**--Uniform Notice of Funding Opportunity**

Residential Substance Abuse Treatment (RSAT)

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**Uniform Notice of Funding Opportunity**

Residential Substance Abuse Treatment (RSAT)

October 1, 2018

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|  | **Data Field** |  |
|  | Awarding Agency Name:  | Illinois Criminal Justice Information Authority |
|  | Agency Contact: | Shataun HaileyShataun.Hailey@illinois.gov312-814-8100 |
|  | Announcement Type: | X Initial announcement □ Modification of a previous announcement |
|  | Type of Assistance Instrument: | Grant |
|  | Funding Opportunity Number:  | ICJIA-2017-0005  |
|  | Funding Opportunity Title: | Residential Substance Abuse Treatment |
|  | CSFA Number: | 546-00-174 |
|  | CSFA Popular Name: |  RSAT |
|  | CFDA Number(s): | 16.593 |
|  | Anticipated Number of Awards: | Unknown |
|  | Estimated Total Program Funding: | $700,000 of which $75,000 must be reserved for local government agencies |
|  | Award Range | $75,000 - $150,000 |
|  | Source of Funding: | X Federal or Federal pass-through□ State □ Private / other funding Mark all that apply |
|  | Cost Sharing or Matching Requirement: | X Yes □ No  |
|  | Indirect Costs AllowedRestrictions on Indirect Costs | X Yes □ No □ Yes X No If yes, provide the citation governing the restriction:  |
|  | Posted Date:  | November 2, 2018 |
|  | Closing Date for Applications: | 11:59 p.m., Monday, December 31, 2018 |
|  | Technical Assistance Session: | Session Offered: X Yes □ No Session Mandatory: □ Yes X No  |

# RELEVANT TERMINOLOGY

**Evidence-based practices (effective practices EBP):** There is strong evidence, through the use of reliable, replicable, and generalizable research, indicating the programs achieve what they are set out to achieve.

**Evidence-informed practices (promising practices):** There is some evidence, through the use of reliable, replicable, and generalizable research indicating programs achieve what they are intended to achieve.

**Residential substance use disorder treatment (inpatient):** A level of care that provides 24/7 therapy, care, case management, and evaluation of individuals with substance use disorders or substance misuse who reside in the facility in which they are treated.

**Medication-Assisted Treatment (MAT or medication maintenance):** Incorporates the use of one of three FDA-approved medications (see below), in conjunction with behavioral therapies, to provide a holistic and individualized approach to substance use disorder treatment. Medication is used for continuous treatment.

**Methadone:** a full agonist, methadone activates the opioid receptors in the brain in order to reduce cravings, block euphoric effects, and decrease withdrawal symptoms. This medication is best for those with a chronic history of opioid use and generally not eligible for new users.

**Buprenorphine/naloxone (commonly known as Suboxone):** a partial agonist, buprenorphine partially activates opioid receptors but offers a “ceiling effect” where after additional doses provide no additive effect. Naloxone was added to the formulation to decrease diversion and misuse.

**Naltrexone (commonly known as Vivitrol):** an antagonist, Vivitrol fully blocks opioids from the opioid receptors, preventing individuals who use opioid from experiencing the feeling of pleasure associated with opioids.

For a more thorough explanation and description of medication maintenance for each of these medications, see resources below:

[An Overview of MAT for OUDs for Criminal Justice-Involved Individuals](https://bit.ly/2lhbZKK)

[SAMHSA: Methadone Overview](https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone)

[SAMHSA: Buprenorphine Overview](https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine)

[SAMHSA: Naltrexone Overview](https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone)

[SAMHSA’s UPDATE Treatment Improvement Protocol (TIP) 63: Medications for OUDs](https://store.samhsa.gov/shin/content/SMA18-5063FULLDOC/SMA18-5063FULLDOC.pdf)

**Substance use disorder (SUD):** A clinical diagnosis in which the use of one or more substances (psychoactive drugs) results in significant impairment or distress. Diagnostic criteria for a substance use disorder diagnosis is provided in the DSM-5 and diagnosis can range from mild, moderate, or severe based number of diagnostic criteria met.

**Opioid use disorder:** A clinical diagnosis of problematic opioid use that leads to significant impairment or distress, manifested by more than one of the diagnostic criteria per the DSM-5. Diagnostic criteria includes (but is not limited to): taking opioids for longer periods of time or larger amounts than intended; unsuccessful efforts to decrease or abstain from opioid use; or a strong desire or urge to use opioids.

**Substance misuse:** The harmful, non-medical use of psychoactive substances (e.g. drugs or alcohol).

**Opioid misuse:** Non-medical use of opioids to produce euphoria, including the use of medically prescribed opioids in ways not prescribed (taking more than prescribed, without a doctor’s prescription, or in different ways).

**Aftercare:** Support services, particularly case management, provided to an individual upon release from an institution. This also includes support services such as education/vocation, housing, inpatient or outpatient services, continued counseling, medication/medical services, and peer recovery support.

# 1. PROGRAM DESCRIPTION

The Illinois Criminal Justice Information Authority (ICJIA) administers the federal Residential Substance Abuse Treatment for State Prisoners Program (RSAT) in Illinois. RSAT assists state and local governments in the development and implementation of substance use disorder treatment programs in state and local correctional and detention facilities. Funds are also available to create and maintain community-based aftercare services for individuals after release from incarceration.

The goal of this solicitation is to increase and/or expand evidence-based substance use disorder treatment—specifically, medication-assisted treatment (MAT) access to individuals with opioid use disorders in jail or prison—thereby reducing risk of overdose and death.

## Authorizing Statutes

The Residential Substance Abuse Treatment Program (34 USC 10421) was established under the Office of Justice Programs for the purpose of “(1) developing and implementing residential substance abuse treatment programs within State correctional facilities, as well as within local correctional and detention facilities in which inmates are incarcerated for a period of time sufficient to permit substance abuse treatment; (2) encouraging the establishment and maintenance of drug-free prisons and jails; and (3) developing and implementing specialized residential substance abuse treatment programs that identify and provide appropriate treatment to inmates with co-occurring mental health and substance abuse disorders or challenges.”

The Illinois Criminal Justice Information Act (20 ILCS 3930/7(k)) established ICJIA as the agency “to apply for, receive, establish priorities for, allocate, disburse and spend grants of funds that are made available…from the United States pursuant to the federal Crime Control Act of 1973, as amended, and similar federal legislation, and to enter into agreements with the United States government to further the purposes of this Act, or as may be required as a condition of obtaining federal funds.”

In addition, distribution of federal funds by the Illinois Criminal Justice Information Authority is authorized by 20 Ill. Admin. Code 1520.48, stating in pertinent part that “If required by the funding source or if federal program purposes would be furthered by doing so, the Authority shall select funding priorities which shall guide the funding process. Funding priorities may identify the types of eligible implementing agencies, federal program purpose areas, specific project types, or costs that shall be given consideration for funding.”

The agency must comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment, and equal employment opportunity, including, but not limited to the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), Public Works Employment Discrimination Act (775 ILCS 10/1 et seq), United States Civil Rights Act of 1964 ( as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), Americans with Disabilities Act of 1990 (42 USC 12101 et seq.), and Age Discrimination Act (42 USC 6101 et seq.).

# 2. BACKGROUND

RSAT funding is designed to enhance the capabilities of states and units of local government to provide voluntary residential substance use disorder treatment for incarcerated inmates; prepare individuals for their reintegration into the communities by incorporating reentry planning activities into treatment programs; and assist individuals and their communities through the reentry process through the delivery of community-based treatment and other broad-based aftercare services.

