

Supreme Court of Nevada  
ADMINISTRATIVE OFFICE OF THE COURTS

KATHERINE STOCKS  
Director and State Court  
Administrator



JOHN McCORMICK  
Assistant Court Administrator

## Application for Funding of a Specialty Court

### OVERVIEW:

Specialty Courts are judicial problem-solving programs designed to address the root causes that contribute to criminal activity. Nevada's Specialty Courts receive State General Fund Support.

### ELIGIBLE APPLICANTS:

All courts are eligible to apply for Specialty Court funds. A Specialty Court is defined as "a program established by a court to facilitate testing, treatment, and oversight of certain persons over whom the court has jurisdiction and who the court has determined suffers from a mental illness or abuses alcohol or drugs." Although any court may apply, all requests must meet the minimum criteria.

### DEADLINE FOR SUBMISSION OF APPLICATION:

***Application requests must be received by December 11, 2023. Requests received after December 11, 2023 may be denied.***

### PROCESS:

- Each application must include the applicant summary, cover sheet, budget worksheet, budget narrative, program handbook, and program design. The budget narrative must identify the reason for the budget request and how you arrived at the amount requested. Applications lacking the requested information may be denied. It is encouraged that all materials be emailed to [sgouveia@nvcourts.nv.gov](mailto:sgouveia@nvcourts.nv.gov).
- The AOC will review, compile and submit funding recommendations for all programs that meet the minimum criteria to the Specialty Court Funding and Policy Committee for review.
- The Committee will strive approve the funding recommendations at or by the end of April 2024.
- If you have any questions, please email Stephanie Gouveia at [sgouveia@nvcourts.nv.gov](mailto:sgouveia@nvcourts.nv.gov) or call (702) 486-9395.

### CHECKLIST (documents to be returned to the AOC):

- ***Section A: Applicant Summary and Application Cover Sheet (for all programs)***
- ***Section B: Budget Worksheet (for all programs)***
- ***Section C: Budget Narrative (for all programs)***
- ***Section D: Program Design (for all programs)***
- ***Program Handbook (for new and existing non-AOC funded programs)***

**SECTION A  
APPLICANT SUMMARY**

Line #	SPECIALTY COURT APPLICANT SUMMARY	
1	Requesting Jurisdiction	
2	Type of Specialty Court:	
3	Judge/Hearing Master	
	What type of court is apply for funding?	Please check one box.
4	This court is existing <u>with</u> current funding from the AOC.	Answer questions #7, 8, 9, and 10
5	This court is existing <u>without</u> funding from the AOC.	Answer questions #7, 8, and 9
6	This court is NEW and not established.	Answer questions # 9
7	Total participants served in previous fiscal year?	
8	Total number of participants projected <b><u>to be served</u></b> in new fiscal year?	
9	Number of <b><u>new</u></b> participants projected to be served in new fiscal year?	
10	If you had unspent funds last fiscal year, please explain your plans for expending them during this current fiscal year?	Please Answer Below

**SECTION A**  
**APPLICATION COVER SHEET**  
*(One application per program type)*

**Fiscal Year:** \_\_\_\_\_

**Is your program in compliance with the approved Nevada Specialty Court Funding Guidelines And Criteria?**  YES  NO

COURT: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE PROGRAM BECAME OPERATIONAL (Date of first drug court calendar): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

Signature Field

Specialty Court Judge or Chief Judge

Date

**PLEASE NOTE**

**AOC funds are intended to be used to supplement existing funds for specialty courts and not to replace (supplant) funds that would otherwise be available for the same purpose. Any loss of funds that is beyond the control of the applicant must be documented and explained in the budget and budget narrative.**

**1. Type of Specialty Court applying for the funds, as defined in the attached data dictionary.**

<input type="checkbox"/> Adult Drug Court		
<input type="checkbox"/> Family/Dependency Drug Court		
<input type="checkbox"/> Juvenile Drug Court		
<input type="checkbox"/> Mental Health Court		
<input type="checkbox"/> Prisoner Re-Entry Court		
<input type="checkbox"/> Veterans Treatment Court		
<input type="checkbox"/> Felony DUI Court		
<input type="checkbox"/> DUI Court		
<input type="checkbox"/> Alcohol and Other Drug Court		
<input type="checkbox"/> Other		

- *New program* is a program that is not operational. *Existing program without AOC Funding* has not been previously funded. If applying for funding of a new program, please complete Part I, Sections A, B, C, and D.
- *Existing program* is a program that is operational and has received funds anytime during July 2003 to October 2023. Complete Part I, Sections A, B, C, and D.
- *Post-Plea* requires a defendant to enter a guilty plea before entering treatment. Failure to complete the program leads to the sentencing phase of adjudication.
- *Pre-Plea* charges are deferred while defendant actively participates in a treatment program.

