

APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

APPLICATION FORM

Section 1: Entity Information

Entity's Legal Name	Santa Barbara Sheriff's Office
Doing Business As (If Applicable)	
Street Address	4434 Calle Real
City, State, Zip / Country	Santa Barbara, CA 93110 / United States of America
Mailing Address, If Different	
Email Address	cr15034@sbsheriff.org
Main Telephone Number	805-698-8934

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	Dr. Cheryl Lynn Lee	Name	Ryan Sullivan	Name	Jim Bartlett
Title	Behavioral Sciences Manager	Title	Custody Commander, Sheriff's Office	Title	Business Office Manager
Email	cr15034@sbsheriff.org	Email	rms3882@sbsheriff.org	Email	jwb4420@sbsheriff.org
Phone	805-698-8934	Phone	805-681-4091	Phone	805-681-4085

Section 3: Current Jail MAT Team Roster

List all current team members so HMA contact list can be accurate

Name	Title	Agency	Email
Cheryl Lynn Lee	Doctor, Behavioral Sciences Manager	Santa Barbara Sheriff's Office	cr15034@sbsheriff.org
Anthony Espinoza	Custody Lieutenant	Santa Barbara Sheriff's Office	ane2825@sbsheriff.org
Amber Nunes	Health Services Administrator	Wellpath	amber.nunes@wellpath.us
D'Ondra Williams	MAT Coordinator - SB Jail	Wellpath	dondra.williams@wellpath.us
Paul Erickson	Physician	Santa Barbara Cottage Hospital	perickson@sbch.org
John Doyel	Program Manager	SB County Behavioral Wellness	jdoyel@sbcbwell.org
Rachel McDuffee	Regional Manager	AEGIS	rmcduffee@aegistreatmentcenters.com

Section 4: Grant Proposal

Objective: State the specific objective(s) of the proposed activities.

In order to increase the effectiveness of our medication assisted treatment program, Santa Barbara County proposes increasing the amount of training delivered to our providers related to MAT services to increase their usage of this program. We also intend to apply to begin an Opioid Treatment Program within the Santa Barbara County Jail. In order to do this, and with the anticipation of providing methadone on-site, we intend to purchase additional security cameras and more secure storage for these sensitive medications such as methadone. Finally, we intend to deliver community based educational events that are aimed at providing the community and local providers with information related to our programs and aimed at developing stronger community relationships around medication assisted treatment.

Project activities: State the specific activities that will be funded.

- 1) Travel, tuition, educational materials for team members and providers to increase knowledge around current MAT best practices.
- 2) Purchase of security cameras and more secure storage (safe, lockers) for methadone and other sensitive medications.
- 3) Facility rentals, food and logistics for community based events aimed at highlighting current program strengths and weaknesses and developing strong networks of community providers to ensure warm hand-offs for the program participants.

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Impact: Describe the precise desired impact of the proposed activities and how many persons with OUD or Stimulant Use Disorder in the jail and/or drug courts will benefit as a result of the activities.

The Sheriff's Office would like to pursue being an Opioid Treatment Program which would allow us to offer drugs such as methadone to more potential MAT patients. We anticipate being able to serve approximately 10 clients more per month solely with methadone. We intend to increase our other offerings as well and anticipate increasing participation by 100-200 patients per year with better outreach and community linkages.

Project oversight: Describe the oversight of these activities and how the agency and the County MAT in CJ Team will be kept apprised of project development, implementation, and outcomes.

The county currently holds regular meetings to discuss MAT access, updates, outcomes, etc. The Sheriff's Office also holds monthly meetings with Behavioral Wellness and Public Health in which MAT statistics are presented and discussed. These meetings allow for feedback which is necessary for process improvement.

Action Plan/Timeline and Milestones

Provide a timeline for the proposed project period that includes key project activities and milestones.

We intend to purchase the equipment (medication safes and camera equipment) within 30 days. We intend to pursue an application for OTP within 90 days. We intend to begin utilizing telehealth within 60 days. We intend to begin community engagement events within 60 days. Conference attendance is expected to be in Fall 2021 (NCCHC) and Spring 2022 (ASAM). We plan on introducing client education within 30 days with a more comprehensive educational resource developed in six months.

Sustainability Plan

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

We intend to pilot the telehealth option for MAT services to increase outcomes, and if successful we will attempt to renegotiate our contract with Wellpath for these services in the future. The county is committed to MAT services and intends to provide resources for this important treatment, when needed.

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?

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 or Stimulant Use Disorders?

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?

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?

YES NO

Commander Ryan Sullivan

Name of Authorized Signatory

Ryan Sullivan
Signature

6/30/21

Date

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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: Santa Barbara County				
PERSONNEL				
Salary				
Position Title	% FTE	Annualized Salary	Number of Months	Project Cost*
Subtotal Salary				
Fringe Benefit Cost				
Position Title	Fringe Rate			Project Cost**
Subtotal Fringe Benefit				
Total Personnel (subtotal salary + subtotal fringes)				
CONTRACTOR/CONSULTANT				
Position Title	Hours/month	Number months	Hourly rate	Project Cost***
Telehealth MAT Provider	5	12	\$200.00	\$12,000.00
Total Contractor/Consultant				

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TRAVEL EXPENSE	Airfare or mileage	Lodging	Meals and other	Total Travel Cost
Person and travel description				
Conference/Training for MAT Staff (providers, program coordinator, etc.)	\$5,000.00	\$7,500.00	\$7,500.00	\$20,000.00
Total Travel				\$20,000.00
MEDICATION NAME				
Medication name	Unit cost	# Units		Total
Total Medication Cost				
OTHER COST				
Supplies Medical Supplies				\$2,000.00
Equipment Cameras (Video Recording)				\$3500.00
Other (describe) Medication Safes				\$2500.00
Other (describe) Educational/Discharge Planning Resources				\$15,000.00
Other (describe) Community Engagement Events				\$15,000.00
Total Other Cost				
INDIRECT (may not exceed 10%)	Rate			Project Cost****
TOTAL PROJECT COST^				\$70,000.00

* % (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 10% applied to personnel costs of \$130,000 = \$13,000

^ TOTAL PROJECT COST = Total of Yellow boxes: Personnel, Contractors, Travel, Medications, Other, and Indirect