

Comprehensive Opioid Abuse Site-based Program

The U.S. [Department of Justice \(DOJ\)](#), [Office of Justice Programs \(OJP\)](#), [Bureau of Justice Assistance \(BJA\)](#) is seeking applications to plan and implement comprehensive strategies in response to the growing opioid epidemic. This program furthers the Department's mission by providing resources to state, local, and tribal governments to intervene with persons with substance use disorders.

The application deadline is **April 25, 2017**.

The purpose is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive diversion and alternatives to incarceration programs that expand outreach, treatment, and recovery efforts to individuals impacted by the opioid epidemic who come into contact with justice system.

The objectives of the Comprehensive Opioid Abuse Site-based Program are to:

- Encourage and support comprehensive cross-system planning and collaboration among officials who work in law enforcement, pretrial services, the courts, probation and parole, child welfare, reentry, PDMPs, emergency medical services and health care providers, public health partners, and agencies that provide substance misuse treatment and recovery support services.
- Develop and implement strategies to identify and provide treatment and recovery support services to "high frequency" utilizers of multiple systems (e.g., health care, child welfare, criminal justice, etc.) who have a history of opioid misuse.
- Expand diversion and alternatives to incarceration programs.
- Expand the availability of treatment and recovery support services in rural or tribal communities by expanding the use to technology-assisted treatment and recovery support services.
- Implement and enhance prescription drug monitoring programs.
- Develop multi-disciplinary projects that leverage key data sets (e.g., de-identified PDMP data, naloxone administrations, fatal and non-fatal overdose data, drug arrests, etc.) to create a holistic view of the environment and develop interventions based on this information.
- Objectively assess and/or evaluate the impact of innovative and evidence-based strategies to engage and serve justice-involved individuals with a history of opioid misuse.

Item	Eligible applicant	Time period	Amount for time period
Category 1: Overdose Outreach Projects	Local government and federally recognized Indian tribal governments (as determined by the Secretary of the Interior).	36 months	No more than \$300,000
<p>Description:</p> <p>Must follow the model set by the BJA “Smart Suite” initiative.</p> <p>The hours and days immediately after a non-fatal overdose present a unique opportunity to link individuals to treatment and recovery supports. Historically, overdose survivors were medically stabilized and then discharged, often without referrals to treatment or recovery support services.</p> <p>Allowable Uses - Grant funds may be used to support a combination of the allowable use categories below, or be concentrated on one specific area, to:</p> <ul style="list-style-type: none"> • Connect survivors of a non-fatal overdose with treatment providers or a peer recovery coach in an emergency department setting or immediately following the overdose in an effort to engage the survivor in treatment or support services. Peer recovery support services involve an array of supports and services that are responsive to the specific needs of the participant. • Provide survivors of non-fatal overdoses, and their friends and family, with access to naloxone and other recovery support services. • Provide prioritized—ideally immediate—access to detox and treatment services as well as access to medication-assisted treatment. • Provide overdose prevention education and community outreach. • Engage a research partner to conduct action research providing skills and assistance in identifying performance measures, tracking measures to assist in the improvement of program implementation and fidelity, providing subject matter expertise and guidance, performing performance evaluations, and/or ensuring outcomes are being evaluated effectively. • Support the mandatory project coordinator position. 			

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Category 2: Technology-assisted Treatment Projects	State administrative offices, State Administering Agency (SAA, the Administrative Office of the Courts (AOCs) the State Alcohol and Substance Abuse.	36 months	No more than \$750,000
<p>Description:</p> <p>Technology-assisted Treatment Projects are designed to pilot, in up to three states, how technology can be used to expand treatment and recovery support opportunities to justice-involved individuals with opioid use disorders who have limited access to services due to geographic isolation.</p> <p>Allowable Uses - Grant funds may be used to support a combination of the allowable use categories below, or be concentrated on one specific area:</p> <ul style="list-style-type: none"> • Purchase technology—including equipment, hardware, and software—to establish a secure and private two-way, real time, interactive audio and video connection between a qualified treatment provider and a client located at another location. This includes the purchase of computer hardware and software as well as audio and video equipment. Proposed expenses should be reasonable and limited to what is necessary to support the project. • Purchase hardware and software needed to implement web-based behavioral interventions to treat substance use disorders. Applicants should review existing technology-assisted care products developed by the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Administration (SAMHSA) when designing their program. • Provide training and staff support to manage the proposed project or provide services. • Develop, purchase, and/or maintain web-based services and electronic applications that can be accessed from computers, tablets, and/or smart phone devices that are designed to enhance or support treatment and recovery support services (e.g., apps for self-management through reminders and educational prompts). Support for this area cannot exceed 10 percent of the total proposed budget. • Purchase or lease devices that allow for the remote monitoring of justice-involved individuals (e.g., applications or services that remotely monitor the location of an individual or monitor substance use remotely). Support for this area cannot exceed 10 percent of the total proposed budget. • If the proposed project is part of a diversion or alternative to incarceration program, funds may be used to develop or support remote, secure, and private two-way, real time, interactive audio and video connections between the supervision officer and the client located at another location. Support for this area cannot exceed 20 percent of the total proposed budget. • Support the mandatory project coordinator position. <p>Grant funds may not be used to support services such as telephone conversations, electronic mail messages, or facsimile transmissions as the primary proposed intervention.</p>			

