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Addressing Drug-Related Deaths in Custody: Legal Standards, Litigation, Strategies, Reforms and Available Funding

March 16, 2023

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Welcome and Introductions



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Facilitator/Welcome

Jennifer Christie, MCrim



- Ms. Christie is a senior program associate II at Advocates for Human Potential (AHP).
- Has extensive expertise in applying evidence-based practices in criminal justice settings.
- She works with probation and parole agencies toward changing from a punitive to a research-driven, supportive, behavior-change approach through collaboration, relationship-building, and translating research into pragmatic solutions.
- Ms. Christie works to improve criminal justice services nationwide and has provided training and technical assistance to 18 states. She led the implementation of juvenile justice reform in Kansas, Kentucky, and Iowa and the implementation of Adult Probation and Parole in Utah.
- Her work spans multiple agencies where she has been involved in developing, advancing, and implementing policy changes that reduce recidivism and improve outcomes for individuals (both juvenile and adult) in and leaving the justice system.
- Ms. Christie earned her master's degree in criminology from the Victoria University of Wellington in New Zealand.



Opening Remarks



Margaret Chapman, M.A.

- Ms. Chapman has spent the past 25 years working in a variety of social science research, policy development and analysis, and program evaluation roles.
- In 2021, she joined the Department of Justice (DOJ) Office of Justice Programs' (OJP) Bureau of Justice Assistance (BJA) as a Policy Advisor supporting the Corrections, Reentry, and Justice Reform Policy Office.
- Ms. Chapman's portfolio of work is focused at the intersection of behavioral health and corrections and includes informing policy related to the identification of individuals with behavioral health disorders at the point of detainment, the assessment and provision of evidence-based treatment to individuals while in custody, and continuation of care upon release.
- Prior to joining BJA, she spent over 20 years with Abt Associates Inc., a global consulting and research firm, where she managed and executed numerous criminal justice research studies for federal and non-federal clients.
- Ms. Chapman received her Masters of Arts in Criminal Justice from the State University of New York at Albany.



What is the Office of Justice Programs?

- The Office of Justice Programs (OJP) provides grant funding, training, research, and statistics to the criminal justice community.
- OJP is one of three grant-making components of the Department of Justice along with the Office on Violence Against Women (OVW) and the Office of Community Oriented Policing Services (COPS).

Office of Justice Programs

BJA - Bureau of Justice Assistance

BJS - Bureau of Justice Statistics

NIJ - National Institute of Justice

OVC - Office for Victims of Crime

OJJDP - Office of Juvenile Justice and Delinquency Prevention

SMART - Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking

U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and Tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.



www.bja.gov





**BJA Director
Karhlton F. Moore**

Appointed by President Biden in February 2022, Director Moore leads BJA’s programmatic and policy efforts on providing a wide range of resources, including training and technical assistance, to law enforcement, courts, corrections, treatment, reentry, justice information sharing, and community-based partners to address chronic and emerging criminal justice challenges nationwide.

Policy Office

provides national leadership to criminal justice organizations that partner with BJA to identify effective program models for replication and infuse data-driven, evidence-based strategies into operational models, practices, and programs.

Programs Office

administers state, local, tribal, and territorial grant programs. It acts as BJA’s direct line of communication to states, local jurisdictions, territories, and tribal governments by providing customer-focused grants management support and careful stewardship over federal funds.

Operations Office

coordinates all communication, formulates and executes the budget, manages contracts, measures grantees’ performance, and provides administrative support to BJA.

**Public Safety Officer
Benefits Office**

provides death and education benefits to survivors of fallen law enforcement officers, firefighters, and other public safety officers, and disability benefits to officers catastrophically injured in the line of duty.

Five Major Strategic Focus Areas

Improve public safety through measures which build trust with the community and ensure an effective criminal justice system

Reduction in recidivism and prevention of unnecessary confinement and interactions with the criminal justice system

Integration of evidence-based, research-driven strategies into the day-to-day operations of BJA and the programs BJA administers and supports

Increasing program effectiveness with a renewed emphasis on data analysis, information sharing, and performance management

Ensuring organizational excellence through outstanding administration and oversight of all of BJA's strategic investments

Fund – Invest diverse funding streams to accomplish goals.

