

COHORT 2

Expanding MAT in County Criminal Justice Settings: A Learning Collaborative

APPLICATION TO PARTICIPATE IN COHORT 2

This document contains all application contents. There are two components to applying.

ON-LINE APPLICATION Prepare your response using this document, then [click here](#) to enter the information. If you do not complete it in one sitting, you may close the application and return to it later from the same computer; your entries will have been saved. You may also move backward and change answers before submitting. No edits can be made after submittal.

LETTERS OF SUPPORT Email the required letters of support when you submit the application. Refer to Section Five for details. Send letters in a single email message to MATinCountyCJ@healthmanagement.com

Questions? Email them to MATinCountyCJ@healthmanagement.com

Submitting this application confirms the intent of the applicant county to expand the number of persons to whom medication assisted treatment (MAT) is made available in jail and (if applicable) drug courts, and to consider using at least two forms of MAT in criminal justice settings.

Submitting this application also confirms the intent of the proposed team members to attend the first Learning Collaborative on Tuesday April 23, 2019 at the Hyatt Regency in Sacramento.

CONTACT PERSON:

To whom should questions about this application be addressed?

NAME:	Raena West, LCSW
TITLE:	Humboldt County Substance Use Disorder Administrator
PHONE:	(707) 268-2987
EMAIL:	RWest@co.humboldt.ca.us

SECTION ONE: PARTICIPANTS

COUNTY	Humboldt	HOW MANY JAILS ARE IN THIS COUNTY?	1
WHAT IS THE TOTAL AVERAGE DAILY POPULATION OF THE JAILS?			
ARE THERE DRUG COURTS IN THIS COUNTY?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY? 2
LEAD AGENCY NAME	Department of Health and Human Services (DHHS)		
STREET ADDRESS	720 Wood Street		
CHAMPION FROM LEAD AGENCY	NAME	Raena West, LCSW	
TITLE	Humboldt County Substance Use Disorder Administrator	PHONE	(707) 268-2987
		EMAIL	RWest@co.humboldt.ca.us

Team members (minimum five, maximum eight, including the Champion). Must include person from each category 1 – 4. Refer to program guide for guidance on team members.

CATEGORY	NAME	TITLE	ORGANIZATION	EMAIL ADDRESS
1. JAIL HEALTH SERVICES	Timothy Gannon, M.D.	DHHS- Mental Health Medical Director	Humboldt County DHHS	TGannon@co.humboldt.ca.us
2. JAIL CUSTODY	Dennis Griffin	Operations Lieutenant, Humboldt County's Sheriff's Office, Custody Services Division	Humboldt County Sheriff's Office	DGriffin@co.humboldt.ca.us
3. COUNTY ADMINISTRATION	Raena West, LCSW	Humboldt County Substance Use Disorder Administrator	Humboldt County DHHS- Mental Health	RWest@co.humboldt.ca.us
4. DRUG COURT (IF APPLICABLE)	Coral Sanders	Adult Division Director	Humboldt County Probation Department	CSanders@co.humboldt.ca.us
5. COUNTY DRUG TREATMENT AGENCY	Raena West, LCSW	Humboldt County Substance Use Disorder Administrator	Humboldt County DHHS- Mental Health	RWest@co.humboldt.ca.us
6. Local Opioid Coalition Rx Safe Humboldt	Rosemary Den Ouden	Co-Chair	Rx Safe Humboldt Coalition	rdenouden@humboldtipa.com
7. OTHER JAIL Behavioral Health Treatment	Donna Bullard, LCSW	Supervising Mental Health Clinician	Humboldt County Correctional Facility/ Community Corrections Resource Center	DBullard@co.humboldt.ca.us
8. OTHER				

SECTION TWO: COUNTY SYSTEM FOR ADDRESSING OPIOIDS

<p>1. Does your County operate a Local Opioid Coalition? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, briefly describe how this project will interface with the Coalition.)</p>
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2. Is MAT part of the assessment and recommendations in drug court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
3. Does the drug court of County have a current plan or set of goals for expanding access to MAT through the drug court or criminal justice system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE If yes, briefly describe
4. Does the jail or county have a current plan or set of goals for expanding access to MAT in the jail? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please briefly describe
5. Has funding targeted to treatment of SUDs, MAT, and/or opioid addiction been awarded to this county in the past three years? (May be from a variety of state, federal, and private funders.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE If yes, please briefly describe the funder, funded agency, and funding objectives for each.

SECTION THREE: RATIONALE FOR COUNTY PARTICIPATION IN PROJECT

Provide a brief description of the reasons the County is interested in this project and three desired outcomes from participation.

Humboldt County recognizes that a high proportion of our population has an opioid use disorder (OUD), and many of those community members have interactions with the legal system. When a person with OUD enters the Humboldt County Correctional Facility (HCCF), it’s an excellent opportunity to provide them medication-assisted treatment (MAT) in a stable environment where they will also receive substance use disorder (SUD) and mental health counseling. Participants in this learning collaborative will gain an understanding of how to expand access to at least two forms of MAT for OUDs in HCCF. The team will learn about each other’s programs and how to work together in order to reduce Humboldt’s opioid overdose death rate. We also hope to expand SUD treatment options for Humboldt County residents.

SECTION FOUR: Current State of MAT in Jail

Please answer each of the following questions. There are no right or wrong answers and your responses will not be used in deciding your eligibility. Responses will only be shared in the aggregate and will not identify any county or jail. The information will provide valuable insight into the needs of each participating County and will allow teams to be grouped for tailored content and support.

