

**U.S. Department of Justice**  
Office of Justice Programs  
*Office of Juvenile Justice and Delinquency Prevention*



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The [U.S. Department of Justice](#) (DOJ), [Office of Justice Programs](#) (OJP), [Office of Juvenile Justice and Delinquency Prevention](#) (OJJDP) is seeking applications for funding under the fiscal year (FY) 2018 Drug Treatment Courts Program. This program furthers the Department's mission by providing resources to state, local, and tribal governments to enhance drug court programs for juveniles in the justice system with substance abuse problems, specifically those related to opioid abuse.

## **OJJDP FY 2018 Drug Treatment Courts Program**

**Applications Due: June 21, 2018**

### **Eligibility**

Eligible applicants are limited to states (including territories), units of local government,<sup>1</sup> and federally recognized tribal governments as determined by the Secretary of the Interior. Faith- and community-based, nonprofit, and for-profit organizations are ineligible as applicants, but OJJDP encourages them to partner with eligible applicants as a community provider of services, if applicable and appropriate.

Eligible applicants who propose to provide direct services to youth under Category 1: Juvenile Drug Treatment Courts must **not** include youth who are older than age 18. Eligible applicants under Categories 2 and 3: Family Drug Courts Enhancement and Family Drug Courts Implementation must provide direct services to youth who are younger than age 18 and to their parents.

Category 1: Juvenile Drug Treatment Court grants are available to jurisdictions with a fully operational (for at least 1 year) drug court.

Category 2: Family Drug Courts Enhancement grants are available to jurisdictions with a fully operational (for at least 1 year) family drug court to enhance the operation of the court.

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<sup>1</sup> A "unit of local government" means—

(a) Any city, county, township, town, borough, parish, village, or other general purpose political subdivision of a state.

(b) Any law enforcement district or judicial enforcement district that—

(i) Is established under applicable state law, and

(ii) Has the authority to, in a manner independent of other state entities, establish a budget and impose taxes.

(c) For the purposes of assistance eligibility, any agency of the government of the District of Columbia or the federal government that performs law enforcement functions in and for—

(i) The District of Columbia, or

(ii) Any Trust Territory of the United States.

Category 3: Family Drug Courts Implementation grants are available to jurisdictions that are ready to implement a family drug court. These are for jurisdictions where either no family drug court currently exists or a family drug court has been operational for less than 1 year. Jurisdictions may already have other types of drug or treatment courts (such as adult drug or mental health courts).

An eligible applicant may designate a subunit of government (for example, county probation department, district attorney's office, or pretrial services agency) as the authorized representative. As another example, the county executive may designate the county probation or district attorney's office as its representative when applying for this grant. In such cases, the applicant must submit an authorization letter from the eligible agency or organization.

## Deadline

Applicants must register with Grants.gov at <https://www.grants.gov/web/grants/register.html> prior to submitting an application. All applications are due by 11:59 p.m. eastern time (ET) on June 21, 2018.

To be considered timely, an application must be submitted by the application deadline using Grants.gov, and the applicant must have received a validation message from Grants.gov that indicates successful and timely submission. OJP urges applicants to submit applications at least 72 hours prior to the application due date to allow time for the applicant to receive validation messages or rejection notifications from Grants.gov, and to correct in a timely fashion any problems that may have caused a rejection notification.

OJP encourages all applicants to read this [Important Notice: Applying for Grants in Grants.gov](#).

For additional information, see [How to Apply](#) in Section D. Application and Submission Information.

## Contact Information

For technical assistance with submitting an application, contact the Grants.gov Customer Support Hotline at 800-518-4726 or 606-545-5035, at <https://www.grants.gov/web/grants/support.html>, or at [support@grants.gov](mailto:support@grants.gov). The Grants.gov Support Hotline operates 24 hours a day, 7 days a week, except on federal holidays.

An applicant that experiences unforeseen Grants.gov technical issues beyond its control that prevent it from submitting its application by the deadline must email the National Criminal Justice Reference Service Response Center (Response Center) at [grants@ncjrs.gov](mailto:grants@ncjrs.gov) **within 24 hours after the application deadline** to request approval to submit its application after the deadline. Additional information on reporting technical issues appears under "Experiencing Unforeseen Grants.gov Technical Issues" in the [How To Apply](#) section.

