

COPS Office Anti-Heroin Task Force (AHTF) Program—How Decisions were Made to Allocate Approximately \$30.9 Million When More than \$53 Million was Requested

The AHTF solicitation for FY 2024 opened on April 23, 2024, and applications were accepted through June 26, 2024. The COPS Office received applications from 20 eligible state law enforcement agencies requesting \$53,972,049 in federal funding.

The COPS Office developed an application to meet the requirements of the law

The focus of AHTF is to advance public safety by providing funds to investigate illicit activities related to the distribution of heroin, fentanyl, or carfentanil; the unlawful distribution of prescription opioids; or unlawful heroin and prescription opioid traffickers through statewide collaboration. Only state law enforcement agencies authorized by law or by a state agency to engage in or supervise anti-heroin investigative activities were eligible to apply for funding.

The COPS Office balanced scoring indicators

To measure and compare the necessary scoring indicators, the COPS Office consulted with experts in the fields of policing, criminology, and drug control policy to develop appropriate application questions. Applicants were asked to submit information regarding their jurisdiction's heroin or opioid problem on such indicators as

- reported primary treatment admission rates for heroin, fentanyl, carfentanil, and other opioids for the previous three years;
- current anti-heroin investigative activities;
- planned or current involvement in an anti-heroin task force.

The community policing philosophy engages in a proactive and systematic examination of identified problems that can be countered with effective responses. Community policing relies heavily on partnerships and relationships between law enforcement and the community it serves. Narrative questions were designed to examine an agency's formation of collaborations with federal, state, local, or Tribal partners such as other law enforcement and public agencies, private organizations, or participation in multijurisdictional task forces. Agencies were asked to identify and describe the types of partnerships they intended to initiate or enhance to address their identified heroin problem.

The COPS Office verified the data submitted

The application system contains numerous built-in logic checks to help prevent the submission of erroneous data. In addition, specialists in the COPS Office immediately reviewed submitted application data for irregularities. The COPS Office verified information provided in applications using data from the Substance Abuse and Mental Health Services Administration (SAMHSA). This data verification process was crucial to ensuring that all applicants were properly evaluated based on accurately and consistently reported primary treatment admissions data.

The COPS Office developed a uniform system of evaluating the information that applicants submitted

Comprehensive review

The 20 eligible applications underwent an exhaustive and comprehensive review process.

The panel reviewers evaluated the following criteria in the application to determine the quality of each application:

- Problem identification
- Current heroin and other opioid investigative activities
- Anti-heroin task force participation
- Collaboration and partnerships
- High Intensity Drug Trafficking Area threat assessment with regard to heroin and other opioids
- Strategy to achieve program goals
- Applicable and allowable budget items requested

The panel reviewers then developed recommendations based on a rating of “Highly Recommended,” “Recommended,” or “Not Recommended” for each proposal. All of the agencies ranked within the “Recommended” rating.

Additional Consideration

In FY 2024, the COPS Office provided additional consideration to state, local, and Tribal applicants that implement elements identified in the U.S. Department of Justice’s [Federal Priorities for Policing Inventory](#).

Data Scoring

The focus for funding was on state-level law enforcement agencies in states with high rates of identified heroin, fentanyl, carfentanil, and other opioid problems using the most recent available data, as indicated through the following sources of statewide data:

- Primary treatment admissions rates (per 100,000 population) for heroin, fentanyl, or carfentanil
- Primary treatment admissions rates (per 100,000 population) for other opioids

A methodology for primary treatment admission rates for heroin, fentanyl, carfentanil, and other opioids was established to analyze and rank the admissions data provided in each application (and verified through SAMHSA). A median, using the data for the states in which applications were received, was determined using the per capita rate of the state's primary treatment admission data for heroin, fentanyl, carfentanil, and other opioids. Applications were then ranked using the following criteria:

1. Applications that received a "Highly Recommended" rating and had a per capita primary treatment admissions rate for heroin, fentanyl, carfentanil, and other opioids at or above the median per capita rate for all applicants meeting the basic minimum requirements.
2. Applicants that received a "Recommended" rating and had a per capita primary treatment admissions rate for heroin, fentanyl, carfentanil, and other opioids at or above the median per capita rate for all applicants meeting the basic minimum requirements.
3. Applicants that received a "Highly Recommended" rating and had a per capita primary treatment admissions rate for heroin, fentanyl, carfentanil, and other opioids below the median per capita rate for all applicants meeting the basic minimum requirements.
4. Applicants that received a "Recommended" rating and had a per capita primary treatment admissions rate for heroin, fentanyl, carfentanil, and other opioids below the median per capita rate for all applicants meeting the basic minimum requirements.