



Family-Centered Justice Solicitation

Application Due Date: July 9, 2021 at 5pm ET

The National Center for State Courts is pleased to offer this funding opportunity, in collaboration with the State Justice Institute.

The Opportunity

Family drug courts have expanded during the past two decades because they provide a strong system of accountability with proven results for children and families in the child welfare system affected by parental substance use disorders and for the agencies that serve them. The research base behind family drug courts strongly supports the institutionalization of the principles and methods of family drug courts more broadly across systems.

The **Family-Centered Justice** program is designed to infuse effective family drug court principles into the broader family and dependency court system. This program is a mechanism for cross-sector teams to utilize funding in order to advance collaborative work that will lead to improved outcomes for families impacted by parental substance use and child welfare involvement. The program will support jurisdictions to provide parents with substance use disorders with support, treatment, and access to services that will protect children, reunite families when safe to do so, and expedite permanency. The objectives are to increase the capacity of state courts to intervene with adults with substance use and/or co-occurring mental health disorders who are involved with the court as a result of child abuse and neglect issues. Applicants must demonstrate, at a minimum, buy-in from the courts, child welfare, and treatment.

Selected grantees are expected to have a collaborative infrastructure in place that is capable of building the locality's capacity to meet a broad range of needs for families

involved with substance use disorder treatment, child welfare systems, court, and other service organizations. Grantees are expected to implement targeted approaches designed to increase well-being, improve permanency outcomes, and enhance the safety of children and families experiencing substance use disorders.

Up to six sites will be selected for funding. Each site will receive **\$50,000** in funding for a twelve-month period that will begin in August 2021. Funding will be used to support a project manager who will lead the cross-sector team through a structured strategic planning process. In addition to the project manager, each team member must commit to actively engaging in the project's activities that will require six hours per month of project work. Selected sites will be assigned a dedicated technical assistance provider to offer coaching and assistance as site teams leverage the resources posted on an online resource center. Sites will also have the opportunity to participate in a peer network with other sites and will participate in one face-to-face convening. An implementation plan is required by each site at the conclusion of the three to six-month planning process.

For more information on this solicitation, please join us for a Q&A session hosted by the project team on **Wednesday, June 9, 2021, from 1:30 PM to 2:30 PM ET**. Follow [this link](#) for registration for this event.

The Issue

According to the U.S. Department of Health and Human Services, an estimated 20.4 million people aged 12 or older met the diagnostic criteria for a substance use disorder (SUD) in 2019.¹ Of those, 71.1% (or 14.5 million people) had a past-year alcohol use disorder, 40.7% (or

¹ Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Accessible at <https://www.samhsa.gov/data/>

8.3 million people) had a past-year illicit drug use disorder, and 11.8% (or 2.4 million people) had both an alcohol use disorder and an illicit drug use disorder in the past year.² In recent years, the opioid epidemic has dominated the national conversation around substance misuse, largely due to deaths attributed to opioids. Over 85,616 drug overdose deaths occurred in the United States in the 12 months ending in August 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).³ Synthetic opioids (primarily illicitly manufactured fentanyl) appear to be the primary driver of the increases in overdose deaths, increasing 38.4% from the 12-month period leading up to June 2019 compared with the 12-month period leading up to May 2020.⁴ Overdose deaths involving cocaine also increased by 26.5%.⁵

The consequences of the opioid epidemic are felt by families, as many of the nearly 12 million adults misusing opioids are parents. Based on data from the combined 2009 to 2014 National Survey on Drug Use and Health (NSDUH), during the last year, approximately one in eight children (8.7 million) aged 17 or younger lived

in a household with at least one parent who has a SUD and needs treatment.⁶ The number of mothers with opioid-related diagnoses documented at delivery increased by 131% from 2010 to 2017.⁷ The national rate of babies born with neonatal abstinence syndrome rose 82% during the same time period.⁸ Increases were seen for nearly all states and demographic groups, with rural, white, and Medicaid populations having the highest rates of maternal opioid-related diagnoses and neonatal abstinence syndrome.⁹ Parental substance use is a multifaceted risk factor for child health. For example, while not all children who live with a family member with a SUD will experience abuse or neglect, parental substance use disorders are a key factor underlying the abuse or neglect experienced by many of the children who enter foster care or are at risk of entering foster care.¹⁰ Each year, 7.5 million children are the focus of a child protective services (CPS) investigation for suspected maltreatment, resulting in some level of formal child welfare system involvement or contact.¹¹ The rate of child removals attributable primarily to parental substance use has nearly doubled from 18.5% in 2000 to 34% in 2019,¹² which has challenged local and state agencies to

² Ibid.

³ Ahmad, F., B., Rossen, L. M., & Sutton, P. (2021). *Provisional drug overdose death counts*. National Center for Health Statistics, Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

⁴ CDC Health Alert Network. (2020, December 17). *Increase in fatal drug overdoses across the United States driven by synthetic opioids before and during the COVID-19 pandemic*. Centers for Disease Control and Prevention, Center for Preparedness and Response. <https://emergency.cdc.gov/han/2020/han00438.asp>

⁵ Ibid.

