

FY17 Comprehensive Opioid Abuse Site-based Program Awards

Category 3: System-level Diversion and Alternatives to Incarceration Projects



Goals and Objectives of the Comprehensive Opioid Abuse Program

The goals of BJA's Comprehensive Opioid Abuse Site-based Program are twofold. First, the program aims to reduce opioid misuse and the number of overdose fatalities. Second, the program supports the implementation, enhancement, and proactive use of prescription drug monitoring programs to support clinical decision-making and prevent the misuse and diversion of controlled substances.

The objectives of the Comprehensive Opioid Abuse Site-based Program are to:

- Encourage and support comprehensive cross-system planning and collaboration among officials who work in law enforcement, pretrial services, the courts, probation and parole, child welfare, reentry, PDMPs, emergency medical services and health care providers, public health partners, and agencies that provide substance misuse treatment and recovery support services.
- Develop and implement strategies to identify and provide treatment and recovery support services to "high frequency" utilizers of multiple systems (e.g., health care, child welfare, criminal justice, etc.) who have a history of opioid misuse.
- Expand diversion and alternatives to incarceration programs.
- Expand the availability of treatment and recovery support services in rural or tribal communities by expanding the use to technology-assisted treatment and recovery support services.
- Implement and enhance prescription drug monitoring programs.
- Develop multi-disciplinary projects that leverage key public health and public safety data sets (e.g., de-identified PDMP data, naloxone administrations, fatal and non-fatal overdose data, drug arrests, etc.) to create a holistic view of the environment and develop interventions based on this information.
- Objectively assess and/or evaluate the impact of innovative and evidence-based strategies to engage and serve justice-involved individuals with a history of opioid misuse.

Category 3: System-level Diversion and Alternatives to Incarceration Projects

Grantees awarded Category 3 awards demonstrate a system-level commitment to establishing effective diversion and/or alternatives to incarceration programs for individuals with opioid use disorders. Category 3 applicants proposed initiatives in at least two intercepts within the Sequential Intercept Model (e.g., law enforcement or prosecutor diversion, pretrial diversion, drug courts or other problem-solving courts, community-based supervision, corrections programs, reentry programs, etc.) The population of focus is primarily be justice-involved individuals with a history of opioid misuse as well as individuals who have

come in contact with law enforcement but have not been formally charged. Priority consideration was given to applicants who included an action researcher in the project that will assist in the identification of the problem, design of the solution, and evaluation of the proposed initiative. Awards are for a project period of 36 months.

Awards have been made to the following communities:

2017-H1186-WV-PM Logan, West Virginia \$399,123

The Logan County Commission, in partnership with the Southwestern Regional Day Report Center in Logan, West Virginia, will implement the Fresh Start program, which will facilitate access to treatment services to overdose survivors. West Virginia has the highest drug overdose death rate in the nation. Overdoses attributed to prescription drug overdoses are especially prevalent in the southernmost counties of West Virginia, including Logan County. At the center of the program will be agricultural and artisan programming, which aim to reconnect clients with their communities. The program will offer community mentoring, interagency teamwork, life-based skills development sessions, craftsmanship, artisanship, and credit attainment through the local community college. Another key component of the program is the creation of the Logan County Health Department Satellite site to provide increased access to basic health care services. Marshall University will serve as the project's research partner.

2017-H1215-NC-PM Mecklenburg County, North Carolina \$368,798

Mecklenburg County Criminal Justice Services will implement the Mecklenburg Opioid Systemic Response Plan, a diversionary program aimed at offenders who are opioid abusers in the community. The project will initially focus on information gathering to create a comprehensive cross-system response plan to the opioid crisis. This information will help apply the Sequential Intercept Model to Mecklenburg County. Mecklenburg County Criminal Justice Services will then enhance services at intercept points 3 (jail/courts) and points 5 (community corrections), respectively, for the target population. The University of North Carolina–Charlotte's School of Social Work will serve as the project's research partner.