The goal of this solicitation is to address substance use disorders with an emphasis on assisting those suffering from opioid use disorders (OUD) in jails and prisons thereby reducing the risk of overdose and overdose death. Illinois, like many states across the country, is in the midst of an unprecedented opioid crisis. In 2016, opioid-related overdoses claimed the lives of 1,946 residents, more than one and half times the number of homicides and double the number of car accidents. Despite substantial efforts at the state and local level, opioid overdoses in the state continue to rise.

Opioids are a group of drugs that suppress breathing making individuals more susceptible to overdose death. Opioid use disorder is a chronic, relapsing, diagnosable condition; those with OUD continue to use opioids despite negative consequences and feel compelled to continue use.

According to the National Center on Addiction and Substance Abuse, it is estimated 1.2 million individuals in the criminal justice system suffer from a substance use disorder, but only 11 percent get treatment. Research in Washington State found a relative risk of death from overdose within the first two weeks after release from prison was 129 times that of similar individuals in the general population.[[1]](#footnote-1) Some correctional facilities have had success in reducing opioid overdose death in jail and prison by using evidence-based behavioral therapy and medications or medication-assisted treatment (MAT). The Rhode Island jail and prison system had 60 percent reduction in opioid overdose deaths after MAT was offered.

See **Appendix.** Additional examples of jails and prisons around the U.S. that have implemented MAT (with more than one medication).

# 3. PROGRAM DESIGN & REQUIREMENTS

RSAT funds may be used to implement three types of programs in which jail detainees, incarcerated individuals, and those returning to society may voluntarily participate: corrections (prison-based) programs, jail-based programs, and aftercare services. Applications involving partnerships with community-based substance use disorder treatment programs are highly encouraged. Program design must be based on effective, scientific practices.

## A. Program Categories

This grant will fund programs in the following categories which are defined below.

1. Corrections-based substance use disorder treatment
2. Jail-based substance use disorder treatment
3. Aftercare services

## Program Elements

### 1. Corrections-based substance use disorder treatment

Programs must:

* Engage participants for a period between six and 12 months.
* Provide residential treatment facilities set apart from the general correctional population. This can be a completely separate facility or dedicated housing unit in a facility exclusively for RSAT participants.
* Focus on the inmate’s substance use diagnosis and addiction-related needs.
* Develop the inmate’s cognitive, behavioral, social, vocational, and other skills to solve the substance use and related problems.
* Require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government.
* Prepare participants for successful community reintegration, including post-release referral to appropriate evidence-based aftercare treatment and service providers that support the use of medication-assisted treatment.

If possible, RSAT participation should be limited to inmates with six to 12 months remaining in their confinement so they can be released from prison instead of returning to the general prison population after completing the program.

### 2. Jail-based substance use disorder treatment

Programs must:

* Engage participants for at least three months.
* Focus on the inmate’s substance use diagnosis and addiction-related needs.
* Develop the inmate’s cognitive, behavioral, social, vocational, and other skills to solve the substance use and related problems with emphasis on the provision of cognitive-behavioral therapy.
* Require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government.
* Prepare participants for successful community reintegration, including post-release referral to appropriate evidence-based aftercare treatment and service providers that support the use of medication assisted treatment.
* If possible, jail-based programs should separate the treatment population from the general correctional population and program design should be based on effective, scientific practices.

### 3. Aftercare Services

Substance use disorder treatment, established or implemented with assistance provided under RSAT, **must provide** aftercare services. If you are applying for aftercare services funding, the programs must:

* Involve coordination between the correctional treatment program, post-release supervision officer, and other social service and rehabilitation programs and services.
* Work in conjunction with state and local authorities and organizations involved in substance use disorder treatment to assist in the placement of program participants into community substance use disorder treatment programs or services on release.
* Provide reentering individuals with comprehensive care coordination prior to and upon release from the facility. This includes a comprehensive reentry plan for aftercare services, other needs, and resources. It is most successfully accomplished when institution staff initiates linkages with aftercare agencies and services outside of the institution, including social services and/or treatment services, parole, and case management.[[2]](#footnote-2) Continuity between prison and community can reduce re-offense rates.[[3]](#footnote-3)

In addition:

* To qualify as an aftercare program, the head of the substance use disorder treatment program must work in conjunction with state and local authorities and organizations involved in substance use disorder treatment to assist in the placement of program participants into community substance use disorder treatment programs or services on release.

## B. Evidence-Based Programs or Practices

Applicants are strongly urged to incorporate research-based best practices into their program design. Applicants should identify the evidence-based practice being proposed for implementation, identify and discuss evidence that shows the practice is effective, discuss the population(s) for which this practice has been shown to be effective, and show that it is appropriate for the proposed target population.

The National Institute of Justice’s Crimesolutions.gov is a clearinghouse rating criminal justice programs and practices as effective, promising, or ineffective based on research. Crimesolutions.gov defines evidence-based programs or practices as those that have strong evidence through the use of reliable, replicable, and generalizable research, indicating the programs achieve what they are set out to achieve when implemented with fidelity.

Research on criminal justice programs—including substance use disorder treatment for justice-involved individuals—strongly supports the use of the risk, need, and responsivity principles (RNR). That is, programming should be targeted toward individuals that are moderate- to high-risk for recidivism (risk principle); target criminogenic needs or dynamic risk factors (need principle); be generally responsive by using treatment modalities that work best for most people (cognitive-behavioral therapy—general responsivity), and be responsive to individual learning styles (e.g. cognitive or intellectual impairments, motivation, mental health, language, reading and writing ability, etc…—specific responsivity).[[4]](#footnote-4)

RNR principles, then, indicate substance use disorder treatment should be used with those at highest risk for reoffending (particularly, not mixing those who are low-risk with those who are higher risk); should incorporate those who have a high need area regarding substance use based on a validated risk/needs assessment and additional substance use assessment; and should use cognitive-behavioral approaches within the treatment program, while also considering peoples’ individual barriers to treatment (e.g. motivation, cognitive or intellectual impairments, reading or writing ability, language, etc..).

The following are fundable evidence-based or promising programs or practices:

### Medications for opioid use disorder maintenance treatment

Programs must incorporate at least two forms of medication for maintenance therapy and at least one of the therapies listed below. This does not include medication used for medical detoxification or medical withdrawal or medications only provided to pregnant women. The reason for requiring at least two forms of medication is because no single treatment is appropriate for everyone.[[5]](#footnote-5) This may include the use of interim methadone maintenance (see terminology on page 4).

Medication-assisted treatment (MAT) integrates medication for maintenance purposes with no determined end period for medication with behavioral therapy. Medications fall into three categories based on how they affect opioid receptors in the brain: full agonist, partial agonist, and antagonist. Methadone and buprenorphine can be started without full detoxification whereas naltrexone (Vivitrol) requires a 7- to 10-day detoxification period prior to induction.[[6]](#footnote-6)

### Evidence-based therapies

* Contingency Management (CM), including voucher- or prize-based contingency management
* Moral Reconation Therapy (MRT)
* Motivational Enhancement Therapy (MET)
* Motivational Interviewing (MI)
* Thinking for a Change (T4C)
* Dialectical Behavioral Therapy (DBT)
* Reasoning and Rehabilitation (R&R)
* Cognitive-Behavioral Interventions—Substance Use Disorders (CBI-SA)
* Relapse Prevention (RP)
* Mind-Body Bridging Substance Abuse Program (MBBSAP)-Substance Use Disorders
* Family therapies, including:
	+ Functional Family Therapy (FFT)
	+ Multidimensional Family Therapy (MDFT)
	+ Multisystemic Therapy (MST)
	+ Family Behavior Therapy (FBT)
	+ Brief Strategic Family Therapy (BSFT)
* Therapeutic Community (TC)
* Matrix Model
* Trauma-informed substance use disorder treatment, including:
	+ Trauma Focused Cognitive-Behavioral Therapy (TF-CBT)
	+ Seeking Safety
	+ Trauma Affect Regulation: Guide for Education and Treatment (TARGET)
	+ Trauma Recovery and Empowerment Model (TREM)

### Aftercare only services:

* Assertive Community Treatment (ACT)
* Intensive outpatient program (IOP)
* Outpatient program (OP)
* Individual counseling
* Group counseling
* Case management
* Medication maintenance
* Vocation/Education programs and services
* Transitional housing or housing with supportive services
* Recovery support services

Effective correctional and aftercare programming is most effective if they are **structured, cognitive-behavioral, and skills-based**. Approaches such as Alcoholics Anonymous or faith/spiritual-based services do not meet the standard for correctional or treatment programs.[[7]](#footnote-7)

Additional Resources

The following resources provide examples and descriptions of evidence-based practices that can be used within RSAT, along with the research and evidence of the programs’ efficacy and potential barriers.

