



Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

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

## Competitive Application Announcement

### Introduction

In October 2017, the opioid crisis was declared a public health emergency. In recent years, the increase in synthetic opioids in the nation's drug supply, particularly fentanyl, has only served to exacerbate and expand the reach to take a devastating toll on the lives of individuals, families, and communities across the nation with over 100,000 drug overdose deaths in 2021, an increase of almost 15 percent from the prior year. Data from the Centers for Disease Control and Prevention also show that overdose deaths disproportionately impact Black and American Indian/Alaska Native people.

To combat the morbidity and mortality of overdose and the chronic disease of opioid use disorder (OUD), it is critical that individuals with OUD have access to evidence-based, FDA-approved treatments. The Biden–Harris Administration has made addressing the overdose epidemic a priority, including increasing access to evidence-based treatment—namely, use of the three FDA-approved medications for opioid use disorder (MOUDs)—across all settings.

One of these settings is the nation's jails, where more than 60 percent of people sentenced have a substance use disorder (SUD) as compared to 5 percent of the general population.<sup>1</sup> The high prevalence of OUD in the jail population and high risk of overdose post-release mean that the availability of medication-assisted treatment (MAT), which is MOUD combined with counseling and behavioral therapies—the gold standard treatment of OUD—is essential both to avoid the potential for serious illness or death associated with OUD and to support individuals on a path of recovery that starts/is continued in the jail setting and is maintained in the community after their release.

<sup>1</sup> Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, June 2017, [Drug Use, Dependence, and Abuse Among State Prisoners and Jail Confined Persons, 2007–2009](https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf), Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics: 3, NCJ 250546, retrieved February 9, 2022 from <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>.

Additionally, in April 2022, the Department of Justice’s (DOJ) Civil Rights Division published [guidance](#) clarifying protections under the Americans with Disabilities Act (ADA) for individuals with OUD, including potential violations of the ADA by correctional facilities that do not allow individuals to be able to continue taking doctor-prescribed MOUD. Recent agreements with [state and county correctional facilities](#) resolved [allegations](#) that the entities’ refusal to permit the use of and provide MOUD violates the ADA. Similarly, a DOJ [findings report](#) regarding suicides and failure to provide MOUD in a county jail also helps to illustrate specific instances that were considered to violate the 8th and 14th amendment rights of people who were incarcerated. Both the guidance and enforcement matters reflect the federal government’s position that a correctional facility’s refusal to permit individuals who are incarcerated to continue or initiate treatment for OUD when clinically needed may violate the ADA, the Constitution, or both. This information is intended to educate and inform you and your partners in considering your application to this solicitation and the ways in which this and other funding opportunities could help enhance your capacity to continue or initiate MAT in the jail(s) in your community.

As of midyear 2019, while more than 60 percent of the nation’s jails are screening people entering jail for OUD, less than a quarter of jails continue people already on MAT, and even fewer induct people on any of the three forms of MAT (19 percent). And, among the jails that reported continuing or inducting people with OUD on MAT, jails in rural jurisdictions were half as likely to induct<sup>2</sup> or continue MAT when compared to jails in urban jurisdictions.<sup>3</sup> This is a significant missed opportunity to initiate treatment for individuals with

2 “Induction” refers to the process of starting a person on medication for OUD, as opposed to continuing someone on an existing medication.

3 Maruschak, Laura M., Minton, Todd D., Zeng, Zhen. April 2023. Opioid Use Disorder Screening and Treatment in Local Jails, 2019. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics: 3, NCJ 305179

OUD while they are incarcerated and to support continuity of care after they are released into the community.

Increasing access to MAT in jails and enhancing collaboration between jails and community providers will be needed to change the course of the opioid epidemic and overdose crisis, but these are not easy tasks for local jurisdictions. Communities must decide which pathway is most appropriate, given existing access to and the availability of health and treatment services in the jail and in the community. For example, while one jail may rely on a community-based opioid treatment program (OTP) to transport methadone to the facility, another jail may rely on its contracted medical provider to provide this service, and another jail may become a licensed OTP. Identifying the appropriate pathway can be especially difficult in rural communities where capacity and resources may be limited.

This opportunity is designed to build on the success of the [Building Bridges between Jails and Community-Based Treatment Demonstration Project](#), which was launched in 2019 and supported 14 communities to plan and implement strategies to improve collaboration between jails and community-based treatment providers. The purpose of this planning initiative is to continue to support jails to increase access to opioid use disorder treatment options for individuals within the facility and/or in collaboration with community-based providers both for treatment during incarceration and upon their return to the community. Avenues that can be used to achieve increased access to OUD treatment may include implementing MAT in a jail that does not currently offer MAT, expanding access to methadone and buprenorphine in a jail that currently only offers naltrexone, supporting a jail in its effort to become an accredited and certified [Opioid Treatment Program](#), and establishing relationships with community -based MAT providers for support pre- and/or post-release. In light of the unique challenges faced by jails,

particularly those in rural jurisdictions, DOJ's Bureau of Justice Assistance (BJA) is partnering with both the Drug Enforcement Administration and the Substance Abuse and Mental Health Services Administration to work with communities to determine the best pathway toward increasing access to MAT and engage with participants on addressing the federal requirements related to those pathways, including becoming certified as an OTP, and the potential to provide exceptions to certain requirements based on the unique conditions of the jail setting and surrounding environment.

