

Enotah Family Treatment Court

Honorable Gerald Bruce
Juvenile Court Judge

Magdalene McDonald
Court Coordinator

Date: 2/20/2015 ☐

Agenda Item: Grant Award
Criminal Justice Coordinating Council
Accountability Court Funding Committee
Enotah Family Treatment Court

Item Description The Criminal Justice Coordinating Council (CJCC) has announced the application opening for the yearly grant that sustains the Enotah Family Treatment Court. The grant period is July 1, 2015 through June 30, 2016.

Facts & Historical Information:

In 2008, Lumpkin County obtained funding from the Administrative Office of the Courts (AOC) to begin operating a Family Drug Court in the Enotah Judicial Circuit. In 2012 Governor Deal transferred the responsibility for managing these funds from the AOC to the CJCC. In 2014 the state changed the name of all Family Drug Courts to Family Treatment Courts. In fiscal year 2015, starting July 30, 2014- June 30, 2015, the County was awarded \$168,338.00 for the purpose of funding the operations of the Enotah Family Treatment Court.

The principal duty of the Court is to provide oversight and treatment to parents who are involved with the Department of Family Children's Services and have substance abuse problems. Court participants receive drug and alcohol treatment as well as individual and family counseling. Participants are subject to surveillance visits, random drug screens, and weekly or bi-weekly court sessions. They are given sanctions and incentives as warranted. The program is eighteen months in duration.

Potential Courses Of Action:

- A. Approve the Grant application.
- B. Take no action.

Budget Impact:

There will be a ten percent cash match for the amount awarded to the Court. The court will use the donations and participants' fees to meet the match. There will be no impact to the County's budget.

Staff

Recommendation: Please see statement from Judge Bruce

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

COVER SHEET

1. Name of Accountability Court Enotah Family Treatment Court

2. Name of Judicial Circuit Enotah Judicial Circuit

3. Name of person filling out this application: Magdalene McDonald

Your email address: enotahfamilycourt@windstream.net

Your daytime phone number: 706-429-7427

4. Type of Accountability Court. Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Adult Felony Drug Court | <input type="checkbox"/> DUI Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Misdemeanor Court |
| <input type="checkbox"/> Veteran's Court (please also select either drug court or mental health court) | <input checked="" type="checkbox"/> Family Dependency Treatment Court |
| | <input type="checkbox"/> Juvenile Drug Court |
| | <input type="checkbox"/> Juvenile Mental Health Court |

5. Is this a new court or an existing court ?

FY'15 Total Budget Request
(this will autofill once you complete your budget on pages 15-21)

Request Area	Amount Requested	Matching Funds
Personnel	\$ 93,200	\$ 0
Contract Personnel	\$ 55,500	\$ 19,240
Drug Tests/Testing Supplies	\$ 8,400	\$ 528
Equipment	\$ 0	\$ 0
Supplies	\$ 0	\$ 0
Training and Travel	\$ 0	\$ 0
Other	\$ 4,800	\$ 0
Total Budget Request:	\$ 161,900	\$ 19,768

STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION

General Operating Questions

1. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? Yes. How often do they meet? Quarterly

2. Does your court have an independent 501(c)3? YES If not, why not?

3. Does your court have a formal policy on staff training requirements and continuing education? YES If yes, briefly describe the policy.
THE JUDGE REQUIRES ALL TEAM MEMBERS TO ATTEND AT LEAST 3 TRAININGS A YEAR INCLUDING THE ANNUAL ACCOUNTABILITY COURT Conference. HE ALSO THEN SELECTS ONE MORE TRAINING FROM THE ACFC AND ONE THAT WE HOLD LOCALLY AND REQUIRES ALL TEAM MEMBERS TO ATTEND.

