

FY 2018 Comprehensive Opioid Abuse Program: *Funding Opportunities for Tribes*

May 11, 2018 | 11:00am PDT



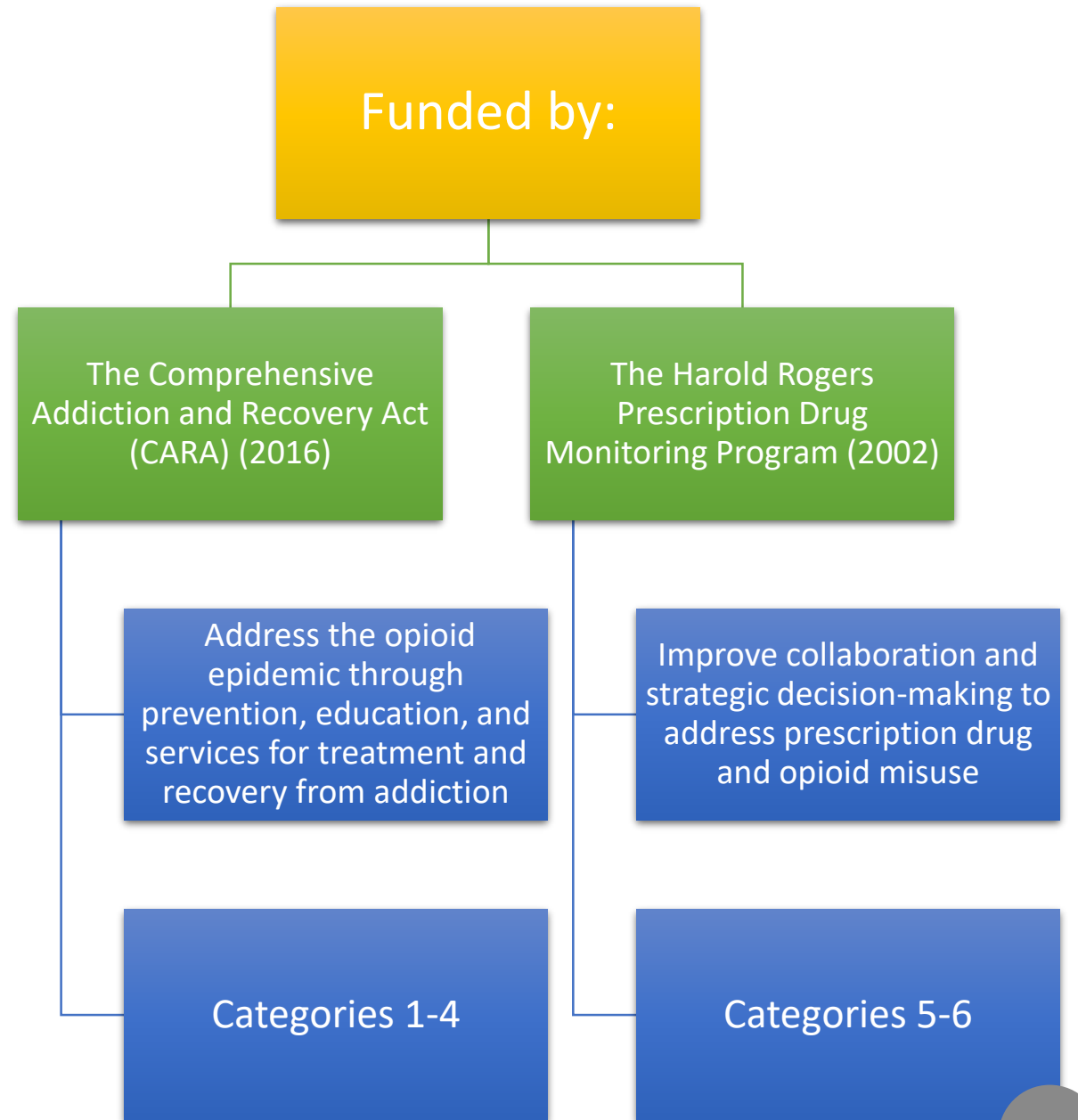


Presenters

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Background

First solicitation in FY 2017, in response to opioid epidemic



Deadline