For more information on effective, scientific practices, please visit <https://www.crimesolutions.gov/>, [www.samhsa.gov/ebpwebguide](http://www.samhsa.gov/ebpwebguide) , and/or <https://www.samhsa.gov/nrepp>.

For additional resources, including the RSAT Promising Practices Guidelines, program manuals and studies, please see the RSAT Training and See Technical Assistance site at <http://www.rsat-tta.com/Home>.

# 4. GOALS, OBJECTIVES AND PERFORMANCE MEASURES

The goals of the RSAT Program are to:

* Enhance the capabilities of state and units of local governments to provide residential substance use disorder treatment for incarcerated individuals.
* Prepare individuals for their reintegration into the communities from which they came by incorporating reentry planning activities into treatment programs.
* Assist individuals and their communities through the reentry process through the delivery of community-based treatment and other broad-based aftercare services.

Funded programs will be required to report performance measures through the U.S. Department of Justice Bureau of Justice Assistance portal at <https://bjapmt.ojp.gov>, and to submit quarterly data report to the Authority that will minimally include the following information based on the objectives applicant agencies will propose in their responses to this solicitation:

## 1. Corrections-based substance use disorder treatment

|  |
| --- |
| **Goal:** To reduce recidivism and post-release substance use relapse for former offenders |
| **Process Objective** | **Performance Measure** |
| Hire/subcontract for substance abuse treatment staff by the XX month of the program. | * Month treatment staff join the program.
* Number of hire/subcontract substance use disorder treatment staff.
 |
| Provide XX training and cross training to treatment and custody staff. | * Number of treatment staff trained.
* Number of hours of treatment staff training.
* Number of custody staff trained.
* Number of hours of custody staff training.
 |
| Provide individual counseling for substance use disorders to XX offenders. | * Number of program participants.
* Number of individual counseling sessions provided per week per participant Number of individual counseling treatment service hours per week per participant
 |
| Provide evidence-based group sessions using \_\_\_\_\_\_\_\_\_\_ program/practice to XX offenders. | * Number of program participants.
* Number of group treatment sessions per week per participant
* Number of group treatment session hours per week per participant
 |
| Provide peer recovery support services, such as 12-step, SMART recovery, or Refuge recovery, to XX offenders. | * Number of program participants attending peer recovery support groups.
* Frequency of recovery group meetings per week.
* Number and types of peer recovery support groups offered.
 |
| Develop individual treatment plans and aftercare plans for XX number of program participants. | * Number of treatment plans developed.
* Number of program participants linked to aftercare.
* Number of program participants linked to post-release services by type of service.
 |
| (If applicable) Provide direct referrals for medication-assisted treatment for XX% of program participants. | * Number of program participants linked to an Opiate Treatment Provider (OTP) to receive methadone.
* Number of program participants linked to a buprenorphine (Suboxone) provider
* Number of program participants receiving a naltrexone shot prior to community reentry
 |
| Conduct substance use testing for XX% of program participants.  | * Number of program participants tested for substance use while in the program.
* Number of program participants testing positive for substance while in the program (and what substance)
* Number of program participants testing negative for substance while in the program
 |
| **Outcome Objective** | **Performance Measure** |
| XX% of program participants will test negative for substance use while in the program.  | * Number of program participants tested for substance use while in the program.
* Number of participants testing negative for substance use.
 |
| XX % of participants exiting the program will have successfully completed treatment. | * Number of program exits.
* Number of successful completions.
* Number of successful completions released to community.
* Length of treatment for successful completers.
* Number of incompletes.
* Length of stay in program for incompletes.
* Number of program non-completers (e.g. unsuccessful completion).
 |
| XX% of program participants under control of the agency will test negative for substance use post-release. | * Number of program participants under the control of the agency post-release.
* Number of program participants tested for substance use post-release.
* Number of post-release program participants testing negative for substance use.
* Number of program participants testing positive for substance while in the program by substance type.
 |
| XX% of program participants will commit new offenses or violate parole post-release. | * Number of post-release program participants committing new offenses.
* Number of post-release program participants violating parole.
* Number of post-release program participants committing a drug-related offense.
* Number of post-release program participants violating parole for drug-related issues.
 |
| XX number of program participants will continue with substance use disorder treatment (individual or group counseling) post-release. | * Number of post-release program participants attending community-based substance use disorder treatment.
 |
| XX number of program participants will continue with peer recovery support services (e.g. 12-step, SMART Recovery, Refuge Recovery, etc.) post-release. | * Number of post-release program participants attending peer recovery support services in the community.
 |
| (If applicable) XX% of program participants connected to medication-assisted treatment programs will continue medication maintenance post-release. | * Number of participants directly referred to an Opiate Treatment Program (OTP) who still engage with methadone maintenance
* Number of participants directly referred to a buprenorphine provider who still engage in buprenorphine maintenance.
* Number of participants directly referred to a naltrexone provider who still engage in treatment with naltrexone.
 |

##

## 2. Jail-based substance use disorder treatment

|  |
| --- |
| **Goal:** To reduce recidivism and post-release substance use relapse for former offenders |
| **Process Objective** | **Performance Measure** |
| Hire/subcontract for substance use disorder treatment staff by the XX month of the program  | * Month treatment staff join the program.
* Number of hire/subcontract substance use disorder treatment staff.
 |
| Provide XX training and cross training to treatment and custody staff. | * Number of treatment staff trained.
* Number of hours of treatment staff training.
* Number of custody staff trained.
* Number of hours of custody staff training.
 |
| Provide evidence-based residential substance use disorder treatment services to XX offenders. | * Number of program participants.
* Number of program participants receiving services by type of treatment service.
* Number of hours of treatment services by type of service.
 |
| Develop individual treatment plans and aftercare plans for XX number of program participants. | * Number of treatment plans developed.
* Number of program participants linked to aftercare.
* Number of program participants linked to post-release services by type of service.
 |
| Conduct substance use testing for XX% of program participants.  | * Number of program participants tested for substance use while in the program.
 |
| **Outcome Objective** | **Performance Measure** |
| XX% of program participants will test negative for substance use while in the program.  | * Number of program participants tested for substance use while in the program.
* Number of participants testing negative for substance use.
 |
| XX % of participants exiting the program will have successfully completed treatment. | * Number of program exits.
* Number of successful completions.
* Number of successful completions released to community.
* Length of treatment for successful completers.
* Number of incompletes.
* Length of stay in program for incompletes.
* Number of program non-completers (e.g. unsuccessful completion).
 |
| XX% of program participants under control of the agency will test negative for substance use post-release. | * Number of program participants under the control of the agency post-release.
* Number of program participants tested for substance use post-release.
* Number of post-release program participants testing negative for substance use.
* Number of program participants testing positive for substance while in the program by substance type.
 |
| XX% of program participants will commit new offenses or violate probation post-release. | * Number of post-release program participants committing new offenses.
* Number of post-release program participants violating probation.
* Number of post-release program participants committing a drug-related offense.
* Number of post-release program participants violating parole for drug-related issues.
 |
| XX number of program participants will continue with substance use disorder treatment (individual or group counseling) post-release. | * Number of post-release program participants attending community-based substance use disorder treatment.
 |
| XX number of program participants will continue with peer recovery support services (e.g. 12-step, SMART Recovery, Refuge Recovery, etc.) post-release. | * Number of post-release program participants attending peer recovery support services in the community.
 |