Educate – Research, develop, and deliver what works.

Equip – Create tools and products to build capacity and improve outcomes.

Partner – Consult, connect, and convene.

Addressing Drug-Related Deaths in Custody: Legal Standards, Litigation, Strategies, Reforms and Available Funding



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Scope of the Problem

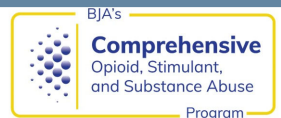
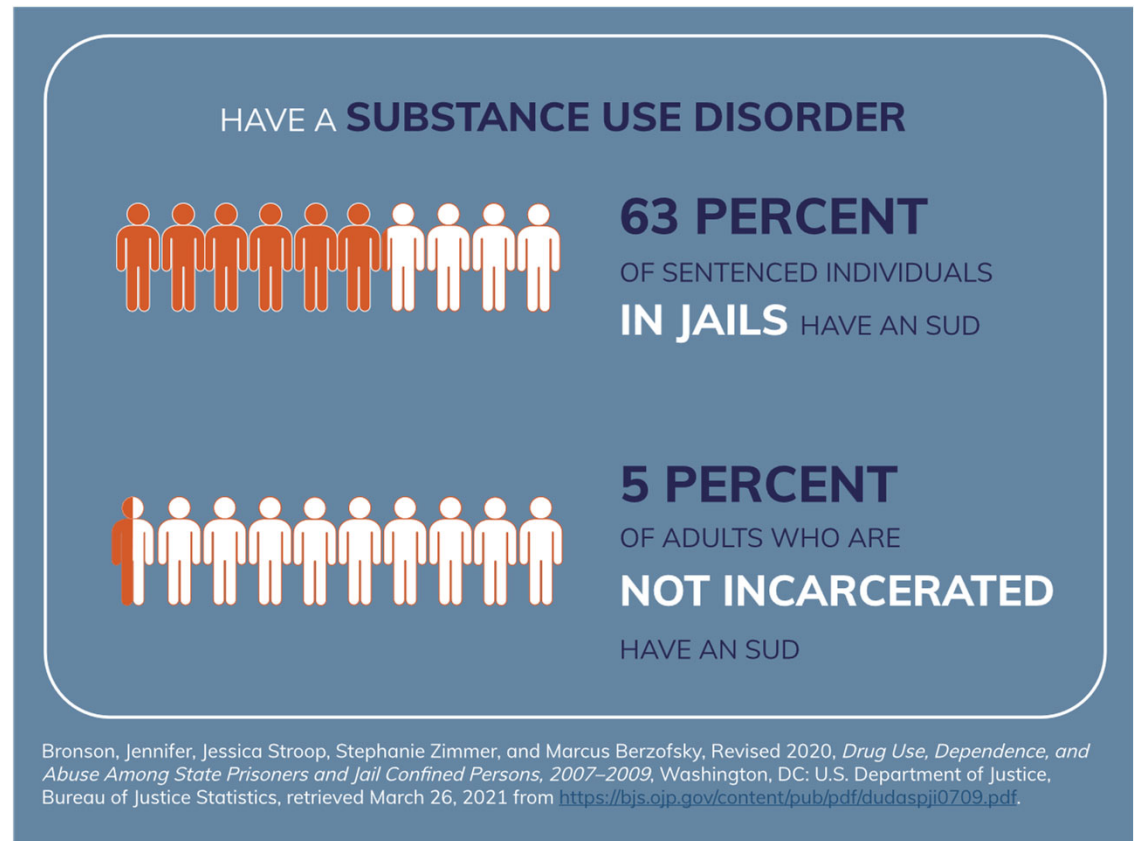


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Substance Use Disorder in Jails

- Two-thirds of individuals sentenced to jail meet the criteria for substance use disorder (SUD)



Substance Withdrawal

- Within the first few hours and days of detainment, individuals who have suddenly stopped using substances often experience withdrawal symptoms, particularly when they have used the substances heavily or long-term.
- Failing to recognize and manage withdrawal symptoms can lead to serious health complications and death.

