

Mendocino County Behavioral Health and Recovery Services (MCBHR)

Substance Use Disorders Treatment (SUDT)

Comprehensive Opioid, Stimulant and Substance Abuse Site-based Program (COSSAP)

Project Narrative

Category 1- Subcategory 1.b

Description of the issue - Rural Mendocino County (pop. 86,749) lies on Northern California's Pacific coast about 100 miles north of San Francisco, covering 3,506 square miles of rugged mountainous terrain. Mendocino County communities include four incorporated cities, with Ukiah (pop. 16,075), the Seat of Government, being the largest; six unincorporated towns, including four state-designated frontier communities; 30 unincorporated "pocket" and "unofficial" communities in isolated parts of the county; and 11 American Indian Tribes. Racially, 85% of county residents are White, 7% Native American, and 8% of other or multiple races. Ethnically, about 25% of residents are Hispanic. However, the percentage of Latinos is higher among youth. For example, 45% of last year's kindergarten students were Latino. Life is difficult for many Mendocino County residents, with 19.1% of county residents living in poverty,¹ compared with 13% statewide, and 10.5% nationwide. According to the US Census statistics from the American Community Survey, 24% of Mendocino County children are in households that live below the poverty level. In addition, people whose ages are between 18 and 64 make up 20.5% of living below poverty levels. In Mendocino County, rural existence and rugged terrain contribute to outlying communities living at higher levels of poverty and having

¹ American Community Survey 2013-2017 ACS 5-year Narrative Profile, Mendocino County, Ca. (<https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/2017/report.php?geotype=county&state=06&county=045>)

less access to services. These communities have much higher rates of poverty than the county's overall percentages. For instance, in Ukiah, which 15,582 respondents to the census, had a 20% poverty rate; Willits had 4,782 respondents and a poverty level of 27.4%; Laytonville had 1,156 respondents, and a poverty rate of 36.6%; and Covelo, which houses a large portion of Native Americans had 1,198 respondents, and has the highest rate of poverty at 39.6%.² Along with the coastal communities, Laytonville and Covelo, who are geographically challenged, receive fewer services. Covelo is at the foot of the Mendocino National Forest and a 1.5-hour drive to Ukiah, Laytonville is a 1-hour drive, and Willits is a .5 hour drive to the county seat. As a result, few and/or limited services are available in these locations.

The median household income of \$51,830 is only 69% of the statewide median (US Census). Mendocino County ranks lower than most California counties in overall health outcomes, length of life, and health behaviors.³ As of December 2019, Mendocino County's rate of substantiated allegations of child abuse was 22.3/1,000, almost triple the statewide rate of 7.7/1,000, and the foster care rate of 10.2/1,000 was nearly double the statewide rate of 5.8/1,000.⁴ Furthermore, while the county reports a decrease in child welfare calls since the beginning of the COVID-19 pandemic, there has been an increase in the severity of substantiated neglect and abuse cases, as well as a 9% increase in domestic violence calls. California Department of Public Health data shows that Mendocino County's age-adjusted death rate due to suicide is 21.3%, compared with the statewide rate of 10.4%. The county's age-adjusted drug and opioid-involved death rate is 30.2%, compared with California's rate of 11.9% and the national rate of 20.7%.

² Welfare Information (www.welfareinfo.org/poverty-rate/california/mendocino-county)

³ County Healthy Rankings

⁴ California Child Welfare Indicators Project

Mendocino County lies in the heart of the rugged Emerald Triangle that has provided cover for clandestine marijuana cultivation since the 1960s, resulting in about 10% of California's Campaign Against Marijuana Production (CAMP) seizures coming from Mendocino County. The war on drugs created multiple layers of stress that negatively impacted youth, leaving many children and adults traumatized. Since California's 1996 legalization of medical marijuana and the subsequent legalization of recreational use in 2016, illegal marijuana operations have multiplied.

The motivation to apply for this funding exists because of the never-ending lack of funding coming into Mendocino County to address gaps in our services and the overwhelming need for programs and staffing to address these gaps. Unfortunately, this lack of adequate funding streams makes us unable to execute appropriate responses to our community's substance abuse epidemic.