## 3. Aftercare services

|  |
| --- |
| **Goal:** To reduce recidivism and post-release substance use relapse by former offenders |
| **Process Objective** | **Performance Measure** |
| Hire/subcontract for substance use disorder treatment staff by the XX month of the program.  | * Month treatment staff join the program.
* Number of hire/subcontract substance use disorder treatment staff.
 |
| Provide XX training to treatment and supportive services staff. | * Number of treatment staff trained.
* Number of hours of treatment staff training.
* Number of supportive services staff trained.
* Number of hours of supportive services staff training.
 |
| Develop individual treatment plans for XX% of program participants. | * Number of offenders referred to the program.
* Number of offenders accepted to the program.
* Number of offenders wait listed.
* Number of treatment plans developed.
* Number of program participants linked to post-release services by type of service.
 |
| Provide XX program participants with substance use disorder aftercare services. | * Number of program participants receiving substance use disorder aftercare services.
* Number of program participants receiving substance use disorder aftercare services by type of service.
 |
| Provide XX program participants with supportive services. | * Number of program participants receiving supportive services, by type of service.
 |
| Provide XX program participants with linkage to supportive services. | * Number of program participants receiving linkage to supportive services, by type of service.
 |
| Secure residential placement for XX% of program participants assessed as needing placement. | * Number of program participants assessed as needing residential placement.
* Number of program participants for whom residential placement is secured.
 |
| Secure outpatient or intensive outpatient services for XX % of program participants assessed as needing these services. | * Number of program participants assessed as needing outpatient or intensive outpatient services.
* Number of program participants for which outpatient or intensive outpatient is secured.
 |
| Conduct substance use testing for XX% of program participants.  | * Number of program participants tested for substance use while in the program.
* Number of substance use tests per program participant per month.
 |
| **Outcome Objective** | **Performance Measure** |
| XX% of program participants will successfully complete treatment plans within one year of program entry. | * Number of program participants successfully completing treatment plans.
* Length of program participation for successful program completers.
* Length of program participation for those exiting the program unsuccessfully.
* Number of program participants who successfully completed treatment plans who continue with treatment services.
 |
| XX% of program participants will test negative for substance use while in aftercare. | * Number of program participants tested for substance use while in aftercare.
* Number of post-release program participants testing negative for substance use while in aftercare.
* Number of post-release program participants testing positive for substance while in aftercare by substance type.
 |
| XX% of program participants will commit new offenses or violate probation while in aftercare. | * Number of program participants committing new offenses while in aftercare.
* Number of program participants violating probation while in aftercare.
* Number of program participants committing a drug-related offense.
* Number of post-release program participants violating parole for drug-related issues.
 |

# 5. FUNDING INFORMATION

Grant awards resulting from this opportunity are projected to have a period of performance of March 1, 2019, through April 30, 2020. Contingent on satisfactory performance and funding availability, ICJIA staff may recommend to the ICJIA Board a maximum of 24 additional months of funding for each project.

Approximately $700,000 from Federal Fiscal Year 2018 funds shall be made available to state and local government agencies for corrections-based or jail-based substance use disorder treatment or aftercare programs that meet the criteria detailed above.

Agreements that result from this funding opportunity are contingent upon and subject to the availability of funds. ICJIA, at its sole discretion, may terminate or suspend this agreement, in whole or in part, without penalty or further payment being required, if (1) the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation, or if funds needed are insufficient for any reason (30 ILCS 500/20-60), (2) the Governor decreases ICJIA’s funding by reserving some or all of ICJIA appropriation(s) pursuant to power delegated to the Governor by the Illinois General Assembly, or (3) ICJIA determines, in its sole discretion or as directed by the Office of the Governor, that a reduction is necessary or advisable based upon actual or projected budgetary considerations. The implementing entity will be notified in writing of the failure of appropriation or of a reduction in funding.

Applicants will be required to submit an Implementation Schedule that describes how the program activities will be carried out. The Implementation Schedule is included in the Program Narrative document and should include necessary detail to enable ICJIA to assess grant activity relative to planned project performance.

**Allowable funding request ranges**

|  |  |
| --- | --- |
| **Type of agency** | **Allowable funding request range** |
| State agency | $75,000 - $150,000 |
| Local government agencies | Minimum $75,000 |

# 6. ELIGIBILITY INFORMATION

Agencies must be pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, www.grants.illinois.gov, to become eligible to apply for an award. During pre-qualification, Dun and Bradstreet verifications are performed, including a check of Debarred and Suspended status and good standing with the Secretary of State. Applicants must have completed the GATA pre-qualification process by the date of application.

Applicants will also be required to submit a financial and administrative risk assessment utilizing an Internal Controls Questionnaire (ICQ) for SFY19 and obtain approval from their cognizant agencies before execution of the grant agreement. Delay in obtaining SFY19 ICQ approval will result in a delay in grant execution.

**Eligible Applicants**

This solicitation is open to Illinois local government and state agencies. Private and non-profit entities are not eligible.

**Cost Sharing or Matching**

In-kind match includes volunteered professional or personal services, office materials and equipment, work space and facilities, and non-program funded victim assistance activities. Any reduction or discount provided to a sub-recipient shall be valued as the difference between what the sub-recipient paid and what the provider’s nominal or fair market value is for the good or service. The value placed on volunteered services must be consistent with the rate of compensation paid for similar work in the program or the labor market. The value of donated space may not exceed the fair rental value of comparable space. The value placed on loaned or donated equipment may not exceed its fair rental or market value.

A 25-percent match requirement is imposed on grant funds under this program. A grant made under this program may not cover more than 75 percent of the total costs of the project being funded. The applicant must identify the source of the 25-percent non-federal portion of the budget and how match funds will be used. Applicants may satisfy the required match with either cash or in-kind services.

To calculate the amount of match required:

Total Project Costs x 25 percent = Match

**Example:**

Total Program Cost: $100,000

25 percent Matching Funds ($100,000 x .25): $ 25,000

Federal Funds ($100,000 x .75): $ 75,000

Federal guidelines prohibit matching funds to be used to supplant existing funds. Refer to 28 CFR 200.306 for more information on match types and match requirements.

**Indirect Cost Rate**

To charge indirect costs to a grant, the applicant must have an annually negotiated indirect cost rate agreement (NICRA). The three types of NICRAs include:

a) Federally Negotiated Rate: Applicant organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. ICJIA will accept the federally negotiated rate. The applicant must provide a copy of the federal NICRA at time of application.

b) State Negotiated Rate: Applicant organizations may negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate or elect to use the De Minimis Rate. The indirect cost rate proposal must be submitted to the State of Illinois within 90 days of the notice of award. The applicant must provide a copy of the state negotiated rate at time of application.

c) De Minimis Rate: Applicant organizations that have never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois may elect a de minimis rate of 10 percent of modified total direct cost (MTDC). Once established, the de minimis rate may be used indefinitely. Applicants must submit an explanation of the base used to calculate the MTDC and an explanation of what the indirect cost will be used for in their budget.

