1. **STATEMENT OF THE PROBLEM**

- **Community, state, or region that is included in the proposed initiative.**

The proposed project will be completed in the Commonwealth of Virginia. Specific regions and localities that will be targeted for implementation will be determined in the planning phase using justice and behavioral health data.

- **Nature and scope of the problem and data to support the discussion**

The Commonwealth of Virginia is experiencing a rapidly increasing rate of opioid-related overdoses and deaths as well as related crimes. In 2016, Virginia’s State Health Commissioner declared the opioid addiction crisis a Public Health Emergency, due to the growing number of overdoses and the presence of Fentanyl and Carfentanil in the state.

  The April 2017 Fatal Drug Overdose Quarterly Report, produced by the Virginia Department of Health’s (VDH) Office of the Chief Medical Examiner, indicates that heroin overdose fatalities increase 42% in 2015, and another 31% in 2016. Fatal overdoses of fentanyl and fentanyl analogs increased 68% in 2015, and 175% in 2016.

  Also in 2016, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) identified 18 regions with high rates of opioid overdose, along with 14 others with emerging risk. These include regions with epidemic levels of prescription drug use in rural areas along the Appalachian corridor. Virginia is also experiencing sharp spikes of heroin use in urban areas of the Washington-Baltimore High Intensity Drug Trafficking Area (HIDTA) as well as the urban cities of Richmond and Norfolk.

  As with all illicit drug use, there is related crime such as prescription fraud, home invasion and robbery, shoplifting, injury, death and probation and parole violations. These crimes continue to have a significant impact on families and communities. Meanwhile, the Virginia
Department of Corrections reports a 35% increase in the number of offenders on probation and parole who tested positive for opioids in August 2016, compared with August 2015.

**Partner agencies:** (See Attachment: Letters of Support)

The primary partners for the project are the Virginia Department of Criminal Justice Services (DCJS) and DBHDS. Other key stakeholders required for priority consideration have committed to be involved in the project, including the Office of the Executive Secretary of the Supreme Court of Virginia (the Administrative Office of the Courts), Virginia Community Criminal Justice Association (community corrections), Virginia Department of Social Services (child welfare), Virginia State Police (law enforcement/HIDTA) and Virginia Association of Counties (locality representation). DCJS anticipates working closely with these and other agencies and organizations throughout the grant period.

**Existing strategic plans relevant to the initiative/project alignment with the existing plan**

Governor Terence McAuliffe signed Executive Order 29 in the fall of 2014 establishing the Governor’s Task Force on Prescription Drug and Heroin Abuse. In 2015 the task force issued a final report with recommendations for current and future actions. As a result of the Task Force’s work, in 2016, the governor established an Executive Leadership Team on Opioid Abuse and Addiction to coordinate Executive Branch efforts in response to this continuing problem. Another recommendation of the Task Force was the creation of the Health & Criminal Justice Data Committee (HCJDC). Co-chaired by DCJS and the Office of the Chief Medical Examiner, the Committee gathers and analyzes data from criminal justice and health agencies to improve government responses to crises and identify concerns before they become crises.
• **Need for federal assistance to complete project; existing funding/resources leveraged**

Virginia is committed to addressing the opioid epidemic through cross-agency collaboration. Previous initiatives were conducted primarily through DBHDS and efforts of law enforcement. However, DBHDS efforts focus on the general population to provide treatment in local facilities using funds from SAMHSA (Substance Abuse Mental Health Services Administration) and limited state general funds. The SAMHSA allocation has been static since 2002, and general funds have increased only about 20%, with increases targeted to specific projects. Although DBHDS does not have adequate resources to address current treatment needs, it anticipates a one-year funding infusion this year from SAMHSA’s State Opioid Crisis Grants, which will support a limited amount of medication-assisted treatment (MAT). There are currently no dedicated state programs to connect justice-involved individuals in treatment.

• **Need for cross-agency planning at the state level; current gaps in planning**

The Governor’s Executive Leadership Team on Opioid Abuse and Addiction has already met twice since it was established in December, 2016 and will meet quarterly to review progress and future initiatives while four working groups meet at least monthly. However, there is currently no dedicated staff to convene stakeholders, coordinate an in-depth analysis of gaps in treatment access for justice-involved individuals, solicit input from individuals or families impacted by opioid addiction, or draft policy recommendations. In addition, although Virginia has the HCJDC, the state does not have a specific plan for justice-involved individuals to access treatment; most efforts occur through community services boards (CSBs, funded by state, federal and local funds to provide treatment and recovery) and in court programs which vary across the state. Through a coordinated planning process, this project will provide an opportunity for
stakeholders to identify and target specific gaps in services and develop a state level strategy to provide treatment and recovery services for justice-involved individuals.

