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Infrastructure Share Background & Overview

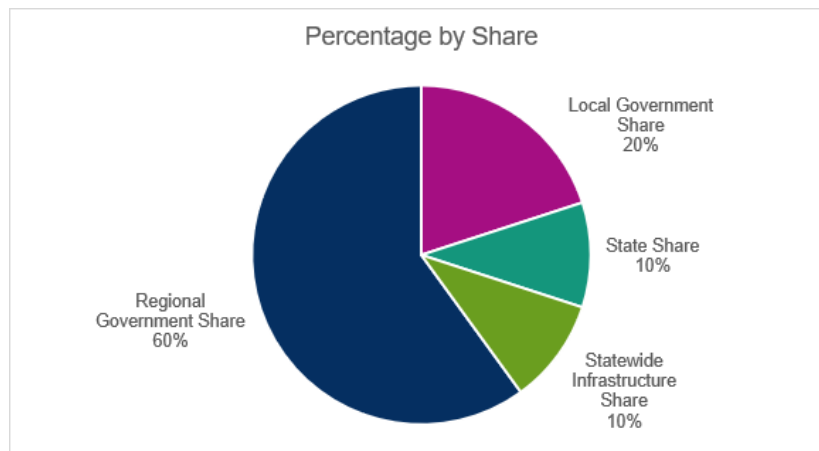
Background

The [Colorado Opioid Settlement Memorandum of Understanding \(MOU\)](#), finalized between the Colorado Attorney General's Office and the local governments of Colorado, defines the methods of governance, distribution, and expenditure of Opioid Settlement Funds (Opioid Funds) received by Colorado over an 18-year distribution timeline.

Per the terms of the MOU, Opioid Funds are allocated through four different funding streams:

- 60% for the **Regional Government Share** [allocated to the 19 Regional Opioid Abatement Councils (ROACs) established under the MOU]
- 20% for the **Local Government Share** (Participating Local Governments, known as PLGs, may elect to either directly receive funds or redirect funds to their ROAC)
- 10% for the **State Share** [managed by the Department of Law (DOL)]
- 10% for the **Infrastructure Share** [managed by the Colorado Opioid Abatement Council (COAC)]

Opioid Funds for this funding opportunity come from the Statewide Infrastructure Share.



To be considered for funding, applications must fall within the parameters of [Approved Uses](#), as defined in Exhibit E, Schedule B of the national opioid Settlements.

Purpose of Infrastructure Share

According to Section (G)(2) of the MOU, *"The purpose of the Statewide Infrastructure Share is to promote capital improvements and provide operational assistance for developing or improving the infrastructure necessary to abate the opioid crisis anywhere within the State of Colorado. The Statewide Infrastructure Share is intended to supplement Opioid Settlement Funds received by any Party or Region."*



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Application Factors

To encourage intra-regional and cross-regional collaboration, and to maximize the impact of the Infrastructure Share, Applicants are encouraged to submit collaborative application requests that address unmet needs by existing funding sources. The COAC will consider the following funding priorities in its review of applications:

1. Joint applications from multiple Regional Opioid Abatement Councils (ROACs).
2. Applications that align and supplement other Opioid Funds received by ROACs, Participating Local Governments (PLGs), and eligible state government entities.
3. Regional projects that involve multiple counties, municipalities, and/or state agencies.
4. Projects with matching or in-kind funding from partnerships that may include but are not limited to foundation matching funds, in-kind staffing or materials, or other funds such as federal or state grants without restrictions on braided funding. A funding match is not a requirement for application.
5. Applications from entities that have not previously received funding from the Infrastructure Share shall be given higher priority.
6. Applications demonstrating Sustainability after the expenditure of Infrastructure Share funds.

Pre-Application Interest Form | Notice of Intent to Apply

To assist in planning for the review of applications, interested Applicants are encouraged to submit a non-binding [Notice of Intent to Apply](#) by **December 10, 2024**. This form will ensure interested Applicants are notified of important deadlines and learning opportunities, including the pre-application webinar and online office hours, and will be used solely for planning purposes.

Questions and Inquiries

All questions regarding this funding opportunity should be submitted via the [Q&A Form](#). The question period closes on January 30, 2025. Applicants should monitor the COAC webpage for any updates to this funding opportunity.

Please note: To preserve the integrity of the review process, the administrator will not answer, nor advise on, questions related to the merits/strengths of a proposed application. The administrator will only reiterate what is contained in the materials on the COAC webpage and, where necessary, offer additional clarifications.

