ADDRESSING THE OPIOID CRISIS

AT THE LOCAL LEVEL
AN ALL HANDS ON DECK APPROACH

**Increased Residential Capacity**
Expansion from 170 to 440 beds (since 2016)
1,810 unique Operation Rio Grande clients accessed services

**Expansion of Medication Assisted Treatment (MAT) in the Community**
Two new clinics in Murray and West Jordan and increased capacity in the downtown area

**Justice Reinvestment Programming**
Intensive Supervision Probation Program
Expanded Drug Court Funding
CORE II

**Naloxone Overdose Reversal Kits**
1400 Kits Distributed in 2018
(3024 anticipated in 2019)

**Vivitrol Program**
Community and Jail Services
(one medication available to CATS participants)
~450 individuals
71% reduction in new charge bookings
82% reduction in length of stay

**Housing**
DBHS partnering on three tax credit projects near the downtown area and other exiting housing programs

And many other initiatives...
“Historically, it has not been the responsibility of the sheriffs and jail administrators to be primary providers of substance use disorder treatments. But with thousands of Americans dying every week from drug overdoses and those recently released from jail among the most defenseless, the situation has changed - sheriffs have taken on the challenge...

In 2017, the nation’s sheriffs resolved to support the most current, evidence-based substance use disorder treatment within their jails to respond to the opioid and drug epidemic. Sheriffs have become this nation’s pioneers in establishing medication-assisted treatment (MAT) programming, expanding jail MAT programs into 30 states at present...

Jails represent perhaps the most unique place to get individuals off drugs and on the path to long-term recovery...”  JONATHON F. THOMPSON, EXECUTIVE DIRECTOR AND CEO, NATIONAL SHERIFF S’ ASSOCIATION
NATIONAL SUPPORT & DIALOGUE

- THE BUREAU OF JUSTICE STATISTICS
  - Two-thirds of individuals in jail are estimated to have substance use disorders, many of them with Opioid Use Disorders (OUDs).

- NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE
  - ...Medication-assisted treatment is widely held to be a cornerstone of best practice for recovery from substance abuse. Effective treatment, including MAT, particularly when coupled with evidence-based behavioral treatment, improves medical and mental health outcomes and reduces relapses and recidivism.

- NATIONAL INSTITUTE ON DRUG ABUSE
  - Medication-assisted treatment, utilizing the U.S. Food and drug administration (FDA)-approved medications methadone, buprenorphine, or naltrexone, is considered a central component of the contemporary standard of care for the treatment of individuals with opioid use disorders.
FEDERAL STATE OPIOID RESPONSE (SOR) GRANT

- $7.8M AWARDED TO OUR STATE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH (DSAMH)
  - DESIGNED TO BE 2 YEAR FUNDING, BUT THE SECOND YEAR HAS NOT BEEN VERIFIED YET
- FUNDING WAS SENT OUT ON FORMULA TO COUNTIES IN DECEMBER 2018
- SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES: $1,809,034 (FIRST YEAR)
  - MAINTAIN NEW COMMUNITY CLINICS (MURRAY AND WEST JORDAN)
  - JAIL MAT
  - PURCHASE ADDITIONAL NALOXONE OVERDOSE REVERSAL KITS
- LEADING UP TO THE AWARD, DSAMH FUNDED A STAKEHOLDER VISIT TO MARICOPA COUNTY (SHERIFF'S OFFICE, DBHS, DSAMH, PROJECT REALITY AND A CJAC REPRESENTATIVE)
- MULTIPLE OTHER JURISDICTIONS CONSULTED OR STUDIED
- SALT LAKE COUNTY’S OPIOID TREATMENT PROVIDERS WERE CONVENED TO INITIATE A PROCESS FOR COORDINATION OF CARE UPON RELEASE
- AN ESTIMATED 300 INDIVIDUALS ARE BOOKED A MONTH IDENTIFYING RECENT HEROIN OR OPIATE USE IN THE SALT LAKE COUNTY JAIL
THREE FDA APPROVED MEDICATIONS