- **Current CDC and SAMHSA support, project integration into these efforts**

  Virginia is a CDC Prevention for States grantee. Priority strategies and activities include maximizing the Virginia Prescription Monitoring Program, employing insurer/health systems interventions, and utilizing the Rapid Response Project methods for enhancing the Electronic Surveillance System for the Early Notification of Community-based Epidemics system for syndromic surveillance of prescription drug overdose. DBHDS is the recipient of a SAMHSA Strategic Prevention Framework grant focusing on prevention of prescription drug misuse. Based on an analysis of data, twelve communities were selected to participate in an intensive implementation phase. The information is being integrated into the HCJDC project and the state’s Opioid Crisis Grant, and will be a major source of information in this project to identify geographic areas of high-need with respect to justice-involved individuals accessing treatment.

- **Existing state policy and funding barriers within the state**

  Virginia was an early adopter of the drug treatment court model and localities that implemented it have had success. Recently, the Chief Justice of the Virginia Supreme Court has publically spoken about specialty dockets and the Court has provided guidance and a framework for how specialty dockets should be established and administered. Legislative and funding challenges, however, have limited the reach and scope of the programs.

  Treatment in Virginia’s public behavioral health system is delivered through local CSBs which vary considerably in their capacity to provide MAT. The cost barrier is being addressed by a recent project to expand SUD services reimbursable by Medicaid. Yet, as a non-Medicaid expansion state with low existing Medicaid eligibility, access to comprehensive treatment is
limited. The Governor’s request for $5 million in funds to support the delivery of MAT in CSBs was removed from the state budget in the 2017 legislative session due to budgetary constraints.

**Documentation of the impact of the opioid epidemic within the proposed service area**

The number of opioid overdose deaths in Virginia has risen steadily since 2012. From 2007-2015, opioids (fentanyl, heroin, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. This percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses which began in late 2013. Fatal opioid overdoses increased by 39.7% in 2016 when compared to 2015. Fatal heroin overdoses increased by 31.0% in 2016 when compared to 2015. Notably, the number of fatal fentanyl overdoses in 2016 compared to 2015 increased by 174.7%. (Virginia Department of Health, Office of the Chief Medical Examiner, 2017).

In 2014, DBHDS piloted a program in two high-risk of areas of the state to train lay rescuers to recognize opioid overdose and use naloxone to reverse it. The program was expanded statewide in 2015 to provide training to law enforcement officers. To date, approximately 5,500 “lay” individuals and at least 60 local law enforcement agencies have been trained. Virginia law was also amended to allow law enforcement and firefighters to carry naloxone with them. For the second year, DCJS will offer Byrne JAG grants to law enforcement agencies to purchase Naloxone. In addition, use of naloxone to reverse an overdose was provided as an affirmative defense in certain drug possession charges. In 2016, the Commissioner of Health declared a public health emergency due to opioid overdose deaths and issued a standing order that allows naloxone to be dispensed by any pharmacy in Virginia without a prescription.

DBHDS provides funding to forty CSBs that provide behavioral health treatment services throughout the state. According to annual information collected from the CSBs, 30,769
individuals received services for substance use disorders between July 1, 2015 and June 30, 2016. Of these, 12,676 reported opioid use as either primary, secondary or tertiary drug of choice, a proportion of 41.2%. This is not an anomaly, as the proportion of individuals seeking treatment for opioid use has been rising consistently across the state. Since 2010, at least one-third of those receiving SUD services at CSBs reported opioids as one of the top three drugs of abuse. Approximately 9,000 individuals are served daily through private opioid treatment programs which provide mostly methadone. Virginia does not have information about how many individuals are receiving treatment from privately licensed programs or physicians.

2. PROJECT DESIGN AND IMPLEMENTATION

• Goals

The first goal of the project is to develop a statewide plan that focuses on cross-system collaboration of criminal justice and behavioral health to engage individuals in substance use treatment and recovery at an early point of contact with the criminal justice system. The second goal is to expand the use of alternatives to incarceration, focusing on pretrial service models, to engage individuals in treatment and recovery. Strategically, Virginia will use justice and behavioral health data to identify and fund localities in regions of the state with high rates of overdose and arrests. This initiative will be evaluated and measured to determine its impact so a model can be disseminated for use throughout the state.

