

## WELCOME

The Bureau of Justice Assistance (BJA) is pleased to announce the inaugural issue of the Comprehensive Opioid Abuse Program newsletter. We look forward to providing this resource as a vehicle to share information; promote training and technical assistance opportunities; and foster innovative ideas to assist our grantees, communities, and the nation in collaboratively addressing the country's opioid epidemic.

In this inaugural issue, you will find a road map to the COAP portfolio. We are excited to highlight some of our new grantees, as well as describe the training and technical assistance collaborative. Be sure to check out the following topics:

- ◀ Category descriptions
- ◀ Upcoming events
- ◀ List of FY 17 BJA COAP grantees
- ◀ COAP site spotlights
- ◀ Overview of the technical assistance services
- ◀ Available resources
- ◀ Funding opportunities

BJA is proud to share new opportunities to engage the COAP community, such as the COAP Resource Center, which is currently under development and will offer a clearinghouse for stakeholders, including information on COAP grantee projects, links to webinars and podcasts, relevant articles, policy papers, briefings, and other resources. The COAP Resource Center is anticipated to go live in mid-2018. An entire series of COAP webinars is also planned for the coming months—check future editions of the newsletter for topics, dates, and times.

BJA welcomes your input on topics to be included in future editions of the newsletter. Please forward submission ideas to [cmorgan@iir.com](mailto:cmorgan@iir.com) noting "COAP newsletter submission" in the subject line. We invite you to help shape the landscape and make a difference to individuals impacted by the opioid crisis.

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***174 people will die today in the United States from an overdose.***

***Two-thirds of those deaths will involve opioids.***

—Based on 2016 statistics

# COAP CATEGORY DESCRIPTIONS



## Category 1 FIRST RESPONDER PARTNERSHIPS PROJECTS

The interventions under Category 1 involve law enforcement as a component of a multidisciplinary response and are designed to reduce the number of overdose deaths and/or increase treatment and recovery engagement among survivors of nonfatal overdoses. This includes models that use law enforcement and first responders, in partnership with peer recovery coaches or treatment providers, to connect overdose survivors with services in the days that follow a nonfatal overdose.



## Category 2 TECHNOLOGY-ASSISTED TREATMENT PROJECTS

These projects are designed to pilot how technology can be used to expand treatment and recovery support opportunities to individuals impacted by the opioid epidemic who have limited access to services due to geographic isolation.



## Category 3 SYSTEM-LEVEL DIVERSION PROJECTS

These projects focus on developing county-based approaches to diversion for individuals impacted by the opioid epidemic. Grantees will establish a team of local government and community stakeholders to engage in action planning for project implementation. The population of focus also includes individuals with a history of opioid misuse who have not been formally charged. Following action planning, grantees will implement treatment and service activities at two or more intercepts within the Sequential Intercept Model.



## Category 4 STATEWIDE PLANNING, COORDINATION, AND IMPLEMENTATION PROJECTS

These 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. 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 individuals impacted by the opioid epidemic in treatment and recovery services; increases the use of diversion; and/or reduces the incidence of overdose death.



## Category 5 HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) IMPLEMENTATION AND ENHANCEMENT PROJECTS

These projects establish or enhance a PDMP system. PDMP enhancements may include facilitating the exchange of information and collected prescription data and other scheduled chemical products among states; developing a training program for system users; producing and disseminating educational materials; supporting collaborations with law enforcement and other first responders, prosecutors, public health officials, treatment providers, and/or drug courts; improving the quality and accuracy of PDMP data; and/or developing or enhancing the capacity to provide unsolicited reports of controlled substance prescribing to authorized individuals or entities.



## Category 6 PUBLIC SAFETY, BEHAVIORAL HEALTH, AND PUBLIC HEALTH INFORMATION-SHARING PARTNERSHIPS PROJECTS

Category 6 grantees are developing multidisciplinary projects that leverage key data sets to create a holistic view of the opioid misuse environment and develop targeted interventions based on this information. Multidisciplinary action groups will be formed.

# UPCOMING EVENTS

# DID YOU MISS IT?



## COAP NATIONAL CONFERENCE

Washington, DC

September 5–7, 2018

## PEER RECOVERY SUPPORT SERVICES SYMPOSIUM

Washington, DC

November 2018

### FOR MORE INFORMATION AND TO REGISTER

Contact us at [coap@iir.com](mailto:coap@iir.com).