Webinar and Online Office Hours

Prior to submitting an application, Applicants are encouraged to attend the pre-application webinar and office hours calls (listed in the Schedule of Activities) to learn more about this funding opportunity. These meetings will be recorded and posted on the [COAC webpage](#) for accessibility.



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Schedule of Activities

This schedule of activities is for information and planning purposes only.

ACTIVITY	DATE ¹
Funding Opportunity Announced	November 13, 2024
Pre-Application Webinar [Register Here]	December 6, 2024 11:00 a.m. MT
Online Office Hours #1 [Register Here]	December 12, 2024 11:00 a.m. MT
Online Office Hours #2 [Register Here]	January 17, 2025 11:00 a.m. MT
Applications Due	February 3, 2025 11:59 p.m. MT
Evaluation Period	February – May 2025
Estimated Notification of Award	June 2025
Estimated Award Distribution	Summer 2025
¹ The COAC reserves the right to revise the dates in this schedule.	



Application Requirements

Eligibility

According to the MOU, eligible Applicants for the Infrastructure Share include:

- Local governments that participated in the Colorado Opioids Settlement MOU¹
- Colorado state agencies/state government entities
- Colorado Regional Opioid Abatement Councils (ROACs), which were formed as a result of the MOU and have a Colorado governmental entity serving as the Fiscal Agent.

Organizations that are not included in the list of eligible applicants are not able to directly apply for Infrastructure Share funding. However, they may be listed as an Implementing Organization on a collaborative application submitted by a governmental entity or ROAC.

If multiple organizations are applying together, please select one entity to serve as the Applicant. Any additional entities should be listed as “Implementing Organizations.” The primary Applicant should be the governmental entity or ROAC that will accept the terms of the Award Letter, receive the disbursed funds, be responsible for funds management, and submit the required annual Expenditure Reports. Quarterly progress reports and the final report may be submitted either by the primary Applicant, or their Implementing Organizations.

Although the application requires one entity to serve as Applicant, multi-agency partnerships are possible and highly encouraged for Infrastructure Share funding. Joint applications, involving active participation by more than one organization, should demonstrate evidence of prior interaction and responsible partnership among the various organizations.

Applications may be removed from consideration if the COAC determines that the application fails to demonstrate financial viability, program Sustainability, or if the request falls outside the parameters of [Approved Uses](#).

Application Checklist

The Application, available on the [COAC webpage](#), consists of the following components, which should be submitted and labeled in the order listed below. This checklist is provided to help ensure a complete application. This checklist does not need to be submitted with the proposal.

- ☐ **Section I: Executive Summary** (200-word limit)
- ☐ **Section II: Application Form** (use template provided)

¹Local governments shall include “all counties in the State of Colorado and the municipalities, towns, and county and city municipal corporations that are listed in Exhibit B (of the [Colorado Opioid MOU](#))” [Section (A)(5), Colorado MOU]



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- **Section III: Narrative**
- **Section IV: Completed Budget and Work Plan**
 - Administrative Costs shall not exceed 10% of the total budget proposal [see Glossary of Terms (Appendix A)]
 - *Please note: The Budget and Workplan are housed within the same Excel document but are separated by two distinct tabs.*
- **Section V: Additional Attachments**
 - Organization List of Names and Qualifications of Key Staff (required)
 - Regional Opioid Abatement Council(s) Letter of Acknowledgement (suggested)
 - Additional Letters of Support (optional)
 - Organization Evaluation Results (optional)

Applications that fail to follow all the requirements defined in the application may be removed from consideration. Presenting false or misleading information may also be grounds for non-consideration.

Decision and Notification

Applicants will be notified via email from coac@coag.gov regarding funding decisions. The estimated notification date is listed in the Schedule of Activities.

Applicants selected to receive an award will be provided with a template Award Letter, defining the terms of the award. If an Applicant requests modifications to the terms within the Award Letter, the decision to reject, accept, or further negotiate any requested changes will be at the sole discretion of the COAC. In the event an Applicant's requested modifications violate the terms of the MOU, State or federal law, regulation, or policy, or would otherwise not serve the best interest of Colorado and the Infrastructure Share, the COAC may determine that an application is no longer responsive and therefore ineligible for the award.

Any COAC announcement of prospective or awarded applications will be via e-mail, or in another format, as determined by the COAC, and shall be within the timing and discretion of the COAC.



How to Apply

Submission Instructions

The Application Form (available on the [COAC webpage](#)) contains a complete checklist of the required materials for this funding opportunity. Applications must be received electronically by no later than **11:59 p.m. MT on February 3, 2025**. Faxed or mailed applications will not be accepted.

