690 tests).

Six-panel swabs will be used in the courtroom to test for amphetamines, methamphetamines, THC, opiates, cocaine, and PCP. Estimate of 7-8 swabs per client.

FEDERAL REQUEST - **$ 38,756.04**

F. Construction: Not applicable.

FEDERAL REQUEST – **$ 0**

G. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND NARRATIVE JUSTIFICATION. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

Name	Service	Rate	Year 1	Year 2	Year 3	Total Cost
Chestnut Health Systems						
	Contract for use of the GAIN evidence-based assessment system	$22,866/ Year	$22,866.00	$22,866.00	$22,866.00	$68,598.00
		TOTAL	**$22,866.00**	**$22,866.00**	**$22,866.00**	**$68,598.00**

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

We are proposing to adopt as our evidence-based assessment the Global Appraisal of Individual Needs (GAIN; www.gaincc.org), developed by Chestnut Health Systems in collaboration with several Federal Agencies (CSAT, NIDA, NIAAA), states, local governments and researchers. The budget therefore requests $22,866 per year to cover a fixed price contract with Chestnut to provide the GAIN Service Package used by other SAMHSA/CSAT grantees. This contract includes the cost of 1) In person training, quality assurance/coaching, certification and on-going monitoring of 2 people as GAIN Local Trainers in the first year (and up to 3 total over the course of the grant); 2) In person training, quality assurance/coaching, certification and on-going monitoring of 1 person to get Program Manager and Evaluator Certification in the first 12 months; 3) In person training, quality assurance/coaching, certification and on-going monitoring of 1 person to get GAIN Clinical Interpretation Certification in the first 18-24 months (and up to 2 total over the course of the grant); 4) Online training of the person acting as the local GAIN Data Manager; 5) Review, feedback and technical assistance to the above staff as they train, coach, certify and monitor other local staff using the GAIN; 6) Travel expenses for grantee staff to come to the above training and the cost of calls and teleconferences; 7) GAIN ABS web account to support conducting the assessment, generating and editing the Bio-psychosocial narrative report summarizing diagnosis, placement and initial training, other interpretative reports, the required GPRA reports, and ability to export the data to for analysis (or local IT system depending on what it is and/or someone doing the work to link them outside of this subcontract); 8) Data cleaning, analysis, and reporting, including providing the grantee with clean analytic files to use for local evaluation on a quarterly basis; 9) Project coordination, monitoring, coaching and technical assistance to implement and use the data to support both individual level clinical decision making and program level evaluation and program development; 10) The GAIN license (unlimited use across the agency for the duration of the grant); 11) This includes the cost to cover retraining due to some (1-2 people) turnover in key positions during the grant, accessing pooled data from other grantees to support our monitoring, evaluation and program planning, and adding our data to the pooled data.

FEDERAL REQUEST – $68,598.00

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

FEDERAL REQUEST – **$ 0**

I. Indirect Cost Rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.
For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

Item(s)	Rate	Year 1 Cost	Year 2 Cost	Year 3 Cost	Total Cost
County Justice and Consumer Services Indirect Costs	.14	$12,235.07	$12,235.07	$12,235.07	$36,705.21
County Justice and Consumer Services Indirect Costs - Match	.03	$2,621.80	$2,621.80	$2,621.80	$7,865.40
	TOTAL	**$14,856.87**	**$14,856.87**	**$14,856.87**	**$44,570.61**

JUSTIFICATION:

Cost Allocation A-87 Plan calculates an indirect Cost for Pinellas County Justice and Consumer Services at 28.15%. Applied to federal costs only. Pinellas County claiming 14% for this project. (14% x $262,179.99) Pinellas County offering 3% at match. (3% x 262,179.99)

FEDERAL REQUEST **$ 36,705.21**

BUDGET SUMMARY:

Category	Federal Request
Personnel	$ 90,960.12
Fringe	$ 51,289.83
Travel	$ 12,576.00
Equipment	$ 0
Supplies	$ 38,756.04
Contractual	$ 68,598.00
Other	$ 0
Total Direct Costs*	$262,179.99
Indirect Costs	$ 36,705.21
Total Project Costs	$298,885.20

TOTAL DIRECT COSTS:

FEDERAL REQUEST – **$262,179.99**

TOTAL INDIRECT COSTS:

FEDERAL REQUEST – **$36,705.21**

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

FEDERAL REQUEST - **$298,885.20**

OTHER SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER:

Pinellas County Government - $45,246.84
State of Florida (State Courts System) - $52,122.27
WestCare Gulfcoast-Florida - $3,000.00

MATCH TOTAL - **$100,369.11**

WestCare Gulfcoast Florida, Inc
SAMHSA - CSAT Joint Adult Drug Court
Budget Proposal FY13 - FY15

	Name:	Annual Salary		% Time	SAMHSA 1ST YEAR BUDGET	SAMHSA 2ND YEAR BUDGET	SAMHSA 3RD YEAR BUDGET
PERSONNEL*:							
Clinical Director	1 FTE @ 10% of annual salary $80,000	$	80,000	10%	$ 8,000	$ 8,240	$ 8,240
Counselor	1 FTE @ 100% of annual salary $38,000	$	38,000	100%	$ 38,000	$ 39,140	$ 39,140
Navigator	1 FTE @ 100% of annual salary $30,960	$	30,960	100%	$ 30,950	$ 31,569	$ 31,569
Research Assistant	1 FTE @ 100% of annual salary $27,040	$	27,040	100%	$ 27,040	$ 27,812	$ 27,812
	*Increase in 2nd year due to projected cost of living increase.				$ 103,990	$ 106,761	$ 106,761
FRINGE BENEFIT:	0.209 of Total FTE Personnel		103,990	20.9%	$ 21,734	$ 22,312	$ 22,312
TRAVEL:	Travel for Clinical Director to Joint Grantee Meeting Required each Year.						
National Travel - Airfare	$500 airfare * 1 staff * 1 trip/year		500	1	$ 500	$ 500	$ 500
Lodging	$200/day * 1 staff * 4 days * 1 trip/year		800	1	$ 800	$ 800	$ 800
Per Diem	$55/day * 1 staff * 4 days * 1 trip/year		220	1	$ 220	$ 220	$ 220
Transportation	Shuttle Service to and from Airport $50 each way		100	1	$ 100	$ 100	$ 100
Conference Fees	NADCP Membership		60	1	$ 60	$ 60	$ 60
	NADCP Conference Fees		550	1	$ 550	$ 550	$ 550
Local Travel	200 miles/mo * 12 mo *$0.51/mile		2,400	0.51	$ 1,224	$ 1,224	$ 1,224
CONTRACTUAL:					$ -	$ -	$ -
SUPPLIES:**							
Client Curriculum - Seeking Safety	$20/participant guide (65)	20	65	100%	$ 1,300	$ 1,300	$ 1,300
Client Curriculum - Matrix	$650 Total Cost - Year 1 only		650	1	$ 650	$ -	$ -
Client Curriculum - Relapse Prevention Counseling Workbook (Gorski)	$15/participant guide (65)	15	975	1	$ 975	$ 975	$ 975
Drug Assisted Detox - Windmoor	$2300/client 2 clients/yr		2,300	2	$ 4,600	$ 4,600	$ 4,600
Computers	$1200/laptop computer system		1,200	2	$ 2,400	$ -	$ -
Office Supplies/Consumables	$210/month		210	100%	$ 2,520	$ 2,520	$ 2,520
	**Year 1 includes purchasing 2 computers.						
OPERATIONS:				% Charged			
Rent (includes electric & water)	$750/month		750	100%	$ 9,000	$ 9,000	$ 9,000
Comm.: Telephone (Windstream)	$60/month		60	100%	$ 720	$ 720	$ 720
Communications: Internet (Brighthouse)	$50/month		50	100%	$ 600	$ 600	$ 600
Communications: Cell Phone	$55/month/staff (3)		55	100%	$ 1,980	$ 1,980	$ 1,980
Postage & Freight	$10/month		10	100%	$ 120	$ 120	$ 120
Copier Lease & Maintenance	$100/month		100	100%	$ 1,200	$ 1,200	$ 1,200
Staff Recruit/Ad/Background***	$100/New Hire - Year 1 only		100	100%	$ 300	$ -	$ -
Staff Training	$260/annually		260	100%	$ 260	$ 260	$ 260
Client Incentives	$10/incentive - 2/client - 65 clients/year	130	10	100%	$ 1,300	$ 1,300	$ 1,300
Facility Repairs/Maintenance	$50/month		50	100%	$ 600	$ 600	$ 600
Property/Liability Insurance	$300/month		300	100%	$ 3,600	$ 3,600	$ 3,600
Licensing Fees	$90/annually		90	100%	$ 90	$ 90	$ 90
	***Year 1 includes new staff recruitment costs.						
TOTAL EXPENSES:					$ 161,392	$ 161,392	$ 161,392
INDIRECT:							
24.7% Federally Approved Indirect Cost Rate			161,392	24.7%	$ 39,864	$ 39,864	$ 39,864
Total WestCare					$ 201,256	$ 201,256	$ 201,256

Pinellas County
SAMHSA - CSAT Adult Drug Court
Budget Proposal FY13 - FY15

TRAVEL:	Travel for 4 staff to Joint Grantee Meeting Required each Year.					
National Travel - Airfare	$500 airfare * 4 staff * 1 trip/year	500	4	$ 2,000	$ 2,000	$ 2,000
Lodging	$200/day * 4 staff * 4 days * 1 trip/year	800	4	$ 3,200	$ 3,200	$ 3,200
Per Diem	$36/day * 4 staff * 4 days * 1 trip/year	144	4	$ 576	$ 576	$ 576
Transportation	Shuttle Service to and from Airport $40 each way	80	1	$ 80	$ 80	$ 80
Conference Fees	NADCP Membership	60	4	$ 240	$ 240	$ 240
	NADCP Conference Fees	550	4	$ 2,200	$ 2,200	$ 2,200
TOTAL Pinellas County:				$ 8,296	$ 8,296	$ 8,296

BUDGET SUMMARY:

Category	Federal Request
Personnel	$ 90,960.12
Fringe	$ 51,289.83
Travel	$ 12,576.00
Equipment	$ 0
Supplies	$ 38,756.04
Contractual	$ 68,598.00
Other	$ 0
Total Direct Costs*	$262,179.99
Indirect Costs	$ 36,705.21
Total Project Costs	$298,885.20

TOTAL DIRECT COSTS:

FEDERAL REQUEST – **$262,179.99**

TOTAL INDIRECT COSTS:

FEDERAL REQUEST – **$36,705.21**

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

FEDERAL REQUEST - **$298,885.20**

OTHER SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER:

Pinellas County Government - $45,246.84
State of Florida (State Courts System) - $52,122.27
WestCare Gulfcoast-Florida - $3,000.00

MATCH TOTAL - **$100,369.11**

Rational Living Foundation
SAMHSA - CSAT Adult Drug Court
Budget Proposal FY13 - FY15

					1ST YEAR BUDGET	2ND YEAR BUDGET	3RD YEAR BUDGET
PERSONNEL*:	Name:	Annual Salary		% Time			
Counselor	1 FTE @ 100% of annual salary $38,000	$ 38,000		100%	$ 38,000	$ 39,083	$ 39,083
Administration	1 FTE @ 100% of annual salary $14,000	$ 14,000		100%	$ 14,000	$ 14,420	$ 14,420
	*Increase in 2nd year due to projected cost of living increase.				$ 52,000	$ 53,483	$ 53,483
FRINGE BENEFIT:	0.214 of Total FTE Personnel		52,000	21.4%	$ 11,128	$ 11,445	$ 11,445
TRAVEL:	Travel for One Staff to Joint Grantee Meeting Required each Year.						
National Travel - Airfare	$500 airfare * 1 staff * 1 trip/year		500	1	$ 500	$ 500	$ 500
Lodging	$200/day * 1 staff * 4 days * 1 trip/year		800	1	$ 800	$ 800	$ 800
Per Diem	$40/day * 1 staff * 4 days * 1 trip/year		160	1	$ 160	$ 160	$ 160
Transportation	Shuttle Service to and from Airport $50 each way		100	1	$ 100	$ 100	$ 100
Conference Fees	NADCP Membership		60	1	$ 60	$ 60	$ 60
	NADCP Conference Fees		550	1	$ 550	$ 550	$ 550
TOTAL TRAVEL:					$ 2,170	$ 2,170	$ 2,170
EQUIPMENT:							
SUPPLIES:**							
Computers	$800/desktop computer system		800	2	$ 1,600	$ -	$ -
Office Supplies/Consumables	$300/month		300	100%	$ 3,600	$ 3,600	$ 3,600
	**Year 1 includes purchasing 2 computers						
OPERATIONS:				% Charged			
Rent	$1000/month		1,000	50%	$ 6,000	$ 6,000	$ 6,000
Electric	$100/month		100	50%	$ 600	$ 600	$ 600
Comm.: Telephone	$100/month		100	50%	$ 600	$ 600	$ 600
Communications: Internet	$90/month		90	50%	$ 540	$ 540	$ 540
Communications: Cell Phone	$120/month		120	100%	$ 1,440	$ 1,440	$ 1,440
Postage & Freight	$10/month		10	50%	$ 60	$ 60	$ 60
Staff Recruit/Ad/Background***	$200/New Hire		200	100%	$ 200	$ -	$ -
Food for Meetings	$20/month		20	100%	$ 240	$ 240	$ 240
Staff Training	$600/annually		600	100%	$ 600	$ 600	$ 600
Facility Repairs/Maintenance	$300/month		300	50%	$ 1,800	$ 1,800	$ 1,800
Property/Liability Insurance	$120/month		120	50%	$ 720	$ 720	$ 720
Licensing Fees	$150/annually		150	100%	$ 150	$ 150	$ 150
	***Year 1 includes new staff recruitment costs						
TOTAL Rational Living Foundation:					$ 83,448	$ 83,448	$ 83,448

University of South Florida
SAMHSA - CSAT Adult Drug Court
Budget Proposal FY13 - FY15

Evaluation:

					1ST YEAR BUDGET	2ND YEAR BUDGET	3RD YEAR BUDGET
PERSONNEL:	Name:	Annual Salary		% Time			
Principal Investigator	1 FTE @ 5% of annual salary $93,130	$ 93,130		5%	$ 4,657	$ 4,657	$ 4,657
Co-Principal Investigator	1 FTE @ 10% of annual salary $66,285	$ 66,285		10%	$ 6,629	$ 6,629	$ 6,629
Data Anlyst	1 FTE @ 10% of annual salary $37,584	$ 37,584		10%	$ 3,758	$ 3,758	$ 3,758
Dissemination	1 FTE @ 1% of annual salary $41,000	$ 41,000		1%	$ 410	$ 410	$ 410
					$ 15,453	$ 15,453	$ 15,453
HEALTH INSURANCE:	$12,760 x %FTE or $6,000 x %FTE				$ 3,250	$ 3,250	$ 3,250
FRINGE BENEFIT:	0.1727 of Total FTE Personnel			17.27%	$ 2,669	$ 2,669	$ 2,669
TOTAL PERSONNEL & FRINGE:					$ 21,372	$ 21,372	$ 21,372
TRAVEL:	Travel for Evaluator to Joint Grantee Meeting Required each Year.						
National Travel - Airfare	$440 airfare * 1 staff * 1 trip/year		440	1	$ 440	$ 440	$ 440
Lodging	$150/day * 1 staff * 3 days * 1 trip/year		450	1	$ 450	$ 450	$ 450
Per Diem	$36/day * 1 staff * 3 days * 1 trip/year		108	1	$ 108	$ 108	$ 108
Incidentals	$48/day * 1 staff * 3 days * 1 trip/year		144	1	$ 144	$ 144	$ 144
Conference Fees	NADCP Registration Fee		610	1	$ 610	$ 610	$ 610
					$ -	$ -	$ -
Local Travel	50 miles/trip * 30 trips *$0.445/mile		1,500	0.445	$ 668	$ 668	$ 668

		$ -	$ -	$ -
INDIRECT:				
34.5% Federally Approved Indirect Cost Rate	0.345	$ 8,208	$ 8,208	$ 8,208
TOTAL USF:		**$ 32,000**	**$ 32,000**	**$ 32,000**
TOTAL PROGRAM COST:		**$ 325,000**	**$ 325,000**	**$ 325,000**

Evaluation Costs	
Evaluation in contractual	32,000
Research Assistant	32,691
Computer for Research Assistant	-
Evaluator Follow-Up Local Travel	-
Client Incentives	1,300
Total for Evaluation	**65,991**
Percent of Budget	**20%**

Pinellas County, WestCare Gulfcoast Florida, & Rational Living Foundation
SAMHSA - Adult Drug Court Services, Coordination, and Treatment

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
			TOTAL	**$0**

JUSTIFICATION: Describe the role and responsibilities of each position.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **$0**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA			
Workers Compensation			
Insurance			

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **$0**

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

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	TBD	Airfare	$500 airfare * 4 staff * 1 trip/year	$2,000
		Lodging	$200/day * 4 staff * 4 days * 1 trip/year	$3,200
		Per Diem	$36/day * 4 staff * 4 days * 1 trip/year	$576
		Transportation	Shuttle Service to and from Airport $40 each way	$80
		Membership Fees	NADCP Membership $60/staff * 4 staff	$240
		Conference Fees	NADCP Conference $550/staff * 4 staff	$2,200
(2) Local travel				$0
			TOTAL	**$8,296**

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

National Travel: Four staff will travel one time annually to a required Joint Grantee Meeting for four days to a location to be determined with the travel costs are based on current prices.

Staff will also be attending the NADCP Conference, the cost of the NADCP membership fee and conference is $610 per staff.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **$8,296**

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

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **$ 0**

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

FEDERAL REQUEST

Item(s)	Rate	Cost
	TOTAL	$0

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **$ 0**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND NARRATIVE JUSTIFICATION. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) **WestCare Gulfcoast Florida**				
	Personnel			
	Clinical Director (.1 FTE)	$ 8,000		
	Counselor (1 FTE)	$ 38,000		
	Care Coordinator/Navigator (1 FTE)	$ 30,950		
	Research Assistant (1 FTE)	$ 27,040		
	Fringe Benefits (20.9%)	$ 21,734		

Name	Service	Rate	Other	Cost
	Travel			
	Annual Grantee Meeting			
	Airfare	$ 500	$500 *1 staff * 1 trip	
	Lodging	$ 800	$200/day*1 staff*4 days*1 trip	
	Per Diem	$ 220	$55/day*1 staff*4 days*1 trip	
	Transportation	$ 100	Shuttle to & from airport $50 each way	
	NADCP Membership Fee	$ 60	$60/staff*1 staff	
	NADCP Conference Fee	$ 550	$550/staff*1 staff	
	Local Travel	$ 1,224	200 miles/mo*12 mo*$.51/mile	
	Supplies			
	Client Curriculum	$ 2,924		
	Office Supplies	$ 4,920	2 computers @ $1,200 $210/mo for supplies	
	Operations			
	Drug Assisted Detox – Windmoor	$ 4,600		
	Rent	$ 6,000		
	Utilities	$ 3,000		
	Communications	$ 3,300		
	Postage	$ 120		
	Copier Lease & Maint.	$ 1,200		
	Staff Recruitment	$ 300		
	Staff Training	$ 260		
	Client Incentives	$ 1,300		
	Facility Repair & Maint.	$ 600		
	Property & Liability Ins.	$ 3,600		
	Licensing Fees	$ 90		
	Indirect			
	Approved Rate 24.7%	$ 39,864		
	Subtotal	**$201,256**		**$201,256**
2) **Rational Living Foundation**				
	Personnel			
	Counselor (1 FTE)	$ 38,000		
	Executive Director (.2 FTE)	$ 14,000		
	Fringe Benefits			
	FICA , Health, Dental, Leave, Unemployment (21.4%)	$ 11,128		

Name	Service	Rate	Other	Cost
	Travel			
	Annual Grantee Meeting			
	Airfare	$ 500	$500 *1 staff * 1 trip	
	Lodging	$ 800	$200/day*1 staff*4 days*1 trip	
	Per Diem	$ 160	$40/day*1 staff*4 days*1 trip	
	Transportation	$ 100	Shuttle to & from airport $50 each way	
	NADCP Membership Fee	$ 60	$60/staff*1 staff	
	NADCP Conference Fee	$ 550	$550/staff*1 staff	
	Supplies			
	Program/Office Supplies	$ 5,200	2 computers @ $1,600 $300/month for supplies	
	Operations			
	Rent	$ 6,000		
	Utilities	$ 600		
	Communications	$ 2,580		
	Postage	$ 60		
	Staff Recruitment	$ 200		
	Food for Meetings	$ 240		
	Staff Training	$ 600		
	Facility Repair & Maint.	$ 1,800		
	Property & Liability Ins.	$ 720		
	Licensing Fees	$ 150		
	Subtotal	**$83,448**		**$83,448**
3) University of South Florida				
	Personnel			
	Principal Investigator (5%)	$ 4,657		
	Co-Principal Investigator (10%)	$ 6,629		**$ 15,453**
	Data Analyst (10%)	$ 3,758		
	Dissemination (1%)	$ 410		
	Fringe Benefits			
	Health Ins ($12,760 family/$6,000 Individual):	$ 3,250		**$ 5,919**
	Retirement, Medicare, Worker's Comp (17.27%):	$ 2,669		
	Travel			
	Annual Grantee Meeting			
	Airfare	$ 440	$400 *1 staff * 1 trip	
	Lodging	$ 450	$150/day*1 staff*3 days*1 trip	
	Per Diem	$ 108	$36/day*1 staff*3 days*1 trip	**$ 2,420**
	Incidentals	$ 144	$48/day*1 staff*3 days*1 trip	
	Local Travel	$ 668	50 miles/trip*30 trips *$.445/mile	
	ADCP Conference Registration Fee	$ 610	$610/person*1 staff	
	F&A Costs			

Name	Service	Rate	Other	Cost
	Indirect Approved Rate 34.5%	.345 * $23,792	Direct costs * 34.5%	**$8,208**
	USF Subtotal	**$ 32,000**		**$32,000**
			TOTAL	**$316,704**

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

(1) WestCare Gulfcoast Florida

Clinical Director: The Clinical Director is responsible for implementing the clinical services for drug court treatment. Responsibilities include but are not limited to; providing direct clinical supervision to assigned counselors in accordance with agency clinical supervision standards. Clinical Director will co-manage the program with the Project Director, with primary focus on the delivery of and fidelity of the Matrix and Seeking Safety. In addition to providing clinical supervisory functions, the positions will serve as the lead clinical liaison with the Drug Court staff. Qualifications for this position include graduation from an accredited college or university with a Masters degree, LMHC/LCSW and or Masters and CAP or Masters Degree or equivalent in Counseling, Social Work, Rehabilitation, Personnel Management or related field, or comparable years of qualifying experience. Four years experience in treatment programming involving a combination of work with youth and Adults. Two years must have been in supervision/management.