⁶ Lipari, R.N., & van Horn, S.L. (2017). *Children living with parents who have a substance use disorder. The CBHSQ report*. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

⁷ Hirai A.H., Ko J.Y., Owens P.L., Stocks C., & Patrick S.W. (2021). Neonatal abstinence syndrome and maternal opioid-related diagnoses in the US, 2010-2017. *JAMA*, 325(2), 146-155. <https://doi.org/10.1001/jama.2020.24991>

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2021). *Child maltreatment 2019*. Accessible at <https://www.acf.hhs.gov/cb/report/child-maltreatment-2019>

¹² U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). Preliminary estimates for FY 2019 as of August 24, 2020 (AFCARS Report No. 27). Accessible at <https://www.acf.hhs.gov/media/9238>

simultaneously meet the substance use treatment needs of parents while protecting affected children and families.

The intergenerational risks associated with parental substance misuse are significant. For example, nearly 5,500 youth removed from their homes in FY 2019 were misusing substances themselves.¹³ Research also shows that childhood abuse/neglect is associated with a 59% increase in juvenile arrest and a 30% increase in violent criminal involvement in adulthood.¹⁴ Parental substance misuse, as well as neglect and abuse, are classified as Adverse Childhood Experiences, which are associated with an increased risk of lifelong mental, emotional, and physical health issues.¹⁵ Such family-level risks related to parental substance use disorders indicate the need for a holistic approach across the court system that includes services and treatment for both children and parents.

To improve the understanding of the relationship between child welfare caseload rates and indicators of substance use prevalence, the U.S. Department of Health Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) conducted in-depth interviews that captured the perspectives and experiences of child welfare and related professionals from across

the country. The researchers found that counties with higher rates of drug overdose, death, and drug hospitalization rates have higher child welfare caseload rates, and these substance use indicators correlate with rates of more complex and severe child welfare cases.¹⁶ For example, a 10.0% increase in drug overdose deaths was associated with a 2.4% increase in reports of maltreatment to CPS, a 2.4% increase in substantiated reports, and a 4.4% increase in foster care entries.¹⁷ Drug-related hospitalizations generated a similar pattern: A 10.0% increase was associated with a 1.7% increase in reports of maltreatment to CPS, a 1.9% increase in substantiated reports, and a 3.0% increase in foster care entries.¹⁸

Not all parents with a SUD come to the attention of the dependency and neglect courts. Parents with a SUD are found at every intercept of the adult criminal justice system. In 2007—the last year for which national data are available—it is estimated that more than 1.7 million children, representing 2.3% of the population under the age of 18, had a parent, most of whom were fathers, in prison.¹⁹ Millions more had parents in local jails or under pretrial or community supervision.²⁰ Most incarcerated parents are fathers, many of them young. Although there are more fathers than mothers incarcerated in the United States, the number of incarcerated mothers increased by

¹³ Ibid.

¹⁴ Widom, C., & Maxfield, M. (2001). *An update on the "cycle of violence"*. NCJ Publication No. 84894. U.S. Department of Justice, Office of Justice Programs. <https://www.ojp.gov/pdffiles1/nij/184894.pdf>

¹⁵ Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet. Public health*, 2(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)

¹⁶ Ghertner, R., Baldwin, M., Crouse, G., Radcliff, L., & Waters, A. (2018). *The relationship between substance use indicators and child welfare caseloads*. Report to the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Accessible at <https://aspe.hhs.gov/pdf-report/relationship-between-substance-use-indicators-and-child-welfare-caseloads>

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Herman-Stahl, M., Kan, M. L., & McKay, T., (2008). *Incarceration and the family: A review of research and promising approaches for serving fathers and families*. Report to the U.S. Department of Health and Human Services, Administration for Children and Families and the Office of Family Assistance. <https://aspe.hhs.gov/report/incarceration-and-family-review-research-and-promising-approaches-serving-fathers-and-families>

122% from 1991 to 2007.²¹ The majority of women in jails (79%) are mothers of young children for whom they are the primary caregiver.²²

Parents who use substances are more likely to have custody of their children revoked permanently.²³ The incorporation of peer support models into substance use treatment and family courts have been shown to support family retention and unification, improve child welfare outcomes,²⁴ and increase rates of substance use treatment initiation and retention.²⁵ Such programs that integrate peer support (in addition to interagency collaboration with child welfare and adult treatment services), such as the Sobriety Treatment and Recovery Team (START) program, have also been associated with decreased rates of children in state custody, as well as decreased rates of child abuse and neglect among the families of participants.²⁶

Preliminary findings also suggest that the use of a recovery specialist model may decrease the existence of racial disparities in reunification outcomes among child welfare-involved families in which the parent has a substance use disorder.²⁷

²¹ Ibid.