Release date:
May 8, 2018

Deadline:
June 7, 2018



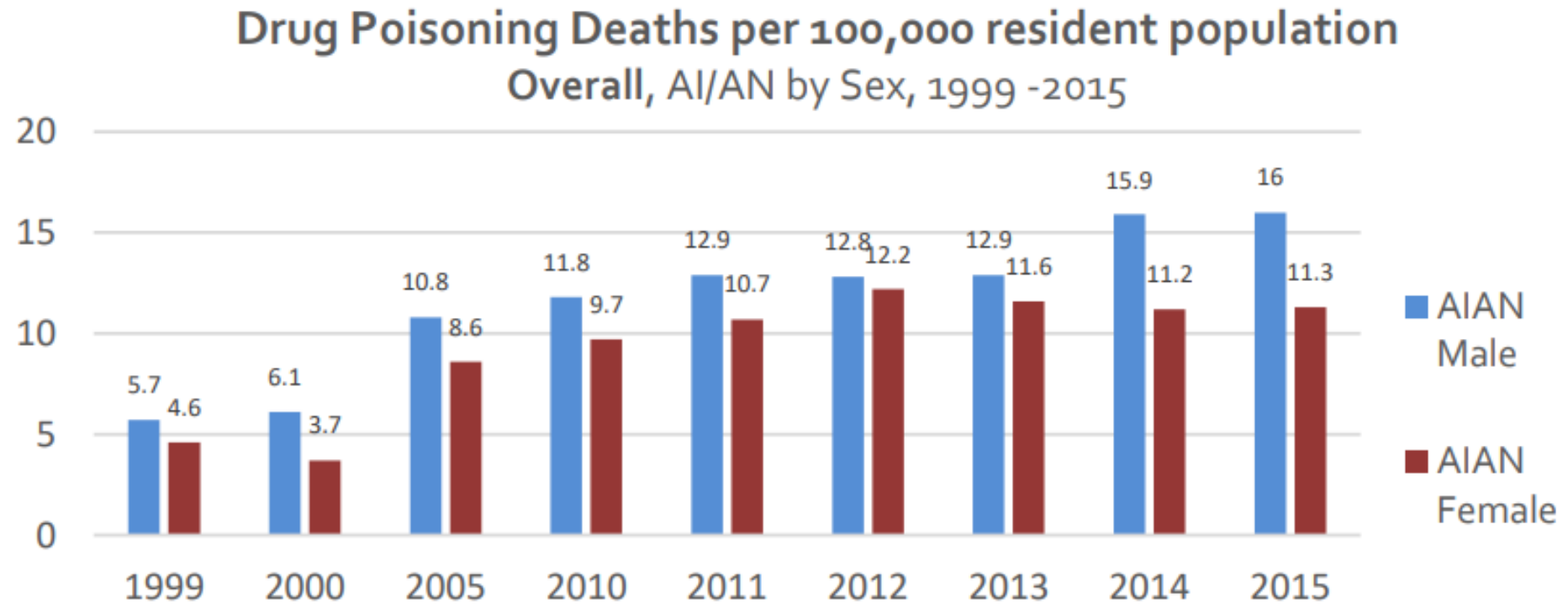
Opioid Epidemic

In 2016 – 63,600 overdose deaths, mostly from opioids; 21 percent higher rate than 2015

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

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).

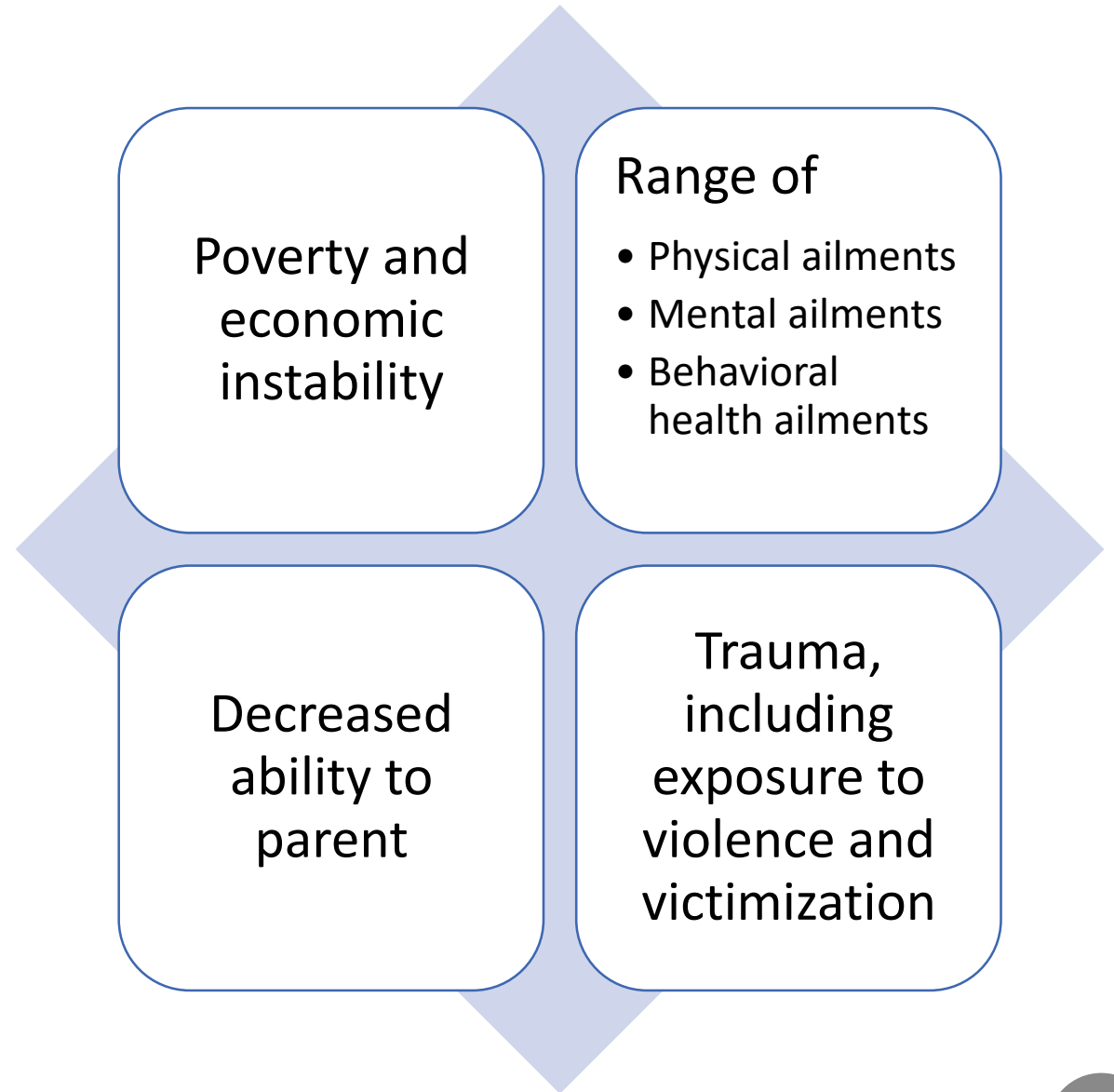


Local vs. National

- 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

Partner	Promote	Expand	Expand	Target	Leverage
Law enforcement and victim services	Cross-system planning and coordination of service delivery	Treatment and recovery services in rural <i>or tribal</i> communities with technology-assistance	Law enforcement diversion programs	“High frequency” utilizers through <ul style="list-style-type: none">• outreach,• treatment, and• recovery support services	Key data sets

Some
identified
themes

Children and Families

Victims' services

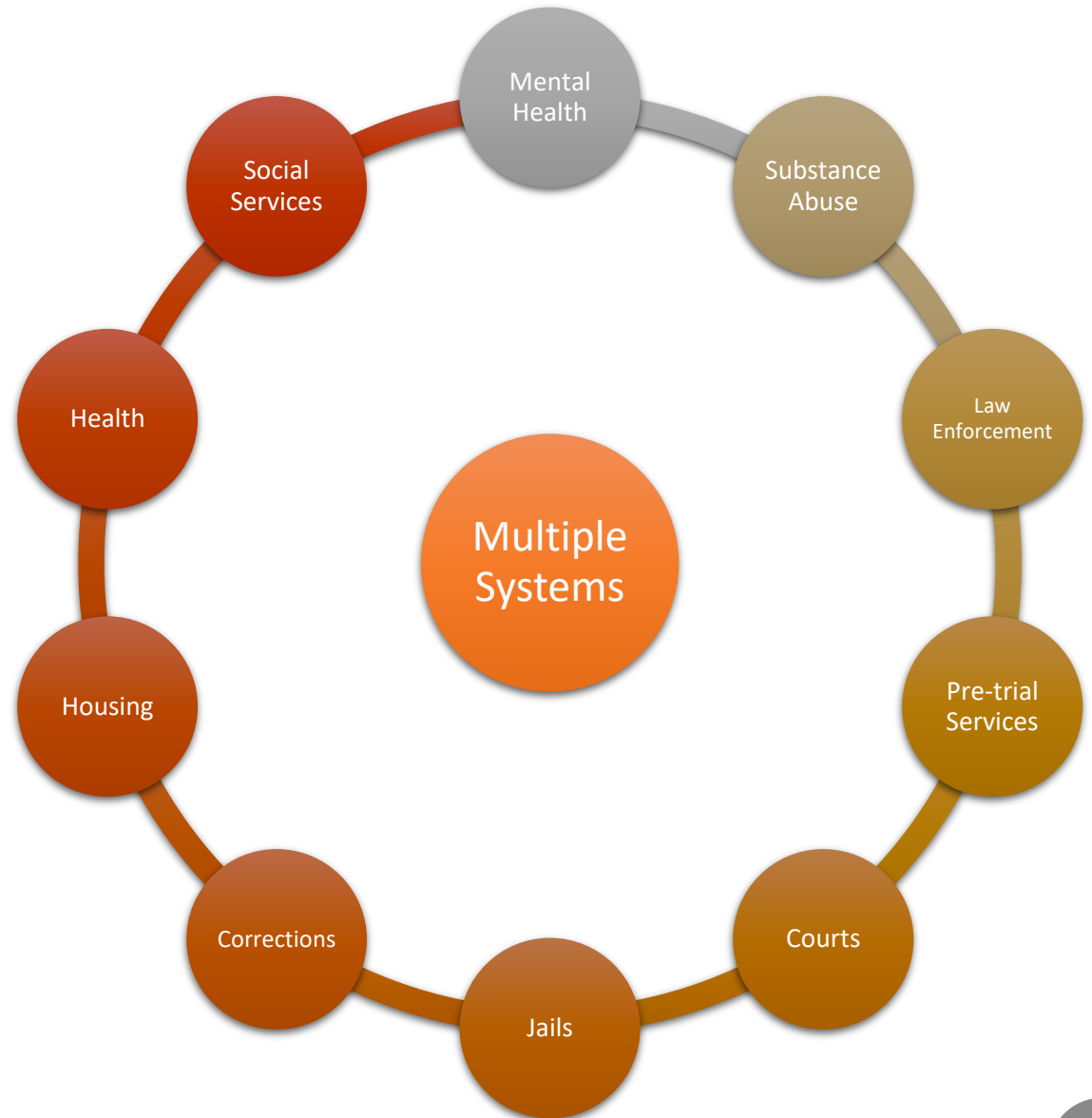
First responders

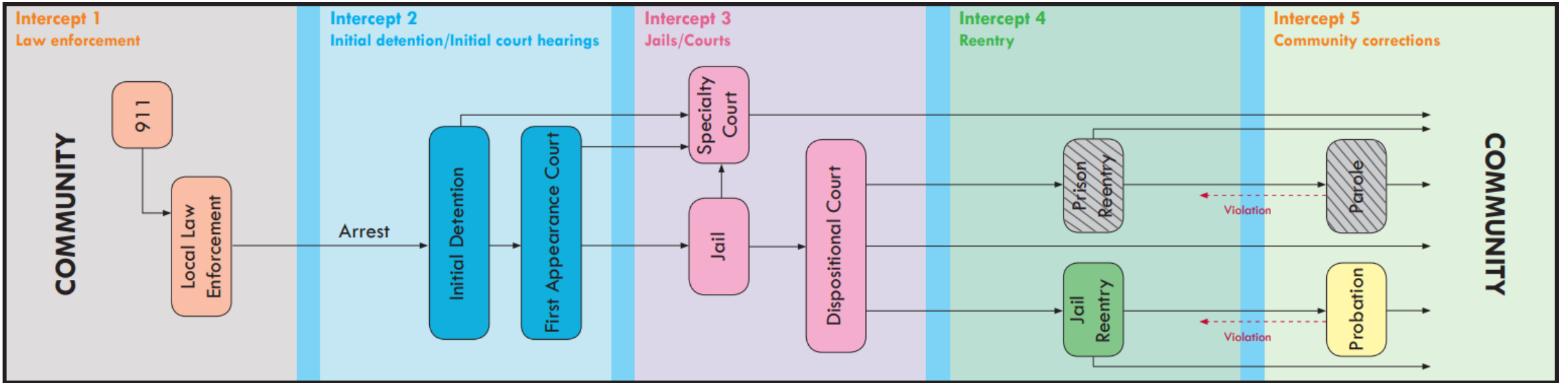
Fatal overdose

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

Sequential Intercept Model Expansion: Intercept Zero

IMPLEMENTING INTERCEPT 0



CRISIS RESPONSE

Crisis response models provide short-term help to individuals who are experiencing behavioral health crisis and can divert individuals from the criminal justice system.

Crisis response models include:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams



POLICE STRATEGIES

Proactive police response with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- Systemwide Mental Assessment Response Teams

Recommend Resources

**Finding
Solutions to the
Prescription
Opioid and
Heroin Crisis:
A Road Map
for States**

- [Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States](#), National Governors Association (2016)*

- SAMHSA's [Guide to Evidence-Based Practices](#)



Priority for Action Research

Categories 1, 3, and 6

“Action Research”

- Enhance data collection
- Enhance outcome evaluations

[BJA’s “Smart Suite” Initiative*](#)

- Practitioner–researcher partnership
- Website Resources:
 - Performance Measures
 - Logic Models
 - Research Partner Q&A

Eligibility

- Categories 1 and 3
 - Units of local government and ***federally recognized Indian tribal governments***
- Categories 2 and 4
 - State agencies
- Categories 5
 - States with a Prescription Data Monitoring Program (PDMP), or
 - Communities (City, county, or region) within a state with no PMDP
- Category 6
 - States with a PDMP
 - Units of local government within such states
 - ***Federally recognized Indian tribal governments***

Research Partner Priority – 1, 3, and 6

- Must document the proposed research partner's experience with
 - Developing a theory of change
 - Developing logic models
 - Collecting and analyzing data sets relevant to the field
 - Using data to identify prescription-drug related challenges
 - Documenting program operations and processes
 - Measuring program outcomes
 - Using data to determine program effectiveness
 - Assessing implementation fidelity



24 months

1a: \leq \$500,000

1b: \leq \$800,000

(\geq \$400,000 \rightarrow victims services)

Category 1: First Responder Partnerships



1: First Responder Partnerships

- Support multidisciplinary opioid response partnerships that include a law enforcement/first responder component
 - 1a: Focus: Law enforcement/first responder and behavioral health/public health partnerships
 - 1b: Same *plus* victim services and child welfare
- Pre-arrest or post-arrest diversion program
 - Low-level, non-violent offenses
 - Connect to community-based substance abuse and behavioral health services
- Project Coordinator - Min. 50% of time

1. First Responder Partnerships

- Pathways to Diversion: e.g. self-referral, active outreach, naloxone plus, officer prevention and intervention
- Examples
 - Police Assisted Addiction and Recovery Initiative (PARRI)
 - Quick Response Teams (QRT)
 - Drug Abuse Response Teams (DART)
 - Stop, Triage, Engage, Education, and Rehabilitate (STEER)
 - [Law Enforcement Assisted Diversion](#) (LEAD)
 - Minimum \$2.5 million allocated here

1a. and 1b. – Allowable Uses

1

Connect at-risk and survivors, and families, with substance abuse/behavioral health treatment or peer recovery

2

Provide access to recovery support

3

Prioritize immediate access to detox, treatment, and MAT

4

Educate on overdose prevention and community outreach

1b. – OVC and BJA – Victim Services Fund

- Serve children exposed to overdose and drug use
 - Victim Services and other specially trained staff
 - Rapid response intervention
 - Training for victim services, first responders, and child protective services
 - Children’s and family services
 - Cross-system collaboration
 - Co-locate staff
 - Training and resources for youth-serving organizations
 - Implement EBPs on parenting, trauma, mental health, peer support, counseling, and/or child development services



Priority Consideration – Category 1

Disproportionate
impact of opioids

Use Overdose
Detection Mapping
Application Program
(ODMAP) data
collection tools

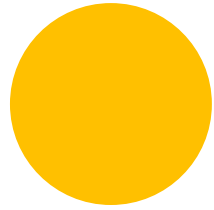
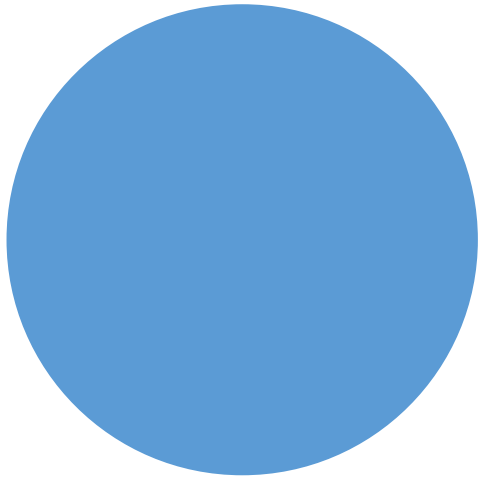
Research Plan

Category 1: Overdose Outreach Projects Examples

Law enforcement as a part of a multi-disciplinary response

Reduce the # of overdose deaths and/or increase treatment and recovery engagement among overdose survivors

- Multidisciplinary teams: Law enforcement, medical care providers, and recovery and treatment providers
- Peer engagement specialists
- Support naloxone distribution
- Expand direct services to overdose survivors
- Connect to services in emergency rooms
- Intensive case management
- Harm reduction training and prevention education
- Data integration across systems
- Policy analysis to understand opioid misuse



No Tribes

Category 2: Technology-Assisted
Treatment Projects



2. Technology-Assisted Treatment

- State agencies
- Pilot the use of technology to expand treatment and services
 - Conduct substance abuse assessments
 - Develop and monitor case plans
 - Monitor MAT
 - Deliver cognitive-behavioral therapy
- Must be in partnership with State Administrative Agency and Single State Agency

≤\$900,000

36 months

Category 3: System-Level Diversion Projects



3. System-level Diversion

- Pre-trial
- Court-based (but not Adult Drug Courts or Veterans Courts)
- Community-based supervision
- Corrections programs
- Reentry programs

- Document impact of opioid epidemic
- Project coordinator – Min. 50% of time
- Establish a planning team
 - Letter of Support or Interagency agreement

3. Diversion – Allowable Uses of Funds

- Court-based intervention or family court programming
- Link high frequency users with EBPs and recovery support
- Universally screen
- Target treatment to pretrial and posttrial populations
- Peer recovery coaches
- Expand cognitive behavioral therapy and MAT
- Wrap-around services with child welfare
 - [National Center on Substance Abuse and Child Welfare](#)
- Partner with public health to serve women and pregnant women
- Data management information systems





Priority Consideration

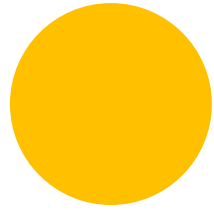
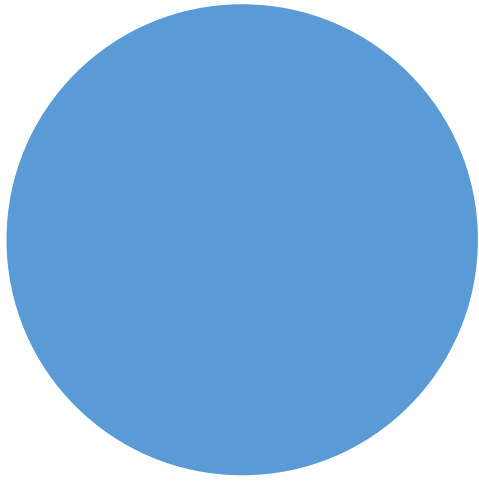
- Demonstrate disproportional impact by the illegal opioid epidemic
 - High rates of primary treatment admissions for heroin or other opioids
 - High rates of overdose deaths
 - Lack of access to treatment providers and facilities, and to emergency medical services
- Research Plan

Category 3:
System-Level
Diversion and
Alternatives
to
Incarceration
Projects
Examples

Initiatives in at least two intercepts

Justice-involved (including pre-arrest) with history of opioid misuse

- Cross-system teams and planning
- Diversion program at court
- Diversion program at arrest and pre-arrest
- Jail-based programming
- Community-wide sequential mapping
- Naloxone distribution
- Needle exchange
- Drug Court
- Harm reduction campaign
- Community paramedic
- Unified data entry across hospitals, criminal justice, and recovery services
- Job and family services
- Agricultural and artisan programming to reconnect with communities
- Peacemaking Court



No Tribes

Category 4: Statewide Planning,
Coordination, and
Implementation Projects

4. Statewide Planning, Coordination, and Implementation Projects

- 4a. Coordinated plan b/ween State Administrative Agency (SAA) and Single State Agency (SSA)
- 4b. Implement the plan (pass-through funds for localities)
- Identify policies and practices to enhance treatment engagement; use of diversion; and/or reduce overdose death
- Identify gaps in treatment services
- Increase evidence-based treatments
- Review Medicaid plans for treatment of criminogenic needs
- Provide training and technical assistance for localities
- Increase information sharing



No Tribes*

Category 5: Harold Rogers PDMP
Implementation and
Enhancement Projects

5. PDMP Implementation and Enhancement Projects

- Establish or enhance a PDMP system
- Share information across states
- Training program
- Educational materials
- Support collaborations
- Expand scope of covered drugs



\$1,000,000 (\$1,500,000 for regions)

36 months

Category 6: Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships

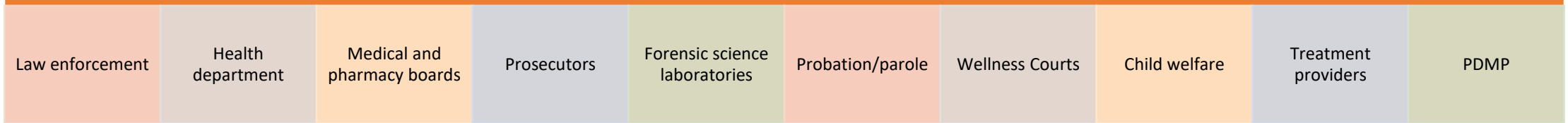


6. Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships

Leverage information from variety of public health and public safety data sources to analyze substance abuse issues



Multidisciplinary action group



6. Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships

Use	Support	Use	Implement	Assess
Use key data sets to target interventions to reduce drug abuse and protect public safety	Support data collection for overdoses	Use Overdose Detection Mapping Application Program (ODMAP) to support a broader system partnership	Implement a data-driven response to geographic area or population most at-risk	Assess impact of specific policy or practice changes on PDMP use

Category 6: Data-Driven Responses to Opioid Misuse Examples

Leverage key data sets

With holistic view, create targeted interventions

Multidisciplinary action group

- Repository of cross-sector data of police and health
- Expand data system to include non-health data sources
- Provide quarterly PDMP data to chief medical officers
- Multijurisdictional community of practice to leverage action researchers and public health
- Enhance state drug-related outcomes and surveillance tracking system
- Policy research; analyze data sets regarding rug prescriptions and misuse
- Integrate PDMP into other datasets
- Educational campaign

Performance Measures

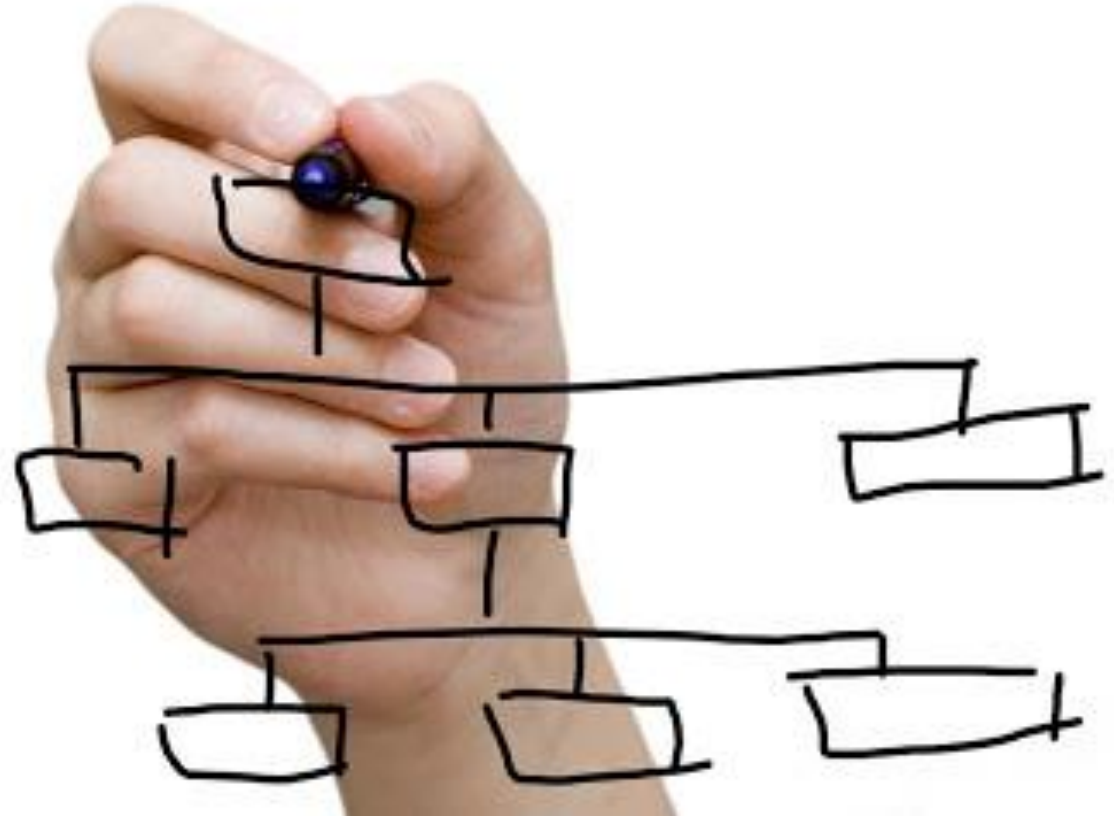


Performance Measure Sampling

- Category 1: First Responder Partnerships
- Category 3: System-level Diversion Projects
- Category 6: Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships
- Combined Performance Measure Questionnaires for the Comprehensive Opioid Abuse – Site Based Program:
https://www.bja.gov/funding/COAP_Comprehensive_Performance_Measure_Questionnaire_508c.pdf



Application Considerations



Application Considerations

- Solicitation includes category-specific questions for each section of the application.
- For example:
 - Describe the nature and scope of the opioid epidemic in the community
 - Identify your partner agencies and their demonstrated commitment
 - Identify existing strategic plans



Other Funding Opportunities

Office of Justice Programs

- [BJA Adult Drug Court Program](#)
 - Released April 30, 2018
 - Due: **June 5, 2018**
 - [Webinar: May 9, 2018](#)
- [OJJDP Drug Treatment Courts](#)
 - Juvenile and Family Drug Court funding
 - Due: **June 21, 2018**

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



Wellness Court Trainings

- Tribal Track at **2018 NADCP Conference**
 - May 30 – June 2, 2018 ~ Houston, TX
nadcpconference.org
- **Healing to Wellness Court Enhancement Training**
 - August 28-30, 2018 ~ Bernalillo, NM
EnhancementTraining.org
- **California Collaborative Courts Conference**
 - September 12-14, 2018 ~ Sacramento, CA
- **Montana Statewide Drug Court Conference**
 - October 22-24, 2018

Find events and past materials at:
WellnessCourts.org



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 Court Clearinghouse: www.TLPI.org
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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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 Tribal Court Clearinghouse: www.tlpi.org

Wellness Court Publications



WellnessCourts.org

- The Tribal 10 Key Components
- Publication Series
- Webinar Series
- Tribal-Specific Research
- Federal Funding Announcements
- Listing of all Healing to Wellness Courts
- Subject-Matter specific Wellness Court Resources



Other Resources



Webinar: Responding to BJA's FY 2018 Comprehensive Opioid Abuse Program (COAP) Solicitation

• **Tuesday, May 15, 2018 | 1:00pm – 2:30pm EDT**

In this webinar, BJA leaders will review the FY 2018 COAP grant application process. This site-based grant program provides awards ranging from \$100,000 to \$1,500,000 for a 24- to 36-month project period to deliver financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic.

• **Presenters**

- **Tara Kunkel, M.S.W.**, Senior Drug Policy Advisor, BJA
- **Tim Jeffries, M.S.W.**, Senior Drug Policy Advisor, BJA





The Tribal Law and Policy Institute

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Questions
