



Delaware Criminal Justice Council

Announcer: Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid Abuse Program (or COAP) podcast series. COAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COAP sites across the nation.

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Michael Kane: Hi, I'm Michael Kane from the Crime and Justice Institute at Community Resources for Justice, the Senior Project Director, and we are part of a team providing technical assistance to the grantees through the Comprehensive Opioid Abuse Program funded by the Bureau of Justice Assistance. Joining me today is Valerie Tickle from the state of Delaware Criminal Justice Council, where she is a criminal justice planning coordinator. The state of Delaware received a COAP grant under Category Four Statewide Planning and Implementation in the previous round of funding—2017, I believe. Today, Valerie is going to talk to us about the state of Delaware's experience with the COAP Category Four funding and the planning process that Delaware has gone through to determine how to use their implementation fund. Thanks for joining us, Valerie.

Valerie Tickle: Thank you, Michael. It's great to be here, and I'm happy to share our process and what we've experienced here in Delaware.

Michael: Great, thanks. So maybe you could talk a little bit first about what motivated Delaware to do this work and why you decided to apply for the COAP funding in the first place?

Valerie: Sure. Really, addiction—it touches the lives of all of our citizens here in Delaware. It impacts individuals, families, and the criminal justice system. So we, as most states in the country, have been experiencing this addiction and opioid epidemic, and we really wanted to look for positive and evidence-based practices and resources that will address addiction

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and help really improve our outcomes. Delaware is, unfortunately, now sixth in the nation. So we just rose from eighth to sixth place for overdose death, which is really, really tragic. We're a small state. We have three counties—we have under a million people in our state, so we're pretty tiny. We had 316 overdose deaths in 2016 and, unfortunately, the number is climbing and we're expected to, unfortunately, have almost over 400 in this past year. So the planning process is so crucial and then the turn towards implementation. So, right at that crux is really a great opportunity.

So, we saw COAP as this great opportunity to gain resources and help tackle the dilemma in the state, and that the CARE Act is really bringing the great change across the country. The COAP grant really fit into the parameters of what the Criminal Justice Council does as a State Administrating Agency in Delaware, and it aligns with our overall goals. We've worked with the Bureau of Justice Assistance for many years, so this kind of strategy planning and then turning towards implementation was really a natural fit for us. Like I said, Delaware just has got to do better in addressing this issue for our citizens.

Michael: Great, thanks. You mentioned that the Criminal Justice Council is this State Administrating Agency. Can you describe what that means, what the work of the council, is and—and what you do there specifically?

Valerie: Sure. So the Criminal Justice Council is what we call the SAA, or State Administrating Agency. We have other agencies across the country in other states that are similar to ours by design. So the Criminal Justice Council, we are an independent body, but we are under the executive branch—under the Office of the Governor. We have about 30 employees, and what we do is we look at the entire criminal justice system to make sure it's fair—it's accountable, and we focus on looking at policies and procedures and different things to improve the overall criminal justice system. One of our main functions is applying for grants from the federal government to get resources into the state of Delaware and then, in turn, implementing them out in our communities. So, we really try to see ourselves as a resource for the state, and we definitely look at different areas of focus.

We do everything from juvenile work and prevention and education, through case processing and working with the courts and the Attorney General's Office and the Office of Defense Services, all the way into victim services. We operate the VOCA grant and different federal grants through the Bureau of Justice Assistance. And then also my particular focus is in the area of corrections, reentry, substance use disorder—those different areas. So I've been here, actually just celebrated 21 years here with the CJC, so very familiar with—

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Michael: Congratulations!

Valerie: Twenty-one years and, boy, my office looks like it—it proves it every day. So that's really our function, and we really try to operate the grants and really, we go out and we do on-site monitoring. Now, of course, Delaware being only three counties—that's a little easier for us, but we do make sure that the grant dollars are accurately spent and are going to needed resources that are truly making a difference.

Michael: Great. Thanks for sharing. So with respect to the opioid epidemic and how you are all addressing that in Delaware, what kinds of groups and initiatives are also working on this problem in your state?

Valerie: So Delaware being small, it's interesting how well we all know each other. Sometimes I think Delaware is in a fortunate position to do changes statewide because of our size and we're a unified system, which really helps us. So, we have no local court systems, no local jails. It's all kind of state-operated. But also, with the epidemic and the issue in this—really just every time you turned around there was another story in the newspaper or someone else you knew or some other phone call. A lot of groups cropped up to help, and there were a lot of different people wanting to get involved and it becomes overwhelming. We realized everybody wanted to participate, wanted to help make things better, so how do we organize that? A lot of groups did crop up.

