

IMPACT REPORT

# RURAL RESPONSES TO THE OPIOID EPIDEMIC



The United States is experiencing a crisis of drug overdose deaths. **From December 2021 to December 2022, more than 105,000 Americans died from drug overdoses.** At 287 people each day, this is more than the number of lives lost in car accidents or gun-related homicides. While no corner of the country has gone untouched by this issue, the overdose crisis has hit rural America particularly hard.

Rural communities face unique challenges in addressing the substance use crisis, such as a lack of treatment, housing, and transportation options, but also have many strengths on which they can draw to address the health and safety of their residents—including a strong sense of community and understanding of the need for and benefits of working together to solve a problem.

**The Rural Responses to the Opioid Epidemic (RROE)** project, co-funded by the Bureau of Justice Assistance, the Centers for Disease Control and Prevention, and the State Justice Institute, was developed to address the substance use crisis in rural America and build upon rural communities' unique strengths by supporting 21 rural sites across the country to bring together local public safety, public health, and behavioral health stakeholders to address substance use disorder (SUD) and overdoses within their communities.

Beginning in 2019, the RROE sites engaged in a planning process that included strategic planning, systems and gaps analyses, and other information gathering to identify programs, policies, and practices that would reduce the morbidity and mortality associated with opioid overdose in their communities and ensure accessibility of services to

individuals who have an SUD and come into contact with the criminal justice system.

The sites then transitioned into an implementation phase, during which they put their plans into action and created or enhanced activities and programs in their communities to improve outcomes for their target population. Each site was required to select at least one activity in three mandatory categories: (1) strengthening epidemiologic surveillance and public health data infrastructure; (2) implementing effective community-level opioid overdose prevention activities; and (3) establishing or enhancing public safety, public health, and behavioral health collaborations. Sites could also select one or more activities in the optional categories of expanding peer recovery and recovery support services.

RROE sites received ongoing support throughout the course of the initiative, including monthly calls with project partners and other RROE sites, three all-sites convenings, and ongoing support and outreach from training and technical assistance (TTA) providers as needed. Each RROE site was awarded between \$635,000 and \$700,000 to complete its planning and implementation phases.