4. What training has your court attended in the past year?
WE ATTENDED THE AOC CONFERENCE, The MRT training, Incentives and Sanctions training, LSI-r training, Case Manager/Coordinator Training. We also held trainings in house with DFCS (2 trainings), and Our whole team on roles and

5. Do you have a structured, written orientation program for new members of the team? Yes. It is in our policies and

6. What is your target population? How has it changed since the inception of your program?
Parents involved in a dependency proceeding with the Juvenile Court who have a dependency ground based on parental substance abuse.

7. Describe your eligibility criteria.
Court rulings of dependency based on parental substance abuse and a completed LSI-R. We also have a team meeting to determine appropriateness for the court.

8. How many staffings do you conduct per month? 8 What days/times are your status hearings/court sessions (ex. Every Monday. Status hearing at 8 am, court at 9 am)?
Thursdays at 8:30 am in Lumpkin and Thursdays at 1:00 p.m. in Union County

9. How many days does a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? 212

10. Please describe your courts field supervision/surveillance (who does your court's surveillance, how often is each participant visited, how long is the average visit, etc.)?
Participants are visited randomly and those with issues more frequently. We pay 4 POST certified sheriff's deputies to do surveillance when they are off duty. The visits last for 20 minutes. They go in pairs and see all participants each time they go out.
Are they P.O.S.T. certified? Yes

11. Is there a binding Contract, Letter Agreement or MOU between your court and treatment provider that stipulates an agreed upon level of treatment services provided to your court for a specified fee? Yes

If no, why not? _____

12. How much does your program pay annual for treatment? \$42,000

Does your court pay the full amount for treatment for your participants? yes

Please describe your participant fee schedule.

Participants pay \$50.00 a month until the pre-graduation phase. They are not required to pay a fee while in residential.

13. How much did you collect in participant fees in CY 2014? \$3,210

14. What is the average length of your program? 18-24 months

15. Complete the following:

Phases/length	Average # of drug screens per week (or month in the later phases)	Average number and hours of treatment sessions per week (or month in the later phases)	Number of court appearances per month	Number of active participants in this phase (as of 1/1/15)
Phase 1/ 6 weeks	2.5 per week	7 hours a week	4	5
Phase 2/23 weeks	2.5 per week	5 hours a week	4	2
Phase 3/ 23 weeks	2.5 per week	5 hours a week	2	1
Phase 4/ 23 weeks	2 per week	3 hours a week	2	2
Pre- Graduation Phase	1 per month	2 -4 hours a month	1	0

Clinical Questions

16. What type of substance abuse assessments are conducted, when are they conducted, who conducts the assessments and what is the name of the assessment tool(s)?

ASAM- Treatment conducts these tests at the request of a parent attorney or at intake. LSI-R- Coordinator conducts this test at the referral from DFCS. SASSI- Treatment performs these at the request of the Parent Attorney or after acceptance in to the program. TCUDS2- Coordinator performs at the initial meeting based on a referral from DFCS.

17. What is your clinical eligibility criteria?

ASAM level 1

18. How do you determine what level of treatment is needed?

SASSI and Clinical Interview

19. What type of evidence based treatment does your court use?

CBI, Prime Solutions, MRT

20. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of redivism)? Yes What is used? MRT and CBI

21. How does the court ensure that the chosen tools/models are used consistently and faithfully?

Ongoing trainings for treatment providers. Ongoing mentorship through CBI, supervision from CCS. Visits to groups by Coordinator once a quarter. Bi-monthly staffings on models and applications.

22. How does the program coordinator monitor treatment? visits to groups, feedback from participants, weekly meetings

23. Does your program have an individualized treatment plan for each participant? yes How often is it reviewed? weekly at court

24. Do you use your local CSB for treatment services? no

If no, explain how your treatment provider is employed (program staff, contract, etc.)

We have a contract through Cornerstones Counseling for treatment.