- **Methadone** – Clinic-based opioid agonist that does not block other narcotics while preventing withdrawal while taking it; daily liquid dispensed only in specialty regulated clinics

- **Buprenorphine** – Office-based opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk; daily dissolving tablet, cheek film, or 6-month implant under the skin

- **Naltrexone** – Office-based non-addictive opioid antagonist that blocks the effects of other narcotics; daily pill or monthly injection
SL COUNTY JAIL PROPOSED MAT EXPANSION

To provide methadone, buprenorphine or naltrexone to those enrolled in the MAT program; coordinated with substance use disorder treatment and coordinated referrals to outside treatment services upon release.

Preliminary Draft of Program Guidelines:

- Screening at booking for an Opioid Use Disorder
- Identify individuals that meet MAT Program requirements
- The correct medication and dosage will be a shared decision between the patient and prescribing clinician and in consultation with their community OTP
- Up to 3 days of methadone may be administered by jail staff, dosing after that point will occur through Project Reality

Participants will receive education and SUD treatment by Substance Use Disorder Counselors

- Currently enrolled in an Opioid Treatment Program in the Community (exceptions made for pregnant females, supervised withdrawal, and naltrexone programming)
- Individuals with longer sentences or sentenced to prison will be reviewed for a taper
- Voluntary participation

Coordination of Care will occur utilizing the state’s OTP database (Lighthouse), and local treatment providers

Initial estimates for program capacity to be a minimum of 100 inmates at any given time.
JAIL MAT EXPANSION OUTCOMES AND DATA

• CRIMINAL RECIDIVISM REDUCTION
  • MEASURED CHANGES IN NEW CHARGE BOOKINGS IN THE COUNTY JAIL PRE- AND POST-RELEASE

• INCREASED ACCESS TO COMMUNITY TREATMENT RESOURCES
  • REDUCED WAIT TIMES FOR SUD TREATMENT

• BASED ON FEDERAL GRANT REQUIREMENTS ALSO REPORTING:
  • NUMBERS OF INDIVIDUALS SERVED (MONTHLY AND QUARTERLY)
  • TYPES OF SERVICES PROVIDED AND LEVEL OF CARE (QUARTERLY – E.G., MEDICATION, SUD TX, ETC.)
  • TYPES OF MEDICATION USED (QUARTERLY)
  • DOLLARS EXPENDED FOR MEDICATION (MONTHLY)
  • TOTAL DOLLARS SPENT
PROGRAM COSTS

• SHERIFF’S OFFICE BUDGET MAY-DECEMBER 2019—$804,639
  • SALARIES AND BENEFITS—$470,739 ($706,109 ANNUALIZED)
    • 8 STAFF (3 JAIL NURSES, 3 SUBSTANCE USE DISORDER COUNSELORS, 1 OFFICE COORDINATOR AND 1 PROGRAM MANAGER)
  • ONE TIME EQUIPMENT AND TRAINING COSTS—$74,400
    • Laptops, phones, radios, office equipment, training and licensure
  • MEDICATION AND PHYSICIAN COSTS—$255,298 ($382,950 ANNUALIZED)
    • Suboxone, methadone, and physician contract
  • OTHER DBHS CONTRACTING WITH PROJECT REALITY $178,667 ($268,000 ANNUALIZED)
    • DAILY MEDICATION DELIVERY AND DOSING

*YEAR 2 BUDGET $1,093,259 (EXCLUDES ONE TIME COSTS)

THIS PROGRAM WILL BE FULLY FUNDED THROUGH FEDERAL AND STATE DOLLARS RECEIVED THROUGH DBHS. SHOULD FUNDING BE DISCONTINUED THE PROGRAM WILL BE GRADUALLY CLOSED THROUGH ATTRITION.
QUESTIONS?