

FY 2019 Comprehensive Opioid Abuse Program: *Funding Opportunities for Tribes*

April 18, 2019 | 11:00am PDT





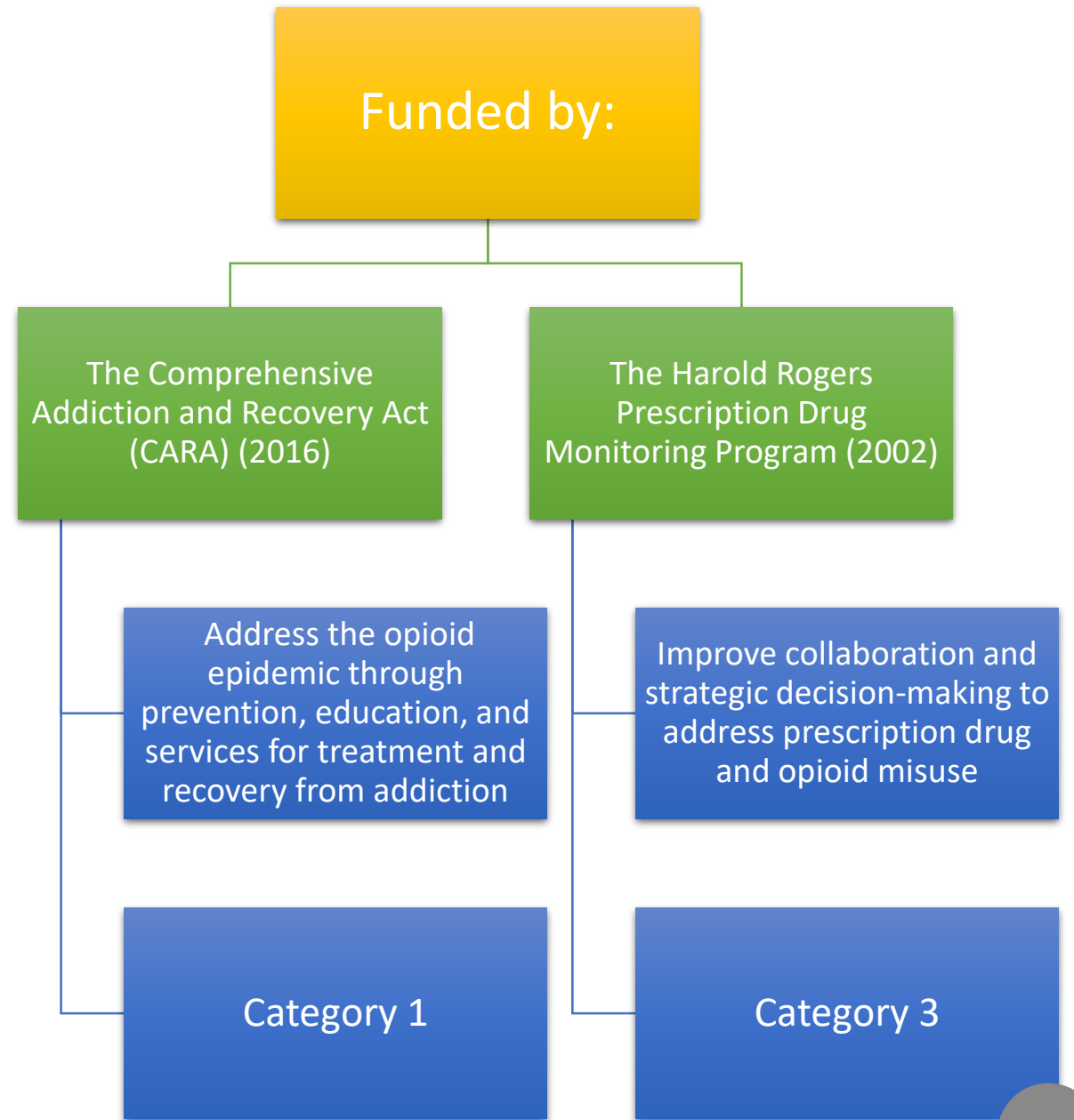
Presenters

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Background

First solicitation in FY 2017, in response to opioid epidemic



Deadline

Release date:
April 5, 2019

Deadline:
June 5, 2019

