Comprehensive Opioid Abuse Site-based Program: Category 6
Narrative

Statement of the Problem

The states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont plan to model the currently successful Regional Judicial Opioid Initiative (RJOI) established in 2016 by the Chief Justices from eight states in the Appalachia-Midwest region (Ohio, Tennessee, Kentucky, Indiana, Illinois, Michigan and West Virginia) and adapt the model to fit the needs of New England. This court-led, multidisciplinary initiative was launched to develop an action plan with strategies to combat the opioid epidemic at a regional level. The Trial Court of Massachusetts requests funding for this project to create an RJOI in the six-state New England region.

The Trial Court of Massachusetts is applying on behalf of the six states and will contract with the National Center for State Courts to administer the project and of the Public Policy Institute as the action researcher.

The misuse of both prescribed and illicit opioids is a serious national problem. In 2016, 1 in 10 Americans (and 1 in 4 emerging adults aged 18-25) reported using an illicit drug in the past 30 days, most commonly marijuana and opioids. Of the 20.1 million Americans 12 or older who had a substance use disorder in 2016, 2.1 million involved addiction to prescription pain relievers and/or heroin.[1]

Opioid misuse has devastated communities. In 2016, opioid overdose killed 116 Americans every day. The age-adjusted rate of drug overdose deaths rose 21% from 2015 to 2016 (16.3 per 100,000 in 2015 to 19.8 per 100,000 in 2016). Of the proposed RJOI states, New Hampshire ranked third for the highest observed age-adjusted drug overdose death rates in the

United States in 2016, Massachusetts ranked 8th, Rhode Island 9th, Maine 11th, Connecticut 12th, and Vermont ranked 21st. [2] Drug overdose now surpasses motor vehicle crashes as the leading cause of injury death in the United States.[3] Drug deaths involving synthetic opioids more than doubled between 2015 and 2016.[4]

The increased use of prescribed painkillers across the country is one contributing factor to the opioid epidemic. From 1991 to 2011, opioid prescriptions dispensed by U.S. pharmacies tripled from 76 million to 219 million, making America the largest consumer of opioids at 80% of the world supply, despite representing only 5% of the world population.

The opioid epidemic heavily impacts public safety and the courts. Opioid-related arrests are skyrocketing. Court dockets and probation caseloads are filled with individuals with opioid use disorders. Access to treatment, particularly medication assisted treatment combined with cognitive behavioral interventions, is limited – particularly in rural communities. Per SAMHSA's Treatment Episode Data Set, each of the six RJOI states had steady but significant opioid treatment admissions between the 2014-2017 reporting periods, with an average of approximately 94,500 residents seeking treatment for heroin or other opioids annually.

The nation's family courts and child welfare system are deeply impacted by the opioid crisis as well as the criminal courts. Nationally, foster care utilization costs increased 21.6% from $7.56B in 2012 to $ 9.20B in 2015, while the number of children in foster care rose only 5.4% (from 636,761 to 670,835.) The number of children served in foster care in FY17 increased in four of the six RJOI states between 2012 and 2017 (MA 22%, ME 27%, VT 32%, and RI 50%), while remaining steady in the other two states. Removal of children as a result of parental substance misuse increased from 31% in 2013, to 32% in 2015, and to 34% in 2016.[5] Research clearly shows that adverse childhood experiences (ACEs) and trauma significantly increases the

likelihood of future foster care and justice system involvement. Prevention and intervention strategies, such as early identification of trauma and treatment can significantly reduce the impacts of ACEs. The prevalence of the specific ACE "lived with anyone who had a problem with alcohol or drugs" was above the US rate of (8%) in Vermont (12%) and Maine (11%) and New Hampshire (9%).[6]

Partner agencies for this initiative are The Trial Court of Massachusetts, National Center for State Courts, Indiana University, and RJOI state partners. Each partner has demonstrated their commitment to this project through a letter of commitment (attached).

