

Bureau of Justice Assistance's Comprehensive Opioid Abuse Program

Rural Responses to the Opioid Epidemic

Grant Overview and Application

Overview of Funding Opportunity

The United States is experiencing an epidemic of drug overdose deaths. In 2017, more than 70,000 Americans died from drug overdoses. At 192 people each day, this is more than the number of lives lost in car accidents or gun-related homicides. An overwhelming majority of these overdose deaths involved an opioid. While no corner of the country has gone untouched by this issue, the opioid epidemic has hit rural America particularly hard.

In October 2017, the Centers for Disease Control and Prevention (CDC) announced that the rates of drug overdose deaths are rising in rural areas, surpassing rates in urban areas. In addition, a December 2017 survey by the National Farmers Union and the American Farm Bureau Federation found that as many as 74 percent of farmers have been directly impacted by the opioid crisis.

The **Rural Responses to the Opioid Epidemic** solicitation is designed to leverage the combined resources and expertise of the U.S. Department of Justice, Bureau of Justice Assistance (BJA), the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, and the State Justice Institute (SJI), along with other federal partners, to reduce the morbidity and mortality associated with opioid overdoses among individuals who come in contact with law enforcement or are involved in the criminal justice system in high-risk rural communities and regions.

The Institute for Intergovernmental Research (IIR) is releasing this solicitation on behalf of BJA, the CDC, and SJI. Under this solicitation, up to eight rural communities or regions will be selected for an award of up to \$750,000 each for a 24-month time period. Applicants selected for

this initiative will be required to commit to a planning phase of approximately 6 months and an implementation phase of approximately 18 months. Grant funds may be used to support activities in the following categories:

- ◀ Strategic planning
- ◀ Strengthening epidemiologic surveillance and public health data infrastructure to ensure accurate, complete, and timely data
- ◀ Increasing the use of evidence-based/culturally appropriate prescribing interventions within local health-care systems. Where the evidence is still being built, promising practices may be proposed
- ◀ Developing and implementing community-level opioid overdose prevention activities
- ◀ Establishing or enhancing public health, behavioral health, and public safety collaborations. This includes collaborations that involve law enforcement agencies, the courts, probation, and corrections, as well as first responders such as fire and emergency medical services
- ◀ Enhancing linkage to evidence-based practices for opioid addiction/opioid use disorder (OUD) treatment, such as medication-assisted treatment (MAT)
- ◀ Expanding peer recovery and recovery support services that help people initiate and remain in recovery and relapse prevention

The primary focus of this initiative is preventing and reducing overdose deaths associated with opioids, including illicit fentanyl, and advancing a shared understanding of the patterns and characteristics of problem drug use in a local community. Applications should demonstrate an understanding of the dynamic nature of substance abuse

in a community and shifting drug markets. Communities or regions that are experiencing a shift away from a drug market dominated by opioids towards an increase in cocaine and/or methamphetamine abuse are also encouraged to apply.

This solicitation is part of a series of solicitations to support national demonstration collaborations to build local capacity and support innovation. Please see the **ODMAP Statewide Expansion and Response Grant** and the **Partnerships to Support Data-driven Responses to Emerging Drug Threats Grant** for other funding opportunities released as part of the effort.

Eligibility

Eligible applicants include:

- ◀ A unit of local government or a federally recognized Indian tribal government (as determined by the Secretary of the Interior); or
- ◀ A unit of local government on behalf of a multicounty region within a state; or
- ◀ A nonprofit or for-profit organization, including tribal nonprofit organizations, faith-based and community-based organizations with a documented history of providing services to rural communities or regions highly impacted by substance use disorder.

All proposed activities supported by this solicitation must exclusively target populations residing in rural communities or rural census tracts in urban or suburban counties as defined by the Rural Health Grants Eligibility Analyzer. The applicant organization does not need to be physically located in a HRSA-designated rural area. However, the applicant organization must have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the target rural communities. Finally, the applicant organization must be able to convene an interdisciplinary workgroup that is representative of rural entities.

Applicants may apply to serve a single community or multiple communities within a larger region so long as all the communities are rural as defined above.

All recipients and subrecipients (including any for-profit organization) must forgo any profit or management fee.

Priority consideration will be given to rural regions previously selected for the Health Resources & Services Administration's (HRSA's) **Rural Communities Opioid Response Program—Planning initiative** (RCORP-Planning), although new applicants are welcome. Applicants will receive priority consideration if (a) the applicant is the actual award recipient of the RCORP-Planning award or (b) the applicant is serving a geographic area that is a recipient of the RCORP-Planning grant and the applicant demonstrates appropriate collaboration between the proposed effort and activities under the RCORP-Planning initiative.

IIR welcomes applications under which two or more entities would carry out the federal award; however, only one entity may be the applicant. Any others must be proposed as subrecipients (subgrantees). The applicant must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire program.

Current COAP site-based grantees are eligible to apply.

