Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

The JCOIN Rapid Innovation Grants Program: Structure, Grantee Experiences, and Lessons for Health and Justice Research

Carrie Pettus

carrie@wellbeingandequity.org

Wellbeing & Equity Innovations

Judith Wilde

Wellbeing & Equity Innovations

Study protocol

Keywords:

Posted Date: November 10th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11237055/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Abstract

Background

The JCOIN Rapid Innovation Grants (JRIG) program supports timely, investigator-initiated research addressing emerging substance use and criminal legal research priorities. Administered through the Justice Community Overdose Innovation Network's Coordination and Translation Center, JRIG pairs competitive small grants with access to scientific expertise and research support. The program extends funding opportunities to researchers and practitioners within and beyond JCOIN. This paper describes JRIG's structure and reach and examines how experience with the program can inform its continued development within JCOIN 2.0.

Methods

We reviewed JRIG's funding and review processes, summarized applications across funding cycles, and analyzed survey responses from 13 grantees representing the first 10 cohorts. Grantee experiences were synthesized to identify shared needs and programmatic lessons. Findings were reviewed with Coordination and Translation Center and National Institute on Drug Abuse team members to identify priorities for program refinement.

Results

JRIG received 227 applications from 26 states and funded 19 proposals, attracting applications from researchers and practitioners across diverse organizations. Across the portfolio, grantee experiences highlighted the importance of pairing responsive funding with sustained methodological and operational support. Rapid funding does not remove the need to align project expectations with the time and resources required for research in complex service systems. The review also underscored the value of pilot research for developing partnerships, refining research approaches, and informing subsequent studies, beyond producing definitive outcomes or publications. Identified priorities included proactive engagement with mentors and technical assistance, using progress reporting to initiate timely support, and opportunities for shared learning and dissemination assistance. These refinements may connect individual awards more closely with the resources of the broader network.

Conclusions

JRIG provides a mechanism for connecting emerging research questions with targeted funding and shared scientific infrastructure. Its continued development emphasizes support throughout the research process and evaluation that recognizes feasibility, methodological contributions, and subsequent use of findings. Future assessment should examine whether proposed supports are accessible and useful to

grantees and how the program contributes to sustained research capacity and translation into practice. These lessons may inform similar national funding initiatives seeking to support emerging investigators and research grounded in practice.

Introduction

People involved in the criminal legal system experience a disproportionate burden of substance use disorders, overdose risk, co-occurring health conditions, and social and structural barriers to care (Humphreys et al, 2022; Lim et al, 2023). Although contact with criminal legal institutions can create opportunities to connect individuals with treatment and recovery services, substantial gaps persist in the delivery, coordination, quality, effectiveness, and continuity of evidence-based substance use interventions (Flannagan et al, 2024; Humphreys et al., 2022). Emerging service-delivery approaches therefore require research mechanisms that evaluate promising innovations on practice-relevant timelines.

The National Institute on Drug Abuse developed and supports the Justice Community Overdose Innovation Network (JCOIN), a national initiative to improve prevention, treatment, and recovery outcomes for people affected by substance use disorder and criminal legal system involvement. JCOIN 2.0 includes Clinical Research and Innovation Hubs and several resource centers, including the Coordination and Translation Center, which provides infrastructure for research coordination and evidence translation into practice. Within the Coordination and Translation Center, the JCOIN Rapid Innovation Grants (JRIG) program is administered. JRIG aims to generate timely evidence, accelerate translation of research findings into criminal legal and community settings, and extend JCOIN's reach to researchers and organizations both within and outside the network. Consistent with this special issue's focus on JCOIN 2.0 protocols and support infrastructure, this article examines JRIG's structure, functions, and contribution to JCOIN's broader scientific and translational mission.