As a new initiative, the New England RJOI currently has no existing regional strategic plan but would like to utilize the information contained in the Appa-Midwest RJOI Action Plan and the National Governor's Association Road Map for States on the Heroin Crisis. Each state partner has its own strategic or action plan to address the opioid epidemic; partners will work together to create an effective regional plan incorporating action items and recommendations from the partner states' plans. Common themes throughout the six plans include:

1. Reducing Stigma
2. Harm Reduction
3. Professional Education Campaigns
4. Public Education Campaigns
5. Enhancing Treatment Capacity and Continua
6. Involvement of the Criminal Justice System in Diversion and Intervention Strategies

These themes will be core elements of the New England RJOI, which will utilize data from each partner state to develop a coordinated and data-driven regional response. Member states will share promising practices and successful strategies at work in individual states to inform development of the regional action plan. The proposed initiative seeks to fund four specific strategies, outlined below in the implementation section, to further the work that has been done by the states into a cohesive regional approach.

Court leaders from the six New England states have discussed funding of this initiative, but uncertain budgets and state financial climates make it unlikely that the states would be able to fund technical assistance, subject matter experts and travel expenses necessary to develop a researched and evidence-based regional initiative. Furthermore, piecemeal funding leads to piecemeal interventions. No epidemic can effectively be countered and contained without a robust and well-funded response.

The importance and effectiveness of integrating opioid misuse prevention, intervention, treatment, and recovery efforts across government and state lines cannot be overstated. In fact, there is no other choice. A cross-section of all three branches of state and local governments and partners in the private sector must tackle this problem head-on. Opioid use disorder is pervasive and deadly. The government's response must be informed by multi-disciplinary experts including Chief Justices, State Court Administrators, judges, executive branch leaders, legislators, behavioral health treatment providers, medical experts, child welfare leaders and others who can together develop strategies integrating both public health and public safety concerns. The opioid epidemic knows no borders, and people addicted move across state lines, challenging systems which are contained within state borders with little to no interstate integration or communication. What happens in Massachusetts impacts Connecticut, what happens in Rhode Island influences Vermont, and what affects New Hampshire makes its mark in Maine. It is well-documented that America's opioid epidemic is a nationwide problem, but this region has been particularly hit hard.

The courts and the criminal justice system are often the last stop for people with addiction involved in criminal behavior or other legal matters, especially child and family welfare issues. America's judicial system occupies a critical place in the quest for solutions to

the opioid epidemic. Judges are powerful figures in local communities and can convene local and state leaders to begin conversations and planning around important issues impacting the community. Opiates are so highly addictive that its hold on people is a death grip. Traditional responses to drug addiction have failed; arrest, incarceration and release into the community creates a cycle of failure rather than recovery, well documented by increases in recidivism. Policymakers realize that we cannot arrest ourselves out of a public health crisis. The question at hand is, what can be accomplished regionally that no single state can achieve? This is what the RJOI exists to address.

The New England RJOI will build out the collaboration network of the Sequential Intercept Model (SIM), which can identify resources and gaps in services for substance use disorder prevention and treatment, families in crisis and juveniles. The New England RJOI will address how state courts and treatment providers can use best practices to more effectively ensure accountability and access to treatment services across state lines for individuals with an opioid use disorder. RJOI will also address how states in the region can legislatively and practically provide greater access to data on opiate prescriptions in the Prescription Drug Monitoring Programs (PDMPs) so that behavioral health providers, courts, and key justice partners can better monitor and treat individuals under court supervision. These important priorities are the starting point for what RJOI hopes to accomplish through its regional multidisciplinary approach.

State courts handle 95% of all litigation in this country. The misuse and abuse of prescribed opioids, heroin, fentanyl and its synthetic analogues impacts the administration of justice in courthouses across the United States. This impact is evident on every docket, but particularly so in cases involving children and families. Researchers will collect and analyze data

from a cross-section of justice system and public health agencies with a particular focus on identifying problem areas and effective solutions for justice-involved children and families, who are often the most traumatized victims of this crisis.