Increase in years 2 & 3 due to projected cost of living increase.

Counselor: This position is responsible for being trained and certified in the effective delivery of Matrix and Seeking Safety. The Counselors will perform substance abuse and mental health counseling work in individual and group formats. Counselors will provides evaluation, screening and assessment services for offenders. The Counselors are responsible for documenting in accordance with accreditation and licensing standards. Skills include: sensitivity and awareness of women's issues, basic parenting skills, understanding the effects and behaviors related to drug exposed infants and children; understanding of abuse issues and post-traumatic stress disorders; awareness of the impact of childbirth on a new mother. Qualifications include a minimum Bachelor's degree in counseling or related field, Masters Degree in behavioral health filed preferred. Certified Addiction Professional preferred.

Increase in years 2 & 3 due to projected cost of living increase.

Care Coordinator/Navigator: This position will provide case management services to female opiate dependant clients. Services will include but not limited to, exploring and identifying community resources, facilitate communication between community resources and other treatment providers, coordinate services and assist clients in obtain benefits.

Increase in year 2 & 3 due to projected cost of living increase.

Research Assistant: This position is not a member of the Treatment Team and will collect data that is then analyzed by the Evaluation Director, and will provide information to staff and community partners on adherence and incremental progress of the project with its goals and objectives. The Research Assistant also works closely with staff of the project to make sure that demographic, process and outcome data are collected during outreach

activities, and drafts evaluation reports for the Evaluation Director to review and approve. The Research Assistant functions as a staff member of the project, working closely with other project staff, and conducting community interviews and focus groups as needed for the project. The Research Assistant assists staff with data files, maintenance of hard copy forms and instruments and orientates staff to completion of forms.

Increase in years 2 & 3 due to projected cost of living increase.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 20.9% of gross salaries.

Increase in years 2 & 3 due to projected cost of living increase.

Travel: National Travel: One staff will travel one time annually to a required Joint Grantee Meeting for four days to a location to be determined with the travel costs are based on current prices. The staff will also be attending the NADCP Conference, the cost of the NADCP membership fee and conference is $610 per staff.

Local travel is estimated that 200 miles per month will be required for the Counselor, and Research Assistant to travel to appropriate sites for clinical services and client follow up.

Supplies: The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period.

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).

Relapse Prevention Workbook, Terence T. Gorski, This Relapse Prevention Therapy Workbook is designed for people in recovery from alcohol or other drug addiction who have a history of relapse, or are currently afraid they might relapse. This newly updated, revised, and simplified Relapse Prevention Therapy Workbook is designed for people in recovery from alcohol or other drug addiction who have a history of relapse, or are currently afraid they might relapse.

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets and other related supplies.
Laptop computer for the counselor.

Decrease in years 2 & 3 due to year 1 including computer and start up supplies purchases.

Operations:

Rent of facility to conduct clinical services and group counseling.

Utility expense includes electric, water and sewer.

Communications includes office phone and office fax line for the counselor and research assistant, cell phone for Counselor and Research Assistant is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

Postage is used for mailing letters from clients to family members and other contacts, shipping fees for supply deliveries.

Copier Lease & Maintenance required for the operation of the program and maintaining client files and other required documentation and reporting. Maintenance agreement covers the cost of copier toner and general maintenance of the copier.

Staff Recruitment includes advertising vacant positions, recruit skillful staff, and obtain background checks to ensure the most qualified and efficient staff is hired.

Staff Training funding provides continuing education for the program staff to maintain skills and education necessary to provide the highest level of service to the clients being served. Training may be provided by WestCare Chief Clinical Officer (Bob Neri), or other experts on specific topics such as treatment of PTSD and trauma, integrating substance abuse treatment for co-occurring disorders in a modified therapeutic community, and other relevant issues for the program.

Client Incentives for participation in the evaluation and GPRA data collection efforts include vouchers ($10) at discharge and at 6-months after intake, 65 clients annually.

Facility Repairs/Maintenance amount represents the cost of minor repairs, pest control, security, etc.

Property & Liability Insurance represents property and general liability insurance.

Licensing Fee is the cost of the required Department of Children and Family license to operate the program.

Decrease in years 2 & 3 due to year 1 including staff recruitment costs.

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

(2) Rational Living Foundation

Counselor: This position is responsible for being trained and certified in the effective delivery of Matrix and Seeking Safety. The Counselors will perform substance abuse and mental health counseling work in individual and group formats. Counselors will provides evaluation, screening and assessment services for offenders. The Counselors are responsible for documenting in accordance with accreditation and licensing standards. Skills include: sensitivity and awareness of women's issues, basic parenting skills, understanding the effects and behaviors related to drug exposed infants and children; understanding of abuse issues and post-traumatic stress disorders; awareness of the impact of childbirth on a new mother. Qualifications include a minimum Bachelor's degree in counseling or related field, Masters Degree in behavioral health filed preferred. Certified Addiction Professional preferred.

Increase in years 2 & 3 due to projected cost of living increase.

Executive Director: This position will provide clinical supervision, in house training, file reviews, quality assurance, program budgeting, human resource and program director.

Increase in years 2 & 3 due to projected cost of living increase.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 21.4% of gross salaries

Increase in years 2 & 3 due to projected cost of living increase.

Travel: National Travel: One staff will travel one time annually to a required Joint Grantee Meeting for four days to a location to be determined with the travel costs are based on current prices. The staff will also be attending the NADCP Conference, the cost of the NADCP membership fee and conference is $610 per staff.

Supplies: Office supplies include paper products, housekeeping cleaners, copy paper, printer cartridges, staplers, pens, pencils, file cabinets, copier, and other related supplies. Desktop computer for the Counselor and Case Manager.

Decrease in years 2 & 3 due to year 1 including computer and start up supplies purchases.

Operations:

Rent of facility to provide a group room and to conduct therapy sessions.

Electric costs for lighting, computers, air conditioning, printer and copier functions.

Communications includes office phone and office fax line for the counselor and Care Coordinator/Navigator, cell phone for Counselor and Care Coordinator/Navigator is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

Postage is used for mailing letters from clients to family members and other contacts, shipping fees for supply deliveries.

Staff Recruitment includes advertising vacant positions, recruit skillful staff, and obtain background checks to ensure the most qualified and efficient staff is hired.

Food for Meetings includes coffee and light refreshments for groups and staff meetings.

Staff Training funding provides continuing education for the program staff to maintain skills and education necessary to provide the highest level of service to the clients being served. Training opportunities will include CPR, HIV, Domestic Violence, and Aggression Control employees are required to receive per the DOC Licensure held by CRL.

Facility Repairs/Maintenance amount represents the cost of minor repairs, pest control, security, cleaning service, tech support, etc.

Property & Liability Insurance represents property and general liability insurance.

Licensing Fee is the cost of the required Department of Children and Family license to operate the program.

Decrease in years 2 & 3 due to year 1 including staff recruitment costs.

(3) University of South Florida

Principal Investigator – Kathleen A. Moore, Ph.D. (0.05 FTE, Rate = $93,130*5%). Dr. Moore is a Research Associate Professor in the Department of Mental Health, Law, and Policy of the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida. For the past 11 years, she has collaborated with community mental health and substance abuse agencies on numerous projects at the local, state and national levels. Her emphasis has been on project evaluation, bridging the gap between research and practice, and social policy issues such as co-occurring disorders, homelessness, and jail diversion. Some of Dr. Moore's relevant work includes several grants in collaboration with various community-based agencies. For example, she is Project Evaluator for several grants funded by SAMHSA-CSAT, and is responsible for the process and outcome evaluation of these projects that includes longitudinal client interviews at baseline, 6-month, and 12-month follow-up. For this current project, she will supervise the evaluation team and be responsible for quality control of the data collection, analysis and reporting processes.

Co-Principal Investigator - M. Scott Young, Ph.D. (0.10 FTE, Rate = $66,285*10%). Dr. Young is a Research Assistant Professor in the Department of Mental Health, Law, and Policy of the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida. Dr. Young will assist the PI with overseeing the evaluation study, will supervise the data collection and entry processes and will assist in IRB requirements.

Data Analyst – Blake Barrett, M.A. (0.10 FTE, Rate = $37,584*10%). Mr. Blake Barrett is a Ph.D. graduate student in USF's College of Public Health. He has been working with Dr. Moore for the past six years on numerous SAMHSA initiatives including evaluation of: (1) Pinellas Hope "Tent City" program, (2) Home 2 Recovery Treatment for Homeless program, (3) Pinellas County Adult Drug Court program, and (4) VA Low Demand/Safe Haven program. Mr. Barrett will establish quantitative and monitoring activities that capture measurable indicators and outcomes and also analyze and report data. He will also enter all survey forms and report to the Co-Principal Investigator for review on a weekly basis.

Dissemination – Joyce Lesard (.01 FTE, Rate = 41,000*1%)will oversee the dissemination efforts for the evaluation deliverables including electronic media, developing reports, and other materials related to the evaluation component of this project.

Fringe Benefits and Health:

Fringe benefit costs for employees in benefit earning positions is calculated at 17.27% and includes: employer contributions for FICA (6.20%); Medicare (1.45%); Worker's Compensation, Unemployment Insurance, and Terminal Leave Pay (1.7%); and Retirement Contributions (7.92%). The cost of fringe is calculated by multiplying 17.27% by the salary dollars for each person.

Health insurance is calculated depending on the type of coverage the employee carries. Annual employer costs for health insurance is $6,000 for individual; $7,464 for spousal; and $12,760 for family coverage. The cost of health insurance is calculated by multiplying the annual or monthly cost by the %FTE for each person.

Travel: National Travel: One staff will travel one time annually to a required Joint Grantee Meeting for three days to a location to be determined with the travel costs are based on current prices. Local travel for the evaluator to conduct face-to-face interviews is estimated at 50 miles per trip for 30 trips (mileage reimbursed at state rate of .445 per mile). The budget includes travel for one staff person to attend one national conference (NADCP). The registration cost of the onference is $610 (one staff).

F&A Costs: The Indirect rate is 34.5% of direct costs ($8,208)

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

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

(Combine the total of consultant and contact) **$316,704**

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

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

FEDERAL REQUEST

Item	Rate	Cost
	TOTAL	$0

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

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **$ 0**

Indirect Cost Rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A) **$ 0**

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	$ 0
Fringe	$ 0
Travel	$ 8,296
Equipment	$ 0
Supplies	$ 0
Contractual	$ 316,704
Other	$ 0
Total Direct Costs*	$ 325,000
Indirect Costs	$ 0
Total Project Costs	$ 325,000

* TOTAL DIRECT COSTS:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **$325,000**

* TOTAL INDIRECT COSTS:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) **$0**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **$325,000**

ADD BELOW: OTHER SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
90 7th Street, Suite 4-600
San Francisco, CA 94103

Peter Ventrella
Chief Financial Officer
WestCare Foundation
900 Grier Drive
Las Vegas, NV 89119

JUL 29 2011

Dear Mr. Ventrella:

A copy of an indirect cost/fringe benefits Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In order to implement the FINAL indirect cost rate contained in the enclosed Agreement, an adjustment to the indirect costs claimed under your Federal awards may be required. For HHS project grants these adjustments must be made in accordance with the procedures for settlement of indirect costs on HHS project grants with final negotiated rates described in the appropriate "Guide" book for your institution. Adjustments under HHS contracts must be made in accordance with the provisions of the contracts. Adjustments under awards with other Federal agencies must be made in accordance with the policies of those agencies.

An indirect cost and fringe benefits rate proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims indirect costs under grants and contracts awarded by the Federal Government. Thus, proposals for your fiscal year ending June 30, 2011, will be due no later than December 31, 2011.

Sincerely,

for Wallace Chan
Director

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

Phone: (415) 437-7820 • Fax: (415) 437-7823 • E-mail: dcasf@psc.gov

NONPROFIT RATE AGREEMENT

EIN:

ORGANIZATION:
WestCare Foundation
900 Grier Drive
Las Vegas, NV 89119

DATE: 07/28/2011

FILING REF.: The preceding agreement was dated 07/26/2010

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FINAL	07/01/2009	06/30/2010	24.70	All	All Programs
PROV.	07/01/2010	06/30/2012	24.70	All	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.

ORGANIZATION: WestCare Foundation
AGREEMENT DATE: 07/28/2011

SECTION I: FRINGE BENEFIT RATES**

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FINAL	7/1/2009	6/30/2010	20.90	All	All Employees
FINAL	7/1/2010	6/30/2012	20.90	All	All Employees

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages including vacation, holiday and sick leave pay and other paid absences.

ORGANIZATION: WestCare Foundation

AGREEMENT DATE: 07/28/2011

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT
Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $1,000 or more per unit.

The following fringe benefits are included in the fringe benefit rate(s): PAYROLL TAXES, WORKERS COMPENSATION, STATE UNEMPLOYMENT INSURANCE, HEALTH/DENTAL/LIFE INSURANCE, RETIREMENT PLAN, AND EMPLOYEE ASSISTANCE PLAN.

ORGANIZATION: WestCare Foundation

AGREEMENT DATE: 07/28/2011

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-122 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:	ON BEHALF OF THE FEDERAL GOVERNMENT:
WestCare Foundation	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(INSTITUTION)	(AGENCY)
(SIGNATURE)	(SIGNATURE)
Peter Ventrella	for Wallace Chan
(NAME)	(NAME)
CFO	Director, Western Field Office
(TITLE)	(TITLE)
7/29/11	7/28/2011
(DATE)	(DATE) 3114

HHS REPRESENTATIVE: Stanley Huynh

Telephone: (415) 437-7820

FAXED 6/27/11

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

7700 Wisconsin Avenue, Suite 2301
Bethesda, MD 20814
PHONE: (301) 492-4855
FAX: (301) 492-5081

June 20, 2011

Ms. Linda Peterson
Controller
University of South Florida
4202 East Fowler Avenue ADM147
Tampa, FL 33620-5800

Dear Ms. Peterson:

A copy of the F&A Rate Agreement is being mailed to you. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for overhead and fringe benefit costs on grants and contracts with the Federal Government.

Please have the original signed by an authorized representative of your organization and fax it to me, retaining the copy for your files. Our fax number is (301) 492-5081. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

A fringe benefit proposal, together with the supporting information, is required to substantiate your claim for fringe benefit costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for the fiscal year ending 06/30/2011 is due in our office by 03/31/2012.

Sincerely,

Darryl W. Mayes
Director, Mid-Atlantic Field Office
Division of Cost Allocation

Enclosures

PLEASE SIGN AND FAX A COPY OF THE RATE AGREEMENT

ORIGINAL

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1593102112A1

ORGANIZATION:
University of South Florida
4202 East Fowler Avenue ADM147
Tampa, FL 33620-5800

DATE:06/20/2011

FILING REF.: The preceding agreement was dated 01/11/2011

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

	EFFECTIVE PERIOD				
TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
PRED.	07/01/2010	06/30/2011	47.00	On-Campus	Organ Rsch
PRED.	07/01/2011	06/30/2012	49.00	On-Campus	Organ Rsch
PRED.	07/01/2012	06/30/2014	49.50	On-Campus	Organ Rsch
PRED.	07/01/2010	06/30/2014	26.00	Off-Campus	Organ Rsch (A)
PRED.	07/01/2010	06/30/2014	27.50	Off-Campus	Organ Rsch (B)
PRED.	07/01/2010	06/30/2014	46.00	On-Campus	Instruction
PRED.	07/01/2010	06/30/2014	26.00	Off-Campus	Instruction (A)
PRED.	07/01/2010	06/30/2014	27.50	Off-Campus	Instruction (B)
PRED.	07/01/2010	06/30/2011	32.00	On-Campus	Other Spon Act
PRED.	07/01/2011	06/30/2012	34.00	On-Campus	Other Spon Act
PRED.	07/01/2012	06/30/2014	34.50	On-Campus	Other Spon Act
PRED.	07/01/2010	06/30/2014	26.00	Off-Campus	Other Spon Act (A)
PRED.	07/01/2010	06/30/2014	27.50	Off-Campus	Other Spon Act (B)

TYPE	FROM	TO	RATE(%) LOCATION	APPLICABLE TO
PROV.	07/01/2014	Until Amended		Use same rates and conditions as those cited for fiscal year ending June 30, 2014.

*BASE

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first $25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of $25,000.

(A) Off-campus, remote includes locations outside the commuting distance of Tampa, Florida.

(B) Off-campus, adjacent includes locations within the commuting distance of Tampa, Florida.

ORGANIZATION: University of South Florida
AGREEMENT DATE: 06/20/2011

SECTION I: FRINGE BENEFIT RATES**

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FINAL	7/1/2011	6/30/2012	1.70	All	All Staff
FINAL	7/1/2012	Until amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2012.

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:
Salaries and wages.

ORGANIZATION: University of South Florida

AGREEMENT DATE: 06/20/2011

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Certain fringe benefits are charged using the rates(s) listed in the Fringe Benefits section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences, except for terminal leave pay which is included in the benefits rate and is paid out after separation of employment.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off-campus rate will apply. Actual costs will be apportioned between on-campus and off-campus components. Each portion will bear the appropriate rate.

Fringe Benefits include: Worker's Compensation, Unemployment Insurance, and Terminal Leave Pay. Other employee benefits, such as FICA, Retirement, Health Insurance, and Life Insurance, are charged based on actual incurred costs.

Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year. Through 06/30/2011, the threshold was $1,000 or more per unit. Effective 07/01/2011, the threshold is $5,000 or more per unit.

The rates contained in this Agreement reflect the combined cost of the University of South Florida and the University of South Florida Research Foundation, Inc., and will apply to grants and contracts awarded to the Foundation.

** This Rate Agreement updates the Fringe Benefits Rates and Depreciation Threshold only. All other terms and conditions per Rate Agreement dated 01/01/2011 are to remain in effect.

ORGANIZATION: University of South Florida

AGREEMENT DATE: 06/20/2011

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-21 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:	ON BEHALF OF THE FEDERAL GOVERNMENT:
University of South Florida	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(INSTITUTION)	(AGENCY)
(SIGNATURE)	(SIGNATURE)
Linda Peterson	Darryl W. Mayes
(NAME)	(NAME)
Controller	Director, Mid-Atlantic Field Office
(TITLE)	(TITLE)
6/27/2011	6/20/2011
(DATE)	(DATE) 0315

HHS REPRESENTATIVE: Phat Chau

Telephone: (301) 492-4855

You Can! Timeline

First 90 Days	Individuals Responsible	Milestones
Accept grant and execute subcontracts.	Pinellas County Government	Grant accepted/subcontracts awarded.
Develop specific referral and service protocols, documentation process, and evaluation procedures.	All partners including County, court, WestCare, and evaluator	Operational details flushed out.
Train evaluation and court staff involved in evaluation; implement evaluation.	Project director, court program specialist, evaluator	Evaluation and court staff trained and baseline data gathered.
Hire/transition treatment staff.	Project director, program supervisor	Treatment staff in place.
Purchase curricula and workbooks.	Project director, program supervisor	Materials obtained.
Train staff on MET/CBT and Seeking Safety.	Project director, program supervisor	Treatment staff trained.
Train staff on protocols, documentation, service design, and evaluation process.	Project director, program supervisor, evaluator	Drug court and treatment ready to begin operations.
Assess/identify offenders for project.	Court , project director	First offenders enrolled.
Initiate monthly partner meetings with	Project director, program supervisor	Partner feedback obtained
Admit 15 clients within 90 days	All partners	Project capacity reached.
91-180 days	**Individuals Responsible**	**Milestones**
Review process to date and make service modifications as appropriate.	Drug court staff and WestCare	Program model refined.
Continue ongoing program outreach, recruitment, referral, staff training, and service provision.	Project director, program supervisor, evaluator, research assistant, counselor	Enrollment maintained at capacity.
Administer follow-up assessments.	Research assistant	Program progress tracked.
Provide summary of baseline data	Evaluator	Program progress evaluated.
Continue monthly partner meetings	Project director, program supervisor	Obtain partners feedback
181-365 days	**Individuals Responsible**	**Milestones**
Review process to date and make service modifications as appropriate	All partners	Program Improvement
Ongoing program outreach, recruitment, referrals, program training and services	Project director, program supervisor, evaluator, research assistant, counselor	Enroll at least 55 offenders within 360 days
Administer follow-up assessments.	Research assistant	80% follow-up obtained.
Provide summary of baseline data.	Evaluator	Program progress evaluated.
Continue monthly meetings with partners	Project director, program supervisor	Partner feedback obtained.
Year 2	**Individuals Responsible**	**Milestones**
Review progress to date and make service refinements as necessary.	All staff	Program improved.
Ongoing program outreach, recruitment, referrals, program training and services	Project director, program supervisor, evaluator, research assistant, counsclor	Enrollment maintained at capacity.
Administer follow-up assessments.	Research assistant	80% follow-up obtained.
Analyze data and outcomes; report to staff and partners.	Evaluator	Program progress evaluated.
Continue monthly meetings with partners	Project director, program supervisor	Partner feedback obtained; program improved.