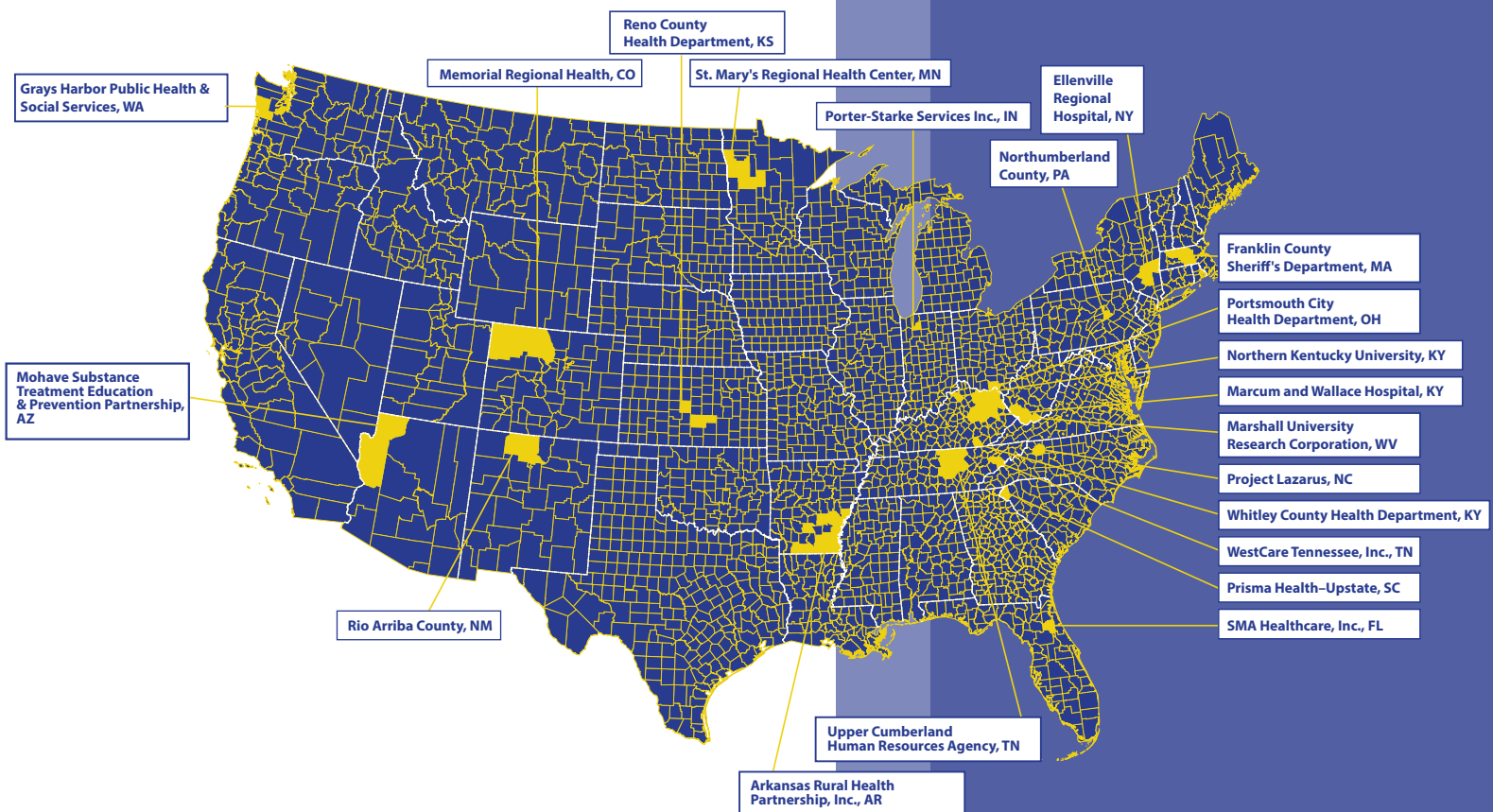
The work completed by the RROE sites had wide-ranging impacts on their communities, from improving outcomes for individual residents to making more effective use of public safety and health systems. More than 2.5 million residents in 83 counties and 1 tribal community across 18 states benefitted from enhanced collaborations across public safety, public health, and behavioral health entities; additional treatment options for individuals



with SUD; increased education and awareness campaigns about SUD and addiction; improved access to transportation, housing, and recovery support services; and more.

This report highlights the many accomplishments of the RROE sites. To learn more about each site's specific project and activities, visit <https://rural.cossup.org/>.

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# RROE IMPACT

## BY THE NUMBERS



8

sites began using or added more data to the **overdose detection mapping application program (ODMAP)**.



5

sites created **overdose fatality review (OFR)** teams.



5

sites **improved local data collection and sharing** across public safety, public health, and behavioral health.



9

sites offered **youth-focused programming** about SUD in schools and the community.



4

sites targeted **parent-focused programming** for those struggling with SUD.



8

sites engaged in **community outreach and education** about SUD, including local media campaigns.



9

sites **distributed naloxone** to the community and provided related trainings and education.



5

sites created **outreach teams** to connect with individuals who have overdosed.



6

sites developed **court-based programming** for individuals with SUD.



6

sites solidified **partnerships across public safety and health agencies**.



5

sites expanded **peer support services** to individuals with SUD.



3

sites increased **housing** for individuals with SUD.



5

sites added **recovery support services** for individuals with SUD.



3

sites increased **transportation** services for individuals with SUD.



4

sites expanded **drug take-back** programs in their communities.





## SITE SUMMARIES

Beginning in 2019, the 21 RROE sites developed, implemented, and/or enhanced dozens of programs, practices, and policies that improved outcomes for residents, more effectively made use of public dollars, and made communities safer and healthier for everyone. The accomplishments described below show the impact of the RROE funding and activities for rural communities and individuals grappling with the SUD crisis in America.



The **Arkansas Rural Health Partnership, Inc. (ARHP)** RROE project covered 11 rural counties in Southeast Arkansas, known

as the Arkansas Delta, with a total population of 244,978 residents. Nine of these counties were designated as medically underserved areas. ARHP used RROE funding to do a deep dive into data on emergency room usage, overdose deaths, and prescribing patterns; implement a year-round drug take-back program that collected nearly 4,000 pounds of drugs in 2 years; train more than 100 law enforcement officers in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Creating Safe Scenes program; pilot a drug court through which more than 1,000 individuals received behavioral health therapy sessions, 102 individuals received in-patient treatment, and 45 individuals received outpatient treatment; and open a recovery home for individuals with SUD.



**Ellenville Regional Hospital (ERH)** is a critical access hospital serving the western communities in Ulster County, New York,

and is one of only two hospitals in the county. ERH's RROE project covered rural areas of Ulster County and the entirety of Columbia and Greene Counties, New York, with a total population of 257,128 residents. ERH worked to develop and expand the three counties' approaches to the prevention of opioid use and overdose and brought together large, diverse, collaborative teams to take three separate approaches to this work. ERH and its partners worked together to assist community agencies, with a focus on law enforcement, in utilizing ODMAP and to educate those agencies on the importance of proper and consistent data collection. ERH also developed a high-risk mitigation team (HRMT), a model of care coordination that brings agencies from many sectors together to do

live case conferences on shared clients to help fill cracks in the system of care, which led to more than 100 individuals signing up to work with one of the peer agencies participating on the HRMT. Lastly, ERH developed and began implementation on an OFR team in Ulster County and a joint team for Columbia and Greene Counties.



#### The **Franklin County Sheriff's Office**

(FCSO) RROE project was based in Franklin and Worcester Counties, which span nearly 1,000 square miles in the northwestern part of Massachusetts and are home to approximately 87,000 residents. The FCSO, in collaboration with the Opioid Task Force of Franklin County and the North Quabbin Region, focused on four activities to help address the impact of opioid misuse in the community. First, it created a critical incident management system to track fatal and nonfatal overdoses in real time and trained “data designees” in 17 local police departments. Second, the FCSO implemented an evidence-based program for at-risk youth aged 12 to 17 in rural school districts, with 140 students participating in the workshop, and expanded a program empowering parents with lived experience to support prevention efforts in the community. These “PEER Ambassadors” have spent 2,189 hours connecting 1,552 parents with community resources and programming in the 3 years the program has been in place. Third, the FCSO launched CONNECT, the area’s first post-overdose follow-up and outreach program, designed to provide services within 72 hours to those with a reported overdose through the 9-1-1 system and to support the Mobile Outreach Program for Unhoused Individuals. Since its July 2021 launch, CONNECT has responded to 144 nonfatal overdoses and at-risk referrals, successfully contacted 73 individuals who had overdosed about treatment and recovery services, and distributed more than 1,500 naloxone

kits to law enforcement officers and other first responders. Fourth, RROE partners created a peer grief and loss facilitation curriculum to address the gap in the community of supporting those with grief related to substance use and overdose and have trained eight individuals to lead “loss circles,” which will reach an estimated 100 people across Franklin County.



#### **Grays Harbor County Public Health & Social Services Department**

serves an area of approximately 2,000 square miles on the western border of Washington State. Its RROE project focused on creating a “system of care” in the jail, which allowed for 126 individuals to receive medication for opioid use disorder and 82 individuals to be connected to reentry supports like long-term treatment, stable housing, and employment. The department also developed a community education/anti-stigma campaign, supported a quick response team (QRT) for 16 months that responded to 203 reported overdoses, and placed a peer navigator within the local therapeutic court. Both the peer navigator and the system of care are being funded and continued after the conclusion of the RROE project.



#### **Marcum and Wallace Hospital** is located in northeastern Kentucky and services 21 rural counties, 3 of which were the focus of its

RROE project. Marcum and Wallace Hospital worked with Carter, Lee, and Morgan Counties to establish a QRT in each, which provided services to nearly 2,300 people in 1 year. Marcum and Wallace Hospital also hosted overdose awareness events, distributed naloxone, and conducted community outreach and education around SUD and treatment options.



### **Marshall University Research Corporation**

(Marshall) focused its RROE project on the five southernmost coalfield counties in West Virginia, which cover 2,058 square miles and are located entirely in Appalachia. Marshall led the development of the Southern West Virginia Rural Opioid Planning Consortium, which brings together local QRTs, health departments, law enforcement assisted diversion programs, treatment providers, and other key stakeholders in monthly meetings. The QRTs made contact with 1,819 individuals and gave out 4,766 Narcan kits in 2021 and 2022. Marshall also developed a network of peer recovery support specialist support groups to assist these workers and hosted a conference, with nearly 100 attendees, that focused on training, collaboration, and best practices to address SUD.



### **Memorial Regional Health (MRH)**

MRH served five counties spanning 13,809 miles in northwestern Colorado; three of the five counties are considered “frontier” counties, meaning they have a population density of six or fewer people per square mile. MRH’s RROE project focused on OFR teams, community overdose prevention, and recovery support. An OFR was formed in Moffat County, one of the frontier regions, and agencies are working collaboratively to complete action steps identified during the OFR meetings. Community overdose prevention efforts included school-based programming that reached nearly 800 students; development of a website focused on combating stigma in the Northwest Colorado region, providing regional SUD resources, and sharing stories of recovery; the addition of three year-round medication drop-box locations in previously underserved communities; and the distribution of 850 harm reduction kits that contain 2 doses of Narcan, 10 fentanyl test strips, instructional pamphlets, harm reduction resources,

and an encouragement card. Recovery support efforts included a health partnership peer recovery support team that engaged with individuals both in the community and upon release from incarceration as well as an adult diversion program in the 14th Judicial District.



### **Mohave Substance Treatment Education & Prevention Partnership (MSTEPP)**

MSTEPP is located in Mohave County, Arizona, and spans 13,461 miles, making it the fifth-largest county geographically in the United States. MSTEPP led the formation of an OFR team that includes all three communities in the county and served as a pilot site for the implementation of ODMAP in Arizona. The success of ODMAP in its community led to the expansion of ODMAP to 36 communities across the state. MSTEPP also trained and equipped two school districts with naloxone and worked with the Substance Abuse Coalition Leaders of Arizona to develop a school board policy template for districts desiring to bring naloxone into their facilities. MSTEPP also fostered successful partnerships with many local organizations—including the Kingman, Arizona, Chamber of Commerce, focused on educating local businesses about and equipping them with naloxone; the Chamber of Commerce now functions as a distribution point and training center for businesses that want to have naloxone within their establishments.



### **Northern Kentucky University (NKU)**

NKU focused its RROE project on Carroll and Owen Counties, both in the Northern Kentucky region and home to 21,478 residents in total. NKU worked with a local high school to institute Moral Reconation Therapy for students as an alternative to suspension, with 60 youths completing the program at project end; developed a personalized SUD health curriculum for



Carroll County Schools, which reached 957 students; trained teachers in Owen County in the “Too Good for Drugs” curriculum; and reached 1,063 youths through community organizations with its “in house” curriculum as well as 543 community members. NKU provided naloxone training and distribution to parolees, corrections officers, first responders, schools, and the public, distributing 1,039 kits in total as well as providing NaloxBoxes in high schools and some local restaurants and convenience stores. NKU also supported the hiring of a care coordinator for Carroll County and a reentry specialist for the Carroll County Detention Center, which together have received 394 referrals, connected 389 individuals to services, and identified 203 families at risk who were also connected to services.



**Northumberland County, Pennsylvania,** is located in the central/northeastern part of the state and is home to 93,950 residents.

Northumberland County used its RROE funds to establish its safe care manager position, implement the Strengthening Families program, and expand recovery support services and community education about SUD. The safe care manager created safe care plans for 29 mothers and children and referred another 144 clients to services such as mental health assessments, inpatient withdrawal management, intensive outpatient substance use treatment, transition housing, peer support services, and food or nutrition assistance programs. Strengthening Families was implemented in 3 school districts, while 145 individuals participated in the county’s Overdose Awareness Day and nearly 440 participated in the local recovery walk.



**Porter-Starke Services, Inc.,** centered its project in Starke County, Indiana, which has the highest age-adjusted rate of prescription drug overdose deaths in the state. Porter-Starke Services implemented a community prevention campaign that included distributing more than 1,200 “prevention packets,” conducted quarterly drug take-back days that collected more than 250 pounds of unused and expired medications, trained 28 individuals in naloxone administration, and distributed 100 prescription lockboxes throughout the community. It also partnered with the Starke County Circuit Court to establish the Starke County Recovery Court; the Starke County Youth Club, which enrolled more than 250 students in its afterschool program focusing on social-emotional skills using an evidence-based curriculum; and Faces & Voices of Recovery to create a recovery community organization in the county.



#### **Portsmouth City Health Department**

(PCHD) is located in Scioto County, Ohio, which has the second highest rate of opioid addiction in the state and is designated as a “distressed county” by the Appalachian Regional Commission, meaning that it ranks in the worst 10 percent of the nation’s counties economically. PCHD helped develop an overdose review team and a post-overdose response team in the community, implemented a reentry navigation program in strong partnership with probation and parole that helps connect individuals to treatment and services in the community, and began providing Vivitrol to individuals who have SUDs and are booked in the county jail.



**Prisma Health–Upstate** focused on Oconee County, South Carolina, which is in the far northwest corner of the state with a population of 79,546 and the second-highest overdose death rate in the state. Prisma Health–Upstate implemented an evidence-based prevention program for 450 middle school students in the Oconee County School District and purchased 696 ready-to-use Narcan kits for distribution to schools and to individuals who are exiting law enforcement custody and are at high risk of an accidental overdose. RROE funds were also used to expand Oconee County’s existing Peer Support Specialist Program, including developing a partnership with the Oconee County Department of Probation and Parole and the Oconee County Drug Court that assisted 31 individuals. The peer support specialist also started several recovery meetings that were not previously offered, and the high amount of engagement with these meetings prompted a participating organization to open a physical location in Oconee County for meetings during and after the RROE grant period.



**Coastlands Ministries (DBA Project Lazarus)** served Wilkes County, North Carolina, which has a population of 68,756 and has seen overdose deaths decline in the county but naloxone administrations by emergency medical services (EMS) increase. Project Lazarus established an OFR board and implemented ODMAP, through which it has identified two major hot spots and has been able to track trends in overdoses and identify ways in which the county can improve responses. Project Lazarus also linked 132 individuals, many of whom were released from jail, to services such as SUD treatment, housing, transportation, and employment assistance, as well as provided assistance with justice system-related needs.



**Reno County Health Department**, located in Kansas, partnered with Barton and Harvey Counties, Kansas, all of which are approximately 30 to 60 miles away from the nearest large city, and utilized a three-tiered approach to meet each county’s individual needs. In Reno County, ODMAP use expanded greatly and information is used to share real-time information with the community about overdoses and hot spots. A 24-hour helpline was also developed that individuals can call if they have experienced or are experiencing an overdose, along with “calling cards” that include the hotline number that can be shared by hospitals, EMS, and law enforcement as needed. In Harvey County, efforts focused on the formation of a drug court, which had 17 clients in its first year. Barton County was able to increase the involvement of individuals with lived experience in several of its programs and improved the transition process for individuals with SUD who leave the local jail and engage in treatment or recovery housing.



**Rio Arriba County Health and Human Services (RACHHS)**, located in New Mexico, serves the county covering an area of 5,861 square miles (roughly the size of Connecticut), with 85 percent of the county classified as frontier, and leads the state in overdose rates nearly four times higher than the state rate. RACHHS collaborated with state and local agencies to identify former clients who had experienced an overdose, reconnect with those clients, and engage them in services as needed; this collaboration and proactive outreach led to a 30 percent reduction in overdoses. RACHHS also worked with a district court judge to implement a program for individuals with SUD to work with a certified peer support worker and regularly engage with the judge rather than being booked into jail or placed on probation. With more than 30 clients

in the program, the recidivism rate has dropped significantly compared to individuals not in this program.