For assistance with any other requirements of this solicitation, contact the Response Center by telephone at 800-851-3420 or TTY: 301-240-6310 (hearing impaired only) or by email at [grants@ncjrs.gov](mailto:grants@ncjrs.gov). Response Center hours of operation are 10 a.m. to 6 p.m. ET, Monday through Friday, and 10 a.m. to 8 p.m. ET on the solicitation close date. General information on

applying for OJJDP awards can be found at <https://www.ojjdp.gov/funding/funding.html>.  
Answers to frequently asked questions that may assist applicants are posted at <https://www.ojjdp.gov/grants/solicitations/FY2018/FAQ/DrugTC.pdf>.

Grants.gov number assigned to this solicitation: OJJDP-2018-13551

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# OJJDP FY 2018 Drug Treatment Courts Program

## CFDA # 16.585

### A. Program Description

#### Overview

The Drug Treatment Courts Program builds the capacity of states, state and local courts, units of local government, and federally recognized tribal governments to enhance pre-existing drug courts or implement new drug courts for individuals with substance abuse problems<sup>2</sup> or co-occurring mental health disorders, including histories of trauma. OJJDP expects successful applicants to develop and implement a sustainability plan during the grant period to continue operation of the drug court when the grant ends.

**Statutory Authority:** This program is authorized pursuant to 34 U.S.C. 10611 et seq.

#### Program-Specific Information

When implemented in an evidence-based manner, drug treatment courts reduce recidivism and substance abuse among high-risk participants and increase their likelihood of successful rehabilitation.<sup>3</sup> The success of adult drug courts, first implemented in the 1980s, led to the creation of a wide variety of other types of drug courts, including juvenile and family drug treatment courts.<sup>4</sup> As of June 2015, more than 3,000 drug courts were operating in the United States; 409 of them were juvenile drug treatment courts and 312 were family drug courts.

Juvenile and family drug treatment courts offer a specialized way to respond to the needs of substance-abusing individuals and their complex disorders, which require targeted interventions. The Drug Treatment Courts Program seeks to build the capacity of states, state courts, local courts, units of local government, and federally recognized tribal governments by enhancing pre-existing or implementing new family and juvenile drug treatment courts to provide services for individuals with substance abuse problems, specifically those related to opioid abuse or co-occurring mental health disorders who are involved with the court. In 2013, Children and Family Futures prepared family drug court guidelines for OJJDP, which were updated and published in 2015.<sup>5</sup> A bolstering of family drug court research contributed to the 2015 guidelines, which summarize the evidence supporting guidance to states and offer a significant contribution to present and future family drug courts. In 2016, OJJDP released the new [Juvenile](#)

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<sup>2</sup> When describing substance abuse, the [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition](#) (DSM-V) uses the term “substance use disorder” for the clinical and functional assessment of an individual’s recurrent use of alcohol and/or drugs that cause significant impairment, such as health problems; disabilities; or failure to meet work, school, or home responsibilities. For more information, see <https://www.samhsa.gov/disorders/substance-use>.

<sup>3</sup> Mitchell, O., Wilson, D.B., Eggers, A., and MacKenzie, D.L. 2012. Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. *Journal of Criminal Justice* 40:60–71.

<sup>4</sup> National Drug Court Institute. 2016. *Painting the Current Picture: A National Report on Drug Courts and Other Problem-Solving Courts in the United States*, pp. 11–12.

<sup>5</sup> Children and Family Futures. 2013 (revised 2015). *Guidance to States: Recommendations for Developing Family Drug Court Guidelines*. Prepared for the Office of Juvenile Justice and Delinquency Prevention. Available at <http://www.cffutures.org/files/publications/FDC-Guidelines.pdf>.

[Drug Treatment Court \(JDTC\) Guidelines](#) to assist courts in treating youth with substance abuse problems by implementing research-informed approaches that are most likely to reduce future offending and improve outcomes. The intent of these recommendations is to help states and local communities create systems improvement that will have a lasting impact on family and juvenile drug treatment courts and on the policies of the court, child welfare and treatment service systems, and community-based organizations serving parents, children, youth, and families.