Year 3	Individuals Responsible	Milestones
Review progress to date and make service refinements as necessary.	All staff	Program improved.
Ongoing program outreach, recruitment, referrals, program training and services	Project director, program supervisor, evaluator, research assistant, counselor	Enrollment maintained at capacity.
Administer follow-up assessment.	Research assistant	80% follow-up obtained.
Develop and implement sustainability plan.	Project director, program supervisor, evaluator, research assistant, counselor.	Plan is developed and implemented.
Analyze data and outcomes; report to staff and partners.	Evaluator	Program progress evaluated.
Continue monthly meetings with partners.	Project director, program supervisor	Partner feedback obtained; program improved.

Judge Dee Anna Farnell

Judge Dee Anna Farnell graduated from Florida State University with an undergraduate degree in Classics and Anthropology and a Masters in Classical Archaeology. She received her Juris Doctor from Stetson University College of Law in 1983. Judge Farnell was elected as Circuit Court Judge in November of 1994. She has served as an Administrative Judge while serving in the Juvenile, Criminal and Family Law divisions.

Judge Farnell has been appointed by Chief Justice Charles T. Canady to serve as a member of the Supreme Court's Task Force on Substance Abuse and Mental Health Issues in the Court. The Task Force works together to develop strategies that will address relevant issues pertaining to treatment based drug courts. The Task Force provides insight to the State Courts Administrator as our State continues to implement the expansion of drug courts.

Judge Farnell has also been recently re-appointed by the Chief Justice to serve as a judicial member of the Mediator Qualifications Board for a second term of 4 years. The Mediator Qualifications Board was created to handle grievances against certified and court-appointed mediators.

Judge Farnell's foremost ambition is to be a knowledgeable Circuit Court Judge. She strives to achieve this goal by being well versed in the law and respectful in the Court's treatment to all who come before her. Her career has been dedicated to identifying and solving problems faced by people from all walks of life involving a variety of issues.

Judge Farnell has been the Judge in the Pinellas County Adult Drug Court since January 2007. She has taken her passion for running and good health into the courtroom and has formed various challenges for the participants in Drug Court. The fitness challenge has led to the formation of Team C.L.E.A.N. (Citizens Learning to End Addiction Now). Team C.L.E.A.N. is the first Pinellas County Adult Drug Court Running Team. Drug Court participants are welcome to share their triumphs of

ending their addiction to drugs, alcohol and smoking and trade those addictions for healthy living practices through running and exercise.

Judge Farnell has recently instituted a Veterans Court in Pinellas County as a component of Drug Court. She has designated special days and times to address those who have served our country and are currently battling addiction issues.

Nicholas K. Bridenback

1008 Chester Dr., Clearwater, FL 33756 * (727) 366-0644 (Cell)

WORK EXPERIENCE:

DRUG COURT MANAGER **September 2011 to Present**

Pinellas County Adult Drug Court, 6th Judicial Circuit

- Supervise, monitor and evaluate work and performance of Adult Drug Court staff and provide instruction related to established policies and procedures.
- Coordinate the efforts of the various agencies involved in the criminal justice system; schedule and attend meetings.
- Work with representatives of other agencies to evaluate drug court effectiveness; monitor indicators such as recidivism and relapse.
- Maintain a case management system to aid the assigned judge in handling drug court cases.
- Maintain statistics for reporting purposes regarding the Adult Drug Court.
- Assist in the pursuit of federal and other funding opportunities.
- Conduct pre-audit of invoices submitted by treatment providers to Pinellas County.

DUI COURT PROGRAM MANAGER **June 2011 to September 2011**

Manatee County DUI Court, 12th Judicial Circuit

- Supervise, monitor and evaluate work and performance of program staff and provide instruction related to established policies and procedures.
- Coordinate the efforts of the various agencies involved in the criminal justice system; schedule and attend meetings.
- Maintain a case management system to aid the assigned judge in handling drug court cases.
- Maintain statistics for reporting purposes regarding the DUI Court.
- Conduct pre-audit of invoices submitted to Manatee County and The Department of Transportation.

COURT PROGRAM SPECIALIST I **November 2009 to June 2011**

Pinellas County Adult Drug Court, 6th Judicial Circuit

- Assist in the preparation of files and oversee the preparation of calendars for drug court hearings.
- Assist the Drug Court Manager in maintaining a statistical database for reporting purposes regarding the Adult Drug Court Program.
- Follow up on court-ordered counseling and/or treatment services and communicate between the court and community providers on progress of program participants.

SENIOR PROBATION COUNSELOR **May 2008 to June 2009**

Salvation Army Correctional Services, Tampa, Florida

- Supervise, monitor and evaluate work and performance of probation officers and provide instruction related to established policies and procedures.
- Maintain statistics for reporting purposes regarding the Domestic Violence Diversion Program.
- Assume additional supervisory responsibilities in the absence of other senior counselors and Division Chief.

CLIENT SERVICES SPECIALIST **August 2006 to May 2008**

Public Defender's Office, 19th Judicial Circuit

- Complete initial psycho-social screening upon attorney referral and devise appropriate treatment plan to be presented to the Courts as alternatives to incarceration and make referral to community agencies.
- Develop reporting mechanisms as a member of the Mental Health Court team for both Martin and St. Lucie Counties, complete data analysis of both programs for reporting purposes to local, County and State agencies and maintain all statistical information.
- Participate in treatment staffing for both the Martin County and St. Lucie County Mental Health Courts, proposing appropriate treatment, vocational and housing options for clients.
- Participate in local Mental Health Committee meetings to address issues in the community including housing, community mental health services, jail diversion and develop strategies to improve service delivery.

Nicholas K. Bridenback

1008 Chester Dr., Clearwater, FL 33756 * (727) 366-0644 (Cell)

FORENSIC COORDINATOR **August 2005 to August 2006**

Dept. of Children and Families, District 15, Ft. Pierce, Florida

- Monitor and improve admissions/discharge rates of the forensic commitments from District 15. Visit civil and forensic clients at the Forensic State Hospitals quarterly.
- Monitor development and build capacity into community system of care for those individuals on conditional release under Florida Statute 915 or divert from forensic services. Act as point of contact for clients in the criminal justice system and with ADM program office in Tallahassee.
- Develop strategies to streamline interface between forensic and judicial systems.
- Develop methods for monitoring and evaluating quality of community mental health services, public and private receiving facilities, and compliance with rules, policies and statutes. Write monitoring reports and track corrective action plans.
- Track referrals, admissions and discharges of forensic populations and complete data analysis for trends.
- Supervise forensic case managers contracted through the community mental health provider, coordinating reporting, scheduled hearings and meeting weekly to discuss issues.
- Advocate on behalf of forensic clients and the Department.

CRIMINAL COURT CASE MANAGER **September 2004 to August 2005**

17TH Judicial Circuit, Ft. Lauderdale, Florida

- Analyze cases to determine progress and identify needs for cases that require attention with the objective of clearing those cases that linger unnecessarily and provide updated information to the court.
- Make recommendations to the court regarding statutory limits or timelines and courtroom functions to improve efficiency and lower overall costs.
- Provide follow-up services to the court by contacting attorneys or outside services to determine status of events critical to each case and advising the court so that these cases can go forward.

MENTAL HEALTH COURT CASE MANAGER **January 2003 to September 2004**

17th Judicial Circuit, Ft. Lauderdale, Florida

- Respond to judges who believe either treatment or placement regarding mental health issues may be necessary for a defendant as part of their case disposition.
- Liaison between court and psychologist to facilitate issuing of court orders for evaluations and the receipt, upon completion, of said evaluations.
- Monitors defendants' compliance with Conditional Release plans and serve as liaison between mental health providers/case managers, and the court.
- Keeps current with statistics gathered on defendants needing mental health evaluations, placement, and any other assistance. Provide statistical information for the Mental Health Task Force.
- Liaise for Broward Sheriffs Office and DCF to transport Defendants to and from the State Mental Health facilities.
- Data entry, including client demographics, psychologists' information, commitments, conditional releases, mental health probation, etc.
- Field calls from mental health providers and community and assist them with any relevant information available.

DEPENDENCY COURT SERVICE COORDINATOR **December 2001 to January 2003**

17th Judicial Circuit, Ft. Lauderdale, Florida

- Facilitate coordination of psychological services; mediation services; interpreter services; and court reporting for the Dependency Court Permanency Pilot Project.
- Receive court orders for psychological and competency evaluations. Identify and distribute orders to outside psychologists, ensuring that all relevant information is obtained to assist the psychologists.
- Communicate with judges to determine time frames when the report is needed.
- Assist judges in matching psychologists to the client, considering: geographical proximity, time frame when the report is needed, and workload of psychologist.
- Maintain statistics, including case information, time frame of events, billing and payment tracking, psychologist information, mediation information, interpreter information, court reporting information.

Nicholas K. Bridenback

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- Communicate with psychologists regarding appointments set and kept, date of report preparation.
- Prepare vouchers and track payment to psychologists.
- Receive court orders for mediation on project cases and schedule mediation providing notice to all parties. Receives billings from mediation, prepare vouchers, and track payment.

INDIGENCE EXAMINER **August 2001 to December 2001**

17th Judicial Circuit, Ft. Lauderdale, Florida

- Investigate and assess claims of indigence and determine eligibility for representation by public defender or other special court appointed counsel in accordance with Section 27.52, Florida Statutes, and other applicable court rules and law.
- Conduct financial background checks using criminal databases, private credit services, property tax rolls, and motor vehicle records.
- Prepare narrative and statistical reports of findings for the court for final determination of indigence.
- Assist and communicate with judges, state and local criminal agencies, defendants, and private business.

CLERK
13th Judicial Circuit, Tampa, Florida
June, 1996 to August, 1996
June, 1997 to August, 1997
June, 1999 to August, 1999
June, 2000 to August, 2000
November, 2000 to January, 2001

6th Judicial Circuit, New Port Richey, Florida
June, 1998 to August, 1998

- Records management for Felony Criminal, Civil, and Probate divisions.
- Assist judges in delivery and pick-up of case files, including tracking files.
- Data entry, updating files as to current status.

EDUCATION:

UNIVERSITY OF SOUTH FLORIDA
M.A., Criminal Justice Administration, 2011

UNIVERSITY OF ALABAMA at BIRMINGHAM
B.S., Criminal Justice, 2001

PASCO HERNANDO COMMUNITY COLLEGE
A.A., General Studies, 1998

PERSONAL: I am married and have a 1 year-old son. I played NCAA collegiate baseball at UAB as a pitcher and was a volunteer assistant baseball coach at Alonso High School in Tampa during a period where the Ravens captured two State Championships.

REFERENCES: Made available on request

JANA BALICKI

MA National University
Masters Program in Counseling **1996**

BA Eastern Washington University **1986**
Major: Applied Psychology:
Emphasis in human development

AA Spokane Falls Community College **1984**
Area of Study: Substance Abuse Counseling

Work History

WestCare Florida **2007-Present**
Area Director
Direct responsibility for the delivery of program services, quality client care, regulatory and contract compliance and interagency and community relationships of multiple service delivery sites in Florida.

Directions for Mental Health, Inc. **2002-2007**
Community Treatment Director
Direct responsibility for Adult Outpatient Services, including Jail diversion programs and Homeless Services.. Responsibilities include managing budget for each cost center, oversight of program supervisors, community relations, training, and grants management.

Homeless Outreach Team
San Diego Police Department: Psychiatric Response Team **2001-2002**
Psychiatric and Substance Abuse Clinician
Working directly with the San Diego Police Department to provide outreach, psychiatric evaluations and assessment of individuals needs for the homeless population. Provided assessments of needs, facilitating immediate placements for services and follow up to placement for long-term treatment and goals. Coordinating and developing community resources to benefit need of individuals served. Provided consultation to law enforcement as needed.

Telecare Corporation/REACH Program / Access Program **1998 -2001**
Mental Health Rehab Specialist
Provider of Intensive, Assertive Case Management and therapy services to severely mentally disabled homeless adults. Responsibilities included; DSM assessment, evaluation of psychological impairment, financial status, physical health needs, self care potential, support network availability, advocacy of living arrangements, and referrals to community resources, and therapeutic counseling. Worked within a "Housing First Model" within a community based and funded program with homeless in the downtown corridor of San Diego.

Telecare Corporation **1994-1998**
Program Supervisor
Responsibilities include; direct program and clinical supervision, monitoring of program budget, monitoring contract requirements and assuring program is in compliance, attending contractors meetings with the County of San Diego, scheduling of staff and on-call coverage.

Downtown Mental Health Center/ NIMH research project **1991-1994**
Community Support Specialist
Provider of Intensive Case Management services to severely mentally ill and co-occurring adults. Responsibilities include; DSM assessment, evaluation and monitoring of psychological impairment, financial status, physical health needs, self care potential and housing needs, working directly with Housing and Urban Development.

Sweetwater Adolescent Day Treatment Center/ Division of Downtown Manta Health Center
1988-1991
Primary Counselor
Provided direct supervision, for program participant; adolescents ages 15 to 19; facilitated group sessions and family counseling.

Chrysalis Place **1986-1987**
Assistant Program Director
(Residential home for developmentally disabled adults)
Implement and assist in the development of behavioral management services' direct care and supervision, assistance in personal care and skills training for residents. Maintain financial records for clients and arrange adequate medical interventions and appointments.

HEIDI JACOBSEN

5826 19th Avenue South • Gulfport, FL 33707 • hjjgamo@hotmail.com • (727) 368-3839

SOCIAL WORKER / THERAPIST

Mental Health/Substance Abuse Counselor • Individual, Group & Family Counseling

Accomplished treatment provider leveraging proven strengths in mental health and substance abuse evaluations, assessments treatment planning and client support. Extensive clinical experience with adolescent and adult populations in community, residential, and criminal justice settings. Demonstrated success facilitating individual, group and family sessions to address diverse treatment issues.

CORE COMPETENCIES

- Mental health Counseling
- Substance Abuse Counseling
- Client Needs Assessment
- Treatment Planning
- Crisis Intervention
- Family Therapy
- Group Therapy
- Clinical Documentation
- Relationship Development
- Court Advocate/Liaison
- Program Eligibility Evaluation

PROFESSIONAL EXPERIENCE

WESTCARE FOUNDATION; PINELLAS DRUG COURT ST. PETERSBURG, FL 2006-PRESENT
OUTPATIENT THERAPIST /DRUG COURT COUNSELOR

Provide gender specific individual and group therapy for prescription drug abuse and trauma related issues as part of the SAMSHA grant and Pinellas County Drug Court.

- Conduct comprehensive bio-psychosocial assessments, individualized treatment plans, discharge planning
- and all court related reports and documents facilitating the continuum of care
- Evaluate the psychological, social and physiological signs of and symptoms of drug abuse/mental health disorders
- Monitor, evaluate, and record client progress with respect to treatment goals/ Manage detailed case records
- Modify treatment plans according to changes in client status
- Provide family counseling providing comprehensive care
- Collaborate with therapists, physicians, probation officers and other professionals and community service
- to coordinate and ensure service efficacy
- Advocate in court proceedings
- Educate clients and community members about co-occurring disorder
- Increase therapeutic knowledge by reviewing current literature, attending seminars, conferences, training workshops and classes
- Commissioned by the University of Southern Florida to provide prescription drug abuse education as a special guest speaker

RIVERSIDE ACADEMY – Tampa, Fl 2005 to 2006
Group Treatment Leader

- Manage caseload of clients at moderate risk residential treatment facility specializing in substance abuse treatment for males between 12 and 18 years of age.
- Conduct initial mental health and substance abuse evaluations to determine treatment needs, develop treatment and performance plans and facilitate individual, group, and family therapy throughout the 6 to 9 month residential treatment program;
- Collaborate with therapists, physicians, probation officers and other professionals and community service to coordinate and ensure service efficacy
- Accurately and efficiently documented treatment interventions and progress, and effectively prepared case reviews and performance / progress reports for other treatment providers.

PINELLAS JUVENILE DETENTION CENTER – Clearwater, FL 2001 to 2005
Crisis Counselor

- Provided mental health/substance abuse/crisis interventions as part of a treatment team at juvenile detention center housing male and female children with behavioral, substance abuse and legal problems.
- Provide mental health/substance abuse assessments, screened residents for suicide risk, and delivered individual, group, and family counseling and crisis intervention services.
- Engaged in multidisciplinary treatment meetings with staff members; communicated with juvenile probation officers regarding clients' progress and treatment options when needed.

- Facilitated substance abuse and anger management group therapy sessions for program participants, facilitated family counseling sessions to address needs, involve family members in the treatment process, and promote post-release continuity of care.
- Managed detailed case records
- Recognized for capacity to develop effective therapeutic relationships with clients and capacity to work across agencies and in collaboration with other mental health treatment professionals to deliver comprehensive services.

STATE OF FLORIDA, SUNCOAST CHILD PROTECTION TEAM, INC. – Pinellas Park, FL 1999 to 2000
Child Protection Specialist

- Deliver therapeutic counseling and case management services to child victims of physical, emotional and sexual abuse and their families.
- Conduct family assessments, interviews, and individual / family / group counseling and crisis intervention.
- Facilitate access to eligible community service programs.
- Serve as a victim advocate within the criminal justice system.

STATE OF MAINE, DEPARTMENT OF HUMAN SERVICES – Portland, ME
Child Protective Investigator (1997 to 1999)

- Screen, evaluate, and investigate referrals/complaints relative to alleged child abuse and/or neglect and alleged institutional abuse and/or neglect; to take the necessary measures to ensure the protection of children.
- Assess, prioritize/urgency of each referral/complaint and to make appropriate referrals.
- Conduct thorough investigations/ Aid local law enforcement officials in compiling case information.
- Interview individuals associated with a referral/complaint
- Prepared comprehensive reports pertaining to findings, analysis, conclusions and/or recommendations/testified in court proceedings.
- Managed detailed case records
- Established and maintained effective working relationships with clients, superiors, peers, other Department representatives and private and public agencies, local and State police, and the community;
- Review case files to ascertain the completeness and accuracy of investigation activities on individual referrals/complaints.
- Maintained working knowledge of State and Federal Laws relating to programs/mandates providing social services to and protection for children and youth; a familiarity of community service resources and the ability to utilize them effectively

STATE OF MAINE, CASA Program
CASA Volunteer / Guardian ad Litem (1995 to 1997)
Served as a Court-Appointed Special Advocate (CASA) to represent children referred to the child protective services Interviewed and assessed families for child abuse/neglect; prepared court documents, testified in court, linked family and children with appropriate community services.

EDUCATION AND CREDENTIALS:
C.A.P. Certified Addiction Profession- State of Florida (2010)
B.C.H.S.P. Board Certified Human Service Professional-State of Florida (2010)
MET/CBT Certified: Motivational Enhancement Therapy/Cognitive Behavior Therapy (2010)
R.L.M.H.C.I. Registered Mental Health Counselor Intern (2011)
M.S Masters of Science
Springfield, College- Springfield, Massachusetts (2009)
Bachelor of Arts in Social Work
University of New Hampshire – Durham, New Hampshire (1989)

Summary: Broad experience in the clinical field
Effective oral and written communication
Dependable/ Work independently
Ethical/flexible/adaptable

- **References available upon request**

Bradley Callahan, LCSW Bio and Resume

CRL's Director of Substance Abuse Services, Bradley Callahan, LCSW serves as a qualified professional/clinical supervisor. Mr. Callahan has ten (11) years of experience in the social work field, working with a wide range of populations. For the past six (6) years he has been Director of Substance Abuse Services and a therapist for CRL. Mr. Callahan will perform Program Director responsibilities in additional to being a qualified professional/clinical supervisor for this grant. Mr. Callahan's resume is attached below.

