

Supported by the [Bureau of Justice Assistance \(BJA\)](#), the *COAP Newsletter* collects articles (many original to COAP), resources, and training announcements with the express goal of supporting and informing those dedicated to turning the tide of America's opioid crisis. We also appreciate the chance to tell the stories of colleagues and communities across the nation. If you are willing to share your experiences in combating the epidemic, **we invite you to make a difference by adding your voice at COAP@iir.com**. We look forward to hearing from you! You are also encouraged to pass along this resource to build our COAP community.

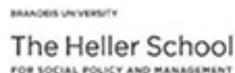


Grantee in the Spotlight

Erie County Opioid Overdose Response Project
Erie County, New York

BACKGROUND: ERIE COUNTY RESPONDS TO A COMMUNITY CRISIS

According to the Erie County Health Department (ECDOH), in 2016, 301 people died in the community from opioids. In response to this death toll, the county established the **Erie County Opiate Epidemic Task Force** ("Task Force") with the missions of providing a **framework for organizations** and individuals from across the opioid overdose continuum to **collaborate**, develop, and share best practices and undertaking **education and prevention** efforts.



COAP ADDS SUPPORT TO ADVANCE THE GOOD WORK

In 2017, BJA awarded Erie County a Comprehensive Opioid Abuse Program (**COAP**) grant, supporting **local law enforcement efforts to expand an opioid overdose outreach program**. Now, within 24 to 72 hours of nonfatal overdoses, survivors are connected to a peer navigator and to substance abuse treatment providing rapid access to medication-assisted treatment (MAT).

The results so far? In the past 9 months, **80 people have been referred:**

- 60 individuals were identified directly after an overdose using the Overdose Detection Mapping Application Program (ODMAP).
- 20 individuals were direct referrals from law enforcement officers.
- 77 have been formally assessed for substance use disorder.

Interestingly, of the 60 **individuals identified** after an overdose **using ODMAP**, **30 percent** (22 individuals) **accepted assistance connecting with MAT and stay connected to care at the 30-, 60-, and 90-day follow-up points**. Of the 20 **individuals referred directly by law enforcement**, an astonishing **80 percent** (16 individuals) **accepted the link to MAT and stayed connected to care at the follow-up points**. All individuals referred to treatment are being connected with a peer navigator for long-term support. The average number of days from referral to starting treatment is 3.

Naloxone Outreach Efforts

Compared with 2016, **in 2017, Erie County experienced a 17 percent decline in its opioid overdose death rate and expects an even sharper drop in 2018**. (While autopsy and toxicology results are still incomplete for 2018, the trend is down.) Rather than attributable to a single initiative, this decrease is the sum result of comprehensive, coordinated opioid-related strategies, including a **massive effort by Erie County to make naloxone readily available** across the community—from first responders to families, from friends to businesses. Between the middle of 2016 to the end of 2018, 10,304 civilians and 3,212 first responders across the county were trained in the use of naloxone; all Erie County supervision probation officers carry naloxone when in the field and have been trained on its use. ECDOH records show that over a 2.5-year period, civilians reported using 1,554 vials of naloxone and first responders reported reviving 2,141 people who had overdosed. (These numbers are decreasing as individuals are identified and linked to treatment.)

Leveraging Technology: ODMAP

ECDOH has also worked with **local law enforcement to implement the Overdose Detection Mapping Application Program (ODMAP)**, a mobile tool that links first responders on scene to a mapping tool to track the location of fatal and nonfatal overdoses and the administration of naloxone by first responders. A companion law enforcement module known as “ODFORM” collects additional information about the victim and potential evidence from the overdose scene. By systematically analyzing data on calls for service and naloxone administration, law

enforcement can identify opioid hot spots in the community and the opioid products involved in the overdoses. This additional information supports law enforcement activities and can advance intervention efforts by public health agencies and treatment providers. Since receiving the COAP award, Erie County Central Police Services has developed a system to embed the ODMAP report button and New York State Naloxone Usage Form in all police report software in Erie County. Also, the electronic police report provides onsite details, including types of drugs at the scene, contact information, and other situational details that assist the post-overdose response team in reaching overdose survivors to connect them to treatment.