• Addressing the mandatory project components and implementation plan

The project will be led by DCJS (SAA), in collaboration with DBHDS (SSA). They have engaged the required stakeholder organizations to participate in the planning team as required for priority consideration. (See Attachment: Letters of Support). Two key staff will participate in the required three-day meetings each year in Washington, D.C.
As noted in Section 1 above, Virginia has seen dramatic increases in opioid use in the state and has currently identified eighteen CSB catchment areas with high and emerging rates of opioid overdose and death. These, along with other regions, will be re-assessed during the planning phase along with additional justice data to identify the targeted areas for the project.

The partner state agencies will work closely with BJA’s designated training and technical assistance (TTA) provider(s) as well as the Program Evaluator who will conduct site specific or cross-site evaluation in future years. DCJS will have the primary responsibility to track quarterly performance measures.

• **Activities the proposed project will address in Categories 4a and 4b**

  **Coordinated state plan:** DCJS and DBHDS will serve as the lead agencies in establishing a state team of approximately 15-20 members which will be responsible for the comprehensive state plan. The state team will build upon the membership on the existing Executive Leadership Team on Opioid Abuse and Addiction. The Program Coordinator will convene at least quarterly meetings of the state team. There will be opportunities for public input; input will specifically be sought from individuals who have been personally impacted by heroin and other opioid use.

  The plan will identify policies and practices to assist localities in engaging and retaining justice-involved individuals with OUDs in treatment and recovery services. Virginia will also examine strategies to increase the use of alternatives to incarceration and reduce overdose deaths.

  **Review of gaps:** DCJS and DBHDS are aware there are inadequate treatment services to meet the needs of justice-involved individuals. In the planning phase, existing partnerships between local justice programs and CSBs will be assessed. This will lead to recommendations to meet future needs using community resources and alternatives to incarceration. Virginia is in a unique
position to build upon existing relationships developed during Cross Systems Mapping projects originally used for behavioral health to focus on the opiate epidemic.

Identification of evidence-based practices: The state team will identify evidence-based practices that have been proven effective in addressing the needs of the justice-involved population. Programs that require ongoing supervision and contact will help decrease overdose deaths. The approach to develop models to avoid unnecessary incarceration for low-risk offenders will also provide a broad basis of policies, practices and programs that can be used for any substance misuse. This is critical, because “substances of choice” will continually change in the future. Identifying evidence-based integrated approaches to address substance use will result in sustainable justice programs that routinely refer individuals to appropriate community treatment and recovery services. The plan will also focus on evidence-based practices for CSBs to engage and retain individuals in treatment while also addressing criminogenic behavior.

Conduct workforce planning and development: Some CSB staff are familiar with Moral Reconation Therapy (MRT), an evidence-based cognitive-behavioral approach to treatment that focuses on increasing moral reasoning and integrates substance abuse treatment. The state plan will identify appropriate training for CSB staff in the targeted areas in order to increase capacity to address individual needs of clients, focusing on reducing criminogenic behavior.

Training and/or technical assistance programs for localities: The plan will address broad training needs of stakeholders in addition to the specific needs of the demonstration sites anticipated to receive funding in the implementation phase of the project. Courts, judges and other justice staff are aware of the need to engage people in treatment to reduce recidivism and avoid unnecessary incarceration. Providing training and models on alternatives to incarceration, as well as additional information about evidence-based clinical supports that facilitate recovery could
dramatically impact future criminal activity as well as reduce the incidence of opioid overdose. In addition, assistance to connect people to appropriate treatment while in or being released from incarceration can help them re-acclimate to the community. Therefore, individuals recently released from incarceration and their significant others may also be trained on the use of naloxone to reverse an opioid overdose and how to access funding for medication.

**Data and information sharing:** Virginia’s Statistical Analysis Center (SAC), known as the Criminal Justice Research Center, is housed within DCJS. The SAC provides research, statistical, and analytical support for a number of criminal justice initiatives. Through the HCJDC and other partnerships, several agencies regularly share data with the Center. Some of those agencies include: Department of Forensic Science, Virginia State Police, Prescription Monitoring Program, State Compensation Board, VDH Office of Family Health Services, Office of the Chief Medical Examiner, and Office of the Executive Secretary of the Supreme Court. Other agencies, such as the Department of Juvenile Justice and the Department of Corrections, share data as needed.