So some of the efforts that we put in place—we have a very active governor and lieutenant governor, which is always helpful. The Criminal Justice Council Board, by design, really has representatives of all the major players in the state criminal justice system, the president, judges, representatives from the law enforcement community, the Attorney General, the chief public defender, the Commissioner of Corrections. So, really getting the people that can make the change, but also recognizing we wanted people in the communities as well. So, we really wanted to take a look at this from a broad perspective, but our governor and our lieutenant governor were very active—and a few pieces of legislation came out, and a few groups were formed to try to streamline and get these people together and make sure we were accurately addressing what was going on.

So one of the things that happened is our lieutenant governor put in place and is chair of a Behavioral Health Consortium. So, this is really an advisory body that has community advocates—law enforcement, health care professionals, and other state leaders—and that group has really done a lot of assessing and getting out. I can describe that process as well, but they put together a plan, a three-year plan, to look at what was going on. Now, this particular group had a focus of addressing prevention, treatment, and recovery for both mental health and substance use

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disorder and co-occurring disorders. So, it did focus on addiction specifically, but also kind of envelopes the co-occurring situation that we also run into. The other group that's the most strong and active in Delaware is the Addiction Action Committee, and they have a very specific charge to focus on addiction and make recommendations in a very strategic approach to address and monitor the addiction crisis here in Delaware. So those two governing bodies have met and there's a lot of cross representation. So they're the main groups that we've gone through the process with.

The other pieces of legislation that passed that are, I think, critical to mention—we looked at the gaps through that Behavioral Health Consortium and the range of issues, and then subsequently our governor did put into place some other legislation. We actually—in Delaware, we created the nation's first overdose system of care model to better transition individuals after an overdose or crisis from an emergency room setting to a more comprehensive treatment for addiction. Some other legislation was passed for better access and education to alternative therapies to opioids because we know that there are people that suffer with chronic pain, or just maybe acute pain, and how do we go through and maybe think about how we prescribe and have different alternatives to what we have available to our community. Then, the last one was to improve the data sharing of health information because that's always an issue to better address and analyze the prescribing patterns. So I think that's a lot of the work that's happened here in Delaware.

Michael:

Do you think that cross-pollination on the groups helps prevent duplication? And what are some other ways that you try to prevent people from working on kind of the same aspects of the problem? I mean, there's lots of do, but you don't want to have people kind of working on the same thing across different groups, if you can prevent it.

Valerie:

Absolutely. So some of the things we definitely keep in mind are things like that—avoiding duplication so we can really streamline the best use of people's time 'cause we also don't want meeting fatigue. We really want to get out there and get work done. So, some of that was to make sure there were representatives on both groups, or making sure that we share any kind of meeting minutes and things like that with the groups and documents and then really identifying the roles and responsibilities of the groups and who has which function in this system, in this process.

So the Behavioral Health Consortium, like I said, kind of is a little bit more broader and it focuses more on the mental health and the addiction, and it really has a lot of active community members and service providers and things of that nature. So, that's kind of an area where personal stories are also shared and things like that. So they kind of take the different feedback from those groups. The Addiction Action Committee looks specifically at addiction and also looks a little bit more at the state

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systems and the law enforcement side and things of that nature. So, any strategic plans or any technical assistance that comes in—we're just making sure we keep each other aware. The other benefit is, like I said, we are pretty small. But I think keeping that communication alive and really having access to, like, the director of our division of substance abuse and mental health, our Lieutenant Governor—and really staying in active communication has helped us avoid duplication and make best use of the time, the dollars, the resources.

Michael:

Great. You mentioned having an active community. I know that you engaged the community in your planning process for the COAP grant. Can you describe a little bit how you went about engaging the community and their appropriate stakeholders as you were thinking about making plans for implementation for the COAP grant?

Valerie:

Sure. So really, the work of these groups really helps build the grant application, and the sharing of information was really crucial. The process that happened through the Behavioral Health Consortium was really interesting. They held a series of community listening forums throughout the state. So they held them in each of the counties and in the City of Wilmington and Dover and Delaware City and Georgetown. So they held several of these, and they were in the evening. They were easily accessible by public transportation, ample parking—all those little nuances to think about when you're planning these kinds of listening forums or public meetings. You want to make sure you truly get the people out.