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? _____

i Does the CSB get funding for treatment of your participants from other sources? _____

If yes, please list the other sources: _____

- ii Do you pay the CSB for: the full amount of treatment,
- additional, non billable services such as case management only
- nothing for the services for your participants

Drug Testing

25. What percentage of your testing is random? 100 How do you ensure that the drug testing is random?

We use Test Day Lite and our surveillance officers test randomly at visits.

26. For what drugs do you routinely screen? Cocaine, Meth, THC, Amphetamine, alcohol, Benzo's, Spice, Tramadal

What drug testing company do you use (Siemens, Redwood, etc.)? Redwood and US Diagnostics

27. Are all of your urine screens observed? Yes Who observes the urine sample Drug Screeners, officers, coor

Are they the same sex as the participant? yes

28. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? NA If you mail the screens to a lab, how often are they sent? _____

29. Describe the policy for participants to dispute the results of the drug screen.

Instant positive results are sent to a lab if participant denies use.

30. Are creatinine violations considered positives yes If not, why not?

Are unexcused or missed screens considered positive? yes

Performance Measures - (Implementation courts should skip to the Court Specific Question section.)

For Adult Drug Court, Adult Mental Health Court, DUI and Family Drug Court ONLY. Using LSI-R data from 1/1/14 through 12/31/14, list the number and percentage of moderate 16 /100 % and high risk participants 0 / 0 % . *DUI Courts only: Please indicate the dates your information above covers: _____

31. List the number of drug screens administered the past year (1/1/14 – 12/31/14). 1560
32. Fill out the chart below for all of the positive screens within the past year.

Cutoff Level for:	Amphetamine	500 MG/DL
	Cocaine	150 MG/DL
	Creatinine	2 MG/DL
Number of No Shows		10
Number refusing to admit use		10
Number not producing a sample in a reasonable period of time		0
Number of diluted samples		0
Number of tests refused		0
Other		
Total Number of Positive Drug Screens*		20

*A positive drug screen for one or more substances when derived from one sample should be considered as one positive test.

33. Please answer the following using answers from the beginning of your program:

Program Outcome	
A. Percentage of employable (not on disability) participants employed at start of program (to calculate, add up all the employable participants who are working upon admittance to the program and divide by the total number of employable participants admitted to your program)	20 %
B. Percentage of employable (not on disability) participants employed at graduation (to calculate, add up all the employable participants employed at graduation and divide by the total number of employable participants who graduated from your program)	98%
C. Percentage of participants who successfully exit the program	65%
D. Percentage of participants who do not successful complete the program (terminations, voluntary withdrawal, death/other)	35%
E. Number of drug free babies born to participants	9

34. Units of service.

100 Total number of court sessions in the past year.

365 Total number of days of inpatient treatment in the past year.

224 Number of hours of treatment scheduled within the past month.

218 Number of scheduled treatment hours attended within the past month.

35. Number of people screened for the program in the past year (1/1/14 – 12/31/14)? 20
 Number of participants accepted in the past year (1/1/14 – 12/31/14)? 12

36. Please list:

Total number of graduates as of 12/31/14 1

Number of graduates/certificates of participation awarded from 1/1/14 – 12/31/14? 1

Total number of participants admitted since program start up? 95

Average age of your participants (at entry into the program) 25

Average age participants began abusing drugs? 13

37. Please provide the following information:

For CY'14 (January 1, 2014 through December 31, 2014)	
A. Daily cost of incarceration in county jails or YDC for counties served by your court. List <u>each</u> county that your court serves separately.	White \$45 Lumpkin \$35 Towns \$22 Union \$45
B. Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court.	1
C. Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court.	1
D. Number of active participants with new charges (excluding traffic citations other than DUI) since entering the program.	2
E. Number of active participants with new convictions/adjudications (excluding traffic citations other than DUI) since entering the program.	1
F. Number of graduates with new charges (excluding traffic citations other than DUI) within the past three years since graduating the program.	2
G. Number of graduates with new convictions/adjudications (excluding traffic citations other than DUI) within the past three years since graduating the program.	2
H. Number of participants who were terminated.	9
I. Number of participants who were removed for other reasons (e.g. death, medical, mental illness, etc.)	0

_____ peer support
_____ case management

_____ MRT
_____ other evidence based treatment

47. Do you offer gender specific treatment? _____ Do you offer interpretative services? _____

Please list any other additional services your program offers:

48. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?

49. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).

50. Performance measures - (January 1, 2014 - December 31, 2014):

_____ Percent of scheduled judicial status hearings attended by the participant

_____ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

51. If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with this standard.

DUI Courts:

52. How do you determine the right type and length of treatment for each participant?

53. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period? _____

54. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support.

55. How do you caution the participants against driving without a license?

Family Drug Courts:

56.

Please respond for CY'14 (Jan 1, 2014 – Dec 31, 2014)	
A. Number of graduates with new DFCS reports	0
B. Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program	10
C. Number of drug-free babies born while participant was active in program or to a graduate of the program.	5
D. Number of days that participants' children have been kept out of foster care.	365

57. List the services your court offers participants (group counseling, individual counseling, gender specific services, mental health treatment, parenting classes, anger management classes, family or domestic relations counseling, etc.).

Group counseling, individual counseling, group parenting, individual parenting, anger management, trauma focused CBT, Family therapy, mental health counseling, marriage counseling

58. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)

Trauma Focused CBT, Therapy,

59. Describe DFCS involvement in your court.

DFCS Directors, Case Managers, and Supervisors attend court staffing, hearings, and trainings. They provide referrals and play an integral part in the decision making of the participants.

Is there a specific caseworker assigned to the drug court? no Have they had formal training specific to drug courts? yes by A. Cummings

60. Is there a structured systematic assessment provided for the children in your program? Yes

61. Was your program capacity determined by formula or by service limitations? Limitations

62. What challenges has your program experienced in the past year and how has your team overcome them?

We had a referral problem but with DECS training by A. Cummings have seen a jump in referrals. We have lack of funding for the building that treatment classes are held in. We started sharing the rent with the Felony Drug Courts. We needed a Case Manager and hired one. We needed a dedicated Coordinator and hired one. We still need a Case Management System. We needed funds

63. Does treatment communicate with court via email? Yes

64. In order to graduate, are clients required to have a job or be in school? Yes

65. In order to graduate, are clients required to have a sober housing environment? yes

66. Did the presiding Judge of the program volunteer? No Is the Judge's term over the program indefinite? NO

67. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? Yes If so, what were those modifications?

Surveillance Officers now go out in pairs. We now completed the LSI-R on all participants at intake. We now have a dedicated Case Manager and Coordinator. We bring participants in residential to appear before the Judge Monthly. We have changed our policies on AA/NA sanctions. We now provide weekly incentive rewards.

Juvenile Courts:

68. Are all participants required to be enrolled in school or a GED program? _____

69. What is the annual cost savings brought about by your participants not being in YDC? _____

70. What percentage of your participants' parents are mandated to attend court sessions? _____

71. What percentage of your participants' parents are mandated to participate in treatment? _____

72. Does your program offer: (check all that apply)

gender specific counseling

domestic relations or family counseling

mental health treatment

parenting classes

anger management classes

73. Does your court receive assistance from the following? If not, please explain

Local Churches or Faith Based Org

Civic Groups (Elks Club, Kiwanis, Rotary, etc)

Junior League

Local college or school groups

Any others? Please list:

ALL COURTS SHOULD ANSWER: (this grant is NOT intended to fund your program fully)