An analyst from DBHDS serves on the HCJDC and shares data as needed. DBHDS also tracks local data from CSBs and a variety of other sources. It collates social indicator data by jurisdiction and CSB catchment area and has established the Virginia Statewide Information System online site to disseminate these various data sets and reports. It also collects treatment admission, utilization and discharge, as well as National Outcomes Measures (SAMHSA).

The state agencies have existing agreements to share data, which will support the timeline for this project. A critical part of this project will be to overlay justice and behavioral health data to identify high need areas. Virginia has already begun this process as part of the analysis and
reporting by the HCJDC. Findings from this project will be included in the HCJDC’s annual report, to further disseminate the project’s results.

Although this project will implement services in specific jurisdictions, the data-sharing agreements and the history of cooperation will allow the team to communicate with justice and behavioral health agencies in other jurisdictions to share the approaches being used. **Provide financial support to localities**: Subgrants will be made to localities to provide OUD treatment and recovery services to justice-involved individuals focusing on those who are in supervised pretrial services. **Project support and/or enhancement of the local or state government’s capacity to respond to opioid misuse**: Virginia can be distinguished from other states in that the SAA, DCJS, is the agency which administers both community corrections components – the pretrial services and local community-based probation. In most Virginia jurisdictions, both community corrections components are administered by the same local agency. Pretrial services agencies provide information to judicial officers (judges and magistrates) to help them make risk-based decisions about whether persons charged with certain offenses need to be held in jail awaiting trial or can be released to their communities. When judges decide to release defendants, the agencies provide court-ordered supervisions. There are currently 29 pretrial services agencies in Virginia serving 97 of 133 localities. In fiscal year 2016, these agencies completed 35,205 investigative reports to assist judicial officers when setting or reconsidering bail, and supervised 26,042 defendants placed on pretrial supervision with 27,997 court placements (a defendant may be under supervision for multiple court placements). In some jurisdictions, pretrial services agencies work with courts to address and resolve charges that have been determined to be symptomatic of a larger behavioral health
issue such as OUD. These decisions are made with the expertise of both criminal justice and behavioral health professionals at the local level.

Virginia has been committed to implementing Legal and Evidence-Based Practices (LEBP) in pretrial services agencies. These interventions and practices adhere to the legal and constitutional protections afforded someone that has been accused of a crime and have proven to be effective in reducing unnecessary detention while assuring court appearance and the safety of the community during the pretrial stage. The foundation of LEBPs in Virginia is the development and implementation of the Virginia Pretrial Risk Assessment Instrument (VPRAI). Virginia was the first state to develop a research-based pretrial risk assessment that was validated to predict the likelihood of failure to appear in court and new arrest among different community types. All pretrial services agencies in Virginia use the VPRAI. Many states have adopted or modified the VPRAI for their own use, causing it to be known nationally as the Virginia Model.

In 2016, with grant funding assistance from the Bureau of Justice Assistance, Virginia completed a research study to measure the impact of a pretrial decision making framework, referred to as a Praxis. The Praxis guides a pretrial officer to make a recommendation to a judicial officer based on actuarial risk and to assist pretrial officers in assigning the proper dosage of supervision intensity based on that risk. The study demonstrated that pretrial release rates increased, while outcomes for defendants placed on pretrial supervision were improved. Higher-risk defendants supervised at the most intensive level had statistically significant lower failure rates, while lower-risk defendants did better with lower supervision requirements.

The Comprehensive Community Corrections Act was enacted to provide local probation as an alternative to incarceration for persons convicted of certain misdemeanors or non-violent felonies for which sentences would be twelve months or less in a local or regional jail. These
local probation agencies give courts the option of holding these types of offenders accountable without resorting to the use of institutional custody.

There are 37 local probation agencies operating in Virginia, serving 127 of 133 localities. As with pretrial services agencies, since 2005, Virginia uses an evidence-based framework in local probation agencies that relies on empirical evidence to guide community corrections policies and practices. According to data retrieved from DCJS’s data management system, in FY16, 29,517 probationers were placed on local probation. Of these placed, many were referred to some sort of substance abuse screening, assessment, testing, education, counseling, and short and long term treatment. Of the placements that had a risk and needs assessment completed, 61% were identified as having some level of needs in the drug use domain.

