
Statement of the Problem

Region of Focus. The King County Treatment Connections Program (KCTCP) will serve the geographic catchment area of King County, Washington, which comprises Seattle and 38 other municipalities with 2.18 million residents. The human geography of King County is diverse, with areas of high urban density around Puget Sound (Seattle metro area), suburban communities to the east, and rural communities in the southeast. Around half of the population lives in King County's 38 suburban cities, 34% live in Seattle, and the remainder live in rural and unincorporated areas. King County has recently experienced a period of rapid urban population growth, which has compounded our region's increasing income inequality, housing affordability crisis, and homelessness crisis. According to national estimates, King County has the third largest population of people experiencing homelessness.¹

King County's Opioid Epidemic. On top of these challenges, our region is experiencing a growing heroin and opioid addiction epidemic and a record number of deaths from opioid-related overdose. The number and rate of drug overdose death has increased significantly in King County over the past decade, from 262 (13.9 per 100,000) in 2009 to 405 (18.9 per 100,000) in 2018.² In 2018, 68% of drug overdose deaths involved opioids, 55% involved a stimulant (typically methamphetamine), and 32% involved both opioids and stimulants. Fentanyl is increasingly involved in overdose deaths, increasing from 23 deaths in 2016 to 33 deaths in 2017 to 65 deaths in 2018. (It is not possible to interpret long-term trends regarding fentanyl, given changes in toxicology testing protocols.) To date in 2019, there have already been 26 confirmed fentanyl-involved overdose deaths.

King County has been disproportionately impacted by the abuse of illicit opioids and prescription drugs. The number of overdose deaths in King County greatly exceeds any other county in the state and accounts for 30% of all overdose deaths occurring in Washington. By averaging over the 2.18 million residents living in the 39 municipalities/ unincorporated areas of King County, the county overdose rate obfuscates the concentration of overdose deaths in Seattle. The 2017 fatal overdose rate for Seattle is nearly double the statewide average (27 vs. 15 overdose deaths per 100,000) and is substantially higher than the overall national rate of 21.0 overdose deaths per 100,000.³

The opioid epidemic in King County disproportionately affects men, younger people, individuals experiencing homelessness, Blacks, and American Indians/Alaska Natives. According to 2018 KCMEO data, 39% of opioid overdose deaths occurred among people under 40 years old and 71% occurred among men.⁴ Despite constituting less than 1% of the King County population, 16% of all opioid overdose deaths were among persons experiencing homelessness. Although American Indians/Alaskan Natives comprise <1% of the King County population, 3% of opioid overdose deaths occurred in this sub-group. A similar disparity was

¹ <https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>, p. 31

² <https://kingcounty.gov/depts/health/examiner/overdose.aspx>

³ <https://www.cdc.gov/nchs/pressroom/states/washington/washington.htm>

⁴ <https://kingcounty.gov/depts/health/examiner/~media/depts/health/medical-examiner/documents/2017-overdose-death-report.ashx>

observed for non-Hispanic Blacks who comprise 6% of the King County population and 8% of the 2018 opioid overdose deaths.

Intersection between Opioid Epidemic and Criminal Justice: The risk of overdose death after release from correctional facilities has been shown to be more than 10 times the risk in the general population.^{5,6} Nationally, it is estimated that nearly one fifth of people serving a jail sentence between 2007 and 2009—the most recent years for which data are available—used heroin or other opioids.⁷ In King County jails, approximately 25 incarcerated individuals per week were treated for withdrawal in 2017, though this is likely a fraction of incarcerated individuals with OUD, which we estimate affects roughly 20% of the jail population. Although treatment with buprenorphine or methadone is associated with considerably lower overdose rates for people with OUD, many barriers exist to implementing effective medication for OUD programs in jails.⁸ According to a qualitative evaluation conducted for the Washington State Department of Social and Health Services, many jail facilities in Washington are hesitant to offer OUD services in jail due to concerns about their ability to effectively link people with ongoing treatment after release.⁹

The failure of King County's system to effectively link recently incarcerated individuals to OUD treatment has a high cost for our community. In a 2019 analysis of 100 individuals with a high frequency of criminal cases in the past 12 months in Seattle (avg 36; max 112), all 100 had indications of struggle with substance use disorder, and all 100 had indications that they were currently or recently homeless.¹⁰ For individuals whose primary issues were substance use disorders, most of their criminal cases stemmed from thefts in order to obtain money for drugs.¹¹ The King County Familiar Faces Initiative similarly studied 2,678 individuals who had 4 or more jail bookings during a 12 month period from 2013-2014 and found that 85% of these individuals struggled with substance use disorder as indicated by jail booking screeners. Familiar Faces had a disproportionately high rate of EMS incidents related to drugs/alcohol, and 37% had at least one contact with the SUD treatment system within the study window, indicating the challenges this population faces staying connected to treatment services.¹²

Applicant Agency. Seattle King County Department of Public Health (SKCDPH)'s Jail Health Services (JHS) Division is the applicant agency for COAP funding. SKCDPH and the Department of Adult and Juvenile Detention (DAJD) are two of fifteen departments within King County and will be involved in the implementation of KCTCP. DAJD operates two adult jails and is committed to providing safe, secure and humane conditions of confinement. DAJD houses

⁵ Eisenberg, M. et al. Use of Opioid Overdose Deaths Reported in One State's Criminal Justice, Hospital, and Prescription Databases to Identify Risk of Opioid Fatalities. *JAMA Internal Medicine*. Published online April 15, 2019. 0.1001/jamainternmed.2018.8757

⁶ Binswanger IA, Stern MF, Deyo RA, et al. Release from prison - a high risk of death for former inmates. *N Engl J Med* 2007; 356: 157-65.

⁷ Kaiser Permanente Colorado. 2019. *New England Journal of Medicine* DOI: 10.1056/NEJMp1900069

⁸ Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and metaanalysis of cohort studies. *BMJ* 2017;357:j1550.

⁹ faculty.washington.edu/mfstern/WAJailOpiateResponse.pdf

¹⁰ Lindsay, S. 2019. System Failure: Report on Prolific Offenders in Seattle's Criminal Justice System. Available online https://crosscut.com/sites/default/files/files/system_failure_-_prolific_offender_report_-_february_2019.pdf

¹¹ Ibid.