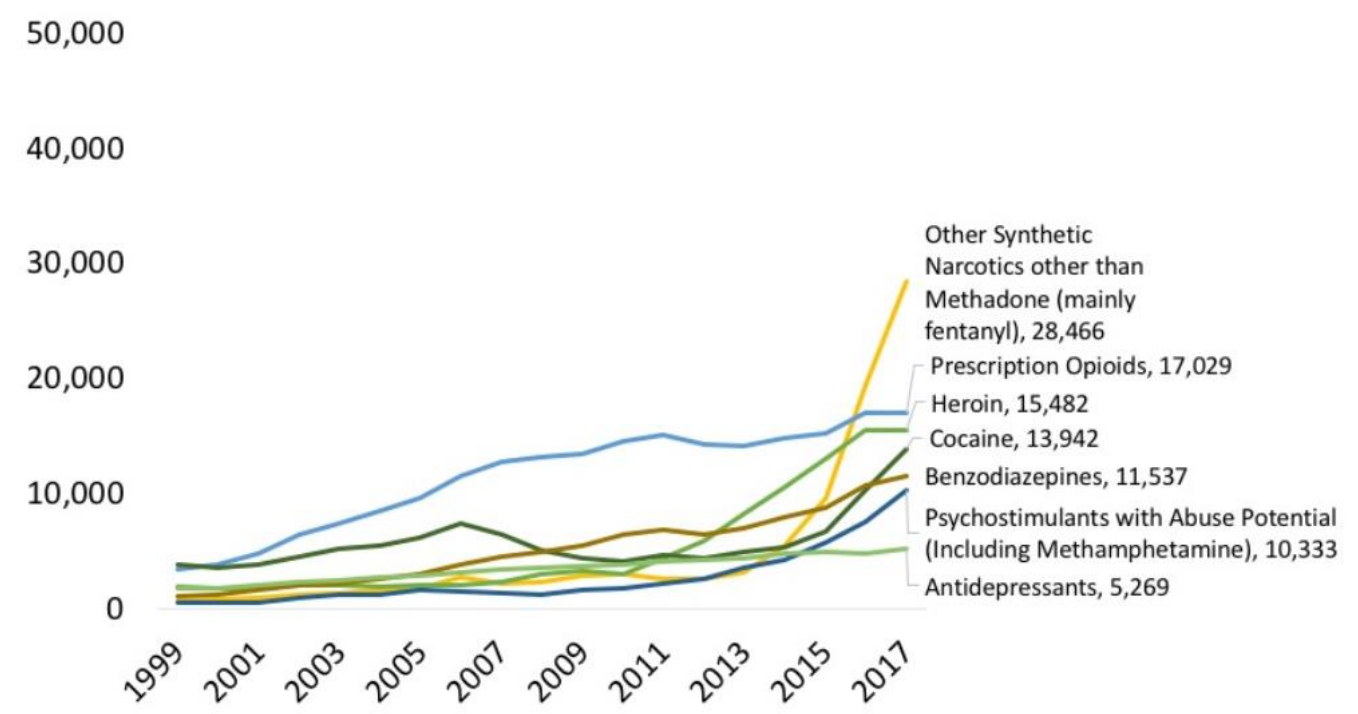
Opioid Epidemic

Drug overdose deaths rose from 16,849 in 1999 to 70,237 in 2017

In 2014, 1.9 million Americans had a substance use disorder involving prescription pain relievers and 586,000 had a substance use disorder involving heroin

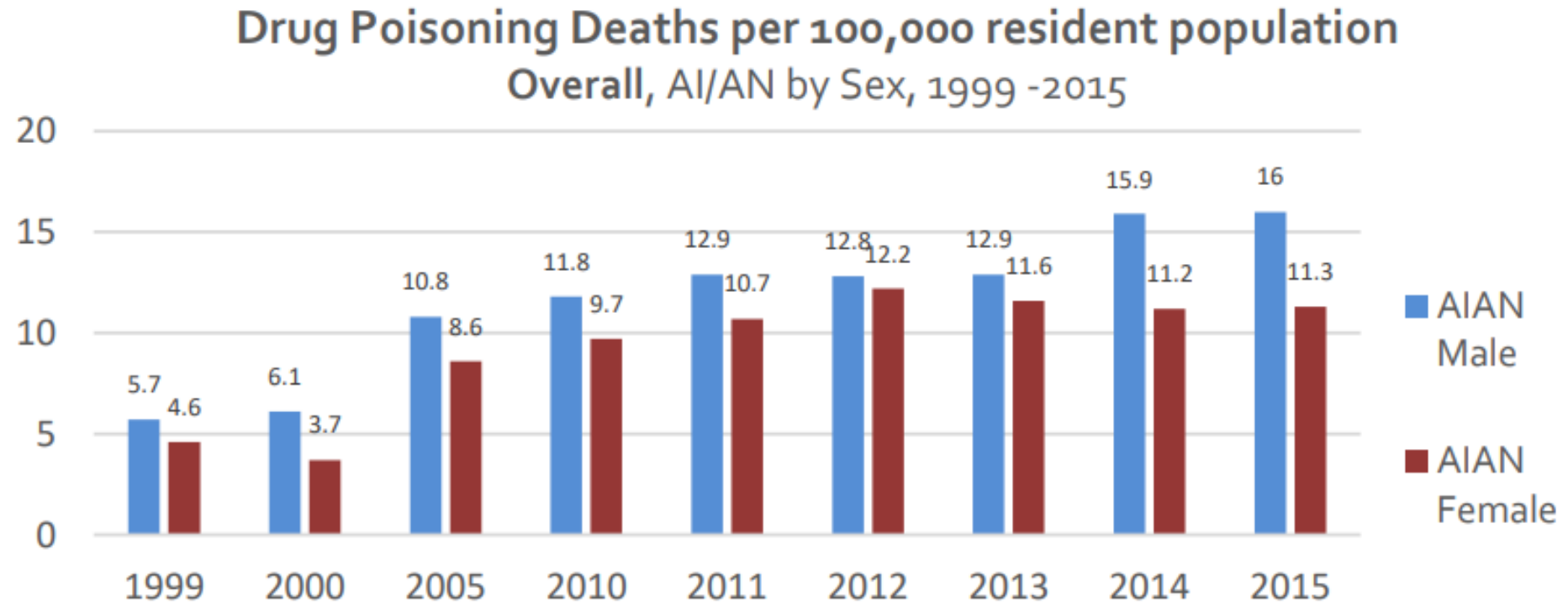
Opioids affect users, as well as their children and families