Project design and implementation - Mendocino County Behavioral Health and Recovery Services (MCBHRs), in partnership with Mendocino County Sheriff's Office (MCSO) and in collaboration with Mendocino Community Health Clinics (MCHC) and Mendocino Coast Clinics (MCC), propose to utilize COSSAP grant funding for the creation/expansion of "The Bridge Program."

Collaboration between MCBHRs and MCSO has already initiated the beginnings of jail-based Medication Assisted Treatment (MAT) and has part-time substance use counselors providing SUD education groups and individual sessions. The MAT medication is currently only being provided within the jail if;

- Individuals are already currently participating in a MAT program upon arrest and detention.

- Individuals are arrested and detained and are in opioid-related withdrawal and in need of buprenorphine tapering for the ease of withdrawal symptoms.

Our common goal is to expand these services for MAT and to address the overwhelming stimulant use concern. Mendocino County has experienced a severe epidemic of stimulant use, mainly methamphetamine. From July 1, 2020, to today, June 25, 2021, 132 individuals entered into SUDT reporting stimulants/amphetamine as their substance of choice. This is the highest substance of concern, during this timeframe, reported amongst individuals entering our treatment program. Although opioid use continues to be on the rise in our community, 23 individuals entering treatment identify an opiate as their primary drug of concern, from July 1, 2020, to today, June 25, 2021. This data shows that stimulants remain the highest substance of concern in our county.

In the following analysis, only data from the first quarter from 2019, 2020, and 2021 are reported; the SARS-CoV-19 Pandemic radically altered the jail's ability to house and treat inmates after March 2020 and reported data between April 1, 2020, and December 31, 2020, is not representative of expected potential persons served under this grant.

Jail intake data for the first quarter of 2019 indicates that of those intakes requiring medical screening, the incidence of reported stimulant use (24%) exceeds the incidence of opioid use (8%). Although reported stimulant use is not available for 2020 and 2021 due to electronic health record limitations, opioid use saw a modest increase from 2019-2021:

JAIL	Q1 2019	Q1 2020	Q1 2021
	Total intakes=353	Total intakes= 802	Total intakes= 692
Stimulant	24% (N= 84)	Not available	Not available

Opioid	8% (N=28)	9% (N=92)	14% (N=85)
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During the two-year, five-month period between January 2019 and May 2021, Mendocino County saw 100 deaths due to drug overdose or drug poisoning.

	2019 Deaths= 41	2020 Deaths= 45	1/2021-5/2021 Deaths= 14
Stimulants	61% (N=25)	36% (N=16)	43% (N=6)
Non-synthetic opioids	32% (N=13)	7% (N=3)	14% (N=2)
Synthetic opioids	12% (N=5)	29% (N=13)	29% (N=4)
Co-occurrence of stimulant/opioid	24% (N=6)	9% (N=4)	0
Co-occurrence of stimulant/synthetic	12% (N=3)	18% (N=8)	36% (N=5)

Source: CDPH Vital Statistics Death Records

ICD-10 Codes for Drug Poisoning: X40, X41, X42, X43, X44, T40.0, T40.1, T40.2, T40.3, T40.4, T40.6, X60, X61, X62, X63, X64

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Similarly, Emergency Room (ER) discharge data for two of the three ERs in Mendocino County from January 2021 through March 2021 shows that rates of reported primary stimulant use/abuse or overdose/poisoning rates exceed those of opioids by about 50%:

	Stimulant	Opioid	Synthetic Opioid
Adventist Ukiah	23%	16%	1%
Adventist Howard Memorial	27%	15%	0

Source: Adventist Health Systems ICD-10 coding for F11, F15, T40.4, T40.6, T43,

An important limitation of the above data is that co-occurrence of stimulants and opioids is not noted in the data set. However, if the trend established by the Death data is consistent, then it is expected that at least a third of the reported incidences above have a co-occurring stimulant or opioid. This indicates a significant community risk of poly-drug dependence, which is clinically more challenging to treat in any setting, let alone in custody. Additionally, the precipitous increase in the co-occurrence of stimulants and synthetic opioids-primarily Fentanyl- involved in deaths presents additional risk to community and law enforcement alike because of the tiny amounts needed to cause significant harm and death.

Although the jail data does not include reported stimulant occurrences after July 2019, given the other available data regarding stimulant incidence, there is no support for any conclusion other than the incidence of reported stimulants is consistent or increased, and at least one-third will be accompanied by co-occurring opioid use.

