Detention Center Medical Provider Program

2023 Montana Opioid Abatement Trust Grants

Lewis and Clark County Sheriff's Office

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Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Detention Center Medical Provider Program

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region <u>and/or</u> the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties <u>and/or</u> Abatement Regions select each region the program/project will serve. Click <u>HERE</u> for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

Lewis & Clark County

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

This program will address the medical concerns of, and care provided to the incarcerated population in Lewis and Clark County. The Mission of the program is to holistically address the medical needs of the incarcerated through increased access to care within the facility and elimination or reduction of costs to inmates. This program will help pay a medical provider to provide primary care and urgent care needs within the facility, including support for the existing Medication-Assisted Treatment (MAT) Bridges Program for Opioid Use Disorders (OUD). The medical provider selected for this program will provide standing orders for nurses in the facility to help address immediate needs for common ailments and issues with the population.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click **HERE** for a list of approved opioid remediation uses

Treatment Recovery

How does the program meet the Opioid Remediation Guidelines*

In detail, describe how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

This program meets the Opioid Remediation Guidelines in multiple areas. First, under the Core Strategies, it falls under section B (MAT Distribution and other Opioid Related Treatment). This will be accomplished with a medical provider who will respond to the facility for initial and follow-up appointments for individuals screened as possibly having an OUD. Part of this section covers increasing access to MAT programs for uninsured individuals, which includes a large portion of the incarcerated population. Many incarcerated people come into the facility with Medicaid. However, once they are incarcerated, their Medicaid is revoked per the Federal Medicaid Inmate Exclusion Policy (MEIP). Per MCA, this requires them to be responsible for their medical care. By providing an in-house medical provider, these uninsured patients will not incur costs associated with their OUD or for follow up appointments for a holistic approach to their care. Second, this falls under section F of the Core Strategies (Treatment for the Incarcerated Population). By having an inhouse medical provider, the Detention Center will be able to better screen and start treatment for OUD, other substance misuse issues, and mental health concerns without relying on an outside provider and their availability. The medical provider will also allow the facility to better coordinate medical care for an inmate upon their release to the community. Lastly, this program falls under section D of the Treatment Section (Address the Needs of Criminal Justice Involved Persons). In Lewis and Clark County, the majority of people who become criminal justice involved start the process at the detention center. By identifying individuals with OUD, other substance misuse issues, and/or mental health concerns, the Detention Center can initiate the treatment process and work with our Criminal Justice Services division to continue treatment and support upon release from the facility.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

\$576,000,00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

Annual Costs for Medical Provider Program.xlsx

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

The Sheriff's Office does not currently have funding for a Detention Center-based medical provider. Staff have transported incarcerated individuals, including MAT Bridges participants, to medical appointments at local Federally Qualified Health Centers (FQHC). However, without Medicaid, the burden of cost is charged to the inmate. The attached request is for five years of funding for an on-site medical provider. A local provider provided a quote for these services at \$60 a month per inmate. The Detention Center regularly runs the facility with approximately 160 inmates, which would be \$115,200.00 per year, based on the quote. The Lewis and Clark County Detention Center will cover any additional costs associated with this program depending on the detention center population. This funding will help expand our current MAT Bridges and medical programs by providing more timely access to care and more affordable care for inmates with OUD, other substance misuse disorders, and mental health concerns.

Do you have a Fiscal Agent*

Yes

Fiscal Agent Contact Info

Fiscal Agent Name*

Tammy Potter

Fiscal Agent Email Address*

tpotter@lccountymt.gov

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

This program is designed to increase our ability to provide medical care and MOUD access to inmates within the Lewis and Clark County Detention Center. The priority of the program is to help identify individuals with OUD, substance misuse disorders, and mental health disorders, while also providing a holistic approach to all the incarcerated population for their medical care. Most of the incarcerated population are uninsured or had their Medicaid turned off after coming into the facility. This results in the cost of their medical care being charged to them. Many incarcerated people refuse medical care due to not wanting to incur a cost. This

