# MAT in Jails and Drug Courts Learning Collaborative:

# Drug Court Implementation grant opportunity

**Please note: applications may be submitted electronically through the application link provided below or by submitting this Word application to** **MATinCountyCJ@healthmanagement.com** **through December 1, 2023.**

**Submit via application link here:**

## <https://healthmanagement.qualtrics.com/jfe/form/SV_cwQ4Xd4R0YwZ68m>

## Overall Program Description

The project ***MAT in Jails and Drug Courts*** is funded by California Department of Health Care Services (DHCS) with general state funds as a program in DHCS’ Medication Assisted Treatment (MAT) Expansion Project. ***MAT In Jails and Drug Courts*** includes grant funds distributed to participating county teams who also receive technical assistance (TA) and coaching.The project term is 10/1/2022 through 9/30/2024 with the possibility of extending TA and coaching through 6/30/2025. The goal of the project is to increase access to MAT in county jails, drug courts, and the child welfare/juvenile justice systems. The program aims to improve coordination among all county agencies and providers who serve justice-involved county residents and to build system capacity to ensure access to effective treatment and recovery supports. Jails, drug courts, probation, juvenile probation, child welfare, dependency courts, and behavioral health agencies benefit from this county justice ecosystem-focused TA approach.

Counties also receiving PATH and other grant funding will benefit from this program’s TA that can further assist counties with gap and strengths analysis, facilitation of key partnerships and processes, and other enhanced support to achieve funding aims.

## Participation Options

There are three types of funding opportunities available for counties to participate in the Learning Collaborative. All eligible county teams will receive coordinated; integrated TA provided by county team coaches. **Counties may apply for multiple categories and funding opportunities as described below.**

|  |  |  |
| --- | --- | --- |
| **Team Categories** | **Description** | **Funding** |
| **Drug Court** | * Multidisciplinary team to support implementation of and access to MAT in county drug courts with designated drug court team lead(s); assigned a county TA Coach
* Support access to MAT for drug court participants
* Encourage inclusion of Jail MAT representative(s)
* Engage child welfare, probation and other key agencies and partners in the county to drive progress toward a coordinated county plan for county residents with OUD and justice system involvement.
 | **Eligible for Jail MAT1 or Drug Court Implementation Grant**  |
| **Jail MAT** | * Multidisciplinary team to support implementation of MAT in county jails with designated Jail MAT team lead(s); assigned a Jail MAT TA Coach
* Encourage inclusion of drug court representative(s)
* Engage child welfare, probation and other key agencies and partners in the county to drive progress toward a coordinated county plan for county residents with Opioid Use Disorder (OUD) and justice system involvement.
 |
| **Child Welfare/ Juvenile Justice** | * Multidisciplinary team to support access to MAT for those with involvement in the county Child Welfare/Juvenile Justice systems with designated county team lead(s); assigned a Child Welfare TA Coach
* If the county does not have a participating Jail MAT or drug court team, requires a letter of support from Sheriff representing the Jail and/or an appropriate drug court representative with the application[[1]](#footnote-2)
 | **Eligible for Child Welfare AND Juvenile Justice participation stipend[[2]](#footnote-3)** |

## Timeline

* Informational webinars were offered in December 2022 and January 2023. A recording to one of the webinars can be found here: <https://vimeo.com/788003091/c88c0e35d3>
* Interested teams may submit applications any time before December 1, 2023, with grant amounts being awarded by the end of December.
	+ **Upon grant notice to counties (including amount of grant), counties will be expected to return budget template (Appendix A) and attestations/signatures (Appendix B). Counties must return these appendices prior to HMA issuing MOU.**
* A Memorandum of Understanding (MOU) will be issued between HMA and the grantee within 14 days of grant approval.
* 50% of the Implementation Grant award will be paid upon receipt of a fully executed MOU.
* Remainder of Implementation Grant award will be paid in October 2023 (or a later date to be determined based on the date the county joins the learning collaborative) based on submission of any requested/required data (TBD).

### Drug Court Implementation Grant

Through the funding provided by DHCS, up to 35 counties will be able to receive implementation grants for Jail MAT ***or*** Drug Courts between $60,000 and $85,000 (see *Jail MAT Application* for more information on that opportunity). Final determination of grant amounts is contingent on the number of applications received and accepted – during this funding cycle, all counties will receive the same grant amount.