²² Swavola, E., Riley, K., & Subramanian, R. (2016). *Overlooked: Women and jails in the era of reform*. Vera Institute of Justice. <https://www.vera.org/publications/overlooked-women-and-jails-report>

²³ Murphy, J. M., Jellinek, M., Quinn, D., Smith, G., Poitras, F. G., & Goshko, M. (1991). Substance abuse and serious child mistreatment: Prevalence, risk, and outcome in a court sample. *Child Abuse and Neglect*, 15(3), 197–211. [https://doi.org/10.1016/0145-2134\(91\)90065-l](https://doi.org/10.1016/0145-2134(91)90065-l)

²⁴ Ryan et al. (2017); National Center on Substance Abuse and Child Welfare (NCSACW). (2018). *The use of peers and recovery specialists in child welfare settings*. https://ncsacw.samhsa.gov/files/peer19_brief.pdf

²⁵ Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child welfare*, 90(1), 25–41. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4158612/>

²⁶ Hall, M., Huebner, R., Sears, J., Posze, L., Willauer, T., & Oliver, J. (2015). Sobriety treatment and recovery teams in rural Appalachia: Implementation and outcomes. *Child Welfare*, 94(4), 119. <https://www.ncbi.nlm.nih.gov/pubmed/26827479>.

²⁷ Ryan et al. (2017).

Guiding Principles

1. Effectively addressing substance use among families involved in the child welfare and court systems would contribute to better results for children and their families.
2. Substance use disorders must be addressed in the context of other issues affecting children and parents, including parenting, domestic violence, health, mental health, criminal justice involvement, trauma, nutrition, housing, family services, education, and employment.
3. No one agency has the resources and expertise to respond adequately to the needs of parents with SUDs and who have abused or neglected their children, but collectively, it is likely that they do have these capacities.
4. Early and effective identification and intervention for SUDs among families involved in child welfare systems contribute to better outcomes related to safety, child and family well-being, and permanency.
5. Empowered families are capable of defining their needs, identifying their strengths, and actively participating in the development of case plans.
6. Parents must be held accountable for maintaining expectations of compliance with case plans and court orders while, at the same time, be treated with dignity, understanding, and fairness.
7. Although sobriety is an appropriate goal for parents, caregivers, or siblings who have SUDs, recovery is a lifelong process and may include an occasional relapse. Other measures of success must also be acknowledged and valued.
8. Parents and children best respond to services that are family-centered, and responsive to their strengths and needs, culture, ethnic, and gender identities.
9. Staff that serve families involved with child welfare and alcohol and drugs should feel secure that they have the knowledge, skills, tools, empathy, and resources to do their jobs well.
10. Human service and legal professionals have a responsibility to strengthen families' natural and informal networks within their own communities and to reduce reliance on professional systems.
11. Service providers, families, and other helping networks should respect each other to collaborate effectively. They can show respect by taking time to understand each other.
12. Services can benefit families only to the extent that there is a structure in place within which the coordination of those services can take place.

Adapted from: Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2006). Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR). DHHS Pub. No. 0000. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Project Overview

We seek applicants that demonstrate the following:

The willingness to form a cross-sector team that includes, at a minimum, courts, child welfare agencies, substance abuse treatment providers, mental health agencies, and other service organizations that agree to work collaboratively on the proposed initiative and have the capacity to support the level of partnership needed to effectively coordinate and sustain cross-disciplinary initiatives.

Grantees will be expected to collaborate with a wide range of family-serving agencies, including, but not limited to, child welfare agencies, substance abuse treatment providers, mental health agencies, courts, and other service organizations. Initiatives supported by this funding opportunity will require a considerable administrative component, and a project coordinator is necessary to provide project management and alignment. Applicants must identify a project coordinator who will guide the development of the project, formalize the processes to support cross-agency collaboration, and conduct outreach to stakeholders. The project coordinator must dedicate at least 50% of his or her time to this initiative.

Commitment to deploying evidence-based and evidence-informed strategies to address the needs of families impacted by substance abuse and/or co-occurring disorders.

Applicants are required to select one priority area. Applicants may select more than one priority area, but this is not necessary and will not be factored into site selection. Applicants may submit more than one application, but it is highly unlikely that more than one application per community will be selected.

Priority Area 1: Implement Universal Screening and Assessment for All Case Types and Expedited Referral to Treatment and Recovery Support Services

Applicants may propose to implement a process to screen family members for substance abuse, behavioral health, housing and food needs, and trauma exposure early in the court process *for all case types* in order to refer for appropriate services and support healthy family functioning. This is not intended to support universal drug and alcohol testing.

Holistic, family-based needs screening is already considered a best practice in family treatment courts, as it can promote better collaboration across treatment, courts, and agencies, improve relationships between court participants and caseworkers, and allow team members to better understand and meet participant needs.²⁸ Incorporating universal screening and assessment across *all* court settings will improve the quality of available data regarding treatment and recovery support needs and expedite referrals to treatment. The specific screening tool(s) used depends on the specific needs of the site as determined by the site team. Examples of screening tools that have been applied in child welfare and family development settings can be accessed in the provided resources.