Applicant Requirements

We seek applicants that demonstrate the following:

1. **Willingness to form an organizational structure that includes, at a minimum, public safety, public health, and behavioral health agency representatives that agree to work collaboratively on the proposed initiative.** The structure may vary, but most communities or regions will want to consider the following organizational structure:
 - An executive leadership group that will provide strategic oversight and execute decision making authority for this initiative. This group is expected to meet monthly, on average; and
 - A larger stakeholder group that will meet, at a minimum, quarterly to ensure that the broader community perspectives are considered in the project.

Applicants are encouraged to use existing interagency workgroups, where possible, such as a local criminal justice coordinating council or a local opioid task force or drug coalition. The exact composition of the executive leadership group and stakeholder group may vary by applicant but will generally include representatives from local and state agencies (where applicable), including:

- Department of health
- Department of behavioral health or county/city substance use treatment authority
- Department(s) of social and/or human services
- Prosecutor's office
- A local judicial officer
- Law enforcement (e.g., sheriff's office and/or police department)
- Jail or detention center
- Departments of probation, parole, and/or community corrections
- Public and/or private hospital system(s)
- Emergency medical services
- Poison control center
- School system
- Local extension office
- Local transportation agencies
- Local housing authority
- Local community college or other institution of higher learning including land grant universities
- Faith-based organization
- Local chamber of commerce or local business community
- Rural health clinic
- Child protective services
- Housing and/or homeless services
- Medical examiner/coroner's office

Agencies serving on the interagency workgroup may be located in urban or rural areas, but all activities supported by this program must exclusively target populations residing in rural counties or rural census tracts in urban and suburban communities, and the composition of the interagency workgroup must, overall, be representative of rural entities within the applicant region.

2. **Capacity to support the level of coordination needed to effectively coordinate and sustain cross-disciplinary initiatives.** Initiatives supported by this funding opportunity will require a considerable administrative component, and a project coordinator is necessary to provide project management and alignment. Applicants must identify a project

coordinator to serve as the operational coordinator of the initiative, guiding the development of the project, formalizing processes to support cross-agency collaboration, and conducting outreach to stakeholders. The project coordinator must dedicate 100 percent of his or her time to this initiative. Because of the timeline of this project, applicants that identify an existing employee as the project coordinator will be given priority consideration so that project start-up time is minimized.

BJA anticipates that the project coordinator will:

- Guide the planning and implementation of the local initiative, including a comprehensive, cross-agency strategy for achieving the goals and the objectives of the initiative;
- Conduct outreach to officials in key agencies to gain support for the formal development of the initiative;
- Cultivate and maintain effective partnerships with key public health/behavioral health staff and public safety/criminal justice staff to achieve the goals and objectives of the initiative, with strategic attention to cross-agency data sharing and data integration;
- Coordinate and convene the executive leadership group, the workgroup and required subgroups of the initiative and ensure follow-up to key action items and proposals;
- Guide the development, evaluation, and improvement of business processes, policies and procedures, and other protocols commonly associated with information management and data sharing, integration, and analysis;
- Maintain partnerships with internal and external partners such as other city, county, and state agencies; community organizations; advocacy groups; and nonprofit organizations, foundations, and private entities;
- Maintain awareness of other rural specific federal funding (e.g., RCORP-Planning) received in the region and work in collaboration with respective coordinators of those programs to ensure that activities are complementary and not duplicative;
- Establish a communication strategy to provide policymakers, practitioners, and the public with information about the initiative;

- Serve as the primary point of contact for the initiative and provide monthly progress and outcome data to BJA, the CDC, and its consortium partners via IIR;
 - Collect, share, and report performance measurement data;
 - Document challenges in implementation and successful strategies developed; and
 - Submit semiannual progress reports to federal funders and ensure timely submission of all reporting elements.
3. **Commitment to deploying collaborative public health and public safety strategies as outlined in the implementation section of this solicitation.**
 4. **Willingness to work directly with BJA, its federal partners, including CDC, and their consortium of national experts and technical assistance providers to deepen our collective understanding of effective intervention strategies in rural communities.**

Allowable Activities

Each project will include a planning and implementation phase. A description of expected deliverables during each phase follows.

Planning Phase

Each applicant will be required to engage in a planning phase of no longer than 6 months. For purposes of budgeting, \$100,000 of the award will be released at the time of award to support activities during the planning phase, including support for the mandatory project coordinator. While up to a \$100,000 will be available to support the planning phase, applicants are not required to use funds in the planning phase if they are not needed. The balance of the award will not be released by IIR until all of the required components of the planning phase are completed and BJA has approved the detailed budget for the implementation phase. Selected sites will submit the revised budget and budget narrative and other planning documents to IIR at the completion of the planning phase.