## Planning Initiative Details

The Institute for Intergovernmental Research (IIR) is releasing this call for applications to join and receive support under the Planning Initiative on behalf of OJP's BJA. BJA will support this 9-month planning initiative to help communities develop a comprehensive continuum of care that targets individuals with OUD in jails and builds bridges to increase access to treatment both in custody and with community-based MAT treatment providers upon release. **Through this competition, up to 15 communities will be selected to participate in the Planning Initiative.**

The Planning Initiative is designed to assist local communities by:

- ◀ Increasing stakeholder understanding of evidence-based and promising practices in the use of all three forms of FDA-approved medications to support MAT in jails and community-based settings.
- ◀ Increasing stakeholder understanding that the availability of MOU means that withdrawal or detox is no longer the default for people with OUD.
- ◀ Increasing understanding of the federal requirements associated with administering or

dispensing FDA-approved MOUD in a correctional setting.

- ◀ Building a comprehensive plan for initiating or expanding a MAT continuum of care within the jail and from the jail to the community that may include, if and where appropriate, providing exceptions to certain federal requirements. For example, in areas where staffing shortages compromise a jail's ability to implement an OTP, a waiver for some staffing requirements may be requested, depending on the scope of practice and state regulations.
- ◀ Developing effective partnerships between jails and community-based MAT treatment providers to provide pre-release or post-release services.
- ◀ Planning for the logistics associated with providing MAT in the jail setting.
- ◀ Planning for continuity and coordination of MAT during transitions into jails and reentry into communities.

The ultimate goal of this initiative is to get people who are incarcerated in local jails the care they need to treat their OUD, reduce risk of overdose and overdose death, reduce recidivism, and increase engagement in evidence-based OUD treatment by developing a continuum of care for individuals in jail and in the community post-release.

This effort is part of BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP).

## 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 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.

## Benefits If Selected

Jurisdictions 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 days in length. The scholarships will be managed as travel reimbursements, meaning that attendees will pay for their travel and be reimbursed for their eligible expenses according to federal travel guidelines after each training.
- ◀ Have a meaningful opportunity to learn from experts and from one another. Over the course of 9 months, there will be a site visit conducted by subject matter experts, up to three virtual peer-to-peer exchanges, monthly coaching calls with subject matter experts, and tailored technical assistance for strategic planning.
- ◀ Be supported in the interpretation and application of federal requirements for OTPs and the development of a strategic plan to support the implementation or expansion of a MAT program in the jail and continuation of OUD treatment and provision of other recovery supports in the community after release from incarceration.
- ◀ Be eligible for potential additional funding and technical assistance to support implementation of the plan developed through this opportunity to increase access to MAT in jails and in communities upon release, which may include obtaining waivers of or exceptions to certain federal requirements for OTP licensure.

## Applicant Requirements

Applicants must meet three requirements:

- ◀ Applicants must demonstrate the commitment of a multidisciplinary team made up of representatives from both security and healthcare staff who provide MAT services in the jail and from organizations involved in continuing that care in the community.
- ◀ Applicants must agree to work toward a plan to implement a MAT program in their jails that provides at least two forms of FDA-approved medications for OUD or expand an existing MAT program in the jail to offer at least two—preferably all three—forms of medication, and to support continued access to MAT in the community upon release. Applicants must be committed to making a significant advancement in access to MAT services in their jails (e.g., implementing a MAT program in a jail that has no MAT program, expanding a MAT program that previously only continued medications to offering induction, expanding a MAT program that only inducts people on naltrexone to also offer induction on buprenorphine and/or methadone, or shifting from use of a community-based OTP to a jail becoming a licensed OTP).
- ◀ Applicants must identify a project coordinator who can devote at least 6 hours per week of their time during the 9-month planning period.

## Commitment of Multidisciplinary Team

All jurisdictions selected for this planning initiative must identify a team of at least five (and no more than eight) local stakeholders. If selected, each team member must agree to participate in both virtual and in-person meetings with the other selected sites.

Individuals selected to serve on the planning team should plan on serving for the entirety of the 9-month planning process to ensure continuity. The selected

individuals should have the authority and support of their home agencies to actively participate in the planning meetings and drive change in their agencies.

