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 4: Statewide Planning, Coordination and Implementation Projects

Category 4 statewide planning, coordination, and implementation projects are designed to support initiatives jointly planned and implemented by the State Administrative Agency (SAA) responsible for directing criminal justice planning and the Single State Agency (SSA) for Substance Abuse Services. Either the SAA or the SSA may be the applicant. The goal is to develop a comprehensive state plan that identifies policies and practices that will assist the state and localities in engaging and retaining justice-involved individuals with opioid use disorders in treatment and recovery services; increases the use of diversion and/or alternatives to incarceration; and/or reduces the incidence of overdose death. The
proposed strategies are part of a larger statewide substance misuse strategy that is not specific to opioids. BJA's intent is to prioritize the following projects for additional funding to support the implementation of the plan developed during Phase 1. Awards are for a project period of 24 months.

Awards have been made to the following communities:

**2017-H1167-LA-PM Louisiana Department of Health $100,000**

The Louisiana Department of Health’s (LDH) Office of Behavioral Health plans to implement the Louisiana Comprehensive Opioid Abuse Program (LaCOAP), a program that aims to reduce the number of opioid-related overdoses and overdose deaths among offenders. The program will develop a multi-agency planning team to develop a plan to address opioid use disorders in offenders. This multidisciplinary approach includes a large number of community partners, including the Louisiana Commission on Law Enforcement and Administration of Criminal Justice, LDH’s Office of Public Health/Bureau of Health Informatics, the Department of Public Safety and Corrections, and the New Orleans Division of the U.S. DEA.

**2017-H1192-VA-PM Virginia Department of Criminal Justice Services $100,000**

The Virginia Department of Criminal Justice Services (DCJS), in collaboration with the Virginia Department of Behavioral Health and Developmental Services, will develop a statewide plan for cross-system collaboration, to expand the use of alternatives to incarceration, and to engage individuals in treatment and recovery. Justice and behavioral health data will be used to identify and fund localities with the highest rates of opioid abuse.

**2017-H1195-TN-PM Tennessee Dept. of Mental Health and Substance Abuse Services $100,000**

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) will establish the TN Comprehensive Opioid Response Strategies program in collaboration with the TN Department of Finance of Administration, Office of Criminal Justice Programs (OCJP). Funding will be used for the enhancement of a statewide plan, the Prescription for Success Plan. The updated Prescription for Success Plan will include an opioid use and disorder reduction strategies planning tool which local communities can use. Data will be used from the Opioid Overdose Rapid Response System and the Research Electronic Data Capture (REDCap) system.

**2017-H1375-DE-PM Delaware Division of Substance Abuse and Mental Health $100,000**

The Delaware (DE) Criminal Justice Council, in partnership with the Division of Substance Abuse and Mental Health, will implement the DE Smart Criminal Justice and Treatment Change Team to effectively integrate initiatives, processes, and programs into standard treatment policies and practices maximizing efforts. The criminal justice treatment coordinator will be responsible for coordinating the project, organizing the change team, identifying need within the state, and data collection.

**2017-H1330-NJ-PM New Jersey Dept. of Law and Public Safety $100,000**

New Jersey Department of Law and Public Safety (DLPS) will use grant funds to create a coordinated plan, formulated with pertinent stakeholders, to assess how best to leverage various resources and funding streams to establish Opioid Response Teams to add another point of entry to treatment for opioid-addicted individuals. Opioid Response Teams would be comprised of a law enforcement officer, an emergency medical services (EMS) member, and a substance abuse recovery advocate (SARA) and operate 24 hours a day, 7 days a week. Translation services will also be hired to ensure the project is accessible to all. A multidisciplinary committee will be convened to meet monthly to develop a comprehensive plan and strategy to implement the project and achieve goals, as well as evaluate the data and identify gaps. The committee will also identify its subrecipients through a competitive, data-
driven process to direct funding resources to municipalities where the opioid crisis is most acute.