This program is authorized by 34 U.S.C. 10611 et seq., which requires that any drug treatment court that this program funds prohibit participation by violent offenders. For the purposes of this solicitation, “adult violent offender” means a person who (1) is charged with or convicted of an offense that is punishable by a term of imprisonment exceeding 1 year, during the course of which (a) the person carried, possessed, or used a firearm or dangerous weapon, (b) the person caused the death of or serious bodily injury to another person, or (c) the person used force against another person without regard to whether any of the circumstances described above are an element of the offense or conduct of which or for which the person is charged or convicted; or (2) has one or more prior convictions for a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm (34 U.S.C. 10613(a)). For the purposes of this solicitation, “juvenile violent offender” means a juvenile who has been convicted of or adjudicated delinquent for a felony-level offense that (1) has as an element the use, attempted use, or threatened use of physical force against the person or property of another, or the possession or use of a firearm or (2) by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense (34 U.S.C. 10613(b)). Funding will be immediately suspended if DOJ determines that violent offenders are participating in any program funded under this solicitation.

Drug treatment courts must also meet the requirements of 34 U.S.C. 10611(a). The requirements include:

1. Continuing judicial supervision over juveniles, and other individuals under the jurisdiction of the court, with substance abuse problems who are not violent offenders.
2. Coordination with the appropriate state or local prosecutor.
3. The integrated administration of other sanctions and services, which shall include:
  - Mandatory periodic testing for the use of controlled substances or other addictive substances during any period of supervised release or probation for each participant.
  - Substance abuse treatment for each participant.
  - Diversion, probation, or other supervised release involving the possibility of prosecution, confinement, or incarceration based on noncompliance with program requirements or failure to show satisfactory progress.
  - Offender management and aftercare services such as relapse prevention, health care, education, vocational training, job placement, housing placement, and child care or other family support services for each participant who requires such services.
  - Payment, in whole or in part, by the offender for treatment costs, to the extent practicable, such as costs for urinalysis or counseling.
  - Payment, in whole or in part, by the offender, of restitution, to the extent practicable, to either a victim of the offender’s offense or to a restitution or similar victim support fund.

While the Drug Court Discretionary Grant Program authorizing statute requires participant payments for treatment and restitution (see above), it does not allow imposing a fee on a client that would interfere with the client's rehabilitation. Applicants should include in their application provisions for determining if these costs would interfere with a client's rehabilitation or graduation.

Furthermore, the authorizing statute, 34 U.S.C. 10611(c)(2), requires mandatory periodic drug testing that is accurate and practicable. Each participant must be tested for every controlled substance that the participant has been known to abuse and for any that the court may require. The courts must impose graduated sanctions that increase punitive measures, therapeutic measures, or both whenever a participant fails a drug test. Such sanctions and measures may include but are not limited to one or more of the following:

- Incarceration.
- Detoxification treatment.
- Residential treatment.
- Increased time in the program.
- Termination from the program.
- Increased drug screening requirements.
- Increased court appearances.
- Increased counseling.
- Increased supervision.
- Electronic monitoring.
- In-home restriction.
- Community service.
- Family counseling.
- Anger management classes.

## **Goals, Objectives, and Deliverables**

### **Category 1: Juvenile Drug Treatment Courts (JDTC)**

This program will support service delivery and programming enhancements that are aligned with OJJDP's *JDTC Guidelines*, which were released in 2016. The new guidelines provide juvenile courts with an evidence-based, treatment-oriented approach that emphasizes family engagement and addresses the substance abuse and often co-occurring mental health challenges experienced by youth. The guidelines are grounded in research on youth development, substance abuse treatment, youth interventions, family engagement, juvenile courts, and juvenile drug courts.

The goal of this program is for JDTCs to enhance their program based on the *JDTC Guidelines*. The objective is to provide funding for existing JDTCs to develop and implement strategies to enhance their programs. Programmatic enhancements should be consistent with the [JDTC Guidelines](#). JDTCs should propose enhancements according to their greatest areas of need for improvement to reach consistency with the guidelines. Areas of emphasis in the guidelines that courts often have to address are highlighted below. More comprehensive information is available in the full [JDTC Guidelines](#).