Background

JRIG is a competitive small-grant program that supports investigator-initiated research on substance use services in criminal legal and community settings. Its defining feature is the combination of project-level funding and access to an established scientific network. This model creates an entry point for emerging investigators and practice-based research partners to pursue focused questions relevant to JCOIN's research agenda. The broader JCOIN framework situates these smaller projects within a coordinated effort to connect research with service delivery (Ducharme et al., 2021). The program addresses the need for a responsive funding mechanism through which emerging research questions and practice innovations can receive scientific attention. Its rationale is consistent with approaches to intervention development that recognize exploratory and developmental research as distinct components of the scientific process, rather than simply smaller versions of definitive trials (Onken et al., 2014; Bowen et al., 2009). The need for opportunities to obtain grant funding is that the average researcher is in their 40s

before they get their first investigator-initiated grants; a small grant program is designed to accelerate a first grant award as well as provide hands-on-assistance on writing grant proposals.

JRIG was created to close the gap between innovations emerging in practice and the resources available to study them. Launched in May 2020, the program was designed to support research whose timing or preliminary nature made conventional NIH funding mechanisms an unlikely fit. JRIG's scientific scope encompasses several stages and purposes of research. Awards can support preliminary work leading to a larger investigation, evaluations addressing an immediate practice question, or analyses of existing data. This breadth accommodates the development of promising ideas and the examination of changes already occurring in service settings. Pilot and feasibility research contributes to this process by resolving uncertainty about whether and how further research should proceed, including questions about study procedures and the conditions needed to conduct an investigation (Bond et al., 2023). JRIG supports building a foundation for subsequent research while supporting larger studies ongoing throughout the JCOIN community.

JRIG also provides an entry point into JCOIN for researchers and practitioners outside its established study teams. Funded investigators become part of the network, and those without an existing affiliation can be connected with a JCOIN sponsor (CTC, 2022). This arrangement links project funding with scientific collaboration and enables organizations delivering services to bring forward their own research questions. It reflects JCOIN's broader commitment to developing research through partnerships among investigators and criminal legal and treatment professionals. Scholarship on research across the criminal legal system similarly emphasizes the contributions of practitioners, community members, and people with lived experience to identifying relevant questions and designing studies grounded in the settings where they will be conducted (Wurcel et al., 2023).

JRIG operates through recurring, priority-focused funding opportunities, with researchers and practitioners contributing to the assessment of proposed projects. Individual investigators conduct the funded studies, while the surrounding network provides opportunities to draw on scientific expertise, practice knowledge, and technical assistance. The organizing model is therefore decentralized research supported by shared coordination: projects address distinct questions and settings while remaining connected to a common scientific mission.

Several established initiatives provide relevant precedents for JRIG's combination of research funding, practice engagement, and investigator development. For example, the Clinical and Translational Science Awards program, incorporates pilot research and investigator development within shared institutional research infrastructure (Reis et al., 2010; Leshner et al., 2013). The Implementation Research Institute likewise illustrates a structured approach to developing investigators through mentoring and engagement with an expert research community (Proctor et al., 2013).

Purpose

This paper examines JRIG's rapid innovation funding and the conditions needed to support emerging researchers in health and justice research. This paper is organized around three analyses. First, we describe JRIG's structure, operational processes, and reach. Second, we synthesize the experiences of 13 grantees, including the studies conducted, challenges encountered, lessons learned, perceived significance, and dissemination activities. Third, we use thesefindings to identify programmatic refinements and additional supports for current and future JRIG grantees. By examining both the grant mechanism and the experiences of the investigators it funded, the paper identifies implications for strengthening JRIG and similar initiatives intended to support timely, rigorous, and translational research in complex service systems.

Methods

JRIG Infrastructure

Each JRIG application cycle begins with a call for proposals on emerging research and practice priorities. The call is posted on the CTC website, CTC internal and external newsletters, and circulated through JCOIN hubs, investigator networks, and stakeholder and practitioner boards. Recruitment also draws on professional associations in criminal legal and behavioral health fields, community-based service organizations, and Historically Black Colleges and Universities, Minority Serving Institutions. Researchers and practitioners within and outside JCOIN may apply.