**SMA Healthcare, Inc.,** focused its RROE

efforts in Putnam County, Florida, which has a population of approximately 74,000 and the highest rate of opioid prescriptions in the state. SMA Healthcare helped implement ODMAP in Putnam County, with more than 1,100 overdoses reported over the project period, and offered drug awareness education programs to more than 6,500 school-aged children. SMA Healthcare also hosted four drug take-back events that collected approximately 507 pounds of drugs in total; established an outreach team to respond to overdoses, which received 187 referrals and made contact with 56 individuals; distributed approximately 1,500 naloxone kits in the community; and provided naloxone training to 129 school staff members, 32 law enforcement officers, and 12 volunteer fire/rescue personnel.



**St. Mary's Regional Health Center**

(St. Mary's) worked in Becker, Hubbard, Mahnomen, Norma, and Polk Counties, located in Northwestern Minnesota. RROE funds were used to start a diversion program in Becker County, including hiring a social worker who supported justice-involved individuals. St. Mary's developed a 12-week opioid education series that aired in all five counties via social media, radio, and local television and similarly shared information across all five counties about National Drug Take Back Day. Community picnics were also held on the White Earth Reservation at each of the five villages, which included free naloxone training and naloxone and had 100 to 250 people in attendance. Finally, St. Mary's worked with the White Earth Reservation to identify a needed patch for its law enforcement

agency to enter information into ODMAP, which is now being used as a pilot to encourage other agencies to also report data into ODMAP.



**Upper Cumberland Human Resources**

**Agency (UCHRA)** focused its RROE project

in 14 counties in Tennessee, encompassing more than 5,093 square miles, 8 of which have no medication-assisted treatment providers. UCHRA established a functional, flexible hub-and-spoke network (the Hub). The Hub established a network of resources for SUD treatment and recovery support services and served as a central point for referrals, intake, and assessment of needs for potential clients. Peer recovery coordinators were assigned to each client and stayed with the client for a 2-year time period, assisting them in many steps of their recovery pathway. Over the course of the grant period, the Hub and its recovery coordinators served 655 households (1,040 individuals) with 7,250 units of services. Services included housing referrals, access to public transportation, education and job readiness skills, recovery-friendly workplace referrals, court liaison, and mental health referrals.



**WestCare Tennessee, Inc.,** used its RROE

project to provide services in Cocke and Jefferson Counties in Eastern Tennessee.

Cocke County's overdose rate in 2021 was nearly double the national rate, and Jefferson County's opioid prescribing rate was more than double the national rate. WestCare Tennessee implemented seven different evidence-based prevention and education programs for youth and parents, provided job and community life skills training to individuals in both the Cocke County and Jefferson County Jails, and established ODMAP in both counties to identify high-risk drug traffic areas where education and prevention efforts should be focused.





## **Whitley County Health Department**

(WCHD) is located on the southeastern border of Kentucky, and the county has a significantly higher opioid death rate than the state and national rates. WCHD used RROE funding to train 10 community members to support training on adverse childhood experiences and resiliency; create and distribute 129 “leave behind” kits for local police, sheriff, and EMS agencies and purchase supplies for future distribution; purchase and place 3 NaloxBoxes across the county; and provide naloxone to individuals being released from the jail, with 79 percent of individuals receiving naloxone upon release from March 2022 to February 2023.



## KEY TAKEAWAYS

Across the RROE sites, the following strategies and lessons learned were identified as crucial to success in addressing SUD in rural communities:



### **COLLABORATION IS CRITICAL.**

Sites repeatedly acknowledged that this work could not have been done without effective partnerships across many agencies and systems. Strong collaborations also allowed stakeholders to learn more about services offered in their communities and identify ways to support residents more effectively. “When partnerships are forged and everyone is educated and on the same page about what is to be addressed, big things can be accomplished,” explained Kathleen Croley, WCHD Project Coordinator.



### **RECOGNIZE PARTNERS' NEEDS AND STRENGTHS.**

Each agency and organization will have different opportunities, barriers, cultures, and languages that all partners need to understand and respect. By appreciating the different viewpoints of stakeholders, RROE sites were able to work together more effectively and leverage each other's assets. ERH was the lead agency for its RROE project but was able to build effective partnerships with law enforcement, courts, probation, and many

community partners in part by acknowledging the varied roles that health versus justice can and should play. “They were all really ready to join together and make adjustments to the way we'd all been doing things,” said Brandon Bogert, Executive Director of the Rural Health Network at ERH. “Once we identified how much everyone was doing to help this population in their roles, the partnerships easily came together.”