- Focus the JDTC philosophy and practice on effectively addressing substance abuse and criminogenic needs to decrease future offending and substance abuse and to increase positive outcomes.
  - Guideline 1.5: JDTCs should be deliberate about engaging parents or guardians throughout the court process, which includes addressing the specific barriers to their full engagement.
- Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting an initial screening. Eligible youth (1) have a substance abuse problem<sup>6</sup> (as identified by a validated screening instrument), (2) are 14 years old or older but younger than age 18, and (3) have a moderate to high risk of reoffending (as identified by a validated risk assessment instrument), but are not currently referred for a violent offense.
- Provide a JDTC process that engages the full JDTC team (e.g., drug court coordinator, judge, prosecutor, defense attorney, treatment providers, schools, probation officer, families) and follows procedures fairly.
- Conduct comprehensive needs assessments that inform individualized case management. Validated needs assessments should include information for each participant on use of alcohol or other drugs; criminogenic needs; mental health needs; history of abuse or other traumatic experiences; well-being needs and strengths; and parental substance abuse, parental mental health needs, and parenting skills.
- Implement contingency management, case management, and community supervision strategies effectively.
- Refer participants to evidence-based substance abuse treatment, to other services, and for prosocial connections. This can align with new and creative practices that will address opioid abuse. Applicants should specifically address if and how the substance abuse treatments to which youth will be referred align with the categories described in the *JDTC Guidelines* and the following:
  - Assertive continuing care.
  - Behavioral therapy.
  - Cognitive behavioral therapy.
  - Family therapy.
  - Motivational enhancement therapy.
  - Motivational enhancement therapy/cognitive behavioral therapy.
  - Multiservice packages.
- Monitor and track program completion and termination.

Applicants should describe the long-term strategy and detailed implementation plan to enhance their juvenile drug treatment court in alignment with the *JDTC Guidelines* and include an overview of both (1) the JDTC's current practices and (2) proposed practices to change or implement during this initiative that align with the *JDTC Guidelines*.

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<sup>6</sup> See footnote 2 on page 5, which addresses how the DSM-V describes substance abuse.



**Coordination with the OJJDP Initiative To Develop and Test Guidelines for Juvenile Drug Courts.** OJJDP is currently in the [testing phase](#) of the JDTC Guidelines Initiative. OJJDP expects to work with successful applicants under this program to collect programmatic data, participate in a limited number of meetings, provide information regarding program implementation, and communicate with OJJDP and its contractors regarding their projects as they pertain to work being done under the JDTC Guidelines Initiative. All applicants must allocate \$7,500 in their budgets to support travel costs associated with participation in the JDTC Guidelines Initiative, technical assistance, and capacity-building activities that OJJDP-designated technical assistance providers will sponsor or OJJDP will approve.

## **Category 2: Family Drug Courts Enhancement and Category 3: Family Drug Courts Implementation**

Families nationwide have been devastated by increasing prescription and illicit opioid abuse, addiction, and overdose. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2016 National Survey on Drug Use and Health, in 2016 more than 11 million Americans misused prescription opioids, almost 1 million used heroin, and 2.1 million had an opioid use disorder due to prescription opioids or heroin. Data from the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that parental alcohol and other substance abuse is the second most frequent reason for removing children from their homes.<sup>7</sup> Parents who abuse opioids and other substances are often unable to provide stable, nurturing home environments; have low likelihoods of successful reunification with their children; and have children who tend to stay longer in foster care systems than children of parents who do not abuse substances.<sup>8</sup> In addition, states, tribes, counties, and jurisdictions are encountering multiple challenges in meeting the complex treatment needs of parents who abuse opioids and their infants with prenatal substance exposure due to recent changes to the Child Abuse Prevention and Treatment Act (CAPTA) legislation through the Comprehensive Addiction and Recovery Act.<sup>9</sup> The evidence is clear that the current opioid crisis is having a dramatic impact on families nationwide. Family drug courts have a unique opportunity to improve outcomes for this population, as well as their children.