Project Design and Implementation

The Appa-Midwest Regional Judicial Opioid Initiative (RJOI) was created during a regional Summit convened by the Supreme Court of Ohio in 2016. The Appa-Midwest RJOI was the first initiative of its kind to seek to address the opioid epidemic at a regional level and leverages local, state and federal partnerships and resources to explore solutions to an epidemic that is not confined by state borders. The states of Massachusetts, Connecticut, Rhode Island, Maine, Vermont and New Hampshire seek to model the Appa-Midwest RJOI in developing the New England RJOI to work effectively across state borders to coordinate a response to the opioid epidemic.

This project will 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, and emergency medical services, as well as health care providers, public health partners, and agencies that provide substance use disorder treatment and recovery support services. The New England RJOI will also develop and enhance public safety, behavioral health, and public health information-sharing partnerships that leverage key public health and public safety data sets, and implement interventions based on this information.

RJOI will use the National Governor's Association document Solutions to the Prescription Opioid and Heroin Crisis: A Roadmap for States, as the evidence-based framework for the proposed project. While the goals and strategies of the RJOI are numerous, the proposed project mission of the New England Regional Judicial Opioid Initiative (New England RJOI) is

to develop a collaborative multi-state response to the opioid epidemic. This project will support the development of data-driven and sustainable solutions that promote recovery, enhance public safety and support quality of life for individuals, families and communities throughout New England. To accomplish that goal, RJOI will utilize the following strategies:

Strategy #1: Assess the Situation.

1. Develop a multidisciplinary action group that includes judicial, court, attorneys, law enforcement, community supervision, drug court, PDMP, and treatment leaders, etc.
2. Develop a snapshot picture of the opioid epidemic in the region.
3. Utilize the Sequential Intercept Model as a framework to inventory evidence-based practices, resources and needs at each stage of the justice system in each state, with a particular focus on the courts.
4. Identify resources in the region that can be shared and taken to scale region-wide.
5. Develop a detailed action plan.
6. Establish committees and project work plans.

Strategy #2: Share aggregate data sets, including multiple systems within and across the multi-state region.

1. Identify data sets to be aggregated and reported across region[1].
2. Create data maps to identify "hot spots."
3. Conduct data analysis of geo-coded information to identify high areas of abuse and sales and to ascertain how county level demographic, economic, health and crime data are correlated with and help explain prescription drug abuse hot spots.
4. Convene RJOI member officials, stakeholders, and data analysts to use the data to develop best practices in monitoring and intervention strategies.
5. Identify and document best practices in data sharing and processes.
6. Utilize an action research approach to analyze the data, develop strategies to address the problems, conduct assessments and provide feedback to inform on-going decision-making.

Strategy #3: Use data to inform appropriate evidence based and best practice interventions and pilot appropriate interventions in targeted multi-state sites.

[1] Data sources include but are not limited to: PDMP, medical (including overdose), criminal justice (including law enforcement), child welfare, treatment, public health and other related data and others as identified by the Research Team.

1. Facilitate and expand effective cross-system collaborations at both the state and regional levels (courts, justice partners, behavioral health treatment, child welfare, and human services).
2. Pilot evidence based, best and promising practice interventions in identified "hot spots" in multi-state sites.[2]
3. Train stakeholders regarding implementation of EBPs and provide follow-up support during and after the implementation process by subject matter and implementation experts within the region.
4. Identify experienced and seasoned subject matter experts in the region in the RJOI states willing to provide education, training and technical assistance to stakeholders in the targeted pilot site locations.
5. Deliver targeted and general education, training and technical assistance by establishing a process to identify training and technical assistance needs and connect local sites with the experts within the region.
6. Train stakeholders on PDMP data availability, how to access data, how to use data to make informed decisions and/or determine appropriate interventions by developing new and/or augmenting existing curriculum[3], documents, videos, brochures and presentations.