¹² Familiar Faces Data Packet (updated May 2016) available online https://www.kingcounty.gov/~media/elected/executive/constantine/initiatives/hhs-transformation/documents/familiar-faces/updates/Population_analysis_combined_6_26_16.ashx?la=en

individuals that have been arrested for felonies (across King County), misdemeanors for unincorporated King County, or misdemeanors in incorporated King County through contract; have been found guilty of felonies or misdemeanors (unincorporated King County) and are sentenced for 1 year or less; individuals with consecutive sentences; and probation violators for the state Department of Corrections. There are over 35,000 bookings per year. On any given day, DAJD houses an average of 1962 individuals.¹³ The majority (60%) of the jail population is released within 72 hours.¹⁴ DAJD ensures the following services are available to jail residents: library services, GED, healthcare, stress management, and a variety of other programs.¹⁵ The two DAJD-operated adult jails include:

King County Correctional Facility (KCCF): KCCF is located in downtown Seattle, adjacent to King County administration building and less than one mile to a number of housing service providers and health facilities. The facility became operational in 1986 and currently employs over 350 correctional staff. In 2018, the average daily population was 1,177 individuals.

Maleng Regional Justice Center (MRJC): MRJC is located in Kent, approximately 20 miles south of the KCCF. The facility became operational in 1997 and currently employs over 300 correctional staff. In 2018, the average daily population was 785 individuals.

Jail Health Services (JHS) is a division of SKCDPH and works closely with DAJD. JHS operates 24/7/365 to provide medical, dental, and mental health care to the incarcerated population of the KCCF and MRJC jails. In 2018, Jail Health Services provided over 17,000 medical provider visits for patients and dispensed almost 153,000 prescriptions. As a division of SKCDPH, JHS also provides core communicable and chronic disease services to reduce the leading causes of death and close disparity gaps in King County. KCCF is accredited by the National Commission on Correctional Health Care (NCCHC) whose standards meet constitutional requirements for providing healthcare in a jail setting. Accreditation is based on compliance with 58 NCCHC standards as measured by 326 indicators. As an accredited institution, JHS is focused on delivering excellent, timely and appropriate medical care to all patients.

Existing Strategic Plan. In 2016, King County, Seattle and suburban King County chartered the Heroin and Prescription Opioid Task Force as a result of an all-time high in opioid overdose deaths across the County. This Task Force brought together local experts and professionals whose work was impacted by the opioid epidemic, people with lived experience and those who identified as active users. As a result the Task Force recommended eight strategies, including two treatment strategies: (1) create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services; (2) develop treatment on demand for all modalities of substance use disorder treatment services.¹⁶

In order to fund these recommendations, the King County Accountable Community of Health, called HealthierHere, submitted an Opioid Medicaid Demonstration project proposal to

¹³ <https://www.kingcounty.gov/depts/jails/about/~//media/courts/detention/documents/2019-03-kc-dar.ashx>

¹⁴ <https://data.kingcounty.gov/Law-Enforcement-Safety/Adult-Jail-Booking-May-1-2018-to-April-30-2019-as-//i56h-zgnm>

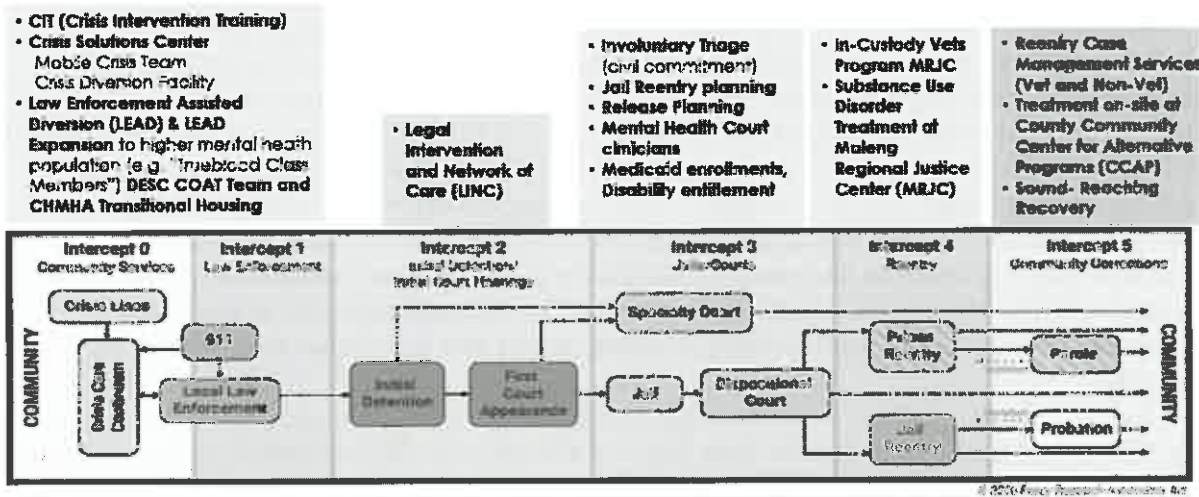
¹⁵ <https://www.kingcounty.gov/depts/jails/adult-detention/king-county-correctional-facility.aspx> ;
<https://www.kingcounty.gov/depts/jails/adult-detention/maleng-regional-justice-center.aspx>

¹⁶ <https://www.kingcounty.gov/~//media/depts/community-human-services/behavioral-health/documents/herointf/Final-Heroin-Opiate-Addiction-Task-Force-Report.ashx?la=en>

the Washington State Health Care Administration in November to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports including improved prescribing practices, increased access to treatment, and overdose prevention for Medicaid beneficiaries with Opiate Use Disorder (OUD). Task Force recommendations have also been implemented via the King County 0.1% sales tax levy for Mental Illness and Drug Dependency (MIDD) services, including Multi-Pronged Opioid Strategies, a continuum of health services and supports for people with OUD including targeted educational campaigns, Medication-Assisted Treatment (MAT) expansion, and increased access to naloxone. These initiatives have made it possible to implement the endeavors in Box 1 at the end of this section.