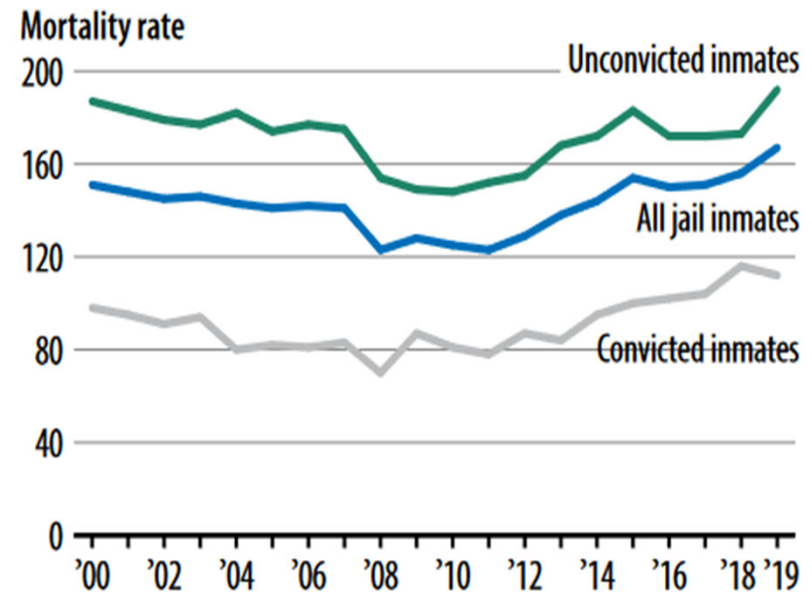


The Statistics

- From 2000 to 2019, at least **20,413 people died while incarcerated** in local jails.
- Deaths in jail custody from all causes have been increasing in recent years.
- **Deaths in jails due to drug or alcohol intoxication increased by almost 19%** from 2017 to 2018 and more than quadrupled between 2000 and 2018.
- **Suicide is the leading cause of death in jails.** The mortality rate from suicide is twice that of individuals in the community.
- About 40% of deaths **occurred within the first 7 days of admission to jail.**
- Almost 77% of persons who died in local jails in 2019 **were not convicted of a crime at the time of their death.**
- 42% of persons held in jail custody pretrial who died between 2000 and 2019 **died of either suicide or drug or alcohol intoxication.**

Source: Carson, E. A. Mortality in local jails, 2000-2019 – statistical tables. U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. (2021, December), from <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>[2]

Mortality rate per 100,000 local jail inmates, by legal status, 2000-2019



Weizman et al., 2022



The Human Cost: Real People and Real Lives

Sarah Lee Circle Bear



Roberts County Jail settled for
\$750,000

Reutter, 2021; AP San Diego, 2014; Unknown, 2018

Kelly Coltrain



Mineral County Jail settled for
\$2M in wrongful death suit

Daniel Sisson



\$3M Ruling Upheld In Jail
Death Case



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The Human Cost

- Loss of life and associated trauma experienced by both the loved ones of those who die unnecessarily in jail custody and correctional staff.
- Death from withdrawal in jails is *preventable* through withdrawal management policy and protocols that comport with legal, regulatory, and clinical standards.



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Financial Cost and Legal Liability



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Presenter

Shelly Weizman, J.D.



- Is a human rights lawyer whose areas of interest include advancing public policy related to addiction, mental health, and disabilities.
- She currently serves as the Project Director of the Addiction and Public Policy Initiative at the O’Neill Institute for National and Global Health Law at Georgetown University Law Center.
- She is an Adjunct Professor at Georgetown Law and in Georgetown’s Master of Science in Addiction Policy and Practice, where she introduced and teaches a course on Addiction and Mental Health Law and Policy.
- Ms. Weizman previously served in the Office of the Governor of New York, where she oversaw policy and operations related to addiction, mental health and disabilities.
- She began her legal career as a civil rights attorney at MFY Legal Services, a not-for-profit legal services organization in New York City.



Addiction & Public Policy Initiative

O'Neill Institute for National and Global Health Law
at Georgetown University Law Center

Advancing a public health approach to substance use disorders through legal and policy strategies that promote evidence-based treatment and support recovery.