74. How is or will your program be funded? (Add additional pages if necessary.)

Fund Source	Amount	If you do not receive funding from this source, why not?
County/Local Government		Court in 4 counties money is given via DATE
DATE Fund	\$2,000 per participant (\$20K)	
Participant Fees	\$3,210	
Federal Grants		
BJA		unknown
SAMHSA		Denied last year. Have not applied this year.
JAG (Federal or State)		unknown
Community Service Boards		Not involved in court
Revenue From Lab	0	
501 c(3)	\$5000	
Other Sources (please name):		
Team Members	Incentives	
Church Donations	\$5,000	
ACFC- CJCC Grant	161,900	
TOTAL PROGRAM BUDGET	\$181,668	

75. Please describe your courts sustainability plan.

We have an MOU with the DATE fund committee to receive \$2,000 a year per participant to cover treatment or surveillance. We have a 501c3 that is undergoing changes but has money to help fund what the DATE fund and grants don't cover(rent for treatment classes, incentives). We now have a dedicated Coordinator that will be speaking at local civic organizations to request money. We also have members of the team that speak at churches to request donations regularly. We are trying our best to make the court match and the money needed for rent on treatment group buildings, and monthly cell phone charges for the drug court phone.

SECTION V: NARRATIVE

Please fully describe your request. Explain why your request can not be funded using other funding sources. Include any appropriate additional documentation that may help explain your project. *Please note: if you attach information that is not relevant, or is voluminous, the committee may choose to not consider it.* Include in your narrative how your project adheres to the state standards and best practices. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

Now that our program has a dedicated Coordinator changes have been made and more are coming to make this program function efficiently. Our program is impacting the community and will continue to impact parents and children with continued funding. We are changing the people in our program and making them better parents, employees, and citizens.

We have an MOU with the Date Fund Committee to receive money per participant, but this money is only able to be used for a narrow purpose. We have need of funds to keep our Case Manager and Coordinator. Having 2 full time dedicated employees of the court will be critical in sustaining the court. We cannot find funds to meet these needs in any other area. Having a Case manager to perform face to face and day to day interaction with the participants allows the Coordinator to properly perform administrator duties which include keeping with best practices and state standards as well as fundraising and raising community awareness. Family Treatment Court has an unusual dynamic. We have 18-20 team members that meet weekly at staffing to further the mission of the program which is Re-unifying families and treating substance addicts. The coordination of this program along with the day to day operations require a full time Case Manager to bring the quality of care that our program and participants need. We anticipate our program growing now that the DFCS referrals have been rising. We anticipate a growth to a minimum of 20 participants and a maximum of 40 this year. To operate at the same level of therapeutic need as in the previous years we are requesting the same funding as last year.

We maintain a high level of treatment base on the dosage recommended by the Risk Needs/Responsivity training that we have received. We are also expanding to provide more direct services to the children of our participants through trauma based group therapy.

These funds request cannot be met by any other funding source due to their specific nature and large need. Our funding needs include : high level treatment, surveillance, drug screens, Coordinator, Case manager, and Random Drug Testing System.

SECTION VI: BUDGETS

Budget Detail

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds. It is not necessary to include your entire operating budget. YOU MUST SUBMIT YOUR INFORMATION ON THE ATTACHED PAGES. If you include your own pages, they will NOT be evaluated by the committee.

Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed on the Budget Detail Worksheet. Proposed budgets are expected to be complete, reasonable and allowable, cost effective, and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the program. If you need additional space, please attach an additional page.

Budget Priority Form

Use the Budget Priority Form to indicate which of the items you requested in the budget detail take priority to your program. If the Funding Committee needs to make cuts, it may consider your program's preferences on this form. Please be sure to use the wording you used in the budget detail section. Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

Restrictions on Use of Funds

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, utilities, furniture (existing courts only), incentives, monthly cell phone charges, case management software (including maintenance and upgrades), office supplies, construction projects, vehicles, weapons or grant administrative overhead.

