

2023 Building Bridges Application



Planning Initiative to Build Bridges to Increase Access to Opioid Use Disorder Treatment Options in the Nation's Jails Application

The Institute for Intergovernmental Research (IIR) released the “Planning Initiative to Build Bridges to Increase Access to Opioid Use Disorder Treatment Options in the Nation’s Jails” solicitation on behalf of the U.S. Department of Justice (DOJ), Bureau of Justice Assistance (BJA). DOJ's Office of Justice Programs (OJP) is partnering with both the U.S. Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to support a nine-month planning initiative designed to help communities determine the best pathway toward increasing access to medication-assisted treatment (MAT) and engage with participants on addressing the federal requirements related to those pathways, including becoming certified as an opioid treatment program (OTP), and the potential to provide exceptions to certain requirements based on the unique conditions of the jail setting and surrounding environment.

Eligibility

Applicants are limited to units of government and federally recognized Indian tribal governments (as determined by the Secretary of the Interior), with priority given to jurisdictions that demonstrate high need (based on overdose rates in the community and/or prevalence of Opioid Use Disorder [OUD] in the jail) and a commitment to making a significant advancement in access to MAT in the jail. Jurisdictions that do not have open or active federal grants to support implementation of MAT will also be prioritized.

All application components must be submitted via online form. All information in the application package must be completed no later than 5:00 p.m., ET, on September 1, 2023. If you have questions or technical issues, please contact IIR via email at COSSUP@iir.com.

Applicant Information*

Applicant Agency Legal Name*: _____

Employer Identification Number*: _____

Type of Applicant*

County government

City or township government

Indian/Native American Tribal government

Other - Write In (Required): _____*

Applicant jurisdiction or geographic location, including tribal, where services will be provided*:

Population of area to be served under this application*:

The name of the jail in which services will be provided and from which program participants will be reentering. *: _____

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

Indicate the amount of any funding you currently receive from each of the following sources that is relevant to supporting a continuum of care for opioid users in the jurisdiction or geographic area to be served under this application (i.e., funding to support jail-based or community-based MAT).

Note: Include \$0 for any categories you do not currently receive funding for.*

	Funding Amount
BJA grant funding	_____
SAMHSA grant funding	_____
CDC grant funding	_____
Other federal grant funding	_____
State funding	_____
Local funding	_____
Philanthropic funding	_____
Other funding	_____

Project Narrative

Answer each of the Project Narrative questions below. There are no word limits for responses, but we have shared an estimated maximum number of words for each narrative response.

1) Provide a description of your community, including population and other demographics. Also, describe the scope of the opioid and overdose epidemics in your community and how it has changed in recent years, including, if available, statistics on substance use in the general population, treatment admissions, fatal and nonfatal drug overdose data and any other information that would be relevant for the selection committee to know about your community and the scope of the problem in your community. (500 words)*

2) Provide a brief description of the jail targeted under this application. Include the size of the jail (number of beds, rated capacity), the average daily population in 2022 (males/females), and percentage non-convicted versus convicted. Describe how health care services are provided in the jail, including whether services are provided by county- or city-employed clinicians, clinicians employed by one or more non-profit or private entities, a combination of these approaches, or some other model. (500 words)*

Jail Information

3) How does your jail facility identify people with substance use disorders (SUDs)? (check all that apply)*

- We do not currently have a process to screen people entering the facility for substance use.
- We rely on the self-report at booking or intake.
- We conduct a screening for substance use at intake.
- We drug screen people at intake.
- We rely on the person's history.
- We conduct an assessment of all those who screen positive for substance use to diagnose SUD.

4) What percentage of people entering your jail facility have the following?*

	Percentage	Is this percentage an estimate?	
		Yes*	No*
A substance use disorder		()	()
An opioid use disorder		()	()

5) What percentage of people entering your jail facility that have a SUD receive treatment:*

	Percentage	Is this percentage an estimate?	
		Yes*	No*
Among those with substance use disorder?		()	()
Among those with an opioid use disorder?		()	()

6) Is Medication-assisted Treatment (MAT) currently offered in your jail facility?*

- Yes
- No

7) How is MAT currently offered in your jail facility? (check all that apply)*

- We use MAT to treat pregnant women in our jail.
- We use MAT to medically manage opioid withdrawal.
- We use MAT to maintain people who are already receiving MAT when admitted to jail.
- We induct (begin) people on MAT at intake.
- We induct (begin) people on MAT prior to release.