With these substance abuse concerns in mind, MCBHRS and MCSO are proposing to enhance existing services by funding a Behavioral Health Case Manager who will work full time in the jail, identifying individuals who would likely benefit from MAT/SUD treatment services and assist them with making connections to our local health clinics and SUDT programs, while incarcerated, so that these connections can be made, warm handoffs can be accomplished and appointments for post-release given. This comprehensive discharge planning will begin to occur at the time of incarceration and identification of an OUD, SUD issue. Not only will individuals have access to MAT medications in custody, but they will also be given the opportunity to attend SUD groups and meet with a counselor individually to help connect them with a recovery mindset before they are released. The case manager will also help with connections to any other resources in the community that the individual may need and, in some cases, assist with

transportation to the individual's first MAT or SUD appointments. In addition, the case manager will track data points on each individual, which will show increases to MAT participation, increases to SUD treatment participation, and overall decreases to post-release overdose rates and decreases to substance abuse-related recidivism rates.

Program Priority Areas - As the given data shows, Mendocino County has a high rate of primary treatment admissions for OUD and stimulant use as well as a high rate of overdose deaths (30.2%, compared with California's rate of 11.9 %.) We have also demonstrated that because of the very rural nature of some of our communities, access to treatment, facilities, and emergency services is indeed lacking. Many residents living in our outlying rural communities must travel 1-3 hours to Ukiah to give birth as Ukiah Adventist Health is the only OBGYN birth and delivery center in the entire county. We have also demonstrated a high rate of our residents live in high poverty areas: "Life is difficult for many Mendocino County residents, with 19.1% of county residents living in poverty, compared with 13% statewide, and 10.5% nationwide."

Please note that MCBHRS and MCSO do not have the funding available within our respective budgets to hire this much-needed case manager position. This lack of funding continues to be the greatest downfall for our agency's workforce. Upon the desired performance of this program, we can then show the need to continue this position/program and justify the costs associated to our Board of Supervisors to gain funding once the grant ends.

Target Population - The Bridge Program will focus on Mendocino County residents entering the Mendocino County jail that identify as having an opioid use disorder or any substance use disorder.

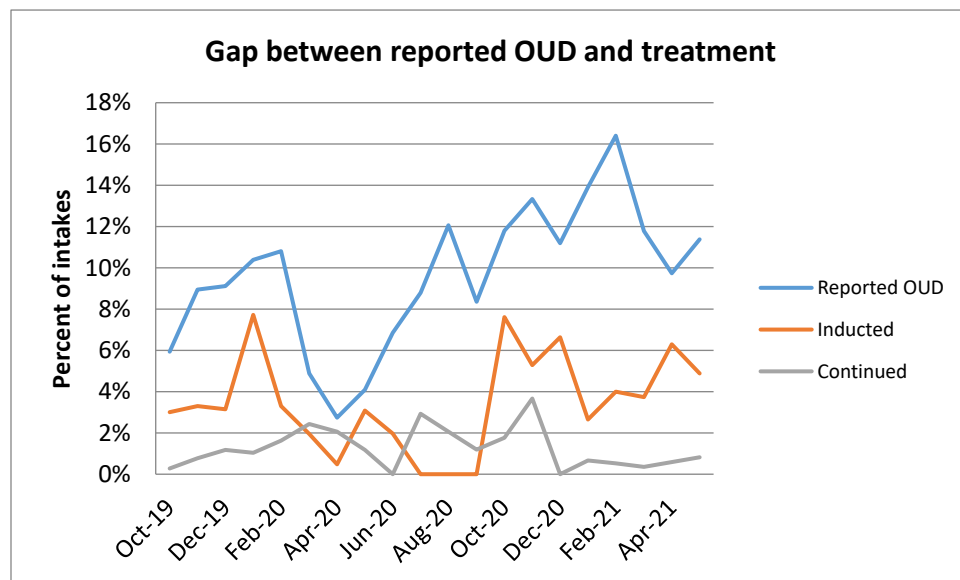
Jail Data - Stimulant use was reported only for the months of October 2018 through June 2019. Of all Jail intakes requiring drug screening by medical personnel, 23% reported stimulants as the

drug of choice, and 8% reported opioids as the drug of choice. For the months of January 2021 through April 2021, the Jail reported an opioid incidence of 13%. This aligns with the reported incidence of opioids (16%) in the ER data from the same period.