Figure 2. National Drug Overdose Deaths Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

American Indian/Alaska Native (AI/AN) Data on Opioid Overdose Deaths



- NCAI Policy Research Center (2018). [Research Policy Update: The Opioid Epidemic: Definitions, Data, and Solutions](#). National Congress of American Indians, March 2018.

AI/AN and the Opioid Epidemic

- American Indians/Alaska Natives had the highest drug overdose death rates in 2015 (metropolitan: 22.1; nonmetropolitan: 19.8) and the largest percentage change increase in the number of deaths over time (nonmetropolitan: **519%**).
- Because of the misclassification of race/ ethnicity of decedents on death certificates, the actual numbers of deaths for certain racial/ethnic populations (e.g., American Indians/Alaska Natives and Hispanics) might be underestimated by up to 35%
- Karin A. Mack, Christopher M. Jones, and Michael F. Ballesteros, "[Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas – United States](#)", Centers for Disease Control and Prevention MMWR Surveill Summ 2017; 66 (No. 19).

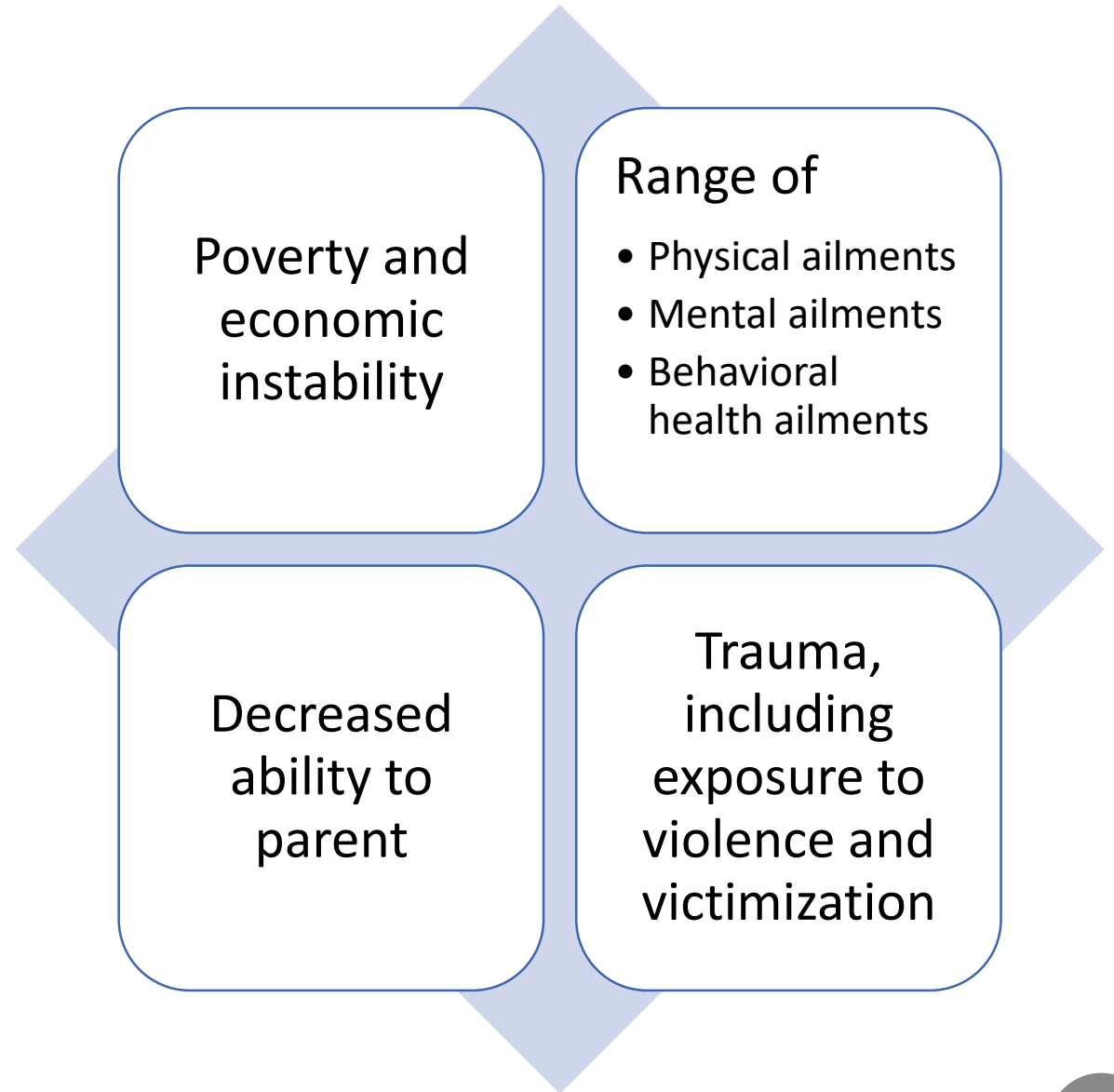


Local vs. National

- National data does not reveal potential regional/ local differences in impact.
 - Some tribes indicate that opioids are a huge problem in their communities.
 - Some point to greater problems with other abused substances.
 - More data is needed to understand local and regional trends and to inform action.
-
- NCAI Policy Research Center (2018). [Research Policy Update: The Opioid Epidemic: Definitions, Data, and Solutions](#). National Congress of American Indians, March 2018.



Factors leading to addiction



Comprehensive Opioid Abuse Site-based Program (COAP)