**Note: Users will see questions 8 through 12, depending on how they answered question 7.

8) Indicate the forms of MAT available to treat pregnant women in your jail. (check all that apply)*

- Long-lasting injectable Naltrexone (Brand name: Vivitrol®)
- Oral Naltrexone (Brand names: ReVia®, Depade®)
- Buprenorphine (Brand names: Suboxone®, Subutex®, Zubsolv®, Bunavail®, Sublocade®, Buprenex®, Probuphine®, and Belbuca®)
- Methadone

9) Indicate the forms of MAT available to medically manage opioid withdrawal in your jail. (check all that apply)*

- Long-lasting injectable Naltrexone (Brand name: Vivitrol®)
- Oral Naltrexone (Brand names: ReVia®, Depade®)
- Buprenorphine (Brand names: Suboxone®, Subutex®, Zubsolv®, Bunavail®, Sublocade®, Buprenex®, Probuphine®, and Belbuca®)
- Methadone

10) Indicate the forms of MAT available to maintain people who are already receiving MAT when admitted to your jail. (check all that apply)*

Long-lasting injectable Naltrexone (Brand name: Vivitrol®)

Oral Naltrexone (Brand names: ReVia®, Depade®)

Buprenorphine (Brand names: Suboxone®, Subutex®, Zubsolv®, Bunavail®, Sublocade®, Buprenex®, Probuphine®, and Belbuca®)

Methadone

11) Indicate the forms of MAT available to induct (begin) people on MAT at intake. (check all that apply)*

Long-lasting injectable Naltrexone (Brand name: Vivitrol®)

Oral Naltrexone (Brand names: ReVia®, Depade®)

Buprenorphine (Brand names: Suboxone®, Subutex®, Zubsolv®, Bunavail®, Sublocade®, Buprenex®, Probuphine®, and Belbuca®)

Methadone

12) Indicate the forms of MAT available to induct (begin) people on MAT prior to release. (check all that apply)*

Long-lasting injectable Naltrexone (Brand name: Vivitrol®)

Oral Naltrexone (Brand names: ReVia®, Depade®)

Buprenorphine (Brand names: Suboxone®, Subutex®, Zubsolv®, Bunavail®, Sublocade®, Buprenex®, Probuphine®, and Belbuca®)

Methadone

13) What percentage of people in your jail facility are currently receiving MAT?*

	Percentage	Is this percentage an estimate?	
		Yes*	No*
Among those with substance use disorder?		()	()
Among those with an opioid use disorder?		()	()
Among those with substance use disorder?		()	()
Among those with an opioid use disorder?		()	()

14) Through what mechanism are the majority of MAT services delivered in your jail?*

- We contract with a private local provider (includes community physicians and nonprofit health centers).
- We contract with a correctional health care firm.
- We use a public provider (including county hospitals or staff from local departments of health).
- We directly employ medical staff.
- Other - Write In (Required): _____*

15) Indicate which of the following substance use or recovery-oriented services are regularly provided in your jail facility. (check all that apply) *

- Group outpatient substance use treatment (8 hours or fewer a week)
- Group intensive outpatient substance use treatment (9 or more hours per week)
- Therapeutic community
- Separate pod for people with substance use disorders
- Peer recovery support services
- Faith-based recovery services
- Alcoholic Anonymous/Narcotics Anonymous
- Other - Write In (Required): _____*

16) Indicate whether your jail facility offers any of these reentry services prior to release. (check all that apply)*

- We schedule appointments and facilitate with MAT providers in the community prior to release.
- We provide assistance completing paperwork for quick access to treatment in the community upon release.
- We coordinate MAT services with probation/parole/pretrial.
- We assist with reactivating and/or applying for Medicaid.
- Other - Write In (Required): _____*

MAT Information

Help us understand what barriers have prevented MAT from being fully offered in your jurisdiction by indicating the extent to which the following factors created barriers to implementation.

Cost of MAT medication.*

- Barrier Uncertain Not a Barrier

Risk the MAT medication will be diverted.*

- Barrier Uncertain Not a Barrier

Lack of support for MAT from the jail's primary healthcare provider.*

- Barrier Uncertain Not a Barrier

Lack of buy-in from our sheriff or jail staff.*

- Barrier Uncertain Not a Barrier

Lack of buy-in from our local prosecutor(s).*

Barrier Uncertain Not a Barrier

Lack of buy-in from our local judge(s).*

Barrier Uncertain Not a Barrier

Lack of buy-in from probation or parole.*

Barrier Uncertain Not a Barrier

Lack of access to physicians with expertise in prescribing medications to treat opioid use disorder.*

Barrier Uncertain Not a Barrier

Insufficient understanding/knowledge about how to implement MAT.*

Barrier Uncertain Not a Barrier

Concern that our clients cannot afford to pay for MAT after release.*

Barrier Uncertain Not a Barrier

Project Narrative

17) What is motivating your jurisdiction's interest in participating in this planning initiative (e.g., legislative mandates, court matters, interest in exploring waivers of federal requirements)? How have any of the barriers identified in the previous questions changed? What makes now an opportune time to engage in this work at the jurisdiction level? (500 words)*

18) Describe the jail's current ability to meet the needs of the population who have OUD, specific gap(s) in its ability to provide MAT, and reasons for those gap(s). (500 words)*

19) Describe the gap(s) in the jurisdiction's ability to continue MAT treatment upon reentry into the community and reasons for those gap(s). (500 words)*

20) Provide a description of the specific gaps identified in the previous questions that you would like to focus on through this planning initiative? If selected to be part of this planning process, what does your jurisdiction hope to achieve in terms of measurable results and/or practice changes? Be specific about objectives related to increased access to all three forms of FDA approved medications for MAT in the jail and any desired changes in the pathways to offer those medications. (750 words)*