Applicants submit a five-page research narrative with an abstract, references, investigator biographical sketches, and a budget with justification. After administrative screening and three reviewers are assigned to each application (which is a combination of researchers and practitioners). Reviewers assess each application for significance, innovation, approach, investigator qualifications, and overall impact. Reviewers provide ratings and written critiques and JRIG staff integrate these assessments into summary statements that accompany recommended applications for advisory committee review and consideration by JCOIN Steering Committee members. Individuals with conflicts are excluded from relevant funding decisions. Unfunded applicants may use the feedback to revise their proposals for one additional competition.

JRIG Grantees

To assess whether changes were needed to the JRIG program as JCOIN 2.0 commenced, we surveyed JRIG grantees from the first 10 funding cohorts about their experiences conducting their funded studies. All grantees from the first 10 cohorts were eligible for the interviews. The research team contacted grantees by email and telephone to explain the survey purpose and participation options. One grantee could not be reached; the analysis included responses from 13 grantees.

We administered an 18-item survey through REDCap (Research Electronic Data Capture), a secure, web-based platform for managing research surveys and data. The survey asked participants about their study

purpose, challenges, lessons learned, key take aways, and dissemination. Participants could complete the survey independently online or with a JRIG research team member during a Zoom session. During Zoom sessions, the team member asked the questions and entered responses directly into REDCap. All responses were stored in REDCap. Two research team members analyzed open-ended responses for recurring ideas and experiences, using an inductive, in vivo approach grounded in participants' language. They developed themes, compared interpretations for consistency, and resolved differences through consensus.

JRIG Lessons Learned Review

We then reviewed survey findings with CTC and NIDA team members to develop recommendations for programmatic refinement and additional support for current and future grantees. Discussions examined what grantees' collective experiences revealed about the adequacy of existing supports and opportunities to strengthen the program. We also considered whether approaches used in previous national initiatives could apply to JRIG.

Results

To date, JRIG has completed 12 application cycles and received 227 applications of which 19 proposals (8.4%) have been funded. Applications were received from 26 states, the largest numbers came from Massachusetts (n = 23), Florida and Illinois (n = 17 each), and North Carolina, New York, and Texas (n = 14 each). The applicant pool also included states such as Colorado, Nevada, New Mexico, Oregon, and Hawaii. Universities were the most common entities, with 117 applications (51.5%), followed by nongovernmental organizations with 66 applications (29.1%). Other entities included medical organizations (n = 24), local or state government agencies (n = 10), hospitals (n = 7), and other organizational combinations (n = 3). Across cycles, approximately 70% of applicants were researchers and 30% were practitioners.

The 13 JRIG grantees (of 14 total possible grantees) surveyed about their experiences had study topics that examined health services, treatment, and recovery among people involved in the criminal legal system. Ten of the studies focused on medications for opioid use disorder (MOUD), other substance use treatment, recovery services, or implementation. The other three examined a trauma-informed sexual health intervention for justice-involved girls, experiences surrounding jail release, and virtual court, treatment, and supervision participation. Study settings included problem-solving or drug courts (n = 3), jails and other correctional settings (n = 4), community reentry settings (n = 3), and mobile health services (n = 1). Investigators most often examined whether approaches were feasible, acceptable, and workable in practice (n = 7). They also examined participant engagement and experiences (n = 4) and virtual service delivery or participation (n = 4). Other questions concerned court policies, staff attitudes, stigma, rural and urban service conditions, and social determinants of treatment receipt.

Challenges encountered by JRIG Investigators

Recruitment and sustained participation by study participants were the most frequently reported challenges (n = 10). Court schedules and staff responsibilities complicated recruitment, while housing instability, geographic mobility, and movement through correctional systems made follow-up interviews with study participants difficult. One study reported complete attrition at its three-month post-release assessment after having no contact with participants between release and follow-up. Investigators reported data problems that extended beyond participant follow up. Eight investigators of studies reported difficulties with data access, availability, or completeness. Administrative records differed across agencies, required substantial harmonization, or lacked planned outcomes. Data-sharing agreements and restricted access delayed analyses, while reliance on administrative data such as Medicaid claims had its own challenges such as excluding the ability to include uninsured individuals in research analyses. Five studies reported substantial challenges with incomplete longitudinal data.