Plan, develop and implement



Comprehensive
efforts to

Identify
Respond to
Treat
Support



Those impacted by the opioid
epidemic

COAP Objectives and Deliverables



Reduce opioid abuse and the number of overdose fatalities



Mitigate the impacts on crime victims

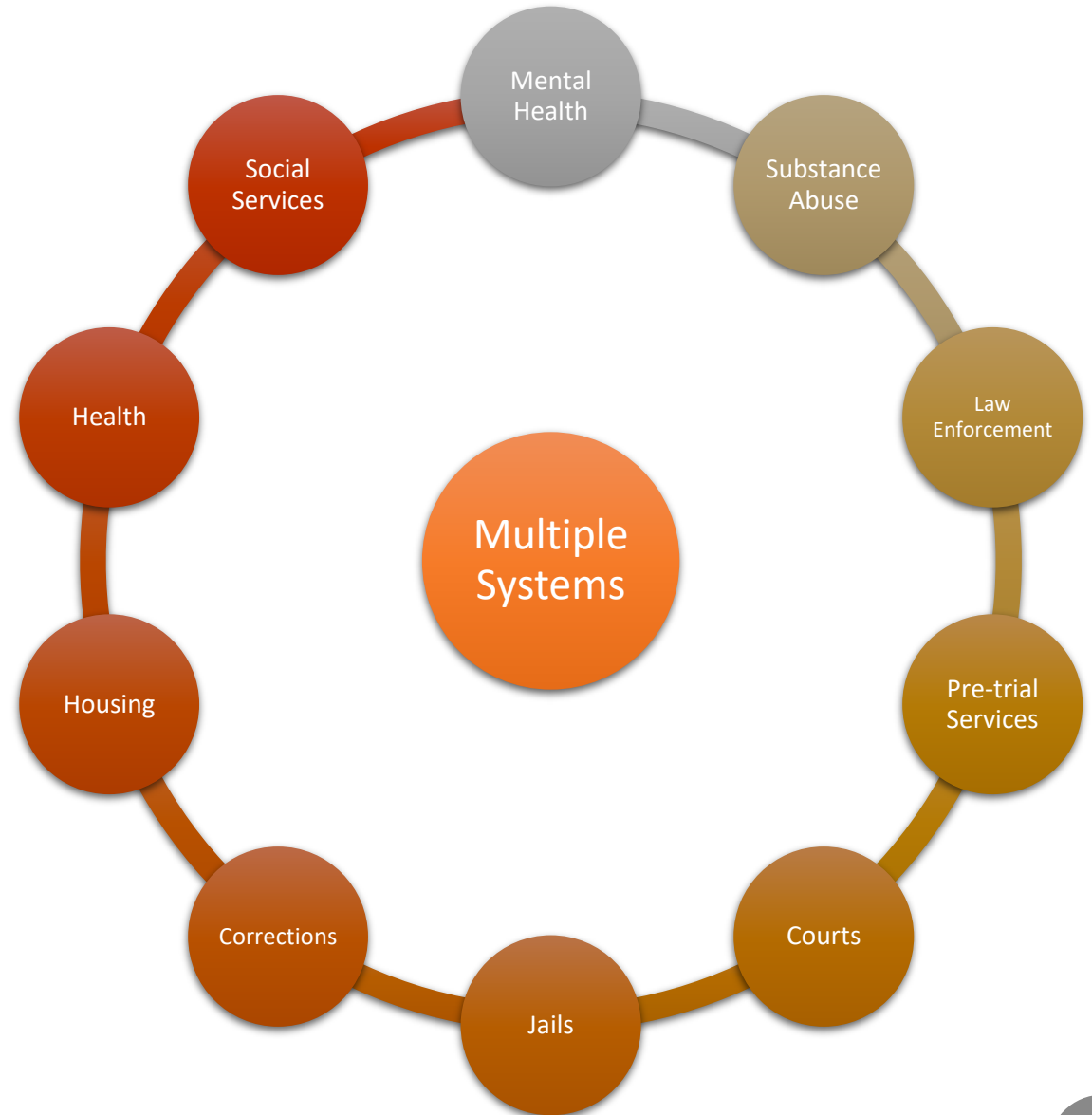


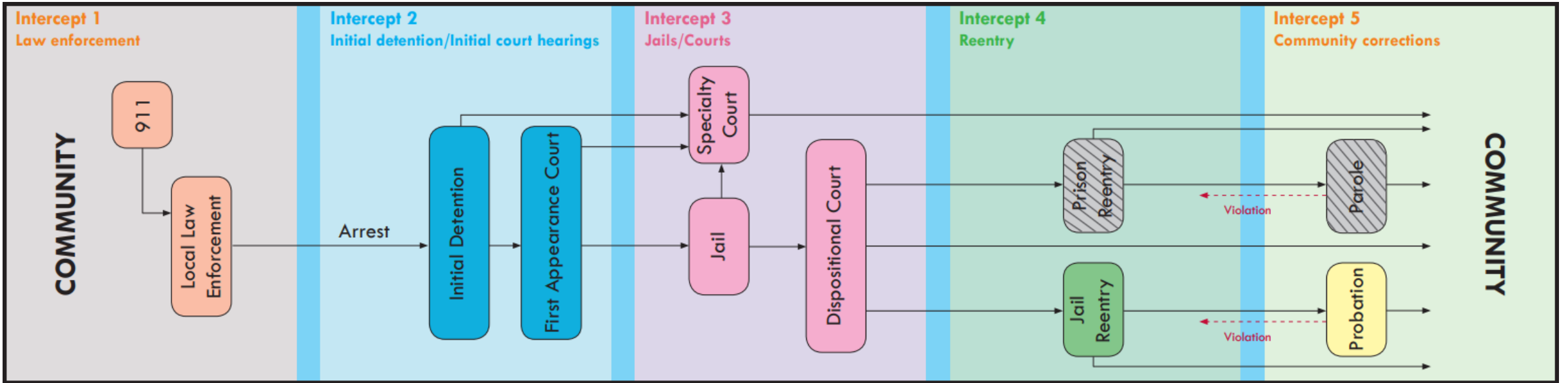
Support proactive use of PDMPs

Sequential Intercept Model

- Conceptual framework to organize strategies for interface between **criminal justice** and **substance abuse treatment systems**.
 - Assess available resources
 - Determine gaps in services
 - Plan for community change
- Three Major Responses for Every Community
 - Diversion programs
 - Institutional services
 - Reentry transition programs

Sequential Intercept Model





Sequential Intercept Model



Research *Requirement*

- A BJA researched *may* conduct a site-specific or cross-site evaluation *in future years*

Eligibility

- **Category 1: Locally-Driven Responses to the Opioid Epidemic**
 - Subcategory 1a – Urban – greater than 500,000
 - Subcategory 1b – Suburban – 100,000-500,000
 - **Subcategory 1c – Rural or Federally Recognized Tribe**
- Category 2: Statewide Implementation, Enhancement, and Evaluation Projects
- Category 3: Harold Rogers Prescription Drug Monitoring Program (PDMP)
 - State governments and territories with statutes requiring use of controlled substance prescription data
 - Local governments can be eligible in some circumstances

FY 2018:

- Category 1: First Responder Partnerships
- Category 2: Technology-Assisted Treatment Projects
- Category 3: System-Level Diversion Projects