2017-H1172-OH-PM Hamilton County, Ohio \$400,000

The Hamilton County Heroin Coalition (HCHC)—a multidisciplinary team composed of public health officials, law enforcement, first responders, hospitals, elected officials, prevention experts, and others—seeks federal funds to respond to the opioid crisis in Cincinnati, Ohio. Between August and October 2016, Hamilton County saw a surge in overdoses with 1,461 emergency room overdose visits and 1,685 calls to 911 due to overdoses. In response, the team will hire an HCHC coordinator and a researcher to manage the group's response to opioid misuse. Possible projects the team is considering funding include the expansion of the Hamilton County Quick Response Team, increase the number of staff at Job and Family Services, and increasing naloxone distribution among the community. The University of Cincinnati's Institute of Crime Sciences will serve as the project's research partner.

2017-H1366-OH-PM Franklin County, Ohio \$399,999

Between 2003 and 2015, Franklin County has experienced a 343 percent increase in residents dying from drug-related overdoses. In order to combat what the DEA has referred to as "Ground Zero" of the opiate and carfentanil crisis, the government of Franklin County, Ohio, will implement the Diversion Alternative—Project Opioid (DA—PO) program, a comprehensive and multifaceted approach to reducing the impact of the opioid crisis. Expanding treatment and support services and reducing the number of overdoses and fatalities are the project's main goals. The jail-based program will implement a pre-release medication-assisted treatment program; a jail-based therapeutic community for females with children and a co-occurring disorder, including an opiate addiction; and a county-wide sequential intercept mapping. Additionally, the DA—PO program calls for planning and implementation of a Community Mayor's Drug Court, the launch of a robust harm reduction campaign that will include hosting of town hall meetings, a needle exchange program, distribution of naloxone kits to families of overdose survivors, and the

expansion of the existing HOPE Task Force efforts to include a community paramedic charged with follow-up visits with overdose survivors. The Ohio State University, Kirwan Institute will partner with Franklin County as the project's researcher.

2017-H1299-LA-PM St. Tammany Parish, Louisiana \$397,571

The St. Tammany Parish Government aims to reduce the incidence of opioid overdoses and increase community access to care for substance abuse and behavioral health needs in Mandeville, Louisiana. The project will plan and implement a cross-system collaboration to address opioid use and promote jail diversion, treatment, and recovery. A program coordinator will create a unified data entry system to track data on opioid users when they enter hospitals, the criminal justice system, or recovery services in order to track their progress. The grantee will analyze data metrics to identify "high frequency" users for enhanced programmatic targeting.

2017-H1260-NJ-PM Camden County, New Jersey \$400,000

Camden County, New Jersey plans to implement the Camden County Opioid Abuse Diversion Program (CCOAD) to improve treatment and support services for individuals with a history of opioid misuse. These interventions will specifically target the pre-trial and re-entry intercepts of the Sequential Intercept Model. Initially, CCOAD will conduct a comprehensive assessment of the opioid crisis in Camden County, subsequently setting up wrap-around services at the pre-trial and re-entry intercepts. The program will include a comprehensive ongoing analysis on the effectiveness of strategies used by the program. The Walter Rand Institute of Public Affairs at Rutgers University will serve as the project's research partner.

2017-H1202-KY-PM Louisville Jefferson County, Kentucky \$400,000

The Louisville Jefferson County Metro Government will implement the Louisville Metro Law Enforcement Assisted Diversion (LEAD) Pilot. Project goals include reducing recidivism, improving public safety, and ensuring the health of offenders who consume opioids. Police will exercise discretionary authority to divert 50 individuals with opioid-related substance abuse disorders from police beats in the Russell and Portland neighborhoods into a community-based harm reduction intervention. An interdisciplinary advisory council will provide administrative oversight for the project. A research team from the University of Louisville–Commonwealth Institute of Kentucky will evaluate project progress, specifically examining neighborhood-level arrests and individual substance use treatment utilization.

2017-H1308-NY-PM Seneca Nation, New York \$399,344

The Seneca Nation of Indians Peacemakers Court will address the increasing number of opioid overdoses and overdose-related deaths in the Seneca National Territories by reducing reliance on emergency health care and the criminal justice system by high frequency opioid users. In partnership with Seneca Strong, a community-based drug and alcohol prevention and recovery program, the Peacemakers Court will create a community-driven, culturally competent diversion project that will specifically target Native American opioid utilizers who have a high number of contacts with multiple systems. The project coordinator will assemble a multidisciplinary team responsible for developing the program's policy and procedures. Programming will include culturally specific professionals and confidential trainings and individualized wraparound services, in addition to a data analysis.