The inaugural 2018 COAP Webinar was held January 10, 2018, on “**ODMAP- Harnessing the Power of Data to Tackle Our Nation’s Opioid Public Health Emergency.**” ODMAP is a free tool developed by the Washington/Baltimore High Intensity Drug Trafficking Area, providing real-time overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to an overdose spike. It links first responders on-scene to a free mapping tool that tracks overdoses to stimulate real-time response and strategic analysis across jurisdictions. ODMAP can be used in the field on any mobile device or data terminal connected to an agency’s computer-aided dispatch system, providing the ability to upload data and view the map in actual time.



If you were unable to join the COAP ODMAP webinar, the recording is available at <https://iir.adobeconnect.com/pc0z5nher8y8/>.

The next webinar in the COAP Webinar Series, “**Peer Recovery Support Services- Options, Opportunities, and Challenges for Jurisdictions,**” was held on February 27, 2018. Attendees heard how peer recovery support services are helping jurisdictions across the country address the opioid epidemic, bringing help and hope to individuals and families. Increasingly, peer recovery support services are an important—and sometimes central—part of efforts to effectively address the opioid epidemic. Both the 2017 National Drug Control Strategy and the 2016 Surgeon General’s Report on Alcohol, Drugs, and Health point to the promise of peer supports: Peer-based services can be a vital part of the continuum of care for substance abuse and efforts to address alcohol and drug abuse—including opioid misuse.



If you were unable to join the COAP Peer Recovery webinar, the recording is available at <https://iir.adobeconnect.com/p5dvby0q7zw0/>.

# COAP GRANTEES

1

## CATEGORY 1—FIRST RESPONDER PARTNERSHIPS PROJECTS

- ◀ City of Huntington, West Virginia
- ◀ Kenton County, Kentucky
- ◀ Berkeley, West Virginia
- ◀ City of Santa Fe, New Mexico
- ◀ City of New Orleans, Louisiana
- ◀ City of Albuquerque, New Mexico
- ◀ Marion County, Indiana
- ◀ Kenosha County, Wisconsin
- ◀ Beaver County, Pennsylvania
- ◀ Jefferson County, Alabama
- ◀ Erie County, New York
- ◀ Mason County, Washington

2

## CATEGORY 2—TECHNOLOGY-ASSISTED TREATMENT PROJECTS

- ◀ Indiana Criminal Justice Institute
- ◀ West Virginia Division of Justice and Community Services

3

## CATEGORY 3—SYSTEM-LEVEL DIVERSION PROJECTS

- ◀ Logan, West Virginia
- ◀ Mecklenburg County, North Carolina
- ◀ Hamilton County, Ohio
- ◀ St. Tammany Parish, Louisiana
- ◀ Camden County, New Jersey
- ◀ Louisville Jefferson County, Kentucky
- ◀ Franklin County, Ohio
- ◀ Seneca Nation, New York

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## CATEGORY 4—STATEWIDE PLANNING, COORDINATION, AND IMPLEMENTATION PROJECTS

- ◀ Louisiana Department of Health
- ◀ Virginia Department of Criminal Justice Services
- ◀ Tennessee Department of Mental Health and Substance Abuse Services
- ◀ Delaware Division of Substance Abuse and Mental Health
- ◀ New Jersey Department of Law and Public Safety

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## CATEGORY 5—HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) IMPLEMENTATION AND ENHANCEMENT PROJECTS