Design limitations restricted conclusions in six studies. Four lacked randomization or an intended comparison condition, including two unable to implement planned waitlist controls. Small samples or limited statistical power affected two studies. In another, assessing different participants at different program stages prevented conclusions about individual change over time.

Basic operations further complicated the work. Three studies faced staffing shortages, turnover, and competing responsibilities that hindered the study. Four experienced external disruptions, principally COVID-19 and significant weather-related crises, while four reported technology or remote-access barriers. Investigators responded by changing recruitment, intervention content, scheduling, and delivery formats.

Lessons learned by JRIG Investigators

Grantees identified trusted relationships as central to research and service delivery. Nine studies emphasized partnerships with courts, treatment providers, community organizations, or peers. These relationships helped researchers reach participants and participants' connect with care. Eight studies also emphasized adapting delivery to participants' circumstances through approaches such as brief interventions, mobile services, multiple routes to MOUD initiation, and hybrid care. To sustain participation beyond enrollment, seven studies emphasized ongoing contact and continuity between services, particularly during reentry. Another seven identified housing, transportation, employment, family responsibilities, and technology access as conditions shaping engagement. Eight studies emphasized research operations: dedicated personnel, backup staffing, coordination with data owners, and contingency planning. Grantees also emphasized budgeting for retention and allowing sufficient time to obtain and analyze restricted data. Six studies identified opportunities to change staff attitudes and organizational culture through education, stigma interventions, and recovery-oriented approaches. Seven emphasized evaluations that combined administrative indicators with participants' perspectives, which sometimes differed from staff accounts. Eight identified valuable products of pilot research

beyond completed outcome analyses or publications, including feasibility evidence, improved study procedures, partnerships, and methodological development. Preliminary findings included cognitive change following a single-session intervention, comparable engagement in mobile and clinic-based treatment, and the feasibility of recovery-capital and stigma interventions.

Perceived significance of the JRIG awards

Grantees viewed their work as addressing the gap between the availability of services and people's ability to access and benefit from them. Nine studies emphasized potential contributions to health, recovery, overdose prevention, or criminal legal outcomes, while seven emphasized more equitable access to care. Six considered continuity across systems important for sustaining these benefits. Five valued flexible service models for reaching people underserved by conventional care, including mobile treatment and buprenorphine initiation by emergency medical services. Grantees identified conditions necessary for lasting impact. Six studies emphasized addressing social and structural needs alongside treatment. Eight highlighted organizational readiness and sustainment, including staffing, leadership, infrastructure, and workforce capacity. Three identified stigma and discretionary staff decisions as influences on treatment access and how participants were treated. Eight studies argued that evaluation should capture long-term outcomes beyond rearrest or program completion, including recovery resources, health, engagement, desistance, and system exit. Four emphasized that the rapid pilot funding contributed to establishing feasibility, improving research procedures, and preparing larger studies before definitive effectiveness evidence was available.

Dissemination of JRIG Study Findings

Nine studies reported completed, underway, or planned dissemination products or activities; Eight studies reported peer-reviewed manuscripts; five reported professional presentations. Dissemination also reached practice and policy audiences through reports or guides, training for additional community partners, and media coverage. One study reported at least 13 products or activities, including two published articles, a legislative report presented to both chambers of the state legislature, media coverage, presentations, posters, and a manuscript in preparation. Dissemination remained underway in seven studies. Moreover, established relationships helped findings reach intended audiences. At least four studies used organizational partners or professional networks in data analysis and manuscript preparation.