Sequential Intercept Model. To advance our community-based response system for justice-involved individuals with mental health and substance use disorders (SUD), King County has been working to implement the Sequential Intercept Model. The following graphic details our model mapping to date:

King County Diversion and Reentry Services (DRS) programs mapped along the GAINS Sequential Intercept Model



Intensive DRS treatment programs are available across the continuum.
 King Co PACT and the Vital Program (Flexible Care Management Team) under the Familiar Faces Initiative

King County has developed a number of innovative diversion programs and has had considerable success preventing unnecessary incarcerations. Our crisis diversion program (intercept 0) diverts individuals from incarceration and hospitalization into community treatment settings. Crisis Intervention Training provides intensive training to law enforcement and other first responders in effectively assisting and responding to people with mental illness or substance use disorders. The Crisis Solutions Center then serves adults referred by First Responders who might otherwise be brought to a hospital emergency department or arrested for minor crimes and taken to jail and is composed of three linked programs including: a Crisis Diversion Facility for adults in crisis who need stabilization and referral to appropriate community based services; Crisis Diversion Interim Services for individuals who need intensive case management to identify and engage in available housing and support options upon returning to their home community; and a Mobile Crisis Team that responds police and other first responders in the

community to provide in-the-moment crisis stabilization and linkage to appropriate services and supports.

Arrest/pre-arrest diversion programs include Law Enforcement Assisted Diversion (LEAD) (intercept 1), which serves adults whose law violations stem from substance use, mental illness, or extreme poverty. LEAD diverts individuals who are engaged in low-level drug crime, prostitution, and crimes of poverty away from the criminal legal system--bypassing prosecution and jail time--and connects them with intensive case managers who can provide crisis response, immediate psychosocial assessment, and long term wrap-around services including substance use disorder treatment and housing. Extension of LEAD for individuals with mental health conditions is supported by a Trueblood Phase III grant which has added capacity to the existing outreach and case management branch of the LEAD program and created ancillary resources for flexible behavioral health treatment and supportive housing. The Legal Intervention & Network of Care (LINC) program (intercept 2) provides behavioral health treatment in lieu of prosecution for individuals with mental health and substance use conditions who have been booked into jail for misdemeanors and low level felonies. The program serves adults with behavioral health conditions who have been referred by a prosecutor willing to dismiss a charge or refrain from filing one if the individual agrees to participate in LINC. Individuals do not have to be Medicaid enrolled to be eligible for LINC services.

In compliance with NCCHC guidelines, JHS is committed to providing access to substance use disorder treatment services in the KC jails (intercept 3). Jail Health Services cannot prescribe Methadone. Methadone maintenance is available for people with active prescriptions through a contract with Therapeutic Health Services, a licensed opioid treatment program (OTP). Recently, JHS started directly providing buprenorphine-containing medicines to patients with opioid use disorder (OUD). This new program has a phased roll-out at KCCF and MRJC:

Phase One: Continue buprenorphine prescribing for patients already prescribed buprenorphine for MAT for OUD in the community.

- Launched in June 2018. Between June 2018 and March 2019, buprenorphine was provided to 365 patients.

Phase Two: Integrate buprenorphine prescribing into opioid withdrawal management options for those individuals who do not wish to use buprenorphine for maintenance.

Scheduled to launch Sept 2019

Phase Three: Induct eligible individuals with OUD onto MAT with buprenorphine and connect with a community provider at release for ongoing prescribing.

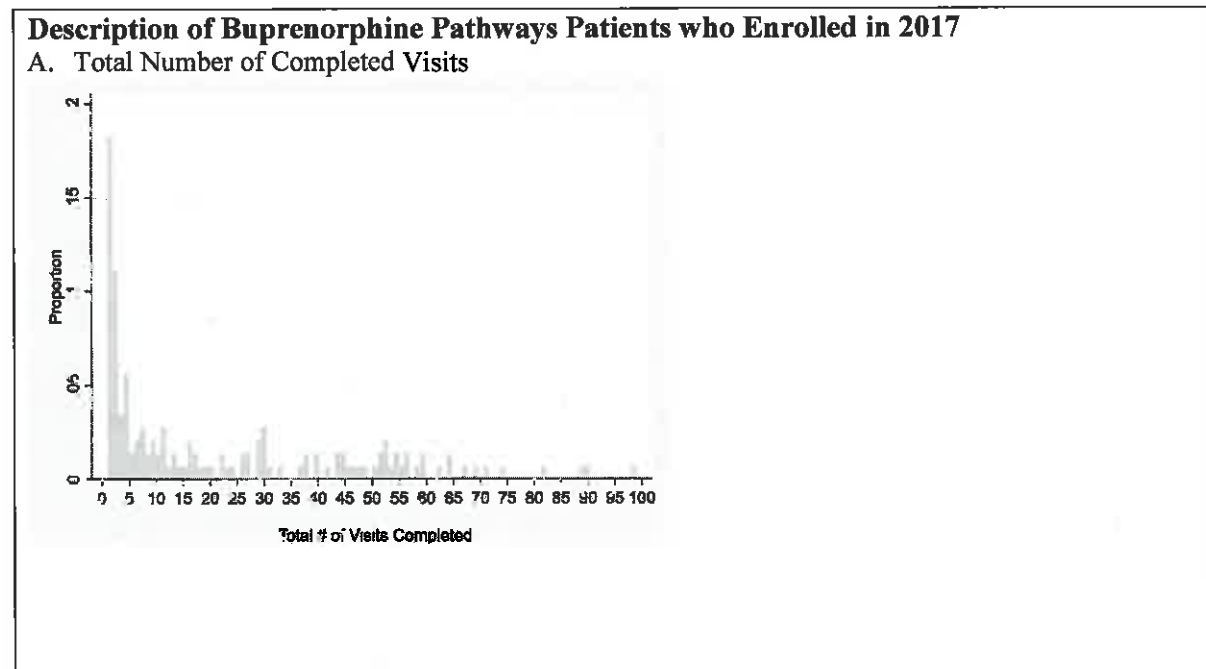
- Scheduled to launch Sept 2019.