# 7. APPLICATION SUBMISSION INFORMATION

**Obtaining Application Package and Application Deadline**

Applications must be obtained at <http://www.icjia.state.il.us/>. All required application materials must be emailed to CJA.2018rsatNOFO@Illinois.gov by **11:59 p.m., Monday, December 31, 2018** to be considered for funding. Proposals will not be accepted by mail, fax or in-person. Incomplete applications will not be reviewed. Late submissions will not be reviewed.

Paper copies of the application materials may be requested by calling Shataun Hailey at 312-814-8100, but applications may only be submitted via email.

In order to avoid unforeseen technical difficulties, agencies are encouraged to plan to submit their applications 72 hours in advance of the deadline. Technical difficulties experienced at any point during the process should be reported immediately to Shataun Hailey at (312) 814-8100.

Required Documents: The following documents must be emailed as separate documents to

CJA.2018rsatNOFO@Illinois.gov by the deadline for application review. Documents that require a signature as part of submission should be downloaded, completed, printed, signed, scanned, and saved as a PDF document. All documents should be saved with the appropriate document title, for example, “Proposal Narrative,” and included as an attachment to the email.

## Required documents:

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **PDF** | **Word** | **Excel** |
| Completed and signed Uniform State Grant Application for each agency requesting funding. This document will need to be signed and scanned. | X |  |  |
| Completed Program Narrative in Word that meets program requirements outlined in Section A. Applicant’s narrative must be submitted in Word and formatted in the posted Program Narrative. Application should be 40 pages maximum, drafted in Times New Roman 12-point font and double-spaced with 1 inch margins. Please number pages.  |  | X |  |
| One completed Budget/Budget Narrative in Excel.  |  |  | X |

**Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM) registration**

Each applicant is required to:

(i) Be registered in SAM prior to application submission. Click here for SAM registration:

<https://governmentcontractregistration.com/sam-registration.asp>

(ii) Provide a valid DUNS number.

(iii) Maintain an active SAM registration throughout the application and grant period. It also must state that the State awarding agency may not make a federal pass-through or state award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements. If an applicant has not fully complied with the requirements by the time ICJIA is ready to make a federal pass-through or state award, ICJIA may determine that the applicant is not qualified to receive an award and may use that determination as a basis for making a federal pass-through or state award to another applicant.

**Applicant Technical Assistance Session**

We strongly recommend that applicants view a pre-recorded technical assistance session on the ICJIA website at <https://gata.icjia.cloud/>. The technical assistance session will be available for viewing on November 15, 2018. Information provided during this webinar will be unofficial and not binding on the State.

**Intergovernmental Review**

Not applicable.

## Funding Descriptions

See comprehensive budget instructions in Attachment 2.

**Unallowable Costs**

**The following is a non-exhaustive list of services, activities, and costs that cannot be supported with RSAT funding:**

(1) New construction.

(2) Any renovation or remodeling of a property located in an environmentally or historically sensitive area, including property (a) listed on or eligible for listing on the National Register of Historic Places, or (b) located within a 100-year flood plain, a wetland, or habitat for an endangered species.

(3) A renovation that will change the basic prior use of a facility or significantly change its size.

(4) Research and technology whose anticipated and future application could be expected to have an effect on the environment.

(5) Implementation of a program involving the use of chemicals.

**Supplanting**

Federal funds received by public agencies must be used to supplement existing state and local funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the applicant or grantee will be required to supply documentation demonstrating that the reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds. For certain programs, a written certification may be requested by the awarding agency or recipient agency stating that federal funds will not be used to supplant state or local funds.

If funds will be used for the expansion of an already implemented program, applicants must explain how proposed activities will supplement—not supplant—current program activities and staff positions.

See the 2017 DOJ Grants Financial Guide (Part II, Chapter 3) at: https://ojp.gov/financialguide/doj/pdfs/DOJ\_FinancialGuide.pdf

**Pre-award costs**

No costs incurred before the start date of the interagency agreement may be charged to a grant award received as part of this funding opportunity.

**Pre-approvals**

In compliance with federal guidance, ICJIA:

(1) Encourages minimization of conference, meeting, and training costs.

(2) Requires prior written approval of conference, meeting, and training costs for grant recipients. These prior approvals may affect project timelines.

(3) Sets cost limits, including a general prohibition of all food and beverage costs.

# 9. CRITERIA

Application materials must address all components of the NOFO and demonstrate both a need for and ability to successfully implement the program.

The total number of possible points is 100.

|  |  |  |
| --- | --- | --- |
| **Scoring Criteria** | **Possible Points** |  |
| **Summary of the Problem and Program:**  | **15** |
| * Provides a clear, concise summary of the program, providing a description of the problem using data.
 | 4 |  |
| * Details and completes the table for program components, including the types of programs, services, or practices used; staff responsible for carrying out those tasks, and the frequency with which they occur.
 | 4 |  |
| * Details program eligibility criteria and circumstances for successful and unsuccessful completion of the program and/or eligibility process for medication-assisted treatment.
 | 4 |  |
| * Provides characteristics of this population to be served, as well as any other descriptive information relevant to the statement of need.
 | 3 |  |
| **Summary of Evidence-Based Practices:** | **30** |
| * Clearly explains current strategies being implemented to address the stated need. This includes the evidence-based practice(s) the agency currently uses or intends to use with RSAT funds; the research the evidence-based practice(s) has with regard to the agency population; and how the agency intends to sustain the evidence-based practice(s) outlined in the proposal.
 | 10 |  |
| * Clearly explains the program’s core objectives and goals and defines what success means in the program.
 | 10 |  |
| * Program clearly explains protocol for implementing and administering **2 forms** of medication for opioid use disorders (OUDs).
 | 10 |  |
| **Aftercare Services** | **10** |
| * Clearly provides a description of the process for reentry from jail or prison into the community. This should include a discussion of how reentry treatment planning is provided and how continuity of care is maintained between transition.
 | 8 |  |
| * Proposal outlines naloxone distribution protocol upon release from an institution.
 | 2 |  |
| **Project Implementation:** | **10** |
| * Provides a completed Implementation Schedule that sets reasonable steps for project development and operation and clearly describes responsible parties.
 | 2 |  |
| * Describes a reasonable, achievable plan to implement the project that addresses the documented need.
 | 2 |  |
| * Clearly details program components to be funded.
 | 3 |  |
| * Demonstrates a clear understanding of the project requirements detailed in the NOFO.
 | 3 |  |
| **Goals, Objectives and Performance Indicators:**  | **10** |
| * Sets reasonable benchmarks for the performance of both process and outcome objectives.
 | **2** |  |
| * Describes how each objective will be accomplished.
 | **3** |  |
| * Proposal includes an outside individual to evaluate process and outcomes of the program.
 | **5** |  |
| **Project Management:**  | **10** |
| * Describes how project success will be measured and details how and when data will be collected and reported by each funded entity.
 | 3 |  |
| * Describes plan for coordination and supervision of the project activities.
 | 2 |  |
| * Addresses potential barriers and how they will be addressed.
 | 3 |  |
| * Lays out a plan to sustain the program after the end of federal funding.
 | 2 |  |
| **Budget Detail:**  | **10** |
| * Budget is complete
 | 2 |  |
| * Costs are allowable
 | 2 |  |
| * Costs do not appear to be supplanting
 | 2 |  |
| * Costs are reasonable
 | 2 |  |
| * Budgeted items are cost-effective in relation to the proposed activities
 | 2 |  |
| **Budget Narrative:** Clearly details how the applicant arrived at and calculated the budget amounts.  | **5** |
| * Narrative is complete for all line items
 | 2 |  |
| * Narrative describe why each line item is necessary for program implementation.
 | 2 |  |
| * Narrative does not appear to describe any supplanting
 | 1 |  |
| **Total Possible Points**  | **100** |

# 10. REVIEW AND SELECTION PROCESS

Proposals will be reviewed by a panel of ICJIA staff and stakeholders with expertise in opioid use disorders, substance use disorders, and/or correctional rehabilitation and treatment. All applications will be screened for completeness and to ascertain if the applicant agency has a current approved GATA ICQ. Incomplete applications and applications from agencies that lack an approved ICQ will not be reviewed.