BUDGET DETAIL WORKSHEET

A. Accountability Court Personnel/Salaries and Benefits. List each position by title and name of employee, if available. In order to calculate the budget, enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency. Contract Personnel should be listed under "B. Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested	Matching Funds
Coordinator /Magdalene McDonald	100	51,000		51,000	0
Case Manager/Dennese Stringfellow	100	42,200		42,200	0

TOTAL FUNDS REQUESTED \$ 93,200
TOTAL MATCHING FUNDS \$ 0

Justification:

- A (1) The Coordinator was given a 2% cost of living raise and fringe benefits were removed from the amount.
- A (2) Case Manager-We are requesting a little bit less than the amount given last year. This amount is crucial to get a qualified person to work without benefits.

B. Contract Personnel. Enter the name, if known, and service to be provided. Show the budget calculation; for example, the hourly rate multiplied by the estimated number of hours. (If you are requesting funding for contract employees such as treatment providers, surveillance officers, lab technicians etc. they should be listed here.)

Type of Service	Provider's Name	Hourly Rate x Number of Hours Worked	Average Number of Participants Served	Total Grant Funds Requested	Matching Funds
Individual Counseling	Cornerstones Counseling	\$70.00 an hour x 15 month	15	12,600	
4 Surveillance Officers	Jason Canupp, Adam Scott, Cha	\$30 hour x 80 hours a month	15	\$18,000	10000
Drug Testing Nurse	Kay Lomax	\$45 per day x 10 days a mnt	15	5400	
S/A Group Counseling	Cornerstones Counseling	\$45.00 hr x 13 month	15	4,020	3000
Parenting Classes	Cornerstones Counseling	\$45.00 hr x 7 month	10	3780	
Children's Trauma Group	Cornerstones Counseling	\$60.00 hr x 1 week	8	0	3120
Adult Trauma Group	Cornerstones Counseling	\$60.00 hr x 1 week	8	0	3120
Transportation	Cornerstones Counseling	\$45.00 hr x 5 week	5	11,700	

TOTAL FUNDS REQUESTED \$ 55,500
TOTAL MATCHING FUNDS \$ 19,240

Justification:

- B (1) The Judge orders individual counseling for participants who need more intensive treatment than groups can provide. This is done on a case by case basis at the average of 15 a month.
- (2) Surveillance Officers. We have 4 POST certified officers that work 4 counties going out in pairs to promote best practices.
- (3) We have a nurse facilitate drug testing at our Lumpkin County site on average of 2.5 times a week.
- (4) Substance Abuse Group Counseling is critical treatment for our participants. We share the costs of groups on the North side with Felony Drug Court for a total of 13 groups a month that we pay for.
- (5) Parenting Classes are mandated based on parenting scores during initial treatment assessment.
- (6) (7) We are starting a new evidenced based trauma group that allows us to focus on direct services to children also.
- (8) Transportation- our court covers 4 rural mountainous counties. Transportation for the participants in imperative for them to get to treatment. We focus on this at the beginning of the program as we work with them to arrange for their own.

C. Drug Tests/Testing Supplies. List items by type. Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested	Matching Funds
Drug Screens	700 month x 12 months	8400	
Test Day Lite	\$44 mon x 12 months	0	528

TOTAL FUNDS REQUESTED \$ 8,400
TOTAL MATCHING FUNDS \$ 528

Justification:

- C (1)- Drug Screens- we purchase drug screens through Sentinel Probation and Redwood to allow the Coordinator, Surveillance, and testing site to randomly screen our participants.
- (2) We have started using Test Day Lite- to insure compliance with random testing.

D. Equipment. List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Anything listed here should have a value over \$4999. Anything under \$5,000 should be requested under "E. Supplies".

Item	Purpose	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED _____ \$ 0
 TOTAL MATCHING FUNDS _____ \$ 0

Justification:

E. Supplies. List items by type (e.g. brochures, treatment handbooks, manuals, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are NOT allowable through this grant. Drug testing supplies should be put under "C. Drug Tests/Testing Supplies".