Bradley D. Callahan LCSW

6702 Harbor View Way
Tampa, FL. 33615
(201) 259-9636
bradcallahan@gmail.com

Objective

Provide quality therapy to a wide array of populations

Professional Experience

July 2006–Present Center for Rational Living Clearwater, FL

Director of Substance Abuse / Therapist

- Task associated with opening and directing multiple centers, including but not limited to; applying and maintaining state licensure, securing referral sources and contracts, staffing, supervising, setting schedules and organizing offices
- Manage monthly billing of clients and prepare monthly statements for center's book keeping and Department of Corrections billing
- Develop and implement new programs and procedures
- Develop and manage monthly budget for center
- Manage and coordinate staffing
- Bid, monitor and maintain contracts with outside agencies
- Conduct individual and group therapy for both mandated and self referred substance abusing population
- Conduct bio-psychosocial assessments, form diagnosis and determine the appropriate level of care
- Develop, manage and monitor implementation of client's treatment plans
- Complete paperwork connected to the therapeutic process, including but not limited to progress notes, safety contracts, monthly reports, and discharge reports
- Prepare court reports and communicate treatment progress with probation officers and drug court

June 2005–June 2006 Kid Connection Fairfield, NJ

Clinician

- Conduct individual and group therapy for youth involved in the child welfare system
- Conduct family therapy for biological and foster families
- Assign task, provide guidance and support to case managers
- Develop, manage and monitor implementation of client's Plan of Care
- Provide 24 hour emergency response counseling to client's in crisis
- Prepare court reports and attend quarterly court hearings to provide the court with clinical assessments for required cases
- Manage and coordinate community supports and resources
- Complete all mandatory documentation, including but not limited to; Progress Notes, Comprehensive Assessments, Initial Kid Connection Assessments and Termination Summaries

Jan. 2004–May 2005 Life Skills Support Center @ MacDill AFB Tampa, FL

MSW Intern

- Conduct bio-psychosocial assessments for clients experiencing substance abuse, behavioral health and domestic violence challenges
- Participate in multidisciplinary team discussions; case presentations and high-risk reviews
- Facilitate and co-facilitate psycho educational groups, such as substance abuse, anger management and domestic violence
- Facilitate and co-facilitate aftercare groups in substance abuse
- Conduct individual therapy with clients covering a full range of disorders
- Conduct couples therapy
- Develop treatment plans with clients both in substance abuse and mental health

2001–2003 New Bridge Services Pompton Plains, NJ

Supportive Housing Residential Case Manager

- Conducted crisis and routine counseling with chronically mentally ill clients
- Aided chronically mentally ill and substance abusing clients in accomplishing daily life skills
- Obtained and case managed clients insurance, social services, and housing
- Case managed medication monitoring and education
- Developed and facilitated various group therapy sessions with chronically mentally ill
- Co-jointly supported the implementation of client's treatment plan goals

2002–2003 New Bridge Services Pompton Plains, NJ

Recreational Awareness Program Counselor

- Developed a curriculum for an after school drug prevention program; Recreation Awareness Program (R.A.P)
- Created budget for prevention program
- Facilitated drug prevention program weekly to sixth through eighth grade students in a group setting; groups included substance abuse education, self esteem and conflict resolution
- Provided individual counseling to individuals dealing with various issues

1995–2001 Hanson Engineering Wayne, NJ

Rodman/Transit-man on a Land Surveying Field Crew

- Preformed construction layout
- Preformed property boundaries
- Topography
- Researched maps and deeds

Licensure

- Licensed Clinical Social Worker, State of Florida, obtained December 12, 2009
- Registered Social Worker Intern, State of Florida, obtained April 19, 2007
- Licensed Social Worker State of New Jersey; January 9, 2006 – August 19, 2006

Additional Experience

- Augment social work foundation with Solution Focus Therapy, Cognitive Behavioral Therapy (CBT), Rational Emotive Behavioral Therapy (REBT), crisis and grief work
- Designed and conducted research: Older Adults and Substance Use: A Correlation Between Alcohol Use and Participation in Activities (unpublished)
- Received training in designing and writing grants
- Lobbying state legislators for issues that are important to the social work profession and their clients
- Studied substance abuse treatment in a Costa Rica inpatient rehab center (A.C.E.R.P.A.), areas covered in studies included but weren't limited to motivational interviewing, cultural sensitivity in treatment, and relapse prevention

Education Experience

2003-May 2005 University of South Florida Tampa, FL

- Masters in Social Work
- Phi Alpha Honor Society, University of South Florida Chapter
- Student member of National Association of Social Workers (NASW)

1997-2001 Montclair State University Montclair, NJ

- B.A., Psychology

1996–1997 University of Massachusetts Dartmouth, Mass

- Civil Engineering Program

Kathleen A. Moore, Ph.D. is a Research Associate Professor in the Department of Mental Health, Law, and Policy of the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida. She received her B.A. in sociology from the University of Massachusetts, Amherst and both her M.A. and Ph.D. in health psychology from Kent State University. For the past 12 years, she has collaborated with community mental health and substance abuse agencies on numerous projects at the local, state and national level. Her emphasis has been on project evaluation, bridging the gap between research and practice, and social policy issues such as co-occurring disorders, homelessness, and jail diversion. She has presented numerous times at both the local, state, and national level on issues such as mental health and substance abuse co-occurring disorders, jail diversion, and homelessness. Additionally, she has developed unique research opportunities for both undergraduate and graduate students and has served as a mentor, teacher, and supervisor. She is also on several advisory boards including the Tampa Alcohol Coalition, Hillsborough County Anti-Drug Alliance, and Drug Court.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person.

NAME Moore, Kathleen Anne	POSITION TITLE Research Associate Professor of Mental Health Law and Policy
eRA COMMONS USER NAME moore	

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY
University of Massachusetts, Amherst, MA	BA	1985	Sociology
Kent State University, Kent, OH	MA	1991	Social Psychology
Kent State University, Kent, OH	PhD	1995	Social Psychology
Duke University Medical Center, Durham, NC	Postdoctoral Fellowship	1995-1997	Health Psychology

Positions and Honors

Positions and Employment

8/10 – Present	Research Associate Professor	USF, Dept. of Mental Health Law & Policy
10/04 – 7/10t	Research Assistant Professor	USF, Dept. of Mental Health Law & Policy
9/99 – 9/04	Coordinator of Statistical Research	USF, Dept. of Mental Health Law & Policy
10/97 – 8/99	Project Director	Psychological Assessment Resources, Inc.
9/94 – 9/97	Post-Doctoral Fellow	Duke University Medical Center
9/89 – 8/94	Research Assistant	Dept. of Psychology, Kent State University
9/86 – 8/89	Research Associate	Human Services Research Institute

Teaching Experience

Co-Occurring Disorders	Spring 2012
Introduction to Research in Behavioral and Community Sciences, University of South Florida (USF)	Fall 2010-present
Discovery: People, Processes, and Problems, University of South Florida (USF)	Fall 2007-2010
Research Experience for Undergraduates (REU) Summer Research Institute, USF	Summer 2005-2009
Evidence-Best Practices for Co-Occurring Mental Health and Substance Abuse Disorders, USF	Spring 2005 – 2010
Health Psychology, University of Tampa	Spring 2006
Social Psychology, University of Tampa	Spring 2004

Other Experience and Professional Memberships

2007-2010	University of South Florida's Women's Status Committee
2007-2010	Florida Mental Health Institute MHLP Governance Council
2008-present	Pinellas County *WeCan!* Steering Committee
2008-present	Hillsborough County Prescription Drug Taskforce
2007-present	Pasco County Alliance for Substance Abuse Prevention Committee
2001-present	Hillsborough County Anti-Drug Alliance
2001-present	Tampa Alcohol Coalition

C. Peer-reviewed Publications

1. Ogle, A., **Moore, K.A.**, Barrett, B., & Young, M.S. (revise and resubmit). Clinical history and characteristics of persons with oxycodone-related deaths in Hillsborough County, Florida in 2009. Forensics International Journal.
2. **Moore, K.A.**, Barrett, B., Young, M.A., & Ochshorn, E. (in press). Preliminary outcomes of a family dependency treatment court program. Journal of Public Child Welfare.
3. Lesperance, T., **Moore, K.A**., Barrett, B., Young, M.S., Clark, C., & Ochshorn, E. (2011). Relationship between trauma and risky behavior in substance-abusing parents involved in a Family Dependency Treatment Court. Journal of Aggression, Maltreatment, and Trauma, 20, 163-174.
4. Rugs, D., Hills, H.A.., **Moore, K.A.**, & Peters, R.P. (2011). A community planning process for the implementation of evidence-based practice. Evaluation and Program Planning, 34, 29-36.
5. Barrett, B., Teague, G.B., Young, M.S., Winarski, J., **Moore, K.A**., & Ochshorn, E. (2010). Recovery orientation of treatment, consumer empowerment, and satisfaction with services: A mediational model. Psychiatric Rehabilitation Journal, 34(2), 153-156.
6. Fogel, S. & **Moore, K.A.** (2010). Collaborations among diverse organizations: Building evidence to support faith-based partnerships. In M. DeGennaro & S. Fogel (Eds.), Using Evidence to Inform Practice for Community and Organizational Change, (pps. 99-109). Chicago, IL: Lyceum Books, Inc.
7. Barrett, B., **Moore, K.A**., Young, M.S., Borum, R., & Ochshorn, E. (2009). Factors predicting arrest for homeless persons receiving integrated residential treatment for co-occurring disorders. Criminal Behaviour and Mental Health, 19, 291-297.
8. Hannah, A., Young, M.S., & Moore, K.A. (2009). Relationship between substance use, trauma history, and trauma symptoms among female prescription drug abusing drug court participants. URC Undergraduate Research Journal, http://www.kon.org/urc/v8/hannah.html.
9. **Moore, K.A**., Young, M.S., Barrett, B., & Ochshorn, E. (2009). Twelve-month follow-up of integrated treatment for homeless individuals with co-occurring disorders.. Journal of Social Service Research, 4(35), 1-14.

Technical Reports

1. Yong, M.S., Frei, A., Mitchell, J., Barrett, B., Clark, C., &, **Moore, K.A.** (2012). Fidelity of the Refuge Project to the Critical Time Intervention (CTI) Model of Care. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
2. Clark, C., Rynearson-Moody, S., Ort, R., **Moore, K.A.**, Winarski, J., Young, M.S., & Teague, G. (2011). Preliminary Findings for the Housing and Housing Services Measure Study. Tampa, FL: National Center on Homelessness among Veterans, University of South Florida, The Louis de la Parte Florida Mental Health Institute.
3. Engelhardt, M., Young, M.S., & **Moore, K.A.** (2011). Process Evaluation of Coastal Behavioral Healthcare's Home 2 Recovery Assertive Community Treatment Program. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
4. **Moore, K.A.**, Young, M.S., Barrett, B., & Givens, E. (2011). Evaluation of the WeCan Pinellas County Drug Court Treatment Program for Female Offenders with Prescription Drug Issues. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
5. Clark, C. Rynearson, S., Ort, R., Young, M.S., Teague, G., Winarski, & **Moore, K.A.** (2010). Development of a Housing and Housing Services Measure for Veterans. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
6. Clark, C., **Moore, K.A.**, & Young, M.S. (2010). Evaluation of a Hillsborough County Assertive Community Treatment Program. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
7. **Moore, K.A.**, Engelhardt, M.A., Peters, R.H., & Frei, A.M. (2010). Evaluation of a Forensic Intensive Case Management (FICM) Jail Diversion Program. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
8. Fogel, S., **Moore, K.A.**, Young, M.S., Barrett, B., Smith, C., & Lopez, S. (2009). Pinellas Hope Pilot Program Follow-Up Report. Technical report submitted to the Pinellas County Health and Human Services. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
9. **Moore, K.A.**, Young, M.S., Barrett, B., & Elliot, D. (2009). Family Dependency Treatment Court (FDTC) Research Brief. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

POSITION DESCRIPTION:

Title: Care Coordinator/Navigator
Hours: 40 per week
FLSA Status: Non - Exempt

Reports To: Program Director
Supervises: None
OSHA Exposure Category: II

Position Summary:
Person in this position will work in collaboration with other staff to provide a safe, structured, and recovery based environment. Case management duties will involve the day-to-day management of the program and assisting clients with all components of their action plan. Assist in screening, intake assessment, monitoring, documentation, and facilitating group discussions.

Essential Job Function

- Assess needs and make decisions regarding delivery of appropriate individual, group and family services.
- Work with clients to develop an individual Action Plan/Service Plan and to achieve individual goals, documenting progress, and lack of progress, toward goals.
- Participate in community development and skills-building activities with clients.
- Follow daily schedule and facilitate required structured activities, e.g., with specialty and skills-building groups, as assigned.
- Assess resource needs of clients.
- Educate and refer clients to community agencies and businesses that appropriately address clients' needs for food, shelter, clothing, employment, transportation, etc.
- Assist clients with establishing or re-establishing support systems within their community.
- Act as advocate on behalf of client to improve access to needed services.
- Participate in clinical staffing decisions regarding clients' current strengths and resources and their need for additional resources.
- Complete documentation of services on provided forms in timely manner.
- Provide input into client's treatment needs and disposition.

Essential Qualifications:

- Ability to work collaboratively with others in a manner that is pleasant and professional.
- Ability to work well in a team environment.
- Ability to exercise good judgment and discretion.
- Ability to operate a computer and complete documents in Microsoft Word program formats or the ability to learn.
- Ability to respond as needed to crisis situations in an efficient manner.
- Ability to complete work tasks within scheduled work hours.
- Excellent verbal and written communication skills.

Education:

- A minimum of a Bachelors degree in Social Work or related field of study and experience in criminal justice or human services field. Focus in gender-specific programming desired.

I acknowledge receipt of this position description, and understand I am responsible for understanding its contents, and to ask for clarification if I have any questions. I further understand this description is intended to describe the essential job functions and qualifications for this position. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time. I also understand that no employee shall interact with clients (adults or children) on a personal, financial, business, social or sexual basis. Such activity may result in disciplinary action up to and including immediate termination of employment.

_____ _____

Employee Signature Date

POSITION DESCRIPTION:

Title: WeCan Research Assistant
Hours: Full-time
FLSA Status: Exempt
Reports To: Area Director/Director of Research
Supervises: N/A
OSHA Exposure Category: II

SUMMARY: In general, the Research Assistant will serve as a member of the Research and Evaluation team for all activities affiliated with the implementation of the Research and Evaluation Plan of WestCare.

ESSENTIAL DUTIES AND RESPONSIBILITIES: Include the following, as well as performance of other work related duties as assigned:

1. Serve as a member of the Research and Evaluation Team
2. Collect baseline, discharge, and follow-up data on clients
3. Score assessment instruments
4. Develop basic statistical databases
5. Enter client data in the statistical database
6. Enter data in the GPRA database
7. Monitor quantitative and qualitative data collection processes
8. Coordinate the compilation and management of data
9. Maintain a tracking and follow-up log for all clients
10. Engage and build rapport with all clients to assist with tracking and follow-up
11. Conduct chart audits for evaluation purposes
12. Administer Client Perception Surveys
13. Conduct client and/or staff Focus Groups
14. Maintain a Research and Evaluation file for each client
15. Conduct basic statistical analyses
16. Produce reports or assist in the development of reports as required by the National Director of Research and Evaluation
17. Produce reports for the Program Director and/or Regional Vice President
18. Provide feedback to the Program Director and/or Regional Vice President regarding attainment of goals and objectives as well as data collection
19. Assist Program Director or Regional Vice President with Performance Improvement activities
20. Conduct literature searches via the Internet and World Wide Web

SUPERVISORY RESPONSIBILITIES: None.

EDUCATION AND/OR EXPERIENCE: Minimum of a Bachelor's Degree (research related), and one (1) year equivalent experience in evaluation and/or research.

WORKING CONDITIONS:

- Indoor and outdoor setting
- Fast paced environment
- Potential for high noise level at times
- The normal work routine involves no exposure to blood, body fluids, or tissues, BUT exposure or potential exposure may be required as a condition of employment. Appropriate personal protective equipment will be readily available to every employee engaged in Category II tasks.

I acknowledge receipt of this position description, and understand I am responsible for understanding its contents, and to ask for clarification if I have any questions. I further understand this description is intended to describe the essential job functions and qualifications for this position. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time.

_____ _____

Employee Signature Date

Position Description:

Title: Therapist
Hours: Full-Time
FLSA Status: Exempt
Reports To: Program Director
Supervises: No supervision
OSHA Exposure Category: II

Position Summary:
Therapists are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical record including, but not limited to; development of the Individual Treatment/Service Plan (ITP/ISP), psychosocial assessment, daily notes and weekly or monthly reviews. Therapists will attend interdisciplinary treatment team meetings, monitor treatment throughout the client's care, and establish parameters for discharge planning. Therapists are responsible for crisis intervention and de-escalation of situations to ensure safety to all. This includes assessment of crisis situations to determine severity and making recommendations to peers to insure consistency and appropriateness of staff responses to issues. Therapists will develop an approved curriculum as the basis for group and individual counseling.

Essential Job Functions:
- Utilize counseling and psychotherapy to evaluate and treat emotional and mental problems and conditions, whether cognitive, behavioral, or affective.
- Assess need and make decisions regarding the delivery of the appropriate individual, group and family counseling.
- Conduct interviews and make assessments of potential clients to determine need and appropriateness for program participation and referrals.
- Analyze situations and take necessary actions to provide crisis intervention. Interpreting and implementing WestCare procedures regarding crisis intervention as appropriate.
- Provide direct counseling services to clients.
- Monitor and assess client behavior.
- Create Individual Treatment/Service Plans.
- Report any unusual incidents that should be brought to the attention of the Program Director, Regional Vice President or regulatory agency.
- Participate in decision to refer clients for ancillary services, i.e., family support groups, continuing care groups, etc.
- Complete documentation required for clinical records and other reports as assigned.
- Attend all interdisciplinary treatment team meetings and establish parameters for discharge planning.
- Ensure that all staff are following WestCare polices and procedures.
- Requires regular and consistent attendance to ensure continuity of counseling services to clients.
- Follow all WestCare policies and procedures.
- Embrace and embody the mission, vision, guiding principles, clinical vision and goals of WestCare Foundation.
- All other duties as assigned.

Essential Qualifications:
- Maintain the highest ethical and professional standard as to clients and employees.
- Ability to avoid all dual relationships with clients (any personal, financial, business, social or sexual relationship or other activity outside the context of the traditional therapist-patient relationship).
- Meet all state and federal laws, regulations, and guidelines in provision of client services.
- Excellent verbal and written communication skills.
- Ability to work independently.
- High level of initiative.
- Ability to lead and also be part of the team.

Education:

- Master's Degree from an accredited college or university in social work, psychology, childhood education, education counseling and/or similar course of study.
- Current, active clinical license.

Working Conditions:

- Indoor and outdoor settings.
- Group and/or individual counseling sessions.
- Direct contact with clients of all ages and levels of functioning.
- Fast paced environment.
- Potential for high noise level at times.
- A minimum of 40 hours per week are expected but significantly more hours will be required from time to time. Completion of job duties may require working before and after normal working hours. Regular attendance is required. Being able to work as many hours as is necessary to complete job tasks is a required and essential duty of this position.

Essential Physical and Mental Demands of the Job

The employee must be able to perform the following essential duties and activities with or without accommodation:

Physical Demands:

- Requires mobility and physical activity: Having an adequate range of body motion and mobility to work in an office, residential, or outdoor environment including standing and walking (even and uneven surfaces), sitting for extended periods of time, bending, twisting, reaching, balancing, occasional lifting and carrying of up to 30 pounds. Use of computer and telephone systems is required which includes coordination of eye and hand, and fine manipulation by the hands (typing, writing, and working with files). Requires the ability to defend oneself and clients in physically abusive situations through the use of approved physical de-escalation techniques.
- Requires talking: Expressing or exchanging ideas by means of the spoken word. Talking is required to impart oral information to employees, clients, patients, and the public, and in those activities in which the employee is required to convey detailed or important spoken instructions to others accurately, loudly, or quickly.
- Requires hearing: Hearing is required to receive and communicate detailed information through oral communication.
- Requires seeing: Clarity of vision at 20 inches or less and at distance. This factor is required to complete paperwork for many of the employee's essential job functions and to observe client behavior and activities in and out of the facility.
- The normal work routine involves no exposure to human blood, body fluids or tissues. However, exposure or potential exposure may be required as a condition of employment. Appropriate personal protective equipment will be readily available to every employee.

Mental Demands:

- Requires the ability to collect and analyze complex numerical and written data and verbal information to reach logical conclusions.
- Requires the ability to work and cooperate with clients, co-workers, managers, the public and employees at all levels in order to exchange ideas, information, instructions and opinions.
- Requires the ability to work under stress and in emotionally charged settings.
- The ability to defend oneself and clients in mentally/verbally abusive situations through the use of approved mental/verbal de-escalation techniques.

I acknowledge receipt of this position description, and understand I am responsible for understanding its contents, and to ask for clarification if I have any questions. I further understand this description is intended to describe the essential job functions and qualifications for this position. It is not an exhaustive list of all duties, responsibilities and requirements of a person so classified. Other functions may be assigned and management retains the right to add or change the duties at any time. I also understand that no employee shall interact with clients (adults or children) on a personal, financial, business, social or sexual basis, or other activity outside the context of the traditional therapist-patient relationship. Such activity may result in disciplinary action up to and including immediate termination of employment.

_____ _____

Employee Signature Date

Court Program Specialist I (Adult Drug Court)

Nature of Work:

This is responsible paraprofessional work assisting the Adult Drug Court Program staff with the case management of adult drug-related cases. Working contacts are established with judges assigned to the Drug Court, courts system personnel, State Attorney's Office, Public Defender, local law enforcement agencies, community agencies, treatment providers, the Clerk of the Circuit Court, litigants and the public. The purpose of these contacts is to assist in monitoring, evaluating, and improving the handling of Drug Court cases.

The Court Program Specialist I must exercise discretion in dealing with confidential and extremely sensitive issues before the Court. Work is performed under stressful conditions and involves heavy telephone contact with treatment providers, probation officers and other agencies to which drug offenders are referred.

Work is performed under the general supervision of the Adult Drug Court Program Coordinator. Assignments are made orally or in writing and work is reviewed through observation of results obtained, conferences and periodic reports or evaluations.

Essential Duties:

Assists in the preparation of files for drug court hearings.
Oversees preparation of calendars for hearings.
Attends Drug Court hearings at the Criminal Justice Center as needed.
Assists judges by handling files and preparing reports.
Follows up on court-ordered counseling and/or treatment and notifies the court of non-compliant participants.
Obtains information necessary for recommendations, decisions, and preparation of reports and documents.
Assists the Drug Court Coordinator in maintaining a statistical database regarding the number of cases handled, case disposition, compliance with counseling and treatment, etc.
Fills in for other Case Managers as needed.
Performs other duties as assigned.

Educational/Experiential Requirements:

Graduation from an accredited four-year college or university with major study in public or judicial administration, business, education, social work, or a related social science and two years of experience in program administration or program evaluation. Progressively responsible experience may be substituted on a year-for-year basis for the required college training.

Other Requirements:

Ability to communicate clearly, concisely and logically, both orally and in writing.
Ability to exercise discretion, confidentiality, impartiality, and honesty in handling matters before the court.
Word processing, spreadsheet and database software application skills.
Pleasant manner in dealing with the public.
Knowledge of policies and procedures relating to the criminal justice system.
Ability to exercise sound judgment in evaluation situations and making recommendations.
Ability to work under pressure and meet deadlines.
Working knowledge of issues related to substance abuse treatment and counseling

11/2005

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application:	*If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier	*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION

*a. Legal Name: County, Pinellas of

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organization DUNS:
59-6000800	0552002160000

d. Address

*Street1: 315 Court Street
Street2:
*City: Clearwater
County/Parish:
*State: FL: Florida
Province:
*Country: USA: United States
*Zip/Postal Code: 33756-5165

e. Organizational Unit

Department Name:	Division Name:
Justice & Consumer Services	Justice Coordination

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Tim
Middle Name: L.
*Last Name: Burns
Suffix:

Title: Bureau Director

Organizational Affiliation:
Pinellas County Justice & Consumer Services

*Telephone Number: 727-453-7441 Fax Number: 727-453-7433

*Email: tburns@pinellascounty.org

9. Type of Applicant 1: Select Applicant Type:
B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number
93.243

CFDA Title:
Substance Abuse and Mental Health Services Administration

*12. Funding Opportunity Number:
TI-12-002

*Title:
SAMHSA

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

15. Descriptive Title of Applicant's Project:
Pinellas County You Can!

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

OMB Number: 4040-0004
Expiration Date: 03/31/2012

16. Congressional Districts Of:
***a. Applicant** 9-11 b. Program/Project 9-11

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:
*a. Start Date: 10/01/2012 b. End Date: 09/30/2015

18. Estimated Funding($):

*a. Federal	1,273,885.20
*b. Applicant	0.00
*c. State	52,122.27
*d. Local	45,246.84
*e. Other	3,000.00
*f. Program Income	0.00
*g. TOTAL	1,374,254.31

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☒ c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)
☐ Yes ☒ No

If "Yes", provide explanation and attach.