Service Gaps. Although King County has implemented many key aspects of the Sequential Intercept Model, a number of critical service gaps remain. In terms of intercept 4, King County lacks capacity to provide warm hand-offs from corrections to providers to increase engagement in MAT services. Our release planning team is significantly under-resourced relative to our inmate census, and release planners are not able to meet with individuals who are in jail for shorter stays. They are tasked with managing a wide range of release-related activities including housing, transportation, benefits, photo identification, vocational resources, etc. and currently do not have the capacity to provide services related to MAT continuation beyond a few phone calls and a list of referrals. Within our jail MAT program (intercept 3), we lack the staffing to provide an evidence-based shared treatment decision making (STDM) counseling session for incarcerated individuals who screen positive for OUD at booking. STDM is a key element of

high quality SUD treatment in community settings and is supported by an extensive body of literature that demonstrates its impact on treatment continuation and adherence.¹⁷

There continues to be unmet demand for OUD treatment services for recently incarcerated King County residents. Of 378 Seattle needle exchange clients who reported opioid use in the prior 3 months, nearly half (45%) reported being in jail or prison in the past 3 months. In this subset of recently incarcerated needle exchange clients, 61% indicated that they were very interested and 26% indicated that they were somewhat interested in reducing or stopping opioid use.¹⁸ Medicaid claims data also suggest a gap in treatment utilization, with only 35% of King County Medicaid beneficiaries diagnosed with OUD with a recent buprenorphine or methadone prescription.¹⁹

Since January 2017, SKCDPH has operated a low-barrier buprenorphine treatment program (“Buprenorphine Pathways”) that is co-located with its downtown needle exchange, downtown public health clinic, and pharmacy. The evaluation of this program (led by Dr. Hood, the Lead Evaluator for KCTCP) revealed impressive levels of retention and reductions in opioid use in its predominantly homeless patient population – however, only for the 61% of enrolled patients who were retained beyond the 5th visit, with many patients never returning after the first and second visits²⁰. Reductions in opioid use (per urine toxicology results) were only observed for patients with moderate to high retention, with the most dramatic reduction in opioid use occurring soon after enrollment.

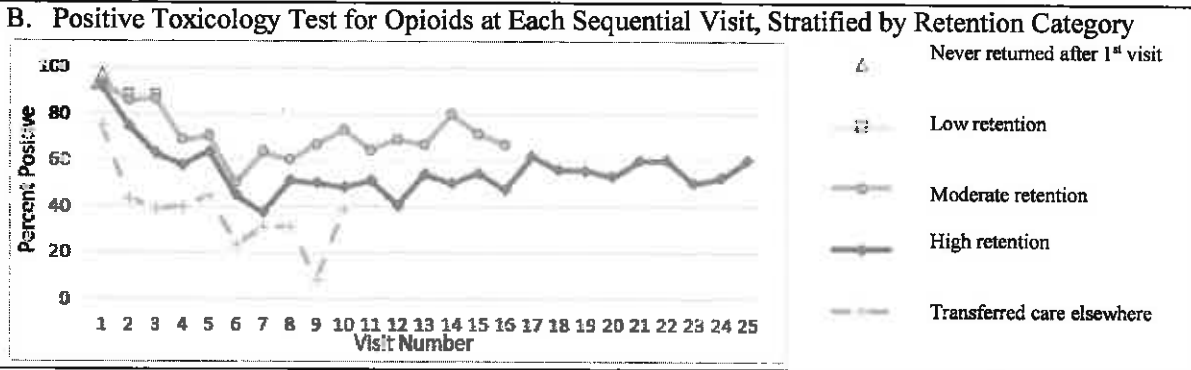


¹⁷ Marshall T Patient engagement, treatment preferences and shared decision-making in the treatment of opioid use disorder in adults: a scoping review protocol. *BMJ Open*. 2018 Oct 17;8(10)

¹⁸ Unpublished data from 2017 King County Needle Exchange Survey

¹⁹ Unpublished data from Washington Healthcare Authority describing Fiscal Year 2016, Medicaid only, King County population with full medical eligibility.

²⁰ Hood JE, Banta-Green C, Duchin J, Breuner J, Dell W, Finegood B, Glick S, Hamblin M, Holcomb S, Mosse D, Oliphant-Wells T, Shim MM. Engaging People Experiencing Homelessness with Low-Barrier Buprenorphine Treatment at Syringe Services Programs: Lessons Learned from Seattle, Washington. Accepted: *Substance Abuse*



These data demonstrate that the period immediately following treatment enrollment is most precarious and dynamic. *Unfortunately, King County lacks resources to support patients through this period that is so critical to long-term engagement in care.*

Federal Funding Need. King County’s response to the opioid crisis has been mounted rapidly and we are still evolving and developing our capacity and infrastructure. We are fortunate that our local government has allocated funding for 2019-2020 for the costs of providing a basic MAT program in the 2 KC jails. Local resources cover the following activities: screening for OUD at booking, clinical management and administration of buprenorphine within jail, standard-of-care release planning, and programmatic oversight. While this funding may cover some core clinical components of a jail-based MAT program, there are considerable gaps in the service delivery model. To be successful, the program needs additional staff to ensure that individuals are thoroughly educated and engaged in treatment decisions while incarcerated, actively connected to OUD treatment services at release, and supported as they initiate services at a community-based treatment provider.

SKCDPH’s Jail Health Service (JHS) program is therefore requesting subcategory 1a COAP funding to fill this critical gap in our plan to reduce overdose death and enhance treatment and recovery service engagement among the pretrial and post-trial population leaving our jails. COAP funding will allow JHS to support the transition to community-based services for individuals who received MAT in jail and have been released from custody. *King County JHS is not a current BJA COAP-funded site.*

Box 1: Description of King County’s Multi-Prong Strategy to Combat the Opioid Epidemic

Expanded Capacity for Overdose Surveillance, Coordination, and Response

- Real-time monitoring of fatal and non-fatal overdose using data from the King County Medical Examiner’s Office (KCMEO) and Emergency Medical Services (EMS) program
- Establishment of the Overdose Surveillance Workgroup to facilitate information exchange relating to drug overdose among public health, service providers, and law enforcement agencies at the local, state, and federal levels. This group advises SKCDPH on response strategies for emerging drug threats.

