**Northwest HIDTA 2023 Treatment Funding Proposal Template**

**Instructions**

Thank you for applying for a Northwest High Intensity Drug Trafficking Area (HIDTA) 2023 substance use treatment grant. Created by Congress in 1988, the HIDTA program is a grant program out of the Office of National Drug Control Policy (ONDCP), designed to coordinate and assist federal, state, local, and tribal law enforcement as well as prevention and treatment organizations. As such, HIDTA funding must support ONDCP drug policy [priorities](https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf). The mission of the HIDTA program is to disrupt the market for illegal drugs. Further information regarding HIDTA can be found [here](https://www.hidtaprogram.org).

Northwest HIDTA treatment funding is designed to address gaps in substance use treatment delivery in the state of Washington that cannot be funded through other existing resources. It is not designed to serve as an organization’s sole source of funding; rather, it exists to elevate existing efforts. As this is a competitive application process, no organization is guaranteed 2023 Northwest HIDTA funding.

The purpose of this document is to provide instructions regarding proposal development and submission. Applicants are encouraged to use this document as a template, removing italicized guidance and inserting information specific to the applicant organization. All further questions may be directed to the Northwest HIDTA [prevention and treatment manager](#_Eliza_Powell).

All treatment grant proposals must include the following sections:

1. [Executive Summary](#_Executive_Summary_(1)
2. [Goals and Objectives](#_Goals_and_Objectives)
3. [Description of Services](#_Description_of_Services)
4. [Evaluation Plan](#_Evaluation_Plan)
5. [Itemized Budget Proposal](#_Itemized_Budget_Proposal)
6. [Appendix](#_Appendix:_Required_Evaluation)

The required contents of these sections will be addressed in this document.

**Proposal Limit**

Treatment funding applicants may request up to $60,000.00 in their 2023 proposals. Applicants are strongly encouraged to only apply for the amount of funding needed to achieve the proposed project goals.

**Funding Period**

The Northwest HIDTA 2023 funding period begins on July 1, 2023 and ends on June 30, 2024. Grantees are expected to spend all funding within this timeframe. Any funds left unspent after this deadline will be repossessed by Northwest HIDTA. Grantees must submit all billings no later than 45 days after the conclusion of the funding period (August 15, 2024).

**Format**

All submissions must be made by Word document using 12-point Times New Roman font. Please refrain from using abbreviations or acronyms without first providing the full name or term.

**Allowable Costs**

The following guidelines are presented in the HIDTA Program Policy and Budget Guidance handbook:

ONDCP will not reimburse funds expended for the following items or purposes:

* Clothing or clothing allowances;
* Food and beverage items;
* Personal hygiene or medication items, except for: (1) items such as toilet paper, hand soap, and other items that are standard supplies for an office; and (2) special hygiene products for the mitigation of risks from contact with communicable pathogens or hazardous substances that arise from tasks performed by HIDTA participants (e.g., disinfectant wipes and liquids used after handling persons, evidence, seized materials, or executing a search warrant), first aid kits, cleaning products for office, facial tissue, tactical gloves;
* Promotional or representational items (e.g., hats, pins, T-shirts, or other memorabilia);
* Real property;
* Professional association or bar dues; and
* Funeral expenses.

Additionally, Northwest HIDTA funding may not be used towards the following expenses:

* Furniture,
* Gifts,
* Liability insurance, and
* County auditor fees for payroll and accounts payable processing.

Northwest HIDTA funds must be used to supplement existing activities and must not replace (supplant) funds that have been appropriated for the same purpose. All services eligible for Medicare or Medicaid funding cannot be funded through HIDTA grants.

Dissemination of Northwest HIDTA funds is contingent upon following the approved billing process. Grantees shall submit monthly electronic billing invoices, including supporting documentation, to Julie Christine at [JChristine@nw.hidta.org](mailto:JChristine@nw.hidta.org).Grantees must also provide any additional documentation requested by the NW HIDTA within two weeks of the request or payment will be withheld until the documentation is received.

# **Medication for Opioid Use Disorder**

Usage of Northwest HIDTA funding to purchase medication for opioid use disorder (MOUD) is an allowed expense. However, due to high associated costs in relation to proposal budget limits, organizations are strongly encouraged to seek separate funding opportunities to directly finance MOUD (e.g., buprenorphine costs). It is appropriate, however, to apply for indirect MOUD funding (e.g., costs associated with MOUD program implementation).