In the County jail(s), how is each circumstance currently addressed? Mark all that apply for each category.	
1. Pregnant opioid users who come in on methadone	<input type="checkbox"/> Withdraw from methadone without a taper <input type="checkbox"/> Withdraw from methadone using a taper <input type="checkbox"/> Continue on methadone <input checked="" type="checkbox"/> Convert to buprenorphine <input type="checkbox"/> Other (describe briefly)

In the County jails(s), how is each circumstance currently addressed? Mark all that apply for each category.

<p>2. Pregnant opioid users not on methadone</p>	<p><input checked="" type="checkbox"/> Withdraw from opioids using COWS; treat symptoms</p> <p><input type="checkbox"/> Withdraw from opioids using another assessment instrument; treat symptoms</p> <p><input type="checkbox"/> Begin methadone</p> <p><input checked="" type="checkbox"/> Begin buprenorphine</p> <p><input type="checkbox"/> Other (describe briefly)</p>
<p>3. Detainees with reported heavy alcohol use</p>	<p><input type="checkbox"/> No special assessment or treatment</p> <p><input type="checkbox"/> Provide benzodiazepine to prevent withdrawal problems</p> <p><input checked="" type="checkbox"/> Monitor for withdrawal with CIWAS; treat symptoms</p> <p><input type="checkbox"/> Monitor for withdrawal with other assessment instrument; treat symptoms</p> <p><input type="checkbox"/> Provide oral naltrexone to manage cravings</p> <p><input type="checkbox"/> Other (describe briefly)</p>
<p>4. Detainees with reported heavy benzodiazepine use</p>	<p><input type="checkbox"/> No special assessment or treatment</p> <p><input checked="" type="checkbox"/> Monitor for withdrawal and treat symptoms</p> <p><input type="checkbox"/> Other (describe briefly)</p>
<p>5. Detainee with OUD on methadone at intake</p>	<p><input checked="" type="checkbox"/> Withdraw from methadone without a taper</p> <p><input type="checkbox"/> Withdraw from methadone using a taper</p> <p><input type="checkbox"/> Maintain methadone</p> <p style="padding-left: 20px;">If yes, for how long will you maintain?</p> <p><input type="checkbox"/> For a limited period of time (how long?)</p> <p><input type="checkbox"/> Throughout incarceration</p> <p><input checked="" type="checkbox"/> Other (describe briefly)</p> <p>Treat for opioid withdrawal.</p>
<p>6. Detainee with OUD on buprenorphine at intake</p>	<p><input checked="" type="checkbox"/> Withdraw from buprenorphine without a taper</p> <p><input type="checkbox"/> Withdraw from buprenorphine using a taper</p> <p><input type="checkbox"/> Maintain buprenorphine</p> <p style="padding-left: 20px;">If yes, for how long will you maintain?</p>

In the County jails(s), how is each circumstance currently addressed? Mark all that apply for each category.	
	<input type="checkbox"/> For a limited period of time (how long?) <input type="checkbox"/> Throughout incarceration <input checked="" type="checkbox"/> Other (describe briefly) Treat for opioid withdrawal
7. Detainee with OUD on Vivitrol	<input checked="" type="checkbox"/> Discontinue Vivitrol <input type="checkbox"/> Convert to oral naltrexone <input type="checkbox"/> Maintain Vivitrol If yes, for how long will you maintain? <input type="checkbox"/> For a limited period of time (how long?) <input type="checkbox"/> Throughout incarceration <input type="checkbox"/> Other (describe briefly)
8. Detainee with OUD not receiving any treatment	<input type="checkbox"/> No special assessment or treatment <input type="checkbox"/> Offer and begin methadone <input type="checkbox"/> Offer and begin buprenorphine <input type="checkbox"/> Offer and begin oral naltrexone <input type="checkbox"/> Offer and provide Vivitrol injection <input checked="" type="checkbox"/> Other (describe briefly) Monitor and treat for withdrawal.
9. Does the jail offer drug treatment counseling? Yes.	
Education <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Therapeutic Groups <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Individual Counseling <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Therapeutic Community/Residential <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Are detainees on MAT allowed to participate in SUD counseling? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10. Does the jail offer Vivitrol at release? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, how many injections are given prior to release? Not Applicable.	
11. Does the jail provide naloxone to detainees at release? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

SECTION FIVE: LETTERS OF SUPPORT

Application must include the following letters of support, which are to be submitted at the time of application via email to MATinCountyCJ@healthmanagement.com

1. County Manager – letter from office of county manager indicating support of the county organizations participating in the project and support of the project goals
2. Sheriff – letter from the Sheriff’s office indicating support of the project and its goals
3. Lead Agency - letter from the director of the Lead Agency indicating support for the project and its goals, the agency’s commitment to accept and disburse project funds, and support for the Team Champion with sufficient back-up and latitude to carry out project duties April 2019 – September 2020 and including all four in-person Learning Collaboratives.

Note: if the Lead Agency is the Office of the County Manager or the Sheriff’s Department, this content can be addressed in the letter required of that agency and a third letter is not required.

APPLICATION SUBMITTAL

Please [click here](#) to enter your application response and send letters of support via email to MATinCountyCJ@healthmanagement.com

**Application and letters of support must be submitted by
Friday March 1, 2019 at 5:00 p.m.**