Proposals that pass the screening process will be reviewed by a panel of Authority grant, research, and program staff. Proposals will be reviewed by focus area within assigned geographic regions. These geographic regions include:

* Northern region.
* Cook County region
* Collar Counties region: DuPage, Kane, Lake, Will
* Central region.
* Southern region.

See the state map in Appendix I.

Proposal selection will be made using the previously described scoring criteria. If possible, ICJIA will fund the highest scoring applicant in each geographic region before funding successive applicants.

Once regional applicants are selected, applicants will be selected based on overall scoring, with secondary consideration given to geographic diversity and the proposed program. Applicants with equivalent scores will be selected based on individual scores of the evidence-based practices category.

ICJIA reserves the right to reject any or all incomplete proposals, proposals including unallowable activities, proposals that fail to meet eligibility or program requirements, or proposals that are otherwise deemed to be unsatisfactory. ICJIA also reserves the right to invite one or more applicants to provide necessary clarifications prior to selection and to invite successful applicants to submit amended proposals and modify budgets that include unallowable or unreasonable costs.

Review team recommendations will be forwarded to the ICJIA Budget Committee for preliminary approval and applicants will be notified of the committee's decision. A panel of ICJIA staff will conduct a final review of applications for cost allowability. Successful applicants whose applications contained unallowable or unreasonable costs will have their award reduced by the total amount of all unallowable or unreasonable costs. Upon acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to <https://www.illinois.gov/sites/GATA/Pages/default.aspx>.

## Debriefing Process

Unsuccessful applicants may request a debriefing. A debriefing is written feedback that can assist applicants in developing improved applications for future funding. A debriefing may include strengths and weaknesses of an application in terms of the evaluation and review criteria. Debriefings are not a part of the Appeals Process.

Requests for debriefings must be made in writing and submitted within seven calendar days after receipt of a Funding Opportunity Declination Letter from ICJIA. Debriefing requests will not be granted if there is an active appeal, administrative action, or court proceeding. The written debriefing request shall include at a minimum the following:

* + - 1. The name and address of the requesting party.
			2. Identification of grant program.
			3. Reasons for the debrief request.

Please email debriefing requests to:

Shataun Hailey
Program Administrator

Illinois Criminal Justice Information Authority

300 W. Adams Street, Suite 200

Chicago, Illinois 60606

Shataun.Hailey@illinois.gov

## Appeals Process

Unsuccessful applicants may request a formal appeal. Only the evaluation process is subject to appeal. Evaluation scores and funding determinations may not be contested and will not be considered by the ICJIA’s Appeals Review Officer. The appeal must be in writing and submitted within fourteen (14) calendar days after either the date the grant award notice is published or receipt of a Funding Opportunity Declination Letter from ICJIA, whichever comes first. The written appeal must include at a minimum the following:

1. Statement indicating a request for a formal appeal.
2. The name and address of the appealing party.
3. Identification of the grant program.
4. A statement of reason for the appeal.

Please email your appeal to:

Appeals Review Officer

Illinois Criminal Justice Information Authority

CJA.ARO@Illinois.gov

Once an appeal is received, ICJIA will acknowledge receipt of an appeal within 14 calendar days from the date the appeal was received. ICJIA will respond to the appeal, in writing, within 60 days or supply a written explanation as to why additional time is required. The appealing party must supply any additional information requested by ICJIA within the time period set in the request. ICJIA will resolve the appeal by means of written determination. The determination will include:

* + - 1. Review of the appeal.
			2. Appeal determination.
			3. Rationale for the determination.
			4. Standard description of the appeal review process and criteria.

# 11. Anticipated Announcement and State Award Dates.

|  |  |
| --- | --- |
| **Task** | **Date** |
| NOFO posted | November 2, 2018 |
| NOFO question submission deadline | November 30, 2018 |
| **Applications due** | **December 31, 2018 at 11:59pm** |
| Budget Committee review/approval of recommended designations | January 31, 2019 |
| Projected program start date | March 1, 2019 |

## Award Administration Information

**State Award Notices**. ICJIA will send a Notice of State Award (NOSA) and the grant agreement to grantees once the ICJIA Budget Committee reviews and approves designations in January of 2019. No costs incurred before the start date of the agreement may be charged to the grant.

The NOSA will detail specific conditions that will be included in the grant agreement. Applicant agencies must return the signed NOSA before the start of the agreement.

**Administrative and National Policy Requirements.** In addition to implementing the funded project consistent with the agency-approved project proposal and budget, the grantees selected for funding must comply with grant terms and conditions, and other legal requirements, including, but not limited to, the Office of Management and Budget Grants Accountability and Transparency Act and other federal regulations which will be included in the award, incorporated into the award by reference, or are otherwise applicable to the award. Additional programmatic and administrative special conditions may be required.

**Reporting.** Grantees must submit quarterly financial and progress reports and final financial and progress reports. Federal reporting requirements state that funding agencies must report all mandatory information to the federal agency (U.S. Department of Justice) no later than 30 days after the end of the designated quarter. To do so, ICJIA will require all programs funded to report electronically at minimum on a quarterly basis and no later than 15 days after the end of each reporting period. Mandatory fiscal and progress reports will be distributed to each grantee for submission. Failure to comply with mandatory reporting requirements will cause immediate suspension of funding of this grant, any other grant that applicant has with ICJIA, and possible termination of the grant. If applicable, an annual audit report in accordance with the 2 CFR Part 200 Uniform Requirements must be submitted. Future awards and fund drawdowns may be withheld if reports are delinquent.

**State Awarding Agency Contact(s)**

For more information and technical assistance regarding submission of an application, contact:

Shataun Hailey

Program Administrator

Illinois Criminal Justice Information Authority

300 W. Adams, Suite 200

Chicago, Illinois 60606

(312) 814-8100

Shataun.hailey@illinois.gov

The deadline to submit questions is 11:59 p.m., November 30, 2018.

# 12. Other Information

Neither the State of Illinois nor ICJIA are obligated to make any award as a result of this announcement. ICJIA’s Executive Director has sole authority to bind the state government to the expenditure of funds through the execution of interagency grant agreements.

# Budget Overview

**General**:

**Blue shaded fields:** The applicant must complete all cells shaded blue. White cells are populated from other fields.

The GATA Budget Template contains the following tabs:

* Section A: ICJIA Funds – Complete the blue cells at the top of the tab and the total funds requested.
* Section A: Indirect Cost Info – Applicant must check one of the boxes numbered 1-5. Applicants selecting boxes 1 or 2 must also complete the shaded cells at the bottom of the tab.
* Section B: Match Funds – Complete the blue cells detailing the source of matching contributions.
* Applicant Certification – Complete the blue cells
* FFATA
* Section C1: Personnel
* Section C2: Fringe Benefits
* Section C3: Travel
* Section C4: Equipment
* Section C5: Supplies
* Section C6: Contractual
* Section C7: Indirect Costs
* Section C: Budget Summary
* Section C: Agency Approval

**The Total Cost is automatically calculated based on the detail in each line item. The applicant must complete the share of each line item total cost that will be charged to federal/state or matching funds.**

**Instructions:**

**Pro-ration rates:** In some cases, equipment, furniture or contractual expenses are shared by an agency. Grant funds can only be used to pay for the share of those expenses attributed to the program. This process is done by pro-rating the cost of shared equipment, furniture, and contractual expenses.