**All applicants must submit proposals electronically by no later than 11:59 p.m. on March 15, 2023, to:**

# Eliza Powell

# Northwest HIDTA Prevention & Treatment Manager

# epowell@nw.hidta.org

(206) 697-2485

**2023 Northwest HIDTA Treatment Grant Proposal**

# **Executive Summary (1 page)**

**Organization Name:**

**Point of Contact**

**Name:**

**Phone:**

**Email:**

**Address:**

**Requested Budget Amount:**

**Organization Background**

*This section should contain the following elements:*

1. *A brief description of the organization location and history as well as the target population served (2-4 sentences).*
2. *If the organization has previously received Northwest HIDTA funding: A short summary of the organization’s relationship with Northwest HIDTA**, including the year in which funding began, the amounts received, and notable successes achieved as a result (3-5 sentences).*

**Proposal Overview**

*Provide a brief overview of the treatment activities and services proposed in this document and the anticipated outcomes of these activities and services (3-6 sentences).*

# **Goals and Objectives**

*Please use this page to present the goals and objectives your organization intends to achieve using Northwest HIDTA funding. All goals and objectives must relate to the HIDTA mission of treating substance use disorder or preventing overdose.*

*Goals: Provide a broad statement that conveys, in general terms, the program’s intended short and long-term results for the anticipated funding period.*

*Objectives: Objectives are specific,* ***measurable*** *statements of the project’s desired results. They should include the target level of achievement, thereby further defining goals and providing the means to measure project performance.*

*Please ensure that all objectives that fit within the upcoming grant time period correspond to an evaluation measure in* [*section V*](#_Evaluation_Plan)*.*

1. **Logic Model**

*Drug court applicants may also find the Bureau of Justice Assistance* [*drug court logic model*](https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/drug-court-logic-model.pdf) *to be useful in creating their own program model.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***[Insert Name of Organization]*** | | | | | | |
| **Inputs** | | **Outputs** | | **Outcomes** | | **Impacts** |
| **Northwest HIDTA-Specific Inputs** | **Supplementary Inputs** | **What We Do (Activities, Products, and Services)** | **Who We Reach** | **Short-Term** | **Medium-Term** |
| *Enter inputs that would be funded by Northwest HIDTA. These items should correspond with those in your itemized budget proposal (*[*section VI*](#_Itemized_Budget_Proposal)*).*  *Examples:*   * *Staff* * *Materials* * *Sanctions/incentives* | *Enter inputs funded by sources outside of Northwest HIDTA that would be used in conjunction with HIDTA funding and are necessary to understand activities, outputs, outcomes, and impacts in this logic model.*  *Examples:*   * *Partners* * *Off-setting funding sources* * *Inputs funded by off-setting funding* | *Enter the key strategies* ***that Northwest HIDTA funding would support.*** *These should correspond with your strategies described in* [*section IV*](#_Strategy_Descriptions)*.*  *Examples:*   * *Program intake screen* * *Treatment admission* * *Urinalysis* * *Medication for Opioid Use Disorder (MOUD)* | *Enter the population your program currently serves or intends to impact:*  *Examples:*   * *Median age* * *Race/ethnicity percentages* * *Drugs of choice* * *Sex* | *Enter changes you expect to see directly after the implemented services reach the population of interest.*  *Examples:*   * *Development of knowledge or skills* * *Drug-free babies born to program participants* * *Changes in criminal thinking* * *GEDs obtained* | *Enter the expected intermediate effects of your planned services and outputs.*  *Examples:*   * *Program graduation rates* * *Implementation of knowledge or skills in participants’ lives* * *Housing and employment rates one year post-program* * *Recidivism one year post-program* | *Enter the long-term vision of your program, as reflected by the expected impacts of your HIDTA-supported inputs, outputs, and outcomes. Focus on those that you can monitor and that are directly relevant to your set of program objectives.*  *Examples:*   * *Long-term recidivism* * *Long-term employment* * *Long-term housing status* |

# **Strategy Descriptions**

*Please describe the specific strategies and services that would receive Northwest HIDTA funding, organized by each goal stated in* [*section II*](#_Logic_Model)*.* *The format below can be recreated for all relevant activities or services.*

1. **Strategy 1:**
2. **Associated objective:**
3. **Description:** *Please provide a brief explanation of the service provided, including the frequency with which it is provided (2-5 sentences).*
4. **Correlated cost:** *Please reference the budget item(s) that would support this activity or service.*
5. **Evidence Base:** *Please provide a brief justification of the evidence base that supports* ***each individual service******or strategy*** *as specifically implemented by the applicant organization (3-10 sentences). Applicants are expected to cite well-established toolkits, registries, peer-reviewed research, or established substance use prevention authorities (e.g., SAMHSA, CDC, Washington State Department of Health, NADCP) to justify an evidence base.*

*You may find the following resources useful in doing so:*

* [*Evidence-Based Practices Resource Center*](https://www.samhsa.gov/resource-search/ebp) *(Substance Abuse and Mental Health Services Administration)*
* [*Adult Drug Court Best Practice Standards*](https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/) *(National Association of Drug Court Professionals)*
* [*National Drug Court Resource Center*](https://ndcrc.org/)