Applications must be submitted via email, using the following format:

Addressed to: Opioid Response Infrastructure Funding Specialist

Sent to: coac@coag.gov

Subject line: Infrastructure Share Funding Opportunity, Round 3

Deadline to submit: 11:59 p.m. MT on February 3, 2025

All submitted applications will receive a confirmation of receipt within 2 business days, excluding State holidays. If the Applicant has not received a confirmation within 2 business days, please email coac@coag.gov as this means your application has not been received.

Late applications may not be accepted. It is the responsibility of the Applicant to ensure their application is received via email, as listed in these instructions, on or before the due date.

It is incumbent upon Applicants to monitor the COAC webpage, carefully and regularly, for any notices or modifications to this funding opportunity.



Budget and Funding Period

Funding Period

The COAC expects to receive Opioid Funds through 2038 and will award Infrastructure Share funds in accordance with the terms of the MOU and pending future Settlements. To understand how Opioid Funds are distributed in Colorado, please visit the [Colorado Opioid Settlement Dashboard](#).

After selecting the Awardees for Round 3 of Infrastructure Share funding, the COAC will issue an official Award Letter and authorize a one-time transfer of funds to the Awardee. Per the terms of the MOU, funds may only be transferred to appropriate state agencies, Regional Fiscal Agents (Fiscal Agent), or Participating Local Governments. Infrastructure Share funds may be held by either the State or third-party entities, often referred to as National Administrators, to be disbursed directly as a one-time, lump-sum transfer.

Budget Period

Awards must be expended within two years of the Award Date. Any use of funds beyond two years must be reviewed and approved by the COAC. Infrastructure Share funds cannot be used for expenses incurred by the Awardee prior to the issuance and acceptance of the Award Letter.

Budget Requirements

Applicants must submit a proposed Budget and Workplan (available on COAC webpage) to be eligible for this funding opportunity. Administrative Costs shall not exceed 10% of the total budget proposal. See Glossary of Terms (Appendix A) for further guidance.

If an Awardee wishes to amend their Budget or Workplan at any point during the Award Cycle, a Budget and Workplan amendment must be submitted to coac@coag.gov. The updated amendment form will be made available to Awardees upon request. On behalf of COAC, DOL staff will review the requested amendment to ensure alignment with the terms of the original Award Letter, Approved Uses, and to prevent supplanting of funds. In the review process, DOL staff may request additional information to verify these components.



Reporting

Awardees will be required to submit 2-3 annual Expenditure Reports, 7 quarterly progress reports, and 1 final report. All reports should align with the Awardee's approved Budget and Workplan. Acceptance of funds indicates agreement with the terms of reporting.

Please note: Awardees are required to submit all of these reports, even if the Awardee expends their funds prior to the end of the Award Cycle. The COAC reserves the right to request audited profit and loss statements or additional financial documents at no additional cost to the COAC.

Annual Expenditure Reports

Awardees are required to submit annual Expenditure Reports, using a format determined by the COAC. On an annual basis, the COAC will publish on the [publicly available dashboard](#) all expenditure data from these awards. The COAC may request additional information or virtual meetings as necessary to assist in reporting. Awardees are subject to any accounting as required by the COAC. A lack of response to such requests may be grounds for remedial action. The Awardee will be expected to comply with the terms of their approved Budget and Workplan.

Quarterly Progress Reports

Quarterly progress reports will be due to the COAC, using a format determined by the COAC, which may request additional information or virtual meetings as necessary to assist in reporting. A lack of response to such requests may be grounds for remedial action. The Awardee will be expected to comply with the terms of their approved Budget and Workplan.

Final Report

In the final quarter of the Award Cycle, Awardees must submit one final report, using a template determined by COAC. The COAC reserves the right to request additional information, beyond the prompts contained in the template, including any necessary information to close out the award.

Indicators for Reporting

To assist in outcome reporting, Applicants must select 3 Indicators (see Appendix B) which will be used by COAC to assess the impact of the awarded project/program. These Indicators, called [Opioid Settlement Principles Resource and Indicators](#) (OSPRI) are nationally recognized indicators that are used to measure the output of opioid settlement programs and interventions. In quarterly progress reports, Awardees will be asked to provide a progress update on their selected Indicators.

Please note: Regardless of which Indicators an Applicant selects, all expenditures must align with the list of [Approved Uses](#) in Exhibit E, Schedule B of the national opioid Settlements.

Awardee Learning Forums

At least one representative from the Awardee's organization must attend quarterly Virtual Awardee Learning Forums. Hosted by administrative staff at the Colorado Department of Law, these forums will cover a variety of relevant topics, including technical assistance, quarterly



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reporting, expenditure reporting, resource-sharing, award management, and stories of success. Awardees will have the opportunity to raise questions, discuss challenges, receive support from Department of Law staff, and network with other Infrastructure and State Share recipients. Details will be provided in the terms of the Award Letter. Questions can be directed to coac@coag.gov.