RJOI will utilize the National Governor's Association (NGA) document *Solutions to the Prescription Opioid and Heroin Crisis: A Roadmap for States* as a framework guide for implementation for this project. RJOI will begin with Step 1: Assess the Situation. RJOI will develop a multidisciplinary action group that includes judicial, court, prosecution, law enforcement, PDMP, and treatment leaders in the region to bring the picture of the opioid epidemic in the region into focus, develop its vision and strategic plan/goals, and establish committees and work plans. RJOI will then select strategies listed under Step 2 of the NGA Roadmap consistent with RJOI's strategic goals, and the goals and objectives of this solicitation, and carry out those strategies.

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[2] Examples may include: establish fatality review teams for opioid-related overdose deaths; establish overdose response teams; utilize syndromic surveillance across state lines to share information with law enforcement and other criminal justice and public health partners to rapidly identify outbreaks and to direct intervention and suppression efforts.

[3] Design PDMP 101 curriculum to include: the history and purpose of PDMPs; state specific regulations and issues (access and limitations); how to use PDMP data (audience specific); how to use PDMP data regionally.

State teams will be formed in each of the six New England RJOI states. The membership of these teams will ultimately form the regional initiative under the oversight of the Leadership Committee (Chief Justices from each of the six Supreme Courts). The initiative may include representatives including, but not limited to, state and local court representatives, law enforcement, the state or local health department, state medical and pharmacy boards, prosecutors, medical examiner/coroner offices, prescription drug monitoring programs, probation and parole, child welfare representatives, local drug treatment providers, and community organizations. Data will be collected from each state by the Researcher to better understand the nature and scope of the problem.

The Project Director and RJOI will work with BJA and the TTA provider on required program components including data tracking and reporting. RJOI will comply with all travel requirements for face-to-face meetings outlined in the solicitation and has included them in detail in the budget and budget narrative.

This project addresses the following allowable uses for award funds listed for Category 6 in the solicitation: develop or enhance public safety/behavioral health/public health treatment partnerships that leverage key data sets to develop targeted interventions based on this information; identify geographic areas or populations at greatest risk for prescription drug and opioid abuse and overdose deaths to create data-driven responses at the local or state level to include education, outreach, treatment, and enforcement information; implement other innovative activities that demonstrate a multidisciplinary, data-driven approach to addressing the opioid epidemic; and assess the impact of specific policy or practice changes on PDMP utilization and/or patient or community-level outcomes.

A regional response makes the most sense to enhance all six partner states' ability to respond effectively to the opioid epidemic, which recognizes no borders. By combining our resources and developing shared strategies, we magnify our effect. This project will allow us to improve our PDMP exchanges, data flows and record-linking on poisonings and overdoses across state lines. It will also allow us to set best practices, coordinate and standardize procedures, and spread these upgrades through the region. Consistency of messaging, policy, and action throughout the region will allow for a more targeted, unified response to the opioid epidemic.

The New England RJOI is partnering with Action Researchers at Indiana University. These researchers are currently engaged as the research partner with the Appa-Midwest RJOI and have a unique understanding of the nature of a regional, court-led collaboration and the data necessary for a successful project of this type and magnitude. They have also developed data collection instruments that will be the basis of the work of this project.

The Trial Court of Massachusetts is the authorized representative for the project and will have primary responsibility for carrying out the award, including financial administration. We will contract with the National Center for State Courts to provide project management, including staffing the Project Director role. We will contract with Indiana University's Public Policy Institute to provide an action research team for the project. Additionally, we have commitments from Supreme Courts of Connecticut, Maine, New Hampshire, Rhode Island and Vermont to collaborate on this project. Multidisciplinary representatives (justices, judges and court staff; state, regulatory, and law enforcement officials; public health officials; child welfare practitioners; treatment agency representatives; drug court officials; PDMP managers; etc.) from all six states currently comprise the committee/action groups of RJOI and are committed to

continuing their work and instituting the policies, procedures and interventions developed as part of this project. The six states involved in this project have committed to continuing the work started via in person and virtual committee meetings, and to participate in all project activities. Many of the states have worked together on smaller projects prior to involvement in RJOI. Letters of commitment are attached.

