FY 2020 Comprehensive Opioid, Stimulant, and Substance Abuse Program: Funding Opportunities for Tribes
Presenters

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Deadline

Release date: February 21, 2020

Deadline: May 21, 2020
Category 1: First Responder Partnerships
Category 2: Technology-Assisted Treatment Projects
Category 3: System-Level Diversion Projects

Category 1: Locally Driven Responses to the Opioid Epidemic

Category 1: Local or Tribal Applicants

2018
2019
2020
Major Expansion

• Formerly limited to the opioid crisis.
• Programming scope can now extend to
  – Opioids
  – Stimulants
  – Other substances, such as methamphetamines
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

- Develop, implement, or expand
- Comprehensive efforts to
  - Identify
  - Respond to
  - Treat
  - Support
- Those impacted by illicit opioids, stimulants, and other drugs of abuse
COSSAP Objectives and Deliverables

- Reduce *substance* abuse *in individuals and communities*, including a reduction in the number of overdose fatalities
- Mitigate the impacts on crime victims
- Support *comprehensive, collaborative initiatives*
Category 1: Local or Tribal

Category 2: State
Eligibility:
Category 1: Local or Tribal Applicants

- **Subcategories**
  - 1a: Urban area or large county with population >500,000
    - Up to $1.2 million
  - 1b: Suburban area or medium-size county with population 100,000 – 500,000
    - Up to $900,000
  - 1c: Rural area, small county, or TRIBAL AREA with a population <100,000 or a federally recognized Indian tribe.
    - Up to $600,000

- 36 month awards (3 years)
**Allowable Funding Uses**

- **Pre- or post-booking treatment alternative-to-incarceration program**

- **Law enforcement or other first responder diversion program**
  - Law Enforcement Assisted Diversion (LEAD) >$10 million
  - Police Assisted Addiction and Recovery Initiative (PARRI)

- **Education and prevention programs**

- **Embed social services with law enforcement (> $10 million)**

- **Information collection, analysis, and dissemination**

- **Naloxone for first responders**

- **Take-back programs for unused controlled substances**

- **Evidence-based treatment, such as MAT, and recovery support**
  - Limit to 30 percent of budget

- **Court-based interventions or family court programming**
  - No drug courts or veterans treatment courts
COSSAP is committed to supporting effective responses to illicit substance use and misuse throughout the United States via policy and practice. There are four key areas of programmatic focus.

- Promote Public Safety and Support Access to Treatment and Recovery Services in the Criminal Justice System
- Strengthen the Collection and Sharing of Data Across Systems to Understand and Address the Impact of Illicit Substance Use and Misuse
- Align and Maximize Resources Across Systems and Leverage Diverse Program Funding
- Prevent Illicit Substance Use and Misuse
Promote public safety and support access to treatment

- Expand law enforcement diversion and first-responder models that connect individuals to substance abuse treatment and recovery support services
- Alternatives to incarceration programs for nonviolent drug offenders
- Expand jail-based treatment and effective reentry programs
- Expand peer support services and recovery housing
- Increase access to naloxone
Strengthen Data

- Prioritize real-time data collection, analysis, and dissemination
- Link data sets to identify trends and focus resources
- Develop and disseminate research on illicit substance use and misuse policies and interventions
Align and maximize resources across systems

- Expand models of public health, behavioral health, and public safety information sharing and collaboration at the state and local levels
- Support children and youth affected by illicit substance use
- Build capacity in underserved regions
Prevent illicit substance use

- Strengthen prescription drug monitoring programs (PDMPs)
- Support prescriber education programs
- Expand public awareness
- Integrate standardized screening practices into criminal justice system
- Educate public safety and criminal justice stakeholders about substance abuse
Successful BJA-funded COAP Projects

GRANTEE PROJECTS

Select a State

Select an Area of Focus

22nd Judicial Circuit District Attorney’s Office
Alabama
The Office of the District Attorney in Alabama’s 22nd Judicial Circuit will concentrate on response and prevention. Response will include the formation of the opiate abuse prevention.

Adams County
Ohio
The Adams County Health Department will embed a community care coordinator within the Sheriff’s Office, Probation Department and County Court to provide a real-time interface between community recovery resources and the.

Alabama Department of Mental Health
Alabama
Alabama’s Department of Mental Health, in partnership with the Alabama Bureau of Justice Assistance, a division of the Alabama Department of Economic and Community
Sequential Intercept Model
Category 2: Statewide

- Implement/enhance a Category 1 activity in a minimum of 6 geographically diverse counties, localities, or regions. $6,000,000
- $800,000 limit for administrative expenses
- State Administering Agencies [https://www.ojp.gov/funding/state-administering-agencies/overview](https://www.ojp.gov/funding/state-administering-agencies/overview)
Category 2: Statewide

Select and provide subawards to a minimum of six (6) geographically diverse localities/regions (which can include TRIBES).

