

# APPLICATION FOR GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

## ATTACHMENT 1: APPLICATION FORM

### Section 1: Entity Information

Entity's Legal Name	VENTURA COUNTY SHERIFF'S OFFICE
Doing Business As (If Applicable)	
Street Address	800 SOUTH VICTORIA AVE
City, State, Zip / Country	VENTURA, CA, 93009, USA
Mailing Address, If Different	
Email Address	
Main Telephone Number	805 654 2315

### Section 2: Entity Representatives

Primary Grant Director	Authorized Signatory	Contract Representative
Individual leading the implementation of this grant in the county	Individual authorized to sign on behalf of the applicant entity	Individual responsible for agreement processing and negotiations
Name Patricia Salas	Name Patricia Salas	Name Frank Chow
Title Commander	Title Commander	Title Budget Analyst
Email <a href="mailto:patti.salas@ventura.org">patti.salas@ventura.org</a>	Email <a href="mailto:patti.salas@ventura.org">patti.salas@ventura.org</a>	Email <a href="mailto:frank.chow@ventura.org">frank.chow@ventura.org</a>
Phone 805 933 8505	Phone 805 933 8505	Phone 805-654-2686

### Section 3: Grant Proposal

#### Objective:

The County of Ventura Sheriff's Office in collaboration with all stakeholders proposes to utilize available grant funding to employ a contracted Project Manager to oversee the development and implementation of MAT expansion in the jails. The Project Manager will develop and implement workflows to ensure safe and secure delivery of both Vivitrol and suboxone in the jails. Additionally, the Project Manager will be responsible for training jail staff on MAT, oversee the establishment of community partnerships through effective discharge planning and the crucial component of data collection and reporting systems in both the pre-trial and post-trial facility settings.

Medication alone is not the answer. Partnerships with community-based health care and support services for maximum benefit in the treatment of SUD coupled with appropriate counseling will provide the best results. All FDA-approved medication for the treatment of SUD is intended to be used in conjunction with counseling and behavioral therapies, although some research has found that providing MAT when counseling is not immediately available (for example, when a patient is on a waiting list) still improves outcomes. Therefore, the Project Manager will also ensure that appropriate levels of therapeutic programming is accessible along with the increased use of MAT.

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### **Project activities:**

The Ventura County MAT expansion project will proceed in phases:

#### **Phase I**

The first phase will include identification and employment of the Project Manager and the expansion of the existing Vivitrol program to include non-AB109 inmates. The goal of the expanded Vivitrol program is to provide the medication sooner and to more inmates. Vivitrol will be offered several months before release. Many correctional programs have found that, although individuals sign up for naltrexone 2 or 3 months before release, they often change their minds when it is time for the injections. Despite prolonged abstinence while incarcerated, it is reported that for some inmates, anticipation of imminent release triggers drug cravings and drug dreams, making them anxious and/or resistant to committing to the abstinence that the injections will promote. It is thought that the provision of the injections months before release will prevent renewed cravings and anxiety and encourage individuals to continue the medication after release. In concert with the injection, inmates will be educated about the effects of the medication and enrolled in some sort of cognitive therapy that can include Moral Reconation Therapy (MRT) or 12 step programming. The development of the MAT program will include a systematic assessment of every person entering the criminal justice system, the voluntary decision of the inmate in consultation with a medical doctor to seek MAT, MAT "contracts" signed by the inmate that clearly delineates the effects of the medication and the commitment to CBT and follow-up appointments, regular testing to ensure that the right dosage is being delivered and community support for continued treatment upon release. Additionally, baseline data and a scalable data collection system will be established as well as the discharge/release process that ensures a warm hand-off to Probation Agency (as needed), and both Behavioral Health and Ambulatory Care Departments.

To ensure the continuity of treatment after release, it is essential that funding be arranged for the inmates' health care post release. If medication is to be paid for through the state Medicaid program, individuals should be enrolled before release so there is no gap between release and eligibility to access the needed education. If health coverage requires prior approval for certain medications, it should be arranged before release for the same reason. In addition to financing medication, jails should facilitate participants' first post release community treatment appointments.

#### **Phase II**

Phase II of the project will incorporate an addendum to the County's contract with the medical services provider (Wellpath) to incorporate MAT programming for suboxone. Phase II will entail developing a budget to include additional security staff, Registered Nurses and X waived providers.

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Dispensing medications such as suboxone for the treatment of SUD in jail facilities that have no previous experience handling and storing them requires preparation and education. Precautions must be exercised to guard against the illicit diversion of such medications. Obviously, special care must be taken in the storage of MAT medications, both for security and to make sure that the medications are used before their expiration dates. Medical staff members must be reassured about potentially increased liability for the prescription and dissemination of these medications and informed about the possibility of increased workloads and the need for increased security precautions.