Colorado Opioid Abatement Conference

Awardees are required to send one representative to attend the annual Colorado Opioid Abatement Conference. This Conference is held in-person and is a valuable opportunity to receive technical assistance, learn about statewide efforts to combat the opioid crisis, and participate in a community of practice with other funding recipients. Budgets may include travel expenses for staff to attend the Conference. When entering conference related expenses into your template Budget, please select “K. Training” as the Approved Use in column D of the Budget. Further questions can be directed to coac@coag.gov.

Remedial Procedures

Any remedial action taken against Awardees that misuse funds from the Infrastructure Share shall be in accordance with the COAC Remedial Procedures – Statewide Infrastructure Funds [see Glossary of Terms (Appendix A)].



Appendix A: Glossary of Terms

Term	Definition
Administrative Costs	Expenses associated with overseeing and administering Opioid Funds (including but not limited to legal expenses, procurement/contract administration, fiscal accounting/reporting, etc.). Administrative costs shall not exceed 10% of actual costs expended by the recipient or 10% of the amount received, whichever is less.
Applicant	The entity that will submit the application, receive the Infrastructure Share award, receive the disbursed funds, and be responsible for funds management and ensuring that required reporting is submitted.
Approved Uses	<p>Approved Uses are forward-looking strategies, programming, and services to abate the opioid epidemic as identified in Exhibit E, Schedule B of the national opioid Settlements.</p> <p>Consistent with the terms of any Settlement, “Approved Uses” shall also include the reasonable administrative costs associated with overseeing and administering Opioid Funds.</p>
Awardee(s)	The entity or entities approved by COAC to receive Infrastructure Share funding.
Award Cycle	The 24-month period within which an Awardee must expend their funding. The Award Cycle will expire 24-months after the Award Date, unless otherwise determined by COAC.
Award Date	The date upon which the Award Letter is issued. Award Letters will be sent from coac@coag.gov to the prospective Awardees.
Award Letter	<p>The official letter sent from coac@coag.gov to Awardees detailing the terms of the award. The Award Letter will be generated after COAC has made its final determinations.</p> <p><i>Please note: Expenses incurred by the Awardee prior to the issuance of the Award Letter cannot be claimed under the terms of the award.</i></p>
Budget and Workplan	<p>The Budget and Workplan (available as a template on the COAC webpage) provides a comprehensive summary of an Applicant’s budget proposal, as well as their program/project goals, activities, deliverables, and data indicators/outcomes.</p> <p><i>Please note: The Budget and Workplan are housed within the same Excel document but separated by two distinct tabs.</i></p>



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Colorado Opioid Settlement Memorandum of Understanding (MOU)	The Colorado Opioid Settlement Memorandum of Understanding (MOU) establishes the framework for distribution and oversight of Opioid Funds.
Colorado Opioid Abatement Council (COAC)	<p>The Colorado Opioid Abatement Council was created to ensure that the distribution of Opioid Funds complies with the terms of the MOU and of any Settlement, and to provide oversight and an accounting of all Opioid Funds in accordance with the terms of the MOU. The Council is responsible for oversight of Opioid Funds from the Regional Share, and for developing processes and procedures for the distribution and oversight of Opioid Funds from the Statewide Infrastructure Share, all in accordance with the terms of the MOU.</p> <p>The Council is made up of 13 members, 6 voting members appointed by local government representatives, 6 voting members appointed by the state, and a chair who may only vote in the event of a tie.</p>
COAC Remedial Procedures – Statewide Infrastructure Funds	Procedures adopted by the COAC to remediate any misuse of Opioid Funds from the Statewide Infrastructure Share. Available at https://coag.gov/app/uploads/2023/04/COAC-Infrastructure-Share-Remedial-Procedures-10.17.22-Adopted-11.10.22.pdf
Colorado Department of Law (DOL)	The Colorado Department of Law, also known as the Colorado Attorney General’s Office, provides administrative support to the Colorado Opioid Abatement Council (COAC), including administration of Infrastructure Share funding opportunities.
Expenditure Reports	According to Section (G)(5) of the MOU: “On an annual basis, as determined by the [COAC], any Party or Regional Council that receives funds from the Statewide Infrastructure Share shall provide all expenditure data, including administrative costs, related to any Opioid Funds it received from the Statewide Infrastructure Share and subject itself to an accounting as required by the Abatement Council. The Abatement Council shall publish all expenditure data from the Statewide Infrastructure Share in accordance with Section (C)(4)(c)(i). The Abatement Council may require the Parties or Regional Councils that receive funds from the Statewide Infrastructure Share to provide additional outcome related data in accordance with Section (C)(4)(c)(ii) and the Parties or Regional Councils shall comply with such requirements.”
Fiscal Agent	Per the terms of the MOU, each Regional Opioid Abatement Council must have a Fiscal Agent that is either a county or municipal government. For the purposes of the Infrastructure Share, ROACs may only receive funding via their designated Fiscal Agent.