## SECTION B BUDGET WORKSHEET

Line #	SPECIALTY COURT BUDGET WORKSHEET		
1	Requesting Court:		
2	Type of Specialty Court:		
	<b>Revenue Received by the Program</b>	<b>FY2023-24 Award Granted</b>	<b>FY2024-25 Funding Request</b>
4	Projected participant payments (Made to the court, not to the treatment provider)		
5	Appropriations received from cities or counties		
6	Federal or other grants (Include expiration date and match, if applicable)		
	>		
	>		
7	<i>Other funds received (Describe)</i>		
	>		
	>		
	<b>Total Revenue</b>		
	<b>Expenditures Paid by the Program (In order per the approved funding priorities - Part II, Section B)</b>		
8	<i>Professional Services</i>		
	Counseling		
	Residential Housing ( <i>Mental Health Courts only</i> )		
	Residential Treatment (ASAM levels of care 3.1 and 3.5)		
9	Drug Test Supplies		
10	Drug Testing Equipment		
11	Drug Testing Confirmation		
12	Electronic Monitoring		
13	Salary & Benefits (positions dedicated to and paid by the specialty court program; excluding city/county paid positions)		
	Specialty Court Coordinator/Manager		
	Case Manager		
	Drug Testing Technician		
	Case Worker		
	Other (describe)		
14	Operating Expenses (office supplies, rent, postage, telephone, printing, copying, etc.) - Max \$2,400/year		
15	Bus Passes and or Taxi Vouchers - Max \$10,000/year		
16	Incentives (gift certificates max. \$5 - \$15, tokens, books, cookies, cake, and pizza) - Max \$5,000/year		
17	Basic Needs(clothing,haircuts, hygiene products)- Max \$10,000/year		
18	Transitional Housing with case/house manager - Max 30% of award		
19	Housing (motel, apartments, weeklies) - Max 30% of award		
20	Acquiring necessary capital goods or using appropriate technology		
21	Studying the management and operation of the program		
22	Other		
23	Team Training - Max 5% of total allocation		
	<b>Total Expenditures</b>		
	<b>Total Funds Requested</b>		

**SECTION C**  
**BUDGET NARRATIVE**

*The budget narrative and worksheet definitions must be completed. Copies of the program handbook must be submitted with the application, but not in lieu of completing any of the questions.*

**Budget Narrative (for new and existing requests).** Provide a brief description of the program and services you are providing.

*Please explain how your program handles participant payments.*

*How much do you collect from each participant?*

*If you do not collect any participant payments, please explain why.*

*How do you expend participant payments? For example, participant payments are rolled back into the program to cover the salary for the specialty court coordinator.*

Does your program receive an appropriation from the City or County?

YES

NO

If yes, answer the following:

*How much?*

*How are the funds going to be expended?*

*Have you tried to obtain funding through other sources such as federal grants? Do you have any other funds the program receives?*

YES

NO

If yes, answer the following:

*Type of funding (grant, or other)*

*How are the funds going to be expended?*

*What is the expiration date?*

*Was there a match requirement? If so, how much?*

***Professional Services (Contract)***

***Counseling (ASAM Levels of Care 1 and 2.1)*** must be provided by a certified or licensed counselor per NRS 641C or NAC 641C. Counselors serve as the participant's primary clinician providing assistance throughout the participant's specialty court involvement. Counseling is a professional service that must be procured by a contract or provided by employees of the court who have the requisite certification(s). ***Include the following:***

*What is the contractor's name?*

*Please list all services to be rendered.*

*How many participants will be served?*

*What is the cost per participant?*

*What is the total amount requested for professional services counseling?*

***Residential Housing (Mental Health Courts only)***. Housing is a professional service and must be procured by a contract. ***Include the following:***

*What is the contractor's name?*

*Please list all services to be rendered.*

*How many participants will be served?*

*What is the cost per participant?*

*What is the total amount requested for residential housing for your Mental Health Court program?*

**Residential Treatment (ASAM Levels of Care 3.1 and 3.5).** Must be clinically justified and approved by the specialty court judge. These levels of care may consist of withdrawal management and must consist of clinical-based programming, including individual and group counseling and other ancillary services.