#### *Funding Objectives*

Funds are intended to expedite program maturation and sustainability of local access to MAT and other treatments for OUD and StUD through drug courts and the local justice system. Funding priorities include:

* Establishing and building sustainability for access to all three forms of FDA-approved medications for OUD for incarcerated persons and those served by drug courts, community supervision and the child welfare system
* Evidence-based management of opioid withdrawal
* Increasing naloxone distribution to persons with justice system involvement
* Building capacity to offer non-medication evidence-based interventions for StUD and OUD to those with justice system involvement
* Building capacity to collect and analyze data to demonstrate impact of the program

As each county has unique circumstances, there is flexibility in the use of funds so long as funds support the stated objective and meet state funding restrictions. **To expedite approval of MOU by County Board of Supervisors (if applicable), applicants are strongly encouraged to provide Boards with “intent to fund” information when applications are submitted and to take any other steps that can expedite local approval.**

#### Eligibility Requirements

**Each county may apply for the Jail MAT *OR* Drug Court implementation grant. Only one agency may apply from each county for the Jail MAT or Drug Court implementation grant (for any questions or clarifications, please reach out to** **MATinCountyCJ@healthmanagement.com****, e.g., to ask if your county has already submitted an application for a jail implementation grant).** This application is for Drug Court teams. A separate application is required for Jail MAT teams. To be responsive to unique county needs, any county agency represented on the County Team is eligible to apply for the funds.

Eligibility is contingent upon the following:

1. Submission of completed county team application, including letters of support from:
	1. Drug Court Judge or authorized representative
	2. Relevant County Administrator
2. Confirmation by assigned coach of:
	1. County core team members’ agreement to team participation
	2. Agreement among team members on implementation plan and use of grant funds
	3. Reasonable implementation/action plan with dates, deliverables, and responsible parties
3. Data to be collected and reported by drug court(s) to be determined

#### Commitment from Counties

|  |  |
| --- | --- |
| **Mandatory** | **Optional** |
| * Quarterly data submission – as determined above
* Participation in monthly coaching calls
* Attendance at quarterly learning collaboratives
* Interim Financial Report and Final Report Submission
 | * Webinars
* Discussion groups
* Office hours
 |

#### Allowable and Unallowable Expenses

Detailed information around allowable and unallowable expenses will be forthcoming from DHCS.

#### State of California Regulations/Funding

Agreements are subject to the approval of and the receipt by HMA of funding from DHCS. DHCS’ funding of the Expanding MAT in County Criminal Justice Program funded through California State General Funds (SGF). Accordingly, site agreements will include standard California State rules and regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for California Awards., and applicable rules and regulations from the State of California. HMA will incorporate the applicable state rules and regulations into the terms and conditions of the agreements.

# application

Please fill out application at this link and send any questions to MATinCountyCJ@healthmanagement.com. A confirmation email will be sent within 5 business days to confirm receipt.

Please check which category your county is applying for:

[ ]  Technical Assistance/Coaching Only (please skip to Section 3)

[ ]  Implementation Grant **and** Technical Assistance/Coaching

## Section 1: Entity Information

|  |  |
| --- | --- |
| **Entity’s Legal Name** |  |
| **Doing Business As** (If Applicable) |  |
| **Street Address** |  |
| **City, State, Zip / Country** |  |
| **Mailing Address, If Different** |  |
| **Email Address** |  |
| **Main Telephone Number** |  |

## Section 2: Entity Representatives

|  |  |  |
| --- | --- | --- |
| **Primary Grant Director**Individual leading the implementation of this grant in the county | **Authorized Signatory**Individual authorized to sign on behalf of the applicant entity | **Contract Representative**Individual responsible for agreement processing and negotiations |
| Name |  | Name |  | Name |  |
| Title |  | Title |  | Title |  |
| Email |  | Email |  | Email |  |
| Phone |  | Phone |  | Phone |  |

## Section 3: Drug Court Team Roster

*To assist you in forming your Drug Court team, please consider these two key roles.*

1. **Sponsor:** a person who introduces and supports a proposal; an individual with the leadership authority and responsibility to assure change is implemented. The Sponsor does not typically regularly attend each team meeting (and does not need to be listed below as a team member) but stays in touch with activities of the team and is available and willing to intercede when the team needs to correct course.
2. **Champion**: Individual(s) with a direct role within an organization that volunteers or is selected to facilitate change. The Champion leads the change initiative and, in this case, is the primary leader (or co-leader) of the Drug Court MAT team.

Team members (minimum five, including the Champion). Must include person from each category 1 – 6. Please denote a champion(s) in the last column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Name** | **Title** | **Agency** | **Email** | **Champion?** |
| 1. Drug Court Judge or Designee
 |  |  |  |  |  |
| 1. Provider of SUD Services for Drug Court – leadership and/or staff
 |  |  |  |  |  |
| 1. Probation
 |  |  |  |  |  |
| 1. County Administration
 |  |  |  |  |  |
| 1. Jail Custody Operations
 |  |  |  |  |  |
| 1. County Drug Treatment Agency
 |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |

Please list the name(s) of champion(s) for the Learning Collaborative (the contact information for these individuals should also be included above).

|  |
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|  |

## Section 4: Grant Proposal

### Objective: State the specific objective(s) of the proposed activities.

|  |
| --- |
|  |

### Project activities: State the specific activities that will be funded.

|  |
| --- |
|  |

### Project oversight: Describe the oversight of these activities and how the agency and the *County MAT in CJ Project Team* (HMA) will be kept apprised of project development, implementation, and outcomes.

|  |
| --- |
|  |

### Action Plan/Timeline and Milestones: Provide a timeline for the proposed project period that includes key project activities and milestones.

|  |
| --- |
|  |

## Section 5: Letters of Support[[3]](#footnote-4)

For all Drug Court teams, letters of support are required from:

* Drug Court Judge or authorized representative
* Relevant County Administrator

Please attach letters of support as PDFs when submitting application.