ERIE COUNTY LOOKS AHEAD: ADDRESSING THE EPIDEMIC IN TARGETED POPULATIONS

The growth of the opioid epidemic is highly evident in the **Erie County probation population**. The Erie County Probation Department annually supervises 5,000 adults who have been sentenced to a term of probation in lieu of incarceration. Over the last 24 months, at least 19 probationers have died from opioid overdose. In response, Erie County is launching two new initiatives in 2019.

The Probation Opioid Response Initiative will institute the use of a validated risk assessment tool to identify probationers who are at risk for opiate/opioid overdose. This information will be factored into treatment plans. A probation officer will supervise a newly created opioid caseload, featuring intensive supervision and a dedicated peer navigator. A second peer navigator will assist probation officers throughout the department in addressing probationers who have opioid issues. In addition, the Erie County Health Department applied for and was awarded funding to inform future public health practice and policy related to primary and secondary prevention of opioid addiction and mortality. ECDOH will institute an Opioid Overdose Review Board. Modeled after long-established, evidence-based Infant Mortality Review Boards, this board will help identify and address the underlying factors that contribute to opioid overdoses and use that information to modify policy and intervention strategies with the ultimate goal of reducing overdose fatalities and opioid misuse across Erie County. The voice of the community will be integrated as an essential component, using lessons learned from those who have overdosed to strategically identify changes needed in programs and policies.

In the new year, **Erie County is also expanding access to MAT** through a series of trainings for 50 people, including a minimum of 25 providers **in rural areas**.

Funding Opportunity:
**Planning Initiative to Build Bridges Between Jail and Community-Based Treatment
for Opioid Use Disorder**

In December 2018, in the *Pesce v. Coppinger* ruling, a federal district court judge ordered the Essex County, Massachusetts, jail to provide an entering inmate with methadone so that he could continue his successful 2-year treatment. The individual and his doctor asserted that if he was forced to stop taking methadone during his 60-day jail commitment, he would relapse (and

increase the risk of death). The sheriff announced that the individual would be accommodated, even if correctional officers had to drive him daily to a methadone clinic. The ruling prompted headlines across the country, as well as demand from individuals facing jail time and advocates of medication-assisted treatment (MAT).

America's correctional facilities sit at the epicenter of the opioid overdose crisis. Nationally, nearly one in five people entering local jails has an opioid use disorder (OUD), and some states estimate that a majority of their residents with OUDs pass through the doors of their jails each year. The high prevalence of OUDs in the jail population is especially concerning given the high rates of overdose post-release. Studies have estimated that ex-offenders are significantly more likely to die of a drug overdose in the 2 weeks immediately post-release than members of the general population. Individuals with OUDs who leave jail untreated also may continue their drug use, which can contribute to recidivism and reincarceration.

Our country's opioid epidemic is not a problem without solutions. MAT—the use of FDA-approved medications in combination with counseling and recovery support—is the gold standard treatment for OUDs and has been shown to reduce fatal overdoses and illicit drug use. Unfortunately, treatment access is limited in most communities and absent in most jails. This is a significant missed opportunity to initiate treatment for individuals with OUDs while incarcerated and after they are released in the community.

The Institute of Intergovernmental Research (IIR) has released a solicitation on behalf of the U.S. Department of Justice, Bureau of Justice Assistance (BJA) to fund up to 15 communities to participate in a planning initiative. BJA is joining efforts with Arnold Ventures to support this 9-month planning initiative designed to help communities develop a comprehensive continuum of care model that targets the jail population and builds bridges between in-custody and community-based treatment. The complete announcement is posted on the COAP Resource Center at <https://www.coapresources.org/ItemsOfInterest/FundingOpportunities>. All required **application components must be submitted** via online application **no later than 5:00 p.m., ET, on March 25, 2019**.

Resources:

View and share these free COAP webinars on MAT!