**Include the following:**

*What is the contractor's name?*

*Please list all services to be rendered.*

*How many participants will be served?*

*What is the total amount requested for residential treatment?*

**Drug Testing Supplies are considered short-term use items with a life cycle of one year or less.**

*Please identify the type of testing supplies you are purchasing with this award.*

*What is the cost per unit?*

*What is the average number of times each participant is tested during the fiscal year?*

*What is the total amount requested for drug testing supplies?*

**Drug Testing Equipment** has a life cycle of greater than one year. Most common would be the purchase of breath testing equipment or instrument to test urine. **Include the following:**

*Please identify the type of equipment you are purchasing.*

*Provide an explanation as to why the equipment is needed.*

*What is the total amount requested for drug testing equipment?*

**Drug Testing Confirmation** is a second analytical procedure performed by a certified laboratory on a drug test to identify results. **Include the following:**

*Please provide the name and address of the certified laboratory that provides your confirmations.*

*Who pays for the confirmation (Court or participant)?*

*How much does a confirmation cost?*

*What is the average number of confirmation tests per month?*

*What is the total amount requested for drug testing confirmation?*

**Electronic Monitoring** is primarily used to monitor DUI Court participants. **Include the following:**

*What is the contractor's name?*

*What is the projected number of participants who will utilize an electronic monitor?*

*What is the total cost per participant (daily cost times the total number of days)?*

*What is the total amount requested for electronic monitoring?*



## **Salary & Benefits**

Staff involved with overseeing and or working directly as a team member. This category includes personnel who are dedicated 100 percent to the specialty court program and paid by the program. This excludes the judge and positions paid by the city/county/state. Personnel is considered to be an employee who aides in testing, assists participants with life skills, provides probation type services to participants, and may include personnel that provides clinical treatment to participants. Also included in this category are part-time contract personnel. Please note that there is no limit on how much funding may be used per court to pay for personnel who are not already paid for through city/county/state funds; however, funding must first be used on professional services such as counseling, drug testing, and housing for participants. ***Include the following for each position:***

*What is the position title? (include full or part-time)*

*What are the job duties?*

*What is the total amount requested for this position?*

*What is the position title? (include full or part-time)*

*What are the job duties?*

*What is the total amount requested for this position?*

**Operating Supplies** Total of all items (office supplies, rent, postage, telephone, printing, copying, etc.). Generally, supplies include any materials that are expendable or consumed during the course of one year. ***Maximum allowed is \$2,400 per year.***

*What is the total amount requested? Please list items to be purchased with the award amount.*

**Bus Passes and/or taxi vouchers** are typically pre-purchased and are for distribution to participants in need of transportation to/from court, treatment or their place of employment. ***Maximum allowed is \$10,000 per year.***

*What is the total amount requested? Please list items to be purchased with the award amount.*

**Incentives** are awards given to the participant for a job well done. Incentives may include gift certificates (\$5-\$15 value), tokens, books, cookies, cake, and pizza. **Maximum allowed is \$5,000 per year.**

*Please provide the type of incentives you plan to provide and the projected cost of each incentive.*

*What is the total amount requested?*

**Transitional Housing with a case/house manager on-site** will enable a program to place participants in a safe, sober, living environment. The facility must provide curfew compliance and report any noncompliance to the specialty court. **Maximum allowed is 30% of award. Include the following:**

*What is the provider(s) name(s)?*

*How many participants will be utilizing this service?*

*What is the total cost per participant?*

*What is the total amount requested for transitional housing with a case/house manager on-site?*

**Housing (Motel, Apartment, etc) would** be for an apartment, motel, or place with a weekly room rate. This is to provide a participant with temporary housing until secure housing can be obtained. Maximum allowed is \$30% of award

**Include the following:**

*What is the provider(s) name(s)?*

*How many participants will be utilizing this service?*

*What is the total cost per participant?*

*What is the total amount requested for housing?*

**Acquiring necessary capital goods or using appropriate technology.** Defined as equipment, machinery, case management system, computers, printers, fax, etc. Description and estimate of items such as case management system, computers, printers, fax, etc.