Now, our Lieutenant Governor had got in a group, so this was—I want to make sure. It was not funded by the grant, but they got in a technical assistance provider to help coordinate the information from these meetings. So they brought in an outside person to come in and guide the communication and it had a lot of structure, and it was really a great process 'cause I went to most of the community forums—I think I only missed one—and the community was very eager to share that feedback. So what they did is they kind of opened up in the larger setting, and then we broke up into several small groups and they had someone at each of the tables fielding two questions that they had for the community.

One was, "When you think about addiction and behavioral health, and how the behaviors affect health and how people feel about their health where you live, what's happening in your community?" So it was really, "What do you see happening in your community? What are your needs? What are your issues? What are you experiencing here?" Because even though we're a small state, these situations in Wilmington were often very different than in the lower part of our state. So, in Wilmington, we're more of—I kind of jokingly say we're like baby Philadelphia 'cause that's our closest big city. So it's much more of a city setting, but then when you turn around and go to the lower end of the state, we have beach areas

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and it's more of a whole different community down there. Transportation's a little harder. It's more rural. So, it was interesting to hear that feedback based on location and based on personal experience of what was happening in the community.

The second question was, "What is the most important thing that we in Delaware can do to deal with these behavioral health issues and the issues we're facing that were described in question one?" So, the community—we had the flip charts and we were taking lots of notes, and then all those responses were compiled and it was really quite large. There were over 600 people that came to these listening forums. There were over a thousand responses received in total to the two questions. So there was a very interesting process where there was an email sent and you could kind of rate their responses, and then we pulled them down and narrowed them down even further and further until we got some specific targets that we wanted to work on.

In these community forums, it was the community, but there were also tons of service providers and different stakeholders. But I think in a more structured way, the stakeholders are also very actively involved in the Behavioral Health Consortium, and the Addiction Action Committee, and in the Criminal Justice Council. We really, like I said, have got the people that can make the changes. We have cabinet secretaries involved and community representation, and I think that blend really gives you an interesting viewpoint and path forward.

Michael:

That's really impressive that you got that much feedback and that many responses, and that's the structure of your process. I mean, how do you make sense of all that? You talked about rating and all of this, but 600 participants and a thousand suggestions—I'm sure you can categorize some of them—but, I mean, how do you whittle that down? You can't fund a thousand ideas, right? So what do you do to make it manageable?

Valerie:

Well, of course, we broke it down into some categories. So we would take the top responses and things that were obtainable and realistic that we could—and things that would maybe generate really good change, and then—it's interesting to think about. When you go through any strategic planning process, there are two types of things that come up: there are barriers and there are gaps. A barrier may be a simple policy change, and something like that may be harder to tackle or it may be easier to tackle. So, I think when you look at policies, procedures, and actual practice, getting barriers out of the way, like I said, might not require anything but a review and then a change of a policy. A gap is really something that may be resource-related. So it might need funding—it might need a lot of different aligning. So, I think we keep that in mind: what are barriers and what are gaps?

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So within the groups we made some subgroups and—of course, ‘cause we have the overarching larger bodies—but then we create work groups or subcommittees that can broaden the stakeholders involved. Right? Because if we have also too many in one meeting, it really makes it difficult to move a strategy forward. So it’s finding that sweet spot of when you have the right people and the right amounts, but then also finding areas where people who still want to get involved have a place and have a voice. So, from members of the consortium—they branched out into different workgroups and they chair those groups. There’s an access and treatment group. There is a changing perceptions and stigma group. There’s a corrections and law enforcement group—a data and policy group—education and prevention and families and community readiness. So that’s what the Behavioral Health Consortium has done.

The Addiction Action Committee also has some subgroups, one of which is also law enforcement and corrections. So, we are making sure that in that scenario of making sure they’re not duplicative—like what different items they’re addressing. So they’re in this action plan—in this document that was created that we have specific things that each group wants to target and how to move this forward.

Michael:

That’s great. That’s great. So can you talk to me a little bit about your plan for the implementation funding? You have these ideas and you kind of have some ideas of what you want to target. How do you intend to move forward with implementation funding?

Valerie:

Sure. So the Criminal Justice Council, I often joke—we’re very popular ‘cause we give people money so that makes us popular pretty much with anybody . But I’m okay that I’m popular because of that. But it’s—how do we do that? And the other thing is, in the Criminal Justice Council, it’s very fair. It’s a great system, and we mirror the same process that BJA and other federal entities have in place. So what we took a look at in our planning process—because our planning grant helped provide some staff to organize these different groups, and to look at all this information that I just shared, and then we turn around and say, “Okay, what are we going to do with this?” Like you said. When we built our implementation funding grants, we did look at also what are the priorities outlined within the solicitation and how do they match for Delaware? So it’s—you want to make sure that we answer the question for the funder, but then how do we also personalize it for the state and how do we, like you said, funnel this information that we gathered in these priorities?