Each of the six New England states actively participates in the New England Association of Drug Court Professionals (NEADCP) Board of Directors and Advisory Board. NEADCP organizes a New England regional conference on Drug Courts and other judicial responses to substance use disorders and mental illness. Representatives from the individual states often participate in educational and policy-related trainings and conferences, sharing best practices and coordinating responses to address issues of interstate drug trafficking.

The research team has identified the following data, at a minimum, that will be necessary to access and examine:

- PDMP
- Hospitals and Emergency Medicine
- Vital Records
- Family/Child Welfare Services
- Substance Abuse Treatment
- Criminal Justice, Child Welfare and Public Safety

The research team will work closely with the Project Director to identify other data points which may also be publicly available and relevant towards understanding opioid use. The Project Director will coordinate and track responses to all data requests. To assist with capturing accurate and consistent data across the region, the research team, within the first three months of the project, will develop a "Data Request and Standardization" document that will outline the requested data points, the acceptable formats, and a timeline for the state partners to deliver the

data. Responses will be analyzed to identify gaps in available data and reported to team members and stakeholders. Since the data will be in aggregate form, the risk of identification is significantly diminished in every dataset.

The RJOI states and the Researcher will use data to identify both the ideal pilot sites (situated near at least two state borders) and the appropriate interventions to pilot. Examples of potential interventions include: establish fatality review teams for opioid-related overdose deaths that includes data from both the decedent's state of residence, location of death, and PDMPs; establish overdose response teams; and utilize syndromic surveillance across state lines to rapidly identify overdose outbreaks and to direct intervention and suppression efforts by law enforcement and other criminal justice and public health partners. The Researcher will evaluate pilot outcomes and share findings with local pilot site and RJOI stakeholders. Additionally, the Project Director and Researchers will produce concise reports detailing pilot activities and outcomes to inform potential replication in other sites in the region and nationally. Training and technical assistance needs will be determined and experts will be identified to provide guidance on best practices to address identified needs. Stakeholders will be trained on PDMP data availability, how to access data, and how use available data to make informed decisions and/or determine appropriate interventions which may include developing new and/or augmenting existing curriculum, documents, videos, brochures and presentations.

Prescription drug abuse data will be collated from the participating state programs. The data will be used to identify problem areas and provide a richer understanding of prescribing practices and local and regional needs.

Each state will conduct a statewide Sequential Intercept Model Mapping and the resulting SIM maps will be connected to ultimately form a regional SIM indicating available resources or

gaps in resources across the six states. In addition to identifying gaps, the SIM mappings will also allow for the sharing of innovative and best practices already in existence in the region. States will promote the replication of best practices across the region through the RJOI network.

RJOI will contract with Indiana University's Public Policy Institute to provide an action research team to assist in design and evaluation of the initiative. The research partners have extensive experience in research design and evaluation as well as specific experience in working with both PDMP and criminal justice data-driven projects. Curriculum vitae (CVs) of the partners are attached.

Capabilities and Competencies

The **Trial Court of Massachusetts** will have primary responsibility for carrying out the award. Court and his staff are responsible for the programmatic and fiscal monitoring and reporting regarding any grant award. The Court has identified as the key staff person to provide project management, implementation, and programmatic oversight. is a Project Manager with 10 years' experience managing and executing federally funded projects. will serve as the grant administrator and will have direct communication with the awarding entity has 15 years' experience managing federal grants including financial, sub award monitoring, contractual and compliance. works closely with the Court's fiscal, legal and Human Resources team to coordinate federally funded contracts with sub awardees and vendors.