Legal Duty to Provide Adequate Health Care in Correctional Settings

- Federal Constitution: 8th Amendment, 14th Amendment (Civil Rights Act Section 1983)
- Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act
- Civil Rights of Institutionalized Persons Act (CRIPA)
- State constitutions and state tort law
- Criminal liability



Recent Federal Guidance

BUREAU OF JUSTICE ASSISTANCE

MANAGING SUBSTANCE WITHDRAWAL IN JAILS: A LEGAL BRIEF

A disproportionate number of people in jails have substance use disorders (SUDs).¹ Incarceration provides a valuable opportunity for identifying SUD and addressing withdrawal.² Within the first few hours and days of detainment, individuals who have suddenly stopped using alcohol, opioids, or other drugs may experience withdrawal symptoms, particularly when they have used the substances heavily or long-term. Without its identification and timely subsequent medical attention, withdrawal can lead to serious injury or death.

Deaths from withdrawal are preventable, and jail administrators have a pressing responsibility to establish and implement withdrawal policy and protocols that will save lives and ensure legal compliance. This brief describes the scope of the challenge, provides an overview of constitutional rights and key legislation related to substance use withdrawal, and outlines steps for creating a comprehensive response to SUD.

Scope of the Challenge

Among sentenced individuals in jail, 63 percent have an SUD, compared to 5 percent of adults who are not incarcerated.³ From 2000 to 2019, the number of local jail inmates who died from all causes increased 33 percent, the number who died from drug/alcohol intoxication during the same period increased 397 percent.⁴ Among women

¹ As noted in the Substance Abuse and Mental Health Services Administration's *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings* (2019), medically supported withdrawal (also referred to as medical detoxification) is "designed to alleviate acute physiological effects of opioids or other substances while minimizing withdrawal discomfort, cravings, and other symptoms."

This project was supported by Grant No. 2019-AR-EX-K061 to Advocates for Human Potential, Inc. awarded by the Bureau of Justice Assistance, a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office of Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Advocates for Human Potential, Inc. was supported by the Addiction and Public Policy Initiative of the O'Hare Institute for National and Global Health Law at Georgetown University Law Center. This project was developed in partnership with the National Institute of Corrections, an agency within the Department of Justice's Federal Bureau of Prisons.



February 2022
<https://bja.ojp.gov>

When Kelly Coltrain was booked for unpaid traffic violations in 2017, she told jail staff that she was drug dependent and had a history of seizures. Her request to go to the hospital for help with withdrawal symptoms was denied. She was placed in a cell that required 30-minute checks, but these checks rarely occurred. For the next 3 days, she was observed (by video camera) vomiting, sleeping often, and eating little. On her third night in jail, she started convulsing; then, all movement ceased. For at least the next 4 hours, no deputies or medical staff came to the cell to determine why she was still. Kelly's family filed a wrongful death suit, which was settled in 2019 for \$2 million plus 4 years of federal district court monitoring of the jail during implementation of new policies and procedures to ensure proper care of inmates at risk of withdrawal.⁵

incarcerated in local jails, the average annual mortality rate due to drug/alcohol intoxication was nearly twice that of their male counterparts.⁶ The median length of stay in jail before death from alcohol or drug intoxication was just 1 day,⁶ indicating that individuals on short stays, including those who are detained in pretrial status, are equally at risk. It is not uncommon for individuals to experience substance withdrawal at the time of entry into jail, when access to their drug of choice is abruptly stopped. Estimates within specific regions vary widely, from 17 percent of people entering New York City jails being in acute opioid withdrawal⁷ to a record 81 percent of people entering a Pennsylvania county jail needing detoxification services—half of them for opioid use disorders.⁸



U.S. Department of Justice
Civil Rights Division

The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery

The opioid crisis poses an extraordinary challenge to communities throughout our country. The Department of Justice (the Department) has responded with a comprehensive approach prioritizing prevention, enforcement, and treatment. This includes enforcing the Americans with Disabilities Act (ADA), which prohibits discrimination against people in recovery from opioid use disorder (OUD) who are not engaging in illegal drug use, including those who are taking legally-prescribed medication to treat their OUD. This guidance document provides information about how the ADA can protect individuals with OUD from discrimination—an important part of combating the opioid epidemic across American communities. While this document focuses on individuals with OUD, the legal principles discussed also apply to individuals with other types of substance use disorders.

