

Optimizing Community Approaches to Challenging Populations with Opioid and/or Stimulant Use in the Justice System

A Learning Collaborative

APPLICATION TO PARTICIPATE

This document contains all application contents. There are two components to applying.

ON-LINE APPLICATION Prepare your response using this document, then [click here](#) to enter the information. If you do not complete it in one sitting, you may close the application and return to it later from the same computer; your entries will have been saved (must press next on page with information filled out prior to exiting). You may also move backward and change answers before submitting. No edits can be made after submittal.

LETTERS OF SUPPORT Attach your letters of support in the application website. You may enter them separately or scan them all into a single document and upload that.

Questions? Email them to CountyTouchpoints@healthmanagement.com

Submitting this application confirms the intent of the applicant county and its agencies to optimizing approaches to **one** of the targeted populations of persons with Opioid Use Disorder (OUD) and methamphetamine/ stimulant use in the justice system: **1) those with early problem substance use who encounter the law enforcement and justice systems but are not detained and therefore may not be introduced to treatment options, or 2) those with a serious mental illness along with addiction.**

Submitting this application also confirms the intent of the proposed team members to attend all scheduled Learning Collaboratives and work with an assigned project coach.

CONTACT PERSON: To whom should questions about this application be addressed?

NAME:	
TITLE:	
PHONE:	
EMAIL:	

SELECTED SPECIAL POPULATION: Which Special Population in the justice system will be the focus of this team's work? (Must select One)

Persons with Early Problem Substance Use

Persons with Co-Occurring Disorders

PARTICIPANTS

COUNTY	
LEAD AGENCY	NAME
	STREET ADDRESS
CHAMPION FROM LEAD AGENCY	NAME
	TITLE
	PHONE
	EMAIL

CORE TEAM MEMBERS Core Teams must include a minimum of six members. Refer to program description for guidance on team members.

CATEGORY	NAME	TITLE	ORGANIZATION	EMAIL ADDRESS
1.				
2.				
3.				
4.				
5.				
6.				

ADDITIONAL TEAM MEMBERS There is no limit on the number of additional team members. Refer to program description for guidance on team members.

CATEGORY	NAME	TITLE	ORGANIZATION	EMAIL ADDRESS

CURRENT COUNTY SYSTEM AND PROJECT OBJECTIVES

EARLY PROBLEM SUBSTANCE USE

Are there collaborative courts in this county? YES NO

If yes, state name and number of each type:

Does your County operate a Local Opioid Coalition? YES NO
 If yes, briefly describe how this project will interface with the Coalition.

Has your county participated in any of the following state-funded MAT projects in the past two years?

Expanding Access to MAT in County Criminal Justice Settings YES NO NOT SURE

Mother-Baby Substance Exposure Initiative YES NO NOT SURE

Transitions of Care in OUD Treatment YES NO NOT SURE

Tribal MAT Project YES NO NOT SURE

DUI MAT Program YES NO NOT SURE

YOR California (Youth Opioid Response) YES NO NOT SURE

ED Bridge Program (hospital emergency department) YES NO NOT SURE

Other: Please name _____

Has funding targeted to treatment of early problem substance use been awarded to law enforcement, courts, sheriff's office, public defenders, district attorneys, AOD treatment agency, probation, hospitals, public health, crisis intervention settings, or other agencies in this county in the past three years? (May be from a variety of local, state, federal, and private funders.) YES NO NOT SURE

If yes, please briefly describe the funder, funded agency, and funding objectives for each.

Has your county participated in LEAD or other projects or programs to divert persons with **substance use problems** from arrest? YES NO

If yes, provide brief description.

Has your county conducted mapping of its Sequential Intercept points? YES NO

If yes, provide brief description of effort, when it occurred, and how information has been used.

Does your county have a Sobering Center or similar setting? YES NO

If yes, provide brief description and when it was implemented

Has your county continued the COVID-related Emergency Zero Bail judicial order that expired in June?

YES NO

Has law enforcement in your county received specific training in opioid use disorder, use of naloxone, medication assisted treatment, and/or stimulant use disorders? YES NO

If yes, provide brief description.

Provide a brief description of the reasons the County is interested in this special population.

List three desired outcomes from participation in this project.

CO-OCCURRING DISORDERS

Are there collaborative courts in this county? YES NO

If yes, state name and number of each type:

Does your County operate a Local Opioid Coalition? YES NO

If yes, briefly describe how this project will interface with the Coalition.

Has your county participated in any of the following state-funded MAT projects in the past two years?

- Expanding Access to MAT in County Criminal Justice Settings YES NO NOT SURE
- Mother-Baby Substance Exposure Initiative YES NO NOT SURE
- Transitions of Care in OUD Treatment YES NO NOT SURE
- Tribal MAT Project YES NO NOT SURE
- DUI MAT Program YES NO NOT SURE
- YOR California (Youth Opioid Response) YES NO NOT SURE
- ED Bridge Program (hospital emergency department) YES NO NOT SURE
- Other: Please name _____

Has your county participated in the Stepping Up Initiative? YES NO
If yes, has the initiative explicitly addressed substance use?

Has other funding or technical assistance targeted to treatment of co-occurring opioid or stimulant use disorders and serious mental illness been awarded to law enforcement, courts, sheriff's office, public defenders, district attorneys, AOD treatment agency, probation, hospitals, public health, crisis intervention settings, or other agencies in this county in the past three years? (May be from a variety of local state, federal, and private funders.)

YES NO NOT SURE

If yes, please briefly describe the funder, funded agency, and funding objectives for each.

Has your county conducted mapping of its Sequential Intercept points? YES NO

If yes, provide brief description of effort, when it occurred, and how information has been used.

Has your county participated in LEAD or other projects or programs to divert persons with **substance use problems** from arrest? YES NO

If yes, provide brief description.

Has law enforcement in your county received specific training in opioid use disorder, use of naloxone, medication assisted treatment, and/or stimulant use disorders? YES NO

If yes, provide brief description and when it was implemented.

Has law enforcement in your county implemented Crisis Intervention Training? YES NO

If yes, provide brief description, when it was implemented, and for whom.

Does your county have a Sobering Center or similar setting? YES NO

If yes, provide brief description and when it was implemented

Describe your county's emergency psychiatric or crisis response. If a person in crisis is encountered by law enforcement or EMS, what are options for behavioral health screening, assessment, and stabilization?

Does your county currently have a project or program specifically addressing persons with co-occurring mental illness and substance use disorders? YES NO

If yes, provide brief description.

Provide a brief description of the reasons the County is interested in this special population.

List three desired outcomes from participation in this project.

LETTERS OF SUPPORT

Application must include the following letters of support, which are to be submitted at the time of application in the application program.

1. Lead Agency - letter from the director of the Lead Agency indicating support for the project, its goals, and the role of the Team Champion.
2. Core Team Member agencies – a letter from the leadership of each Core Team member’s agency (other than the Lead Agency) indicating support for the project, its goals, and the commitment of the team member to the project.

APPLICATION SUBMITTAL

Please [click here](#) to enter your application response and letters of support. You may enter letters of support individually or scan them all into one or more consolidated documents to upload.

**Application and letters of support must be submitted by
Friday December 11, 2020 at 5:00 p.m.**