- [Reducing the Risk of Opioid Overdoses: MAT Reentry Programs](#)
- [Mobile MAT in Practice](#)
- [Medication-Assisted Treatment \(MAT\) Outpatient Clinics: Using Behavioral Telehealth](#)

And this important document!

- [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#)

Innovation in the Field:
Wisconsin's Addiction Consultation Provider Hotline

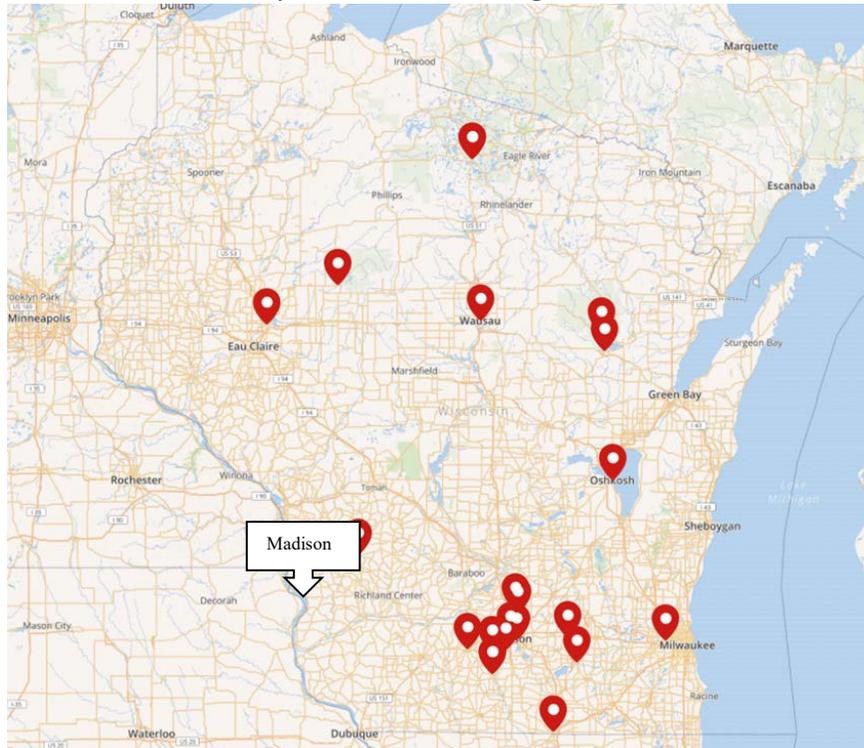
State Prescription Drug Monitoring Programs (PDMPs) often collaborate or coordinate with other stakeholders to ensure comprehensive efforts in addressing prescription opioid drug abuse and misuse. PDMPs have achieved much progress in making a patient's prescription history information accessible to physicians and other health care providers to improve clinical decisions. For example, more PDMPs are in the process of integrating with electronic health record systems within hospitals, pharmacies, and other clinical settings. However, there is little real-time support for physicians when they encounter a patient who is abusing substances but is also in need of pain management. To address this gap, Wisconsin established a free consultation hotline, featured on its PDMP website, for physicians and other health care providers.

The Addiction Consultation Provider Hotline, funded by the Wisconsin Department of Health Services, is an initiative led by the University of Wisconsin (UW)–Madison and UW Health, the university's integrated health care system. The project is spearheaded by Randall Brown, M.D., Ph.D., who explained, "The goal . . . is to offer real-time support and expertise from specialists in addiction medicine and addiction psychiatry." The hotline is designed to help primary care physicians, especially those serving in rural areas with limited access to specialists, make informed decisions on acute care for their patients. Consultation is also available for additional issues related to longer term care.

The hotline went live in late July 2018. Based on 39 documented calls so far, the hotline is showing signs of success. Details about the implementation and use of the hotline include the following:

- All requests for a consultation are answered by an addiction medicine specialist or a psychiatrist in less than 30 minutes, with an average consultation time lasting 15 minutes.
- Main users of the hotline are physicians specializing in family, internal, and emergency medicine. Nurse practitioners make up about 15 percent of the total users.
- Most of the calls come from the Madison area. However, about 15 percent are from providers serving in rural areas throughout Wisconsin (please see the following map).

