**2017 Residential Substance Abuse Treatment**

**Proposal Narrative**

**Narrative Questions**

*Please add your narrative to the questions listed below. Please do not delete the questions.*

**Program Summary**

1. Please identify which type of program(s) proposed for funding, providing a clear, concise summary of the program design, including the problems or needs to be addressed and the outcomes to be gained.

**Problem Statement**

*The statement of the problem is an important part of your application. Stating, “We have seen an increase in recidivism among heroin users in the target area over the past year,” does not quantify a problem. A more specific statement, such as, “Recidivism by heroin users in the target area has increased by 50 cases over the same period last year,” helps clarify the extent of the problem being described. Problem statements should include data to demonstrate the magnitude, frequency, and type of the problem you want to address.*

Description of Service Area

1. Please list the population to be served by the proposed program.
2. Please provide characteristics of this population to be served, as well as any other descriptive information relevant to the statement of need.

Current Status:

1. Please complete the following data table. Add additional rows for other data that demonstrate need.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data element** | **2014** | **2015** | **2016** |
| Number of offenders identified with substance use disorders |  |  |  |
| Number of treatment slots/beds available for these offenders |  |  |  |
| Number of offenders identified with substance use disorders linked to aftercare services |  |  |  |
| Average number of arrests of offenders identified with substance use disorder |  |  |  |

A. What do these data tell you? For instance, does this information indicate a definite need for the project, growth in a particular area, or change in the situation over time?

1. Please explain strategies already being implemented to address the stated need.

Unmet needs

1. How well do the services and programs available in the service area meet current needs?
2. Please describe why the applicant agency lacks adequate resources to implement the program without RSAT funding.

Project Implementation

1. *Please complete the Implementation Schedule below. Create reasonable steps for project development and operation and include the agencies and staff positions responsible for each step. Use job titles, such as, “program coordinator” or “substance abuse counselor.” Do not use names.*

|  |  |  |
| --- | --- | --- |
| **Task** | **Staff Position Responsible** | **Date Due** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Submit unified quarterly data report to the Authority. |  | October 15, 2017  January 15, 2018  April 15, 2018  July 15, 2018 |
| Complete BJA PMT reports through <https://bjapmt.ojp.gov>. |  | October 15, 2017  January 15, 2018  April 15, 2018  July 15, 2018 |
| Submit quarterly fiscal reports to the Authority. |  | October 15, 2017  January 15, 2018  April 15, 2018  July 15, 2018 |

1. Please describe the program to be funded, discussing each of the steps that will be necessary to build and operate the program.
2. Please detail which components of the program will be supported through RSAT funding and how other program components will be supported.
3. Please describe how the proposed program meets the program requirements outlined on Pages 3 and 4 of the Notice of Funding Opportunity and addresses best practices described in the resource materials.

**Goals, Objectives and Performance Indicators**

*Projects funded through the Authority must include goals and objectives that serve as performance benchmarks. These objectives are used to develop the data reports that are submitted to the Authority each quarter to determine project performance.*

1. Complete the appropriate chart(s) below by filling in the information marked with XX.

More information on goals, objectives, and performance measures is available on the Authority website at: [*http://www.icjia.state.il.us/assets/pdf/FSGU/Goals\_Objectives\_and\_Performance\_Measures\_2012.pdf*](http://www.icjia.state.il.us/assets/pdf/FSGU/Goals_Objectives_and_Performance_Measures_2012.pdf)

Additional objectives may be added as deemed appropriate for the program, however, they must be measurable and within the scope and goal of the program.