1) What is the ADA?

The ADA is a federal law that gives civil rights protections to individuals with disabilities in many areas of life. The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities,¹ participate in state and local government programs,² and purchase goods and services.³ For example, the ADA protects people with disabilities from discrimination by social services agencies; child welfare agencies; courts; prisons and jails; medical facilities, including hospitals, doctors' offices, and skilled nursing facilities; homeless shelters; and schools, colleges, and universities.

2) Does an individual in treatment or recovery from opioid use disorder have a disability under the ADA?

Typically, yes, unless the individual is currently engaged in illegal drug use. See Question 5.

The ADA prohibits discrimination on the basis of disability.⁴ The ADA defines disability as (1) a physical or mental impairment that substantially limits one or more major life activities,



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Who is at Risk for Legal Liability?

- Governments
- Public officials
- Correctional staff
- Medical staff
- Third parties providing services



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Litigation Trends and Costs: Deaths in Jail Custody 2015-2020 Findings of Original Research



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Litigation Trends and Costs



Weizman et al., 2022

Methods

Mixed-methods analysis of reports of jury verdicts and settlements and case dockets for cases in which there was a death in jail custody; search limited to cases filed or concluded between 2015 and 2020.

El-Sabawi T, et al. Dying inside: litigation patterns for deaths in jail custody. *J Corr Health Care* 29 (forthcoming).



Findings: Financial Costs

- Civil litigation cases involving deaths in custody represented over **\$292 million** awarded from 2015 to 2020.
- Since 2015, jails have paid out over **\$84 million** in lawsuits for people who died in custody related to drug withdrawal, overdose, or substance-related issue.
- Settlement awards range from \$10,000 to \$10 million, with the average award **\$1.73 million**. This average appears to be trending upward because all five of the major settlements over \$4 million occurred in the past 3 years.

El-Sabawi et al., in press



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RANGE OF OUTCOMES FROM JAIL DEATH LITIGATION

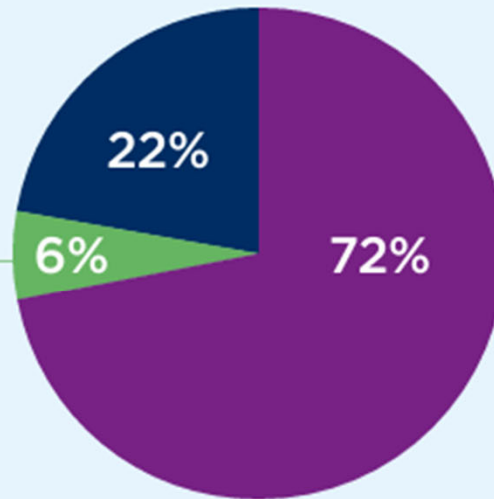
- SETTLEMENTS
- VERDICTS FOR THE PLAINTIFF
- JUDGEMENTS OR VERDICTS FOR THE DEFENSE

RANGE OF PLAINTIFF AWARDS FROM JURY VERDICTS

\$119,000–\$11,857,344

MEAN: \$3,397,908

MEDIAN: \$1,600,000



RANGE OF SETTLEMENTS

\$4,000–\$12,850,000

MEAN: \$1,376,816

MEDIAN: \$575,000

DEATHS RELATED TO BEHAVIORAL HEALTH ISSUES, INCLUDING SUICIDE, OVERDOSE, AND SUBSTANCE USE WITHDRAWAL COMPLICATIONS, WERE PRESENT AS THE CAUSE OF DEATH FOR 59% OF CASES.

Weizman et al., 2022



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SUMMARY OF QUANTITATIVE FINDINGS

- Civil litigation cases involving deaths in jail custody represented **over \$292 million awarded** between 2015 and 2020.
- **Suicide was the leading cause of death in the lawsuits filed, accounting for 35% of the cases reviewed.** Nineteen percent of lawsuits included indications that the deaths were drug-related.
- **Mental health issues were present in 36% of cases involving a death** resulting from excessive use of force by a correctional officer; substance use prior to incarceration was present in 31% of such cases.
- Almost a quarter of in-custody deaths (23%) **occurred within the first 24 hours after arrest.**

Weizman et al., 2022

CIVIL LITIGATION INVOLVING DEATHS IN JAIL CUSTODY (2015-2020)

Median Days Incarcerated Prior to Death by Cause of Death

CATEGORY OF DEATH	MEDIAN # OF DAYS
Withdrawal	3
Officer Use of Force	3
Overdose	1
Physical Illness	14.5
Suicide	5
Use of Force by Another Incarcerated Person	7



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More Quantitative Findings

- Overdose and withdrawal-related deaths accounted for **19% of cases**.
- **32% of cases** included facts that indicated that the deceased had consumed illicit substances or alcohol prior to intake or had a history of a substance use disorder (SUD), which may have contributed to the death.
- Evidence of substance use prior to incarceration was alleged in **31% of cases** involving a death resulting from **use of force by a correctional officer**.
- Facts suggesting **pain or discomfort due to withdrawal** were presented in **20% of suicide deaths**.

El-Sabawi et al., in press



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Qualitative Findings: Major Themes

- Facts evidencing medical need: indications on intake form or verbally at intake; obvious indicia of health distress (incoherence, non-responsiveness, vomiting, shaking convulsions, etc.)
- Facts suggesting failure to render adequate medical care
- Facts surrounding suicide deaths
- Facts raised in defense by jails or jail personnel: evidence of patient noncompliance, patient failure to report symptoms, or patient failure to disclose pre-existing conditions or medications during intake also appeared in cases in which the jury ruled for the defendants

El-Sabawi et al., forthcoming



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Recommendations Based on Research

DEATHS IN JAIL CUSTODY often result from untreated mental health conditions and substance use disorder. By taking legislative and administrative actions, government at all levels can reduce deaths in custody and the monetary damages that follow. Investments in correctional healthcare, diversion and deflection programs, and training and procedures to address substance use and mental health can reduce the human and financial cost of deaths in jail custody.

Weizman et al., 2022



Invest in Diversion and Deflection

- States and localities should ensure that community-based treatment, recovery supports, and harm reduction services use evidence-based treatment, including medications for opioid use disorder (OUD), for SUD.
- Diversion and deflection programs should also reflect the science of recovery from any disease, understanding that recovery includes a series of recurrence and remission.
- A single positive drug test is an opportunity for engagement, not a return to incarceration.

Ranapurwala et al., 2018



Target the First 24 Hours and First 7 Days of Custody

- Greater access to quality medical and psychological treatment for physical and mental health conditions, including SUD, particularly in the first 24 hours and first 7 days after intake.
- Implement robust screening and monitoring protocols for individuals in their first day of custody.
- Develop evidence-based protocols for identifying and responding appropriately to clear medical needs (at all times but especially during the first 24 hours).
- Implement protocols for the timely provision of medications for SUD and mental health conditions, as well as evidence-based withdrawal management protocols.



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Greater Emphasis on Mental Health

- Implement evidence-based screening protocols specifically for suicide, overdose, withdrawal, and other mental health risks.
- Improve follow-up care for patients who screen positive for these risks.
- Increase access to quality medical and psychological treatment for both behavioral health and physical health needs.
- Invest in improving access to quality treatment.



Conduct a Range of Risk Management Strategies at Every Level

- Establish that **withdrawal management** is a priority for state and county leadership.
- Develop and implement comprehensive **withdrawal management protocols**.
- Provide comprehensive **initial and ongoing training**.
- Provide timely access to the **full range of medications for OUD**.
- Conduct **evidence-based assessments for SUD** of all persons entering the jail.
- Prioritize jail medical services in county and jail **budgets**.
- Develop a mechanism for **collaboration between correctional and medical staff**.
- Conduct **ongoing evaluation** of practices and quality control.
- Develop a **reentry plan** for each individual prior to release.
- Proactively implement a systems approach to **risk mitigation and reform**.