*What is the total amount requested for acquiring necessary capital goods or using appropriate technology?*

*Please list the items to be purchased with the award amount.*

**Studying the management and operation of a program.** *Defined as a program evaluation completed by a consultant or an agency who specializes in program evaluation. **Include the following:***

*Describe the program evaluation your are requesting funding for.*

*Who will conduct the evaluation?*

*What is the total amount requested to evaluate the program?*

**Basic Needs** *are defined as clothing, haircuts, and hygiene products.*

*Please list the items which will be purchased under this category and the price per item.*

**Other**

*What is the service or item being requested and the total amount?*

## **SECTION D PROGRAM DESIGN**

Please address the following items:

### **Statement of Problem**

*Please identify the specific problem or need that will be addressed by this program.*

All specialty courts should be based to some extent on the drug court model developed in the late 1980's. The drug court model has ten key components that are listed within the data dictionary. Other types of specialty courts may not have every one of these characteristics, but they will substantially follow this model. If applying for funding for a new or existing specialty court, please complete the following:

### **Service Delivery Plan**

*Please explain how the Court will provide treatment.*

**PROGRAMS MISSION AND GOALS**, all goals must be measurable. (Key Component#1)

*Please define your program's mission.*

*Define your program's goals.*

*Describe any barriers to meeting these goals.*

**PROGRAM LENGTH (Key Component #4)**

*What is the minimum and maximum length of the program?*

*Are there treatment phases? If yes, please list each phase, the length of each phase, and what is provided within each phase.*

*If phases are not used, explain how a participant progresses through the program.*

*What are the requirements for completing each phase or progressing through the program (e.g., the number, type, and frequency of drug tests, attendance at support groups, etc.)?*

*What are the eligibility criteria?*

**SCREENING AND ELIGIBILITY (Key Component #3)**

*Describe the process for identifying eligible participants according to established program criteria.*

*At what point in the case process does the initial eligibility screening occur?*

*Who conducts the initial screening of offenders and who determines eligibility?*

*What instrument is used to assess risk and needs for the target population? How are the outcomes used for program or track placement?*

**TARGET POPULATION (Key Component #3)**

*What is the target population?*

*If for ongoing programs, have the demographics or caseloads of the program changed since its inception?*

**JUDICIAL INTERACTION (Minimum Criteria #1)**

*Who presides over the program, e.g., judge and/or hearing master?*

*What day and time of the week does the specialty court have status review hearings?*

*How frequently does the participant appear before the judge for status review hearings?*

**DRUG TESTING PROTOCOL (Minimum Criteria #4)**

*How frequently are participants required to submit to a drug and/or alcohol test?*

*Who or which agency administers the drug and/or alcohol test?*

*What type methodology is used, e.g., urine, saliva, hair, sweat patch, etc.?*

*How will randomization be effectuated?*

*How are test challenges handled?*

*Who pays for a test challenge/confirmation?*

**DRUG COURT TEAM (Minimum Criteria #3)**

*Does your program have a team? If so, list the members on your team, e.g., judge, defense, prosecution,, counselor, parole and probation, etc.?*

*What are the roles and responsibilities of each team member?*

**TREATMENT CONTINUUM AND PLAN (Minimum Criteria #6,#7)**

*Are participants required to attend regular counseling sessions? Identify how often they attend during the respective phases of the program or if clinical services are individualized, allowing for the clinician/agency to determine frequency, duration, and intensity?*

*Are the clinicians who are providing all ASAM levels of care certified or licensed per NRS 641C or NAC 641C?*

*What ancillary services are available to participants, e.g., career counseling, GED classes, etc.?*

*Will aftercare/transition planning be provided to participants? If yes, describe what type of aftercare/transition planning will be provided.*



**SANCTIONS AND INCENTIVES (Minimum Criteria#8)**

*Please list the sanctions and incentives that are used (include a description of when and how they are used).*

**GRADUATION REQUIREMENTS (Key Component#6)**

*Describe the graduation requirements.*

**EXPULSION CRITERIA (Key Component#6)**

*Describe the criteria for terminating a participant from the program.*

**MONITORING AND EVALUATION ASSESSMENT (Key Component#8)**

*What methods of data collection will be utilized by this program to track participant data and to provide case management services and outcome evaluation?*

*How does your court plan to evaluate the specialty court program, in order to achieve its goals and objectives?*

**MENTAL HEALTH COURTS ONLY (Minimum Criteria #5)**

*Who ensures program participants are medication compliant?*