2018

FY 2019:

- Category 1: Locally Driven Responses to the Opioid Epidemic

2019



36 months

1c - \$600,000

Category 1: Locally Driven Responses to the Opioid Epidemic





1. Locally Driven Responses

- Expand access to
 - Supervision
 - Treatment
 - Recovery Support Services
- Support Law enforcement and other first responder diversion programs
- Promote education and prevention
- Address the needs of children
- *Expected to involve multiple agencies and partners*

Allowable Uses – Can be a Combo

Pre- or post-arrest first responder diversion program

Enhance law enforcement capacity to identify and connect individuals to substance abuse treatment services

Enhance response for affected children

- Embed social services with law enforcement
- Parent/Family strengthening programs
- Trauma and mental health treatment
- Specialized training for serving children affected by overdose/abuse
- Child and youth-serving organization support
- Cross-system collaborations



Category 1 – Allowable Uses

Peer recovery support

Transitional or recovery housing

Court-based or family court-based interventions/programs

- *Not* Healing to Wellness Courts

Tele-Health

Drug collection boxes and permanent disposal programs

Medication-Assisted Treatment

Reentry recovery

Overdose fatality review team

Data integration



Category 2: Statewide

- 2a: Statewide Implementation Projects
Opioid-intervention programs in geographically diverse localities
- 2b: Statewide Enhancement or Evaluation
- 2c: New initiatives *and* Enhancement or Evaluation

Category 3: PDMP

- Establish or enhance a Prescription Drug Monitoring System
- Develop a training program for system users
- Support collaborations among law enforcement, prosecutors, health officials, treatment providers and/or drug courts
- Improve the quality and accuracy of PDMP data

Data Ownership

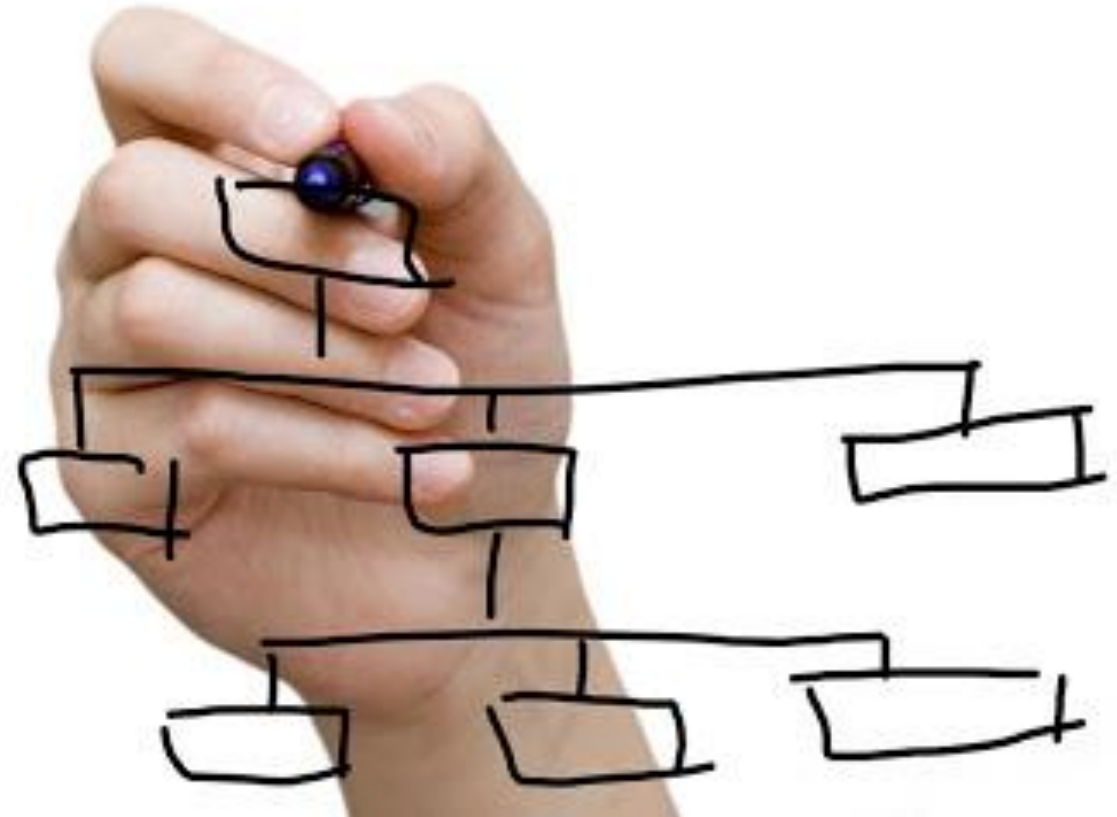
“Any organization using OJP grant funds, in whole or in part, to collect, aggregate, and/or share data must guarantee that the agency that owns the data and its approved designee(s) will retain unrestricted access to the data, in accordance with all applicable laws, regulations, and BJA policy.