Resource documents:

Screenings for family needs:

Iowa Department of Human Rights. (2017). *Selected assessment and screening tools for use in the Family Development and Self-Sufficiency Program.*

https://humanrights.iowa.gov/sites/default/files/media/FaDSS_Menu_Selected_Assessment_Screening_Tools_FINAL_FY19_0.pdf

Screenings for children's needs:

Casey Family Programs. (2019). *Safe Children:*

²⁸ Center for Children and Family Futures & National Association of Drug Court Professionals. (2019). *Family treatment court best practice standards*. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. https://www.nadcp.org/wp-content/uploads/2019/09/Family-Treatment-Court-Best-Practice-Standards_Final2.pdf

Information Packet.

https://casefamilypro-wpengine.netdna-ssl.com/media/SC_Child-Assessment-Tools.pdf

Priority Area 2: Implement Peer Recovery Services

Applicants may propose to integrate trained peer and recovery specialists into existing service delivery models. Peers may have prior child welfare involvement and may be in recovery themselves. Recovery specialists enhance support by providing subject matter expertise in SUDs and child welfare.

Two support models have been identified for integration into substance use treatment programs. The first is the peer support model, in which a parent is matched with an individual who is in recovery from a substance use disorder.²⁹ In cases where the parent also has a child in the welfare system, programs may prefer to match the individual with a peer who also has personal experience in the child welfare system.³⁰ The second model is the recovery specialist model. The recovery specialist is a trained and/or certified professional in substance use treatment and recovery.³¹ The recovery specialist may provide direct treatment services and/or take on a liaison or consultant role with treatment and service providers, courts, and/or child welfare agencies.³² Both peers and recovery specialists may fulfill a range of roles based on program specifications. Such roles may include home visitations, assistance in navigating child welfare systems, support in accessing services and treatment, and/or advocacy for the parent within court, child welfare, and substance use treatment systems.³³ Recipients have the option

of using either peer support or recovery specialist models. The model chosen by the recipient may be structured through either in-person support, virtual support (such as video-calling), or a combination of the two.

Resource document:

National Center on Substance Abuse and Child Welfare (NCSACW). (2018). *The use of peers and recovery specialists in child welfare settings*.

https://ncsacw.samhsa.gov/files/peer19_brief.pdf

Priority Area 3: Implement Trauma-informed Practices and/or Trauma-focused Services

Justice- and/or child welfare-involved individuals are more likely to have trauma histories, including adverse childhood experiences (ACES).³⁴ Trauma-informed practices can be integrated throughout the court and child welfare process.

Applicants may propose to incorporate evidence-based or evidence-informed interventions, which include training on the use of trauma-sensitive language, the adoption of trauma-informed court procedures, implementing responsive case management, and/or the implementation of trauma treatment programs such as Seeking Safety, Helping Women Recover, Helping Men Recover, Beyond Trauma, Addiction and Trauma Recovery Integration Model (ATRIUM), and Trauma Recovery and Empowerment (TREM).

Resource documents:

The Child Welfare Trauma Training Toolkit (CWTTT) offers resources on integrating trauma-informed practices across the

²⁹ NCSACW (2018).

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ Wolff, N., Huening, J., Shi, J., & Frueh, B. C. (2014). Trauma exposure and posttraumatic stress disorder among incarcerated men. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*, 91(4), 707–719. <https://doi.org/10.1007/s11524-014-9871-x>; Wolff, N., Shi, J., & Siegel, J. A. (2009). Patterns of victimization among male and female inmates: evidence of an enduring legacy. *Violence and Victims*, 24(4), 469–484. <https://doi.org/10.1891/0886-6708.24.4.469>

organizational workforce, with additional training and education for caseworkers and program supervisors. The full CWTTT program implementation includes approximately eight hours of full-workforce training on *Trauma 101* and *Trauma-Informed Child Welfare 101*, in addition to a four-month consultation series and eight-hour training for caseworkers and the program supervisor. Trauma-informed practice module topics include: trauma definition, trauma screening, building resilience, maximizing safety for families, effective partnership with families and other agencies, and understanding and responding to secondhand trauma and traumatic stress in the workplace.

Child Welfare Trauma Training Toolkit (CWTTT) can be accessed at:

<https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit>

[Please create a free account with <https://learn.nctsn.org/> to access full training series.]