During the planning phase, participating sites will be required to:

- ◀ Identify a project coordinator;
- ◀ Convene key staff and agency leaders from public safety, public health, behavioral health, criminal justice, and other relevant sectors. The organizational structure may vary somewhat from site to site, although the following structure is recommended:
 - An executive leadership group that will provide strategic oversight and execute decision-making authority for this initiative. This group will typically meet monthly.
 - A larger stakeholder group that will meet quarterly to ensure that community perspectives are considered in the project.
- ◀ Participate in the first peer-to-peer convening of all the sites selected in Washington, DC. This convening will likely occur in the fourth month of the project.
- ◀ Develop a shared understanding of current public safety, behavioral health, and public health practices related to substance abuse and misuse and identify current gaps in prevention, treatment, and/or recovery services for individuals who encounter the criminal justice system within the target rural service area.
- ◀ Identify a set of discrete strategies that address the gaps identified. These strategies should incorporate evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities and ensure accessibility of services to the target population.
- ◀ Submit a core set of performance indicators that will enable an objective, empirical evaluation of the achievement of the agreed vision and report them quarterly to BJA.

At the end of the planning phase, participating sites will have:

- ◀ Demonstrated engagement of local leaders in the planning process, including participation in key planning meetings, and ongoing commitment to the implementation process.
- ◀ Established an organizational structure to regularly review data and establish strategic direction and met at least four times locally. If a site is using an existing workgroup, this requirement may be modified post-award.

- ◀ Established preliminary areas of focus for the workgroup. This may involve interventions that prioritize a specific geographic area or an at-risk population.
- ◀ Received approval from BJA on a final budget. This final budget will include a budget and a budget narrative that details how the remainder of the budget will be spent supporting implementation.

Applicants that are current RCORP-Planning sites may have an abbreviated planning period, as appropriate, based on previous planning efforts.

Implementation Phase

Applicants are required to provide a preliminary indication of the activities they anticipate implementing in this application. However, we recognize that the sites selected for this initiative may wish to modify their strategies after completing the planning phase. The sites selected for this demonstration project will be required to submit a final budget for approval as well as a revised work plan that includes the final strategies selected. Sites are required to select one or more activities that fall into each of the first three mandatory funding categories. Applicants may elect to also select one or more activities within the optional funding category. The total funding available for activities that fall under the optional funding category is limited to no more than 25 percent of the total grant award.

Mandatory Funding Category 1: Strengthening epidemiologic surveillance and public health data infrastructure.

Applicants must select one or more of the following activities in Mandatory Funding Category 1 to include in the proposed work plan that is submitted with the application.

- ◀ Track emergency department and hospital admissions for drug overdoses, opioid prescribing patterns, arrests for drug possession or sales, infectious disease cases, linkages to care following opioid overdoses, and other relevant indicators.
- ◀ Establish an overdose fatality review team or enhance an existing overdose fatality review team. Local overdose fatality review teams have been used throughout the United States to examine the circumstances surrounding unintentional fatal drug overdoses providing additional context to the shared aggregate data. These reviews are used to identify missed opportunities for prevention

and gaps in local service deliveries in order to identify and inform strategies and coordination needed to prevent future overdoses.

- ◀ Conduct rapid assessment to quickly gather data in response to a question or crisis requiring timely intervention, such as a spike in overdoses. Assessments may include semistructured interviews with service providers working with people who use drugs, public safety officials, treatment providers, emergency department staff members, and other stakeholders in targeted geographic areas.
- ◀ Collaborate with medical examiners or coroners to expedite access to preliminary data on suspected overdose deaths prior to forensic toxicology data. Some communities have found that suspected counts of opioid overdose deaths may be obtained earlier because of the distinctive clinical and scene characteristics of opioid overdoses.
- ◀ Implement the Overdose Detection Mapping Application Program (ODMAP). ODMAP provides near-real-time suspected overdose data across communities to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. This tool is offered for free by the Washington–Baltimore High Intensity Drug Trafficking Area (HIDTA) program and is available only to government (state, local, federal, or tribal) agencies serving the interests of public safety and health.
- ◀ Implement systems to identify infants and children exposed to parental opioid use.

Mandatory Funding Category 2: Implementing effective community-level opioid overdose prevention activities.

Applicants must select one or more of the following activities in Mandatory Funding Category 2 to include in the proposed work plan that is submitted with the application.

- ◀ Provide training and information on resources to child and youth-serving organizations, such as schools, athletic leagues, and faith-based organizations, on the impact of substance abuse on children, youth, and families.
- ◀ Increase and support the use of school-based prevention programs that are evidence-based to prevent misuse of opioids and other substances. Enhance individual, caregiver, and community education and engagement by educating people on the risks and

side effects of prescription and illicit opioids and how to properly administer naloxone.

- ◀ Deploy a strategic public health campaign for targeted populations or professions. Strong preference is given to applicants that use existing campaigns and do not use grant funds to develop new outreach materials.
- ◀ Engage community and faith-based organizations to use evidence-based messages on prevention, treatment, and recovery.
- ◀ Provide naloxone, education, and technical assistance to individuals in government agencies, homeless shelters, educational institutions, community-based and multiservice organizations, health-care institutions, public safety organizations, drug treatment programs, and syringe exchange programs (SEPs). No more than 20 percent of the budget may be used for this purpose.
- ◀ Implement year-round drug take-back programs. No more than 20 percent of the budget may be used for this purpose.