• **Addressing priority considerations**

On November 21, 2016 Virginia’s State Health Commissioner Marissa Levine declared Virginia’s opioid addiction crisis a public health emergency and issued an order allowing anyone to walk into a pharmacy and buy naloxone without a prescription. The Commissioner was quoted about the issue in the Richmond Times Dispatch newspaper: “*People ages 25 to 44 accounted for more than half of all drug-related deaths from 2007 to 2014 — in large part casualties of the intersection between genetic predisposition to substance abuse and the widespread availability of prescription painkillers, treatment experts say. Levine said emergency room visits for heroin overdoses are 89 percent higher for the first nine months of 2016 compared with the same period last year. More than two dozen people are treated for drug overdoses daily in Virginia and three die, on average, according to state officials.*”

• **Participants in the statewide planning efforts between DCJS and DBHDS**

The required participants for priority consideration include the Office of the Executive Secretary of the Supreme Court of Virginia, Virginia Community Criminal Justice Association, Virginia
Association of Community Services Boards, Virginia Department of Social Services, Virginia State Police and Virginia Association of Counties. Other stakeholders include the offices of the Virginia Secretary of Public Safety and Homeland Security and the Virginia Secretary of Health and Human Resources, the Virginia Department of Health/Office of the Chief Medical Examiner, the Virginia Department of Health Professions/Prescription Drug Monitoring Program and local groups such as the Northwest Virginia Regional Drug Task Force and other community-based coalitions located in HIDTA designations. As the team convenes, consideration will be given to invite others who can bring depth to the discussion and represent professions or ideas that are not represented. The project will also solicit input from individuals and families personally impacted by opioid addiction.

• **Previous collaboration to achieve project goals; existing partnership agreements**

Local and state leadership from both behavioral health and criminal justice agencies in 98 of Virginia’s 134 localities participated in cross systems mapping sessions between 2009 and 2013. Approximately 1,400 community behavioral health and criminal justice stakeholders participated in 40 local workshops to develop a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system. Utilizing the Sequential Intercept Model, the cross system mapping provided a valuable tool in identifying gaps in services from arrest to reentry for persons with mental illness.

One of the many results of these mappings is that Crisis Intervention Team (CIT) programs have been initiated, implemented, and sustained. CIT programs are local collaborations between criminal justice and behavioral health stakeholders that include law enforcement, EMS and fire responders, judges, family members, peers, hospitals, local jails, and probation. DCJS and
DBHDS, in partnership with the Virginia CIT Coalition have worked together to plan, fund, implement, and help sustain these programs.

Local stakeholder groups that focused on addressing gaps in behavioral health services remain active throughout Virginia as a result of cross systems mapping. Using a similar planning approach to address opiate and heroin use in Virginia is a practical approach in moving towards the implementation phase of this project.

**Available and needed data for the project: list of who collects and owns; securely sharing**

A variety of sources and agreements exist at the state level for sharing data. As mentioned earlier, several agencies regularly share data with the DCJS Criminal Justice Research Center: Department of Forensic Science, Virginia State Police, Prescription Monitoring Program, State Compensation Board, and Office of the Executive Secretary of the Supreme Court. Other agencies, such as the Department of Juvenile Justice and the Department of Corrections, share data as needed. The degree of formality of the sharing agreements varies. **Department of Forensic Science (DFS):** Seized Drug Data-DFS analyzes evidence submitted to the laboratory by law enforcement that is suspected of containing controlled substances; Toxicology Data -DFS analyzes blood samples collected from persons arrested for DUI/DUID. DFS can provide aggregate, de-identified data. DFS data is related to evidence submitted for analysis by law enforcement and is, therefore, criminal investigative information that is confidential. **Department of Health Professions:** Prescription Monitoring Program-collects prescription data for Schedule II-IV drugs into a central database which can then be used to assist in deterring the illegitimate use of prescription drugs. Data can be provided to a limited group of authorized people to generate reports. **VDH Office of the Medical Examiner:** Fatal Overdose Tables –
Deaths by locality and year including all opioids, heroin, fentanyl and prescription opioids excluding fentanyl. The data is provided in quarterly reports.