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Fiscal Contact	The individual primarily responsible for financial management of the award, including submission of annual expenditure reporting. The Awardee is responsible for promptly notifying the DOL should there be a change in Fiscal Contact.
Implementing Organizations	Entities other than the Applicant that are either supporting or part of a collaborative application. Nongovernmental entities, such as non-profit organizations, may be part of the collaborative partnership proposed in the application, so long as the primary Applicant is considered eligible to apply.
Indicators	Developed by the Johns Hopkins Bloomberg School of Public Health, these data Indicators (available in Appendix B) are measurement tools used to determine if a project/program is working as expected and achieving its intended outcomes.
National Administrators	Refers to the various third-party entities responsible for the direct disbursement of national opioid Settlement funds.
Opioid Settlement Funds (Opioid Funds)	Opioid Funds shall mean damage awards obtained through a Settlement.
Participating Local Governments (PLGs)	"[A]ll Local Governments that sign[ed the] MOU, and if required under terms of a particular Settlement, who have executed a release of claims with the Opioid Settlement Defendant(s)" [Section (A)(9) of the MOU]
Primary Contact	The individual primarily responsible for oversight of the program/project proposed in the application.
Regional Opioid Abatement Councils (ROACs)	The Regional Opioid Abatement Councils (ROACs) were formed by county and municipality governments to create a governing body to manage Opioid Funds at a regional level. There are 19 Regions in Colorado, each governed by its respective ROAC. Each Region may draft its own intra-regional agreements, bylaws, or other governing documents to determine how the ROAC will operate. All voting members of ROACs are either elected officials or employees of local governments.
Settlement	"[T]he negotiated resolution of legal or equitable claims against an Opioid Settling Defendant when that resolution has been jointly entered into by the State and the Participating Local Governments, or by any individual Party or collection of Parties that opt to subject their Settlement to this MOU. Unless otherwise directed by an order from a United States Bankruptcy Court, 'Settlement' shall also include distributions from any liquidation under Chapter 7 of the United States Bankruptcy Code or confirmed plan under Chapter 11 of the United States Bankruptcy Code that treats the claims of the State and Local Governments against an Opioid Settling Defendant." [Section (A)(13) of the MOU]



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Statewide Infrastructure Share	“The purpose of the Statewide Infrastructure Share is to promote capital improvements and provide operational assistance for developing or improving the infrastructure necessary to abate the opioid crisis anywhere within the State of Colorado. The Statewide Infrastructure Share is intended to supplement Opioid Funds received by any Party or Region.” [Section (G)(2) of the MOU]
Sustainability	As per the COAC Infrastructure Share policy, Sustainability shall refer to “the use of Opioid Funds for capital projects or operational programming that work to abate the opioid crisis and that can continue to function without future Opioid Funds.”



Appendix B: Opioid Settlement Principles Resource and Data Indicators (OSPRI)

Identification Number	Harm Reduction (Indicators)
1.10	Number of overdose prevention education and naloxone distribution events (i.e. tabling, training, etc.)
1.20	Number of naloxone kits distributed through community events and organizations, harm reduction programs, vending machines, etc.
1.30	Number of individuals trained at overdose prevention education and naloxone distribution events
1.40	Number of people receiving naloxone kits after an EMS dispatch for an overdose
1.41	Percent of eligible individuals receiving naloxone kits after an EMS dispatch for an overdose (# of individuals who received a naloxone kit after EMS dispatch for an overdose / total # of EMS dispatches for an overdose)
1.50	Number of people receiving naloxone kits after a visit to an emergency department for an overdose
1.51	Percent of eligible individuals receiving a naloxone kit after a visit to an emergency department for an overdose (# of individuals who received a naloxone kit after a visit to an emergency department following an overdose / total number of individuals seen at an emergency department for an overdose)
1.60	Number of eligible individuals at risk for overdose that receive a naloxone kit upon release from a jail/prison
1.61	Percent individuals at risk for overdose that receive a naloxone kit upon release from jail/prison (# of individuals at risk of overdose who received a naloxone kit upon release / total # of individuals at risk of overdose released from a jail/prison)
1.70	Number of people in substance use disorder treatment receiving a naloxone kit
1.71	Percentage of eligible individuals in substance use disorder treatment who receive a naloxone kit (# of eligible individuals in substance use disorder treatment who receive a naloxone kit / total # of eligible individuals in substance use disorder treatment)
1.80	Number of naloxone kits distributed to patients/clients with a substance use disorder in mental health treatment
1.90	Number of requests to and kits received from statewide naloxone distribution system (by type of organization and location)
1.91	Percent of fulfilled requests for naloxone from a statewide distribution systems (# of requests fulfilled / total # of requests)
6.92	Percentage of probation or parole revocations resulting from substance use-related technical violations (# of people sentenced to community supervision who are resentenced as a result of technical violations related to substance use / # of people sentenced to community supervision who are resentenced)