1. **Personal contractual cost**. This is the cost that is attributed to non-full-time individuals paid with grant funds. Examples of personal contract costs are cell phone costs, professional license fees, and malpractice insurance. The pro-rated cost is determined by multiplying the cost of contractual expense by the employee’s percentage of time working on the program.

Example formula for determining personal contract cost:

A cell phone cost $50/month and the person using the cell phone is working on the grant 75% of the time.

$50 (cost) x .75 (time working on the program) x 12 months (length of the program) = $450 max. cost.

1. **Shared office equipment/contractual cost**. These are cost(s) for equipment or contractual expenses that are used by the entire office and not just the grant program. Examples of shared office equipment include copiers, mail machines, rent, and utilities. The pro-ration rate is determined by taking the number of full time equivalents (FTEs) divided by the total number of people in the office. 2.5 (FTEs working on the grant) ÷ 10 (total number of people working in the office) = .25 proration rate.

Example of the pro-ration formula:

Proration rate is 25%.

Monthly rent is $10, 000.

Maximum allowable rent expense for the year is $3,000 ($1,000 rent x .25 proration rate x 12 months of the grant program).

**Budget:** Detailed cost section for the seven budget categories. This is where all of the grant expenses are listed.

* **Round to nearest whole number:** Whole numbers should be used. Round as appropriate.
* **Accuracy:** Applicant is responsible for ensuring correct use of formulas.
* **Consistency:** Figures listed in the budget should not contradict those noted in the budget narrative.

**Budget Narrative:** Used to explain the need for a particular program expense. Information must be provided for each cost detailed in the budget, no matter how large or small.

* **Detail:** The Budget Narrative should contain enough detail so that the reader can understand the grant program without having to refer to the Program Narrative.
* **Consistency:** Figures listed in the budget should not contradict those noted in the Budget Narrative.
* **Rounding:** Rounding that occurred in the budget should be explained in the budget narrative**.**

**Budget Categories**

**Section C1: Personnel**

Listing of all of the agency’s personnel dedicated to the grant program.

1. Name: Please write “To be determined” if personnel has not been hired at time of application.
2. Job title. The title of each position must be listed in the budget and in the Budget Narrative; be consistent between all documents (Budget, Budget Narrative and Program Narrative) Each position should have a short description of what they are doing for the grant program.
3. Salary or wage. This is the maximum that the grant (combining grant and match funds) can pay based on the percentage of time spent on the program. This is determined with the following formulas:
4. Basis: This is the unit of time (such as hours, days, weeks, months) that was used to calculate the total salary.
5. Percentage of time: The percentage of a full time equivalent work week that the funded personnel will work on grant activities.
6. Quantity: This is the number of basis units (hours, days, weeks, months) that the funded personnel will be charged to the grant.
7. Detailed narrative: The budget narrative should provide enough detail that an average person can understand what is being purchased and the reason for the purchase.

**Section C2: Fringe Benefits**

If personnel listed in the budget are receiving fringe benefits then a detailed breakout of all fringe benefits applicable, including percentage calculations, must be included in the Budget Narrative.

**Section C3: Travel**

Work-related travel, including travel to training or conferences.

1. Reasonable and necessary: All travel must be reasonable and necessary for administering the program.
2. Separate and distinct: Each travel-related item must have its own budget line item and detailed narrative on its need and usage.
3. State mileage must be used. Please check with the State of Illinois Central Management Unit Travel Guide (<http://www2.illinois.gov/cms/Employees/travel/Pages/default.aspx> for the current state mileage rate. The state mileage rate must be used unless the agency mileage rate is less than the lesser amount has to be used. Mileage reimbursement is only provided with use of personal vehicles.
4. Justification for estimate cost: Grantee must indicate basis for cost estimates.
5. Per diem: Reimbursement for meal expenses when traveling is allowable with a program-related overnight stay less any conference-provided meals. Conference meals provided must be deducted from the per diem. The state per diem rates are:
* In-state travel: $7 per quarter of the day
* Out-of-state travel: $8 per quarter of the day
1. Lodging rate: Lodging rate is the maximum rate for a hotel room that can be charged to the grant. If the lodging rate exceeds the maximum allowable rate, non-grant, non-match funds must be used to make up the difference. The lodging rate does not include taxes.
* In-state travel: The state lodging rate must be used. View the state travel guide for current rates: <http://www2.illinois.gov/cms/Employees/travel/Pages/default.aspx>.
* Out-of-state travel: The federal lodging rate must be used. Current lodging rates: <http://www.gsa.gov/portal/category/21287>
1. Pre-approval of all out-of-state travel: All out-of-state travel must be pre-approved by ICJIA.
2. Conference travel: Only employees on the grant contract are allowed to use grant funds to travel to conferences. Justification for why conference attendance is reasonable and necessary for the administration of the program must be included. Conference registration costs should be listed under the contractual budget.
3. Airfare: Only the most reasonable airfare should be purchased and all available discounts must be applied.

**Section C4: Equipment**

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit cost of at least $5,000. Items with smaller unit costs are considered Supplies and should be detailed on that budget tab.

1. Reasonable and necessary: All purchases must be reasonable and necessary for administering the program.
2. Cost to be pro-rated: Pro-rate equipment cost if the equipment is not solely being used for the grant program.
3. Disposal of equipment: The grantee has a duty to inform ICJIA when disposing of equipment purchased with federal or matching funds. This duty exceeds the life of the grant.
4. Competitive selection process: When selecting a vendor the selection process must be competitive.
* Prior to purchasing equipment costing less than $100,000, the grantee must get bids from at least three vendors.
* If the equipment being purchased is more than $100,000, the grantee must coordinate a Request for Proposals (RFP) or an Invitation for Bid (IFB) process. ICJIA must pre-approve the RFP or IFB.
* Grantee must indicate in the Budget Narrative the manner in which the vendor is selected.
1. Detailed narrative: The Budget Narrative should provide enough detail that an average person can understand what is being purchased and the reason for the purchase.
2. Brand name checklist: Federal rules require that budget and budget narratives do not contain brand names of products. However, if a grantee must include the brand name of a product, a completed brand name checklist is required. If applicable, ICJIA will provide this checklist to successful applicants.

**Section C5: Supplies**

Supplies are items that may be consumed during the grant period and have a unit cost of less than $5,000.

1. Reasonable and necessary: All purchases must be reasonable and necessary for administering the program.
2. Separate and distinct: Each item must have its own budget line item and detailed narrative on its need and usage.
3. Detailed narrative: The narrative should provide enough detail that an average person can understand what is being purchased and the reason for the purchase. The grantee also must explain how the cost was determined.
4. Pro-ration: All supplies must be pro-rated if they cannot be directly contributed to the program and are based on the cost of the whole agency. Formula(s) used must be shown.

**Section C6: Contractual**

Contractual expenses are expenses incurred per a contractual agreement.