Future JRIG Funding

The review of grantee experiences allowed the CTC team to identify opportunities to strengthen support during JRIG grantee study implementation and dissemination. A central recommendation was to encourage grantees to consult mentors, JCOIN sponsors, and technical-assistance staff more frequently throughout the study given the rapid nature of the projects. These active advisory relationships could provide study-specific expertise on recruitment, retention, data access, and methodological adjustments

as questions emerge. Grantees could discuss difficulties, consider feasible responses, and draw on other JCOIN projects' experience.Quarterly reports already document progress and challenges; using them more actively could initiate follow-up and problem-solving while investigators still had opportunities to adjust their studies. Recruitment shortfalls, staffing disruptions, incomplete follow-up, or data-access delays could prompt discussion of the difficulty's source and implications for remaining work. Depending on the circumstances, assistance could include consultation on recruitment and retention procedures, revisions to data-collection plans, or connections with additional methodological or substantive expertise.

Debriefing and question-and-answer sessions with NIDA were recommended *to address* questions arising from funded work and the possibility of future funding proposals with NIDA. The CTC and NIDA could identify concerns shared across projects and consider whether additional guidance or support was needed, allowing individual exchanges to inform program refinements. Two communities of practice were also proposed: one focused on research methods and another on writing and dissemination. The Research Methods Community of Practice would support discussion of methodological questions and shared experience. The Writing Group would help investigators plan manuscripts, select appropriate journals, and sustain progress through drafting, revision, and submission. Regular check-ins and peer and expert feedback would address barriers such as limited writing time, data gaps, and difficulty communicating findings. Both groups sought to reduce isolation and support investigator relationships, but grantee responses were limited.

Discussion

The JRIG findings highlight a tension in rapid innovation funding: investigators must respond to emerging research opportunities within institutions and service systems whose procedures, resources, and timelines they cannot fully control. Small awards can support exploration of important questions, but study feasibility also depends on participant access, organizational cooperation, and usable data. JRIG's combination of targeted funding and network support offers a way to address these conditions. The portfolio suggests that program design and evaluation should consider the network's contribution alongside the financial award.

Recurring challenges involved coordination across organizations. Investigators needed cooperation from courts, correctional facilities, treatment providers, and data owners, each with their own responsibilities and constraints. Individual projects may have limited capacity to establish these arrangements within short funding periods. These recurring needs suggest investment in resources that can serve multiple grantees, including methodological expertise, institutional relationships, and experience navigating data access. JCOIN and similar networks could accumulate knowledge across awards, allowing successive investigators to build on earlier projects' lessons.

These findings clarify what "rapid" can mean in innovation funding. Timely funding allows investigators to pursue questions as policies, practices, and service needs emerge. Recruitment, relationship

development, data agreements, and longitudinal follow-up may nevertheless require substantial time. Program milestones must therefore account for the research stage and conditions. Feasibility work may establish whether recruitment is possible, records can support the intended analysis, or an intervention can be delivered acceptably. These are consequential scientific questions: their answers determine whether a larger study is warranted and how it should be designed.

Pilot funding can thus reduce uncertainty about subsequent research and implementation. A study may identify an unworkable follow-up strategy, reveal that a proposed outcome is unavailable in administrative records, or establish the need for a different delivery approach. Such findings can inform future investment even when original analytic aims are unmet. Their value should be demonstrated through specific changes to research procedures, measures, partnerships, or later studies. This would give funders a defensible basis for recognizing methodological and feasibility contributions alongside publications while maintaining accountability for what an award accomplished.

The range of JRIG applicant organizations also raises questions about access to resources needed to turn ideas into viable studies. Researchers and practitioners may know a population or service setting well but differ in access to research staff, methodological consultation, and protected writing time. This analysis does not establish whether those differences affected selection or outcomes. It suggests pairing broadly accessible funding with attention to applicants' and grantees' resources. Tailored support may preserve practice-grounded questions while enabling investigators to meet appropriate scientific standards.

Providing support presents another implementation challenge: identifying a need does not establish which assistance grantees will use. Responses to proposed communities of practice were limited, but the reasons remain unclear. Timing, format, perceived relevance, and participation effort warrant examination with grantees. Support should be assessed for accessibility and usefulness where investigators already manage competing demands. Service availability alone does not fully capture the support a funding initiative provides.

