

Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Rural Responses to the Opioid Epidemic

Overview

While no corner of the country has gone untouched by the opioid epidemic, rural America has been hit particularly hard. The Rural Responses to the Opioid Epidemic initiative is designed to reduce opioid overdoses among individuals who come in contact with law enforcement or are involved in the criminal justice system in high-risk rural communities and regions.

This initiative, co-funded by the Bureau of Justice Assistance, the Centers for Disease Control and Prevention, and the State Justice Institute, supports 21 sites to identify current gaps in prevention, treatment, and/or recovery services for individuals who encounter the criminal justice system within the target rural service area, followed by initiating new or augmenting existing efforts to address the opioid crisis in their communities.

COSSAP-Supported Rural Responses Projects

Each site has identified a project coordinator, tasked with guiding the development of the team's project, formalizing processes to support cross-agency collaboration, and conducting outreach to team members and community stakeholders. Sites also developed new or utilized existing stakeholder groups or task forces (such as a criminal justice coordinating council or opioid task force) that include public safety, public health, and behavioral health agency representatives working collaboratively on this initiative. Some sites have developed data-focused groups to ensure that appropriate data and information are being collected and that project goals are being met.

After completing a six-month planning phase to determine its community's needs, strengths, and opportunities, each team will spend 18 months implementing at least three strategies aimed at addressing the opioid epidemic—one in each of the categories below.

Strengthening epidemiologic surveillance and public health data infrastructure

Activities may include establishing or enhancing an existing overdose fatality review team; implementing the Overdose Detection Mapping Application Program (ODMAP); tracking relevant indicators or conducting rapid assessments to gather data; collaborating with medical examiners or coroners to expedite access to preliminary data on suspected overdose deaths; and implementing systems to identify infants and children exposed to parental opioid use.

Implementing effective community-level opioid overdose prevention activities

Activities may include providing training and information to youth-serving organizations, including schools, on the impact of substance abuse on children, youth, and families; increasing public education on how to properly administer naloxone; engaging community and faith-based organizations to use evidence-based messages on prevention, treatment, and recovery programs; and implementing year-round drug take-back programs.

Establishing or enhancing public safety, public health, and behavioral health collaborations

Activities may include supporting outreach teams to follow up with individuals at risk of overdose; developing partnerships to identify risk from adverse childhood experiences and connect those at risk with prevention resources; establishing court-based intervention programs to prioritize and expedite services to individuals at high risk for overdose; enhancing treatment and recovery service engagement among individuals leaving jails or secure residential treatment facilities; and establishing a coordinated rapid response team.

Sites may also use funding to expand peer recovery and recovery support services.

COSSAP-Supported Rural Responses Sites

The 21 sites participating in the Rural Responses initiative are in communities across the country, from Florida to Washington, and range in population size from 22,000 to 200,000. Profiles of each site are available at <https://rural.cossapresources.org/Sites>

Arizona—Mohave Substance Treatment Education and Prevention Partnership

Arkansas—Arkansas Rural Health Partnership, Inc.

Colorado—Memorial Regional Health

Florida—SMA Healthcare, Inc.

Indiana—Porter-Starke Services, Inc.

Kansas—Reno County Health Department

Kentucky—Northern Kentucky University

Kentucky—Whitley County Health Department

Kentucky—Marcum and Wallace Hospital

Massachusetts—Franklin County Sheriff's Department

Minnesota—St. Mary's Regional Health Center

New Mexico—County of Rio Arriba

New York—Ellenville Regional Hospital

North Carolina—Project Lazarus

Ohio—Portsmouth City Health Department

Pennsylvania—Northumberland County

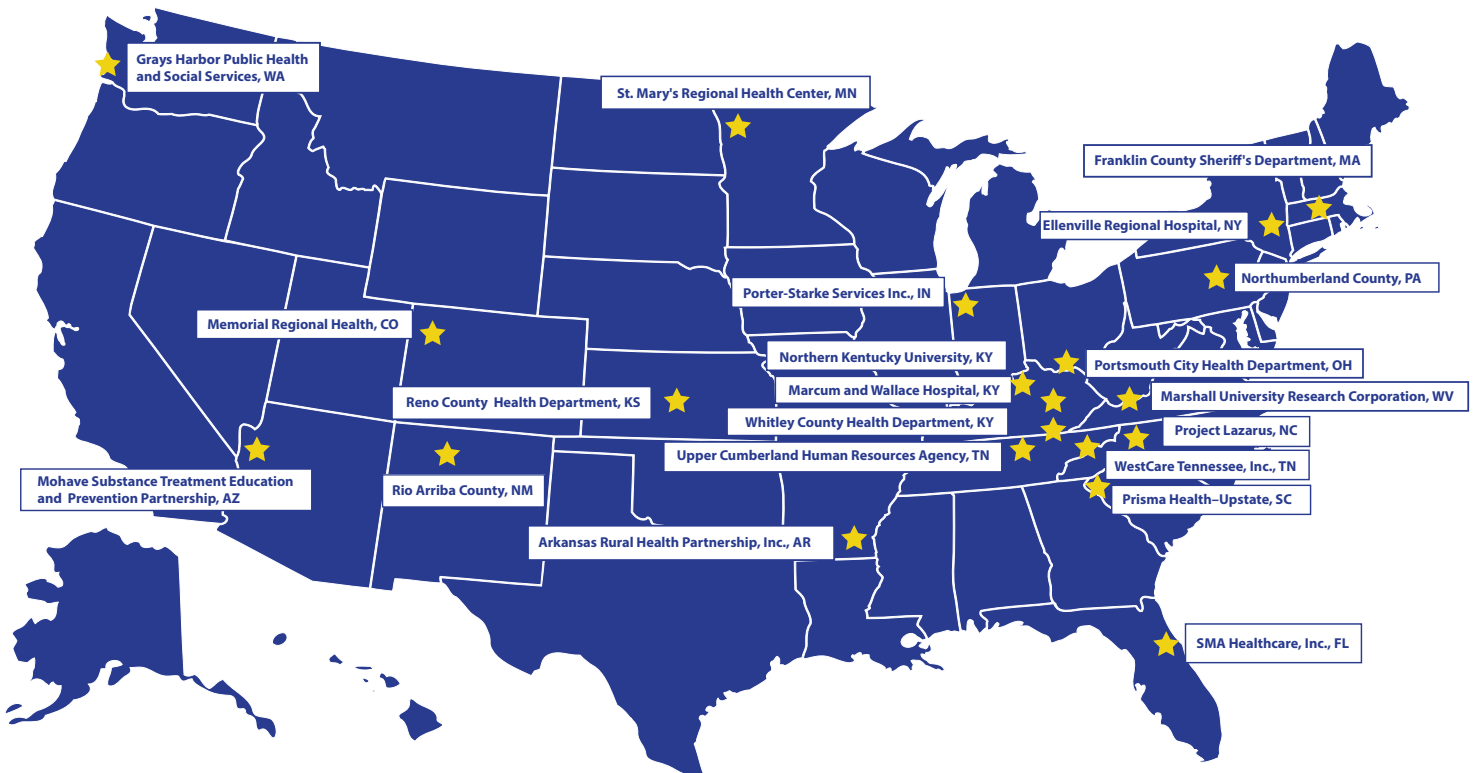
South Carolina—Prisma Health—Upstate

Tennessee—Upper Cumberland Human Resources Agency

Tennessee—WestCare Tennessee, Inc.

Washington—Grays Harbor Public Health and Social Services

West Virginia—Marshall University Research Corporation



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