The goal of the Family Drug Court Program is to implement new or enhance pre-existing drug courts to provide substance-abusing parents with support, treatment, and access to services that will protect children; reunite families, when safe to do so; and expedite permanency. The objective is for new and pre-existing family drug courts to expand services of state child welfare, drug treatment, and court systems to more effectively intervene with parents and families with substance abuse, including opioid abuse problems and/or co-occurring mental health disorders who are involved in the child welfare system as a result of child abuse and neglect issues.

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<sup>7</sup> AFCARS collects case-level information from state and tribal Title IV-E agencies on all children in out-of-home care and those who have been adopted with Title IV-E agency involvement (<http://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/afcars>).

<sup>8</sup> Kaplan, C., Schene, P., De Panfilis, D., and Gilmore, D. 2009. Shining light on chronic neglect. *Protecting Children* 24:1–7; Gregoire, K.A., and Schultz, D.J. 2001. Substance-abusing and child welfare parents: Treatment and child placement outcomes. *Child Welfare* 80:433–452; and Brook, J., and McDonald, T. 2010. The impact of parental substance abuse on the stability of family reunifications from foster care. *Child and Youth Services Review* 31:193–198. doi: 10.1016/j.childyouth.2008.07.010.

<sup>9</sup> Administration for Children and Families. 2017. *Guidance on Amendments Made to the Child Abuse Prevention and Treatment Act (CAPTA) by Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Available at <https://www.acf.hhs.gov/cb/resource/pi1702>.

**Category 2: Family Drug Courts Enhancement** grants are available to jurisdictions with a fully operational (for at least 1 year) family drug court to enhance the operation of the court. Applicants must address each of the eight components listed on page 12 and explain the extent of any categories that they have already implemented.

**Category 3: Family Drug Courts Implementation** grants are available to jurisdictions that are ready to implement a family drug court. These are for jurisdictions where either no family drug court currently exists or a family drug court has been operational for less than 1 year. Jurisdictions may already have other types of drug or treatment courts (such as adult drug or mental health courts).

Family drug courts enhancement and implementation grants will implement new services and enhance and expand services in pre-existing family drug courts in the following ways:

- Provide direct services to children and supportive services for parents, caregivers, and families affected by substance abuse, including opioid abuse.
- Focus on the child and parent-child dyad by addressing the complex needs of children and then integrating the needs of children and parents to create a family-centered approach to case management.
- Address the specific needs of children who have been prenatally exposed to drugs, including opioids, or have experienced post-natal exposure to substance abuse, including opioid abuse (e.g., living with a parent/caregiver who abuses opioids or other substances), and identify specific services that best improve child, parent, and family outcomes.
- Create linkages to hospitals, private physicians, maternal and child health agencies, and early intervention services, as needed.
- Engage new partnerships to address the needs of an infant affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder. Partners from multiple agencies and disciplines, including maternal health care providers (obstetricians/gynecologists, midwives, and neonatologists), pediatricians, Medicaid, home visiting, department of health, and the Early Intervention Program for Infants and Toddlers With Disabilities (Part C of the Individuals with Disabilities Education Act), are all integral to providing services that meet the needs of infants and their caregivers.
- Expand partnerships with medication-assisted treatment (MAT) providers and other medical professionals (including American Society of Addiction Medicine board certified addiction specialists) to provide high-quality, evidence-based opioid addiction treatment.
- Use evidence-based interventions focused on parenting, child and parent trauma, parent-child relationships, and parental substance abuse, including opioid abuse recovery. Applicants should describe the population(s) for which the practice(s) has been shown to be effective and demonstrate that the practice(s) is appropriate for the population(s) targeted. Examples of evidence-based practices for program population(s) include Celebrating Families!, Strengthening Families Program, Nurturing Parenting Program, Parent-Child Psychotherapy, and Seeking Safety, among others (see [SAMHAS's National Registry of Evidence-based Programs and Practices](#) and [CrimeSolutions.gov](#)).