*If the service in question has already been implemented within your organization, please demonstrate effectiveness by providing a clear description of previous impacts.*

# **Evaluation Plan**

*Please use this section to acknowledge acceptance of required evaluation measures, to propose organization-specific evaluation measures (as determined by the goals and objectives stated in* [*section II*](#_Logic_Model)*), and to detail evaluation methodology.*

*Applicants may find the following resources beneficial in developing or enhancing an evaluation plan:*

* [*Best Practices in Treatment Court Evaluation*](https://ndcrc.org/wp-content/uploads/2021/11/Best_Practices_in_Treatment_Court_Evaluation.pdf) *(National Drug Court Resource Center)*
* [*American Evaluation Association*](https://www.eval.org/)
* [*CDC Evaluation Resources*](https://www.cdc.gov/evaluation/resources/index.htm)
* [*Evaluation Toolkit*](http://toolkit.pellinstitute.org/evaluation-101/) *(Pell Institute)*
* [*The Program Manager’s Guide to Evaluation*](https://www.acf.hhs.gov/opre/report/program-managers-guide-evaluation-second-edition) *(US Department of Health & Human Services)*
* [*Evaluation Checklists*](https://wmich.edu/evaluation/checklists) *(Western Michigan University)*

1. **Required Performance Measures**

*[Insert organization name]* agrees to provide evaluation measures to Northwest HIDTA on a quarterly basis. Performance measures will be collected through an online survey administered by the Northwest HIDTA prevention and treatment manager. They must be submitted no later than two weeks (14 calendar days) after the end of each quarter.

Drug court programs supported by Northwest HIDTA will required to provide the following measures on a quarterly basis:

1. Screening and admissions
2. Active participants
3. Eligible participants who were offered MOUD services
4. Participants who engaged in MOUD services
5. Participants who were offered employment assistance or training
6. Participants who engaged in employment assistance or training
7. Participants who successfully completed treatment
8. Drug court graduation
9. Graduates with housing upon graduation
10. Graduates with employment or educational enrollment upon graduation

In order to best evaluate program effectiveness, we encourage grantees to also collect and provide recidivism (re-conviction) rates on an annual basis.

Further guidance regarding the above performance measures can be found in the [Appendix](#_Appendix:_Required_Evaluation).

Other treatment or treatment-adjacent organizations will be asked to provide the following measures, as applicable:

1. Number of individuals referred to treatment
   1. Number of referred individuals who began treatment
2. Number of individuals referred to housing assistance
   1. Number of referred individuals who successfully obtained housing
3. Number of individuals served by harm reduction programs

In the case of HIDTA-funded training attendance, grantees will be required to complete a [post-training feedback form](#_Appendix_B:_Training) (to be completed no later than 30 days after returning from travel) and an implementation follow-up form (to be completed no later than six months after returning from travel).

1. **Organization-Specific Measures**

In addition to the above evaluation measures, *[insert organization name]* will provide the following measurements on a quarterly (unless otherwise noted) basis:

*Please provide a bulleted list of organization-specific evaluation measures related to your specified goals and objectives.* *All measures should correspond with a goal or objective included in* [*section II*](#_Logic_Model)*. Please note that Northwest HIDTA will not fund any items not associated with one or more evaluation measures.*

*These measures will be finalized upon discussion between the applicant and the Northwest HIDTA prevention and treatment manager.*

***Northwest HIDTA strongly encourages applicants to prioritize outcome and impact evaluation over process evaluation wherever possible.***

*In addition to the measures provided in the model proposal document, the following examples may prove useful in developing organization-specific evaluation plans:*

* *Number of participants who completed at least 1 primary care visit*
* *Number of participants who completed at least 1 dental visit*
* *Number of participants who overdosed while enrolled*
* *Reasons for discharge*
* *Number of participants who obtained a GED or high school diploma*
* *Most common primary and secondary substances*
* *Number of sanctions and incentives administered*

1. **Methodology and Implementation**

*Please provide an overview of the following evaluation components:*

**Data Collection and Analysis**

*Please provide a description of how you would collect and analyze data for key measures of program success.*

**Implementation of Results**

*Please provide a description of how analyzed data would inform program performance.*

**Site Visit**

*Please provide 1-3 optimal months in which the prevention and treatment manager can conduct a site visit to assess the needs and successes of your organization.*

# **Itemized Budget Proposal**

*Please provide a detailed budget for your proposed projects. Budgets must be clear, specific, and tie directly to program goals and objectives (as described under “Comments”).*

*All fields must be rounded to the nearest whole dollar. Please add or delete rows as needed within each given category. Do not use acronyms (even if previously defined) in this section.*