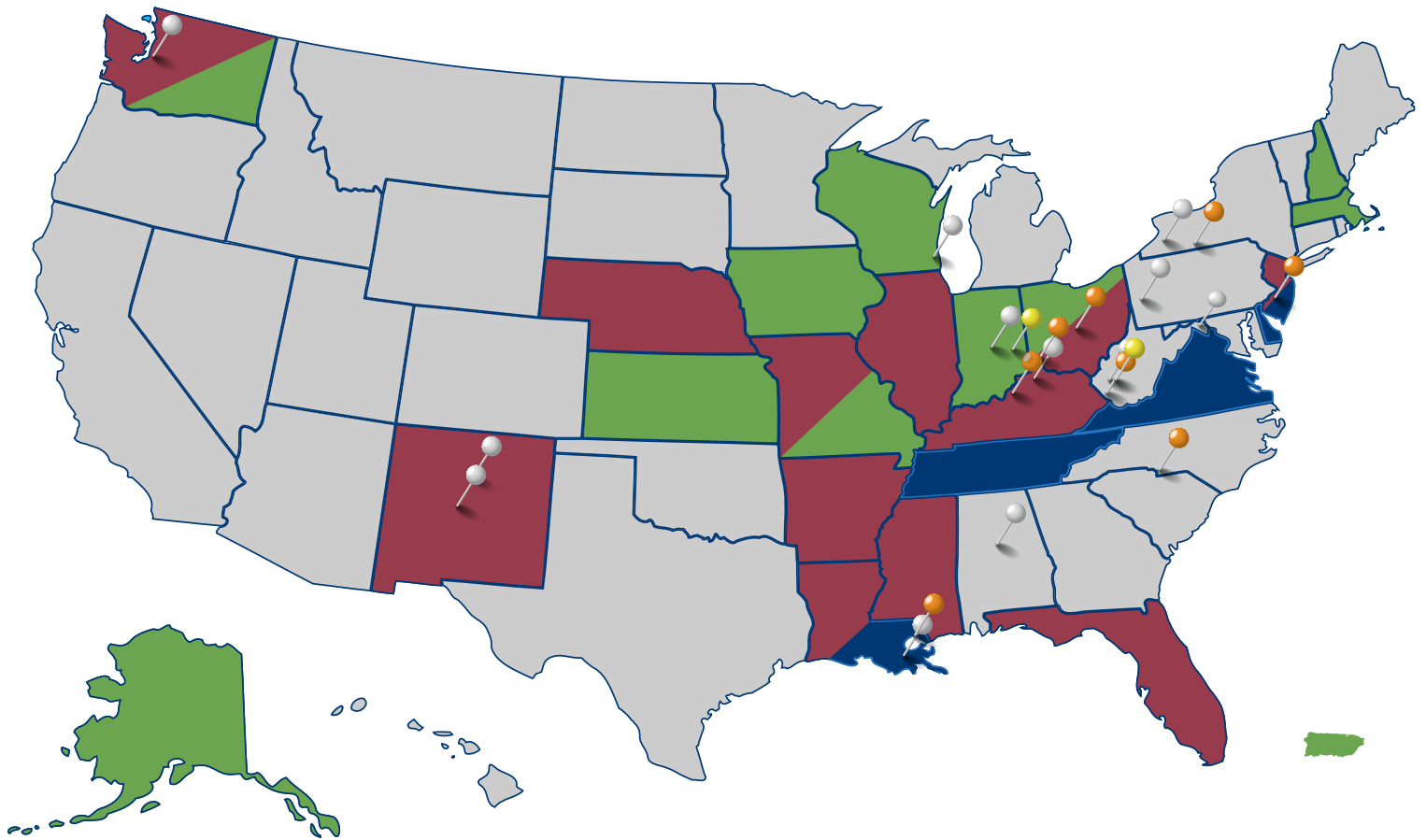
- ◀ State of Alaska, Department of Health and Social Services
- ◀ State of Iowa – Iowa Department of Public Health
- ◀ Massachusetts Department of Public Health
- ◀ St. Louis County Department of Public Health (Missouri)
- ◀ New Hampshire Department of Justice
- ◀ State of Ohio Board of Pharmacy
- ◀ Mental Health and Anti-Addiction Services Administration (Puerto Rico)
- ◀ Washington State Department of Social and Health Services
- ◀ Indiana Criminal Justice Institute
- ◀ Kansas State Board of Pharmacy
- ◀ Wisconsin Department of Safety and Professional Services

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## CATEGORY 6—PUBLIC SAFETY, BEHAVIORAL HEALTH, AND PUBLIC HEALTH INFORMATION-SHARING PARTNERSHIPS PROJECTS

- ◀ Mississippi State Department of Health
- ◀ Illinois Department of Public Health
- ◀ Washington State Department of Health
- ◀ Saint Louis County, Missouri Department of Public Health
- ◀ University of Florida
- ◀ University of Kentucky Research Foundation
- ◀ Arkansas Department of Health
- ◀ New Jersey Department of Law and Public Safety
- ◀ Louisiana Office of Behavioral Health
- ◀ Nebraska Department of Health and Human Services
- ◀ Ohio Regional Judicial Opioid Initiative (Multi-State)
- ◀ New Mexico Department of Health

# MAP OF COAP GRANTEE SITES



-  Category 1: First Responder Partnerships Projects
-  Category 2: Technology-Assisted Treatment Projects
-  Category 3: System-Level Diversion Projects
-  Category 4: Statewide Planning, Coordination, and Implementation Projects
-  Category 5: Harold Rogers Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement Projects
-  Category 6: Public Safety, Behavioral Health, and Public Health Information-Sharing Partnerships Projects