• Subgrants that will be used to engage and retain justice-involved individuals

In this project, DCJS will provide funding to localities which operate pretrial services programs which will partner with CSBs to provide treatment services to justice-involved individuals. As noted earlier, pretrial services agencies work with courts to develop specialty dockets to address and resolve charges that are determined to be symptomatic of a larger behavioral health issue such as a substance use disorder.

• Describe if the proposed initiatives to be funded have been identified in an existing state plan or will be identified as part of the plan developed under Category 4a.

The initiatives to connect justice-involved individuals with treatment services will be coordinated and strengthened; subgrantees will be identified as part of the state plan.

• Process to select subgrantees

Subgrantees will be selected based on data cross-tabulated from DCJS and DBHDS/CSB data. Currently, there are 29 pretrial services agencies in the state, serving 97 of 133 localities. These agency locations and opioid-related crimes within those areas will be matched against CSB catchment areas that are experiencing high and/or emerging problems with deaths related to opioid overdose. Data from DCJS and VDH Office of the Medical Examiner will be gathered to ensure the most recent data available is used in the selection process.

• Role of state agencies in providing oversight to the subgrantees

DCJS will provide subgrantees with agreements that include performance and reporting measures. DBHDS will provide the DCJS Program Coordinator with assistance in monitoring the subgrantees to ensure appropriate evidence-based services are provided to each individual.
3. CAPABILITIES AND COMPETENCIES

DCJS is the SAA for all justice funds including several federal grant programs. It currently manages approximately $100 million in federal funds as well as $175 million in state funds. DCJS has a well-established process for reviewing and awarding funds. It distributes over one thousand grants per year across law enforcement entities, localities, non-profits, juvenile justice and prevention organizations. DCJS uses a Grant Management Information System (GMIS) in which grants are entered and monitoring is recorded. This system is user-friendly and serves as a mechanism for grantees to submit required quarterly financial and progress reports as well as budget and program amendment requests. Its Programs Division and Criminal Justice Research Center interface to analyze data and will contribute to the scope and oversight of the project.

• Management structure and staffing, key personnel

Fran Ecker, Director of DCJS, will provide oversight to the project. Ms. Ecker is responsible for the overall operations of the Commonwealth’s criminal justice planning agency including the administration of over 275 million dollars in state and federal criminal justice funds. Ms. Ecker was the Senior Policy Advisor for Strategic Planning for the National Criminal Justice Association, where she consulted with federal, state, and local government in the areas of criminal justice planning, evidence-based program development, and organizational management. She currently serves on the Governor’s Task Force on Prescription Drug and Heroin Abuse, the Virginia Sexual and Domestic Violence Advisory Committee, the Virginia Drug Court Advisory Committee, the Executive Committee of the Virginia Center for Behavioral Health and Justice and as a member of the Board of the Virginia Center for Policing Innovation and the National Criminal Justice Association.
A Program Coordinator will be hired by DCJS to manage the various components of the project, and will be located in the agency’s Programs and Services Division. The responsibilities of the position will include guiding the development of the state plan with the stakeholder groups; working with DCJS research staff and DBHDS to identify the targeted areas; issuing and monitoring subgrantee agreements and progress throughout the project period; and preparing and submitting reports required by the Bureau of Justice Assistance.

- **Letters and agreements**: (See attachment: Letters of Support)
- **Capability to implement the project successfully**. (See Attachment: Position Descriptions)
- **Goals, objectives, activities**: (See Attachment: Project Timeline)
- **Potential barriers and mitigation strategies for implementation**

Funding for pretrial services were decreased in the last legislative session, so there are limited resources in some local programs. CSBs do not have broad experience in implementing EBPs specific to justice-involved populations, so training will be needed to support implementation of EBPs with fidelity.

**4. PLAN FOR COLLECTING THE DATA REQUIRED**

- **Data collection plan and responsible staff**

DCJS will comply with all data collection and reporting requirements and agrees to report on the performance measures identified for the project. The Program Coordinator, working with the DCJS Criminal Justice Research Center and DBHDS Community Behavioral Health, will be responsible for gathering and collecting all necessary data and submitting the required metrics through the BJA's online Performance Measurement Tool. DCJS and DBHDS will use existing agreements to gather data from the Virginia Department of Health related to overdoses and the
Prescription Drug Monitoring Program as needed. The agencies also have agreements with numerous other organizations to access data needed to report on the measures.