Seeking Safety resources can be accessed at:

<https://www.treatment-innovations.org/seeking-safety.html>

Helping Women Recover/Beyond Trauma resources can be accessed at:

<https://www.cebc4cw.org/program/helping-women-recover-beyond-trauma/detailed>

Helping Men Recover resources can be accessed at:

<https://www.cebc4cw.org/program/helping-men-recover-a-program-for-treating-addiction-hmr/detailed>

Purchase of the Beyond Trauma facilitation guide and program materials is available here:

<https://centerforgenderandjustice.org/beyond-trauma-a-healing-journey-for-women1.php>

An overview of the Addiction and Trauma Recovery Integration Model (ATRIUM) and trainer contact information can be accessed at: <https://www.rsat-tta.com/Files/Manualized-Trauma-Specific-Treatment>

Purchase of the ATRIUM Model manual is available here:

<https://www.dustyjmillier.com/books/addictions-trauma-recovery/>

Trauma Recovery and Empowerment (TREM) resources can be accessed at:

<https://www.cebc4cw.org/program/trauma-recovery-and-empowerment-model/detailed>

SAMHSA GAINS Center trauma-training links for all court employees:

<https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals>

Overview of trauma-informed judicial practice:

SAMHSA. (2013). Essential Components of Trauma-Informed Judicial Practice.

https://www.nasmhpd.org/sites/default/files/DRAFT_Essential_Components_of_Trauma_Informed_Judicial_Practice.pdf

Priority Area 4: Implement Family-based Services in Community Supervision or Adult Criminal Justice Settings

Applicants may propose to implement evidence-based interventions in community supervision (e.g., probation) settings or adult criminal justice agencies to help families improve parenting skills and increase child skills. Applicants are encouraged to propose incorporating evidence-based or evidence-informed interventions, which include the Nurturing Parenting Program, Celebrating Families!, or Parent-Child Interaction Therapy.

Parents participating in family treatment courts—a model that integrates the family into treatment—typically enter treatment more quickly, complete treatment at higher rates, and are more likely to be reunified with their

children.³⁵ Adult criminal justice interventions, in contrast, typically focus on the individual and not the families of the defendant, even when the defendant has children. Considering the effects that SUDs have on the entire family (for example, children can experience behavioral issues, school difficulties, and developmental delays), this is a missed opportunity.³⁶ A family-responsive framework has multiple benefits, with one study finding that when adult drug courts provide parenting classes, they see a 65% greater reduction in criminal recidivism and 52% greater cost savings than adult drug courts that do not provide parenting classes.³⁷

Resource documents:

Children and Family Futures and National Drug Court Institute (2017). *Transition to a Family Centered Approach: Best Practices and Lessons Learned from Three Adult Drug Courts*
<https://www.cffutures.org/publication/transitioning-to-a-family-centered-approach/>

For more information on the Nurturing Parenting Program:
<https://www.nurturingparenting.com/research/>

Facilitator Training and Implementation Guide:
<https://www.nurturingparenting.com/images/cmsfiles/sjbworkbook18thedition10-3-16.pdf>

For more information on the Celebrating Families! Model:
<https://celebratingfamilies.net/CFmodel.htm>
Training, Curriculum, and Implementation materials:
https://celebratingfamilies.net/products_service.htm

For more information on Parent-Child

Interaction Therapy:

http://www.pcit.org/uploads/6/3/6/1/63612365/pcit_overview_child_welfare.pdf

Training and Implementation materials:

<http://www.pcit.org/trainingcertification.html>

Priority Area 5: Strengthen Cross-sector Capacity by Supporting Cross-Training, Staff Development, Data Collection, and/or Tools to Support Community Outreach

Cross-training is an important element for the effective bridging of systems that are collaborating to better serve families and children. Cross-training establishes a shared understanding of the effects of substance use on child abuse and neglect and the most up-to-date research and science on the relevant topics affecting the systems. Applicants may propose a variety of initiatives that strengthen the cross-sector capacity. Projects in priority 5 MUST include a minimum of three agencies and should be clearly tied to the benefit of multiple-systems versus a single agency or stakeholder. Examples of allowable activities include training programs for multiple agencies, anti-stigma campaigns that address agency staff, families involved in child welfare, and the community, etc.

Applicants are strongly encouraged to use existing training resources where possible. Applicants proposing to fund the development of training materials that already exist will not be competitive. Applicants proposing to collect data are encouraged to use free tools such as [REDCap](#) versus proprietary, vendor-based systems.

Priority Area 6: Field-initiated Family-Centered Justice Initiatives

We invite communities to propose innovative

³⁵ Center for Children and Family Futures and National Association of Drug Court Professionals. (2019). *Family Treatment Court Best Practice Standards*. Prepared for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Office of Justice Programs (OJP), U.S. Department of Justice (DOJ). https://www.cffutures.org/files/OJJDP/FDCTTA/FTC_Standards.pdf

³⁶ Murphey, D., & Cooper, P. M. (2015). *Parents behind bars: what happens to their children?* Child Trends. <https://www.childtrends.org/wp-content/uploads/2015/10/2015-42ParentsBehindBars.pdf>; The Pew Charitable Trusts. (2010). *Collateral costs: Incarceration's effect on economic mobility*. Accessible at <https://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/collateral-costs>

³⁷ Marlowe, D.B., & Carey, S.C. (2012). *Research update on family drug courts*. National Association of Drug Court Professionals. <https://www.nadcp.org/wp-content/uploads/Research%20Update%20on%20Family%20Drug%20Courts%20-%20NADCP.pdf>

initiatives that align with the overall intent of the project. To be eligible for consideration, proposed projects must:

- Increase the capacity of the state courts to intervene with adults with substance use and/or co-occurring mental health disorders.
- Involve a collaboration between courts, child welfare agencies, substance abuse treatment providers, mental health agencies, or other service organizations.
- Include a project coordinator.