program will promote better access to medical care, including MOUD, within the Detention Center's population. One of the main objectives of this program is to remove the cost barrier for receiving medical care when incarcerated, which will help those that currently refuse medical care due to the associated costs. While this program will not remove all costs, it will remove the costs for basic care they would have received outside the facility with active Medicaid insurance. The program will also reduce costs of medications provided to inmates by an estimated 10%, based on the current quote. The second objective of this program is to reduce the stress on our transport officers who are charged with transporting inmates to an outside medical provider for OUD and substance misuse disorders. Currently, if an inmate is identified as being a candidate for our MAT Bridges Program, the inmate must be transported to a local FQHC for their initial appointment and all follow up appointments. The need to transport is often met in delays to care due to FQHC appointment availability and other transport needs. For example, a high priority medical transport supersedes transport for a MAT participant. With an in-house medical provider, medical care will be provided without being dependent on transport.

Program Reach

If you are requesting funds from multiple Abatement Regions please specify how your program serves each region. **Be specific.**

Specific Goals*

What are the specific goals of the program? List several goals the program hopes to accomplish and how the program intends to meet these goals.

There are three specific goals identified for this project.

- 1. Reduce the number of transports needed for medical care.
- 2. Remove the cost barrier to incarcerated people seeking medical care.
- 3. Decrease waiting time for initial appointments for individuals screened for OUD and other substance misuse disorders before their first appointment.

Evaluation Method*

Describe how you plan to evaluate the effectiveness of the program and what the method for evaluation will be.

The three goals described above would be evaluated on a quarterly basis.

- 1. Transport numbers are available for medical appointments on a regular basis. This program will call for review of transport numbers to be completed quarterly and compared with previous data. The goal will be to reduce the number of medical transports by 50% when a provider is available in house.
- 2. The Detention Center currently has data for costs charged to inmates for medical care that can be compared with the costs of the new/expanded program. These numbers will be completed quarterly and compared with previous data. The goal will be to reduce the amount of medical expenses billed to inmates by 50%.
- 3. The Detention Center currently has data on waiting time from approval for MAT Bridges participants until their first appointment. These numbers will be completed quarterly and compared with previous data. The goal will be to reduce the amount of waiting time from approval to appointment by 50%.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

The initial awareness for the program would be completed with the Request for Proposal (RFP) for the program, to include signing of the agreement. Since this will be a public RFP and signed at a public meeting, the public will be aware of the efforts we are taking to address issues. Six months after implementation, Detention staff will submit a press release to local news agencies to showcase areas of improvement with the new program and release data that corresponds with these goals. Detention staff will provide a formal presentation to the Lewis and Clark County Criminal Justice Coordinating Council (CJCC) and the Lewis and Clark County Citizens Advisory Council (CAC). In partnership with the Lewis and Clark County Department of Criminal Justice Services (CJS), the program will be featured in the CJCC quarterly newsletter and on the CJS website. For long term, we will use this program as part of any future publicity for the medical care we provide at the detention center to promote the work done.

Additional Documents

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

Upload #2

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

• Annual Costs for Medical Provider Program.xlsx

Contracted cost of Provider for Facility

FY 25	\$115,200.00
FY 26	\$115,200.00
FY 27	\$115,200.00
FY 28	\$115,200.00
FY 29	\$115,200.00

Total Request \$576,000.00

^{**}Lewis & Clark County Metro approved funding for 1 year for \$115,200.00

Lewis and Clark Metro Region Opioid Abatement Governance Committee,

I received you request for clarification to our request for funding for a medical provider in the Lewis and Clark County Detention Center. I have provided the below information to attempt to provide further clarification for the points that were brought up. If you have any further questions, I would be more than happy to meet with you to go over any of these areas or other areas of our application.