Mandatory Funding Category 3: Establishing or enhancing public health, behavioral health and public safety collaborations.

Applicants must select one or more of the following activities in Mandatory Funding Category 3 to include in their proposed work plan that is submitted with the application.

- ◀ Support outreach teams to follow up with individuals at risk of overdose, particularly those who have just experienced a nonfatal overdose. Such teams may include first responders or law enforcement personnel, medical staff members, community health workers, and clergy. The appropriate composition of these teams will vary greatly by community.
- ◀ Develop partnerships among public safety and first responders and school and/or community partners to identify risk from adverse childhood experiences and leverage partnerships to connect individuals and families at risk with necessary prevention resources.
- ◀ Establish court-based intervention programs or family court programming to prioritize and expedite services to court-involved individuals at high risk for overdose.
- ◀ Develop and implement a comprehensive plan to reduce the risk of overdose death and enhance

treatment and recovery service engagement among the pre-trial and post-trial populations leaving jails or secure residential treatment facilities. Applicants must demonstrate strong coordination between in-custody and community-based treatment as part of the application.

- ◀ Establish a coordinated rapid response team to respond to spikes in overdoses, overdose-related deaths, or emerging drug threats.
- ◀ Facilitate early and rapid identification of families who have been referred to child protective services and are in need of services (within 10 days of CPS referral) and rapid access to substance use disorder treatment (within 48 hours of receiving a behavioral health assessment).
- ◀ Expand or enhance models of care that have demonstrated effectiveness in serving young children living in households with a history of substance misuse.

Optional Funding Category: Expanding peer recovery and recovery support services that help people start and stay in recovery. (The total funding available for activities that fall under the optional funding category is limited to no more than 25 percent of the total grant award.)

Applicants may select one or more of the following activities in the optional funding category, although this is not required.

- ◀ Improve the availability and coordination of transportation services to connect rural residents to recovery and other support services.
- ◀ Provide transitional or recovery housing as part of a comprehensive response strategy.
- ◀ Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.

Selection Criteria

IIR is committed to ensuring a fair and open process for making awards. Submitting a project proposal will not guarantee project funding. BJA, the CDC, the SJI, and IIR will evaluate all proposals submitted by the application due date to make award selections. Applications will be reviewed and scored by IIR staff members and peer reviewers, with final review and approval by BJA, the CDC, and the SJI. All selection decisions are final. BJA reserves

the right to make any final decisions regarding all subawards and any aspects of the subawards. Applicants will be evaluated based on the following criteria:

Statement of the Problem (10 percent of score)

The applicant should describe its current drug environment based on existing data, the challenges motivating the jurisdiction to participate in the demonstration project, the need for federal funds, and any alignment between the proposed project and existing strategic plans or initiatives.

If the applicant is a current RCORP-Planning awardee or the proposed activities will be delivered to a geographic area included in a current HRSA RCORP-Planning grant, describe how the activities of this initiative will be aligned.

NOTE: Applicants that are current HRSA RCORP-Planning awardees or applicants that propose activities that will be delivered in a geographic area included in a current RCORP-Planning grant will receive priority consideration.

Leadership and Commitment (40 percent of score)

The applicant should describe the lead agency (or agencies) for this initiative and why this agency is best suited to lead this effort. Applicants should also describe how they will develop a multidisciplinary workgroup.

NOTE: Communities that demonstrate that they have an existing coordinating body, such as a criminal justice coordinating council, an opioid task force, or another planning body with demonstrated capacity and willingness to plan across the criminal justice and behavioral health continuum will receive priority consideration.

Applicants also should describe the proposed project coordinator position and the duties of this individual.

NOTE: Communities that propose a project coordinator who is already employed by the lead agency and experienced in leading multidisciplinary workgroups will be given priority consideration.

Finally, applicants should agree to work directly with BJA and other federal partners, including the CDC and the SJI, and their consortium of national experts and technical assistance providers.

Project Plan (40 percent of score)

Applicants should describe their proposed plans for convening key staff members and agency leaders from the public safety, public health, behavioral health, criminal justice, and other relevant sectors. The organizational structure may vary somewhat from site to site, although the following structure is recommended:

- ◀ An executive leadership group that will provide strategic oversight and execute decision-making authority for this initiative. This group will typically meet monthly;
- ◀ A larger stakeholder group that will meet quarterly to ensure that community perspectives are considered in the project.

NOTE: Communities that demonstrate that they have an existing coordinating body, such as a criminal justice coordinating council, an opioid task force, or another planning body with demonstrated capacity and willingness to plan across the criminal justice and behavioral health continuum will receive priority consideration.

Applicants should identify the strategies they anticipate deploying in their applications and work plans. Applicants must identify strategies from all three mandatory funding categories as well as any optional strategies they wish to include.

