

# FY17 Comprehensive Opioid Abuse Site-based Program Awards

## Category 1: Overdose Outreach 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 1: Overdose Outreach Projects

The interventions proposed under Category 1 involve law enforcement as a component of a multi-disciplinary response and be designed to reduce the number of overdose deaths and/or increase treatment and recovery engagement among survivors of non-fatal overdoses. This includes models that use law enforcement, in partnership with peer recovery coaches or treatment providers, to connect overdose survivors with services in the days that follow a non-fatal overdose. 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-H1256-WV-PM      City of Huntington, West Virginia      \$300,000**

This project will address the opioid crisis in the City of Huntington, West Virginia, by implementing a community quick response team (QRT) that will include medical care providers, law enforcement, and recovery and treatment providers, along with research partners. This multidisciplinary team will strive toward a significant reduction in the number of overdoses with an emphasis on the recurrent cases. Federal funds will be used to assess project participants' needs and assess their capabilities and preferences in order to determine appropriate plans for intervention, which includes, but is not limited to, provision of access to recovery and treatment services. Community capacity and cohesion will be fostered by engaging and educating those communities that have been disproportionately affected by the crisis in substance abuse, mental health, treatment, and recovery service awareness. The overall target through the collaborative efforts of the QRT is to decrease the number of overdoses by at least 20 percent annually and the number of recurrent overdoses by 40 percent annually. The Marshall University Department of Public Health will serve as the research partner.

**2017-H1372-WV-PM      Berkeley, West Virginia      \$298,458**

Aiming to reduce drug overdose rates in Martinsburg, West Virginia, the Berkeley County Council will implement the Berkeley County Volunteer Support Network. In 2014, Berkeley County had approximately 71 percent as many fatal overdoses per 100,000 people as Baltimore. To remedy the issue, the project strives to expand direct services to overdose survivors and improve the city's ability to connect individuals to treatment services. Funds will also be utilized to conduct an analysis of the project's effectiveness. The project will collaborate with the Berkeley County Health Department, the Berkeley County Day Report Center, the West Virginia State Police, the Martinsburg Police Department, and West Virginia University Medicine.

**2017-H1184-KY-PM      Kenton County, Kentucky      \$300,000**

The Kenton County Detention Center will reduce the prevalence of opioid abuse in Covington, Kentucky. In 2015, Northern Kentucky lost nearly five times more residents to drug overdoses than car accidents. This project proposes to address the issue by implementing the Kentucky Overdose Prevention and Education Project (KOPE), which has three main goals: to conduct an analysis of the severity of the opioid crisis, develop a multidisciplinary approach to address the need of overdose survivors, and implement strategies to identify and provide treatment to "high frequency" users of multiple systems who have a history of opioid misuse. This proposal will support naloxone distribution programs in the region. The Kenton County Detention Center will collaborate with local police departments and healthcare and rehabilitation providers. Northern Kentucky University will serve as a research partner.

**2017-H1206-NM-PM      City of Albuquerque, New Mexico      \$294,994**

In response to increasing rates of opioid overdose across New Mexico, the City of Albuquerque will implement the Albuquerque Peer to Peer program, which seeks to more effectively connect survivors with substance abuse treatment immediately after the overdose incident. Between January 2015 and June 2016, the City of Albuquerque Fire Department responded to nearly 600 opiate overdoses. Peer engagement specialists will ensure a streamlined connection between survivors and treatment. To complement this comprehensive and sustainable approach to treatment, the University of New Mexico's Institute for Social Research will work to evaluate the impact of the program on the city's population. The peer engagement specialists will work closely with the Albuquerque Police Department and a handful of community-based treatment providers to reduce the incidence of opioid overdoses in Albuquerque.

**2017-H1297-NM-PM      City of Santa Fe, New Mexico      \$298,594**

The City of Santa Fe, New Mexico, will implement the Santa Fe Opioid Overdose Outreach Project (SFO<sup>3</sup>) to address increasing opioid overdose rates in the region. The project aims to increase the quality and prevalence of prevention and treatment services and to reduce opioid incidence and fatalities through outreach and response programs; intensive follow-up and case management with overdose survivors and their families to link them with support services and treatment; dissemination of naloxone kits, harm reduction training, and prevention education; more efficient use of data to identify potential opioid misuse; and increased collaboration across multidisciplinary sectors in the community. The SFO<sup>3</sup> coordinator or the project paramedic will utilize patient care records systems and first responder data to respond to overdoses, establish personal contact with overdose survivors, and provide resources for a successful intervention.

**2017-H1185-LA-PM      City of New Orleans, Louisiana      \$298,706**

The City of New Orleans Health Department will implement the New Orleans Opioid Survival Connection to connect 200 overdose survivors per year to treatment services to reduce the prevalence of opioid misuse in New Orleans. Accidental opioid-related deaths in New Orleans increased dramatically from 2015 to 2016, and Louisiana currently ranks as 49th out of 50 states in United Health Care Foundation's report on state opioid response. The program will work to reduce the negative effects of opioid misuse in the city by implementing an interdisciplinary approach to the problem. The project proposes to immediately provide interventions to overdose survivors in emergency departments, connect patients to services, and rigorously follow their cases to ensure a warm hand off to treatment centers. The project also calls for an ongoing research and monitoring program to evaluate program effectiveness. The City of New Orleans Health Department will partner with local emergency departments as well as the Louisiana Public Health Institute as the project's n researcher.

**2017-H1293-IN-PM      Marion County, Indiana      \$300,000**

The Health and Hospital Corporation of Marion County will tackle opioid misuse in Indianapolis, Indiana, by increasing community access to naloxone and connecting high risk, opioid misusing patients to undergo treatment for substance misuse. The project, dubbed Project POINT (Planned Outreach, Intervention, Naloxone, and Treatment), is a comprehensive response to Indiana's opioid crisis. The project is operated by the Health and Hospital Corporation of Marion County, with close collaboration from the Indianapolis Metropolitan Police Department (IMPD) and the City of Indianapolis Office of Public Health and Safety. An additional project goal is to work with the Center for Criminal Justice Research to integrate data among local law enforcement, public safety, treatment, and public health agencies. Project POINT will also work with the city and IMPD to develop the Mobile Crisis Assistance Team (M-CAT), which will be an integrated health care model that pools expertise from police, paramedics, and crisis specialists. The Indiana University Center for Criminal Justice Research will serve as the research partner.

**2017-H1311-WI-PM      Kenosha County, Wisconsin      \$300,000**

Kenosha County, Wisconsin, has the fourth highest rate of opiate-related overdose deaths and the highest rate of heroin-related overdose deaths in the state. To stem increasing rates of opioid overdose, the Kenosha County Department of Human Services will implement the Kenosha County Opioid Overdose Reduction Project, which builds upon the community naloxone distribution-enabling Wisconsin Prescription Drug/Opioid Overdose-Related Deaths Prevention Project (WI-PDO). The project utilizes certified peer specialists to link overdose survivors with treatment. In addition, the project stipulates the creation of a community education campaign about opioid abuse, harm reduction, and abuse treatment alternatives. To ensure long-lasting success, the project will leverage key data sets to provide an extensive analysis of the opioid crisis in order to guide policymaking. NJM Management Services, Inc. will serve as the research partner.

**2017-H1281-PA-PM Beaver County, Pennsylvania \$300,000**

In Beaver County, Pennsylvania, accidental overdose deaths increased by 240 percent from 2014 to 2016, and over 600 Naloxone reversals were reported in 2016. Beaver County is also the first county in the region to report an overdose death from carfentanyl, an analog of the synthetic opioid analgesic fentanyl, 10,000 times more potent than morphine. In response, Beaver County will implement a program to analyze the underlying causes of opioid misuse and to create a data exchange system for use by the Criminal Justice Advisory Board, the Sequential Intercept Model Committee, and the Drug Coalition to influence policy. Additional goals include evaluating outreach, prevention, and treatment efforts and to work to expand prescription drug monitoring. Townsend Associates LLC will serve as the project's research partner.

**2017-H1174-AL-PM Jefferson County, Alabama \$300,000**

The Jefferson County Board of Health will create the Recovery Resource Center Peer Navigation Initiative (RPC-PNI). The project has an overarching goal of a 30 percent reduction in opioid overdose deaths in Jefferson County. In 2014, Jefferson County reported a 140 percent spike in heroin deaths, and from 2013 to 2016, it underwent a 340 percent increase in fentanyl deaths. The program will provide a peer navigator to connect 600 individuals to treatment services immediately after a non-fatal overdose or the identification of a need for treatment services absent an overdose. RPC-PNI will also convene a multidisciplinary oversight team to develop effective strategies and provide overdose prevention education to 750 individuals in the community. The University of Alabama at Birmingham (UAB) Department of Emergency Medicine will serve as the project's research partner.

**2017-H1344-NY-PM Erie County, New York \$300,000**

In response to the 303 percent increase in synthetic opioid-related deaths from 2014 to 2015, the Erie County Department of Health will increase community access to naloxone and link overdose survivors to treatment. The project aims to more effectively link individuals across the sequential intercept model to care. In cases where individuals cannot be connected directly to care, they can be linked to local organizations for support. Funds will also be used to create an ongoing systematic geospatial analysis of law enforcement and EMS calls for service and the product that caused the overdose. In order to take advantage of other information systems, the program will leverage data from I-STOP, the state's prescription drug monitoring program. The program will be led by a multidisciplinary team with representatives from consumer peer groups, EMS, and Behavioral Health. Researchers from the University of Buffalo will serve as the research partner for the proposed project.

**2017-H1335-WA-PM Mason County, Washington \$300,000**

From 2009 to 2014, deaths related to heroin have doubled in Mason County, Washington; the county has the fourth highest rate of death (2011-2013) attributed to opiates, with a rate of over 14.1 per 100,000 as compared to the state rate of 8.6 per 100,000. The project will include a public education campaign and a prescription drug take-back component. Project goals include reducing the number of opioid-related deaths, increasing the number of opioid users who own naloxone take-home kits, and to improve public awareness about the dangers of opioids and treatment services.