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED _____ \$ 0
 TOTAL MATCHING FUNDS _____ \$ 0

Justification:

G. Other. List anticipated expenses not considered in one of the above categories.

Item	Calculation	Total Grant Funds Requested	Matching Funds
residential treatment	\$800 per admit x 6 per year	\$4800	

TOTAL FUNDS REQUESTED \$ 4,800
TOTAL MATCHING FUNDS \$ 0

Justification:

We are asking for residential treatment funding. We only use this when a participant has shown that outpatient services are not enough to help them with their sobriety. Having this funding is crucial to participants being allowed to enter the residential program.

Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so we can match up your request.

Example:

Priority #	Budget Category	Item Description	Amount
1.	A (1&2)	Coordinator Salary/Benefits	\$75,000
2.	B	Treatment Provider	\$50,000
3.	C	Drug Tests	\$20,000

Priority #	Budget Category	Item Description	Amount
1	A (1)	Coordinator	\$51,000
2	B (1,4,5)	Treatment	\$19,200
3	B (2)	Surveillance	\$28,000
4	C (1)	Drug Screens	\$8400
5	A (2)	Case Manager	\$42,200

SECTION VII: ATTACHMENTS

Required Forms

The following forms are required. Please submit as attachments to your application.

- *Certification for Accountability Court Funding – signed and dated by the accountability court judge
- *Contract between the Accountability Court and Treatment Provider (if you have one)
- *Organizational chart. Sample organizational charts can be found on www.gaaccountabilitycourts.org. You can modify the example, or submit your own. If you submit your own org chart, it must include the person's name, title, percentage of time they devote to the accountability court, and how the position is funded.

Certification for Accountability Court Funding

I certify that the Enotah Family Treatment Court _____ (court name) provides the following. (check if accurately describes).

- 1.The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
- 2.Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights.
- 3.Eligible participants are identified early and promptly placed into the accountability program.
- 4.The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5.Abstinence is monitored by frequent alcohol and other drug testing.
- 6.A coordinated strategy governs accountability court responses to participants’ compliance.
- 7.The accountability court has ongoing judicial interaction with each participant.
- 8.The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
- 9.Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
- 10.The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

****Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.****

By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: www.gaaccountabilitycourts.org.