Primary Prevention

- A social media campaign entitled “Community Voices on Overdose Prevention” featuring individuals in recovery and parents who have lost their teens to overdose providing information about the Good Samaritan Law, naloxone, signs of addiction, and resources available

- School-based screening, brief intervention, and referral to services (SBIRTs) in over 40 middle schools in 14 school districts

Prescriber Outreach:

- Supporting providers to prescribe opioids appropriately and increasing the number of providers trained on Washington State Agency Medical Directors Group (AMDG) Interagency Guideline of Prescribing Opioids for Pain, thereby resulting in a decrease in the number of individuals on high-dose chronic opioid therapy and individuals with concurrent sedative prescriptions
- Education of local providers to promote safe opioid prescribing and a patient education flyer on opioid medication and pain that has been translated in to 22 languages
- Support of Washington State Department of Health-led endeavors to bolster utilization of Prescription Drug Monitoring Programs (PDMP)

Safe Medicine Return

- The County's Secure Medicine Return Program has placed drop-boxes in over 110 locations
- Promotion of National Prescription Drug Take-Back Day via email and social media

Expanded Access to Naloxone

- In 2017, King County distributed 8,736 naloxone kits to law enforcement, fire, housing and treatment providers, families and people who use opiates. From those kits there were 2,297 successful overdoses reversed. Entities dispensing naloxone to opiate users include King County Needle Exchange (two Seattle sites and a South King County delivery service) and the SKCDPH Mobile Medical Van.
- The University of Washington Alcohol and Drug Abuse Institute (UWADAI), a task force member, trained 65 community members on naloxone administration; King County trained 200 behavioral health and housing providers on naloxone administration.

Treatment Expansion

- Opened one new detox facility and over 40 new access points for buprenorphine including SKCDPH's Buprenorphine Pathways program
- Implemented SAMHSA funding for a "Hub and Spoke" model of care
- Initiated jail-based opiate detox and MAT services
- The Recovery Helpline began coordinating a centralized referral network for MAT
- The University of Washington created an addiction medicine fellowship for primary care physician trainees. About 90 physicians have received training to date.

User Health Services and Overdose Prevention

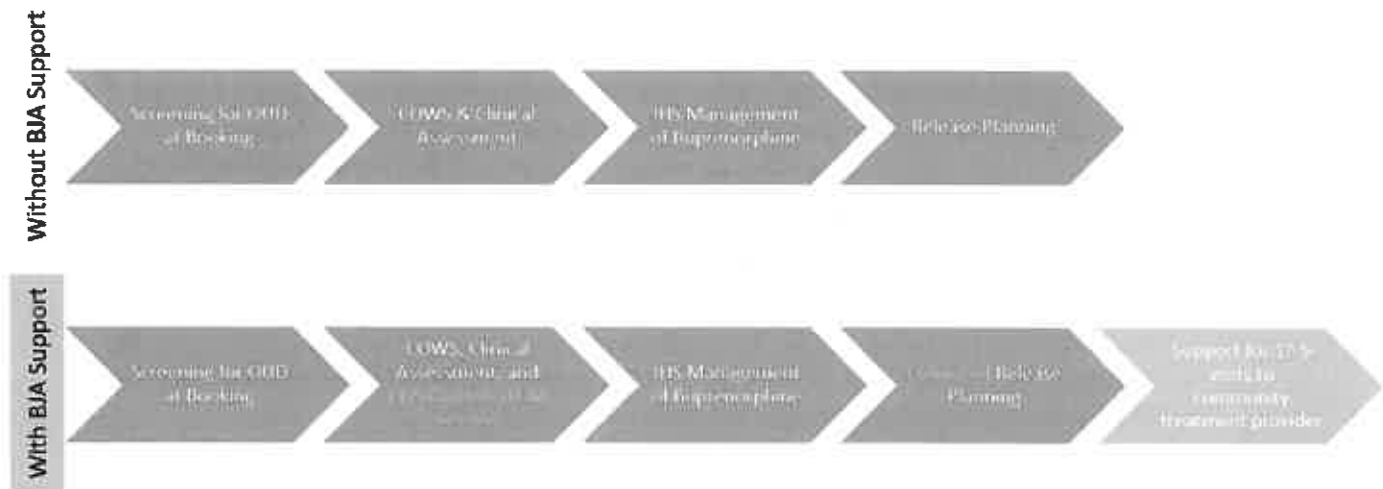
- The SKCDPH needle exchange program provides new, sterile syringes and clean injection equipment in exchange for used, contaminated syringes. They also help interested drug users find drug treatment and health care. Other services include testing for HIV, hepatitis, tuberculosis, and other infections to which drug users are prone; education and training on overdose prevention, including naloxone distribution; treatment readiness counseling and case management services; education about harms associated with drug use and how to minimize them; and safe disposal of contaminated equipment.

Project Design & Implementation

Vision. KCTCP will expand access to treatment and recovery support services for individuals with opioid use disorder who are involved in our criminal justice system. The program aims to enhance treatment and recovery service engagement amongst individuals that are incarcerated on either pretrial or post-trial status that are leaving jail by supporting the transition to community-based medication assisted treatment (MAT) services once individuals are released from custody. KCTCP will support strong coordination between in-custody and community-based treatment providers to ensure successful treatment initiation or continuation post-release, thereby reducing the risk of overdose death and improving recovery outcomes for the patients we serve.

Implementation. The JHS Buprenorphine Program receives local revenue to cover the in-custody cost to facilitate medication prescribing, dispensing, and administration along with limited release planning. We are requesting BJA-2019-15111 funding to provide enhanced care coordination services focusing on treatment decision making within the correctional setting and the linkage and retention of formerly incarcerated individuals into community-based OUD treatment programs. In the diagram below, the components of the JHS buprenorphine program that are supported through local revenues are indicated in blue and the complementary services that would be supported by BJA-2019-15111 are highlighted in yellow:

Patient Flow through King County JHS Buprenorphine Program



Abbreviations: CDS= Chemical Dependency Specialist; STDW= Shared Treatment Decision Making

Specifically, we are requesting BJA-2019-15111 funding for the following activities:

- SUD Specialist-guided shared treatment decision-making session that includes the following components: education on the in-jail and in-community options to treat opioid use disorder, decisional support, and preliminary release planning.
- Enhanced release planning that includes transportation and warm hand-off to community treatment providers following jail release (when possible).
- Transportation assistance and other incentives to facilitate completion of community treatment visits.