This includes providing data (a) in an expeditious manner upon request by BJA; (b) in a clearly defined format that is open, user-friendly, and unfettered by unreasonable proprietary restrictions; and (c) at a minimal additional cost to the requestor (which cost may be borne by using grant funds).”




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Application Components



Statement of the Problem – 15%

- 
- Provide information that documents the impact of the opioid epidemic within the proposed service area.
 - Identify existing strategic plans relevant to the program and areas of opportunities.
 - Explain the inability to fund the proposed program without federal assistance and describe any existing funding or resources that are being leveraged to support the proposed program.
 - Category 1: Locally Driven Responses to the Opioid Epidemic
 - Using the **Sequential Intercept Model** as the framework, describe the existing services and the service gaps. If diversion programs currently exist, describe these in detail.

Project Design and Implementation – 35%

- 
- Mandatory project components
 - “Allowable Uses of Funds”
 - Describe the deliverables to be produced
 - Priority considerations
 - If relevant, how an evaluation will provide meaningful
 - If proposing MAT, specify which forms of medication-assisted treatment and describe the coordination between in-custody and community-based treatment
 - If peer recovery services, describe the type of peer training offered (formal/informal); the type of training certification peers will possess; the peer supervision structure; and the manner in which peer support services will be evaluated and measured.
 - If serving children, describe the types of services to be provided

Capabilities and Competencies – 25%

Management structure and staffing

Partner agency; any previous collaborations; existing partnership agreements

Letters of Support; Timeline

Project coordinator description

Willingness to work closely with BJA's designated TTA provider(s) and evaluator

If relevant, qualifications of research partner

Performance Measures – 5%

- First Responder Partnerships
- Technology-assisted Treatment Projects
- System-level Diversion Projects
- Public Safety, Behavioral Health, and Public Health – Information Sharing Partnerships



Impact/Outcomes, Evaluation, and Sustainment – 10%

- Expected impact of the initiative
- How performance will be documented, monitored, and evaluated.
- Financially sustainability
- How information will be disseminated among team members





Other Funding Opportunities

Funding Opportunities

- **OJJDP Family Drug Court Program**
Applications due: May 29, 2019

Category 1: Enhancing Family Drug Courts

Category 2: Serving Veterans Through Family Drug Courts

Category 3: Establishing New Family Drug Courts

- **OJJDP Opioid Affected Youth Initiative**
Applications due: May 7, 2019

Family First Prevention Services Act

- Title IV-E Prevention Services
 - One-year prevention services for mental health/substance abuse and in-home parent skill-based programs for *candidates* for foster care.
 - Child does not have to be eligible for Title IV-E foster care, adoption, or other eligibility requirements.

Wellness Court Resources



Trainings and Presentations



9th Annual Healing to Wellness Court Enhancement Training

September 10-12, 2019 | Palm Springs, CA

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SAVE THE DATE

SEPTEMBER 10-12, 2019
Palm Springs, CA

U.S. Department of Justice approval is pending.

The Tribal Healing to Wellness Court Enhancement Training ("Enhancement Training,") is a tribal-specific national training for tribal problem-solving courts. The Enhancement Training features Wellness Court best practices and innovative strategies.

Training topics will cover adult criminal, juvenile delinquency, family dependency, DWI/DUI, and veterans models.

This training is free and open to all.



Wellness Court Trainings

- ***Arizona AADCP Problem Solving Conference***
 - Apr. 17-19, 2019 | Prescott, AZ
- ***Michigan Statewide Tribal Opioid Summit***
 - Jun. 12-13, 2019 | Mt. Pleasant, MI
- ***Tribal Veterans Wellness Court Training***
 - June 25-26, 2019 | Albuquerque, NM
- ***Tribal Track at 2019 NADCP Conference***
 - Jul. 14-17, 2019 | National Harbor, MD
- ***Tribal Veterans Wellness Court Symposium***
 - August 2019 | Missoula, MT
- ***9th Annual Wellness Court Enhancement Training***
 - September 10-12, 2019 | Palm Springs, CA



Tribal Healing to Wellness Court Series
Treatment Guidelines, 2nd Edition

TRIBAL HEALING TO WELLNESS COURTS:
 TREATMENT GUIDELINES, 2ND EDITION



November 2017




Main Office: 8235 Santa Monica Blvd., Suite 211 - West Hollywood, CA 90046
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Tribal Healing to Wellness Courts: www.WellnessCourts.org
 Tribal Law and Policy Institute: www.Home.TLPI.org
 Tribal Court Clearinghouse: www.TLPI.org