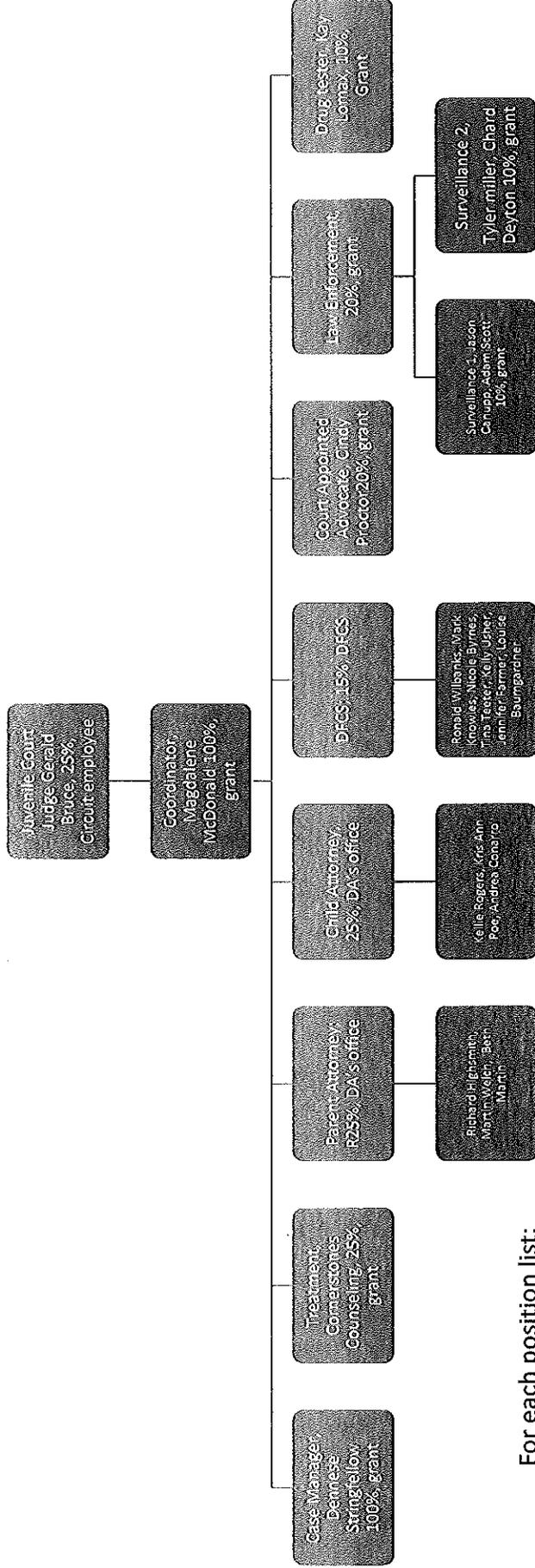
Submitted by: _____
Judge

_____ Court Date

Georgia Accountability Court

Family Dependency

Accountability Court Name



For each position list:

- Title
- Name
- % of time, in that position, based on a 40 hour work week
- How paid (county, grant, etc.)



GRANT PROCESSING REQUEST FORM

DATE: 02/20/15				
DEPARTMENT: Juvenile Court				
GRANT PROGRAM: Enotah Family Treatment Court				
GRANTING AGENCY: CJCC				
CFDA # (If Federal Grant)				
PROGRAM TITLE: Enotah Family Treatment Court				
FUNDING REQUEST:				
FEDERAL	STATE	LOCAL MATCH	OTHER	TOTAL REQUEST
	161,900.00	19,768.00		\$ 181,668.00
IF LOCAL MATCH IS REQUIRED, ARE FUNDS AVAILABLE IN DEPARTMENT BUDGET? Y/N Department Budget not needed. Match met by Enotah Family Treatment Court.				
INDIRECT COSTS? Y/N N		AMOUNT: \$ 0.00		
REIMBURSEMENT GRANT: Y/N y				
PROJECT DIRECTOR: Magdalene McDonald				
PHONE: (706) 482-2688		FAX: (706) 867-7996		E-MAIL: enotahfamilycourt@gmail.com
DEPARTMENT DIRECTOR OR DESIGNEE APPROVING SUBMISSION:		SIGNATURE:		DATE:
REVIEWED & APPROVED BY FINANCE:		SIGNATURE:		DATE:



JUVENILE COURTS
ENOTAH JUDICIAL CIRCUIT
GERALD W. BRUCE, Judge

325 RILEY ROAD, ROOM 223
DAHLONEGA, GA 30533

TELEPHONE: (706) 864-8770
FACSIMILE: (706) 867-7996

February 23, 2015

To: Lumpkin County Board of Commissioners

Re: Enotah Family Drug Treatment Court

Dear Commissioners:

We are once again preparing our grant for the upcoming year in order to continue providing services to the community. Many people don't see a drug court as a community service, but we are actively involved in taking members of the community who are utterly captive to a substance addiction and we are working to get them reunited to their children. In doing so, we are saving on local incarceration costs, foster-care costs, and are putting members into the local workforce with new skills.

The parents we're working with are more productive and less likely to need future intervention; the children are less likely to be disruptive in school and are more likely to be involved in the juvenile and adult justice system. Family Drug Treatment Courts do not get the press that adult felony drug courts get, but we are first and foremost about making families stronger. All in all, the stronger families we're building are a major component of a healthy, thriving community.

We are very thankful to Lumpkin County for acting as fiscal agent for our grant. My interactions with your staff are, from my point of view, smooth and professional, and we could not be happier with the quality of service and assistance we receive from the County.

Sincerely,

Jerry Bruce