Item	Eligible applicant	Time period	Amount for time period
Category 3: System-level Diversion and Alternatives to Incarceration Projects	Local government and federally recognized Indian tribal governments (as determined by the Secretary of the Interior).	36 months	No more than \$400,000
<p>Description:</p> <p>Must follow the model set by the BJA “Smart Suite” initiative.</p> <p>Applicants must demonstrate a system-level commitment to establishing effective diversion and/or alternatives to incarceration programs for criminal justice involved individuals with opioid use disorders. Applicants should propose initiatives in at least two intercepts within the Sequential Intercept Model (e.g., law enforcement or prosecutor diversion, pretrial diversion, drug courts or other problem-solving courts, community-based supervision, corrections programs, reentry programs, etc.</p> <p>All applicants must:</p> <ul style="list-style-type: none"> Establish a team (or utilize a pre-existing team) of stakeholders from across government and the community to engage in the planning process. The appropriate composition of the team may vary based on the proposed project but should generally include representatives from county administration; public health; health care providers; substance use treatment agencies; law enforcement; the local pretrial agency; adult probation and parole; juvenile probation; the trial courts; the adult, juvenile, family, tribal and problem-solving courts; child welfare; corrections administrators; and nonprofit organizations that provide wraparound or recovery support services. Applicants must provide letters of support and/or an interagency agreement documenting each agency’s commitment to participating in the planning and implementation processes. The letters or interagency agreement should clearly articulate the level of involvement each agency will have in the proposed project. Complete a structured planning phase before beginning project implementation. Each grant award will have in place a special condition withholding all but \$100,000, which will allow grantees to establish an action plan within 180 days of receiving the award before moving into the implementation phase. Document the impact of the opioid epidemic based on local, regional, or state-level data. <ul style="list-style-type: none"> Identify a project coordinator who must have dedicated time set aside beyond their normal job duties to manage the day-to-day operations of the initiative during the planning and implementation phases. No less than 50% of the project coordinator’s time should be directed toward the BJA-funded project activities. The project coordinator will work closely with designated BJA Comprehensive Opioid Abuse TTA program providers to: Identify the needs of the community, including collecting and analyzing administrative data. Work with the project staff to design an appropriate outreach and prevention strategy based on data. Convene regular stakeholder discussions surrounding project implementation. 			

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| <ul style="list-style-type: none">• Respond to requests for data, reports, and information about the proposed initiative.• Ensure continued project implementation and redirection if needed.• Agree to work closely with BJA's designated TTA provider(s), which will be selected through a separate solicitation, as well as an evaluator who may conduct site specific evaluations or a cross-site evaluation.• Track quarterly performance measures. Applicants should fully consider the data collection needed to support the proposed project and budget for these project costs appropriately.• Budget for travel expenses (airfare, hotel, per diem, and group transportation) for two staff to attend two face-to-face meetings in year 1 of the grant and one face-to-face meeting each year thereafter for the life of the grant. Each meeting should be budgeted for 3 days each in Washington, D.C. | |
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Category 4a: Statewide Planning, Coordination, and Implementation Projects	<p>State Administering Agency (SAA) responsible for directing criminal justice planning or the State Alcohol and Substance Abuse Agency.</p> <p>Category A: development of a “coordinated plan” between the SAA and the SSA to assist localities in engaging and retaining justice-involved individuals with opioid use disorders in treatment and recovery services</p>	24 months	\$100,000
<p>Description:</p> <p>Allowable Uses –</p> <p>The applicants may propose training and/or technical assistance programs for localities geared toward improving treatment engagement and client outcomes; tracking, compiling, coordinating, and disseminating statewide and local data; or increasing communication, coordination, and information sharing among state and local programs. Grant funds may be used to support a combination of the allowable use categories below, or be concentrated on one specific area:</p> <ul style="list-style-type: none"> • Develop a comprehensive state plan that identifies policies and practices that will assist the state and localities in engaging and retaining justice-involved individuals with opioid use disorders in treatment and recovery services; increasing the use of diversion and/or alternatives to incarceration; and/or reducing the incidence of overdose death. The proposed strategies should be part of a larger statewide substance misuse strategy that is not specific to opioids. • Complete a review of the gaps that exist between the amount of treatment services that are needed to serve individuals who are criminal justice involved within the state and what currently exists and develop a plan to build treatment service delivery systems that can meet the demand. • Conduct workforce planning and development to increase the capacity of treatment agencies to provide evidence-based treatment to individuals who are criminal justice involved. • Complete a review of the state’s Medicaid plans to ensure that the plans address the criminogenic needs of individuals, other than substance abuse treatment, such as cognitive behavioral therapy to address criminal thinking, etc. • Provide training and/or technical assistance programs for localities geared toward improving treatment engagement and client outcomes. • Support tracking, compiling, coordinating, and disseminating statewide and local data. • Increase communication, coordination, and information sharing among state and local agencies. 			