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7.70	Number of program participants / patients [specify patient groups: obstetric care, ED, primary care, mental health treatment, correctional facilities, schools] screened for substance use disorder using a standardized screening tool
7.71	Percent of program participants / patients [specify patient groups: obstetric care, ED, primary care, mental health treatment, correctional facilities, schools] screened for substance use disorder using a standardized screening tool (# of program participants or patients screened for substance use disorder using a standardized screening tool / total # of eligible program participants or patients)
8.10	Number of trainings/events (and participants) that raise awareness of the state's Good Samaritan law
8.11	Number of participants of trainings/events that raise awareness of the state's Good Samaritan law
8.40	Number of individuals participating in Post-Overdose Response Teams following an overdose reversal
8.50	Number of drug testing [fentanyl, xylazine, etc.] strips distributed in a jurisdiction
8.60	Number of samples submitted to drug checking laboratory for analysis of contaminants
9.10	Number of available service locations [and/or hours of operation] of syringe service programs
9.20	Number of unique participants (or new participants during time period) using a syringe services program
9.30	Number of unique encounters a syringe services program has with participants during a specified time period
9.40	Number syringe service programs and harm reduction distribution organizations who report access to as much naloxone as they need
9.41	Percent of syringe service programs and harm reduction distribution organizations who report access to as much naloxone as they need (# of programs who report receiving as much naloxone as they need / total number of syringe service and harm reductions programs)
10.10	Number of criminal defense lawyers trained to defend against drug delivery resulting in death charges
Identification Code	Treatment (Indicators)
2.00	Proportion of people who remained engaged in buprenorphine treatment for a 6-month (180 day) time period
2.10	Number of individuals with opioid use disorder who filled at least one prescription for buprenorphine
2.11	Rate of individuals with opioid use disorder who filled at least one prescription for buprenorphine (# of individuals who filled at least one buprenorphine prescription / population)
2.20	Number of patients with opioid use disorder who filled a new prescription for buprenorphine within 14 days following an emergency department visit for an overdose



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2.21	Percent of patients with opioid use disorder who filled a new prescription for buprenorphine within 14 days following an emergency department visit for an overdose (# of patients with opioid use disorder who filled a buprenorphine prescription within 14 days following an emergency department visit for an overdose / total # of patients treated for an overdose at an emergency department)
2.30	Number of adolescents and adults who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-treatment within 14 days of diagnosis
2.31	Number of adolescents and adults who initiated treatment and had two or more additional SUD services or medication treatment within 34 days of the initiation visit
2.40	Number of individuals with an opioid use disorder diagnosis who were administered, dispensed or filled a prescription for an MOUD
2.50	Number of EMS providers that offer pre-hospital buprenorphine
2.51	Percent of EMS providers that offer pre-hospital buprenorphine (# of EMS providers that offer pre-hospital buprenorphine / total # of EMS providers in a jurisdiction)
2.52	Number of patients that received buprenorphine from an EMS provider
2.54	Percent of patients with opioid use disorder who were treated with buprenorphine during an emergency department visit after a drug overdose (# of patients treated with buprenorphine during an emergency department visit following a drug overdose / total # of patients treated for a drug overdose at an emergency department)
2.60	Number of patients/participants engaged in methadone maintenance treatment
2.70	Number of buprenorphine providers adopting low-threshold principles, such as same-day treatment entry, a harm reduction approach, scheduling flexibility, and wide availability
2.80	Number of providers in the emergency department who have received training in the use of buprenorphine or methadone in emergency departments
2.81	Percent of providers in the emergency department who have received training in the use of buprenorphine or methadone in emergency departments (# of providers in an emergency department who have received training on MOUD / total # of emergency department providers)
2.90	Number of emergency departments that have a clinical protocol to treat opioid use disorder with buprenorphine during the visit
2.91	Percent of emergency departments that have a clinical protocol to treat opioid use disorder with buprenorphine during the visit (# of emergency departments with a protocol for the use of buprenorphine to treat opioid use disorder during a visit / total # of emergency departments)
3.00	Proportion of people who remained engaged in methadone treatment for a 6-month (180 day) time period