- Continued support in order to improve treatment retention for the first 5 visits to community treatment provider following jail release.
- Evaluation of process indicators and outcomes.
- Project management and administrative support.

Description of Proposed Enhanced JHS Buprenorphine Program with BJA Support

1. **Screening:** During the health screen that is conducted on all patients at time of booking, the nurse will ask a single question to identify whether opioid use disorder should be assessed in greater depth. For example, each patient may be asked some version of this general question:

“Your answer to my next question will help me determine what services you might be eligible for while you are here and upon release; your answer to this question will not be shared with correctional officers or the court system. In the past month, have you used a drug or used a prescription medication for non-medical reasons?”²¹

2. **Shared treatment decision making:** KCTCP SUD Specialist will conduct a brief needs assessment of all patients who answer “yes” to the screening question. The needs assessment will evaluate the following:
 - Current drug use practices
 - Treatment history
 - Clinical Opiate Withdrawal Scale (COWS)

Following this needs assessment, the KCTCP SUD Specialist will provide a shared treatment decision making (STDM) counseling session to educate the patient on the treatment options available within the jail and community settings. STDM is a best practice in behavioral and physical health that aims to help people in treatment and recovery have informed, meaningful, and collaborative discussions with providers about their health care services.²² The conversation will be guided by a job-aid developed by our research partner, the University of Washington’s Alcohol and Drug Abuse Institute, intended to help guide conversations for individuals and practitioners to have an educated conversation about treatment for OUD. The needs assessment and outcome from the discussion regarding treatment preferences will be thoroughly documented in the JHS electronic health record. The brochure that follows will be adapted for use in-jail.

²¹ Adapted from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911954/>

²² See <https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making>

patient will be observed by a nurse to ensure the medication is absorbed correctly and to prevent diversion.

4. **Coordination with Community Treatment Providers:** In recent years, the number of community-based buprenorphine providers in King County has dramatically increased. The Washington Recovery Helpline (RHL), which coordinates access for MAT in the community has seen a doubling of providers in King County from the end of 2017 to the end of 2018 (45 providers to 110). KCTCP substance use disorder specialists will stay informed regarding which community treatment providers are accepting new patients and offering low barrier care via regular coordination with the hotline, including using the geolocator and client matching tool available on their website.²³ A letter of support for this grant is provided by RHL and their parent organization, Crisis Connections. The .1 FTE Regional Health Administrator role will help support community capacity and ensure an ample referral network for people being initiated on MAT in the jail.

King County has a multitude of primary care and behavioral health agencies that provide community capacity for MAT. Most of these sites provide low barrier access to services and have agreed to accept referrals straight from the jail. A total of 9 partner programs have agreed to take community referrals directly from the BJA project staff and provide data to PSHKC on treatment continuation with appropriate release of information consent. These sites represent a robust, geographically dispersed provider mix that specializes in services to individuals with behavioral health conditions. These community programs include Public Health's own Buprenorphine Pathways program (described above), operated by SKCDPH at the downtown Public Health Clinic, which is approximately 1 mile away from KCCF and is in the same building as primary care, dental services and needle exchange.

5. **Pre-Release Planning:** Soon after booking, the KCTCP SUD Specialists will attempt to meet with all patients who express interest in community treatment (as determined in Step 3, above). During this meeting, the SUD Specialists will discuss:
- Heightened risk of overdose following release, related to diminished tolerance.
 - Type of treatment program patient would like to participate in following release (if any).
 - Logistical considerations regarding treatment placement, such as:
 - Location of clinics that are accepting patients.
 - Description of program, including any known policies regarding missed appointments or continued drug use.
 - Transportation assistance options:
 - 1-month unlimited metro bus/light rail pass.
 - Second additional month of unlimited metro access contingent upon participation in program;
 - Transportation via ride-shares to/from the appointments with community treatment providers.²⁴
 - Uber Health and Lyft Concierge are similar in that they enable healthcare providers to order and pay for rides for patients needing transportation to/from appointments. Rides can be requested in advance or immediately.

²³ <http://www.warecoveryhelpline.org/mat-locator>

²⁴ <https://ridesharecentral.com/uber-health-lyft-concierge-medical>

The patient does not need to have access to the ride-share application, though the Uber platform can send text messages to patients with scheduled rides.

- A maximum of \$100 in ride-share costs will be covered per patient and will only be available for the first 5 visits with the community treatment provider. This has been confirmed as an allowable cost by DOJ for this application.
- Support for the first 5 visits with the community treatment provider, including:
 - Weekly check-in calls with BJA-2019-15111-funded substance use disorder specialists.
 - \$10 incentives for each completed visit (up to 5 visits post-release).
 - At release, the former patient will receive a gift card with \$0 value.
 - The KCTCP health program assistant will verify completed visits either through medical chart review (if patients transfers care to a Public Health clinic) or through submitting a signed release of information to community clinics for completed visit dates. Once a visit is verified, the health program assistant will remotely add \$10 to the gift card and notify the patient of the added value via text message.
- Availability of KCTCP staff by phone or text for psychosocial support or logistical support with appointment scheduling, ride-shares, incentives, or some other treatment-related challenge.
- Availability of hygiene kits and clean clothing, which may enhance patients' comfort and confidence in seeking community services.
- Release of information.
 - For the purposes of evaluation and incentive management, SKCDPH will need access to medical records corresponding to people who received KCTCP assistance following jail release.
 - Patients who do not sign a release of information will not be able to have their visits verified and will not be eligible for financial incentives but are still eligible to receive all services.
 - The Health Program Assistant will manage incentives, release of information and visit verifications.

6. Post-Release Transition to Community Treatment Provider: KCTCP SUD Specialists will strive to meet with patients at time of release to discuss the immediate transfer of care. When possible, the SUD Specialist will arrange transportation directly to the community treatment provider and will join the former patient for their first visit. If this is not possible, then they will review the release plan that had already been discussed (in Step 5, above).

7. Evaluation. The Lead Evaluator, [redacted], will conduct an in-depth evaluation of KCTCP (see pages 18-20). The evaluation will provide meaningful insight into solving local, state, and regional challenges around in-jail MAT program design as well as contribute to the national body of knowledge with respect to best practices in increasing treatment continuation rates for high risk populations.

8. Deliverables. The project will produce the following deliverables:

- Implementation will be documented in a manual that includes policies, procedures, and forms and will be provided to BJA no later than 24 months from the time of the award.
- A copy of the evaluation report will be provided prior to the close of the grant period.

Capabilities and Competencies

Seattle King County Department of Public Health (SKCDPH) is a department of King County government and maintains the organizational infrastructure necessary to support five divisions, including the Jail Health Services (JHS) Division. SKCDPH is the one of the largest metropolitan health departments in the United States with 1,400 employees, 40 sites, and a biennial budget of \$686 million. The department serves a resident population of nearly 2.2 million people in an environment of great complexity and scale, with 19 acute care hospitals and over 7,000 medical professionals. SKCDPH has over 20 years of experience in the implementation and management of projects targeting individuals with SUD, including the Buprenorphine Pathways Project at the King County Needle Exchange; the Mom's Plus program for substance abusing pregnant women; and two mobile medical units that provide needle exchange and MAT to the homeless population. SKCDPH leads the King County Heroin & Opiate Addiction Task Force coordinating the local effort to combat the opioid epidemic.

SKCDPH maintains a robust recruitment capacity in order to reach out to people from diverse backgrounds when filling positions at all levels of the organization with staff members who reflect the population to be served. SKCDPH has a highly competitive salary and benefit package, and has a full-time nurse recruiter on staff. Significant effort is made in the County as a whole, and at SKCDPH in particular, to assure engagement and retention of staff at all levels. In addition, succession planning is actively utilized for key management positions.

The KCTCP Project Coordinator will be [redacted], JHS Substance Use Disorder Services Program Manager, who will dedicate .5 FTE (20 hours per week) to the grant project. Her duties will include project development, implementation, and quality assurance, as well as hiring and supervision of the 3.0 FTE staff including 2.0 FTE SUD Specialists and 1.0 FTE Health Program Assistant. [redacted] will maintain standards of quality of care and evidence-based practice and will manage communication and collaboration with other SKCDPH divisions as well as community providers and programs. [redacted] brings 14 years of experience in all phases of project and program management within the public sector. She has been working in the criminal justice arena since 2006 and has extensive experience coordinating and collaborating with community providers from her work in the King County Family Treatment Court, King County Juvenile Justice Program, King County Department of Public Defense, and her current position with Jail Health Services. [redacted] holds a Master's in Social Work and a Doctorate in Adult and Continuing Education.

[redacted] reports to [redacted], the Jail Health Services Director. [redacted] serves as the JHS medical director and [redacted] serves as the Finance and Administration Manager (comparable to CFO role). [redacted] are able to coordinate directly with other SKCDPH program managers responsible for primary care, clinic operations, pharmacy, family planning, parent-child health, immunizations, quality management, interpretation, and youth services. [redacted] reports directly to [redacted], the Department Director (comparable to a CEO role). [redacted] serves as Chief Administrative Officer for SKCDPH (comparable to a COO role) and [redacted] serves as Information Technology Service Delivery Manager (comparable to CIO role) and coordinates with Department leadership on all technology needs.

[redacted] will be supported in her role by Lead Evaluator [redacted], MPH, PhD, the county's lead overdose surveillance epidemiologist (.1 FTE). [redacted] six years of relevant experience includes designing and implementing overdose surveillance and evaluations of

overdose prevention programs. She will develop the process for querying JHS data, evaluate outcome measures, assess program impact, and ensure protection of privacy. Regional Health Administrator Bradley Finegood, MA, LMHC (.1 FTE), will also work with the Project Coordinator to provide technical expertise as well as program supervision and support. Mr.

previously served as Chief Health Integration Strategist and County Drug and Alcohol Coordinator for the King County Behavioral Health & Recovery Division is currently the Strategic Advisor for SKCDPH and Co-chair of the County Heroin and Prescription Opiate Task Force. For this grant, he will help support community capacity and ensure an ample referral network for people being initiated on MAT in the jail.

The Lead Evaluator will engage as a research partner the University of Washington Alcohol and Drug Abuse Institute (UW ADAI), a multidisciplinary research center at the University of Washington established in 1973. will provide consultation to on the evaluation design and data collection plan. The Lead Evaluator will also work with ADAI to jointly develop a research protocol to rigorously study the impact of the program described in this proposal, which will be contingent upon the success of a future proposal to fund the research project. ADAI's mission is to advance research, policy, and practice in order to improve the lives of individuals, families, and communities affected by alcohol and drug use and abuse. The Institute is a focal point for alcohol and drug abuse research at the UW and in the northwest region. Grants and contracts from federal and state agencies and private foundations provide the majority of the Institute's funding. ADAI also receives state funds from Initiative 171 which mandated that a portion liquor license fees be directed to the University of Washington and Washington State University for research on alcohol and drug abuse and dissemination of research information.

ADAI has extensive experience with action research, including prior work with drug monitoring and treatment agencies. ADAI serves as the Regional Research and Training Center (RRTCs) for the Pacific NW Node of the CTN, a multisite network of regional RRTCs working in conjunction with community-based treatment programs to implement and evaluate behavioral and pharmacological interventions with demonstrated efficacy in community-based programs. ADAI investigators are also currently evaluating Medication-First Delivery for High-Acuity Opioid Use Disorder Patients, a foundation funded multi-site replication and implementation study of low barrier buprenorphine access combined with care navigation to be delivered with community based service providers such as syringe exchanges, mobile medical clinics and homeless services providers.

KCTCP's success will rely on the cooperation of the following key partners, who have demonstrated their commitment to this effort via the attached letters of support:

- Country Doctor is a federally qualified health center (FQHC) that provides MAT within its Seattle primary care clinic and also works in partnership with other organizations to offer MAT inductions in several community settings. SKCDPH contracts with Country Doctor to provide Health Care for the Homeless Network (HCHN 330h) nursing services in shelters, which will be leveraged to support their community MAT sites for this project.
- Neighborcare Health is Seattle's largest FQHC and a leader in local efforts to provide low barrier MAT. Neighborcare is a subrecipient of SKCDPH's 330h HCHN grant and provides an array of clinical services to individuals struggling with housing stability. Neighborcare has 11 primary care clinics where it offers OUD treatment services integrated with comprehensive medical care.