Dissemination raises a related question about when and how an award's contribution becomes visible. Publications, practitioner materials, training, and policy-facing products reach different audiences and may emerge on different timelines. Assessment near a grant's end may therefore be incomplete. Longer follow-up would allow JRIG to examine whether preliminary findings informed subsequent studies, professional products were used, and partnerships continued. These outcomes would help distinguish producing dissemination materials from contributing to research or practice.

The portfolio approach examines these questions across heterogeneous studies. Different populations, interventions, and settings made a single effectiveness outcome inappropriate for assessing the initiative. Shared experiences nevertheless identified recurring conditions affecting research feasibility and opportunities for assistance. The portfolio's principal contribution is to help JRIG and its partners identify needs that can be addressed across the program while preserving flexibility for individual projects.

Future evaluation should examine how assistance is used, whether it addresses the problems grantees identify, and what resources are required to provide it. Tracking these processes alongside scientific products and subsequent uses of pilot findings would provide a stronger basis for decisions about rapid innovation funding programs' design and investment priorities.

Declarations

Author Contribution

CP wrote the main manuscript text and collected and analyzed data; JW collected and analyzed data and administered program and contributed to manuscript text

References

1. Bond, C., Lancaster, G. A., Campbell, M., Chan, C., Eddy, S., Hopewell, S., Mellor, K., Thabane, L., & Eldridge, S. (2023). Pilot and feasibility studies: Extending the conceptual framework. *Pilot and Feasibility Studies*, *9*. https://doi.org/10.1186/s40814-023-01233-1
2. Ducharme, L. J., Wiley, T. R. A., Mulford, C. F., Su, Z. I., & Zur, J. B. (2021). Engaging the justice system to address the opioid crisis: The Justice Community Opioid Innovation Network (JCOIN). *Journal of Substance Abuse Treatment*, *128*. https://doi.org/10.1016/j.jsat.2021.108307
3. Flanagan Balawajder, E., Ducharme, L. J., Taylor, B. G., et al. (2024). Factors associated with the availability of medications for opioid use disorder in US jails. *JAMA Network Open*, *7*(9). https://doi.org/10.1001/jamanetworkopen.2024.34704
4. Humphreys, K., Shover, C. L., Andrews, C. M., et al. (2022). Responding to the opioid crisis in North America and beyond: Recommendations of the Stanford–Lancet Commission. *The Lancet*, *399*(10324), 555–604. https://doi.org/10.1016/S0140-6736(21)02252-2
5. Leshner, A. I., Terry, S. F., Schultz, A. M., & Liverman, C. T. (Eds.). (2013). *The CTSA program at NIH: Opportunities for advancing clinical and translational research*. National Academies. https://doi.org/10.17226/18323
6. Lim, S., Cherian, T., Katyal, M., et al. (2023). Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011–17. *Addiction*, *118*(3), 459–467. https://doi.org/10.1111/add.16071
7. Proctor, E. K., et al. (2013). The Implementation Research Institute: Training mental health implementation researchers in the United States. *Implementation Science*, *8*, 105. https://doi.org/10.1186/1748-5908-8-105
8. Reis, S. E., et al. (2010). Reengineering the national clinical and translational research enterprise: The strategic plan of the National Clinical and Translational Science Awards consortium. *Academic Medicine*, *85*(3), 463–469. https://doi.org/10.1097/ACM.0b013e3181ccc877

9. Wurcel, A. G., Kraus, C., Johnson, O., Zaller, N. D., Ray, B., Spaulding, A. C., Flynn, T., Quinn, C., Day, R., Akiyama, M. J., Del Pozo, B., Meyer, F., & Glenn, J. E. (2023). Stakeholder-engaged research is necessary across the criminal-legal spectrum. *Journal of Clinical and Translational Science*, *7*(1). https://doi.org/10.1017/cts.2022.501. Article e5.