21. ***By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)**

☒ **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

Prefix: Mr. *First Name: Robert

Middle Name: S.

Last Name: LaSala

Suffix:

*Title: County Administrator

*Telephone Number: 727-464-3485 Fax Number: 727-464-3484

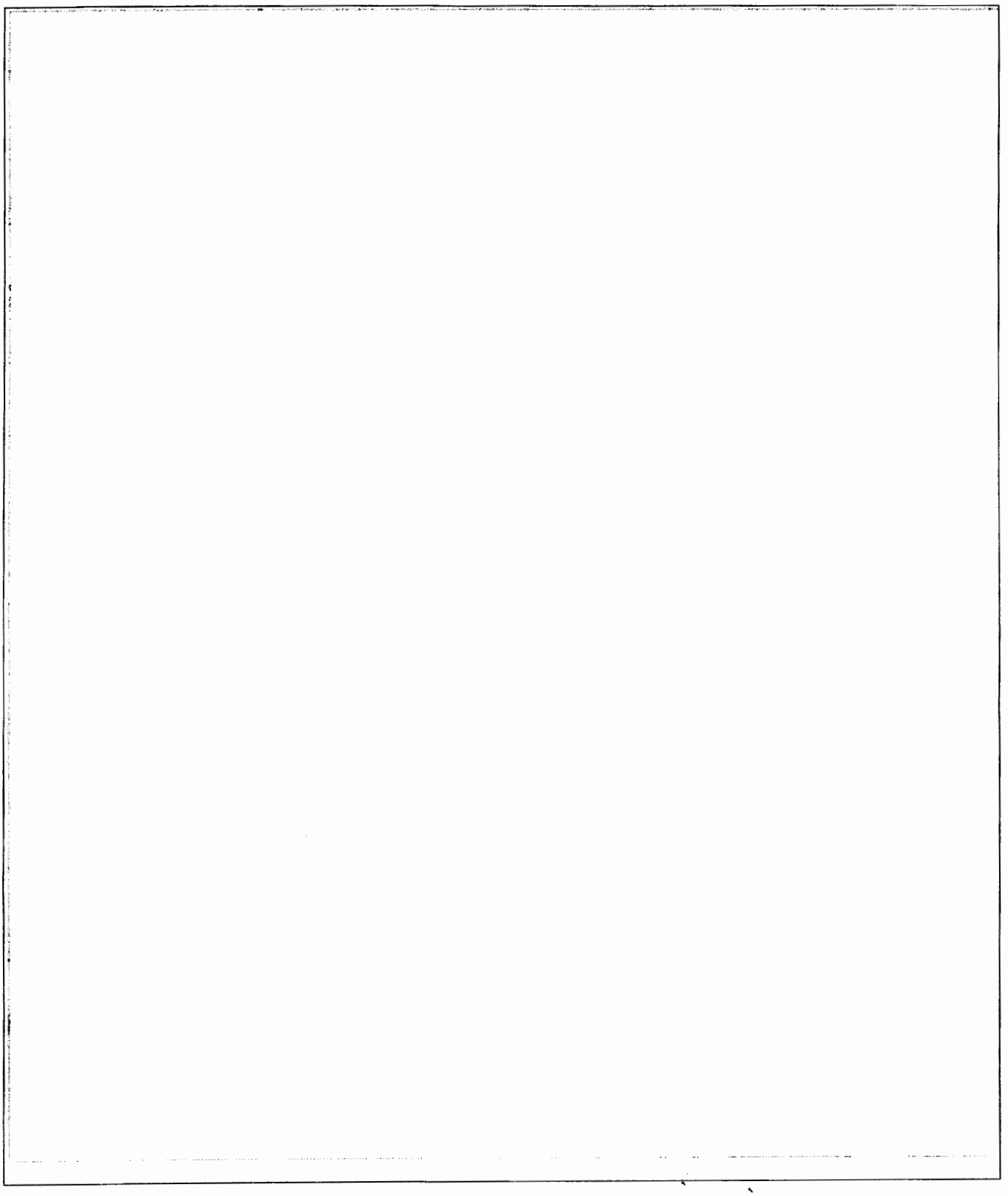
*Email: rlasala@pinellascounty.org

*Signature of Authorized Representative: R LaSala II Date Signed: 05-22-2012

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.



OMB Approval No. 0348-0044

BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non- Federal (f)	Total (g)
1. SAMHSA CSAT Adult Drug Court	93.243	$	$	$ 325,000	$	$ 325,000
2.		$	$	$	$	$ 0.00
3.		$	$	$	$	$ 0.00
4.		$	$	$	$	$ 0.00
5. TOTALS		$ 0.00	$ 0.00	$ 325,000	$ 0.00	$ 325,000

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	$	$	$	$	$
b. Fringe Benefits	$	$	$	$	$
c. Travel	$	$	$ 8,296	$	$ 8,296
d. Equipment	$	$	$	$	$
e. Supplies	$	$	$	$	$
f. Contractual	$	$	$ 316,704	$	$ 316,704
g. Construction	$	$	$	$	$
h. Other	$	$	$	$	$
i. Total Direct Charges *(sum of 6a -6h)*	$ 0.00	$ 0.00	$ 325,000	$ 0.00	$ 325,000
j. Indirect Charges	$	$	$	$	$
k. TOTALS *(sum of 6i and 6j)*	$ 0.00	$ 0.00	$ 325,000	$ 0.00	$ 325,000
7. Program Income	$	$	$	$	$

Standard Form 424A (7- 97)
Prescribed by OMB Circular A- 102

SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	$	$	$	$ 0.00
9.	$	$	$	$ 0.00
10.	$	$	$	$ 0.00
11.	$	$	$	$ 0.00
12. TOTALS *(sum of lines 8 and 11)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 325,000	$ 81,250	$ 81,250	$ 81,250	$ 81,250
14. Non- Federal	$ 0.00	$	$	$	$
15. TOTAL *(sum of lines 13 and 14)*	$ 325,000	$ 81,250	$ 81,250	$ 81,250	$ 81,250

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. SAMHSA CSAT Adult Drug Court	$ 325,000	$ 325,000	$	$
17.	$	$	$	$
18.	$	$	$	$
19.	$	$	$	$
20. TOTALS *(sum of lines 16 -19)*	$ 325,000	$ 325,000	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks	

OMB Number: 4040-0010
Expiration Date: 08/31/2011

Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Project/Performance Site Primary Location

Organization Name: Pinellas County – Adult Drug Court

DUNS Number:

* Street1: 14250 – 49th Street North

Street2:

* City: Clearwater County: Pinellas

* State: Florida

Province:

* Country: United States

* ZIP / Postal Code: 33762 * Project/Performance Site Congressional District:

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Project/Performance Site Location 1

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

See next page for instructions.

ASSURANCE
of Compliance with SAMHSA Charitable Choice Statutes and Regulations
SMA 170

REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Robert A LaSala	05-22-13
APPLICANT ORGANIZATION	DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action	3. Report Type:
[b.] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[b.] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** Year _____ Quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:
☒ Prime ☐ Subawardee Tier _____ , if known: _____ County, Pinellas of 315 Court Street Clearwater, FL 33756 **Congressional District**, *if known:* _____	**Congressional District**, *if known:* _____
6. Federal Department/Agency: Department of Health and Human Services	**7. Federal Program Name/Description:** Substance Abuse and Mental Health Services Administration **CFDA Number**, *If applicable:* 93.243
8. Federal Action Number, if known:	**9. Award Amount**, if known: $
10.a. Name and Address of Lobbying Entity *(If individual, last name, first name, MI):* N/A	**b. Individuals Performing Services** *(including address if different from No. 10a.) (last name, first name, MI):* N/A
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	**Signature:** Mr. Robert LaSala 05-22-12 **Print Name:** Mr. Robert S. LaSala **Title:** County Administrator **Telephone No.:** 727-464-3485 **Date:** 05/21/12
Federal Use Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No.0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Approved by OMB
0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Reporting Entity: _____ **Page** _____ **of** _____

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Standard Form - LLL-A

CHECKLIST

OMB Approval No. 0990-0317
Expiration Date: 06/31/2010

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☐ New ☒ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE)	☒	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
☐ Civil Rights Assurance (45 CFR 80)	_____	
☐ Assurance Concerning the Handicapped (45 CFR 84)	_____	
☐ Assurance Concerning Sex Discrimination (45 CFR 86)	_____	
☐ Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91)	_____	
3. Human Subjects Certification, when applicable (45 CFR 46)	☐	☒

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☐	☒
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?	☒	
4. Have biographical sketch(es) with job description(s) been provided, when required?	☒	☐
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month narrative budget justification been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	☐	☒
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☐	☒

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Prefix: Mr. First Name: Robert Middle Name: S.
Last Name: LaSala Suffix:
Title: County Administrator
Organization: Pinellas County
Street1: 315 Court Street
Street2:
City: Clearwater
State: FL ZIP/Postal Code: 33756 ZIP/Postal Code4:
Email Address: rlasala@pinellascounty.org
Telephone Number: 727-464-3485 Fax Number: 727-464-3484

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Mr. First Name: Nicholas Middle Name:
Last Name: Bridenback Suffix:
Title: Pinellas Drug Court Manager
Organization: Sixth Judicial Circuit
Street1: 14250 49th Street North
Street2:
City: Clearwater
State: FL ZIP/Postal Code: 33762 ZIP/Postal Code4:
Email Address: nbridenback@jud6.org
Telephone Number: 727-453-7401 Fax Number:

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

☐ (e) 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.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* on *(Date)*

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, ORFRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

05-22-12
Date

Robert S. LaSala
Signature of Authorized Official

Robert S. LaSala
Name and Title of Authorized Official (please print or type)

Please mail form to:
U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201

Name of Healthcare Facility Receiving/Requesting Funding

Street Address

City, State, Zip Code

Form HHS-690
1/09

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 18 2006

Employer Identification Number:
59-3714627
DLN:
17053056778076
Contact Person:
ERIC J BERTELSEN ID# 31323
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

WESTCARE GULFCOAST - FLORIDA INC
900 GRIER DR STE A
LAS VEGAS, NV 89119-3788

Dear Applicant:

Our letter dated February 6, 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Attachment 5: Confidentiality and Participant Protection

1. Protect Clients and Staff from Potential Risks

- ***Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.***

University of South Florida's Institutional Review Board oversees the protection of subjects and staff from potential risks. When submitted for review to the IRB, the following safeguards' will be addressed: a) have only voluntary participation, b) include minorities and females, c) include criminal justice system participants and/or those with manageable behavioral, psychological, and/or health problems, d) provide participants with incentives to cover the costs of their participation, e) have all staff sign a common confidentiality agreement, f) have a common standard for informed consent and g) have a safety net protocol for monitoring participants who are discharged earlier than the average length of stay in treatment.

The participants in the program will be offered substance abuse treatment. The program is intended to help and assist the participants; therefore no foreseeable adverse physical effects are expected. Any medications given will be under a physician's supervision and all participants will receive regular counseling sessions. As a result, no adverse medical or psychological effects are expected. All participants enter the program voluntarily and are asked to sign consent forms. Westcare, The Center for Rational Living, and their staffs are regulated by 42 CFR and are keenly aware of its intent. As a result, the clients' confidentiality is of utmost importance and should result in minor social risk for the clients entering the program.

Psychological stress may occur among some participants when questioned about topics that relate to family issues such as sexual and other physical abuse and victimizations, or questions about rejection by other, access to guns and weapons and questions about parental criminal activity. However, these questions represent only a small part of the material to be covered in interview/sessions that involve the participants. In addition, for those participants who show any signs of distress or unwillingness to answer questions on these matters, their privacy will be respected and the counselor/interviewer will immediately move to another topic and obtain the assistance of a trained therapist if needed for follow-up.

While there are no foreseeable physical or medical risks or adverse effects due either to: a) participation in the project itself, or to b) the evaluation activities, there is the possibility of some legal risk in circumstances in which it is determined that a client poses a danger to herself or others, as well as in the case of suspected child abuse or neglect. In either or both cases, reports to the authorities would have to be made by program or evaluation staff and the potential for legal repercussions exist. In response to such a circumstance, every effort will be made to provide supportive and therapeutic services and other relevant assistance.

- ***Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.***

All client evaluation information will be coded for confidentiality. All evaluation records will be kept separate from regular treatment records. They will be kept in a locked cabinet in a locked office in the Department of Mental Health Law and Policy at the Florida Mental Health Institute's University of South Florida. Only specified Research staff will have access to the

master list of names of participants that match coded numbers. Clients are advised, by means of Informed Consent, that USF will follow all Federal and State laws regarding confidentiality, but are mandated to report cases of child abuse. Clients are also informed that because this project is sponsored by SAMHSA, staff from that or other DHHS agencies may review records that identify the client.

- ***Identify plans to provide guidance and assistance in the event there are adverse effects to participants.***

Safety Net Procedures. Substance use is a serious condition and some participants may deteriorate during the study to the point where they need referral to inpatient care and/or re-intervention. If a participant continues to use or relapses at any stage of care, a referral may be made to a higher level of treatment. If a participant becomes suicidal or is a danger to others, a more aggressive referral is made. Explanation of these procedures are included as part of a client orientation session. Each client is given contact information so they can call the program should they relapse. Any member involved in the multidisciplinary team staff, including probation officers and law enforcement can initiate these calls. The treatments offered in this project are behavioral interventions and as such any medication based adverse event is not expected to result from the treatment itself.

- ***Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If not using these other beneficial treatments, provide reasons for not using them.***

The intent of the program is to keep the participants in treatment so as to treat their substance abuse. This program is designed to increase client retention rates that were exhibited in previous studies. As a result, any alternative treatments or procedures that may be developed during the course of the project that result in increased retention and increased success rates will be employed. Furthermore, if it is determined that an alternative treatment will be more beneficial to the participant than the treatment being received in the study, every effort will be made to transfer the client to the more appropriate level of treatment.

2. Fair Selection of Participants

- ***Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.***

Male and female offenders, ages 18 to 26, who meet opiate dependency criteria, and who may be parents or pregnant and/or postpartum (birth to 12 months). Within the general target population, special focus will be placed on inclusion of men and women of color, those involved with the child welfare system, and veterans.

- ***Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.***

The rationale for including some of the above populations is as follows:

- The proposal is based on previous research programs, which targeted substance abuse and trauma and provides an efficient, cost-effective treatment
- Men and women of this target population reintegrating into the community face an increased level of relapse and recidivism without enhanced re-entry services
- A majority of these men and women suffer from co-occurring disorders and require enhance treatment components to facilitate reintegration into the community.

- ***Explain the reasons for <u>including or excluding</u> participants.***

The program specifically targets men and women, age 18 to 26 years, who are opiate addicts and have been arrested. The project is not proposing to exclude any populations described. However, the following exclusionary criteria will apply. For safety and logistical reasons, participants are excluded if they meet <u>any</u> of the following criteria: a) have an acute medical condition that requires immediate treatment or is likely to prohibit full participation in treatment and cannot be managed in this level of care or would present an endangerment to self or others, such as acute suicidal ideations, homicidal ideations and/or history of extreme violence or aggression towards others, b) have an acute psychological condition that requires immediate treatment and/or is likely to prohibit full participation in treatment and cannot be managed in this level of care, c) appear to have insufficient mental capacity to understand the consent and/or participate in treatment, d) currently live outside of the program's catchment area or expect to move out within the next 90 days, e) have a history of violent behavior, severe psychoses, predatory crime or criminal justice system involvement that is likely to prohibit full participation in treatment (e.g., pending incarceration), f) lack sufficient ability to use English to participate in treatment, and g) cannot understand the informed consent.

Participants with all of the above inclusion criteria and none of the above exclusion criteria will be considered "Eligible" and invited to participate in the project. Participation is voluntary, so those who meet all criteria except willingness to participate will be considered to have "refused" and be part of pre-inclusion attrition. Only those who are eligible, agree to participate and who complete all intake assessments will be admitted to the program. There are several situations that are not grounds for exclusion but that are monitored closely and will be consider in the analysis: a) prior treatment for substance abuse (including transfers), b) co-occurring mental conditions (e.g., depression, generalized anxiety, PTSD), c) criminal justice system involvement, and d) non-traditional family structures.

All clients - regardless of race - who meet the above criteria are eligible for admission. By definition, this program only addresses men and women, aged 18 to 26 years.

- ***Explain recruitment efforts and how participants are selected. Identify who will select participants.***

Women will be referred by the Sixth Judicial Circuit Court and their assessment team. Following recruitment, potential participants will receive a physical health screening and psychosocial assessment. Identified women are placed into treatment as determined by utilizing the ASAM Patient Placement Criteria for Substance-Related Disorders, Second Edition (PPC-2). The ASAM tool is used for placement, continuing stay and discharge. The decision to enter these women into treatment will be conducted by the multi-disciplinary treatment team. Once in the program, individualized treatment plans will be developed by the multi-disciplinary treatment team.

3. <u>Absence of Coercion</u>

- ***Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.***

Participation in the program is voluntary, however, participants will be referred from the criminal justice system. If they decide not to participate in the program, they will be referred to existing internal or external continuum of care services. All clients in Westcare and The Center

for Rationale Living treatment programs are receiving treatment on a voluntary basis unless court ordered mandates are in effect. Participants will be informed that their participation is voluntary and they have the right to withdraw at any time without prejudice to them by the project or evaluation staff.

- ***If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $20.***

At present, plans are to provide participants with incentives when they complete the intake and 6-month follow-up assessment. The amounts for these incentives are $10 for intake and $10 for the 6-month follow-up. The incentives will be awarded in the form of gift certificates to local merchants and department stores. The incentives offered in the program are $20 or less and as a result, not considered coercive. Additionally, incentives are provided in the form of gift cards to local stores and as such considered appropriate and conservative.

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

It is explained to participants during the Informed Consent process that their participation is voluntary and may still receive treatment services. Participants are not offered remuneration to enter the program, however, participants are provided with incentives to comply with the intake assessment and 6-month post intake interviews.

4. Data Collection

- ***Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.***

Data will be collected from the participants and will include self-reports by the participants, drug screens (unobserved), therapist ratings, service log data, and results from assessments. No physically invasive procedures or pharmacological treatments are involved in the project, although a participant may be referred to or receive through internal professional staff, mental health services that include pharmacotherapy and medication management under a licensed practitioner (consistent with state laws, rules and regulations).

- ***Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.***

Not applicable.

- ***Provide copies of all available data collection instruments and interview protocols that will be used.***

The requested instruments and protocols can be found in Attachment 5a.

5. Privacy and Confidentiality:

- ***Explain how privacy and confidentiality will be maintained. Include who will collect data and how it will be collected.***

All assessment instruments will be administered in a private and confidential session. Westcare, The Center for Rationale Living, and USF have strict policy and procedures concerning Confidentiality procedures and all staff are required to sign confidentiality agreements. Additionally, USF have established privacy and confidentiality procedures including: a) requiring staff to sign confidentiality agreements, b) transmitting files directly or via secured links, c) password protected access to all electronic files, d) removal of all personal identifiers (except study ID) from any analytic files, e) use of IDs (vs. names) in e-mail correspondences or reports back to the sites, and f) obtaining specific releases from the participant before talking about the individual with others, even for the purpose of follow-up. Data will be collected by the project staff as well as the evaluation staff. It will be collected in the form of written assessments, self-reports by the participants, drug screens (unobserved), therapist ratings and service log data.

- ***Describe:***
  - ***How data collection instruments will be used.***

    All assessment instruments will be administered in a private and confidential session. All client evaluation information will be coded for confidentiality. After collection, the data is entered into a secure database and the data collection instruments are stored in the participant's research file which is kept in a secure room within the Dept. of Mental Health Law and Policy. Data collection instruments will be used primarily in an interview setting with the participant understanding that their participation is voluntary. Data from the data collection instruments will be aggregated for the project to determine project effectiveness and fidelity. No clients' individual data will be reported.

  - ***Where data will be stored.***

    After collection, the data is coded into a secure database and the data collection instruments are stored in the participant's research file which is kept in a secure room within the Dept. of Mental Health Law and Policy.

  - ***Who will or will not have access to information.***

    Only specified USF Research staff (need to know basis) will have access to the information.

  - ***How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.***

    A master list of names of participants will be kept in a separate location from the coded name list and only specified Research staff (need to know basis) will have access to the master list of names of participants that match coded numbers.

Westcare and The Center for Rationale Living agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures:

- ***List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.***

All participants in the project receive extensive explanations and directions regarding participation in the project, the nature and purpose of their participation and their voluntary nature and right to withdraw. All participants receive Informed Consent and are provided options as to their participation in the program. Consent forms detail the purpose of the project, the role of the participant, potential risks, potential benefits and participant's rights, what data will be collected and how the data will be used. The Consent form is written on a 7th grade literacy level, read aloud by the staff and it is covered paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. Periodically during the project, results of the project compiled in aggregate form will be presented to the participants to inform them of the progress of the project and its effect.

- ***State:***
  - ***Whether or not their participation is voluntary.***

    Their participation is voluntary and this is presented to the participants during the time USF and Westcare obtains the consent form.

  - ***Their right to leave the project at any time without problems.***

    The participant has the right to leave the project at any time without problems and this is presented to the participants during the time USF and Westcare obtains the consent form.

  - ***Possible risks from participation in the project.***

    Possible risks from participation in the project are presented to the participants and this is presented to the participants during the time USF and Westcare obtains the consent form.