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5.00	Number of providers who have prescribed buprenorphine within a specified time frame and/or geographic location
5.20	Number of patients transitioned to licensed substance use disorder treatment within 30 days following a visit to an emergency department for an overdose
5.21	Percent of patients transitioned to licensed substance use disorder treatment within 30 days following a visit to an emergency department for an overdose (# of patients transitioned to licensed substance use disorder treatment within 30 days following an emergency department visit for an overdose / total # of patients treated in an emergency department for an overdose)
5.30	Number of patients with opioid use disorder who filled prescriptions for buprenorphine within 14 days following emergency department visit for an overdose
5.31	Percent of patients with opioid use disorder who filled prescriptions for buprenorphine within 14 days following an emergency department visit for an overdose (# of patients with opioid use disorder who filled prescriptions for buprenorphine within 14 days following an emergency department visit for an overdose / total # of patients with opioid use disorder treated in an emergency department for an overdose)
6.10	Number of people with opioid use disorder in drug court using buprenorphine or methadone
6.11	Percent of people with opioid use disorder in drug court using buprenorphine or methadone (# of individuals with opioid use disorder in drug court using buprenorphine or methadone / total # of individuals with opioid use disorder participating in a drug court program)
6.20	Number of people with opioid use disorder who received buprenorphine or methadone treatment within 14 days following release from a jail or prison
6.21	Percent of people with opioid use disorder who received buprenorphine or methadone treatment within 14 days following release from a jail or prison (# of individuals with opioid use disorder who received buprenorphine or methadone treatment within 14 days following release from a jail or prison / total # of individuals with opioid use disorder released from a jail or prison)
6.30	Number of people with opioid use disorder who received a 30-day supply of buprenorphine upon release from a jail or prison
6.31	Percent of people with opioid use disorder who received a 30-day supply of buprenorphine upon release from a jail or prison (# of people with receiving MOUD in jail/prison who received a 30-day supply of buprenorphine upon release / total # of people who received MOUD in jail/prison that were released)
6.50	Number correctional facilities that have a MOUD clinical protocol or policy for initiation or continuation of treatment
6.51	Percent of correctional facilities that have a MOUD clinical protocol or policy for initiation or continuation of treatment (# of correctional facilities that have a MOUD clinical protocol or policy for initiation or continuation of treatment / total # of correctional facilities)
6.60	Number of correctional facilities that have evidence-based screening procedures for SUD/OD established upon booking or entry



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6.70	Number of individuals initiating/beginning MOUD during incarceration in a jail or prison
6.80	Number of individuals continuing MOUD during incarceration in a jail or prison
6.90	Number of individuals with opioid use disorder who are insured at the time of release from a jail or prison
6.91	Percent of individuals with opioid use disorder who are insured at the time of release from a jail or prison / total # of individuals with opioid use disorder release from a jail or prison
Identification Code	Harm Reduction, Recovery (Indicators)
3.10	Number of families who receive specific social supports, which could include case management, childcare, transportation, employment assistance, family housing and family-centered treatment, support groups, referral services, and peer counselors
3.12	Percent of eligible families who receive specific social supports, which could include case management, childcare, transportation, employment assistance, family housing and family-centered treatment, support groups, referral services, and peer counselors (# of families who receive specific social supports / total # of families served with a family member with opioid use disorder)
Identification Code	Primary Prevention, Harm Reduction, Recovery (Indicators)
3.20	Number of eligible families who receive evidence-based interventions in the postpartum period, including home visiting programs, (such as the Nurse-Family Partnership and Child First); and family skills training interventions, such as the Strengthening Families Program and Families Facing the Future
3.21	Percentage of eligible families who receive evidence-based interventions in the postpartum period, including home visiting programs, (such as the Nurse-Family Partnership and Child First); and family skills training interventions, such as the Strengthening Families Program and Families Facing the Future (# of families who received evidence-based postpartum services / total # of families with a member with opioid use disorder)
Identification Code	Primary Prevention, Recovery (Indicators)
3.30	Number of children reunited with parent/caregiver following removal due to parental/caregiver in-home drug use
3.31	Percent of children reunited with parent/caregiver following removal due to parental/caregiver in-home drug use (# of children reunited with parent or caregiver following removal due to parental or caregiver in-home drug use / total # of children removed due to parental or caregiver in-home drug use)
Identification Code	Treatment, Recovery, Harm Reduction (Indicators)
3.40	Number peer support / peer navigators employed by an organization or department