- 1. Regarding the goals and metrics for the proposal presented, I would like to list three goals of the program.
 - a. The first goal would be to increase the number of inmates being able to see a primary care provider. With our current system, we can manage between 7 to 10 medical appointments each week. The goal would be to have this number doubled within the first 6 months of the provider starting within the facility. This would be accomplished by establishing a set sick call time for inmates to be seen, without the barrier of being transported.
 - b. The second goal would be to reduce or eliminate the cost of medical care for inmates. Currently, inmates not convicted of a crime are required to pay for their medical costs, which can be expensive with outside providers. The goal with this program would be to eliminate the cost to the inmate for the three years the provider is funded. This goal would be achieved as soon as a provider can be selected and start working in the facility. After the three years, a nominal cost would be required for services provided by the provider, but would remain low compared to outside sources. The cost after three years would be determined at a later time, but would use outside sources to keep the costs down.
 - c. The final goal of the program would be to reduce the waiting time from identification of an inmate needing MAT services to the prescription of the medication. Currently, the wait time can vary depending on other transport needs and availability of providers. This can range from a week to a month on average. The goal would be to reduce this wait time to an average of 4 days. This helps to account for weekends and scheduled sick calls for inmates to be seen. By reducing the average wait time, we would be increasing the access for those with OUD to begin in a MAT program.
- 2. While the outline for the scope of practice would depend on the response from providers during the RFP process, a general guideline was established with local provider regarding the types of services and hours dedicated to the facility within the general costs associated with the funding request. This was a general overview of the services and a discussion about the usage of the provider for the MAT program was included and agreed to include with this scope. Below is the sample scope of the work being provided, but would have to be finalized with the RFP process.
 - a. Unlimited primary care and urgent care appointments at the deten6on center with the provider or at HDPC Clinic as applicable to any member (see the services outlined above)

- b. 10-15 hours/week of provider dedicated 6me at the deten6on center to be scheduled in the most efficient manner for nursing staff and jail administrators
- c. On-call availability throughout the regular work week, Monday-Friday 8:00 am to 5:00 pm, to answer nursing ques6ons/concerns over the phone or have telehealth visits with inmates
- d. Implementa6on of standing orders for nursing staff to facilitate earlier treatment intervention and streamlining of medical protocols
- e. Wholesale medication prices plus \$5.00 dispensing fee
- f. Wholesale laboratory costs through Labcorp
- g. Best negotiated prices for imaging (usually 55% off if paying cash) through Benefis Helena Imaging Center.
- 3. As listed above, we would anticipate the provider being inside the facility 10-15 hours a week for in person need, but would also have on call availability for nursing staff to receive assistance during the day. This assistance would increase the scope of work for our nursing staff, who would be able to provide better care due to working under the direction of a doctor. We would have the goal of being able to see approximately 20 people each week to meet the goals we established above as well.
- 4. We currently have 5 inmates in the facility on a MAT program. By increasing the access to a provider who can provide for a MAT program, we would anticipate an increase in this number. I do not think we would be able to set a specific goal for any increase in this area since this would just be a guess. While numbers can be used in certain areas to help quantify the success of a program, this is an area I do not believe would be best measured in a specific number. The main goal of any MAT program is not to have X number of people on the program. This would assume we know exactly how many people in the community are dealing with an OUD and are wanting the help to get over it. The best way to measure the success would be to show the increase of access for to the program. This proposal would cover that area since we would have set sick call times with the provider in the facility to increase the access for inmates, who are at a higher risk of suffering from an OUD than the average public.
- 5. The initial three goals listed above will give us an idea if we are successful with this program or not. By using data to show an increase in patient care, elimination of costs, and reducing wait times, we would be able to show the program was successful for increase the access to care for the highest risk population in the community.
- 6. For sustainability beyond the funding period of three years, the Sheriff's Office is planning on building this cost into our budget at the detention center over time. This will be done by having cost savings immediately from the amount of medical debt we end up covering with no chance of recovery down the road. The current system requires the county to absorb any costs not paid by inmates, which tends to be a large amount. We may regain some of these costs, but are never made whole. By having relief from this cost for the three year period, we would be able to absorb the cost into future budgets and develop a fee schedule for after the funding period to offset the cost of care without drastically increasing costs for inmates.

I thank you for you time in considering our application and can be available for any additional follow up as needed by the committee.

Bradley Bragg Detention Captain Lewis and Clark County Sheriff's Office