# GRANTEES IN THE SPOTLIGHT



## **INTEGRATED DRUG AWARENESS DASHBOARD—NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY**

The New Jersey Department of Law and Public Safety (DLPS) takes a holistic approach to heroin and opioid use and abuse by collecting, analyzing, and sharing drug data gathered from various agencies. DLPS is developing an Integrated Drug Awareness Dashboard (IDAD), composed of drug incident and administrative data from various agencies and organizations on both the demand and the supply side of the issue. Among other things, the IDAD will collect de-identified naloxone administration data and de-identified PDMP data for identifying geographic locations where higher prescribing patterns could indicate areas of concern. The IDAD will allow public health and law enforcement agencies to conduct statistical, predictive, correlative, temporal, and spatial analyses, which will enhance their understanding of the past, present, and future impact of drugs on various demographics and communities and better allow them to accomplish their respective missions. The IDAD will also be used to increase awareness of drugs to enhance health-care and public safety entities' preparedness, operational responses, and policy developments. Part of the IDAD will include a Drug Harm Index to help assess the impact of policies aimed at reducing community drug harms such as deaths, naloxone deployments, infectious diseases, drug arrests, and thefts. Entities involved in reducing drug harms would be able to monitor increases and decreases of specific drug harms to determine whether current efforts are having an impact. The overall sum of the increases and decreases among individual harms in the index will help measure the overall effectiveness of the efforts among the various entities.

Several agencies will utilize IDAD data to enhance their efforts and increase information sharing, including the Department of Human Services, the Department of Consumer Affairs, and the State Epidemiological Outcomes Workgroup. The IDAD will also enhance outreach efforts and sharing of information through existing monthly conference calls coordinated by the New Jersey State Police Drug Monitoring Initiative (DMI), which involves more than 4,000 law enforcement and health partners around the country. Finally, the IDAD will enhance drug awareness to drive drug prevention, education, outreach, treatment, policy development, and enforcement by centralizing drug data collection, automating the collection process, automating data management and analytics, and providing access to drug data to a broader constituency.

# NEW JERSEY

# GRANTEES IN THE SPOTLIGHT (CONTINUED)



## TECHNOLOGY-ASSISTED TREATMENT EXPANSION—FAYETTE COUNTY, INDIANA

The Indiana Criminal Justice Institute (ICJI), in partnership with the Indiana Division of Mental Health and Addiction (DMHA), is implementing a program to provide remote monitoring of medications taken by (and sobriety of) offenders impacted by the opioid epidemic who come into contact with the Fayette County justice system. The goal of this program is to use technology to improve access to treatment, engage individuals in early treatment prerelease programs, and provide a continuum of treatment services.

DMHA currently provides services to individuals with felony charges or past felony convictions through the Indiana Recovery Works program. It has been tasked with addressing the opioid epidemic by expanding access to services using technology. Indiana as a whole ranks as one of the highest opioid-prescribing states. Among Indiana's 92 counties, Fayette County ranks in the top 25 for prescription drug abuse and 87 in household income. In addition to low income and high treatment needs, the rural nature of the county serves as a barrier because of the costs associated with traveling to treatment. For this project, DMHA is expanding its current programs by using tablets and communication technology software to implement a new technology-based treatment monitoring program to clientele at three pilot sites: the Fayette County Jail; the House of Ruth (a local recovery home for women); and Fayette County Community Corrections.

ICJI and DMHA are collaborating with two local behavioral health care providers that have existing relationships with the pilot sites, thereby ensuring continuity of care. Meridian Health Services is a progressive health care organization that connects medical and behavioral health services to treat the whole person, integrating physical, mental, and social well-being to help people achieve their optimum health. Centerstone is a nonprofit, community-based behavioral health organization that provides a full array of substance abuse, mental health, and co-occurring treatment services for individuals of all ages, including clinical treatment and recovery treatment services, case management, housing placement, and employment assistance.

# INDIANA

# GRANTEES IN THE SPOTLIGHT (CONTINUED)



## **KENTUCKY OVERDOSE PREVENTION AND EDUCATION (KOPE) PROJECT— KENTON COUNTY DETENTION CENTER**

The Kentucky Overdose Prevention and Education (KOPE) Project is led by the Kenton County Detention Center in collaboration with local police departments and health care and substance abuse treatment providers to reduce the occurrence of fatal and non-fatal opioid overdoses across an eight-county region in northern Kentucky. The intent of KOPE is to incentivize, propagate, and support Quick Response Team (QRT) and other pre-diversion programs in the targeted region.

