

Bureau of Justice Assistance (BJA)-Supported
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)
**Successful Strategies for Addressing the Opioid
Epidemic in Rural Communities: Transportation**

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, supports 21 rural sites across the country to develop or enhance efforts to strengthen epidemiologic surveillance and public health data infrastructure; implement effective community-level opioid overdose prevention activities; and establish or enhance public safety, public health, and behavioral health collaborations. Sites may also expand peer recovery and recovery support services that help people start and stay in recovery.

Learn more about the RROE project at <https://rural.cossapresources.org/>.

Rural communities face a number of challenges in offering reliable and effective methods of transportation, including long distances to access services, low ridership for fixed transit routes due to lower population density, and a lack of coordination among different programs that serve clients in the same geographic areas. Combined with shortages of behavioral health providers and facilities in rural areas, these transportation challenges can have negative implications for people with substance use disorder (SUD) who are in treatment and/or recovery.

Rural communities across the country are implementing solutions to these transportation challenges to better serve residents with SUD and make more efficient use of limited resources. This brief is one in a series highlighting projects that are part of the RROE project.

Topics in Successful Strategies for Addressing the Opioid Epidemic in Rural Communities Series

- Engaging With Faith-Based Organizations
- Law Enforcement- and First Responder-Led Diversion Programs
- Engaging the Local Business Community
- Youth and Families Prevention and Intervention
- Harm Reduction
- Transportation
- Response Teams
- Jail-Based Programming

Northern
Kentucky
University



Northern Kentucky University

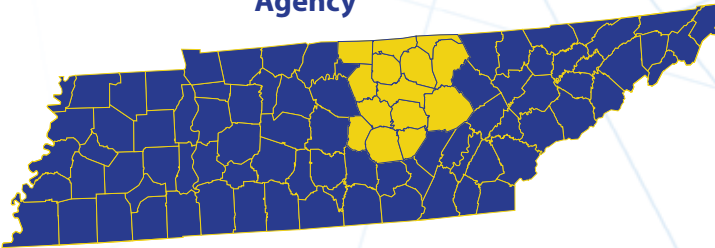
[Northern Kentucky University's \(NKU\) RROE](#) project focuses on a service area covering Carroll and Owen counties, with a population of approximately 21,000. Emergency medical services (EMS) suspected drug overdose-related encounters rose 106.8 percent from January 2017 to the end of June 2020. Calls to the Northern Kentucky Office of Drug Control Policy Helpline more than doubled from 2019 to 2020 as well. Northern Kentucky had an accidental poisoning death rate of 32 per 100,000 people in 2019 and 2020. More than half of all arrests in Carroll and Owen counties are drug-related. The counties are located nearly equidistant from Louisville, Kentucky; Lexington, Kentucky; and Cincinnati, Ohio, in what Dan Brenyo, Owen County community program administrator, jokingly calls a Bermuda Triangle. "We all know rural areas that are surrounded by these big metropolitan areas usually get neglected because everybody assumes services just leak over into them, but they don't," Brenyo says. "We're 40 miles from everybody. You have to go everywhere in a car around here."

Owen County's Fiscal Court is the managing agency for both EMS and public transit, making the county the only government-owned public transit agency

in Kentucky. Brenyo noticed that, as happens across the country, oftentimes an individual with SUD would call for help or treatment, and EMS would take them to the emergency room. "Not everybody that has an issue needs to go [to] an emergency department, which can be a cold, uninviting place. [Doctors] need to get people in, and get them out, and [individuals with SUD] don't get the specific care they need at that point in time," explains Brenyo. So, the county set up a process that routes all non-emergency 9-1-1 calls to the public transit agency rather than EMS. This allows a care coordinator to connect with an individual with SUD and not only arrange the needed transport to treatment but also coordinate with other agencies and programs to provide assistance. It also saves money: Brenyo notes that an ambulance ride from Owenton, Kentucky, to Frankfurt, Kentucky, (where the closest emergency room is located) is 28 miles and costs \$1,300 in an ambulance; the public transit agency can make this trip for \$20, including bringing the individual home when needed.

Owen County has invested in software to help manage the many moving parts of its public transit system and hopes to expand access to the software to include smaller public transit agencies in an 18-county region in northern Kentucky. By logging all agencies' transport availability and riders' needs into one central location, Owen County will vastly increase the ability to provide rides in a timely manner. "If [one agency] takes somebody somewhere but can't pick them up because of a traffic situation, this means another provider can," Brenyo explains. "No one should have to wait three hours to get a ride . . . It should be a one-stop-shop all the way through."