Applicants considering pursuing Priority Area 6 are invited to provide a brief description of the proposed idea in an email prior to application deadline to ensure that the concept aligns with the intent of the solicitation. This email may be sent to Miguel Trujillo at mtrujillo@ncsc.org.

Allowable Activities

Each project will include a planning and implementation phase. A description of expected deliverables during each phase follows.

Planning Phase

During the planning period, grantees will build on their proposed project plan described in their applications to further refine and finalize their implementation plans. During the planning period, applicants will:

- **Finalize all outstanding partnership agreements** necessary to support the successful implementation of the project.
- **Convene key staff and agency leaders** from **courts, child welfare agencies, substance abuse treatment providers, mental health agencies, and other service organizations**. The organizational structure may vary somewhat from site to site, although the following structure is recommended:
 - An executive leadership group that will provide strategic oversight and execute decision-making authority for this initiative. This group will typically meet

monthly.

- A larger stakeholder group that will meet quarterly to ensure that community perspectives are considered in the project.
- **Complete a comprehensive virtual structured strategic planning process.** Each cross-sector team member must commit to actively engaging in the project's activities that will require six hours per month of project work. Selected sites will be assigned a dedicated technical assistance provider to offer coaching and assistance as site teams leverage the resources posted on an online resource center. A significant component of the strategic planning process will be spent creating:
 - a shared mission and vision,
 - effective communication protocols for sharing information,
 - agreed-upon outcomes

Applicants will be expected to demonstrate a strong commitment to ensuring equity and access to all, including individuals who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. During the planning process, selected sites will undertake a systematic assessment of existing policies and programs that may perpetuate barriers to opportunities and develop a plan to reduce and/or eliminate barriers to access.

- **Participate in a monthly learning collaborative.** All funded grantees are expected to participate in a learning collaborative that will meet monthly via Zoom through the life of the grant. The learning collaborative will be facilitated by National Center for State Courts' (NCSC) staff and consultants. The learning collaborative will provide grantees with the opportunity to:
 - Identify challenges and solutions related to the project.

- Share promising practices.
- Develop and test new ideas.
- Build a broad network of colleagues working in similar settings.
- **Participate in a peer-to-peer convening** of all the sites selected. This convening is tentatively scheduled for October 2021 in a site to be determined.
- **Finalize the selected program(s), models, interventions and/or services** to be implemented.

Implementation Phase

During the implementation period, grantees will move forward and deploy their proposed initiative. It is anticipated that implementation may begin as early as month 3 and no later than month 6 of the project.

Eligibility and Selection

This funding opportunity will be open to applicants from county or municipal governments. Courts may apply directly as the applicant or may partner with another agency. Successful applicants will propose a local cross-sector team committed to working on one or more of the aforementioned priorities.

Applications may be submitted from any agency or coordinating body within a community; however, it is essential that court leadership and commitment are clearly articulated in the application. The composition of each local team will vary based on the local team's priorities, and successful applications will have diverse sectors represented on the planning team. The exact composition of the cross-sector team will vary by applicant but will generally include three or more partners, including:

- Judges and court personnel
- Non-profit or for-profit child welfare service providers
- Community mental health providers
- Community substance abuse treatment providers
- Community health providers
- CASA

- Local law enforcement agencies
- Attorneys (state's attorneys, parent attorneys, child attorneys)
- Juvenile justice personnel
- School personnel
- Recovery community organizations and recovery specialists
- Faith-based leaders
- An Indian tribe or tribal consortium (federally recognized)
- Tribal child welfare agencies or a consortium of such agencies

Applicants are encouraged to use existing interagency workgroups where possible. Any member of the collaborative is eligible to be the applicant provided that: (1) the partner is one of the eligible entities described above and (2) the member agency or organization has the capacity to sufficiently monitor program activities or services, funding, and reporting requirements.

Selection Process

NCSC is committed to ensuring a fair and open process for making awards. Submitting a project proposal will not guarantee project funding. NCSC and SJI will evaluate all proposals submitted by the application due date to make award selections. Applications will be reviewed and scored by NCSC staff members and peer reviewers, with final review and approval by the SJI. All selection decisions are final.

Up to six sites will be selected to participate in the demonstration project. Each site will receive \$50,000 in funding for a twelve-month period that will begin in August 2021. Funding will be used to support a project manager who will lead the cross-sector team through a structured strategic planning process. In addition to the project manager, each team member must commit to actively engaging in the project's activities that will require six hours per month of project work. Selected sites will be assigned a dedicated technical assistance provider to offer coaching and assistance as site teams leverage the resources posted on an online resource

center. Sites will also have the opportunity to participate in a peer network with their fellow grantees.