### **ACKNOWLEDGE THE COMPLEXITY OF THIS WORK.**

Collaboration across public safety, public health, and behavioral health agencies is crucial but also complicated. Recognizing the difficulty of working across systems and adapting as necessary can help alleviate tensions and set realistic expectations and goals. “Always stick with it,” said Seth Dewey, Substance Misuse Educator with the Reno County Health Department. “Even if it seems like it is slowing down, just stick with it. We had several times during the pandemic and with the projects in general where things looked uncertain at times. But we persisted.”



## UNDERSTAND YOUR TARGET POPULATION.

To effectively support individuals with SUD on their path to recovery, sites need to have a clear understanding of the barriers that individuals with SUDs face and resources that can help them succeed. “It is always important to listen to folks on the ground to hear what the primary needs are,” said Valerie Hardcastle, the St. Elizabeth Healthcare Executive Director of the Institute of Health Innovation and Vice President for Health Innovation at NKU. “If you don’t meet the primary needs, then the impact of any activities will be much less than it could have been.”



## TARGETED SUPPORT HELPS SHAPE SUCCESS.

Because of the complexity of this work, RROE sites recommend a dedicated project manager or coordinator to maintain strong contact with partners and track progress. RROE sites also acknowledged the benefit of having ready access to TTA providers, information, and resources about addressing SUD. “Check-in call and the engagement with peer sites were insightful and invaluable,” said Robert DeVries, former Kingman Police Chief and Project Director for MSTEEP. “We developed networks of friendships across the country that will allow programs to reach out and problem-solve issues impacting our coalitions and communities.”

“Having been involved with grants and programs for over 30 years, I would have to list this program as the most valuable and rewarding that I have been involved with. . . . [We] struggled for years to move programming forward due to the lack of funding and staff. Having RROE available allows coalitions the opportunity to bring programming to fruition. Since RROE gave us that opportunity, we have secured five other smaller grants and sustainability funding.”

—RROE participant







“The RROE grant gave a platform for multiple agencies to come together for a common cause. It broke down the silos of working only in your field and understanding only from that point of view.”

—RROE participant



### **MAKE A PLAN, BUT BE ABLE TO PIVOT.**


Change is the only constant, and addressing SUD is a complicated endeavor with many necessary elements, so partners need to be ready to adapt plans and processes as necessary. Particularly when COVID-19 hit, RROE sites had to be flexible and willing to change course to provide services in a new landscape and assist individuals in ways that were unforeseen at the beginning of the project. In Minnesota, St. Mary's had to adjust its diversion referral process because of COVID-19 restrictions and Rebecca Kent, Project Manager for RROE at Essentia Health–St. Mary's Regional Health Center, explained that “building trust and strong relationships across the community helped us adapt to that different dynamic.” Other more “regular” changes included unexpected shifts like when an increase in fentanyl in the drug supply led to overdose spikes or when leadership and personnel changes inevitably happened.



### **GATHER, SHARE, AND USE DATA AS MUCH AS POSSIBLE.**

RROE sites across the board noted that data was the linchpin for clarifying the need in their communities and then identifying and implementing effective solutions. For example, Franklin County, Massachusetts, relied on data to shape its post-opioid overdose follow-up and outreach efforts. “Without it, it was impossible to trigger the appropriate response to support those who have experienced or witnessed an opioid overdose,” explained Deb McLaughlin, Coordinator of the Opioid Task Force of Franklin County and the North Quabbin Region.





To learn more about addressing SUD in rural communities and opportunities to support this work, please visit:

- Reaching Rural Initiative: [www.reachingrural.cossup.org](http://www.reachingrural.cossup.org)
- Rural Community Toolbox: [www.ruralcommunitytoolbox.org](http://www.ruralcommunitytoolbox.org)
- Rural Justice Collaborative: [www.ruraljusticecollaborative.com](http://www.ruraljusticecollaborative.com)

Visit the COSSUP Resource Center at [www.cossup.org](http://www.cossup.org).

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