

BUREAU OF JUSTICE ASSISTANCE

Rural Responses to the Opioid Epidemic

June 2019



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RURAL RESPONSES TO THE OPIOID EPIDEMIC GRANT

Welcome from BJA
Welcome from CDC

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RURAL RESPONSES TO THE OPIOID EPIDEMIC

- The *Rural Responses to the Opioid Epidemic* grant is designed 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.
- Up to eight rural communities will be selected for grant awards up to \$750,000, each for a 24-month period.
- IIR has released this solicitation on behalf of BJA, CDC, and SJI. The solicitation can be found here: <http://s.iir.com/RRgrantform2019>
- Applications are due **July 26, 2019 at 5:00pm ET**.

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RURAL RESPONSES TO THE OPIOID EPIDEMIC

Eligibility:

- Applicants are limited to units of local government, federally recognized Indian tribal governments, units of local government on behalf of a multicounty region within a state, and nonprofit or for-profit organizations, 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 recipients and subrecipients (including any for-profit organization) must forgo any profit or management fee.

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RURAL RESPONSES TO THE OPIOID EPIDEMIC

Eligibility (continued):

- 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. 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.
- The applicant organization does not need to be physically located in a Health Resources and Services Administration (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.
- The applicant organization must be able to convene an interdisciplinary workgroup that is representative of rural entities.

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RURAL RESPONSES TO THE OPIOID EPIDEMIC

Priority consideration will be given to:

- Rural regions previously selected for HRSA's Rural Communities Opioid Response Program (RCORP)—Planning initiative.
 - 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.

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REQUIRED ACTIVITIES

- 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.
- Capacity to support the level of coordination needed to effectively coordinate and sustain cross-disciplinary initiatives.

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REQUIRED ACTIVITIES

- Commitment to deploying collaborative public health and public safety strategies as outlined in the implementation section of this solicitation.
- 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.

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TWO PHASES OF THE PROJECT

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.

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TWO PHASES OF THE PROJECT

Planning Phase (continued):

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.

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TWO PHASES OF THE PROJECT

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.

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MANDATORY AND OPTIONAL FUNDING CATEGORIES

Mandatory Funding Categories:

- Strengthening epidemiologic surveillance and public health data infrastructure.
- Implementing effective community-level opioid overdose prevention activities.
- Establishing or enhancing public health, behavioral health and public safety collaborations.

Optional Funding Category (NO MORE THAN 25% OF THE FUNDING):

- Expanding peer recovery and recovery support services that help people start and stay in recovery.

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MANDATORY FUNDING CATEGORY 1: STRENGTHENING EPIDEMIOLOGIC SURVEILLANCE AND PUBLIC HEALTH DATA

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.
- Conduct rapid assessment to quickly gather data in response to a question or crisis requiring timely intervention, such as a spike in overdoses.

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MANDATORY FUNDING CATEGORY 1: STRENGTHENING EPIDEMIOLOGIC SURVEILLANCE AND PUBLIC HEALTH DATA

- Collaborate with medical examiners or coroners to expedite access to preliminary data on suspected overdose deaths prior to forensic toxicology data.
- 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.
- Implement systems to identify infants and children exposed to parental opioid use.

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MANDATORY FUNDING CATEGORY 2: IMPLEMENTING 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.
- Deploy a strategic public health campaign for targeted populations or professions.

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MANDATORY FUNDING CATEGORY 2: IMPLEMENTING COMMUNITY-LEVEL OPIOID OVERDOSE PREVENTION ACTIVITIES

- 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.

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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 the 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.
- 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.

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MANDATORY FUNDING CATEGORY 3: ESTABLISHING OR ENHANCING PUBLIC HEALTH, BEHAVIORAL HEALTH AND PUBLIC SAFETY COLLABORATIONS

- 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.
- 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.

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OPTIONAL FUNDING CATEGORY: EXPANDING PEER RECOVERY AND RECOVERY SUPPORT SERVICES

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.

- 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.

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REQUIREMENTS OF THE PROJECT COORDINATOR

- The project coordinator will 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.

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REQUIREMENTS OF THE PROJECT COORDINATOR

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.

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REQUIREMENTS OF THE PROJECT COORDINATOR

BJA anticipates that the project coordinator will

- 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.

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REQUIREMENTS OF THE PROJECT COORDINATOR

BJA anticipates that the project coordinator will

- 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.
- Submit semiannual progress reports to federal funders and ensure timely submission of all reporting elements.

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SELECTION CRITERIA

- Statement of the Problem (10 percent of score)
- Leadership and Commitment (40 percent of score)
- Project Plan (40 percent of score)
- Project Budget (10 percent of score)

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PROJECT BUDGET

- 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.
- 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).

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PROJECT BUDGET

- In addition to three meetings above, applicants should budget for the project coordinator 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.

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PROJECT BUDGET

- 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.

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SUBMISSION REQUIREMENTS

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

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WORK PLAN

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

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LETTERS OF SUPPORT AND/OR MEMORANDA OF UNDERSTANDING/AGREEMENT

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

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TIMELINE

- **Notification of awards:** No later than October 15, 2019
- **Projects begin:** November 2019

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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.

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CONTACT INFORMATION

Please submit questions to COAP@iir.com