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3.41	Percent of organizational or departmental staff that are peer support / peer navigators (# of peer support or peer navigators / total # of staff employed by an organization or department)
Identification Code	Primary Prevention, Treatment (Indicators)
4.10	Number of substance-exposed newborns treated with evidence-based care, including rooming-in
4.11	Percent of substance-exposed newborns treated with evidence-based care, including rooming-in (# of substance-exposed newborns treated with evidence-based care / total # of substance-exposed newborns delivered or seen by an emergency department or hospital)
Identification Code	Primary Prevention (Indicators)
4.20	Number of eligible children who receive early intervention services
4.21	Percentage of eligible children who receive early intervention services (# of eligible children who receive early intervention services / total # of eligible children)
Identification Code	Harm Reduction, Treatment (Indicators)
5.10	Number of patients with opioid use disorder who attended a follow-up appointment with an outpatient provider within 7 days of a visit to an emergency department for an overdose
5.11	Percent of patients with opioid use disorder who attended a follow-up appointment with an outpatient provider within 7 days of a visit to an emergency department for an overdose (# of patients with opioid use disorder who attended a follow-up appointment with an outpatient provider within 7 days of a visit to an emergency department for an overdose / total # of patients with opioid use disorder treated at an emergency department for an overdose)
6.40	Number of low-level drug possession or drug-related arrests that are referred to diversion programs
6.41	Percent of low-level drug possession or drug-related arrests that are referred to diversion programs (# of low-level drug possession or drug-related arrests that are referred to diversion programs / total # of low-level drug possession or drug-related arrests)
8.30	Number of referrals from harm reduction organizations to evidence-based substance use disorder treatment
Identification Code	Recovery (Indicators)
5.40	Number of recovery support meetings in a jurisdiction that support the use of medications to treat opioid use disorder.
Identification Code	Recovery, Harm Reduction (Indicators)
5.50	Number of people experiencing homelessness following substance use disorder treatment



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5.51	Percent of people experiencing homelessness following substance use disorder treatment (# people reporting experiencing homelessness following substance use disorder treatment in Homeless Management Information System (HMIS) / total # of people reporting experiencing homelessness in HMIS)
5.52	Number of recovery homes that have adopted best practices standards recommended by SAMHSA
Identification Code	Primary Prevention (Indicators)
7.20	Number of schools implementing curricula that meet the evidence-based criteria
7.21	Percent of schools implementing curricula that using evidence-based criteria (# schools implementing evidence-based curricula / total # of schools in the district)
7.30	Number of youth who are exposed to evidence-based prevention programs annually
7.31	Percent of youth who are exposed to evidence-based prevention programs annually (# of youth who are exposed to evidence-based prevention programs annually / total student population)
7.40	Number of schools in a district who have used a standardized survey to estimate substance use prevalence or exposure to effective prevention and treatment strategies
7.50	Number of youth in a school system who have completed a standardized survey around drug use
7.51	Percent of youth in a school system who have completed a standardized survey around drug use (# of youth in a school system who have completed a standardized survey around drug use / total student population)
7.80	Ratio of students to school-based mental health providers
7.90	Number of hits, views, likes, shares, retweets, website visits, earned media and other metrics of engagement associated with overdose communication campaigns
11.40	Number of jurisdictions with an overdose fatality review team
11.41	Percent of jurisdictions with an overdose fatality review team (# of jurisdictions with an overdose fatality review team / total # of jurisdictions)
Identification Code	Treatment, Harm Reduction (Indicators)
8.70	Number of participants/patients (or new patients) receiving buprenorphine from providers on a mobile unit



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8.71	Number of participants/patients (or new patients) receiving methadone from providers on a mobile unit
8.80	Number of participants/patients receiving MOUD from a mobile unit that reach a targeted rate of treatment retention (such as regular visits to the mobile unit for 30 or 90 days)
8.90	Number of patients who were successfully transitioned from a mobile unit to a community-based provider to continue treatment
Identification Code	Primary Prevention, Harm Reduction, Treatment, Recovery (Indicators)
11.10	An annual needs assessment has been performed (Y/N)
11.20	An annual program monitoring / evaluation report related to settlement-funded projects has been made publicly available. (Y/N)
11.30	Number/percent of county/sub-state departments or offices or health and human services that actively receive prescription drug monitoring program, naloxone distribution, Medicaid claims or emergency medical services information from a state department (calculate each source separately) to assist in local planning, monitoring and evaluation efforts.