Map of Hotline Call Originations



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- The top five topics discussed during the consultation are: (1) alcohol or opioid use disorder and treatment; (2) dosing plans and use of medication-assisted treatment (e.g., buprenorphine, naltrexone, Suboxone, and Subutex); (3) specialized treatment options and their facility locations; (4) appropriate analysis of urine drug analysis test results; and (5) strategies for appropriately addressing issues with patients.

Dr. Brown and his team are beginning to conduct follow-up evaluations of providers who received consultation from the hotline.

For more information about this initiative, please contact Lisa Brunette, UW Health Director of Media Relations, at lbrunette@uwhealth.org.

Data: PDMP TTAC Maps and Tables—Overdose Death Rates by State

Recently, the Centers for Disease Control and Prevention (CDC) added 2017 data to its Wide-ranging Online Data for Epidemiologic Research ([WONDER](#)) database for drug overdose deaths. The WONDER database contains county-level and national mortality and population data based on death certificates for U.S. residents. The Prescription Drug Monitoring Program Training and Technical Assistance Center ([PDMP TTAC](#)), in its ongoing effort to assist the PDMP community and other stakeholders in staying informed, extracted data from the WONDER database and has

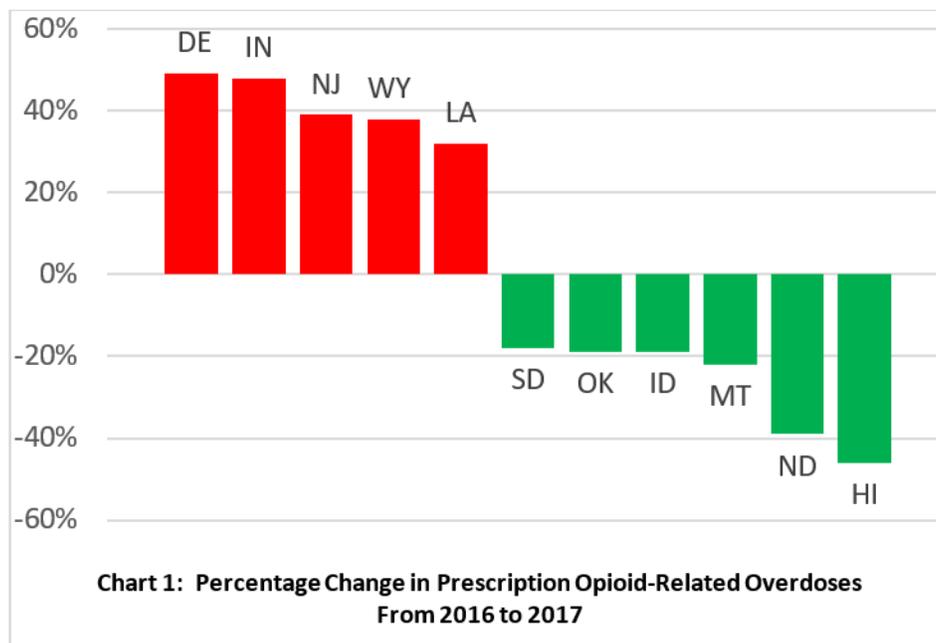
published [maps and tables](#) that show overdose death rates for each state for all drugs, prescription drugs, and illicit drugs with a further breakdown for opioids.

A summary of the 2017 data reveals that:

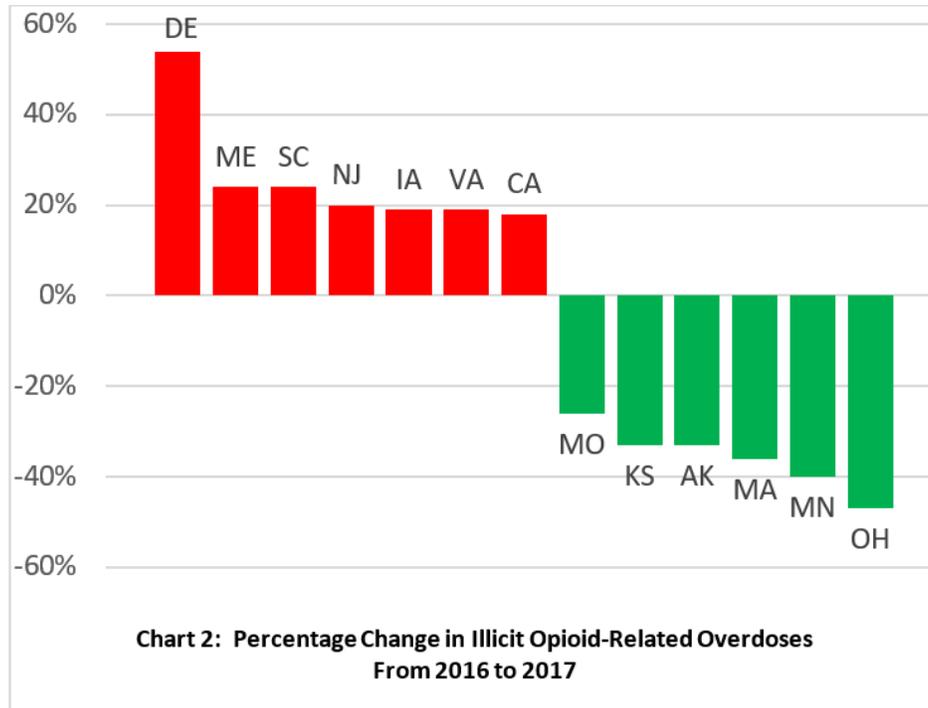
- States/districts with the highest prescription opioid overdose death rates per 100,000 people were West Virginia (47.2), Ohio (36.5), New Hampshire (33.3), the District of Columbia and Maryland (both at 29.9), and Maine (28.2).
- States/districts with the highest illicit opioid overdose death rates per 100,000 people were the District of Columbia (18), West Virginia (14.9), Delaware (13.3), Connecticut (12.4), and New Jersey (12.2).
- States with the lowest prescription opioid overdose death rates per 100,000 people were North Dakota (3.6), South Dakota (3.3), Texas (3.2), Hawaii and Nebraska (both at 2.8), and Montana (2.7).
- States with the lowest illicit opioid overdose death rates per 100,000 people were California (1.7), Oklahoma (1.6), Idaho (1.5), Mississippi (1.3), and Kansas (0.9).

Comparing overdose death rates from 2016 to 2017, the data reveal the following:

- States with the greatest percentage increase in prescription opioid overdose death rates per 100,000 people were Delaware (49 percent), Indiana (48 percent), New Jersey (39 percent), Wyoming (38 percent), and Louisiana (32 percent); states with the greatest percentage decrease in prescription opioid overdose death rates per 100,000 people were South Dakota (-18 percent), Oklahoma and Idaho (-19 percent), Montana (-22 percent), North Dakota (-39 percent), and Hawaii (-46 percent). See Chart 1.



- States with the greatest percentage increase in illicit opioid overdose death rates were Delaware (54 percent), Maine and South Carolina (24 percent), New Jersey (20 percent), Iowa and Virginia (19 percent), and California (18 percent); states with the greatest percentage decrease in illicit opioid overdose death rates were Missouri (-26 percent), Kansas and Alaska (-33 percent), Massachusetts (-36 percent), Minnesota (-40 percent), and Ohio (-47 percent). See Chart 2.



***COAP Training and Technical Assistance (TTA) in Action:
The Peer Recovery Support Services Mentoring Initiative***

Increasingly, peer recovery support services (PRSS) are an important—and sometimes central—part of efforts to effectively provide a continuum of care and address alcohol and drug abuse, including the opioid epidemic. Recognizing this opportunity to support the field, Altarum (through the Bureau of Justice Assistance’s COAP TTA Collaborative) has initiated the Peer Recovery Support Services Mentoring Initiative (PRSSMI) to advance programs, organizations, and jurisdictions in incorporating PRSS into their portfolios of substance abuse intervention and treatment strategies.

The purposes of PRSSMI are to:

- Promote peer-to-peer learning among organizations that are implementing PRSS in criminal justice settings.