Project Budget (10 percent of score)

Budgets should be complete, cost-effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). Budget narratives should demonstrate cost-effectiveness in relation to potential alternatives and the goals of the project.

The budget submitted with the application is not expected to be a final budget with the full budget detail, since the appropriate rapid responses cannot be identified until data collection is complete. Applicants should follow the guidance below in developing an initial budget and a budget narrative:

- ◀ Your initial budget should include expenses to complete all of the activities required in the planning phase, up to \$100,000. Salary and benefits for the project coordinator during the planning phase are allowable expenses.

- ◀ Your initial budget should also include support for the project coordinator and five workgroup members to attend three face-to-face meetings of the selected demonstration sites over the course of the project. These meetings are anticipated to be three days and two nights in length, including travel time, and will be held in Washington, DC. Include all required travel expenses (e.g., airfare, taxi, hotel expenses, and food based on the allowable federal per diem rates for Washington, DC).
- ◀ In addition to three meetings above, applicants should budget for the project director and two additional workgroup members to attend two additional national meetings over the course of the project. For budgeting purposes, the two additional meetings should be budgeted for three days and two nights in length, including travel time, and should be budgeted based on the per diem associated with Washington, DC.
- ◀ The balance of the budget (up to \$650,000) should be noted in the “other” category of the budget as “reserved for rapid response activities.”

IIR will initially release up to \$100,000 of the \$750,000 for allowable costs for the planning phase. Funding for activities outside the scope of the planning phase will be held until the planning phase is complete. Selected sites will submit a revised detailed budget and budget narrative and other planning documents to IIR at the completion of the planning phase. The balance of the award will not be released by IIR until all of the required components of the planning phase are completed and BJA has approved the detailed budget for the implementation phase.

You cannot use funds under this notice to acquire real property or for construction.

Mandatory Project Narrative

Responses to the project narrative question must be submitted via the solicitation form (see page 12) by 5:00 p.m., ET, on July 26, 2019. All other required documents must be submitted via email to COAP@iir.com.

Additional Mandatory Application Requirements

Work Plan (Required)

Attach a work plan with a start date of November 1, 2019. The work plan should outline activities in the planning phase as well as the implementation phase. The work plan should be laid out as a table and contain the following elements:

- ◀ **Activities:** All activities in the planning and implementation phase should be included in the work plan.
- ◀ **Responsible workgroup and staff members:** For each activity on the work plan, identify the organization and/or staff member responsible for carrying out the activity; and
- ◀ **Timeline:** Outline the specific time period during which the activity will occur.

The work plan should contain all required elements including grantee meetings, leadership and workgroup meetings, monthly collaborative calls, reporting requirements, etc. The following is an example work plan.

See the sample work plan at <http://s.iir.com/RRsamplewkplan>, for additional guidance.

This document should be emailed to COAP@iir.com.

Letters of Support and/or Memoranda of Understanding/Agreement (Required)

Applicants should attach letters of support and/or an interagency agreement between the partner agencies and offices to show commitment to participate in the project. The letters or interagency agreement should clearly articulate the level of involvement each agency will have in the proposed project.

Provide a scanned copy of a letter of commitment that is dated and signed. Each letter of commitment must identify the organization’s roles and responsibilities in the project, the activities in which they will be included, how the organization’s expertise is pertinent to the project, and length of commitment to the project. The letter must indicate understanding of the benefits that the workgroup will bring to the consortium member and to the target rural service area. The letter must also include a statement indicating that each proposed or existing consortium member understands that:

- ◀ The funding award is to be used for the activities proposed in the work plan;
- ◀ The activities must exclusively benefit populations in the target rural service area; and
- ◀ The award is not to be used for the exclusive benefit of any one consortium member.

See the sample letter of support at <http://s.iir.com/RRsampleletter>, for additional guidance.

This document/these documents should be emailed to COAP@iir.com.

Budget and Associated Documentation

The Budget Detail Worksheet and the Budget Narrative are now combined in a single document collectively referred to as the Budget Detail Worksheet. The Budget Detail Worksheet is a user-friendly, fillable, Microsoft Excel-based document designed to calculate totals. In addition, the Excel workbook contains worksheets for multiple budget years that can be completed as necessary. All applicants should use the Excel version when completing the proposed budget in an application, except in cases where the applicant does not have access to Microsoft Excel or experiences technical difficulties. If an applicant does not have access to Microsoft Excel or experiences technical difficulties with the Excel version, the applicant should use the 508-compliant accessible Adobe Portable Document Format (PDF) version. Both versions of the Budget Detail Worksheet can be accessed at <https://ojp.gov/funding/Apply/Forms/BudgetDetailWorksheet.htm>.

The Budget Detail Worksheet should provide the detailed computation for each budget line item, listing the total cost of each and showing how it was calculated by the applicant. For example, costs for personnel should show the annual salary rate and the percentage of time devoted to the project for each employee paid with federal funds. The Budget Detail Worksheet should present a complete itemization of all proposed costs.

For questions pertaining to budget and examples of allowable and unallowable costs, see the DOJ Grants Financial Guide at <https://ojp.gov/financialguide/DOJ/index.htm>. The budget summary page must reflect the amounts in the budget categories as included in the Budget Detail Worksheet. These amounts should mirror the amounts in the Budget Narrative.

Year 1 (12 months) is defined as November 1, 2019, to October 31, 2020. Year 2 (12 months) is defined as November 1, 2020, to October 31, 2021.

Applicants should budget for the project director and an additional five workgroup members to attend three face-to-face meetings of the selected demonstration sites over the course of the project. A judicial officer must be one of the five workgroup members attending the face-to-face meetings. These meetings are anticipated to be three days in length, including travel time, and will be held in Washington, DC.

In addition to three in-person demonstration site meetings, applicants should budget for the project director and two additional workgroup members to attend two additional national meetings over the course of the project. For budgeting purposes, the two additional meetings should be budgeted for three days in length, including travel time, and should be budgeted based on the per diem associated with Washington, DC.

This document should be emailed to COAP@iir.com.

Indirect Cost Rate Agreement (if applicable)

Indirect costs may be charged to an award only if:

- The recipient has a current (unexpired), federally approved indirect cost rate; or
- The recipient is eligible to use, and elects to use, the de minimis indirect cost rate described in the Part 200 Uniform Requirements, as set out at 2 CFR 200.414(f).

An applicant with a current (unexpired) federally approved indirect cost rate must attach a copy of the indirect cost rate agreement to the application. An applicant that does not have a current federally approved rate may request one through its cognizant federal agency, which will review all documentation and approve a rate for the applicant entity, or, if the applicant's accounting system permits, applicants may propose to allocate costs in the direct cost categories.

Certain OJP recipients have the option of electing to use the de minimis indirect cost rate. An applicant that is eligible to use the de minimis rate and wishes to use the de minimis rate should attach written documentation to the application that advises OJP of both (1) the applicant's eligibility to use the de minimis rate and (2) its election to do so. If an eligible applicant elects the de minimis rate, costs

must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. The de minimis rate may no longer be used once an approved federally negotiated indirect cost rate is in place. (No entity that ever has had a federally approved negotiated indirect cost rate is eligible to use the de minimis rate.) For the de minimis rate requirements (including information on eligibility to elect to use the rate), see the Part 200 Uniform Requirements, at 2 C.F.R. 200.414(f).

This document should be emailed to COAP@iir.com.

Applicant Certification (Required)

The applicant agency must provide a statement of assurance signed by the authorized representative of the applicant organization stating that:

- ◀ Federal funds made available through this award will not be used to supplant state, local, or tribal funds but will be used to increase the amounts of such funds that would, in the absence of federal funds, be made available for the activities addressed in the application.
- ◀ There has been appropriate coordination with all affected agencies.
- ◀ The project coordinator will agree to work with BJA and its representatives as well as the selected BJA COAP training and technical assistance provider(s) and partner agencies.

This document should be emailed to COAP@iir.com.

Accounting System and Financial Capability Questionnaire (Required)

All applicants must download, complete, and submit this form: <http://ojp.gov/funding/Apply/Resources/FinancialCapability.pdf>.

This document should be emailed to COAP@iir.com.

Relevant Grant Applications (if applicable)

If your agency or proposed service area is a current recipient of the RCORP-Planning grant, please submit your previous HRSA RCORP-Planning grant application and supporting materials, including your budget, to COAP@iir.com. If your agency previously applied for a HRSA RCORP-Planning grant but was not awarded funds, this requirement is not applicable to you.

If your agency or proposed service area has a pending application for HRSA's RCORP-Implementation or RCORP-MAT Expansion grants, please submit your application materials, including the proposed budget, to COAP@iir.com.

Post-Award Requirements

Monthly Collaborative Calls

The recipient of the funds will be required to have the project coordinator participate in a monthly call with BJA policy advisors, CDC staff members, SJI, and the IIR project manager. These calls will last no more than 1.5 hours. Additional staff members may choose to participate.

Quarterly and Final Reporting

The recipient of funds under this solicitation will be required to submit monthly progress reports, quarterly financial reports, quarterly performance measures, final financial and progress reports, and, if applicable, an annual audit report in accordance with the Part 200 Uniform Requirements or specific award conditions. Future awards and fund drawdowns may be withheld if reports are delinquent.

Confidentiality and Human Subjects Protection

Any recipient of an award under this solicitation will be required to comply with the U.S. Department of Justice regulations on confidentiality and human subjects' protection. See Evidence, Research, and Evaluation Guidance and Requirements, at <https://ojp.gov/funding/Explore/SolicitationRequirements/EvidenceResearchEvaluationRequirements.htm>. All funded applicants will be required to provide documentation of compliance with this requirement prior to commencing data collection.

Applicable Federal Laws and Regulations

All awards are subject to the availability of appropriated funds and to any modifications or additional requirements that may be imposed by law. Applicants selected for awards must agree to comply with additional legal requirements upon acceptance of an award. Additional information for each requirement can be found at <https://ojp.gov/funding/index.htm>.

Applicant Resources

U.S. Department Agriculture (USDA), Opioid Misuse in Rural America: View USDA funding programs available to support projects addressing rural opioid misuse, read about successful programs, and find a wide range of resources from throughout the federal government. <https://www.usda.gov/topics/opioids>.

Health Resources and Services Administration (HRSA) Opioids Website: <https://www.hrsa.gov/opioids>.

HRSA Rural Communities Opioid Response Program Website: <https://www.hrsa.gov/rural-health/rcorp>.

Rural Health Information Hub, Rural Response to the Opioid Crisis: <https://www.ruralhealthinfo.org/topics/opioids>.

National Health Service Corps Rural Community Loan Repayment Program (Application Deadline: July 18): <https://nhsc.hrsa.gov/loan-repayment/nhsc-rural-community-loan-repayment-program>.

Rural Health Research Gateway Substance Use Disorder Research: <https://www.ruralhealthresearch.org/topics/substance-use-and-treatment/completed-projects>.

Centers for Disease Control and Prevention (CDC), Drug Overdose in Rural America: Learn about overdose deaths in rural areas, policy options to address the opioid crisis, and CDC resources related to preventing drug overdose. <https://www.cdc.gov/ruralhealth/drug-overdose>.

Washington-Baltimore HIDTA Overdose Detection Mapping Application Program (ODMAP): ODMAP provides near-real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. <http://www.odmap.org>.

Applicant Process

Applicant online: <http://s.iir.com/RRgrantform2019>

Applicant Webinar: June 26, 2019, at 2:30 p.m., ET. Registration for the webinar is required. Please register for the webinar at http://s.iir.com/Rural_Responses and submit questions in advance of the webinar to COAP@iir.com no later than June 25, 2019. Emails containing questions should include the name and agency of the submitter, email address and the question(s).

Applications due: July 26, 2019, at 5:00 p.m., ET

Review of applications: July 27 through October 10, 2019

Notification of awards: No later than October 15, 2019

Projects begin: November 2019

Application Checklist

- _____ Rural Responses to the Opioid Epidemic Application Form (see page 12)
- _____ Budget Detail Worksheet (see page 9)
- _____ Indirect Cost Rate Agreement (if applicable) (see page 9)
- _____ Workplan Plan (see page 8)
- _____ Applicant Certification (see page 10)
- _____ Accounting System and Financial Capability Questionnaire (see page 10)
- _____ Letters of Support (see page 8)
- _____ If applicable, your previous application for RCORP-Planning grant (ONLY IF AWARDED)
- _____ If applicable, your application for RCORP-Implementation and RCORP-MAT Expansion grants

All supporting documents and attachments should be emailed to COAP@iir.com.

Bureau of Justice Assistance's
Comprehensive Opioid Abuse Program

Rural Responses to the Opioid Epidemic Application

Submission Deadline

Applications for the Rural Responses to the Opioid Epidemic Grant Program are **due by 5:00 p.m., ET, on July 26, 2019**. Please submit the application by completing this form. By using Adobe Acrobat Reader, you will be able to submit your application directly through a button on the form. A free download of Adobe Acrobat Reader can be found at <https://get.adobe.com/reader>. If using another PDF program, please complete the form and save your responses, then email a copy of the completed form, along with any required documents or attachments, to COAP@iir.com.

Questions

Should you have any questions about the application process or issues with submission, please send an email to COAP@iir.com, and we will do our best to respond promptly.

Applicant Information

Applicant organization

Applicant organization website, if applicable

Applicant jurisdiction (local or tribal government name)

Employer Identification Number

Type of applicant

County government

City or township government

Indian/Native American tribal government

Nonprofit organization

For-profit organization

Other (explain)

Identify the proposed rural county or rural counties to be served in this project.	County	ZIP Code(s)
Applicants are responsible for ensuring that they have verified that the proposed service areas or census tracts to be served are rural as defined by HRSA. Please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/ .	County	ZIP Code(s)
	County	ZIP Code(s)
	County	ZIP Code(s)

Is your organization the named awardee of a current HRSA Rural Communities Opioid Response Program-Planning grant? Yes
No

Have any communities in the proposed service area previously been awarded a HRSA Rural Communities Opioid Response Program Planning grant? Yes
No

Primary Contact for Matters Related to This Application

First name	Last name	
Job title		
Phone number	Email address	
Street address		
City	State	ZIP code

Related-Project Funding

Please indicate the amount of any funding you currently receive from each of the following sources that is relevant to this application.

Federal funding

- BJA grant funding
- SAMHSA grant funding
- CDC grant funding
- HRSA grant funding
- USDA grant funding

State funding

Local funding

Philanthropic funding

Other funding

Please thoroughly answer the Project Narrative questions below. You may copy and paste your responses from other documents into the text boxes. There are no word limits for responses.