***Corrections-based substance abuse treatment***

|  |  |
| --- | --- |
| **Goal:** To reduce recidivism and post-release substance use relapse for former offenders | |
| **Process Objective** | **Performance Measure** |
| Hire/subcontract for substance abuse treatment staff by the XX month of the program. | * Month treatment staff join the program. |
| Provide XX training and cross training to treatment and custody staff. | * Number of treatment staff trained. * Number of hours of treatment staff training. * Number of custody staff trained. * Number of hours of custody staff training. |
| Provide evidence-based residential substance abuse treatment services to XX offenders. | * Number of program participants. * Number of program participants receiving services by type of treatment service. * Number of hours of treatment services by type of service. |
| Develop individual treatment plans to develop aftercare plans and provide referrals for XX% of program participants. | * Number of treatment plans developed. * Number of program participants linked to aftercare. * Number of program participants linked to post-release services by type of service. |
| Conduct substance use testing for XX% of program participants. | * Number of program participants tested for substance use while in the program. |
| **Outcome Objective** | **Performance Measure** |
| XX% of program participants will test negative for substance use while in the program. | * Number of program participants tested for substance use while in the program. * Number of participants testing negative for substance use. |
| XX % of participants exiting the program will have successfully completed treatment. | * Number of program exits. * Number of successful completions. * Number of successful completions released to community. * Length of treatment for successful completers. * Number of incompletes. * Length of staff in program for incompletes. |
| XX% of program participants under control of the agency will test negative for substance use post-release. | * Number of program participants under the control of the agency post-release. * Number of program participants tested for substance use post-release. * Number of post-release program participants testing negative for substance use. |
| XX% of program participants will commit new offenses or violate parole post-release. | * Number of post-release program participants committing new offenses. * Number of post-release program participants violating parole. |

***Jail-based substance abuse treatment***

|  |  |
| --- | --- |
| **Goal:** To reduce recidivism and post-release substance use relapse for former offenders | |
| **Process Objective** | **Performance Measure** |
| Hire/subcontract for substance abuse treatment staff by the XX month of the program | * Month treatment staff join the program. |
| Provide XX training and cross training to treatment and custody staff. | * Number of treatment staff trained. * Number of hours of treatment staff training. * Number of custody staff trained. * Number of hours of custody staff training. |
| Provide evidence-based residential substance abuse treatment services to XX offenders. | * Number of program participants. * Number of program participants receiving services by type of treatment service. * Number of hours of treatment services by type of service. |
| Develop individual treatment plans to develop aftercare plans and provide referrals for XX% of program participants. | * Number of treatment plans developed. * Number of program participants linked to aftercare. * Number of program participants linked to post-release services by type of service. |
| Conduct substance use testing for XX% of program participants. | * Number of program participants tested for substance use while in the program. |
| **Outcome Objective** | **Performance Measure** |
| XX% of program participants will test negative for substance use while in the program. | * Number of program participants tested for substance use while in the program. * Number of participants testing negative for substance use. |
| XX % of participants exiting the program will have successfully completed treatment. | * Number of program exits. * Number of successful completions. * Number of successful completions released to community. * Length of treatment for successful completers. * Number of incompletes. * Length of staff in program for incompletes. |
| XX% of program participants under control of the agency will test negative for substance use post-release. | * Number of program participants under the control of the agency post-release. * Number of program participants tested for substance use post-release. * Number of post-release program participants testing negative for substance use. |
| XX% of program participants will commit new offenses or violate probation post-release. | * Number of post-release program participants committing new offenses. * Number of post-release program participants violating probation. |

***Aftercare***

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

|  |  |
| --- | --- |
| Assist 100% of drug users to enroll in available insurance coverage for which they are eligible. | * Number of deflection program participants screened for insurance eligibility. * Number of deflection program participants assisted with insurance enrollment. |
| **Outcome Objectives** | **Performance Measures** |
| XXX% of deflection clients will successfully exit substance abuse treatment. | * Percentage of deflection clients successfully. |
| XX% of deflection clients referred to aftercare. | * Percentage of deflection clients referred to aftercare. |
| Reduce new law enforcement contact with deflection clients by XXX %. | * Number of deflection clients with new law enforcement contact. * Number of deflection clients arrested. |

1. Please describe how each objective will be accomplished.

**Project Management**

1. Please describe how project success will be measured, detailing how and when data will be collected and reported.
2. Please describe your plan for coordination and supervision of the project activities.
3. Please describe any potential barriers that you foresee and how they will be addressed.
4. Discuss a plan to sustain the program when federal funding ends.