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- Disseminate evidence-supported PRSS programming, promising approaches, and best practices.
 - Enhance the capacity to develop PRSS as a component of diversion, alternatives to incarceration, or other criminal justice-focused programs.
 - Improve the ability to collaborate with community partners toward the successful implementation of a PRSS program.

PRSSMI provides an opportunity for new or early-stage peer programs to be matched with and learn from an experienced program in a structured way. Mentee sites receive consultation and support from staff members of experienced programs, culminating in a visit to their mentor sites. Mentee sites are expected to:

- Engage a consistent team of between three and five individuals.
- Participate in monthly virtual learning sessions during the first quarter of the mentorship.
- Ensure that at least two team members participate in the mentor site visit.
- Develop a brief workplan for program development based on lessons learned from the mentorship.
- Complete a survey questionnaire at the end of the mentorship.

In the first application round, the following four sites were selected to serve as mentors. These programs work with first responders, law enforcement, courts, jails, prisons, and community corrections to help people who abuse opioids to achieve and maintain recovery from addiction.

- [Faces and Voices of Recovery Greenville \(South Carolina\)](#) serves small communities and rural areas in northwest South Carolina with innovative programming, a wide array of peer supports, and strong partnerships with law enforcement, hospitals, and treatment agencies.
- **The Council of Southeast Pennsylvania (Pennsylvania)**, through its Pennsylvania Recovery Organization–Achieving Community Together ([PRO-ACT](#)) program, runs a comprehensive peer support program. PRO-ACT was a partner and the service hub in the launch of a pre-booking diversion pilot with the Philadelphia Police Department.
- [Recovery Point of West Virginia](#) serves small communities and rural counties across the state of West Virginia. Recovery Point provides recovery coaches for the city of Huntington’s Quick Response Team (QRT), which was developed with a BJA-supported COAP grant. Recovery Point has also launched peer support in local hospital emergency rooms and is planning similar support for individuals who are admitted to the hospital because of abusing opioids and other substances.
- **University of Alabama at Birmingham, School of Medicine, Department of Psychiatry, Community Justice Programs (CJP)** is a unique model of community, clinical, and research collaboration housed in a university setting. Across time, CJP has thoroughly integrated the peer voice into all the program’s behavioral health projects. CJP is particularly strong in its peer supports in the courts, providing services within several specialty courts in Jefferson County, Alabama.

These sites were selected on the basis of several criteria, including: (1) advocating for the value of peer support services within the larger context and communities of behavioral health, recovery-oriented systems of care, criminal justice, and child welfare; (2) leveraging the uniqueness of peer status in program design; (3) using sound evidence-supported practices and policies; (4) focusing on outcomes and using data to assess program efficacy; and (5) collaborating significantly with law enforcement, the courts, child welfare, substance abuse treatment agencies, and others partners and domains.

To learn more, please contact Elizabeth Burden, M.S., Technical Assistance Director, TTA Center for Peer Recovery Support Services, Altarum, at elizabeth.burden@altarum.org or (520) 999-5780.



TTA Center for Peer Recovery Support Services

A Bureau of Justice Assistance Comprehensive Opioid Abuse Program funded project, provided by Altarum



In the Know & News You Can Use

Catch up on recent [COAP Webinar Series](#) recordings:

- **[“Mobile Medication-Assisted Treatment \(MAT\) in Practice”](#)**—Impediments (including availability and geography) can keep individuals from accessing MAT treatment. One solution is mobile MAT units. The webinar explores this creative approach
- **[“Handle with Care”](#)**—This promising initiative partners schools and child care agencies, law enforcement, and treatment providers with the goal of protecting and helping traumatized children (including those impacted by the opioid epidemic) heal and thrive.
- **[“Massachusetts Moms Do Care”](#)**—Explore this innovative project, which supports pregnant and parenting women who abuse opioids through peer-led recovery coaching, system change and capacity building, and collaborative provider care groups.

Interested in face-to-face learning opportunities? Check out the [In-Person COAP Training Opportunities](#) booklet!