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

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%.

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.

Factors leading to addiction

- Poverty and economic instability
- Range of:
  - Physical ailments
  - Mental ailments
  - Behavioral health ailments
- Decreased ability to parent
- Trauma, including exposure to violence and victimization
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

FY 2019:
- Category 1: Locally Driven Responses to the Opioid Epidemic
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

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<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Peer recovery support</td>
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<tr>
<td>Transitional or recovery housing</td>
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<td>Court-based or family court-based interventions/programs</td>
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<td>• Not Healing to Wellness Courts</td>
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<td>Tele-Health</td>
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<td>Drug collection boxes and permanent disposal programs</td>
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<tr>
<td>Medication-Assisted Treatment</td>
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<td>Reentry recovery</td>
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<td>Overdose fatality review team</td>
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<td>Data integration</td>
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</table>
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).”
Application Components
• 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 eligible for Title IV-E foster care, adoption, or other eligibility requirements.
Wellness Court Resources
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
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<thead>
<tr>
<th>Title</th>
<th>Year</th>
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<tr>
<td>The Tribal Key Components, 2nd. ed.</td>
<td>2014</td>
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<td>Treatment Guidelines, 2nd ed.</td>
<td>2017</td>
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<td>Case Management</td>
<td>2018</td>
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<td>The Judicial Bench Book</td>
<td>2016</td>
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<td>The Policies and Procedures Guide</td>
<td>2015</td>
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<td>Overview of Tribal Healing to Wellness Court</td>
<td>2014</td>
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<td>Needs Assessment Report</td>
<td>2010</td>
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Tribal Veterans Wellness Courts

• Technical Assistance
• Funding
• Veterans Treatment Court Planning Initiative
• Visit a Veterans Treatment Court
• Regional Conference
The Tribal Law and Policy Institute

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