## Section 6: Budget, Attestations and Signature

The budget template, attestations and signature (please refer to ***Appendix A and Appendix B***) will be due in January after confirmation of county’s intent to participate and upon determination of final grant amount.

## Appendix A. Budget Template (due upon notice of grant award and amount)

Submit budget using the following table format. Add lines as necessary. Refer to sample calculations. Complete the budget narrative below the table.

|  |
| --- |
| **BUDGET: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SYSTEMS** |
| **COUNTY NAME:** |  |  |  |  |
| **PERSONNEL** |
| **Salary** |
| Position Title | % FTE | Annualized Salary | Number of Months | Project Cost\* |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| Subtotal Salary |   |   |   |   |
| **Fringe Benefit Cost** |
| Position Title | Fringe Rate |   |   | Project Cost\*\* |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| Subtotal Fringe Benefit |   |   |   |   |
| **Total Personnel (subtotal salary + subtotal fringes)** |  |  |  |  |
|  |   |   |   |   |
| **CONTRACTOR/CONSULTANT** |
| **Position Title** | Hours/month | Number months | Hourly rate | Project Cost\*\*\* |
|  |   |   |   |   |
|  |   |   |   |   |
|  |   |   |   |   |
| **Total Contractor/Consultant** |   |   |   |   |
|   |   |   |   |   |
| **TRAVEL EXPENSE** | Airfare or mileage | Lodging | Meals and other | Total Travel Cost |
| Person and travel description |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Travel** |   |   |   |   |
| **MEDICATION NAME**  |  |  |  |  |
| Medication name | Unit cost  | # Units  |   | Total |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Medication Cost** |  |  |  |  |
| **OTHER COST**  |  |  |  |  |
| Supplies |   |   |   |   |
| Equipment |   |   |   |   |
| Other (describe) |   |   |   |   |
| Other (describe) |   |   |   |   |
| Other (describe) |   |   |   |   |
| **Total Other Cost** |   |   |   |   |
|  |   |   |   |   |
| **INDIRECT (may not exceed 10%)** | Rate |   |   | Project Cost\*\*\*\* |
|   |   |   |   |   |
| **TOTAL PROJECT COST^** |  |  |  |  |

\* % (FTE x annualized salary)/12 months x # months

Example .8 FTE at $60,000 per year for 7 months: (.8 x $60,000)/12 x 7 = $28,000

\*\* Project cost for salary x fringe rate

Example $28,000 project cost for example above with fringe rate 32% = $28,000 x .32 = $8,960

\*\*\* Contractor project cost = hours per month x # months X hourly rate

Example 80 hours per month x 7 months $ $125 per hour = $7,000

\*\*\*\* Indirect cost = Indirect rate X cost to which it is applied

^ TOTAL PROJECT COST = Total of Yellow boxes: Personnel, Contractors, Travel, Medications, Other, and Indirect

### Budget Narrative

* For each line in the budget, provide a narrative description of the expense, in reasonable detail.
	+ For staffing covered by these funds, describe the following for each position
		- Permanent, limited term, or contracted
		- Hiring and/or contracting timeframes
		- % FTE
	+ If contracted, describe anticipated process and prospective pool of contractors
		- Location
		- Supervision
* For travel expense, provide detail on mileage (reimbursed at state rate of $0.545 per mile), lodging, meals, cab fare, parking, plane fare, and all other expenses.
* For Indirect, detail the expenses on which indirect costs are applied.

## Appendix B. Attestation and Signature (due upon notice of grant award and amount)

Do you certify that the funding received by your organization from HMA would be allocated solely for the programmatic implementation of the Expanding Access to MAT in County Jails and Drug Courts?

[ ]  YES [ ]  NO

Do you certify that the funding received by your organization from HMA would be allocated solely to increase access to treatment for persons presenting to the jail or drug courts with Opioid or Stimulant Use Disorders?

[ ]  YES [ ]  NO

Do you certify that the individuals listed in this application budget (including employees, independent contractors, or third-party contractors) will receive the funding as outlined?

[ ]  YES [ ]  NO

Do you certify that to the best of your knowledge, the information included in this application form, budget form, and back-up documents are complete and accurate?

[ ]  YES [ ]  NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Name of Authorized Signatory Signature Date

1. An exemption to the sheriff/drug court letter of support requirement can be made if a county is having difficulty obtaining by emailing MATinCountyCJ@healthmanagement.com. [↑](#footnote-ref-2)
2. As of March 2023, counties may apply for both Child Welfare and Juvenile Justice participation and stipend. [↑](#footnote-ref-3)
3. An exemption to the letter of support requirement can be made if a county is having difficulty obtaining by emailing MATinCountyCJ@healthmanagement.com. [↑](#footnote-ref-4)