## Mandatory Planning Team Members

To be considered for the planning initiative, your application must demonstrate the commitment of the following individuals:

- ◀ 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, including MAT, inside the jail.
- ◀ A representative from the jail custody system, with decision-making authority over custody operations.
- ◀ A representative from the local or tribal government's administrator's office responsible for public safety/criminal justice agencies or human service agencies in the community.
- ◀ A representative from the local community corrections, probation, or pretrial services agency with responsibilities that include coordination with jail administration for continuing substance use treatment services, including MAT.
- ◀ A representative from the local behavioral health department or agency that oversees substance use disorder treatment. This should be a local government employee, not a treatment provider that provides direct services.

The travel scholarships will support travel expenses for the five planning team members identified above. All five members of the mandatory team must agree to participate in the two face-to-face meetings to be held in Washington, DC.

## Optional Team Members

Additional team members are encouraged to participate in the virtual learning opportunities. Sites selected for the planning initiative may elect to self-fund travel for up to three additional team members to participate in the two face-to-face meetings in Washington, DC.

The following list of optional team members is not intended to be a comprehensive list. Applicants may propose alternate team members.

- ◀ Medicaid coordinator
- ◀ Prosecutor
- ◀ Defense attorney
- ◀ Court representative
- ◀ Community-based MAT provider
- ◀ Criminal justice coordinator or representative of the local opioid task force
- ◀ Representative from the state opioid treatment authority

## Forms of MAT

Applicants must agree to develop a plan to provide at least two forms of FDA-approved medications for opioid use disorder as part of the MAT program in both the jail-based setting and in the community.

## 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 devote approximately 6 hours a week of their time to:

- ◀ 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) workgroup meetings and ensure follow-up on key action items.
- ◀ Coordinate team participation in monthly calls with subject matter experts.
- ◀ Serve as this initiative's primary point of contact with BJA and its partner, IIR.

## How to Apply

All application components must be submitted via an online application. Links to the application template, along with PDF versions of the questions, are available on the COSSAP Resource Center at [COSSAP Funding Opportunities](#). All the required application components must be submitted via online application no later than **5:00 p.m., ET, on September 1, 2023**. Applicants will receive a notice of submission upon completion of the survey within the survey software. For issues with submission, please email [COSSUP@iir.com](mailto:COSSUP@iir.com).

Final award decisions will be made by IIR and BJA and are expected to be announced by **September 14, 2023**.

## To Learn More

Should you have any questions about the application process, please send an email to [COSSUP@iir.com](mailto:COSSUP@iir.com) and we will do our best to respond promptly.

Answers to frequently asked questions and updates that arise during the open solicitation period will be posted periodically on the COSSAP Resource Center at [COSSAP Funding Opportunities](#).

## Signed Letters of Commitment

Upload a scanned, signed letter of commitment from the highest ranking executive in each proposed

planning team member's agency. The letters of commitment should be addressed to the Review Committee (no address needed). 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 that 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.

## Selection Criteria

IIR will evaluate all proposals submitted by the published deadline on **September 1, 2023**, to ensure that all the required application materials are included. Incomplete applications (i.e., missing letters of commitment for the proposed planning team members, missing narrative responses in online application) will be removed from consideration.

BJA aims to select a diverse group of jurisdictions that represent a range of experiences implementing MAT in their jails and communities. In addition to these considerations, applications will be evaluated based on the following criteria:

- ◀ **Disproportionate Impact of the Opioid and Overdose Epidemics:** Jurisdictions that have been disproportionately impacted by opioid misuse and overdose will be given priority consideration. Evidence of disproportionate impact can be demonstrated, in part, by high rates of OUD-related treatment admissions,

high rates of OUD among jail populations, high rates of opioid overdose deaths, and/or a lack of accessibility to treatment providers and emergency medical services. Other considerations could include recently passed legislation or other legal requirements to implement MAT.

- ◀ **Rural and Tribal Jurisdictions: Implementing MAT in rural and tribal jurisdictions can be especially difficult because of limited capacity and resources; these communities will be given priority consideration.**
- ◀ **Existing Coordination Capacity:** Jurisdictions that demonstrate 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. A letter of support/commitment should be included.

Applications will be reviewed by BJA and IIR staff members. BJA will make the final decisions on site selection, and all decisions are final.

### Applicant Checklist

\_\_\_\_\_ Web-based application

\_\_\_\_\_ Letters of support/commitment from each agency represented on the planning team.

**Visit the COSSUP Resource Center at [www.cossapresources.org](http://www.cossapresources.org).**

The Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center is transitioning in the next few months to the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center.

### About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities. To learn more about BJA, visit <https://bjaj.ojp.gov> and follow us on Facebook ([www.facebook.com/DOJBJA](https://www.facebook.com/DOJBJA)) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice’s Office of Justice Programs.

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