Support states in their efforts to implement and enhance one or more of the allowable activities detailed under Category 1.

The state may retain up to $800,000 for administrative purposes.

The balance of the funds must be subawarded to local communities, regions, or tribal entities.
Priority Considerations

Separate Attachment!

- Disproportionate impact by the abuse of substances, evidenced in part by
  - A high rate of primary treatment admissions
  - High rates of overdose deaths; and/or
  - A lack of accessibility to treatment providers and facilities and emergency medical services
- Specific challenges for rural communities
- High-poverty areas or persistent-poverty counties
- Qualified Opportunity Zones
Application Components
20 pages
Statement of the Problem – 15%

- Provide information that documents the impact of substance abuse within the proposed service area.
- Identify any specific challenges motivating the applicant’s interest to apply.
- Explain the inability to fund the proposed program without federal assistance and resources that are being leveraged to support the proposed program.
Project Design and Implementation – 40%

- Required activities:
  - Allowable Uses of Funds (page 5-6; Slide 10)
  - Deliverables to be produced
  - Any potential barriers?
  - Priority consideration?
  - If evaluation – how will it provide meaningful insight?
  - If MAT – what forms of MAT and how will in-custody and community-based treatment be coordinated?
  - If peer recovery services – type of peer training; type of certification; type of supervision structure; manner in which peer support will be evaluated and measured?
  - If serving children – describe the type of services.
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
Plan for collecting Data for Performance Measures – 10%

- Who will be responsible for reporting the required performance measures?
  - How will data be collected?
- Any additional performance metrics?
- What data sources will be used?
  - Any legal, policy, or other barriers to gaining access?
Budget – 10%

• Budget that is complete, cost effective, and allowable
  – 1 national meeting for grantees
  – An “appropriate” percentage for performance measurement

• If teleservices proposed –
  – No more than 10 percent to purchase web-based services/electronic applications
  – No more than 10 percent to purchase devices
  – No more than 20 percent to support remote connection between supervision officer and client
  – No more than 30 percent for technology-assisted treatment

• If transitional housing – no more than 30 percent of total budget
• *Evidence-based treatment/MAT – no more than 30 percent of total budget
Other Attachments

- Priority Areas Narrative
- Letters of Support/MOUS
- Time Task Plan
- Subrecipient and Procurement Contract Disclousures (If Applicable)
2018 National Survey on Drug Use and Health: American Indians and Alaska Natives

SAMHSA
Illicit Drug Use among American Indian/Alaska Natives (AI/ANs): Marijuana Most Used Drug

- Marijuana: 23.0% (384K)
- Psychotherapeutic Drugs: 7.6% (127K)
- Methamphetamines: 2.4% (39K)
- Cocaine: 1.9% (31K)
- Hallucinogens: 1.9% (31K)
- Inhalants: 1.2% (20K)
- Heroin: 0.3% (5K)
Prescription Pain Reliever Misuse among AI/ANs

97,000 AI/ANs with opioid misuse (5.8% of total population)

- 96,000 Rx Pain Reliever Misusers
- 42,000 Rx Hydrocodone
- 34,000 Rx Oxycodone
- 1,000 Rx Fentanyl
- 5,000 Heroin Users
- 3,000 Rx Pain Reliever Misusers and Heroin Users

Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Opioid Misuse among AI/ANs

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.
Methamphetamine Use among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+

* Estimate not shown due to low precision.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Methamphetamine Use among AI/ANs by State

PAST YEAR, 2016-2017 NSDUH, AIAN 12+

Percentages of AI/ANs Aged 12 or Older

- Low precision; data suppressed

Differences in colors across states do not indicate significant differences in estimates.
AI/ANs Data on Opioid Overdose Deaths

### Drug Poisoning Deaths per 100,000 resident population

**Overall, AI/AN by Sex, 1999 - 2015**

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<th>Year</th>
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<th>Female AIAN</th>
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</tbody>
</table>
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
Other Funding Opportunities
The FY 2020 BJA Adult Drug Court and Veterans Treatment Court Grant

Released on February 24, 2020
Due: May 14, 2020
Coordinated Tribal Assistance Solicitation

Released: December 4, 2019
Closed: February 25, 2020
Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- Juvenile Drug Court
- Family Drug Courts
Juvenile Drug Treatment Court Enhancement (operational for at least 1 year)
  – Juvenile Drug Court Guidelines
  – $600,000/36 months
Juvenile Treatment Court Planning and Implementation
  $500,000/36 months
  25% match
  Logic Model
Family Drug Court Enhancement (operational for at least 1 year) – $750,000/36 months

Serving Veterans Through Family Drug Courts – $500,000/36 months

Family Drug Court Implementation – $600,000/36 months

25% match

Logic Model