QRTs are pre-arrest diversion programs that involve opioid overdose response strategies to connect individuals to care following overdose. They feature strong collaboration between community behavioral health agencies and law enforcement and other first responders. KOPE is developing and delivering specialized training to law enforcement agencies across the eight counties, as well as providing naloxone and critical safety materials to support QRT programming. KOPE also provides strategic guidance regarding QRT development and implementation, to ensure implementation/expansion is as seamless as possible, and to minimize burden on the local law enforcement agency.

Each QRT is comprised of a certified clinical counselor, a peer support specialist, and a trained first responder. The certified clinical counselor, provided through the Addiction Services Counsel, assesses, diagnoses, and refers overdose survivors interested in accessing SUD treatment to community-based services. The peer support specialist, an individual who is themselves in recovery from SUD, provides short-term case management to overdose survivors until they initiate treatment. The first responder may be an active or retired law enforcement, fire, or EMS worker who coordinates QRT and outreach efforts.

Using publicly available law enforcement reports that provide addresses (not names) at which Narcan was used on a call for service, QRTs convene weekly and plan outreach efforts to overdose survivors. Outreach activities include assessment and referral to SUD treatment, provision of naloxone kits and training, and other preventative resources for survivors and their families. The services are voluntary and the QRT continues to attempt post-overdose outreach until individuals refuse/decline services. The counties are also establishing a system to provide overdose prevention and naloxone training/distribution to individuals leaving the local detention centers in the eight-county region.

# KENTUCKY



# GRANTEES IN THE SPOTLIGHT (CONTINUED)



## **COMPREHENSIVE OPIOID ABUSE SITE-BASED PROGRAM— WEST VIRGINIA**

The West Virginia Division of Justice and Community Services (DJCS) addresses the opioid crisis in West Virginia by increasing the number of technology-assisted treatment services for individuals in rural areas who come in contact with the justice system as a result of the opioid epidemic. In West Virginia, treatment and supervision services are typically delivered through day reporting centers (DRC). Whereas more populated areas are able to provide access to licensed treatment providers who can deliver a wide variety of services, the services available for clients in rural areas are significantly fewer in number and variety, and most programs do not have access to licensed treatment providers for individual therapy and counseling or mental health treatment.

To increase treatment access in underserved areas of West Virginia, this project builds on an existing technology-assisted treatment program being implemented in five DRC sites by the West Virginia Department of Health and Human Resources and West Virginia Supreme Court of Appeals. Cameras, microphones, monitors, and high-speed internet are being installed in 12 additional DRC sites to support implementation of three new “broadcast” sites, from which licensed treatment professionals provide mental health services, addiction recovery services, and alternative sanctions or diversions, and nine new “receiving” sites where clients needing services will be located. Once the technology is set up, the project will assess the impact of using technology to deliver treatment services, including client engagement, treatment outcomes and recidivism, and costs associated with traveling long distances to receive treatment.

# WEST VIRGINIA

# AVAILABLE TRAINING AND TECHNICAL ASSISTANCE



The COAP Network is dedicated to providing synchronized implementation and delivery of training and technical assistance (TTA) to provide the best possible services to COAP project teams in the states, counties, and regions tackling—firsthand—the opioid crisis in their communities and our nation.

## AVAILABLE TTA SERVICES

- ◀ In-person and virtual training
- ◀ Facilitating peer-to-peer engagements within the COAP Network
- ◀ Knowledge, skills, and capacity building on topics related to peer recovery support services
- ◀ Mapping existing diversion and alternatives to corrections
- ◀ Integration of data sets
- ◀ Cross-system planning and prioritization
- ◀ Diversion and alternative sentence program implementation
- ◀ Naloxone utilization
- ◀ Overdose prevention programming
- ◀ Technology-assisted treatment
- ◀ Working in rural communities
- ◀ Medication-assisted treatment
- ◀ Training on evidence-based programs and practices
- ◀ Facilitating coordination between PDMPs and state and national stakeholders
- ◀ Increasing PDMP efficiencies
- ◀ Measuring performance and effectiveness
- ◀ Promoting best practices

## FOR MORE INFORMATION

To learn about or request one or more of these services, email the COAP TTA provider team at [coap@iir.com](mailto:coap@iir.com).