• **Additional performance metrics and process/staff to assess effectiveness (if any?)**

Additional metrics may be developed during the planning process.

• **Data sources, barriers to access/use and mitigation strategies**

DCJS administers the local community corrections program and has data for the entire state population. DCJS’s SAC provides research, statistical, and analytical support for a number of criminal justice initiatives. The SAC brings together data and analysts from various health and criminal justice agencies. Through the HCJDC and other partnerships, several agencies regularly share data with the SAC. DBHDS tracks local data from CSBs and a variety of other sources. It has developed a Virginia Statewide Information System site to disseminate these various data sets and reports. The state agencies have existing agreements to share data, which will support the timeline for this project. Therefore, no barriers to access or use of the data are anticipated.

5. IMPACT/OUTCOMES, EVALUATION AND SUSTAINMENT

• **Expected impact of project once implemented**

The state plan will identify evidence-based practices to be used for substance-abusing justice-involved individuals throughout the state. Connecting pretrial services programs and other alternatives to incarceration with community-based treatment providers will result in enhanced treatment and recovery while ensuring supervision through the criminal justice system.

The state plan will identify appropriate, targeted training in evidence-based practices for CSB staff. This will increase the capacity of the CSBs to address individual needs and circumstances of justice-involved clients, focusing on reducing criminogenic risk factors and supporting sustained OUD services.
The project will also focus on alternatives to incarceration such as pretrial services as well as ways to expand diversion programs. Connecting pretrial services programs and other alternatives to incarceration which require ongoing supervision and contact with community-based treatment providers will increase engagement in treatment and recovery.

The project will enhance collaboration and communication between the CSBs and local community corrections agencies. The evidence-based services will improve the continuity of treatment, increase the use of MAT to reduce opioid abuse, reduce risk factors, support protective factors, reduce positive drug tests, and reduce overdose rates. Overall, the program will provide the opportunity to assist individuals in reducing substance abuse and other criminogenic behaviors, ultimately reducing crime.

While the immediate concern is the high number of fatal overdoses from opioid abuse, this model will provide a broad basis of policies, practices and programs that can be used to prevent unnecessary incarceration and provide evidence-based treatment for any substance misuse.

** Documentation, monitoring and evaluating performance**

Numerous law enforcement and justice agencies provide data to DCJS to track arrests related to substance use, overdose data, the number of individuals referred to alternative programs versus incarceration and pretrial and probation tracking and outcomes. DBHDS gathers data from the CSBs throughout the state; the CSBs document individuals in treatment and recovery services as well as outcomes. These data sets, along with other data will provide the basis for evaluation. A number of process and outcome measures can be used to assess the impact of the program:

1) Number/percent of individuals assessed by pretrial services who are referred to CSBs, by risk level; 2) Number/percent of individuals assessed by pretrial services who remain in jail, rather than released into an alternative to incarceration, by risk level; 3) Number/percent of individuals
receiving evidence-based treatment by CSBs, number/percent of individuals receiving MAT, reported improvements in continuity of treatment; changes in dynamic risk and protective factors for participants; 4) Positive drug tests for participants on supervision; 5) Overdose: Number of events for participants; fatalities and hospitalizations for participating localities; 6) Reported crimes and heroin, fentanyl, and other opioid seizures in participating localities; 7) Reported improvements in collaboration between pretrial services and CSBs.

- **Financially sustaining project after federal funding ends; expected long-term results; policies, statutes, and regulations needed to support and sustain service delivery, if any**

By demonstrating the utility of the model, DCJS and DBHDS, working to span the gaps between public safety concerns and those of behavioral and public health, will be able to utilize this approach as a model to be presented to policy makers to support funding requests for sustaining and expanding the project. Implementation will identify laws and regulations that need to be amended to improve effectiveness and remove barriers.

An infrastructure will be put in place during the planning process and demonstration phase that will enable other jurisdictions to benefit. This project will identify benefits that derive from a change in the way Virginia works with justice-involved individuals with substance use issues. Legislative or future funding needs will be identified and articulated in the planning process.

- **Sustaining subgrant initiatives after federal funding; expected long-term results**

The funded subgrantees will have the necessary training and connection to CSBs to continue the work of the program beyond the project period. The Program Coordinator will establish a strategy for the transfer of knowledge from the demonstration sites to all areas of Virginia. DCJS and DBHDS anticipate using the state plan and models to connect justice and treatment agencies throughout the state.