  - ***Plans to protect clients from these risks.***

    Plans to protect clients from these risks are presented to the participants and this is presented to the participants during the time USF and Westcare obtains the consent form.

- ***Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.***

All participants receive a written Informed Consent and are provided options as to their participation in the program. Consent forms detail the purpose of the study, the role of the participant, potential risks, potential benefits and participant's rights. The Consent form is written on a 7th grade literacy level and it is reviewed paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. Those not able to understand the English language would be excluded from this program as explained in the exclusionary section above. These individuals may be referred to other programs within Westcare or the Center for Rationale Living.

- ***Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?***

Since all participants in the program are over 18, informed consent need only be obtained by the participant and not their parents or legal guardians. All participants receive a Consent form to read and the Westcare or USF staff member administering the Informed Consent process will read the consent form to the participant. The Consent form is written on a 7th grade literacy level and it is reviewed paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. Each participant will be provided a copy of the signed Consent form.

- ***Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 5 of your application. If needed, give English translations.***

The Sample Consent Forms are included in Attachment 5b.

- ***Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?***

Separate consent forms for different stages or parts of the project will be obtained for the treatment intervention and for the collection and use of data. The Consent forms used in the project will be explained to each participant.

- ***Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?***

For the purposes of the project, no other consent to release information to others or gather information from other sources than those identified in the informed consent will be used. Participants are informed of their rights under HIPAA and 42CFR.

7. Risk/Benefit Discussion:

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

The project provides little, if any, risk to the participant, due to the fact that it consists primarily of counseling sessions. Unless otherwise prescribed by the participant's doctor or signed consent from the participant, no medications are prescribed for the program. The benefits received by the participant receiving evidence-based substance abuse treatment far outweigh the risks of not receiving treatment or the potential risk of their confidentially being breached. Additionally, the knowledge obtained from the project provides a contribution of knowledge to the substance abuse field that would further the effect of treatment for other individuals in the target population.

Protection of Human Subjects Regulations

USF complies with the Protection of Human Subjects Regulations (45 CFR 46) and with the Protection of Human Subject Regulations. The specific evaluation design proposed is in compliance with the Protection of Human Subjects Regulations. The grant application, informed consent, assessment tools and evaluation plan will be presented to USF's Institutional Review Board (IRB) for approval. USF's IRB meets monthly and at the next scheduled meeting, this application will be presented for review, even though a funding decision may not be available at that time. Even though IRB approval is not required at the time of grant award, USF will provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and that IRB approval has been received prior to enrolling any clients in the proposed project.

Date: _____ ID# _____

Pinellas County Adult Drug Court (You Can) Additional Client Measures

Brief Symptom Inventory (BSI)

Now I am going to read you a list of problems people sometimes have. For each item please tell me how much that problem has distressed or bothered you during the past seven days including today. Please use this card to tell me whether the problem distressed you not at all , a little bit, moderately, quite a bit, or extremely. Please answer all items as well as you can, even if they do not seem to apply.

During the past seven days, including today, how much were you distressed by:

		Not at All	A little bit	Mod	Quite a bit	Extremely	DK	NA	RF
1.	Nervousness or shakiness inside	0	1	2	3	4	7	8	9
2.	Faintness or dizziness	0	1	2	3	4	7	8	9
3.	The thought that someone else can control your thoughts	0	1	2	3	4	7	8	9
4.	Feeling others are to blame for most of your troubles	0	1	2	3	4	7	8	9
5.	Trouble remembering things	0	1	2	3	4	7	8	9
6.	Feeling easily annoyed or irritated	0	1	2	3	4	7	8	9
7.	Pains in the heart or chest	0	1	2	3	4	7	8	9
8.	Feeling afraid in open spaces or on the streets	0	1	2	3	4	7	8	9
9.	Thoughts of ending your life	0	1	2	3	4	7	8	9
10.	Feeling that most people cannot be trusted	0	1	2	3	4	7	8	9
11.	Poor appetite	0	1	2	3	4	7	8	9
12.	Suddenly scared for no reason	0	1	2	3	4	7	8	9
13.	Temper outbursts that you could not control	0	1	2	3	4	7	8	9
14.	Feeling lonely even when you are with people	0	1	2	3	4	7	8	9
15.	Feeling blocked in getting things done	0	1	2	3	4	7	8	9
16.	Feeling lonely	0	1	2	3	4	7	8	9
17.	Feeling blue	0	1	2	3	4	7	8	9
18.	Feeling no interest in things	0	1	2	3	4	7	8	9
19.	Feeling fearful	0	1	2	3	4	7	8	9
20.	Your feelings are easily hurt	0	1	2	3	4	7	8	9
21.	Feelings that people are unfriendly or dislike you	0	1	2	3	4	7	8	9
22.	Feeling inferior to others	0	1	2	3	4	7	8	9
23.	Nausea or upset stomach	0	1	2	3	4	7	8	9
24.	Feeling that you are watched or talked about by others	0	1	2	3	4	7	8	9
25.	Having trouble falling asleep	0	1	2	3	4	7	8	9
26.	Having to check and double check what you do	0	1	2	3	4	7	8	9
27.	Having difficulty making decisions	0	1	2	3	4	7	8	9
28.	Feeling afraid to travel on buses, subways or trains	0	1	2	3	4	7	8	9
29.	Having trouble getting your breath	0	1	2	3	4	7	8	9
30.	Having hot or cold spells	0	1	2	3	4	7	8	9
31.	Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4	7	8	9
32.	Having your mind go blank	0	1	2	3	4	7	8	9
33.	Numbness or tingling in parts of your body	0	1	2	3	4	7	8	9
34.	The idea that you should be punished for your sins	0	1	2	3	4	7	8	9
35.	Feeling hopeless about the future	0	1	2	3	4	7	8	9
36.	Trouble concentrating	0	1	2	3	4	7	8	9
37.	Feeling weak in parts of your body	0	1	2	3	4	7	8	9
38.	Feeling tensed or keyed up	0	1	2	3	4	7	8	9
39.	Thoughts of death or dying	0	1	2	3	4	7	8	9
40.	Having urges to beat, injure, or harm someone	0	1	2	3	4	7	8	9
41.	Having urges to break or smash things	0	1	2	3	4	7	8	9
42.	Feeling very self-conscious with others	0	1	2	3	4	7	8	9
43.	Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4	7	8	9
44.	Never feeling close to another person	0	1	2	3	4	7	8	9
45.	Spells of terror or panic	0	1	2	3	4	7	8	9
46.	Getting into frequent arguments	0	1	2	3	4	7	8	9

		Not at All	A little bit	Mod	Quite a bit	Extremely	DK	NA	RF
47.	Feeling nervous when you are left alone	0	1	2	3	4	7	8	9
48.	Others not giving you proper credit for your achievements	0	1	2	3	4	7	8	9
49.	Feeling so restless you couldn't sit still	0	1	2	3	4	7	8	9
50.	Feelings of worthlessness	0	1	2	3	4	7	8	9
51.	Feeling that people will take advantage of you if you let them	0	1	2	3	4	7	8	9
52.	Feelings of guilt	0	1	2	3	4	7	8	9
53.	The idea that something is wrong with your mind	0	1	2	3	4	7	8	9

Posttraumatic Stress Disorder Checklist – Civilian Version (PCL-C)

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by that problem *in the last month* by circling the number on the scale.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
54.	Repeated, disturbing *memories, thoughts,* or *images* of a stressful experience from the past?	1	2	3	4	5
55.	Repeated, disturbing *dreams* of a stressful experience from the past?	1	2	3	4	5
56.	Suddenly *acting* or *feeling* as if a stressful experience *were happening again* (as if you were reliving it)?	1	2	3	4	5
57.	Feeling *very upset* when *something reminded* you of a stressful experience from the past?	1	2	3	4	5
58.	Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?	1	2	3	4	5
59.	Avoid *thinking about* or *talking about* a stressful experience from the past or avoid *having feelings* related to it?	1	2	3	4	5
60.	Avoid *activities* or *situations* because *they remind you* of a stressful experience from the past?	1	2	3	4	5
61.	Trouble *remembering important parts* of a stressful experience from the past?	1	2	3	4	5
62.	Loss of *interest in things that you used to enjoy?*	1	2	3	4	5
63.	Feeling *distant* or *cut off* from other people?	1	2	3	4	5
64.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	1	2	3	4	5
65.	Feeling as if your *future* will somehow be *cut short*?	1	2	3	4	5
66.	Trouble *falling* or *staying asleep*?	1	2	3	4	5
67.	Feeling *irritable* or having *angry outbursts*?	1	2	3	4	5
68.	Having *difficulty concentrating*?	1	2	3	4	5
69.	Being *"super alert"* or watchful on guard?	1	2	3	4	5
70.	Feeling *jumpy* or easily startled?	1	2	3	4	5

Circumstances, Motivation, and Readiness (CMR) Scales

How you feel can have a powerful effect on treatment. These feelings include your circumstances, the problems in your life, your feelings about yourself, and your feelings about treatment. Carefully consider each of the questions below and indicate how closely they describe your own thoughts and feelings. Circle the number that best describes your response.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
90. I am sure that I would go to jail if I didn't enter treatment.	1	2	3	4	5
91. I am sure that I would have come to treatment without the pressure of my legal involvement.	1	2	3	4	5
92. I am sure that my family will not let me live at home if I did not come to treatment.	1	2	3	4	5
93. I believe that my family/relationship will try to make me leave treatment after a few months.	1	2	3	4	5
94. I am worried that I will have serious money problems if I stay in treatment.	1	2	3	4	5
95. Basically, I feel I have too many outside problems that will prevent me from completing treatment (parents, spouse/relationship, children, loss of job, income, education, family problems, etc.).	1	2	3	4	5
96. Basically, I feel that my drug use is a very serious problem.	1	2	3	4	5
97. Often I don't like myself because of my drug use.	1	2	3	4	5
98. Lately, I feel if I don't change, my life will keep getting worse.	1	2	3	4	5
99. I really feel bad that my drug use and the way I've been living has hurt a lot of people.	1	2	3	4	5
100. It is more important to me than anything else that I stop using drugs.	1	2	3	4	5
101. I don't really believe that I have to be in treatment to stop using drugs, I can stop anytime I want.	1	2	3	4	5
102. I came to this program because I really feel that I'm ready to deal with myself in treatment.	1	2	3	4	5
103. I'll do whatever I have to do to get my life straightened out.	1	2	3	4	5
104. Basically, I don't see any other choice for help at this time except some kind of treatment.	1	2	3	4	5
105. I don't really think I can stop my drug use with the help of friends, family or religion, I really need some kind of treatment.	1	2	3	4	5
106. I am really tired of using drugs and want to change, but I know I can't do it on my own.	1	2	3	4	5
107. I'm willing to enter treatment as soon as possible.	1	2	3	4	5

Working Alliance Inventory

The following are sentences that describe some of the different ways you might think or feel about your counselor. Using the following 7-point scale, please respond to every item as truthfully as possible based on how you generally feel about your work with this person.

	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
108. My counselor and I agree about the things that I need to do to help improve my situation.	1	2	3	4	5	6	7
109. What I am doing gives me new ways of looking at my problem.	1	2	3	4	5	6	7
110. I believe my counselor likes me.	1	2	3	4	5	6	7
111. My counselor does not understand what I am trying to accomplish.	1	2	3	4	5	6	7
112. I am confident in my counselor's ability to help me.	1	2	3	4	5	6	7
113. My counselor and I are working toward mutually agreed upon goals.	1	2	3	4	5	6	7
114. I feel that my counselor appreciates me.	1	2	3	4	5	6	7
115. We agree on what is important for me to work on.	1	2	3	4	5	6	7
116. My counselor and I trust one another.	1	2	3	4	5	6	7
117. My counselor and I have different ideas on what my real problems are.	1	2	3	4	5	6	7
118. We have established a good understanding of the kind of changes that would be good for me.	1	2	3	4	5	6	7
119. I believe the way we are working with my problem is correct.	1	2	3	4	5	6	7

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Global Appraisal of Individual Needs - Q3 (GAIN-Q3)

Version [GVER]: 3.1.3 Standard

Site ID [XSITE]:..... |__|__|__|__|__|__|
Staff ID [XSID]: ..... |__|__|__|__|__|__|
Part. ID [XPID]: ..... |__|__|__|__|__|__|

Local Site ID [XSITEa]:..... |__|__|__|__|__|__|
Staff Initials [XSIN]: ..... |__|__|__|
Last Name [XPNAM]: .... _____
First Name: _____ M.I.: __

Observation [XOBS]: ..... |__|__| v. _____

Edit Staff ID [XEDSID]: ..... |__|__|__|__|__|__|
Data Entry Staff ID [XDESID]: ..... |__|__|__|__|__|__|

Edit Date [XEDDT]: ..... |__|__| / |__|__| / 20 |__|__|
Key Date [XDEDT]: ..... |__|__| / |__|__| / 20 |__|__|

For Staff Use Only
A1. Administrative Information
A1a. Time: .....|__|__| : |__|__| HH:MM..... A/P |__| (AM/PM)
A1c. Today's Date [XOBSDT]: ..... |__|__| / |__|__| / 20|__|__| (MM/DD/YYYY)

REVIEW ONLY

Introduction

Purpose: The purpose of this assessment is to provide a summary of how things have been going in your life. The information collected will be used only to identify and address problems that you may want assistance with and to help us evaluate our own services.

Format: This assessment has questions about what has been going on in your life across a wide range of areas, including your physical and mental health, stress and risk behaviors, and life satisfaction. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

Length: Depending on how much has been going on in your life, it will take about 20-45 minutes to complete. You will be able to take a break if you need to.

Privacy and Confidentiality: Your answers are private. All research and clinical staff with access to your answers understand this restriction and have agreed to resist sharing your specific answers without your prior written consent. This includes giving information to family members, other individuals, other treatment agencies, social work agencies, criminal justice agencies and other agencies.

Your confidentiality is also protected under the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. (READ ONLY IF APPLICABLE): We have also obtained a certificate of confidentiality to prevent us from being forced to give any information to the court.

There are, however, two exceptions. First, we are mandated to report child abuse or if you are presently a danger to yourself or others. Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions?

A3. Timeframe Anchoring

Several questions will ask you about things that have happened during the **past 90 days.** To help you remember this time period, please look at the calendar. First, let's find today's date and circle it.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)?

(PROBE FOR SPECIFIC EVENT. **IF UNABLE TO RECALL**: Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A3a1. Record anchor for 90 days: v. _____

When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about (NAME 90-DAY ANCHOR).

Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.

Additional Administration Instructions

As we go through the questionnaire, I will read the questions and record your answers. It is important that you try to answer each question if you can and are willing to. You may not always know the exact answer, but I would like you to give me your best guess if you can. You can also tell me if you simply do not know or if you do not want to or refuse to answer any questions. I also have some cards here that we will use to help answer some of the questions.

Do you have any questions before we begin?

REVIEW ONLY

A4a. In a few words, can you tell me why you are here today? (What is your main reason for coming to treatment?) (Do not ask "Any others")

v1._____

_____

_____

(Clarify and code)

Drug availability (difficulties obtaining drugs or "good" drugs)..... 1
Financial (can't afford to stay on drugs, lost an income source)..... 2
General personal motive ("habit out of control," "tired," "want to change," "improve lifestyle," "save self")..... 3
Health reasons (too ill to continue; drugs or related diseases are hurting or threatening own health, unborn baby, to live)..... 4
Pressure from family (parent, spouse, partner)..... 5
Parenting issues (get or keep custody or become better parent)..... 6
Pressure from criminal justice system (court mandate, probation officer, parole officer, attorney, etc.)..... 7
Pressure from Department of Child and Family Services (DCFS)..... 8
Pressure from school teacher, minister, coach, etc..... 9
Desire for services (want housing or other benefit)..... 10
School or job (to get, keep or improve situation)..... 11
Other **(Please describe in A4a)**..... 99

A4b. What is the name of the person who referred you to come here?

v. _____

A4c. What is this person's relationship to you?

v. _____

A4d. Referral Code (from below)..... |__|__|

Individuals		Agencies	
1 Self	10 Judge	21 Alcohol/Drug abuse program	41 State alcohol/drug abuse program
2 Mother	11 Teacher	22 Behavioral health provider	42 State mental health program
3 Father	12 Supervisor at work	23 Other health care provider	43 State DCFS or welfare program
4 Brother	13 Social Worker	24 Outreach, Advocacy or	44 State health department
5 Sister	14 Lawyer	Prevention program	49 Other State Agency
6 Grandparent	15 Probation Officer	25 School	50 Out of State CJ program
7 Aunt	16 Parole Officer	26 Employer	59 Other out of State agency
8 Uncle	17 Public Aid Worker	27 Social Scrvice Agency	99 Other (please describe in A4c)
9 Other family	18 Priest/Minister	28 Criminal Justice Agency	
	19 Other individual	30 TASC or diversion program	
		39 Other Agency	

REVIEW ONLY

B. Background Information

In this first section, I am going to ask you some very basic questions about yourself.

B1. What is your gender?

- Male 1
- Female 2
- Transgender (Male to Female) 4
- Transgender (Female to Male) 5
- Other **(Please describe)** 99

v. _____

B2. What is your date of birth? ..... |__|__| / |__|__| / |__|__|__|__|
Month Day Year

B2a. How old are you today? ..... |__|__| **[IF 18 OR OVER, GO TO B3a]**
Age

B2b. Who currently has **legal custody** of you? (Would you say...)

v. _____

(Clarify and code)

- Parents living together 1
- Parents who are separated but share custody 2
- One parent (even if living with stepparent) 3
- Other family members 4
- Legally emancipated minor living on your own 5
- Runaway/on own (without legal emancipation) 6
- County/State (foster home or protective services) 7
- Juvenile or correctional institution 8
- Other **(Please describe in B2bv)** 99

REVIEW ONLY

B3a. Which races, ethnicities, nationalities or tribes best describe you? (Any others?)
(Please record and select all that apply)

v1._____

_____

_____

Please select at least one race.

		MENTIONED	
		Yes	No
1.	Alaskan Native **(Please record tribe in B3av1)**	1	0
2.	Asian	1	0
3.	African American/Black	1	0
4.	Caucasian/White	1	0
5.	Hispanic, Latino or Chicano	1	0
	a. Puerto Rican	1	0
	b. Mexican	1	0
	c. Cuban	1	0
	e. Dominican	1	0
	f. Other Central American	1	0
	g. Other South American	1	0
	z. Other **(Please describe in B3av1)**	1	0
6.	Native American **(Please record tribe in B3av1)**	1	0
7.	Native Hawaiian	1	0
8.	Pacific Islander	1	0
99.	Some other group **(Please describe in B3av1)**	1	0

REVIEW ONLY

B12. What is the **last** grade or year that you **completed in school**?
(NOTE: Use 12 for high school, 16 for a BA/BS, and 17 for graduate school or more than 4 years of college) ..... |__|__|
Grade

B13. What kinds of diplomas, degrees, work-related certificates or licenses have you received? (Any others?)

		MENTIONED	
		Yes	No
1.	High school diploma	1	0
2.	Passed GED (general equivalency diploma)	1	0
3.	Adult Basic Education (ABE) certificate	1	0
4.	Junior college or associate's degree	1	0
5.	Bachelor's degree	1	0
6.	Advanced college degree (master's or doctorate)	1	0
7.	Vocational or trade certificate	1	0
8.	Trade license apprenticeship	1	0
9.	Commercial driver's license	1	0
99.	Other degrees or licenses **(Please describe)**	1	0

v. _____

B14. Which of the following best describes your sexual orientation?

(Select one)

Non-sexual or asexual	1
Heterosexual or straight	2
Homosexual, gay or lesbian	3
Bisexual	5
Questioning or curious	6
Not sure	7
Other **(Please describe)**	99

v. _____

B15. What is your **current** marital status?

(Clarify and code)

Married	1
Remarried	2
Living with someone as married	3
Married but living apart	4
Divorced	5
Legally separated	6
Widowed	7
Never married and not living as married	8

REVIEW ONLY

[IF UNDER 17, SELECT 0 AND GO TO B17]

B16. Have you **ever** been in the armed forces of the United States or another country?

(Select one)

No, never served in any armed forces ..... 0 **[GO TO B17]**
Yes, served in the United States armed forces 1
Yes, served in the armed forces or military of another country
(Which country?) 99

v. _____

		Yes	No
B16a.	Were you **ever** in a combat zone?	1	0

B16b. What was your **highest** rank in the military?

v. _____

B16c. What is your military status or type of discharge? (Clarify and select all that apply)

v. _____

		(MENTIONED) Yes	No
1.	On active duty in the armed forces	1	0
2.	In a selected or other reserve component that drills regularly	1	0
3.	In the National Guard	1	0
4.	In Individual Ready Reserve (IRR)	1	0
5.	Retired	1	0
6.	Honorably discharged (Are you currently in any kind of reserve?) ...	1	0
7.	Generally discharged or entry-level separation	1	0
8.	Other than honorably discharged	1	0
9.	Bad conduct or other administrative discharge or dismissal	1	0
10.	Dishonorably discharged or dismissal after court martial	1	0
99.	Other **(Please describe in B16cv)**	1	0

REVIEW ONLY

[IF B16c6-99 = 0, GO TO B17]

B16d. Was your discharge related to any physical, medical, mental, alcohol, drug or other problems? (Clarify and select all that apply)

v. _____

		(MENTIONED) Yes	No
1.	Physical	1	0
2.	Medical	1	0
3.	Mental	1	0
4.	Alcohol	1	0
5.	Drug	1	
99.	Other problem **(Please describe in B16dv)**	1	0

[IF MALE, GO TO SP1]

		Yes	No
B17.	Are you currently pregnant?	1	0

REVIEW ONLY

SP. School Problems

The next questions are about being in any kind of school or training program. Using **Card Q** and responding "in the past month," "2 to 3 months ago," "4 to 12 months ago," "1 or more years ago," or "never."

			Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
			4	3	2	1	0
SPScr/ QOLI	SP1.	When was the **last** time you...					
	a.	came in late or left early from school or training?	4	3	2	1	0
	b.	skipped or cut school or training just because you didn't want to be there?	4	3	2	1	0
	c.	got bad grades or had your grades drop at school or training?	4	3	2	1	0
	d.	got sick at school or training?	4	3	2	1	0
	e.	went to any kind of school or training?	4	3	2	1	0
	SP1f.	When was the **last** time, if ever, you received any kind of help dealing with school problems (for example, talking to a school counselor about problems at school, working with a tutor, attending a social skills group at school)?	4	3	2	1	0

[IF SP1e IS LESS THAN 3, GO TO SP1f1]

Please answer the next questions using the number of days.

QCS SP1e. **During the past 90 days**, on how many days...

1. were you absent from school or training for a full day? |__|__| Days
2. did you go to any kind of school or training? |__|__| Days

[IF SP1f IS LESS THAN 3, GO TO WP1a]

Please answer the next questions using the number of days.

SP1f1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with school problems? |__|__| Days

REVIEW ONLY

WP. Work Problems

The next questions are about working at a job. For these items, a job includes a full or part-time job that you are paid for doing, including military service. If you have never worked, please answer never.

Using **Card Q**...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0

WPScr/ WP1. When was the **last** time you...
QOLI

a.	came in late or left early from work?	4	3	2	1	0
b.	skipped or cut work just because you didn't want to be there?	4	3	2	1	0
c.	did badly at work or did worse at work?	4	3	2	1	0
d.	got sick at work?	4	3	2	1	0
e.	went to work?	4	3	2	1	0

WP1f. When was the **last** time, if ever, you received any kind of help dealing with work problems (for example, talking to a counselor about problems at work, using the services of an employee assistance program, participating in mediation for dispute resolution)? 4 3 2 1 0

[IF WP1e IS LESS THAN 3, GO TO WP1f1]

Please answer the next questions using the number of days.

QCS WP1e. **During the past 90 days**, on how many **days**...

1. were you absent from work for a full day? |__|__| Days
2. did you work for money at a job or in a business? |__|__| Days

[IF WP1f IS LESS THAN 3, GO TO PH1a]

Please answer the next questions using the number of days.

WP1f1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with work problems? |__|__| Days

REVIEW ONLY

PH. Physical Health

The next questions are about your physical health.

Using **Card Q**...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0

HPScr/ PH1. When was the **last** time you...

QOLI

a.	gained 10 or more pounds when you were **not** trying to?	4	3	2	1	0
b.	lost 10 or more pounds when you were **not** trying to?	4	3	2	1	0
c.	were **worried** about your health?	4	3	2	1	0
d.	had a lot of **physical pain or discomfort**?	4	3	2	1	0
e.	had health problems that **kept** you from meeting your responsibilities at work, school or home?	4	3	2	1	0
f.	saw a doctor or nurse about a health problem or took prescribed medication for one?	4	3	2	1	0

[IF PH1f IS LESS THAN 3, GO TO PH2a]

Please answer the next questions using the number of times, nights or days.

QCS PH1f. **During the past 90 days**, how many...

1. **times** have you had to go to the **emergency room** for a health problem? ..... |__|__| Times
2. **nights** total did you spend in the **hospital** for a health problem? ..... |__|__| Nights
3. **times** did you see a doctor or nurse in an **office or outpatient clinic** for a health problem? ..... |__|__| Times
4. **times** did you have an outpatient **surgical procedure** for a health problem? ..... |__|__| Times
5. **days** did you take prescribed **medication** for a health problem? ..... |__|__| Days

PPI PH2. **During the past 90 days**, on how many **days**...

a. have you been bothered by **any** health or medical problems? ..... |__|__| Days **[IF 0, GO TO PH2c]**

b. have health problems kept you from meeting your responsibilities at work, school or home? ..... |__|__| Days

c. have you smoked or used **any** kind of tobacco? ..... |__|__| Days

REVIEW ONLY

SS. Sources of Stress

The next questions are about stress in your life.

Using **Card Q**...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0

SSScr/ QOLI SS1. When was the **last** time you were under stress for any of the following reasons?

a.	Death of a family member or close friend.	4	3	2	1	0
b.	Health problem of a family member or close friend.	4	3	2	1	0
c.	Fights with boss, teacher, coworkers or classmates.	4	3	2	1	0
d.	Major change in relationships for you or your family (e.g., marriage, divorce, separations).	4	3	2	1	0
e.	Something you saw or that happened to someone close to you. **(Please describe)**	4	3	2	1	0
v.	_____					
f.	New job, position or school.	4	3	2	1	0
g.	You didn't have enough money to pay all your bills on time.	4	3	2	1	0

SS1g1. When was the **last** time, if ever, that you considered yourself to be homeless? 4 3 2 1 0

SS1h. When was the **last** time, if ever, you received any kind of help dealing with your stress (for example, talking to a counselor about ways to manage stress, participating in classes to learn to better manage stress)? 4 3 2 1 0

[IF SS1h IS LESS THAN 3, GO TO SS2a]

Please answer the next questions using the number of days.

SS1h1. **During the past 90 days**, on how many **days** have you received any kind of help dealing with your stress? ..... |__|__| Days

PPI SS2. **During the past 90 days**, on how many days have you...

a. felt stressed by events or situations in your life? ..... |__|__| Days

b. had any money problems, including arguing about money or not having enough for food or housing? ..... |__|__| Days

REVIEW ONLY

RB. Risk Behaviors for Infectious Diseases

The next questions are about behaviors that put you at risk for getting and spreading infectious diseases, including HIV. These behaviors may be things you have done or that others have done to you. Please remember that all of your answers are strictly confidential.

Using **Card Q**...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0
RBScr/ QOLI RB1. When was the **last** time you...					
a. had **two or more** different sex partners during the same time period?	4	3	2	1	0
b. had sex **without** using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?	4	3	2	1	0
c. had sex while you or your partner **was high on alcohol or other drugs**?	4	3	2	1	0
d. used a needle to inject drugs like heroin, cocaine or amphetamines?	4	3	2	1	0
g. were attacked with a weapon, including a gun, knife, stick, bottle or other weapon?	4	3	2	1	0
h. were physically abused, where someone hurt you by striking or beating you to the point that you had bruises, cuts or broken bones?	4	3	2	1	0
j. were sexually abused, where someone pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend?	4	3	2	1	0
k. were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life?	4	3	2	1	0

[IF ALL RB1g-k = 0, GO TO RB1n]

RBScr RB1. When was the **last** time you...					
m1. were abused several times or over a long period of time?	4	3	2	1	0
m2. were afraid for your life or that you might be seriously injured by the abuse?	4	3	2	1	0
RB1n. When was the **last** time, if ever, you received any kind of help to reduce your risk behaviors (for example, participating in a needle exchange program, being instructed in safe sex practices, moving to a shelter for domestic violence victims)?	4	3	2	1	0

[IF RB1n IS LESS THAN 3, GO TO RB2a]

RB1n1. **During the past 90 days**, on how many **days** did you receive any kind of intervention to reduce your risk behaviors? ..... |__|__| Days

REVIEW ONLY

Please answer the next questions using the number of times or days. If something does not apply, please answer zero (0).

PPI RB2. **During the past 90 days**, how many...

a. **times** have you had unprotected sex (sex **without** using any kind of condom, dental dam or other barrier to protect you and your partner from disease or pregnancy)? ..... |__|__| Times

b. **days** have you used a needle to inject any kind of drug or medication? ..... |__|__| Days

c. **days** have you been attacked with a weapon, beaten, sexually abused or emotionally abused? ..... |__|__| Days

REVIEW ONLY

MH. Mental Health

The next questions are about common psychological, behavioral and emotional problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

Using **Card Q**...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0

IDScr6/MH1. When was the **last** time you had **significant** problems with...

QOLI

a. feeling very trapped, lonely, sad, blue, depressed or hopeless about the future? 4 3 2 1 0

b. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day? 4 3 2 1 0

c. feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen? 4 3 2 1 0

d. becoming very distressed and upset when something reminded you of the past? 4 3 2 1 0

e. thinking about ending your life or committing suicide? 4 3 2 1 0

f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? 4 3 2 1 0

Using **Card Q**...

EDScr6 MH2. When was the **last** time you did the following things **two or more times**?

QOLI

a. Lied or conned to get things you wanted or to avoid having to do something. 4 3 2 1 0

b. Had a hard time paying attention at school, work or home. 4 3 2 1 0

c. Had a hard time listening to instructions at school, work or home. 4 3 2 1 0

d. Had a hard time waiting for your turn. 4 3 2 1 0

e. Were a bully or threatened other people. 4 3 2 1 0

f. Started physical fights with other people. 4 3 2 1 0

g. Tried to win back your gambling losses by going back another day. 4 3 2 1 0

MH2h. When was the **last** time, if ever, you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication? 4 3 2 1 0

REVIEW ONLY

[IF MH2h IS LESS THAN 3, GO TO MH3a]

Please answer the next questions using the number of times, nights or days.

QCS MH2h. **During the past 90 days**, how many...

1. **times** have you had to go to an **emergency room** for mental, emotional, behavioral or psychological problems? ..... |__|__| Times
2. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems? ..... |__|__| Nights
3. **times** did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems? ..... |__|__| Times
4. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems? ..... |__|__| Days

PPI MH3. **During the past 90 days**, on how many **days**...

a. were you bothered by any nerve, mental or psychological problems? ..... |__|__| Days **[IF 0, GO TO MH3c]**

b. did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?... |__|__| Days

c. have you been disturbed by memories of things from the past that you did, saw or had happen to you? ..... |__|__| Days

d. have you had any problems paying attention, controlling your behavior, or broken rules you were supposed to follow? ..... |__|__| Days

REVIEW ONLY

SU. Substance Use

The next questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any **non-medical** use of prescription-type drugs. Please do not include any prescription drugs you used only as instructed by a doctor.

Using **Card Q**...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0

SDScr/ QOLI SU1. When was the **last** time...

a.	you used alcohol or other drugs weekly or more often?	4	3	2	1	0
b.	you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c.	you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
d.	your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?	4	3	2	1	0
e.	you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0
f.	you received treatment, counseling, medication, case management or aftercare for your use of alcohol or **any other drug**? Please do not include any emergency room visits, detoxification, self-help or recovery programs .	4	3	2	1	0

[IF SU1f IS LESS THAN 3, GO TO SU2a]

Please answer the next questions using the number of times, nights or days.

QCS SU1f. **During the past 90 days**, how many...

2. **nights** were you in a halfway house, **residential**, inpatient, or hospital program for your alcohol or other drug use problems? ..... |__|__| Nights

3. **days** were you in an **intensive outpatient** or day program for your alcohol or other drug use problems? ..... |__|__| Days

4. **times** did you go to a regular (1-8 hours per week) **outpatient** program for your alcohol or other drug use problems? ..... |__|__| Times

5. **days** did you take medication like **methadone or Antabuse** to help with withdrawal or cravings? ..... |__|__| Days

99. **days** did you go to any **other** kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems? **(Please describe)** ..... |__|__| Days

v. _____

PREVIEW ONLY

QCS SU2. **During the past 90 days**, how many...

a. **days** have you been in a **detoxification** program to help you through withdrawal? ..... |__|__| Days

b. **days** have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use? ..... |__|__| Days

c. **times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today) ..... |__|__| Times

d. **times** did you go to an **emergency room** for your alcohol or other drug use problems? ..... |__|__| Times

Please answer the next questions using the number of days.

PPI SU3. **During the past 90 days...**

a. on how many **days** did you go **without using** any alcohol, marijuana or other drugs? ..... |__|__| Days **[IF 90, GO TO SU5]**

b. on how many **days** did you get drunk **at all** or were you high for most of the day? ..... |__|__| Days

c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home? .... |__|__| Days

PPI SU4. **During the past 90 days**, on how many **days** have you...

a. used any kind of alcohol (beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks)? ..... |__|__| Days **[IF 0, GO TO SU4c]**

b. gotten drunk or had 5 or more drinks? ..... |__|__| Days

c. used marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)? ..... |__|__| Days

d. used cocaine, opioids, methamphetamine or **any other drug**, including a prescription medication that was **not** prescribed to you, or one that you took more of than you were supposed to? ..... |__|__| Days **[IF 0, GO TO SU5]**

REVIEW ONLY

SU4. **During the past 90 days**, on how many **days** have you...

e. used crack, smoked rock or freebase? ..... |__|__| Days

f. used other forms of cocaine? ..... |__|__| Days

g. used inhalants or huffed (such as correction fluid, gasoline, glue, lighters, spray paints or paint thinner)? ..... |__|__| Days

h. used heroin or heroin mixed with other drugs? ..... |__|__| Days

j. used nonprescription or street methadone? ..... |__|__| Days

k. used painkillers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, OxyContin, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine)? ..... |__|__| Days

m. used PCP or angel dust (phencyclidine)? ..... |__|__| Days

n. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin or shrooms)?. |__|__| Days

p. used anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)? ..... |__|__| Days

qa. used methamphetamine, Crystal, ice, glass, or other forms of methedrine (such as Desoxyn)? ..... |__|__| Days

qb. used speed, uppers, amphetamines, ecstasy, MDMA or other stimulants (such as Biphetamine, Benzedrine, Dexedrine or Ritalin)? ..... |__|__| Days

r. used downers, sleeping pills, barbiturates or other sedatives (such as Barbane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal)? ..... |__|__| Days

s. used any other drug that has not been mentioned (such as amyl nitrate, cough syrup, nitrous oxide, NyQuil, poppers or Robitussin)? **(Please describe)** ..... |__|__| Days

v. _____

REVIEW ONLY

SU5. **During the past 90 days**, on how many **days** have you been in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs? **(Use 0 for none)** ..... |__|__| **[IF 0-12, GO TO CV1a]**
Days

To help you remember the time period for the next set of questions, let's get out the calendar like we did earlier and mark out the last 90 days when you spent fewer than 13 days in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs. Do you recall anything that was going on about (DATE 90 DAYS BEFORE INDIVIDUAL ENTERED CONTROLLED ENVIRONMENT)?

(PROBE FOR SPECIFIC EVENT AS BEFORE)

Record anchor: v. _____

When we talk about things happening to you during "those 90 days in the community," we are talking about things that have happened from about (PRE-CONTROLLED ENVIRONMENT ANCHOR) to the time you entered the controlled environment.

Please answer the next questions using the number of days. **(Use 0 for none)**

SU5. In those 90 days in the community...

a. on how many **days** did you go **without using** any alcohol, marijuana or other drugs? ..... |__|__| **[IF 90, GO TO CV1a]**
Days

b. on how many **days** did you get drunk **at all** or were you high for most of the day? ..... |__|__|
Days

c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home? .... |__|__|
Days

REVIEW ONLY

CV. Crime and Violence

The next questions are about crime and violent behavior.

Using **Card Q**...

	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0

CVScr/ CV1. When was the **last** time you...

QOLI

a.	had a disagreement in which you pushed, grabbed or shoved someone?	4	3	2	1	0
b.	took something from a store without paying for it?	4	3	2	1	0
c.	sold, distributed or helped to make illegal drugs?	4	3	2	1	0
d.	drove a vehicle while under the influence of alcohol or illegal drugs?	4	3	2	1	0
e.	purposely damaged or destroyed property that did not belong to you?	4	3	2	1	0
f.	were involved in the criminal justice system, such as jail or prison, detention, probation, parole, house arrest or electronic monitoring?	4	3	2	1	0

[IF CV1f IS LESS THAN 3, GO TO CV3]

Please answer the next questions using the number of days.

QCS CV2. **During the past 90 days**, on how many days have you been...

a.	on probation?	___ Days
b.	on parole?	___ Days
c1.	in juvenile detention?	___ Days
c2.	in jail or prison?	___ Days
d.	on house arrest?	___ Days
e.	on electronic monitoring?	___ Days

PPI CV3. **During the past 90 days**, on how many **days** did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way? ___ Days

PREVIEW ONLY

PPI CV4. **During the past 90 days**, on how many **days** were you involved in any activities you thought might get you into trouble or be against the law, besides drug use? ..... |__|__| **[IF 0, GO TO CV4b]**
Days

PPI CV4a. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...

1. in order to support yourself financially? ..... |__|__|
Days
2. in order to obtain alcohol or other drugs? ..... |__|__|
Days
3. while you were high or drunk? ..... |__|__|
Days

Please answer the next question using the number of times.

QCS CV4b. **During the past 90 days**, how many **times** have you been arrested and charged with breaking a law? (Please do not count minor traffic violations.) ..... |__|__|__|
Times

REVIEW ONLY

LS. Life Satisfaction

The next questions are about how satisfied you feel with different parts of your life. After you hear each question, please tell me **how satisfied** you currently feel by using **Card I** and responding "very satisfied," "satisfied," "mixed," "dissatisfied," or "very dissatisfied."

	Very Satisfied	Satisfied	Mixed	Dissatisfied	Very Dissatisfied
	5	4	3	2	1

LSI LS1. **Currently**, how satisfied are you with...

g.	the level of physical intimacy (sexual activity) in your relationships?	5	4	3	2	1
h.	your family relationships?	5	4	3	2	1
j.	your general level of happiness?	5	4	3	2	1
k.	where you are living?	5	4	3	2	1
m.	how your life is going so far?	5	4	3	2	1
n.	your school or work situation?	5	4	3	2	1

REVIEW ONLY

Z. End

Thank you! That is all of the questions we have for you at this time.

(Please enter the current time in Z1. If you went straight through, we will figure out how many minutes you took. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing interview on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

Z1. What time is it now? ..... |__|__| : |__|__|
Time (HH:MM)

b. Is it AM or PM? ..... |__|__|
AM/PM

c. How many breaks did you take today? ..... |__|__|
Breaks

d. Not counting breaks, how long did it take you to finish this? ..... |__|__|__|
Minutes

Z2. Are there any other special issues we need to know about to help you (or help you come to treatment)? Do you have any additional comments or questions?

v1. _____
_____
_____
_____

REVIEW ONLY

For Staff Use Only

XADM.Administration

Please document the following aspects of how the interview was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section in XADMj or at least say where we can find them.

			Yes	No
a1.	How were the questions administered?			
	a.	Self-Administered	1	0
	b.	Orally Administered by staff	1	0
	c.	Orally Administered by others	1	0
	z.	Other **(Please describe)**	1	0
		v. _____		
a2.	What was the mode of administration?		Yes	No
	a.	Done with Pen and Paper	1	0
	b.	Done on Computer	1	0
	c.	Done on Telephone	1	0
	z.	Other **(Please describe)**	1	0
		v. _____		

b.	What was the primary **language** in which it was conducted?	
	English using the English GAIN	1
	Spanish using the English GAIN	2
	Spanish using the Spanish GAIN	3
	Other combinations/languages **(Please describe)**	99
	v. _____	

c.	Were there any indications that the client might have learning disabilities that would interfere with his/her ability to respond or participate in treatment or, in general, **indications of developmental disabilities**?	
	No/none	0
	Minimal	1
	Moderate	2
	Major	3

			Yes	No
e.	Was there any evidence of the following observed participant **behaviors**?			
	1.	Depressed or withdrawn	1	0
	2.	Violent or hostile	1	0
	3.	Anxious or nervous	1	0
	4.	Bored or impatient	1	0
	5.	Intoxicated or high	1	0
	6.	In withdrawal	1	0
	7.	Distracted	1	0
	8.	Cooperative	1	0

REVIEW ONLY

For Staff Use Only

g. What was the participant's location during the assessment?

Treatment unit	1
Specialized intake unit	2
Correctional setting	3
School	4
Employment or work setting	5
Home	6
Probation or Parole Office	7
Welfare or Child Protection Agency	8
Research Office or Setting	1
Other **(Please describe)**	99

v. _____

		Yes	No
g1-5.	Were there any problems providing a quiet, **private** environment?		
1.	Noise or other frequent distractions	1	0
2.	Divided attention or frequent interruptions	1	0
3.	Other people present or within earshot	1	0
4.	Police, guards, social workers or other officials present	1	0
5.	Speaker or telephone call monitoring	1	0

h1. Was administration done over multiple days? 1 0

[IF NO, GO TO XADMj]

a. What is the **final** revision date (mm/dd/yyyy)? |__|__| / |__|__| / 20 |__|__|
Month Day Year

b. What is the **total** number of breaks across **all** sessions and days?
(Include "1" for break in between multiple sessions.) |__|__|

c. What is the **total** number of minutes spent doing the interview across **all** sessions and days? |__|__|__|

d. What is the Staff ID [XSID] of the person **finishing** the interview? |__|__|__|__|__|__|

j. Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment? **Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).**

v. _____
_____
_____

REVIEW ONLY

Attachment 5b

Sample Consent Forms

Informed Client Consent
Social and Behavioral Sciences
University of South Florida

Information for People Who Take Part in Research Studies

Researchers at the University of South Florida (USF) study many topics. For example, we want to learn about more effective treatment and services for adult drug court offenders ages 18-26 in the Pinellas County Adult Drug Court program. To do this, we need the help of people who agree to take part in an evaluation study.

Title of research study: Evaluation of an Adult Drug Court
Person in charge of study: Kathleen Moore, Ph.D.
Study staff who can act on behalf of the person in charge: Scott Young, Blake Barrett
Where the study will be done: Pinellas County, Florida
Who is paying for it: Bureau of Justice Assistance/Substance Abuse and Mental Health Services Administration

Should you take part in this study?
This form tells you about this research study. You can decide if you want to take part in it. You do not have to take part. Reading this form can help you decide.

You can ask questions:

- You may have questions this form does not answer. If you do, ask the person in charge of the study or study staff as you go along.
- You don't have to guess at things you don't understand. Ask the people doing the study to explain things in a way you can understand.

After you read this form, you can:

- Take your time to think about it.
- Have a friend or family member read it.
- Talk it over with someone you trust.

It's up to you. If you choose to be in the study, then you can sign the form. If you do not want to take part in this study, do not sign the form.

Why is this research being done?
The purpose of this study is to find out how treatment services can better help offenders involved in drug court. We are interested in talking with you at the beginning of treatment, 6-months, and discharge.

Why are you being asked to take part?
We are asking you to take part in this study because you are in the Pinellas County Adult Drug Court program and we would like to talk with offenders involved in this program. Approximately 185 people will participate in this study.

How long will you be asked to stay in the study?
You will be asked to spend about 1 year in this study.
How often will you need to come for study visits?
A study visit is one you have with the person in charge of the study or study staff. You will need to come for 3 study visits in all.
If you agree to participate, you will be asked to answer questions now, in six months, and again at discharge. Study visits will take about one hour of your time.
At each visit, the person in charge of the study or staff will ask questions about your criminal justice involvement, substance use issues, mental health status, motivation for change, and quality of life.

What other choices do you have if you decide not to take part?
Your decision to participate in this research study (or not to participate) is completely voluntary. If you decide not to take part in this study, that is okay. By not participating, this will not affect your services in any way. You will still be eligible to receive the same services whether you consent or not to be in the study.

How do you get started?
If you decide to take part in this study, you will need to sign this consent form. A staff member will ask you some questions about your criminal justice involvement, substance use issues, mental health status, motivation for change, and quality of life.

What will happen during this study?
We will ask you some questions now, and then in 6 months and at 12 months. Each interview will take about an hour and you are free to answer or not answer any of the questions that will be asked to you.

Here is what you will need to do during this study
You will need to sit with a staff member for an hour and answer some questions about your criminal justice involvement, substance use issues, mental health status, motivation for change, and quality of life.

Will you be paid for taking part in this study?
We will pay you for two interviews, $10 at baseline, and then $10 again at 6-month follow-up for your continued participation in this study. Thus you can earn up to $20 by participating.

What will it cost you to take part in this study?
It will not cost you anything to take part in the study.

What are the potential benefits if you take part in this study?
You will not directly benefit from participating in this study. However, by participating you may help to improve treatment services for offenders involved in adult drug court.

What are the risks if you take part in this study?
There is some risk to those who take part in this study. You will be asked personal questions, and that can make some people upset. However, you can refuse to answer questions and choose to stop the interview at any time. If you need to, the interview can be done at another time. You may choose to withdraw from the study at any time and there will be no penalty in regards to your eligibility for services.

What will we do to keep your study records private?
Federal law requires us to keep your study records private. Your records will be kept in a locked file at the University of South Florida. Only authorized persons will be able to read the information. Your name will not be identified in any reports. Code numbers will be used to protect the information. Your name will not appear with the personal information you provide. It will only be linked with the contact information you provide us. Your privacy and research records will be kept confidential to the extent of the law. There are exceptions. Any evidence of child abuse or neglect obtained during an interview must be reported to the authorities. If you say that you plan to harm someone or yourself, research staff must tell people to help you. However, certain people may need to see your study records. By law, anyone who looks at your records must keep them confidential. The only people who will be allowed to see these records are:

- The study staff.
- People who make sure that we are doing the study in the right way. They also make sure that we protect your rights and safety:
    - The USF Institutional Review Board (IRB) and its staff
    - The United States Department of Health and Human Services (DHHS)
- The agency who paid for this study is the Bureau of Justice Assistance/Substance Abuse Mental Health Services Administration. They may look at the study records to make sure the study is done in the right way.

We may publish what we find out from this study. If we do, we will not use your name or anything else that would let people know who you are.

What happens if you decide not to take part in this study?
You should only take part if you are comfortable with participating in the study.

If you decide not to take part:

- You won't be in trouble or lose any rights you normally have.
- You will still get the same services you would normally have.

What if you join the study and then later decide you want to stop?
If you decide you want to stop taking part in the study, tell the study staff as soon as you can.

- We will tell you how to stop safely and will inform you if there are any dangers if you stop.
- If you decide to stop, you can still receive your regular services.

Are there reasons we might take you out of the study later on?
Even if you want to stay in the study, there may be reasons we will need to take you out of it. You may be taken out of this study:

- The sponsor might stop the study.
- If you are not coming for your study visits when scheduled.

You can get the answers to your questions.
If you have any questions about this study or in the event of a research related harm or injury, call Kathleen Moore at the University of South Florida at (813) 974-2295.
If you have questions about your rights as a person who is taking part in a study, call USF Research Integrity and Compliance at (813) 974-5638.

Consent to Take Part in this Research Study
It's up to you. You can decide if you want to take part in this study.

I freely give my consent to take part in this study. I understand that this is research. I have received a copy of this consent form.

Signature of Person taking part in study	Printed Name of Person taking part in study	Date

Statement of Person Obtaining Informed Consent
I have carefully explained to the person taking part in the study what he or she can expect.
The person who is giving consent to take part in this study

- Understands the language that is used.
- Reads well enough to understand this form. Or is able to hear and understand when the form is read to him or her.
- Does not have any problems that could make it hard to understand what it means to take part in this study.
- Is not taking drugs that make it hard to understand what is being explained.

To the best of my knowledge, when this person signs this form, he or she understands:

- What the study is about.
- What needs to be done.
- What the potential benefits might be.
- What the known risks might be.
- That taking part in the study is voluntary.

Signature of Investigator or authorized research investigator designated by the Principal Investigator	Printed Name of Investigator	Date

Name: _____ **ID#:** _____

CLIENT HANDBOOK & ORIENTATION CHECKLIST

1. *GENERAL PROGRAM STRUCTURE*
2. *HOURS OF OPERATION, ACCESS AFTER HOURS & EMERGENCY COUNSELING SERVICES*
3. *CODE OF ETHICS*
4. **DESCRIPTION OF SERVICES**
5. *PROGRAM SCHEDULE AND FEES*
6. *CLIENT RIGHTS*
7. *CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY*
8. **PRIVACY STANDARDS CLIENT NOTIFICATION – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**
9. **THE GRIEVANCE PROCEDURE**
10. *DRUG SREENS*
11. **FEES**
12. *TRANSFER OF SERVICES*
13. **EMERGENCIES**
14. **ADVANCE DIRECTIVES**
15. **INFECTIOUS DISEASES**
16. **UNIVERSAL PRECAUTIONS**
17. **CONSENT FOR TREATMENT, COOPERATION WITH TREATMENT AGREEMENT, ACKNOWLEDGEMENT OF RECEIPT OF AND UNDERSTANDING OF INFORMATION CONTAINED IN CLIENT HANDBOOK**
18. **SPECIFIC PROGRAM INFORMATION**

CONSENT FOR TREATMENT, COOPERATION WITH TREATMENT AGREEMENT, ACKNOWLEDGEMENT OF RECEIPT OF AND UNDERSTANDING OF INFORMATION CONTAINED IN CLIENT HANDBOOK.

I have read and understand all of the information referenced above or someone has read and explained all of it to me. I consent to be admitted to a WestCare program for the provision of substance abuse prevention/intervention/treatment/shelter services. I am aware and informed of the nature and purpose of the services, possible alternative options and approximate length of care. I understand that, while there are clear benefits to receiving services, desired outcomes are not guaranteed. I have been provided the opportunity to ask questions throughout this process. I agree to follow all of the rules described and am aware of my rights and responsibilities in the program. I understand that I can revoke my agreement with any and all of the conditions listed in this document, but understand that it may result in being transferred or referred to another facility.

Client Signature: _____ **Date:** _____

_____ **Date:** _____

Signature of person signing form if not client
(Parent or legal Guardian)

I have reviewed the contents of this booklet with the individual seeking services and have offered opportunities for clarification and explanation of contents.

Counselor signature/credential:_____**Date**_____

(File this Form in client's chart)

revised 12/2/08 jb/mj; 11/5/09 mj

Center for Rational Living History

CRL has provided community-based outpatient substance abuse treatment and aftercare services to the criminal justice population since 1996. The Center has provided Outpatient and Intensive Outpatient Day/Night services to the Pinellas County Drug Court Division N (2007-current), Department of Corrections (Hillsborough 1996-current and Pinellas County 2007-current), DUI-Counterattack (Hillsborough 1996-current), Sun Coast Safety Counsel (Pinellas 2008-current), clients referred by defense lawyers and self referred clients. Prior to 1996, CRL has provided mental health and substance abuse treatment to self referred clients since 1973.

CRL held the Day/Night Intensive Outpatient Treatment contract for the Department of Corrections from 1996 to 2008. CRL chose not to continue with contract due to budget cuts

CRL currently provides services for clients referred from Pinellas County Drug Court Division N, DUI-Counter Attack (Hillsborough), Department of Corrections (Hillsborough and Pinellas County, FL), Sun Coast Safety Counsel (Pinellas County) and self referred clients. . CRL is a contracted provider for the Pinellas County Drug Court providing outpatient services from 2010 to present.

CRL utilizes available community resources to link clients with services not provided at the Center. In the event a client has a need to additional services, the staff have working relationships with a variety of community resources such as the local detoxification providers, mental health centers, providers of services for clients with HIV. CRL is aware of the array of issues criminal justice clients may be experiencing, understands the key to successful outcomes for both substance abuse treatment and reducing recidivism is in networking and partnering with community resources.

CRL has consistently had positive results on annual monitoring visits/evaluations with the Department of Correction for past contracts held by CRL and by Division of Children and Family licensure audits.

State of Florida

Department of Children & Families

CERTIFIES

CENTER FOR RATIONAL LIVING
Clearwater Adult Outpatient Treatment Program
18830 U.S. Highway 19 North, Suite 336
Clearwater, FL 33764-3117

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for the following components for ADULT clients only:

OUTPATIENT TREATMENT

Licensing Specialist	Regional Director for Substance Abuse	Effective Date
REGULAR	65-52-AD-1578-01	MAY 23, 2013
Type of License	License Number	Expiration Date

MAY 24, 2012

State of Florida

Department of Children & Families

CERTIFIES

WESTCARE-GULFCOAST FLORIDA, INC.
DRUG COURT NORTH Adult Outpatient Program
1802 North Belcher Road
St. Petersburg, FL 33765-1454

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for the following component(s):

ADULT OUTPATIENT

Licensing Specialist	Regional Director for Substance Abuse	07-16-11
		Effective Date
Regular	06-52-AD-4627-04	07-15-12
Type of License	License Number	Expiration Date

State of Florida

Department of Children & Families

CERTIFIES

WESTCARE-GULFCOAST FLORIDA, INC.
DRUG COURT SOUTH Adult Outpatient Program
1735 Dr. Martin Luther King, Jr. Street South
St. Petersburg, FL 33705-2404

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for the following component(s):

ADULT OUTPATIENT

Licensing Specialist	Regional Director for Substance Abuse	07-16-11
		Effective Date
Regular	06-52-AD-4627-01	07-15-12
Type of License	**License Number**	**Expiration Date**

Attachment 6:

List of Partners:

- Pinellas County Government (lead applicant)
- The Sixth Judicial Circuit
- WestCare GulfCoast-Florida, Inc. (licenses attached)
- Center for Rational Living
- The University of South Florida's Louis de la Parte Florida Mental Health Institute

WESTCARE
FOUNDATION

May 14, 2012

Michelle Ardabily
Chief Deputy Court Administrator
Sixth Judicial Circuit
4250 49th Street North
Clearwater, Florida 33762

Re: BJA/SAMHSA Grant Application

Dear Ms. Arbadily:

This letter is to confirm that WestCare Florida agrees to partner with the Sixth Judicial Circuit Pinellas County Drug Court and other primary partners to provide assessment, treatment planning, outpatient substance abuse and co-occurring treatment and case management navigation assistance as indicated in the proposal. If funded, the WestCare Florida agrees to enter into a formal agreement to provide services. We understand that the proposed project will provide gender specific, culturally responsive treatment to men and women to 26 years of age, and that the project will incorporate evidence- based design features with the ultimate goals to reducing substance use and recidivism among participants.

This letter also confirms that WestCare Florida participated in the design of the WeCan project and contributed to the preparation of the overall application.

Regards,

Jana Balicki

Jana Balicki
Area Director.

P.O. BOX 12019 • ST. PETERSBURG, FL 33733-2019 • PHONE: 727-502-0188 • FAX: 727-825-0573 • WWW.WESTCARE.COM

UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

May 14, 2012

Mr. Robert LaSala
County Administrator
Pinellas County Government
315 Court Street, Suite 601
Clearwater, Florida 33756

RE: Evaluation Agreement/BJA/SAMHSA Joint Drug Court Grant Application

Dear Ms. Ardabily:

This letter is to confirm that the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida agrees to partner with the Sixth Judicial Circuit Pinellas County Drug Court and other primary partners to evaluate the proposed *YouCan* project for the life of the grant. If funded, the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida agrees to enter into a formal agreement to provide evaluation services. It is also agreed that WestCare GulfCoast-Florida, Inc. will maintain a Research Assistant position that will administer all screenings including the GPRA.

This letter also confirms that the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida participated in the design of the *YouCan* project and contributed to the preparation of the overall application.

Sincerely,

Kathleen Moore

Kathleen A. Moore, Ph.D.
Research Associate Professor
Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
University of South Florida

Center for
Rational
Living

May 14, 2012

Michelle Arbadily
Chief Deputy Court Administrator
Sixth Judicial Circuit
4250 49th Street North
Clearwater, FL 33762

Re: BJA/SAMHSA Grant Application

Dear Ms. Arbadily:

As the director of the Center for Rational Living, it is my pleasure to support the application of Pinellas County Government for the Bureau of Justice Assistance and Substance Abuse and Mental Health Administration grant funds to enhance and expand the services currently offer by the Adult Drug Court.

We understand that the proposed project will provide gender-specific, culturally responsive treatment for male and female offenders between the ages of 18 and 26 abusing prescription drugs, and will incorporate evidenced-based design features with the ultimate goals of reducing substance use and recidivism among participants.

Our organization provides the following: Direct Care Substance Abuse Assessments and Therapy

If this grant is awarded, we will work with WestCare Florida, The University of South Florida and Pinellas County Drug Court Florida to ensure the smooth functioning in terms of its role and value with the justice system of the Sixth Judicial Circuit by assessing, providing direct care therapy and assist in innovating needed strategy for expanding treatment services for individuals

Regards,

Bradley Callahan, LCSW
Director

CIRCUIT COURT
THE SIXTH JUDICIAL CIRCUIT OF FLORIDA

J. THOMAS MCGRADY
CHIEF JUDGE
HELEN SKIDMORE
JUDICIAL ASSISTANT

May 15, 2012

Criminal Justice Center
14250 49th Street North
Clearwater, FL 33762
(727) 464-7457

Ms. Denise E. O'Donnell, Director
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street NW
Fourth Floor
Washington D.C. 20531

RE: Sixth Judicial Circuit Court Response to CFDA 16.585 (BJA) and 93.243 (SAMHSA)

Dear Ms. O'Donnell:

Please accept this letter of support from this office for the grant application to enhance substance abuse treatment services offered by Florida's Sixth Judicial Circuit, Pinellas County Adult Drug Court Treatment Program.

I fully support our Adult Drug Court and desire to continue its success by expanding service to young adults with pain medication addictions. It is my understanding that this grant will serve young adult offenders between the ages of 18 and 26 abusing prescription drugs and that the project will incorporate evidence-based design features with the ultimate goal of reducing substance use and recidivism among participants. I understand that two community based treatment providers, the Center for Rational Living and WestCare Gulfcoast-Florida, Inc., as well as the Florida Mental Health Institute at the University of Florida, have entered into a relationship to provide project services. This coordinated, multi-system approach is designed to combine the sanctioning power of treatment drug courts with effective treatment and recovery services to break the cycle of criminal behavior, substance abuse, and incarceration or other penalties. Treatment drug courts use regular appearances of the client before a judge, along with other key professionals, in order to monitor compliance with court ordered conditions and substance abuse treatment for those adults who have been accepted into the Adult Drug Court Program.

The Pinellas County Adult Drug Court has demonstrated a strong relationship with the Center for Rational Living, WestCare Gulfcoast-Florida and the Florida Mental Health Institute as evidenced by their work in the Sixth Judicial Circuit. Pinellas County has created the necessary network to successfully implement this grant.

In closing, I would like to say that I fully support this endeavor, and if funding is provided, I look forward to its success.

Sincerely,

J. Thomas McGrady
Chief Judge

OFFICE OF THE STATE ATTORNEY
SIXTH JUDICIAL CIRCUIT OF FLORIDA
PASCO AND PINELLAS COUNTIES

BERNIE MCCABE
State Attorney

May 15, 2012

Ms. Denise E. O'Donnell, Director
Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street NW
Fourth Floor
Washington D.C. 20531

RE: Sixth Judicial Circuit Court Response to CFDA 16.585 (BJA) and 93.243 (SAMHSA)

Dear Ms. O'Donnell:

As State Attorney, it is my pleasure to support the application of Pinellas County Government on behalf of the Sixth Judicial Circuit Court for Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration funds to enhance and expand services currently offered by the Adult Drug Court.

I understand that the proposed project will provide gender-specific, culturally responsive treatment for young adult offenders between the ages of 18 and 26 abusing prescription drugs and that the project will incorporate evidence-based design features with the ultimate goal of reducing substance use and recidivism among participants.

My staff has worked closely with the partners in this project on numerous programs in the past. We look forward to collaborating with them in the future on this important project.

Sincerely yours,

Bernie McCabe
State Attorney

Post Office Box 5028, Clearwater, Florida 33758 Telephone (727) 464-8221

[redacted]
UNIVERSITY OF
SOUTH FLORIDA

May 20, 2012

Application Title:	Youthful Offenders Uplifted to Cope with Addiction to Narcotics (*YouCan*)
Proposed Project Period:	October 1, 2012 through September 30, 2015
USF Principal Investigator:	Kathleen Moore, Ph.D.
Subcontract Total:	$96,000

Michelle Ardabily
Court Administrator
6th Judicial Circuit Court of Pinellas County
14250 49th Street North
Clearwater, FL 33762

Dear Ms. Ardabily,

The University of South Florida (USF) is pleased to join with Pinellas County's 6th Judicial Circuit Court in the submission of the grant proposal named above in response to the competitive grant announcement from the U.S. Department of Justice and the U.S. Department of Health and Human Services entitled, "Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment FY2012. In the event that the proposal is funded, USF agrees to carry out the contract and grant administration policies and responsibilities as are assigned or delegated in the award.

In particular, USF will conduct a project evaluation for the Pinellas County Adult Drug Court. The evaluation will include process and outcome measures collected through interviews, observations, reviews of program materials and records.

We are aware of the federal consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

Please contact Dr. Kathleen Moore (813-974-2295) with any questions regarding the scientific aspects of this proposal. All administrative questions should be referred to Ms. Sandra McDonald at (813-974-2897).

We look forward to a successful collaboration with you on this proposal and eventually the project if funded.

Keith Andersen for

Rebecca Puig
Director, Division of Sponsored Research

SAMHSA Statement of Assurance

As the authorized representative of [*insert name of applicant organization*] Pinellas County
Pinellas County, I assure SAMHSA that all participating service provider organizations listed in this application meet the 2-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- A letter of commitment from every mental health/substance abuse treatment service provider organization listed in Attachment 6 of the application that specifies the nature of the participation and the service(s) that will be provided.

- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years.

- Official documentation that all mental health/substance abuse treatment provider organizations: (1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR (2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: (1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR (2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Robert A. LaSala
Signature of Authorized Representative

05-22-12
Date

[0] Tribes and tribal organizations are exempt from these requirements.

State of Florida
Department of Children and Families

Rick Scott
Governor

David E. Wilkins
Secretary

Michael P. Carroll
Regional Director

May 16,2012

Letter of Support/Collaboration

To: Pinellas County Adult Drug Court Collaborative, Pinellas County, Sixth Judicial Circuit

As Suncoast Region Substance Abuse Program Director /System of Care Coordinator, it is my pleasure to support the application of Pinellas County Government on behalf of the 6th Judicial Circuit Court for Bureau of Justice Assistance grant funds to enhance and expand the services currently offered by the Adult Drug Court.

We understand that the proposed project will provide gender-specific, culturally responsive treatment for female offenders abusing prescription drugs, and that the project will incorporate evidence-based design features with the ultimate goal of reducing substance use and recidivism among participants.

Our organization provides the following: Regulatory oversight of the licensing for Substance Abuse treatment facilities.

Our staff has worked closely with the partners in this project on numerous programs in the past. We look forward to collaborating with them in the future on this important project.

Sincerely,

for April Palmer
Substance Abuse Program Director/System of Care Coordinator
Department of Children and Families
Suncoast Region

Charles T. Canady
Chief Justice

Elisabeth H. Goodner
State Courts Administrator

Office of the State Courts Administrator
Phone: (850) 922-5081 Fax: (850) 488-0156
E-mail: osca@flcourts.org

May 16, 2012

Ms. Denise E. O'Donnell
Director, Bureau of Justice Assistance
Office of Justice Programs
810 Seventh Street NW, Fourth Floor
Washington, D.C. 20531

Dear Ms. O'Donnell:

Thank you for the opportunity to write in support of Pinellas County's application for funding through the Joint Adult Drug Court Solicitation to Enhance Services, Coordination, and Treatment FY 2012 Competitive Grant Announcement, which is administered by the United States Department of Justice. Specifically, if approved, these grant funds will be used to provide gender-specific, culturally responsive treatment for young adult offenders between the ages of 18 and 26 who are abusing prescription drugs. Additionally, the project will incorporate evidence-based design features with the ultimate goal of reducing substance use and recidivism among the participants.

The Office of the State Courts Administrator is supportive of our state's problem solving dockets and is committed to efforts that implement, enhance, and sustain them. Please do not hesitate to contact my staff in the Office of Court Improvement at (850) 414-1507 if we may be of further assistance.

Sincerely,

Elisabeth H. Goodner

LG:dgh

cc: The Honorable J. Thomas McGrady, Chief Judge
Gay Inskeep, Trial Court Administrator
Michelle A. Ardabily, Chief Deputy Court Administrator

Supreme Court Building • 500 South Duval Street • Tallahassee, Florida 32399-1900 • http://www.flcourts.org

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