Ventura County jails will model their suboxone program after Rhode Island's. In 2016 the Rhode Island Department of Corrections implemented a MAT program that screened all in-coming inmates for SUD. MAT is then either continued or initiated upon commitment. The Rhode Island program was supported at all levels of the jails from leadership to front line staff. This project required increase in staff to handle the assessments as well as the provision of MAT and the associated CBT. Initially, security staff were resistant to the use of Suboxone out of concern for diversion. The medical director and several staff members met with the jail administrators and security personnel to educate them about MAT and to listen to concerns. These meetings went a long way in alleviating fears about the program.

### **Impacts:**

We anticipate inducting 100 - 200 inmates on Suboxone per month once the grant program begins. Because Vivatrol relies on an inmate's active engagement in the program outside of custody, the ability to determine participation numbers is fluid. With the development of more education and encouragement for inmates to accept a Vivitrol program, we expect to see a rise in existing numbers over time.

By conclusion of the one-year grant program, a solid frame work and initial expansion of the MAT program should be in place. This will allow additional MAT services to be provided to all interested Ventura County jail inmates, in conjunction with increased Cognitive Behavioral Therapy opportunities. In addition, the expanded MAT program should produce a reduction in recidivism of SUD inmates by improving the discharge process post-release, and assist the inmate as they transition back into the community. In collaboration with Behavioral Health, this will allow our community to offer assistance in the following areas: continuation of Vivitrol or Suboxone administration, out-patient clinic appointments, 12-step programs and other counseling services. Our hope is by utilizing this multidisciplinary approach, it will positively impact the lives of our opioid addicted population, improve interpersonal relationships and reduce recidivism.

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**Project oversight:**

The PM manager will work collaboratively with all stakeholders to develop policies and procedures for a MAT program. The PM will meet weekly with the Wellpath and Sheriff's Office designees to ensure forward momentum of the program. For the first six months, the focus will be developing the MAT program. The second six months will be implementing the program.

Wellpath will collect monthly data on the following key points:

- How many inmates come in on suboxone?
- Of those, how many choose to stay on while in custody
- Of those, how many:
  - Have behavioral incidents
  - Are involved in programming
  - Do they accept out of custody referrals?
  - Do they show up for their first out-of-custody appointments?
- How many inmates come in on vivitrol?
- How many not on vivitrol are assessed for appropriateness
- How many accept vivitrol
- Of those who agree with vivitrol, how many actually take the shot
- Of those, how many show up for their first out-of-custody appointments?

**Project Staffing:** For any staffing covered by these funds, describe the following for each position

1. Project Manager: 100% FTE for one year, contracted by Wellpath, The PM will have access and work space within the medical area of all Ventura Sheriff's Office detention facilities. The Wellpath Administrator will supervise the PM.
2. Discharge Planner: 50% FTE, for six months, contracted by Wellpath. The DP will have access and work space within the medical area and inmate housing areas of all Ventura Sheriff's Office detention facilities. The Wellpath Administrator will supervise the DP.
3. Substance Use Disorder Counselor. 50% FTE, for six months, contracted by Wellpath. The SUD counselor will have access and work space within the medical area and inmate housing areas of all Ventura Sheriff's Office detention facilities. The Wellpath Administrator will supervise the SUD
4. Deputy/Senior Deputy Sheriff: 15% FTE, for six months, 8 hours/week. The Deputy Sheriff will provide security and inmate management during MAT staff interaction within the Sheriff's detention facilities. The deputy will be supervised by on-duty VSO staff.

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## **Time Line and Milestones**

Provide a timeline for the period April 2019 – January 2020 that includes key project activities and milestones.

### **Benchmarks for Phase I:**

- Project Manager contracted within two months of project start date;
- Increased number of treatment plans establishing clinical protocols for initial and follow-up inmate assessments for MAT and CBT;
- Develop process to educate and encourage inmates to participate in Vivatrol program
- Increased number of inmates receiving Vivitrol at least two months prior to release;
- Increased number of inmates participating in CBT/MRT and/or 12-Step meetings at least two months prior to release;
- Increased number of lab test results showing efficacy of MAT within the jail setting;
- Established partnerships (MOUs for data sharing) with Community Health Centers and Behavioral Health Departments providing out-patient MAT;
- Increased number of inmates enrolling in Medi-Cal upon release as part of the discharge planning process;
- Increased number of inmates showing up for follow-up appointments up to six months post release;
- Reduced number of inmate overdoses within one month of release.

### **Benchmarks for Phase 2**

- Increase number of X waived prescribers and registered nurses who prescribe and dispense suboxone within 10 months of project start date
- Develop protocol for universal screening of all in-coming inmates for
- Develop a baseline for the number of inmates continuing or initiating suboxone upon commitment;
- Increase number of inmates receiving suboxone at least two months prior to release;
- Reduced number of inmates returning to jail on drug-related charges;
- Develop a protocol to engage Probation in the discharge plan of inmates on formal probation, mandatory supervision, or PRCS supervision.

## **Sustainability Plan**

Describe intent to secure permanent funding for successful activities that arise from this grant.

Dependent upon the implementation and viability of the expanded MAT program as created over the course of this one-year grant, additional grant funding may be pursued. Other options

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may include permanent funding for the project manager and discharge planner(s) through the stakeholders' budgetary processes.