1. Reasonable and necessary: All expenses must be reasonable and necessary for administering the program.
2. Separate and distinct: Each item must have its own budget line item and detailed narrative on its need and usage.
3. Pro-ration: If contractual expenses cannot be directly contributed to the grant program but the whole agency’s contractual cost are used then these cost must be pro-rated. Formula(s) used must be shown.
4. Detailed narrative: The narrative should provide enough detail that an average person can understand what is being purchased and the reason for the purchase.
5. Publications: When contracting for printing, a note in the narrative should be made indicating that ICJIA’s disclaimer will be printed on all materials.
6. Conference Registration and Expenses: Only employees on the grant contract are allowed to use grant funds for conference expenses. Please note that all out-of-state travel needs ICJIA prior pre-approval.
7. Contractual employees: List the salary of the contractual employee and a description of the employee’s grant program duties. Contractual employees must have a written agreement with the funded agency.
	1. Explain fringe benefits in the Budget Narrative.
	2. If a competitive process was not used to select the contractor, a Sole Source Justification Checklist is required. If applicable, ICJIA will provide this checklist to successful applicants. ICJIA must pre-approve all Sole Source funding requests.
8. Review of contracts: ICJIA must review and approve all contracts utilizing federal and match funds.
9. Rent: Grant and match funds may be used to cover reasonable rent costs. Grant-funded rent payment is prohibited when the grantee has a financial interest in the building. Both the total rent and pro-rated amounts must be listed in the budget with an explanation how the rent was pro-rated.
10. Utilities: Grant and match funds may be used to cover reasonable costs of utilities used by grant personnel. Both the total utility and pro-rated utility costs must be included in the budget narrative.

# Appendix I

**MEDICATION-ASSISTED TREATMENT EXAMPLES**

**The following locations have MAT in a correctional facility (this is not an exhaustive list):[[8]](#footnote-8)**

**JAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | **Vivitrol** | **Buprenorphine** | **Methadone** | **Funding source** | **Additional information** |
| Rikers Island | Yes | Yes | Yes | NYC Health+Hospitals Corporation | [Rikers Island KEEP Program](https://bit.ly/1OIP5BX) |
| Middlesex County, MA (House of Corrections) | Yes | No | No | Middlesex Sheriff’s Office and Edward J. Byrne (JAG) funding | [Middlesex County, MA Vivitrol Program](https://sheriffs.org/events/Implementing-Medication-Assisted-Treatment-MAT-Programs-Jails) |

**PRISONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | **Vivitrol** | **Buprenorphine** | **Methadone** | **Funding source** | **Additional information** |
| Rhode Island DOC | Yes | Yes | Yes[[9]](#footnote-9) | State of Rhode Island | [RI Department of Corrections](https://www.vera.org/blog/rhode-island-tackles-opioid-addiction-behind-bars-saves-lives-outside) |
| Vermont DOC | No | Yes | Yes | Vermont Department of Health and Corrections | [Vermont Department of Corrections](https://assets.documentcloud.org/documents/3229213/DOC-MAT-Eval-Report-Final.pdf) |
| Pennsylvania DOC | Yes | No | Yes[[10]](#footnote-10) | Agency contract with City of Philadelphia | [Pennsylvania DOC Vivitrol Program](https://whyy.org/articles/pa-prisons-offering-inmates-addiction-treatment-on-their-way-out-but-is-it-working/) |

**Using two medications**

Treatment is an individualized process and that includes the use of medications. Access to all three medications—especially methadone, buprenorphine—as well as naltrexone, are required for evidence-based medication-assisted treatment. Further, the United States is one of the only countries that does not frequently offer opioid agonist and/or partial agonist medications despite evidence of, and classification by, the World Health Organization of these medications as essential. **The gold standard in MAT is offering all 3 forms of FDA-approved medications, individualizing the pharmacotherapy to the individual.**  An example of the implication for only providing naltrexone is provided below.

*West Virginia DOC and jail Vivitrol Programs*

* The majority of individuals (80% deemed eligible) did not want to participate in West Virginia’s Vivitrol program for various reasons, including parole denial and personal decision against participation (e.g. side effect concerns, family member rejections, etc.). Of the 266 people referred to the Vivitrol program, just 74 received an injection. A significant participant drop-off rate was seen in treatment after their release. Reasons provided by researchers for stopping treatment included switching to a different MAT medication, unpleasant side effects, treatment provider inaccessibility, work schedule conflicts, insurance issues, and lack of transportation.[[11]](#footnote-11)
* West Virginia’s Regional Jail Authority program has very limited follow-up information on individuals receiving Vivitrol prior to release. However, of the 123 identified as eligible within a 4-month time span, 39 individuals agreed and 28 had received their first injection.

Recent research also indicates that providing (only) Vivitrol in a correctional setting is not cost effective.[[12]](#footnote-12) By having at least 2 forms of medication for MAT, the institution can provide a greater number of individuals with opioid use disorders with more individualized, evidence-based care.

# Appendix II

**Illinois Regions**



1. Binswanger, I. A., Stern, M. F., Deyo, R. A….Koepsell, T. D.. (2007). Release from prison—A high risk of death for former Inmates. *New England Journal of Medicine,* 365(2), 157-65. See <https://perma.cc/7QPN-7TGQ> [↑](#footnote-ref-1)
2. SAMHSA Treatment Improvement Protocol (TIP) 30: Continuity of Offender Treatment for Substance Use Disorders from Institution to Community. <https://bit.ly/2I2OaPJ> [↑](#footnote-ref-2)
3. Serin, R. & Crime and Justice Institute. (2005). *Evidence-based practices: Principles for enhancing correctional results in prisons.* Washington, DC: U.S. Department of Justice, National Institute of Corrections. [↑](#footnote-ref-3)
4. Bonta, J., & Andrews, D. A. (2017). *The psychology of criminal conduct* (6th edition). New York, NY: Routeledge. [↑](#footnote-ref-4)
5. National Institute on Drug Abuse (NIDA). (2006). Principles of drug abuse treatment for criminal justice populations: A research-based guide. Retrieved from <http://www.nida.nih.gov/PDF/PODAT_CJ/PODAT_CJ.pdf> [↑](#footnote-ref-5)
6. See SAMHSA Treatment Improvement Protocol (TIP) 63 on Medications for OUDs. <https://bit.ly/2oij4fR> [↑](#footnote-ref-6)
7. Serin, R. & Crime and Justice Institute. (2005). *Evidence-based practices: Principles for enhancing correctional results in prisons.* Washington, DC: U.S. Department of Justice, National Institute of Corrections.; Broome, K. M., Simpson, D. D., & Joe, G. W. (2002). The role of social support following short-term inpatient treatment. *The American Journal on Addictions,* 11, 57-65.; see also Chapter 4 in the 2016 Surgeon General’s Report on Alcohol, Drugs, and Health. <https://bit.ly/2MBQG2N> [↑](#footnote-ref-7)
8. PEW 2016 article reviewing Rikers Island KEEP and overview of other MAT programs in prison and jail. <https://bit.ly/1OIP5BX> [↑](#footnote-ref-8)
9. Methadone only provided to those already enrolled in an OTP upon incarceration. [↑](#footnote-ref-9)
10. Methadone only provided to those already enrolled in an OTP upon incarceration. [↑](#footnote-ref-10)
11. Subramanian, R. & Shames, A. (2016). *A path to recovery: Treating opioid use disorder in West Virginia’s criminal justice system.* New York, NY: Vera Institute. <https://bit.ly/2zTrSjl> [↑](#footnote-ref-11)
12. Murphy, S. M., Polsky, D., Lee, J. D., Friedmann, P. D., Kinlock, T. W., Nunes, E. V….O’Brien, C. P. (2017). Cost-effectiveness of extended release naltrexone to prevent relapse among criminal justice-involved individuals with a history of opioid use disorder. *Addiction, 112(8)*, p. 1440-1450. [↑](#footnote-ref-12)