Application and Participation Requirements

Each site submitting an application is required to identify leaders in their partner agencies and in the community that can support the implementation of the project. Similarly, these leaders must be dedicated to allocating ample staff time to participate in the program implementation and training. This will include the identification of a dedicated project coordinator who will identify and bring together all necessary collaborating partners and stakeholders.

Each application must include letters of support and commitment from each partner agency.

To be considered, all applications must be received by **July 9, 2021**. It is anticipated that selected agencies will be notified approximately on or before **August 20, 2021**.

Budget

Applicants must complete a 12-month budget using the budget form provided and provide a budget narrative. The budget narrative should provide the basis for all project-related costs and the sources of any match, as required. The budget narrative should thoroughly and clearly describe every category of expense listed. Budgets need to be complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). Your budget should be written to begin September 1, 2021 and conclude August 31, 2022.

Prohibited Use of Funds

To ensure that funds made available under this chapter are used to supplement and improve the operation of State courts, rather than to support basic court services, funds shall not be used

— (1) to supplant State or local funds currently supporting a program or activity; or

(2) to construct court facilities or structures, except to remodel existing facilities to demonstrate new architectural or technological techniques, or to provide temporary facilities for new personnel or for personnel involved in a demonstration or experimental program.

Examples of basic court services include:

- Hiring of full-time personnel. Paying for temporary staff, contract staff, or consultants is allowable. Any proposed project staff should be included as temporary staff/consultant staff/contract staff and documented in the consultant line of the proposed budget (versus personnel).
- Purchase and/or maintenance of court equipment for basic operations.
- Purchase of court software and/or licenses.
- Supplies to support the day-to-day operations of courts.

Expenses for your team to travel to for a site visit will be provided through other sources and should NOT be included in your proposed budget.

Project Timeline

The week of May 17, 2021 – Release funding opportunity announcement

June 9, 2021 – Informational webinar

July 9, 2021 – Applications due at 5pm ET

August 20, 2021 – Grantees announced

September 2021 – Project planning period

October 2021 – In-Person (planned) training event

August 2022 – Funding concludes

Letters of Support and/or Memoranda of Understanding/Agreement (Required)

Applicants should attach letters of support and/or an interagency agreement between the partner agencies and offices to show commitment to participate in the project. The letters or interagency agreement should clearly articulate the level of involvement each agency will have in the proposed project. All applicants must include a letter of support from court leadership, in addition to other agencies identified by the applicant.

Provide a scanned copy of a letter of commitment that is dated and signed. Each letter of commitment must identify:

- the organization's roles and responsibilities in the project
- the activities in which they will be included
- how the organization's expertise is pertinent to the project, and
- commitment to the project. This includes:
 - Participating in a monthly learning collaborative, facilitated by NCSC staff and consultants, that will meet via Zoom

through the life of the grant.

- Participating in a peer-to-peer convening of all the sites selected. (This convening is tentatively scheduled for October 2021 in a site to be determined).

Questions

For additional questions about this solicitation, please contact Miguel Trujillo at mtrujillo@ncsc.org.

County ZIP Code(s)

County ZIP Code(s)

Primary Contact for Matters Related to This Application

First name Last name

Job title

Phone number Email address

Street address

City State ZIP code

Please select the priority area addressed in your project. *Only one priority area should be selected per application.*

Priority Area 1: Implement Universal Screening and Assessment for All Case Types and Expedited Referral to Treatment and Recovery Support Services

Priority Area 2: Implement Peer Recovery Services

Priority Area 3: Implement Trauma-informed Practices and/or Trauma-focused Services

Priority Area 4: Implement Family-based Services in Community Supervision or Adult Criminal Justice Settings

Priority Area 5: Strengthen Cross-sector Capacity by Supporting Cross-Training, Staff Development, Data Collection, and/or Tools to Support Community Outreach

Priority Area 6: Field-initiated Family-Centered Justice Initiatives

Statement of the Problem (20 percent of score)

Question 1. Provide a description of the community or region to be served by this proposal as well as the demographics, population size, number of families currently involved in the court or child welfare system, and current drug environment of the community or region. Provide information that documents the impact of adult/parental substance use and/or mental illness within the proposed court and/or child welfare system, and any changes noted over the past one to two years.

Answer to Question 1:

Question 2. Provide information on the availability of existing family-centered substance use disorder (SUD) and opioid use disorder (OUD)-related programs and services within the locality's court and/or child welfare system. Please also include existing/known SUD/OUD-related, family-based initiatives within the locality's court and/or child welfare system (e.g., federally, regionally, state, or locally funded programs). Please indicate whether the locality currently utilizes a Family Drug Court or similar capability and describe any existing linkages/interagency partnerships within the locality between child welfare, courts, and substance abuse and/or behavioral health agencies. Describe the gaps and needs in family-support initiatives and programming within the court and/or child welfare system in the locality, as it relates to substance use disorders and/or mental illness treatment and recovery support services.