**SIGNATURES**

Do you certify that the funding received by your organization from HMA would be allocated solely for the programmatic implementation of the Expanding MAT in County Criminal Justice Systems?

x YES    ☐ NO

Do you certify that the funding received by your organization from HMA would be allocated solely to increase access to treatment for persons presenting to the jail or drug courts with opioid addiction?

x YES    ☐ NO

Do you certify that the individuals listed in this application budget (including employees, independent contractors, or third-party contractors) will receive the funding as outlined?

x YES    ☐ NO

Do you certify that to the best of your knowledge, the information included in this application form, budget form, and back-up documents are complete and accurate?

x YES    ☐ NO

PATRICIA SALAS  
Name of Authorized Signatory

P. SALAS  
Signature

2/15/19  
Date



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ATTACHMENT 2: PROJECT BUDGET

Submit budget using the following table format. Add lines as necessary. Refer to sample calculations. Complete the budget narrative below the table.

BUDGET: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SYSTEMS				
COUNTY NAME: VENTURA				
<b>PERSONNEL</b>				
<b>Salary</b>				
Position Title	% FTE	Annualized Salary	Number of Months	Project Cost*
Program Manager	100	141,000	12	141,000
Substance Use Disorder Counselor	50	33,400	6	16,700
Discharge Planner	50	38,000	6	19,000
Subtotal Salary				176,700
<b>Fringe Benefit Cost</b>				
Position Title	Fringe Rate			Project Cost**
NA				
Subtotal Fringe Benefit				
<b>Total Personnel (subtotal salary + subtotal fringes)</b>				<b>176,700</b>
<b>Contractor/ Consultant</b>				
Position Title	Hours/month	Number months	Hourly rate	Project Cost***
Deputy Sheriff	32/month	6	96.56	18,539
<b>Total Contractor/Consultant</b>				<b>195,239</b>

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Other Cost				
Supplies – miscellaneous office related i.e., paper, pencils, folders, tabs, external storage drives, notebooks; basic universal precautions and medical equipment (gloves, masks, gowns, etc.)				10,000
Equipment - desktop computers, monitors, tablets, color printers, external storage drives, etc.)				15,000
Other (describe) software, licenses				7,500
Other (describe) office desks/chairs/file cabinets				12,500
Other (describe) travel to other facilities/entities/conferences/trainings for MAT program learning and assessment (to include commercial airfare, hotel, tax, ground transportation, fuel, parking, meals, etc.)				\$20,000
Subtotal Other				
Indirect	Rate			Project Cost****
<b>TOTAL PROJECT COST^</b>				<b>\$260,239</b>

\* % (FTE x annualized salary)/12 months x # months

Example .8 FTE at \$60,000 per year for 7 months:  $(.8 \times \$60,000)/12 \times 7 = \$28,000$

\*\* Project cost for salary x fringe rate

Example \$28,000 project cost for example above with fringe rate 32% =  $\$28,000 \times .32 = \$8,960$

\*\*\* Contractor project cost = hours per month x # months X hourly rate

Example 80 hours per month x 7 months \$ \$125 per hour = \$7,000

\*\*\*\* Indirect cost = Indirect rate X cost to which it is applied

Example = Indirect rate 5% applied to personnel costs of \$130,000 = \$6,500

^ TOTAL PROJECT COST = Total Personnel + Total; Fringes + Total Contractors + Other + Indirect



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## ATTACHMENT 3 JAIL DATA

- Applicants must provide data for all lines in the table below, for the period November 2018 – January 2019, at a minimum.
- A full year of data is preferred by not required. Add additional columns to report for more than six months.
- If some data elements are not available, enter NA and develop a means of collecting and reporting the element in the future.
- This data will be tracked aggregated and tracked across jails, and no jail identifiers will appear in any use of this data.

JAIL DATA REPORTING TEMPLATE						
COUNTY: VENTURA						
	Nov 2018	Dec 2018	Jan 2019			
Average daily population	1459	1400	1417			
Intakes	2231	2465	2741			
Intakes requiring detox or monitoring for:						
Alcohol	72	102	121			
Opioids	133	157	201			
Benzodiazepines	4	1	11			
Methamphetamine	18	18	14			
Other	0	0	0			
Withdrawn from methadone	16	15	22			
Withdrawn from buprenorphine	2	0	5			
Withdrawn from naltrexone	0	0	0			
Continued on methadone						
Pregnant	0	0	0			
Not pregnant	0	0	0			
Continued on buprenorphine						
Pregnant	0	0	0			
Not pregnant	0	0	0			
Continued on naltrexone	0	0	0			
Inducted on methadone	0	0	0			
Inducted on buprenorphine	0	0	1			
Inducted on oral naltrexone	0	0	0			
Received Vivitrol injections	1	0	2			
Drug overdose (fatal and nonfatal)	0	0	0			
Units naloxone given to detainees and/or visitors	0	0	0			