Letters of support from all stakeholder agencies are included in the attachments, as are the job description for the Project Director (PD), 's resume and the CVs for the Researchers, including Principal Investigator,

National Center for State Courts will be contracted to provide project management, including staffing the Project Director role. Founded in 1971, NCSC is a non-profit organization that promotes justice through leadership and service at the state and local levels. NCSC routinely works on projects that involve the interaction of multiple offices and agencies with a range of stakeholder interests. NCSC experts are experienced in the development of performance measures; process evaluations; outcome evaluations; and the transfer of knowledge, skills and abilities to enable the application of lessons learned and best practices in diverse settings. The NCSC team will be led by . began her work for the NCSC in as a Principal Court Management Consultant. Since that time, she has directed and staffed over 30 state and local projects related to community supervision, problem-solving courts and other court-related issues. She also acts as the Executive Director for the , an eight state judicially led initiative that leverages local, state, and federal partnerships and resources to explore solutions to the opioid epidemic. Additionally, she is the Project Director for the Opioid Task Force. has over 15 years of experience working in the criminal justice system. She was the Drug Court Program Manager for the , Adult Drug Treatment Court . Prior to that, she was a Criminal Justice Planner also has experience as a state probation and parole officer and as a police officer.

Indiana University's Public Policy Institute will be contracted to provide an action research team for the project. The Indiana University Public Policy Institute was established in

2008 as a multidisciplinary institute with the IU School of Public and Environmental Affairs (SPEA). Its original function was to serve as an umbrella organization for the Center for Urban Policy and the Environment (CUPE), established in 1992, and the Center for Criminal Justice Research (CCJR), established in 2008. These centers are now represented by research areas within the institute. The IU Public Policy Institute conducts research, policy analysis, program evaluation, facilitated discussions, and long-term planning for clients from the public, private, government, academic, and nonprofit sectors. Its primary areas of research are economic development, tax and finance, criminal justice, public safety, housing and community development, and land use and the environment. The IUPIU team will be led by [redacted] Ph.I [redacted] is an Assistant Professor and on the [redacted] specializes in applied research on Mental Health and Law, Substance Abuse, Criminological Theory, Specialty Courts. He has managed/performed research on grants from NIDA, CDC, SAMHSA, BJA, and several state agencies. He currently provides leadership of the evaluation team for the Appa-Midwest RJOI.

Timely and consistent data collection is often a barrier to any new project. The Project Director, along with the project partners, will meet monthly via conference call during project implementation to review the status of implementation and the design of data collection protocols. A potential barrier is sharing data. The project partners have worked on previous projects where protected data was shared in compliance with all state and federal confidentiality requirements and laws. They will leverage this experience to overcome these potential barriers. Moreover, the research team consists of a collaborative group of interdisciplinary faculty and staff with several years of prior collaborative work. This team has experience collecting and

analyzing data related prescription drug use. Together they have experience analyzing PDMP data; implementing and evaluating interventions related to medication-assisted treatment and recovery-related programming, examining program effectiveness of substance abuse interventions with criminal justice settings; and assessing and developing measures of fidelity. As community-based researchers, they regularly disseminate and deliver or present findings to both academic and community stakeholders to aid in strategic decision making regarding policy recommendations and increasing program effectiveness.

The research team consists of a multidisciplinary collaboration across the Indiana University – Purdue University Indianapolis (IUPUI) campus with the Center for Criminal Justice Research (CCJR), the Center for Health Policy (CHP), and the Dissemination and Implementation Science Core (DISC). CCJR is part of the IU Public Policy Institute (PPI) which is a collaborative, multidisciplinary research institute within the Indiana University School of Public and Environmental Affairs (SPEA). CCJR is a non-partisan, applied research organization that provides research-related services to public and non-profit organizations. CCJR analysts and affiliated SPEA faculty have diverse skills and expertise in criminology, criminal justice policy, contract analysis, analytical research, evaluation research, data collection and analysis, facilitation, surveys, and focus groups. Partnerships with CCJR have successfully produced dozens of technical reports, issue briefs, statistical reports, and other substantive research products focused on crime and criminal justice policy and practices within the state of Indiana.