- Implement relationship-based parenting programs and developmental and behavioral-based interventions to improve family functioning and outcomes.
- Coordinate services that target children, family outreach, and family engagement and retention efforts. Applicants should consider employing specialized engagement or outreach positions.
- Establish new and/or revise existing policy and practice procedures to facilitate a collaborative effort across child welfare services, treatment agencies, and the court, building capacity to provide children's services.
- Offer ongoing cross-training opportunities to assist new and existing family drug court staff, and other team providers, in providing direct services to children and supportive services for parents, caregivers, and families affected by substance abuse, including opioid abuse, ensuring consistent, effective practice. Family drug court team members should receive training and education in the following areas:
  - Working with families in the child welfare system that are affected by substance abuse, including opioid abuse; the dynamics of addiction and recovery; and evidence-based training approaches, including MAT.
  - The effects of pre- and post-natal substance exposure on children and meeting children's needs across developmental stages.
  - The responsibilities and mandates of child welfare workers, including Adoption and Safe Families Act timelines.
  - The Indian Child Welfare Act.
  - The responsibilities and mandates of the judge and attorneys, as well as criminal and juvenile justice system practices.
  - The use of engagement strategies for parents with substance abuse problems.
  - The effect of substance abuse, including opioid abuse, on family relationships.
- Establish and/or strengthen mutually agreed upon performance measures across family drug court partners for joint accountability. Applicants must have a process for developing and measuring outcomes and using evaluation results to guide the work of the collaborative team.
- Establish and/or strengthen data collection and reporting methods around performance measures, including data-sharing agreements with relevant stakeholders and partner agencies. Applicants should include a data-sharing agreement with child welfare as part of their proposal. Agreements should contain specific language around what data will be shared, as well as the process by which data sharing will occur.

Applicants are encouraged to design their programs to address the unique community context of their family drug courts and the needs of their participants. Proposals should detail the impact of substance abuse (including opioid abuse) in their jurisdiction and how it affects child and family outcomes and admissions to treatment (including the frequency of substance abuse), and the impact of opioid abuse compared to other substances and data on polydrug abuse that includes opioids.

The program should reflect an understanding of the methods and accomplishments of relevant prior initiatives, including SAMSHA's Children Affected by Methamphetamine and Pregnant and Parenting Women programs, and the Children's Bureau, Administration for Children and Families, Department of Health and Human Services, Regional Partnership Grants program.

Applicants under Categories 2 and 3 must address each of the following eight components in their program design:

1. Collaborative planning.
2. Eligibility, engagement, and screening.
3. Assessment, service delivery, and case management (including services for children, parents, and families).
4. Program design and duration.
5. Continuing judicial supervision.
6. Mandatory drug testing and monitoring.
7. Staff training.
8. Management information systems and evaluation.

### **(1) Collaborative Planning**

- Describe steps taken to engage stakeholders, including local government such as law enforcement and prosecutors, and community entities. Describe the planning process, its participants, major milestones accomplished, and commitments obtained for the continuing involvement of these participants. Identify related governmental or community initiatives that complement or will be coordinated with the proposal.
- Discuss how a shared mission was developed based on common grounds and principles, and how agencies and staff can work together to best ensure family reunification and permanency and a safe and stable home for children with parents in recovery.
- Describe a long-term strategy and detailed expansion plan that provides for consultation and coordination with appropriate state and local prosecutors, particularly when participants fail to comply with program requirements.
- Certify that there has been appropriate consultation with all affected agencies and that there will be appropriate coordination with all affected agencies in the expansion of the program.
- Discuss the governance structure and decisionmaking process that is in place or will be in place for policy changes and oversight of the family drug court program.
- Describe the inability to fund the program adequately without federal assistance and certify that federal support will be used to supplement, not supplant, state, tribal, or local sources of funding that would otherwise be available.

### **(2) Eligibility, Engagement, and Screening**

- Define the target population and eligibility criteria aligned with the program's goals and objectives. To the extent possible, this should include support for parents with substance abuse problems, particularly opioid abuse, and with co-occurring mental health problems, learning disorders, and histories of trauma. This may necessitate the development of approaches to include and support parents' participation in family drug court while they are using prescribed medications for mental health disorders or medication assistance for opiate addiction.









































































