# RESOURCES



## BJA'S NALOXONE TOOLKIT

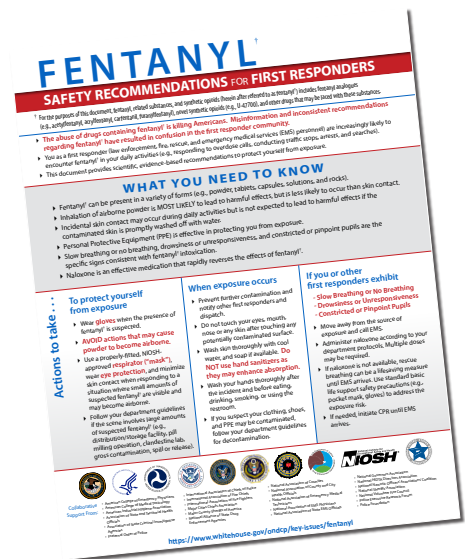
BJA's Law Enforcement Naloxone Toolkit is a clearinghouse of resources to support law enforcement agencies in establishing a naloxone program. The Trump Administration vows to work closely with law enforcement and other first responders to help combat the opioid epidemic, including expanding access to drugs, such as naloxone, that can help reverse opioid overdose. The Law Enforcement Naloxone Toolkit provides law enforcement and other first responders with the knowledge and tools needed to reduce opioid overdoses and help save lives.

<https://www.bjatraining.org/tools/naloxone/Naloxone-Background>

## FENTANYL SAFETY RECOMMENDATIONS

The increased prevalence of fentanyl and other synthetic opioids in the illicit drug market means that first responders need to understand how to protect themselves from exposure in the field. Law enforcement, fire, rescue, and emergency medical services personnel must balance safety with mobility and efficiency when responding to scenes where the presence of fentanyl is suspected. The Fentanyl Safety Recommendations for First Responders provides unified, scientific, evidence-based recommendations to first responders so they can protect themselves when the presence of fentanyl is suspected during the course of their daily activities, such as responding to overdose calls and conducting traffic stops, arrests, and searches.

<https://www.whitehouse.gov/ondcp/key-issues/fentanyl/>



## 50-STATE REPORT ON PUBLIC SAFETY

BJA funded the CSG Justice Center to produce 50 state-specific workbooks that contain more than 60 data visualizations showing historical trends and data comparisons related to crime, arrests, recidivism, and correctional populations and provide policymakers with key questions to help identify opportunities to increase public safety. Top officials from every state contributed to the research effort that culminated in these workbooks, which were developed to provide a framework for discussions that took place at the 50-State Summit on Public Safety held in November 2017 in Washington, DC. These workbooks complement a larger 50-State Report that will be released in the coming months.

See the state workbooks at <https://50statespublicsafety.us/state-workbooks/>.



# FUNDING OPPORTUNITIES

1

## INNOVATIONS IN SUPERVISION INITIATIVE: BUILDING CAPACITY TO CREATE SAFER COMMUNITIES

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) is seeking applications for: (1) probation and parole agencies to implement more effective probation and parole practices to reduce recidivism, and (2) a training and technical assistance provider to assist in developing a model for probation agencies to partner with other justice agencies to further their mutual public safety goals. This program furthers the Department's mission by reducing recidivism and therefore reduces crime as part of a comprehensive violence reduction strategy.

**Applications Due:** May 1, 2018

<https://www.bja.gov/funding/InnovSupervision18.pdf>

2

## SECOND CHANCE ACT COMPREHENSIVE COMMUNITY-BASED ADULT REENTRY PROGRAM

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) is seeking applications for funding under the Second Chance Act to provide grants to nonprofit organizations and Indian tribes to provide reentry services and programs. This program furthers the Department's mission to reduce recidivism and combat violence by facilitating the successful reintegration of former offenders or individuals returning from incarceration.

**Applications Due:** May 1, 2018

<https://www.bja.gov/funding/CommunityReentry18.pdf>

3

## INNOVATIVE PROSECUTION SOLUTIONS FOR COMBATING VIOLENT CRIME AND ILLEGAL OPIOIDS

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) is seeking applications for the Innovative Prosecution Solutions Program. This program furthers the Department's mission by assisting state and local jurisdictions in addressing violent crime. Innovative Prosecution Solutions is part of the Project Safe Neighborhoods Suite of programs, which is focused on reducing violent crime.

**Applications Due:** April 24, 2018

<https://www.bja.gov/funding/InnovativeProsecution18.pdf>

**ADDITIONAL FUNDING OPPORTUNITIES MAY BE AVAILABLE ON THE BUREAU OF JUSTICE ASSISTANCE WEBSITE [HTTPS://WWW.BJA.GOV/FUNDING.ASPX](https://www.bja.gov/funding.aspx).**



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