Upper Cumberland Human Resources Agency



Upper Cumberland Human Resources Agency

The [Upper Cumberland Human Resources Agency \(UCHRA\)](#) services 14 rural Tennessee counties, encompassing 5,000 square miles as part of its RROE project. Between 2012 and 2016, the region saw 395 drug overdose deaths, which represents a death rate of 34.8 per 100,000 population. In 2016, there were 1,390 nonfatal overdose events in the region. In 8 of the 14 counties, there are no medication-assisted treatment providers. UCHRA's Substance Abuse Services (SAS) department found that transportation was one of the biggest problems encountered by clients with SUD and partnered with the agency's transportation department to develop and offer solutions.

The Public Transportation department, in partnership with the SAS department, applied for a Section 5310 grant from the Federal Transit Administration. Using funds from this award, UCHRA hired a mobility manager who is employed in the Public Transportation department but exclusively assigned to the SAS department and a local hospital. This allows for any case worker from the hospital or SAS to directly call the mobility manager, who then makes individualized arrangements for each client.

The UCHRA region also has a strong transportation system, including 115 wheelchair-accessible vehicles, most of which are 8- to 16-passenger vans, with over 300 drivers that operate throughout all 14 counties. There are fixed route systems within each of the counties, as well as routes that cross county lines and on-demand, door-to-door services. The average cost for a trip within a county is \$1 to \$2, says Glen Sayes, SAS director at UCHRA.

Sayes also shares a story about how transportation can be a real challenge in a rural area for a person in recovery, but it can also provide an opportunity to overcome such challenges and help. "We had a young man using our access-to-work program who had a ride that was taking him to work every day. He had to be at work at 11:00 a.m., but one day, he had a probation meeting at 9:00 a.m. that couldn't be changed. The problem was that the location of the hearing was over an hour away," Sayes explains. "So, we called the transport manager to set something up. We canceled the normal access-to-work ride and instead got one of the buses to take him to his hearing. The driver waited until the hearing was done, drove the client back to work on time so he didn't miss a beat, and no one knew the difference." The cost for this trip, billed to the SAS department, was \$11 for that round trip. "That fell well within our budget of expendable funds we can use for the direct benefit of their clients."

Lessons Learned

Build-in funding for transportation in all projects.

As funding opportunities arise for projects and services to help individuals with SUD or new programs are put into place, it is critical to ensure there is a transportation component. “It’s great to have a place to take people,” says Brenyo. “But if you can’t get them from point A to point B, then what are we doing here?”

Consider partnering with existing agencies or services.

Startup costs for a new public transit system can be prohibitively high, especially for a rural county, so taking advantage of existing resources can make this more feasible. For example, Owen County’s transport system is built in large part on Medicaid-covered non-emergency medical transportation (NEMT). States are required to provide NEMT services, so most rural areas should be able to locate a system to potentially partner with. Similarly, UCHRA worked with its existing Public Transit department to add services specifically targeted at individuals with SUD.

Dedicate one person or develop a system totally focused on coordinating transportation needs.

Coordinating the transportation needs of multiple individuals with available transportation resources

can be confusing, if not impossible, without a targeted, dedicated system in place. This can be achieved using software, in the case of Owen County, or by having staff members exclusively assigned to coordinate transport needs, as UCHRA has done. “It’s been really helpful to have one person dedicated to this,” Sayes explains. “We don’t have to call into a hotline and try to work through whatever operator answered the phone. We’ve never had to tell a person, ‘No, we can’t do it.’ This was a real godsend for our program to have that dedicated person.”

Provide training on working with individuals with SUD or hire staff members who have this experience.

Staff members or frontline personnel who will be interacting directly with clients, including drivers, should receive education and training on SUD or have lived experience. “Our mobility manager has a very strong background of lived experience himself and with members of his family, and he has been able to sit down with many of our clients and meet them face to face, peer to peer,” Sayes says. “If you can hire a peer with lived experience, they will be able to communicate with and to the person they’re providing services to, which is really helpful.”

Visit the COSSAP Resource Center at www.cossapresources.org.

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice’s Office of Justice Programs.

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