Tribal Healing to Wellness Court Series
The Judicial Bench Book

TRIBAL HEALING TO WELLNESS COURTS:
 THE JUDICIAL BENCH BOOK



May 2016




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Tribal Healing to Wellness Court Series
The Key Components

TRIBAL HEALING TO WELLNESS COURTS:
 THE KEY COMPONENTS



2nd Edition
 May 2014

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Wellness Court Publications



[The Tribal Key Components, 2nd. ed.](#) (2014)

[Treatment Guidelines, 2nd ed.](#) (2017)

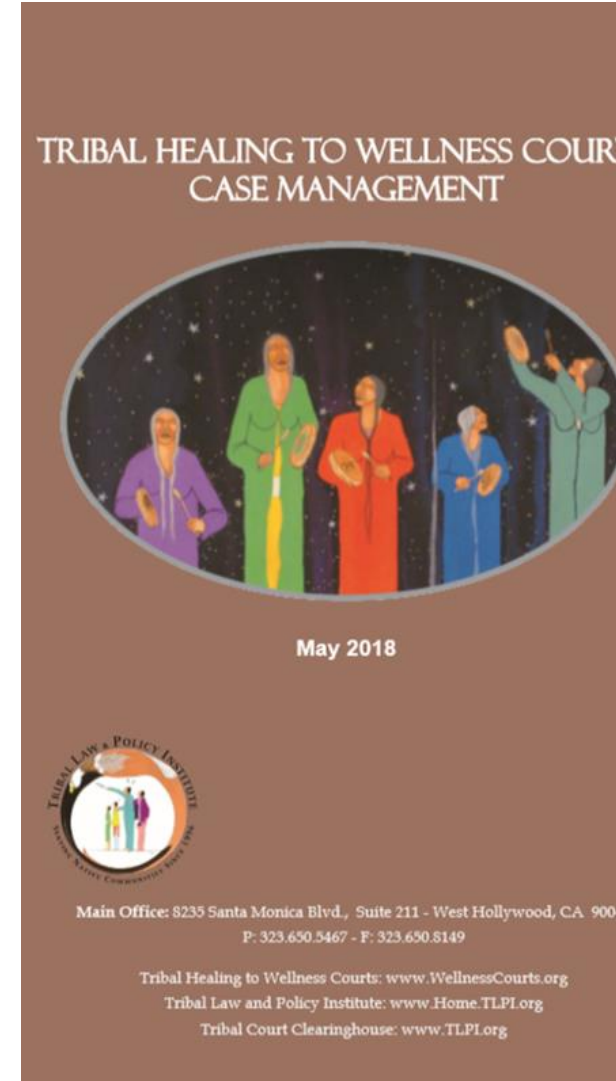
[Case Management](#) (2018)

[The Judicial Bench Book](#) (2016)

[The Policies and Procedures Guide](#) (2015)

[Overview of Tribal Healing to Wellness Court](#)
(2014)

[Needs Assessment Report](#) (2010)





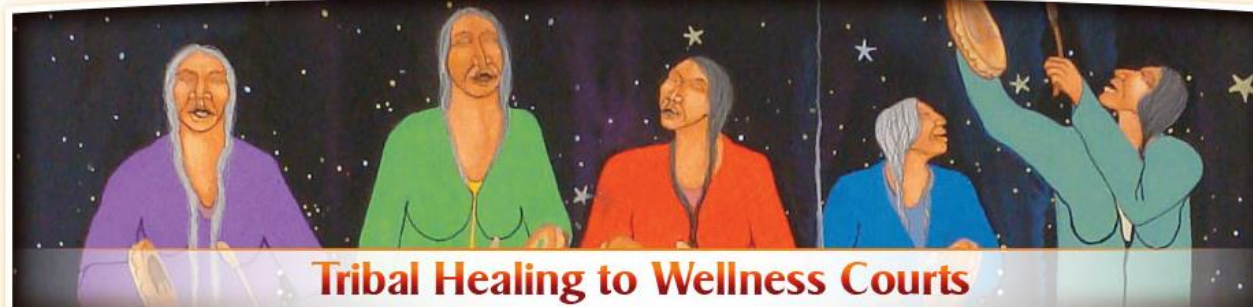
Tribal Veterans Wellness Courts

- Technical Assistance
- Funding
- Veterans Treatment Court Planning Initiative
- Visit a Veterans Treatment Court
- Regional Conference

WellnessCourts.org

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Upcoming Webinar: FY 2019 Funding Opportunity for HTWCs: The BJA Adult Drug Court Solicitation

The BJA Adult Drug Court Solicitation has been released, and applications are due April 16, 2019. This webinar will overview the ... [More](#)



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The Tribal Law and Policy Institute

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Questions