Prior to October 2019, Jail policy was to continue MAT treatment only for pregnant inmates and either discontinue or use a buprenorphine taper for all other individuals with an opioid use disorder (OUD).

Since October 2019, when the MAT in the Criminal Justice policy went into effect, 562 intakes reported opioids as their drug of choice, an average of 10% of all intakes requiring medical screening. Of those, 73 were continued on MAT services (13% of the 562). The Jail inducted a total of 181 inmates (32% of the 562). This number constitutes 3.45% of the overall jail population.

There is a consistent gap between the incidence of reported OUD versus induction and continuation.



Of note, the month of April 2020 had the smallest gap between services and identified need; this was also the first full month the jail was in compliance with the County Health Officer's Shelter In Place Order due to the pandemic, and the overall jail population was its lowest at any point in the period of data collection. This may indicate that a larger staff to inmate ratio would substantially increase the likelihood of any given inmate with a substance use disorder receiving services.

Mendocino County will close that gap with the funding from this grant.

Capabilities and Competencies - MCBHRS has a strong history of finding ways to implement much-needed programs to fill the service gaps in our community. For instance, the SUDT outpatient treatment program in coastal Fort Bragg had no Pre-Trial Diversion program for those mandated by the courts. Residents of the Fort Bragg and surrounding coastal areas were expected to travel well over 1-2 hours to Ukiah and attend these classes to comply with the courts. As of January 2020, SUDT now offers these services on the coast. This is just one example of our strong management and staffing structure and our dedication to serving our community. The Deputy Director of SUDT, Rendy Smith, will be the Project Director/Coordinator responsible for carrying out grant activities at 5% FTE. The example above is just one of many that she has implemented. MCSO is the only jail in the entire county. The existing services in the jail to address OUD/SUD issues are improving. However, there is a great need to expand on these existing services by adding staff.

Partner Agencies:

Mendocino Community Health Clinics (MCHC) - Mendocino Community Health Clinic is an innovative program that is addressing the opioid crisis in Mendocino County using evidence-

based programming. In their current MAT Program, they combine medical care and behavioral health services and intensive case management to support and educate patients as they work to overcome their substance use disorders. They work with patients in groups and individually, monitoring everyone closely to help each patient stay on track. In addition, as part of their chronic pain program, they thoroughly evaluate patients to make sure they have the correct medication dose for the suitable duration. As a result, they have steadily decreased opiate dosing to safer levels for most patients: they reduced the percentage of their patients on high-dose opioids from 23.0% in August 2016 to 19.0% in March 2017.

To cement their gains and safeguard our communities, MCHC is involved with the Safe Rx Lake County and Safe Rx Mendocino County coalitions, which establish prescribing guidelines and educate people about the dangers of opioid misuse.

MCHC has agreed to partner with MCBHRS, SUDT, and MCSO to provide a warm introduction via telehealth to inmates while in custody. This will familiarize individuals with the clinic staff and services and provide individuals with set appointments to MAT services, physical health care, and behavioral health care once inmates are released from custody. This continuum of care would seamlessly transition to the MCHC facility. MCHC will provide services to all Ukiah residents and also has a clinic in Willits, Ca. that serves our northern Mendocino County residents. MCHC will also continue to work closely with SUDT and make referrals for individuals in need of treatment.

Mendocino Coast Clinic (MCC) - MCC provides medical, dental, behavioral health services and MAT to Mendocino County residents who reside in our coastal communities and have been doing so for over 25 years. MCC is the only health center on the Mendocino Coast to provide a multi-faceted suboxone program to treat opiate use disorder. This program is free of charge to

anyone, and you do not need to be an MCC patient to access these services. MAT services are personalized to each patient, and individual and group counseling are available, along with case management and coordination of patient care. MCC also participates in the Safe Rx coalition to further the progress made in the coastal communities to combat the opioid epidemic. In addition, MCC has agreed to partner with MCBHRS, SUDT, and MCSO to provide a warm introduction via telehealth to inmates while in custody. This will familiarize individuals with the clinic staff and services and give the individuals set appointments to MAT services, physical health care, and behavioral health care once inmates are released from custody on the coast. This will ensure a streamline to services post-release. MCC will also work closely with SUDT to make referrals for individuals in need of treatment.