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Advance State and National Policy Reforms Under Discussion/Development

- Maximizing Medicaid – addressing “inmate exclusion” through legislation and 1115 Waivers
- Implementation of methadone reforms and elimination of X-waiver
- State legislation and executive orders requiring and funding treatment in correctional and upon reentry
- Expanded use of the ADA as a vehicle for reform
- Ban the Box and Second Chance Legislation



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Resources for Implementation



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Funding Opportunities: Federal Funds (www.BJA.gov)

[Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program \(COSSUP\)](#) Aims to decrease opioid misuse and opioid-related overdose deaths by offering financial and technical assistance to state, local, and tribal government entities. Helps provide treatment and recovery services for individuals involved with the criminal justice system resulting from opioid, stimulant, or other substance use. Seeks to reduce crime impacts in rural and urban communities.

[Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry](#) Provides funding to establish, expand, or improve treatment and recovery support services for people with substance use disorders during their incarceration and upon reentry into the community.

[Residential Substance Abuse Treatment for State Prisoners Program \(RSAT\)](#) Provides funding to states to enhance the capabilities of state, local, and Indian tribal governments to provide residential substance use disorder treatment to adult and juvenile populations during detention or incarceration; prepare them for their reintegration into a community by incorporating reentry planning activities into their treatment programs; and assist them and their communities throughout the reentry process by delivering community-based treatment and other broad-based aftercare services.



Funding Opportunities: Federal Funds

[Substance Abuse Prevention and Treatment Block Grant](#) provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity to prevent and treat substance abuse.

The State Opioid Response [\(SOR\) grant program](#) provides formula funding to states and territories for increasing access to FDA-approved medications for the treatment of OUD, and for supporting prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent SUDs.

[Tribal Opioid Response Grants \(TOR\)](#) Helps American Indian and Alaska Native (AI/AN) tribal communities build and strengthen a comprehensive response to the opioid epidemic by providing prevention, treatment, and community-based recovery support services to AI/AN individuals with, or at risk for, OUD, stimulant misuse and use disorders.

[Justice Community Innovation Network \(JCOIN\) Rapid Innovation Grants \(J-RIG\)](#) are a rapid funding mechanism to support small research grants to study newly emerging policies, practices, or interventions that address prevention and treatment of addiction among justice-involved populations. J-RIG Grants are released up to three times per year.



Funding Opportunities: Opioid Litigation

Opioid Litigation Funds

- Over \$50 Billion in Funding to states, localities, and tribal Nations
- Priority (“Core”) Strategy in \$26B “Global” settlements: Treatment for Incarcerated Populations:
 - “Funding to provide evidence-based treatment and recovery support including [medication-assisted treatment] for persons with OUD and co-occurring SUD/[mental health] disorders within and transitioning out of the criminal justice system”
 - “Increase funding for jails to provide treatment to inmates with OUD”
 - Includes funding for training for correctional staff

(Source: Distributor Settlement Agreement, 2022)

Information and Resources:

- State, county, and tribal plans and agreements: <https://www.opioidsettlementtracker.com/> and <https://www.tribalopioidsettlements.com/>
- [National Academy for State Health Policy \(NASHP\) State Approaches Resource: https://nashp.org/state-approaches-for-distribution-of-national-opioid-settlement-funding/](https://nashp.org/state-approaches-for-distribution-of-national-opioid-settlement-funding/)
- [National Association of Counties \(NACo\) Opioid Solutions Center \(County Resources\): https://www.naco.org/resources/opioid-epidemic-action-center](https://www.naco.org/resources/opioid-epidemic-action-center)



Resources

Georgetown O’Neill Institute Brief on Deaths in Jail Custody:

https://oneill.law.georgetown.edu/wp-content/uploads/2022/12/ONL_Big_Ideas_Dying_Inside_P5.pdf

Model Act on Withdrawal Management Protocols in Correctional Settings:

<https://legislativeanalysis.org/model-withdrawal-management-protocol-in-correctional-settings-act/>

Justice Community Innovation Network (JCOIN): <https://www.jcoinctc.org/>

DOJ BJA Legal Brief on Managing Substance Withdrawal in Jails:

<https://bj.a.ojp.gov/library/publications/managing-substance-withdrawal-jails-legal-brief>