*In the field entitled “prioritization,” you may indicate whether each item is of highest priority (1), medium priority (2), or lowest priority (3).*

***[Insert Organization Name]* 2023 Budget Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Category** | **Quantity** | **Dollar Amount** | **Comments** | **Prioritization (Optional)** |
| *Salaries* | *E.g., 1 FTE* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Personnel** | -- |  |  |  |
|  |  |  |  |  |
| **Fringe Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *Benefits* | *E.g., 1 FTE* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Fringe** | -- |  |  |  |
|  |  |  |  |  |
| **Travel Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., administrative travel, training* |  |  | *Please include anticipated dates for trainings.* |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Travel** | -- |  |  |  |
|  |  |  |  |  |
| **Facilities Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., rent* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Facilities** | -- |  |  |  |
|  |  |  |  |  |
| **Services Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., consultation, contractor services* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Services** | -- |  |  |  |
|  |  |  |  |  |
| **Equipment Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., computers, printers* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Equipment** | **--** |  |  |  |
|  |  |  |  |  |
| **Supplies Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., office supplies* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Supplies** | **--** |  |  |  |
|  |  |  |  |  |
| **Other Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., fiduciary fees* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Other** | **--** |  |  |  |

**TOTAL BUDGET REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Appendix A: Required Evaluation Measures**

This appendix provides further guidance regarding evaluation measures required by Northwest HIDTA. Any questions may be directed to the Northwest HIDTA [prevention and treatment manager.](#_Eliza_Powell)

|  |  |
| --- | --- |
| **Measure** | **Additional Guidance** |
| Screening and admissions | *Grantees will be asked to provide the following quarterly:*   1. *Number of individuals screened for admission* 2. *Number of new participants* |
| Active participants | *This measure will reflect the number of participants that were active in the drug court program at any point during the given quarter.* |
| Eligible participants who were offered MOUD services | *Grantees will be asked to provide the following quarterly:*   1. *Number of participants determined eligible for MOUD* 2. *Number of participants offered MOUD services* |
| Participants who engaged in MOUD services | *Grantees will be asked to provide the following quarterly:*   1. *Number of participants who used MOUD* 2. *Whether these MOUD services had any link to Northwest HIDTA funding (for example, services were facilitated/overseen by a HIDTA-funded drug court manager)* |
| Participants who were offered employment assistance or training | *Grantees will be asked to provide quarterly the number of participants who were offered employment assistance or training.* |
| Participants who engaged in employment assistance or training | *Grantees will be asked to provide the following quarterly:*   1. *Number of participants who engaged in employment assistance or training* 2. *Whether these employment services had any link to Northwest HIDTA funding (for example, services were facilitated/overseen by a HIDTA-funded drug court manager)* |
| Participants who successfully completed treatment | *Grantees will be asked to provide quarterly the number of participants who successfully completed treatment.* |
| Drug court graduation rate | *Grantees will be asked to provide the following quarterly:*   1. *Total number of participant exits* 2. *Number of drug court graduates* |
| Graduates with housing upon graduation | *Grantees will be asked to provide the following quarterly:*   1. *Number of graduates* 2. *Number of graduates who secured housing prior to graduation* |
| Graduates with employment or educational enrollment upon graduation | *Grantees will be asked to provide the following quarterly:*   1. *Number of graduates* 2. *Number of graduates who secured employment or enrolled in an educational institution prior to graduation* |
| Recidivism in the year following drug court graduation | *Recidivism rates must represent* ***reconviction*** *of graduates and* ***not re-arrest*** *rates. Recidivism rates of 2021 drug court graduates should be provided via online survey to the Northwest HIDTA prevention and treatment manager no earlier than December 1st, 2023, and no later than January 15th, 2024.*  *In the absence of access to recidivism rate information, please contact the Northwest HIDTA* [*prevention and treatment manager.*](#_Eliza_Powell) |

# **Appendix B: Training Feedback Form**

This form will be sent to you immediately following the training attended and must be submitted within 30 days. If multiple members of your organization attended the given training, only one member of your organization should submit this form on behalf of all attendees.

**Please note that this form exists not to assess your performance but rather the quality and relevance of the training (or conference, event, etc.) itself.**

Name of training attended:

Did you find the training to be useful to the mission of your organization?

Not useful

Somewhat useful

Moderately useful

Very useful

Which elements (if any) of the training do you anticipate incorporating into your organization functions?

|  |
| --- |
|  |

Please provide a brief (2-5 sentences) description of the next steps in incorporating the elements listed above, including goals for when each step will occur.

|  |
| --- |
|  |

\*Reminder: You will receive another feedback form no later than 6 months after submission of this survey, in which you will be asked to report regarding strategy implementation.