Category 4b: Statewide Planning, Coordination, and Implementation Projects	State Administering Agency (SAA) responsible for directing criminal justice planning or the State Alcohol and Substance Abuse Agency. The lead state agency must be passed through to localities within the state; no funds may be retained for administrative purposes, Category B: Fund the services outlined in a “coordinated plan.”	24 months	\$750,000
<p>Description:</p> <p>Allowable Uses - Category 4 b allows the applicant to provide financial support to localities or a region to implement the strategies contained in the plan developed as part of Category 4a. These strategies may focus on supporting treatment and recovery service engagement; increasing the use of diversion and/or alternatives to incarceration; and/or supporting initiatives that reduce the incidence of overdose death.</p>			

Item	Eligible applicant	Time period	Amount for time period
Category 5: Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement Projects	<p>State governments that have a pending or enacted enabling statute or regulation requiring the submission of controlled substance prescription data to an authorized state agency.</p> <p>States without a statute or regulation can apply as a city, county, or region that has such a status or regulation.</p>	24 months	\$400,000
<p>Description:</p> <p>Establish or enhance a Prescription Drug Monitoring Program (PDMP) system based on the National Prescription Monitoring Information Exchange (PMIX) Architecture.</p> <p>Allowable Uses - May be used to support a combination of the allowable use categories below, or be concentrated on one specific category:</p> <ul style="list-style-type: none">• Establish or enhance a PDMP system.• Facilitate the exchange of information and collected prescription data and other scheduled chemical products among states.• Develop a training program for system users.• Produce and disseminate educational materials.• Support collaborations with law enforcement, prosecutors, public health officials, treatment providers, and/or drug courts.• Facilitate electronic information sharing among states in compliance with the National PMIX Architecture.• Expand monitoring to Schedules II, III, IV, and V.• Improve the quality and accuracy of PDMP data.• Develop or enhance the capacity to provide unsolicited reports of controlled substance prescribing to authorized individuals or entities.• Assess the efficiency and effectiveness of the PDMP program or specific PDMP initiatives.			

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Category 6: Data-driven Responses to Prescription Drug Misuse	<p>State agencies and units of local government located in states with existing and operational prescription drug monitoring programs and federally recognized Indian tribal governments (as determined by the Secretary of the Interior).</p> <p>Can be implemented as (1) within a state's geographical boundary or (2) across state boundaries. The latter is referred to as a "region."</p>	36 months	<p>As a state - \$600,000</p> <p>As a region - \$1,000,000</p>
<p>Description: Must follow the model set by the BJA "Smart Suite" initiative.</p> <p>Form a multidisciplinary action group that may include (but is not limited to): the district attorney's office, the state or local health department, state medical and pharmacy boards, police and sheriff departments, probation and parole, drug court representatives, child welfare representatives, local drug treatment providers, and community organizations. Include an action researcher that will assist in the identification of the problem, design of the solution, and evaluation of the proposed initiative.</p> <p>Allowable uses - May be used to support a combination of or be concentrated on one of the following:</p> <ul style="list-style-type: none"> • Develop multi-disciplinary projects that leverage key data sets (e.g., de-identified PDMP data, law enforcement data related to fentanyl and/or heroin, naloxone administrations, fatal and non-fatal overdose data, drug arrests, etc.) to create a holistic view of the environment and develop targeted interventions based on this information. • Examine the impact of various policies and procedures on patient and community-level outcomes, and implement proven practices on a larger scale. • Identify geographic areas or populations at greatest risk for prescription drug and opioid misuse and overdose deaths and create data-driven responses at the local or state level to include education, outreach, treatment, and enforcement. • Determine best practices for sharing data across diverse stakeholders. • Implement other innovative activities that demonstrate a multi-disciplinary, data-driven approach to addressing the opioid epidemic. • Assess the impact of specific policy or practice changes on PDMP utilization and/or patient or community-level outcomes. Examples of policy assessments include evaluating the impact of PDMP "report cards" and other unsolicited reports on prescriber behavior; evaluating of the impact of interstate data sharing on prescriber behavior with a focus on assessing the volume of cross-state patient matches within specific regions; and evaluating the impact of patient-level, non-fatal overdose data and/or drug conviction information being available within the PDMP system on prescriber behavior. 			