SUDT- Mendocino County Substance Use Disorders Treatment (SUDT) has provided SUD treatment services to our entire community for well over 30 years. We have three sites providing services: One in Willits, CA. that serves the northern areas of our county, one in Fort Bragg, CA. that serves our coastal communities, and our main site in Ukiah, CA. SUDT offers intensive outpatient and outpatient services as well as a perinatal outpatient program in Ukiah. We provide evidence-based individual counseling, group counseling, case management, and urinalysis testing. We also work to place individuals who need a higher level of care in those programs as needed. SUDT currently has two certified SUD counselors working part-time in the jail, providing group and individual sessions for those currently incarcerated. SUDT also collaborates with MCHC regularly regarding shared clients providing a whole-person care approach. The behavioral health case manager working within the jail through this funding will make direct referrals to SUDT for any individual in need of SUD treatment. SUDT will prioritize entry into our program for care or arranging placement into a higher level of care.

Project implementation and description - The Bridge Program takes its name with the intention of building a bridge from the Mendocino County Jail to the needed services seamlessly. Upon booking into the jail, Naphcare (jail medical) performs an intake screening on the individual. Should the individual screen positive for OUD and be found in need of withdrawal services and who are not currently on MAT medications, Naphcare will initiate prescribing and starting individuals on buprenorphine and begin jail detox protocol. The BH case manager will be notified and begin the process of identifying individuals' primary health care providers and contacting them for a follow-up telehealth visit within the first week of detox. The primary health care provider will then assess as to continued medication and dosage. The BH case manager will then work to connect individuals to a MAT provider, depending on the individual's place of residence, and begin the process of making necessary warm introductions and appointments for post-release care. The individual will be tracked in our data tracking system. They will also be encouraged to start attending SUDT groups within the jail and to meet with a SUDT counselor individually throughout their jail term. The BH case manager will work closely with the individual, Naphcare, jail staff, and SUDT counselors to determine a comprehensive discharge plan. Services will be in place for the individuals, pre-release. The BH case manager will ensure all appropriate releases are signed to communicate and set appointments with community resources needed.

Furthermore, the case manager will notify the individuals' public defender and probation officer (if applicable) of the individual's willingness to participate in MAT/treatment so that the courts can also be notified. The BH case manager will also arrange for MAT/treatment appointments on the day of release so that there is no lapse in care or medication. Transportation will also be afforded to the individual should they have no other safe, viable options. If the BH case manager

does not transport the individual to the first appointment for MAT/treatment, they will follow up with the provider to determine if the individual followed through. This indicator will give us our outcome data, along with the successful completion of treatment episodes. Should the individual be released at a time when services are closed, they will be provided a limited amount of medication so that there is no lapse in doses. This medication will be purchased with grant funds and on hand with Naphcare jail medical staff.

In the instance where individuals are booked into the jail who identify as having any other SUD issue besides OUD, the same course of action will take place minus the buprenorphine medication.

The Bridge Program is intended to provide individuals with seamless access to services that start within the jail and continue post-release. Giving individuals the tools they need to be successful at the time of re-entry into the community is the goal. This will undoubtedly decrease substance-related recidivism and increase successful outcomes for MAT/SUD/OD treatment participants, reducing overall substance use-related crime rates and overdose/death rates in our community.

Plan for data collection - The BH case manager will work with MCBHRS and MCSO to develop a data tracking spreadsheet that will encompass all data points applicable to determine outcomes of The Bridge Program. The data will include demographics of participants, age ranges, identified substance(s) of choice, participation in MAT and/or treatment within the jail and post-release, the number of occurrences of re-arrest (if any), and participants follow through with services offered post-release. Our assigned data coordinator is Heidi Corrado, who will develop the data tracking system in years one and two at 10% FTE. In year three, she will aggregate the data to show how the program has succeeded and in what areas and will reduce her time to 5% in year three. We hope to show the increase of individuals being afforded OUD

medications and SUD treatment opportunities. We also hope to show a decrease in overdoses and substance-related death rates and a reduction in substance-related crime rates and substance-related recidivism rates, which will also be data points that we track for any individual participating in this program.