Answer to Question 2:

Question 3. What challenges are motivating your community's/region's interest in participating in this project? What makes now an opportune time to engage in this work as a system? Explain the inability to fund the proposed program without federal assistance.

Answer to Question 3:

Question 4. Identify existing strategic plans or proposed or existing initiatives in your community that are relevant to the objectives of your project. Describe how your proposed initiative aligns with the existing plans or initiatives. Describe any existing grant funding that is supporting your proposed initiative.

Answer to Question 4:

Leadership and Commitment (40 percent of score)

Question 5. Who will be the lead agency (or agencies) for this initiative and why is this agency best suited to lead this effort? Has this agency played a cross-agency leadership role in the past? If yes, please describe these leadership efforts and any obstacles the agency encountered. If no, please explain why this agency is in the best position to lead your initiative.

Answer to Question 5:

Question 6. Does your community have an existing, cross-sector opioid/substance use task force, and/or a criminal justice planning group (e.g., criminal justice coordinating council), and/or task force focused on court-involved families? If so, how will this proposed project be integrated with their work? If your community does not have an existing opioid/substance use task force, interdisciplinary planning group, or court-involved families task force, what strategies will the lead agency use to ensure the meaningful participation of the stakeholders?

Answer to Question 6:

List existing and/or proposed workgroup members below. Agency type may include courts, child welfare service providers, community substance abuse treatment providers, community mental health providers, law enforcement agencies, etc.). [Note that demonstrated commitment from court leadership is required.]

If you need additional room, you may provide a chart as a standalone attachment.

Organization Name	Point of Contact				Organization Type
	Name	Title	Email	Phone	

Question 7. Describe the background and current duties of the proposed project coordinator and if the project coordinator is an existing employee of the applicant community. If the project coordinator will be hired post-award, please provide a job description for the project coordinator position and a proposed timeline for hiring. If the project coordinator is to be hired post-award, please provide a plan for ensuring that the planning phase can be completed within six months.

NOTE: Communities that propose a project coordinator who is already employed by the lead agency and experienced in leading cross-sector workgroups will be given priority consideration for funding. [Please indicate that the project coordinator will have the capacity to dedicate at least 50 percent of his or her time to this initiative.]

Answer to Question 7:

Question 8. Indicate your willingness to collaborate with NCSC, SJI, and any training and technical assistance providers, and other federal agencies so that SJI can deepen its understanding of effective collaboration strategies at the local level. In your answer, indicate your commitment to:

- Participate in a monthly learning collaborative, facilitated by NCSC staff and consultants, that will meet via Zoom through the life of the grant.
- Participate in a peer-to-peer convening of all the sites selected. (This convening is tentatively scheduled for October 2021 in Tennessee.)
- Ensure the project coordinator provides monthly progress and outcome data to NCSC, submit quarterly progress reports to SJI, and fulfill duties outlined in the solicitation document.

Answer to Question 8:

Project Plan (40 percent of score)

Question 9. What specific activities are you proposing to undertake during the grant period? We understand each project will have a planning period to fully develop a workplan. However, please be as specific as possible about the proposed activities.

Answer to Question 9:

Question 10. Describe the manner and degree to which you will incorporate families and individuals with lived experience into your work. If you do not currently have this capacity, what barriers have you experienced in, and how will you address these barriers in this project. In particular, the applicant should provide the methods that will be used (e.g., focus groups, questionnaires/surveys, etc.), as well as the anticipated frequency of the engagement. How will you integrate the voices of underserved and marginalized families and communities into the planning and execution of core activities?

Answer to Question 10:

Question 11. Describe your proposed plan for convening an executive leadership group that will meet monthly and the larger stakeholder group that will meet quarterly.

Answer to Question 11:

Question 12. Describe any aspect of your project that is innovative or unique in facilitating family-centered justice. Describe any potential barriers, including challenges associated with the pandemic, to implementing the project and the strategies that will be used to overcome those barriers.

Answer to Question 12:

Family-Centered Justice Solicitation

PROJECT BUDGET

(TABULAR FORMAT)

Applicant: _____

Project Title: _____

For Project Activity from _____ **to** _____

Total Amount Requested for Project \$ _____

ITEM	SJI FUNDS	STATE FUNDS	FEDERAL FUNDS	APPLICANT FUNDS	OTHER FUNDS	IN-KIND SUPPORT	TOTAL
Personnel							
Fringe Benefits							
Consultant / Contractual							
Travel							
Equipment							
Supplies							
Telephone							
Postage							
Printing / Photocopying							
Audit							
Other (specify)							
Subtotal, Direct Costs							
Indirect Costs							
Grand Total							

Remarks:

(Instructions on next page)

Application Budget Instructions

In addition to the budget form, applicants must provide a detailed budget narrative that explains the basis for the estimates in each budget category. If the applicant is requesting indirect costs and has an indirect cost rate that has been approved by a Federal agency, the basis for that rate, together with a copy of the letter or other official document stating that it has been approved, should be attached.