

Adams County Opioid Settlement Fund Application

1. Applicant Information

- a. Organization Name Adams County Jail
- b. Address 537 Vermont St
- c. Address 2
- d. City, State, Zip Quincy IL 62301
- e. Website (if applicable) www.co.adams.il.us
- f. Telephone # 217 277 2221
- g. Email of primary program contact bcurran@adamscountyil.gov

Chief Executive Officer Information

- a. Name Brian Curran
- b. Title Jail Administrator
- c. Email bcurran@adamscountyil.gov

All funded projects are required to cover Adams County, Illinois

Funding source for projects is National Opioid Settlement funds distributed to Adams County, Illinois. Therefore, projects funded by this source are intended to primarily serve the residents of Adams County. However, if other jurisdictions are impacted by the project as well, this should be indicated below.

- a. Will the project funds primarily serve Adams County, Illinois YES NO
- b. What, if any, other areas will the project cover
 - a. Brown County, IL YES NO
 - b. Schuyler County, IL YES NO
 - c. Pike County, IL YES NO
 - d. Hancock County, IL YES NO
 - e. Other Illinois Counties (please list) YES NO

- f. Counties in other States (please list) YES NO

2. Project Information

a. Project Name Medication Assisted Treatment for Opiod Addiction

b. Brief Project Description

The Adams County Jail often incurs a large medication cost due to individuals on high priced medications. MOUD's are part of those medications that contribute to that cost and the numbers of individuals requiring them is growing. Opiod addicted individuals are a protected class under the Americans with Disabilitys Act and jails are required to continue pre-prescribed MAT plans without any funding to help offset the cost. The Adams County Jail has begun working with Clarity

c. Project Start Date 09/01/2024

d. Project End Date

e. Funding Amount Requested \$30,000

f. Will applicant accept partial funding?

YES NO

g. Will Subcontractors be used under this application

YES NO

a. If yes, please list subcontractors:

Clarity Healthcare/Preferred Family

3. Applicant History

a. Description of Applicant Organization

The Adams County Jail, since implementing a new software capable of compiling the data on April 2, 2024, has had thirty two (32) inmates booked that are either self reported substance abusers or currently enrolled in a prescribed MAT program. That is around 7% of the total bookings that self reported and does not account for users that deny having a substance abuse problem. The data is

b. How long has the applicant been in business?

c. Is applicant in good standing with the Illinois Office of the Secretary of State?

YES NO

d. Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a part to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?

YES NO

If yes, please identify the nature of the action and the disposition.

e. Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change in the applicant's financial condition or materially and adversely affect applicant's operations?

YES NO

If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.

4. Scope of Work

- a. Please provide an executive summary of the project here.

The cost of medications for inmates is increasing and we are seeing the number of inmates that receive medications for opioid use disorder and mental health disorders rising. The cost of these medications is a burden to the jail's budget and is extremely hard to accurately predict with the fluctuation of the jail population. We have partnered with Clarity Healthcare to start meeting with inmates with mental health and substance abuse disorders prior to release to hopefully start them on a plan for successful reintroduction to society after release from jail. We hope to expand the partnership and begin an MAT program with inmates likely to be released so that they are already on the road to success prior to release and have the tools and support to continue treatment after release. This grant would allow us to implement the program under Clarity's guidance without creating a further financial burden to our budget.

- b. Successful applications will provide services that positively impact the community in a sustainable fashion. How will this project provide a sustained impact on the community after initial funding has been exhausted?

This funding would help us start the program and hopefully continue for a length of time that would allow us to gather data and get accurate predictions for future budgeting. We know this program will significantly increase the monthly costs of the pharmacy bill and without some additional funding, we could potentially hurt our budget.

- c. What approved mitigation strategies outlined in Exhibit B of the settlement document will be implemented during the implementation of the proposed project?

F. We would be creating an MAT program within the jail to help treat opioid use disorder and limit the inmate's going through withdrawal from opioids while in custody. The program would also help inmates have successful reintroduction to society with a pre-established care plan and provider.

- d. Describe how your organization will develop evidence-based OUD/SUD recovery focused Programming to the residents and families of Adams County, Illinois. Outline resources that will be required to reach those deliverables.

We will be allowing Clarity Healthcare to oversee our MAT program to inmates needing treatment for opioid use disorder. This would allow inmates to start treatment while incarcerated so that they already have a care plan and structure for when they are released.

- e. What key staffing will need to be educated or hired to create recovery focused OUD/SUD programming for your organization? Do you foresee challenges or barriers that will impact your ability to staff your project?

Our nursing staff would require training on giving MOUD's and be familiar with Clarity's MAT program and any new policies written on this program. I don't foresee any additional staffing needs since Clarity will be overseeing the program and our nursing staff distributing medications.

- f. Does your project build upon existing community resources in Adams County? If so, how will you collaborate with other organizations to reduce redundancies and increase sustainability for your project?

Our program will build upon the existing MAT programs available to the public by allowing treatment to begin in the jail, where most people that need it end up at some point. It will allow treatment to begin at the point that withdrawals typically begin and people with opioid use disorders are at the highest risk and need.

- g. Outline your organization's current evidence based practices which contribute to the success of your organization in the implementation of this project.

We are seeing an increase in crimes related to substance abuse. Most crimes not directly related to substance abuse, such as domestic battery, are often accompanied but some type of substance abuse and giving people an option for treatment in jail will hopefully increase their chances of success.