So, we took a look at and we have established some goals and some deliverables for implementation funding, and then we will do a request for proposal process. So we will develop the solicitation and then open it up for different entities to apply to the Criminal Justice Council for the funding. So that’s a process that we’re used to doing and we’re pretty familiar with. So we looked at specifically three different areas.

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We want to assist the local agencies in improving the engagement and retention of justice-involved individuals with the opioid use disorders and treatment and recovery services. So we know that people may start a program or they get to detox and then they're referred to a program, but there might be a lapse and a breakdown and that's really a window of opportunity. How do we keep them engaged? Then, if there is a moment where someone steps away from treatment for a number of issues—maybe there's difficulty in understanding the workbooks or the reading level or different things like that. We want to make sure that we—how do we retain people into treatment that works for them. So, we want to open it up to programs that would look at that issue because one of the things we saw in the planning phase and in the community forums and in the groups and looking at what programs we have currently operating is that that's something that's been experienced here.

The other thing, 'cause a lot of funding has come out for addiction and the opioid crisis—so I was very diligent on how do we focus our dollars. How does the CJC look at our dollars in this grand scheme of money—that maybe our division is substance abuse and mental health has received and where do we fit? So, the nice thing about the COAP grant is its criminal justice focus. So we could really say, "All right, we want to look at this through the lens of how it's impacting the criminal justice system." And one area that wasn't really funded through any other avenues were the law enforcement diversion programs and the alternatives to incarceration.

So, we also—again being the size with a unified system, we fall into unfortunate scenarios where our correctional system is our largest treatment provider in the state of Delaware. We don't want that. We know it's much healthier for individuals and for families to have someone receive services in the community and could be very supportive. We wanted to make sure that we have a few operating here in this state and, of course, we mirrored them after other national practices with law enforcement diversions. But how do we expand those options and those areas and the alternative to incarceration and reincarceration? 'Cause, unfortunately, if someone's struggling and they're going to violate a probation or something like that, we want to get them into treatment before we've got to do incarcerated treatment because that drives those different things up in our state for our correctional system.

So, the third thing was really to reduce the incident of overdose death and opioid use. So like I said earlier in our conversation, it's just unbelievable here. It really is that the numbers are climbing and we want to very specifically focus on decreasing the overdose death. So, that's what we took a look at in our grant, and we're going to be releasing our RFP in the very near future.

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The Criminal Justice Council, like I said, we mirror a process that other federal entities do, but we do a very structured solicitation where we describe the grant and different thresholds and targets and goals that align with our federal grants. So, we make sure that we are staying in the wheelhouse of what we propose to do with the implementation application. So we will make sure that we let any entities that are interested in applying know that, “Hey, these are the goals we have and these are the objectives we want to target.”

So they’re very aware from the front end, and then what’s nice is we have an electronics, e-grants system. I say “nice,” but some of our community stakeholders really provide us loving feedback on how we can improve that system. [crosstalk 00:28:25] Right, and I said, “Listen, I get it. I have to write and I have to report. What we do to you, we also experience on our end when we report back.” So, we definitely walk them through that process of having our electronics grants management system in place. But what we do is we’ll open it up and we’ll let the different entities apply, and I’m going to have the three categories mentioned so they can apply for one of the three categories.

Then the Criminal Justice Council staff puts together a review team and we usually involve neutral parties—somebody who might have experience in the system with this, but then are not an applicant. So, someone who’s a very neutral party who can come in and review with us. I also always involve someone who has nothing to do with the area because when you’re reviewing grants, you really want to make sure that it conveys what the applicant wants to do. So it’s nice to have the seasoned person and the completely new eyes on it. So I think that’s just the nuance in how we build our scoring team. Then we take these recommendations back to our board and then implement those grants out.

Then, like I said, the Criminal Justice Council does on-site monitoring, where we can offer technical assistance and we can make sure that the funds are being spent appropriately. And if they’re coming up against an issue and we can step in to say, “Oh, well, you know, maybe they’ll have to develop a relationship with a department of corrections.” And I can say, “Oh, I can totally help with that.” And we can kind of build that rapport with certain providers in the technical assistance ways. So that’s kind of how we do our process and how we’re going to move forward with our implementation of the grant.

Of course, I put in there some specific measures and ones that I tell people when we’re developing these measures, you really—’cause I do the grant writing training, which I really love. I don’t know what that says about me, right?