Bureau of Justice Assistance Jail Resource Center: <https://www.cossapresources.org/Tools/JRC>



Resources

DOJ Guidance and Actions on ADA and OUD: <https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>

O’Neill Institute Advancing the Evidence Project: <https://oneill.law.georgetown.edu/projects/advancing-evidence-based-treatment-for-opioid-use-disorder/>

Opioid Response Network (ORN) Technical Assistance: <https://opioidresponsenetwork.org/>

National Commission on Correctional Healthcare (NCCHC): <https://www.ncchc.org/>

Jail and Prison Opioid Project: <https://prisonopioidproject.org/>



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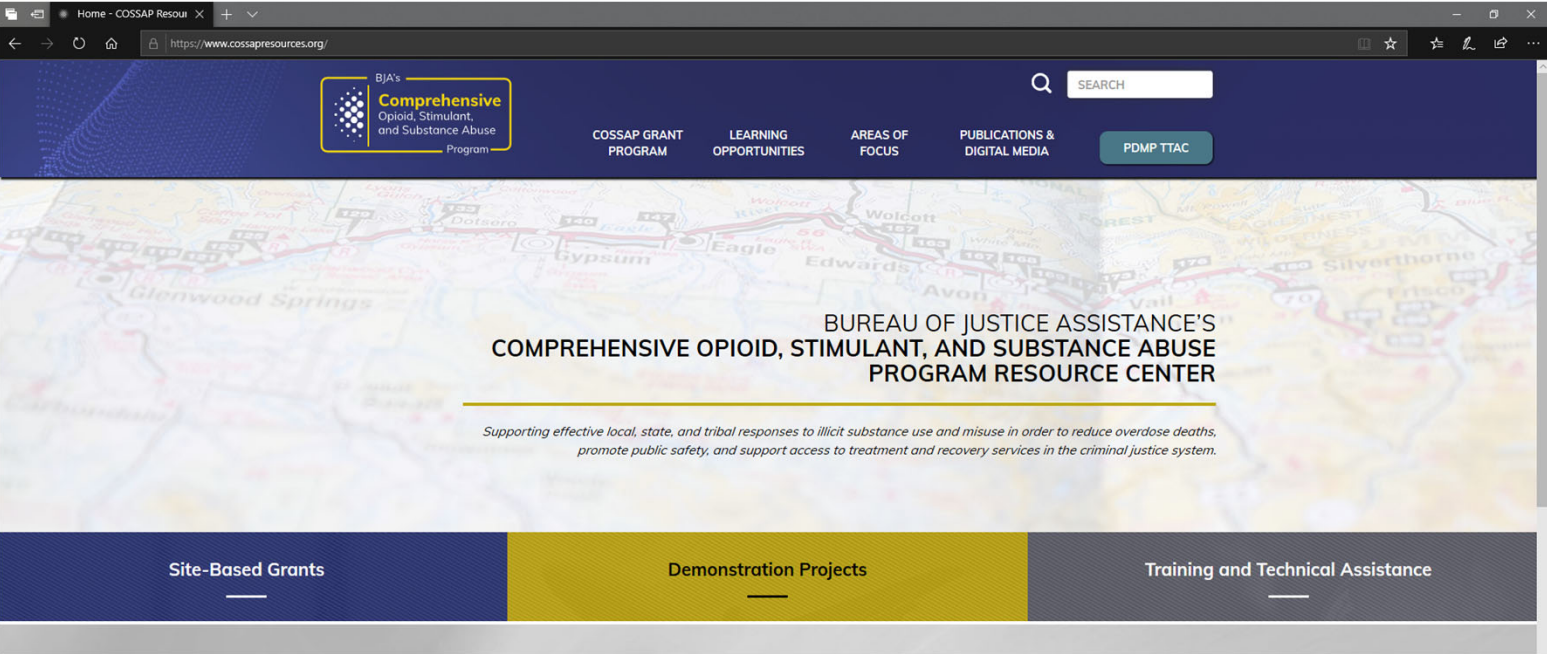
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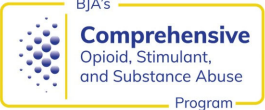
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Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center



www.cossapresources.org



COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>.

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