21) Describe how the objectives identified above support rather than duplicate relevant federal, state, local, and philanthropic funding received by your jurisdiction to support increased access to MAT. (500 words)*

22) Is there anything significant about your jurisdiction’s local or state policy landscape that will limit or enhance your ability to successfully implement a jail-based MAT program (e.g., state Medicaid expansion, adoption of new community treatment models, limited funding streams for behavioral health)? (500 words)*

23) Does your jurisdiction currently have on-going coordination or partnerships between the criminal justice and behavioral health systems to address individuals with SUDs? If so, how is this coordination demonstrated (e.g., problem-solving courts, diversion programs, residential substance abuse treatment programs in correctional facilities)? How will these partnerships be utilized to advance the goals of this project? If your jurisdiction does not have existing justice and health partnerships, what strategies will the lead agency use to ensure the capacity and willingness of both criminal justice and behavioral health stakeholders to participate in this project? (500 words)*

Project Coordination and Proposed Planning Team Members

PROJECT COORDINATION

Each applicant must identify a project coordinator to serve as the administrative and operational coordinator of the planning initiative. We anticipate that the project coordinator will:

- **Guide the development of the local planning effort.**
- **Conduct outreach to officials in key agencies to gain support for the planning initiative.**
- **Cultivate and maintain effective partnerships with stakeholders to achieve common objectives.**
- **Coordinate and convene routine (no less than once a month) work group meetings and ensure follow-up on key action items.**
- **Serve as the primary point of contact for this initiative with BJA and its partners.**

The project coordinator must be able to devote approximately six hours a week, each week, over the nine-month period.

Identify the project coordinator below.*

Agency Name: _____

First and Last Name of the Project Coordinator: _____

Title of the Project Coordinator: _____

Project Coordinator's Email: _____

PROPOSED PLANNING TEAM MEMBERS

All communities selected for this planning initiative must identify a multidisciplinary team of at least five and no more than eight local stakeholders. Each team member must indicate their commitment to the project through signed letters of commitment included with this application. If selected, each team member must agree to participate in both virtual and in-person meetings. The communities that are selected for the planning initiative will:

- Receive full travel scholarships for five team members to participate in two face-to-face meetings that will be held in Washington, DC, between October 2023 and April 2024. These meetings will be approximately 2.5 days in length. The selected communities may elect to self-fund the travel for up to three additional team members to participate in the two face-to-face meetings that will be held.
- Have a meaningful opportunity to learn from experts and from one another. Over the course of the nine months, there will be four virtual peer-to-peer exchanges and monthly coaching calls with subject experts, and tailored technical assistance for strategic planning.

Individuals selected to serve on the planning team should plan on serving for the entirety of the nine-month planning process to ensure continuity. The individuals selected should have decision-making authority and the support of their agency to actively participate in the planning meetings (as reflected in required letters of commitment).

Required Planning Member 1:

A representative responsible for health services in the local jail(s). This may be a health services administrator, a physician, or a nurse. This person must, at a minimum, be responsible for or involved in the delivery of substance use treatment, and specifically MAT, inside the jail.*

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Required Planning Member 2:

A representative from the jail custody system, with decision-making authority over custody operations.*

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Required Planning Member 3:

A representative from the municipal administrator's office, preferably an individual responsible for public safety/criminal justice agencies or human service agencies in the community.*

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Required Planning Member 4:

A representative from the local community corrections, probation, or pretrial services agency with responsibilities that include coordination with jail administration for substance use services.*

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Required Planning Member 5:

A representative from the local behavioral health department or agency that oversees substance use treatment. Priority for this role should be a local government employee, not a treatment provider.*

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Optional Planning Team Members

Communities may elect to self-fund the travel for up to three additional team members to participate in the two face-to-face meetings that will be held. Optional team members also can be part of the planning process in their jurisdictions but do not have to travel with the required members to in-person events.

24) Do you intend to include optional team members?*

Yes

No

We are not sure yet

Optional Team Member 1:

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Optional Team Member 2:

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Optional Team Member 3:

Agency Name: _____

First and Last Name of the Representative: _____

Title of the Representative: _____

Representative's Email: _____

Do you intend to self-fund travel for the optional team members?*

Yes

No

We are not sure yet

Attach Files

Upload a scanned, signed copy of a letter of commitment from the highest-ranking executive in each proposed planning team member agency. Letters of commitment should be addressed to the Review Committee (no address needed). As reflected in the template provided, the letter of commitment must, at a minimum:

- **Include a statement indicating the agency's commitment to participating in the mandatory virtual and in-person meetings, and who (at least by role) will be representing the agency.**
- **Indicate a willingness to work closely with the designed training and technical assistance providers who will be leading the planning effort.**
- **Indicate that the individual who is representing the agency has the authority to actively participate in a decision-making role for the agency.**
- **Indicate the agency's role in supporting the implementation of MAT in the jail and/or community.**

Thank you for completing the application. More information on application package requirements is accessible at <https://www.coapresources.org/ItemsOfInterest/FundingOpportunities>.