Michael:

You probably have something wrong with you if you love the grant writing, though. I’m just kidding, obviously.

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Valerie: It's like a perpetual, like, research paper, but I'm like—I'm okay. But grants are different. They're a nuance. They're a very—it's a nuanced way of writing because it's something you craft, where you have a problem, but then you have how you're going to adjust it and then how you're going to follow up. But I followed the whole with our specific objectives, that they're smart objectives. They're specific, measurable, ambitious, realistic, and time-bound. So we really want to make sure that when we focus—and it's good for the funder to know, "Hey look, we really want to make sure we measure the feedback in return on how these dollars were spent."

Michael: Right. No, I'm just kidding about the grant writing. I do it all the time and I quite enjoy it. It's good to have a break occasionally, because it's good to have other things to do, but it's always interesting to learn about a new project and to help people—as I think about how you would create a program based on the outlines that you were given in an RFP. So before we finish up, I'm just wondering, do you have any advice or anything that you would like to share with folks that are kind of starting to think about this planning process and how to engage their communities, and how to—how to move forward with ideas of what you're going to do with the implementation?

Valerie: I would say—

Michael: Not to put you on the spot or anything.

Valerie: No, that's okay. And some of it's kind of the classic—I call it the wheel of fortune thing. You know, how they give you certain letters now and then you add them in?

Michael: Right.

Valerie: So some of it's kind of—I would say classic—open lines of communication, and, honestly, letting go of frustration because there's going to be a lot of groups. They're going to be areas where you find duplication, and then how do you streamline that? But keep moving forward. Really try to take the time—it's nice to be able. Like I said, the Criminal Justice Council is so broad in the topics and areas we serve, and I've written grants in a lot of different areas, but taking someone who's got some dedicated time to really know the lay of the land in this state for you as best as you can.

Now, of course, I totally recognize again, Texas would be much more difficult in having that it's a larger state, but where you can—but technology's a wonderful thing. I mean, my goodness, the way we can connect now is better than ever before. So as you can outreach and find out what's going on and how to make sure you really clearly identify the

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roles and responsibilities, and since there is so much work, there's enough work to go around. There's a place for everyone at the table.

I think the important thing was really getting out into the communities as well. I think hearing from people that have been through the process and are seeking recovery or in active recovery are a wealth of knowledge, and their family members are a wealth of knowledge. So, I think really staying mindful and blending all those things. And then, of course, there's a process where you have to kind of take that focus. So, I would say communication's always key. And I would say just dedicating the time, and then when you're focusing on applications, be a little bold. I mean, go ahead and say—I said, "We seek a 25 percent reduction in overdose fatalities." Now some people go, "Oh my!" but I said, "Look, we give it our good-faith effort and you document what we can." But have a very clear goal, vision, and then objectives to really drive you forward and then be mindful of on the other end—meeting fatigue. How can we really have the best process in place where we can share information quickly and then make sure we keep moving forward?

When looking at the grants, really make sure you're—you're ready and you have the systems in place to take the grant on. The other thing is that the "know when to hold them, know when to fold them." Like right now, we have a lot of initiatives going on and we're getting into the implementation in a lot of things. There's a lot of great resources out there for implementation science. I've seen some wonderful presentations, and I believe one of them may have been at the workshop for this grant initially a few years back. But look into those implementation science resources and some of the different things that are out there. There's some great PowerPoints out there and how to make sure your plans stay in place and they can get implemented in the vision you had. I think that's a great way to keep moving forward. Since we have all these initiatives going on, we're always eager to find more resources, but we want to make sure we get the ones we have in place correctly and then look for other new resources so we can reevaluate and assess where we're at and what has worked for Delaware and what hasn't worked for Delaware. So I think that's really the thoughts that kind of came to me off the cuff.

Michael:

Yeah. Well, I really appreciate you taking the time to share your experience and what you all have done in Delaware—what you've learned and how you went about your planning process. I mean, you're right. You have certain advantages from being a small state, but everybody has tasked with certain challenges and being a small state can be a challenge too sometimes. Like you said, everybody knows each other and you have all these well-known players. So, I think you've done a good job in navigating it and coming up with a process that worked for you all in your communities, and hopefully people can learn about this and turn and think about how they approach planning to address the opioid epidemic

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in a criminal justice-involved population in their communities. So, I really want to thank you, and just thanks for talking with us today.

Valerie:

Thank you very much, Mike, for having me. I'm always happy to talk about the work that we do here in Delaware, and always willing to share what things we have learned. So, I thank you for the opportunity.

Announcer:

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