The Center for Health Policy (CHP), created in 2006, is housed at the Indiana University Richard M. Fairbanks School of Public Health at IUPUI. The mission of the CHP is to conduct research on critical health-related issues and translate data into evidence-based policy recommendations to improve community health. The CHP faculty and staff collaborate with

state and local government, as well as public and private health care organizations in health policy and program development to conduct high quality program evaluation and applied research on critical health policy-related issues.

The DISC is part of the Indiana Clinical and Translational Sciences Institute (CTSI), an integrated home for clinical and translational research. Working within the CTSI, DISC assists investigators with studies where there are implementation components of that need to be addressed. They do this through direct assistance from a panel of researchers trained in implementation science; guidance with qualitative and mixed method research design data collection, management, analysis, and dissemination of findings; and a repository of validated quantitative instruments to measure implementation outcomes (e.g., fidelity, acceptability, appropriateness, implementation cost, etc.) and assist researchers with selecting measures appropriate for studies. Finally, the research team currently provides research and evaluation for the existing Appa-Midwest RJOI that this project seeks to model.

Plan for Collecting the Data Required for this Solicitation's Performance Measures

The applicant has the ability and is willing to report aggregated client-level performance and outcome data through BJA's Performance Measurement Tool (PMT). The Project Director will be responsible for collecting data and reporting it. The PMT will be referenced during the development of the supporting information infrastructure for the standards to ensure that all stakeholders are collecting data required by the PMT. NCSC has experience with the PMT and will actively promote retention of data that is needed for this grant. Any additional performance metrics will be based on the selection of specific interventions. The research team will develop these metrics in conjunction with the Project Director and the RJOI stakeholders, as well as the local pilot sites as applicable.

The research team has identified the following data that will be necessary to examine:

- PDMP
- Hospitals and Emergency Medicine
- Vital Records
- Family/Child Welfare Services
- Substance Abuse Treatment
- Criminal Justice, Child Welfare and Public Safety

The research team will work closely with the Project Director to determine any other data points that might also be publicly available or available via our state partners and relevant towards understanding opioid abuse. The Project Director will support and facilitate all data requests. Data may be in aggregated count format at the county level, by state, and by month and year dating back to 2010. As discussed above, the research team will develop a "Data Request and Standardization" document that will outline the requested data points, acceptable formats, and a timeline for the state partners to deliver the data. The Project Director will work with the Leadership Committee, the Data Action Group, the research team and the state and local sites to overcome any barriers to data collection. The PDMPs in the six states have a history of working across state lines to overcome barriers to information sharing. Their knowledge will be leveraged as this project is implemented.

Impact/Outcomes, Evaluation, and Sustainment

The proposed project is to develop a collaborative multi-state response to the opioid epidemic. This project will support the development of data-driven and sustainable solutions that promote recovery, enhance public safety and support quality of life for individuals, families and communities throughout New England. The Indiana University's Public Policy Institute, in conjuncture with the RJOI, will produce a series of policy briefs documenting the practices, research findings, and interventions implemented as part of this project. These policy briefs will

be publicly disseminated and available via the Public Policy Institute website and presented to the Regional Judicial Opioid Summit; they will focus on highlighting the efforts of the RJOI but also any empirical evidence on what policies and interventions were successful. Moreover, the academic partners will also public any relevant findings in peer-review academic journals. In order to help with long-term sustainability of the RJOI efforts, the Public Policy Institute will also develop an internal report regarding operating procedures that describe the policies, interventions, and efforts conducted as part of the project. The Project Director will include findings in all required grant reports as well as make presentations at relevant conferences such as the National RX Abuse & Heroin Summit, to reach practitioners and policy makers.

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[1] Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration

[2] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017.

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[5]AFCARS State Data Tables 2007-2016. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2018).

[6] Saks, Virginia and David Murphey (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Child Trends. https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity/