

FY17 Comprehensive Opioid Abuse Site-based Program Awards

Category 6: Data-driven Responses to Opioid Misuse



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 6: Data-driven Responses to Opioid Misuse Projects

Category 6 grantees are developing multi-disciplinary projects that leverage key data sets (e.g., de-identified PDMP data, law enforcement data related to fentanyl and/or heroin, naloxone administrations, fatal and non-fatal overdose data, drug arrests, etc.) to create a holistic view of the environment and develop targeted interventions based on this information. Grantees are expected to form a multidisciplinary action group that may include (but is not limited to): the district attorney's office, the state or local health department, state medical and pharmacy boards, police and sheriff departments, probation and parole,

drug court representatives, child welfare representatives, local drug treatment providers, and community organizations. 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-H1148-MS-PM Mississippi State Department of Health \$600,000

The Mississippi State Department of Health will establish a state opioid and heroin data center to serve as an information resource for Mississippi. A comprehensive analysis of multiple data sources produced from this center will be utilized by the community, healthcare providers, and other stakeholders to reduce the number of inappropriate opioid prescriptions, and decrease the number of opioid fatalities in Mississippi. The objectives are to leverage key data sets to create a holistic view of the environment; inform Mississippi prescribers, policy makers, law enforcement, other stakeholders, and the public about the impact of prescription drug and heroin abuse for development of data-driven, evidence-based interventions; and, to use data to examine state and local level policies for conformance with best practices and facilitation of positive interventions.

2017-H1171-IL-PM Illinois Department of Public Health \$600,000

The Illinois Department of Public Health intends to use the grant funds to bring together multidisciplinary partners in a workgroup who will then build a centralized repository of cross-sector data, provide enhanced data analyses with data dashboard outputs based on stakeholder needs, and evaluate best practices for data dissemination into the communities. This project will leverage key data sets to create a holistic view of the Illinois environment to facilitate targeted interventions and will identify best practices for information sharing. The workgroup will become a subcommittee of the Illinois Opioid Crisis Response Advisory Council, which is led by the Illinois Department of Human Services. The opioid-related data available for this project include IDPH data on overdose deaths, hospitalizations, Emergency Department visits, emergency transport naloxone administration, Neonatal Abstinence Syndrome, and V and viral hepatitis statewide case reporting data.

2017-H1345-WA-PM Washington State Department of Health \$520,165

Washington's prescription opioid death rate for calendar year 2015, 5.5 per 100,000, was much higher than in 1999, 2.7 per 100,000. The proposed data-driven response project is to reduce opioid misuse and overdose fatalities in Washington by providing quarterly PDMP data to health care facility chief medical officers (CMOs). The data provided will be based on key PDMP indicators that will identify potential outlier prescribers compared to current guidelines from both the Washington State Agency Medical Directors Group (AMDG) Interagency Guideline for Prescribing Opioids for Pain and CDC prescribing guidelines. CMOs have the authority to engage with their prescribers in the development of pro-active prescribing Quality Improvement (QI) interventions, and encourage provider use of the PDMP for clinical decision-making. Development of QI interventions at the facility level will ensure effectiveness for the specific facility that can be closely monitored, and amended as needed.

2017-H1230-MO-PM Saint Louis County, Missouri Department of Public Health \$600,000

Missouri ranked 14 in the rate of opioid pain prescriptions per capita in 2012 and 17 in total drug overdose fatalities in 2014. Missouri's two largest metropolitan areas, St. Louis and Kansas City, propose establishing a multisector, multijurisdictional Community of Practice (CoP) to leverage the expertise of action researchers and engage local public health entities across the state to help them better understand. The proposed project will achieve the following goals: (1) collaborate to improve data identification, collection, and utilization on opioid misuse and abuse; (2) develop community-based interventions and system-level strategies using improved opioid data and collective action; (3) leverage action researchers, CoP and regional data collaboratives to evaluate the collective impact of the learning community and impact of

resulting interventions on reducing opioid misuse. Several public health entities involved in the CoP will also serve as regional "backbones" for their own locally organized RDCs: a multisector coalition of providers, stakeholders, regulatory entities, and data owners that have some form of capacity (e.g., time, expertise, technology, resources) to contribute to creating a holistic view of the opioid use environment, designing data-driven strategies to reduce opioid misuse/overdose, and determining best practices for sharing data across diverse stakeholders. The Missouri Institute of Mental Health at the University of Missouri-St. Louis will serve as the project's research partner.

2017-H1306-FL-PM University of Florida \$600,000

Florida faces a pharmaceutical and non-pharmaceutical opioid epidemic that requires a strong multidisciplinary approach with effective collaboration and intelligence sharing between public safety and public health. The Florida drug-Related Outcomes and Surveillance Tracking System (FROST) is a valuable resource for providing timely analysis, visualization, and reporting of pharmacoepidemiologic data. The project objectives include expanding the FROST system and its technology to (a) enhance public safety and public health collaboration and strategic decision-making in Florida and (b) increase uptake of county-level prescribing indicators generated by the Prescription Behavioral Surveillance System (PBSS) for Florida and California; evaluating synthetic opioid-related deaths by establishing a fatality review team in the Sarasota Medical Examiner Office region and evaluating the impact of national prescribing guidelines on high risk prescribing associated with negative public health and safety outcomes in two large states, Florida and California.

2017-H1244-KY-PM University of Kentucky Research Foundation \$600,000

The Kentucky Injury Prevention and Research Center (KIPRC), an agent for the Kentucky Department for Public Health (DP), intends to implement a project that will strengthen inter-agency as well as researcher-practitioner collaborations, expand data-sharing, and improve decision-making of regulatory and law enforcement agencies and public health officials in their efforts to reduce prescription drug misuse and diversion as well as illicit drug use. The goals of the project are to evaluate the impact of Kentucky law SB32, develop and provide education for prescribers and dispensers on the content of conviction data with KASPER, evaluate changes in gabapentin prescribing and diversion, analyze existing and new data sets for identification of drug abuse, and hold quarterly action team meetings to review recent data. The project's research component will be performed by action researchers from KIPRC, the Institute for Pharmaceutical Outcomes and Policy (IPOP), and the Center on Drug and Alcohol Research (COAR), University of Kentucky.

2017-H1358-AR-PM Arkansas Department of Health \$600,000

The Arkansas Department of Health seeks to convene an action group, the Prescription Drug Overdose (PDO) Advisory council, to encourage and support cross-system planning and collaboration to reduce the incidence of morbidity and mortality related to opioid overdose. The approach will include integrating PDMP data with all identified datasets, developing composite tables that combine indicators across data sources, providing training and education to opioid prescribers, assessing the impact of specific policy changes to the PDMP, and creating the Opioid Misuse Action Group to provide feedback on the datasets. The Arkansas Department of Health will also implement the Dose of Reality educational campaign to combat opioid abuse.

2017-H1334-NJ-PM New Jersey Department of Law and Public Safety \$600,000

The Department of Law and Public Safety (DLPS) will collaborate with state agencies to develop a computerized, data-sharing Integrated Drug Awareness Dashboard (IDAD). The dashboard will leverage data sets specific to each agency such as the New Jersey State Police and the Department of Health, and

include de-identified Prescription Drug Monitoring Program (PDMP) data, law enforcement data on fentanyl and heroin, naloxone administrations, fatal and non-fatal overdoses, drug arrests, and de-identified treatment information. DLPS will also start a pilot program integrating the State Police's Drug Monitoring Initiative (DMI) with the Division of Consumer Affairs' PDMP de-identified information into one centralized dashboard. Montclair State University will serve as the action research partner.

2017-H1315-LA-PM Louisiana Office of Behavioral Health \$542,160

The Louisiana Office of Behavioral Health is partnering with the Louisiana Commission on Law Enforcement and Administration of Criminal Justice to expand the Louisiana Opioid Surveillance System to include non-health data sources, which will be built by third-party contractor GCR, Inc. The goals are to enhance surveillance of the opioid abuse continuum from pre- and post-legislative impacts and relationships between parolees, etc., to support data-driven methods for cross-system planning and collaboration, and to engage a stakeholder group to develop best practices for data-sharing efforts. A multidisciplinary action group will be formed to develop targeted interventions in select areas. Brandeis University will assist in the evaluation of longitudinal data related to the PMP.

2017-H1326-NE-PM Nebraska Department of Health and Human Services \$600,000

The Nebraska Department of Health and Human Services will form a multidisciplinary action group, develop a data dashboard utilizing a combination of vital records data, hospital discharge data, Nebraska Prescription Drug Monitoring Program (NePDMP) data, and geographic information of treatment services available in Nebraska; and increase the number of toxicology trainings and reports on suspected drug-related overdose fatalities. This data dashboard will aid in areas such as developing targeted interventions, creating data-driven responses, and determining best practices. The action group will encompass representatives from areas such as behavioral health and treatment agencies, pharmacists, hospitals, law enforcement, and local agencies who will all then oversee the development of this dashboard. The prescription drug overdose prevention epidemiologist will be the staff responsible for collecting and reporting the required performance measures.

2017-H1220-OH-PM Ohio Regional Judicial Opioid Initiative (Multi-State) \$1,000,000

The Supreme Court of Ohio is requesting funding for the six-state regional project, known as the Regional Judicial Opioid Initiative (RJOI), that includes Kentucky, Illinois, Indiana, Michigan, Ohio, and Tennessee. This initiative will facilitate the improvement of PDMP exchanges across state lines, establish regional best practices, and coordinate and standardize procedures to provide a more targeted, unified regional response to the opioid epidemic. This project will be led by the Leadership Committee, which relies on the National Center for State Courts for aid and coordination, while the Supreme Court of Ohio will act as the primary representative with the responsibility for carrying out the award and its financial administration. Indiana University's Public Policy Institute will serve as the action researcher for the project.

2017-H1361-NM-PM New Mexico Department of Health \$580,247

The New Mexico Department of Health (NMDOH) will partner with Christus St. Vincent Regional Medical Center in Santa Fe County and Presbyterian Espanola Hospital in Rio Arriba County to expand the identification of individuals with drug overdoses at these two hospitals to the NMDOH and ensure a peer support worker is providing information on treatment resources to those who survive an overdose. The overall goal is to ensure patients who have overdosed have access to treatment and thus end the cycle of overdose deaths. Naloxone will also be purchased through this grant to distribute. The prescription drug overdose prevention coordinator and peer support worker will provide data for the grant reporting as well as track and analyze overdose surveillance data.