Statement of the Problem (10 percent of your score)

Question 1. Provide a description of the target rural service area, including the specific community or region to be served as well as the demographics, population size, and current drug environment of the community or region. Provide information that documents the impact of the opioid epidemic within the proposed service area and any changes noted in the drug environment over the past one to two years.

Answer to Question 1:

Question 2. Provide information on the availability of existing substance use disorder (SUD) and opioid use disorder (OUD)-related programs and services within the targeted rural service area and existing/known SUD/OUD-related initiatives (e.g., federally, regionally, state, or locally funded programs). Describe the gaps and needs in SUD/OUD prevention, treatment (including medication-assisted treatment), and recovery support services in the rural service area.

Answer to Question 2:

Question 3. What challenges are motivating your community's/region's interest in participating in this demonstration project? What makes now an opportune time to engage in this work as a system? Explain the inability to fund the proposed program without federal assistance. Identify any existing federal grants or resources that are being leveraged to support the proposed program or pending applications for new federal grants. In particular, identify if your agency has previously been awarded a HRSA RCORP-Planning grant or if the proposed project will serve a geographic area that is a recipient of an RCORP-Planning grant. If you have other federal funding, specifically describe how you will coordinate and deconflict among multiple federal grant programs to achieve the project's goals.

Answer to Question 3:

Question 4. Identify existing strategic plans or proposed or existing initiatives in your community that are relevant to the program and describe how the proposed initiative aligns with the existing plans or initiatives. Include the agencies that are involved.

Answer to Question 4:

Leadership and Commitment (40 percent of your score)

Question 5. Who will be the lead agency (or agencies) for this initiative and why is this agency best suited to lead this effort? Has this agency played a cross-agency leadership role in the past? If yes, please describe these leadership efforts, relevant outcomes, and any obstacles the agency encountered. If no, please explain why this agency is in the best position to lead your initiative.

Answer to Question 5:

Question 6. Does your community have an existing, interdisciplinary opioid task force and/or a criminal justice planning group (e.g., criminal justice coordinating council)? If so, how will this proposed project be integrated with their work? If your community does not have an existing opioid task force or interdisciplinary planning group, what strategies will the lead agency use to ensure the meaningful participation of the stakeholders?

NOTE: Applicants that demonstrate that they have an existing coordinating body such as a criminal justice coordinating council, an opioid task force, or another planning body with demonstrated capacity and willingness to plan across the criminal justice and behavioral health continuum will receive priority consideration for funding.

Answer to Question 6:

List existing and/or proposed workgroup members below. Agency type may include law enforcement, courts, public health, hospital, school, rural health clinic, institution of higher learning, tribal entity, etc.).

Organization Name	Point of Contact				Agency Type
	Name	Title	Email	Phone	

Question 7. Describe the background and current duties of the proposed project coordinator and if the project coordinator is an existing employee of the applicant community. If the project coordinator will be hired post-award, please provide a job description for the project coordinator position and a proposed timeline for hiring. If the project coordinator is to be hired post-award, please provide a plan for ensuring that the planning phase can be completed within six months.

NOTE: Communities that propose a project coordinator who is already employed by the lead agency and experienced in leading multidisciplinary workgroups will be given priority consideration for funding.

Answer to Question 7:

Question 8. Indicate your willingness to collaborate with BJA, the CDC, the SJI, BJA's training and technical assistance providers, and other federal agencies so that BJA can deepen our understanding of effective public safety, behavioral health, and public health collaboration strategies at the local level. In your answer, indicate your commitment to:

- Ensuring that the project coordinator participates in monthly calls with staff from BJA, the CDC, IIR, SJI, and other selected TTA providers.
- Sending a team of six people (the project director and five workgroup members) to attend three face-to-face meetings of the selected demonstration sites over the course of the project. A judicial officer must be one of the five workgroup members attending the face-to-face meetings.

Answer to Question 8:

Project Plan (40 percent of your score)

Question 9. Describe your proposed plan for convening an executive leadership group that will meet monthly and a larger stakeholder group that will meet quarterly.

Answer to Question 9:

Question 10. Describe the manner and degree to which the target rural population will be included in the planning and execution of the core activities and, if applicable, any additional activities. In particular, the applicant should provide the tools and methods that will be used (e.g., focus groups, questionnaires/surveys, etc.), as well as the anticipated frequency of the engagement.

Answer to Question 10:

Question 11. Identify each of the strategies selected from the three mandatory funding categories and any optional strategies selected. Ensure that these strategies are included in the work plan required as Attachment A.

Answer to Question 11:

Question 12. Describe any potential barriers to implementing the project and the strategies that will be used to overcome those barriers.

Answer to Question 12:

Visit the COAP Resource Center at www.coapresources.org.

About BJA

BJA helps to make American communities safer by strengthening the nation's criminal justice system: Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting-edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization. To learn more about BJA, visit www.bja.gov, or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter ([@DOJBJA](https://twitter.com/DOJBJA)). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

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