- h. What barriers do you anticipate that might challenge your organization during the programming implementation. How will you overcome these barriers?

The jail's biggest barriers will be funding and procedure. I'm hoping the funding from this grant will at least offset the increased cost for the first full year and help give us an idea of how to budget for it in the future. The application of these medications in a jail setting can be tricky. The medications are highly abused in jail settings and we will need to come up with a good procedure for administering these medications while reducing the possibility of contraband getting into the jail.

- i. Is there additional information not captured in the above questions that you would like the review committee to consider in your application?

The Adams County Jail is receiving money for housing inmates for the United State's Marshall's Service, however, we cannot budget based on that income because we are not guaranteed any certain amount and that number of inmates will fluctuate randomly. This is our first year holding for them and don't have any real data to base a budget on.

- j. Are you willing to present your project in person to the committee if requested?

YES NO

5. Program Work Plan

The program workplan should outline the objectives of the project, activities and dates, expected outcomes and how the project's success will be measured. The project should list a minimum of one output and up to 4 outputs.

a. Output 1 (required)

a. Objective:

Begin an MAT program in the Adams County Jail and prepare inmates for reintroduction to society with an established treatment plan and resources.

b. Activities to be conducted:

MAT program for inmates with substance abuse disorders

c. Date Range (Start Date to End Date)

09/01/2024

d. Expected Outcome(s)

Establish treatment plans for inmates with substance abuse disorders and help set them on the right track when released.

e. Measurement(s)

b. Output 2 (optional)

a. Objective:

b. Activities to be conducted:

c. Date Range (Start Date to End Date)

d. Expected Outcome(s)

e. Measurement(s)

c. Output 3 (optional)

a. Objective:

b. Activities to be conducted:

c. Date Range (Start Date to End Date)

d. Expected Outcome(s)

e. Measurement(s)

d. Output 4 (optional)

a. Objective:

b. Activities to be conducted:

c. Date Range (Start Date to End Date)

d. Expected Outcome(s)

e. Measurement(s)

6. Budget

a. Personnel

Name	Total Hours	Rate of Pay	Total Request
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

b. Travel

Travel Type	Quantity	Rate	Total Request
Mileage (local)			0.00
Mileage (outside service area)			0.00
Airfare			0.00
Lodging			0.00
Meals (outside service area)			0.00
Other (explain in narrative)			0.00
			0.00

- a. Narrative for Travel – Explain use of funding for travel related expenses, including names of travelers, events, how travel supports the project, and clarification for quantities of mileage, lodging and meals. If other travel expense types are requested, please detail:

c. Equipment (Items per unit over \$1,000)

Name of item	Unit Cost	# of Units	Total Request
			0.00
			0.00
			0.00
			0.00

- a. Narrative for Equipment – Provide justification for equipment’s purpose in achieving program outcomes.

d. Supplies (Items per unit under \$1,000)

Name of item	Unit Cost	# of Units	Total Request
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

- a. Narrative for Supplies – Provide justification for supply purchases in achieving program outcomes.

e. Subcontractors (if applicable)

Name of subcontractor	Contact Person	Total Request
Clarity Healthcare	Stacey Juilfs	0.00
		0.00

- a. Narrative for subcontractors. Provide justification for the use of each subcontractor, including purpose for which you are utilizing the subcontractor, a template subcontract to be utilized to outline terms of the subcontract and other relevant information:

Clarity healthcare will oversee our MAT program so that we are providing continuity of care for people in our community. With Clarity's expertise in this area, we can ensure that we are providing the best care for each individual.

f. Other Expenses

Name of Expense	Justification	Total Request
Medication Costs	Required meds for use in MAT program	30,000.00
		30,000.00

- a. Narrative for Other Expenses – Provide justification for each listed expense, including the expenses purpose in achieving program outcomes.

We know the pharmacy bill will increase significantly with inmates on MAT taking MOUD's and I'm hoping to offset the cost with grant funding. I am working on a quote from the pharmacy for the specific medications that we would require to help us plan for the start of the MAT program.

g. Budget Summary

Name of item	Total Request
Personnel	0.00
Travel	0.00
Equipment	0.00
Supplies	0.00
Subcontractors	0.00
Other Expenses	30,000.00
	30,000.00
Matching Funds (not required)	0.00
	30,000.00

This amount should equal your funding request on Page 2

This is the total project cost including any match by you

7. Certification

By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept an award. I certify to the best of my knowledge and belief that all the details in the budget are true, complete and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)

Organization name and mailing address:

Name of authorized representative: Brian Curran

Signature of Authorized Representative:  Date: 07/02/2024

Email of authorized representative: bcurran@adamscountyil.gov

Phone Number of authorized representative: 217 277 2193

Complete applications may be submitted to opioidfund@adamscountyil.gov with a subject line of Opioid Settlement Fund Committee – Application for Funding --OR-- delivered in person or by US Mail, UPS, FedEx or other carrier to the Adams County Health Department, 330 Vermont St., Quincy, IL 62301 with attention to the Opioid Settlement Fund Committee.

Completed applications will be reviewed by the Committee approximately one time per quarter with recommendations will be made for funding to the Adams County Board. Notice of awards, clarifications or rejections will be provided to the addressee listed on the application.