- HealthPoint is another FQHC that provides MAT within its 10 primary care clinics which are located in south King County, and will serve as a community MAT site for this project. HealthPoint is also a HCHN subcontractor and has significant experience providing low barrier care to the homeless population.
- Seattle Indian Health Board is a community primary care clinic that provides integrated MAT services and specializes in the care of Native American/Alaska Indian peoples. They will provide culturally appropriate services for our Native patients and will support our project in reducing the racial disparities among individuals receiving treatment for OUD.
- Founded in 1966, Sound provides comprehensive mental health and SUD treatment services, to area's most vulnerable populations. Sound offers MAT, mental health care, and recovery support services at 6 locations county-wide and will support KCTCP by providing community linkage and access to MAT for those initiated while incarcerated. Sound has a longstanding relationship with SKCDPH and is a member of the Opioid Taskforce.
- Valley Cities is a community mental health agency that has 9 locations spread widely throughout King County, including rural areas to the east, where they provide comprehensive mental health, SUD treatment, and recovery support services. Valley Cities runs our county's only residential detox facility and is currently partnering with SKCDPH on a SAMHSA grant to offer MAT at the detox site. For this project, they will provide linkage and community-based MAT services for individuals leaving jail.
- Crisis Connections manages the Washington State Recovery Helpline, which provides crisis intervention and referrals for individuals struggling with OUD. They are a key partner in the King County Opioid Taskforce and will support this project by assisting project staff to find the MAT services that are most convenient and appropriate for our patients.
- Community Psychiatric Clinic provides recovery-oriented mental health and SUD services including walk-in and same day access. CPC will provide linkage and community-based MAT, mental health and recovery support services for individuals leaving jail.
- Evergreen Treatment Services specializes in MAT for adults with OUD. They provide methadone and buprenorphine-based medications with supportive wrap-around services in south King County as well as in neighboring counties to the east and north. The ETS REACH team is a HCHN subcontractor which provides street-based case management and outreach services to adults living unsheltered in Seattle. ETS will provide linkage and flexible and low barrier community-based MAT for our project population.
- SKCDPH Community Health Services Division Bupe Pathways program is already a key partner to Jail Health Services supporting individuals to continue buprenorphine post-release. Bupe Pathways is co-located with the King County needle exchange as well as the Downtown Primary Care clinic and will continue to collaborate closely to provide low barrier, integrated MAT services to individuals recently released from jail. This program is scheduled to quadruple its capacity in 2020 and is an ideal clinic to receive JHS referrals because it uses the same medical record system, thus facilitating the jail-to-community continuity of care, verification of visit completion, and evaluation. Additionally, it already serves a large number of patients who have recently been incarcerated; in one patient survey, 30% of respondents reported being incarcerated in the past 3 months.

The main barrier to successful implementation of our proposed project will be the lack of stability in the lives of the patients we will be serving. We anticipate based on 2017 data from our syringe exchange that 43% of persons who inject drugs are living homeless and an additional 26% are unstably housed, making appointments and transportation a significant challenge. To ensure that funded services will be appropriate for our population of focus, services will be provided in a client-centered model. Our community service sites meet vulnerable people where they already access other services, reducing transportation barriers to care. KCTCP staff will work to connect patients with MAT services that are being delivered with a low barrier approach, allowing walk-in appointments and accommodating positive urine screens as well as poly-substance use. We will provide transportation assistance to our patients either via a bus/light rail pass or ride-share services. Staff will provide weekly check-in calls as well as gift cards as incentives for each completed visit (up to 5 visits post-release). Project staff will also arrange transportation from the jail directly to the community treatment provider and will join the patient for their first visit to provide a warm hand-off and increase positive outcomes. Together these efforts will support ongoing care engagement for this population that experiences multiple and complex barriers to care.

Outcomes, Objectives, Performance Metrics, & Sustainment

KCTCP aims to reduce opioid use and the incidence of fatal overdose among King County residents involved in the criminal justice system. To achieve these population level impacts, the project will seek to achieve the following project-level outcomes:

1. 400 individuals per year will receive shared treatment decision making (STDM) sessions during their jail stay.
 - a. Rationale: The 2 substance use disorder specialists will conduct, on average, 4 sessions per week, 50 weeks per year.
2. 300 individuals who indicate desire for community-based MAT will receive enhanced release planning to support successful engagement into community-based MAT.
 - a. Rationale: We anticipate that roughly 25% of individuals who complete STDM session will not be interested in enrolling in a community-based MAT program.
3. 225 individuals who receive enhanced released planning (75%) will complete 5 visits with the community MAT provider of their choosing.
 - a. Rationale: Without support, 61% of Buprenorphine Pathways patients completed ≥ 5 visits. The additional support provided by KCTCP will result in a greater proportion of patients completing ≥ 5 visits.

Progress toward these outcomes will be achieved by meeting the project objectives as described in the project timeline:

- Objective 1: Implement the KCTCP program within four months of the award
- Objective 2: Integrate KCTCP into jail and community MAT systems by Year 1 Q3
- Objective 3: Conduct an outcome and process evaluation of KCTCP (ongoing beginning Year 1 Q2)

Performance will be documented, monitored, and evaluated by the Lead Evaluator in partnership with the Project Coordinator and in consultation with the BJA-appointed researcher/evaluator. The data available and needed for the project evaluation are described in the performance metric Table 1 below. The majority of the data required for the evaluation is owned and held by SKCDPH Jail Health Services in its electronic medical record. Community project partners have all provided organizational commitment (see attached letters of support) to safely and appropriately share medical record information for the purposes of this project in accordance with HIPAA and 42 CFR.

Table 1- Performance Metrics

Indicator	Who?	How?	Performance metric
Response to drug use screening question	All persons booked at a King County jail.	Electronic health record data extraction	# (%) of individuals booked at a King County jail who report using non-prescribed drugs or medication in 30 days preceding booking.
Outcome of COWS &	All persons who answer "yes" to	Electronic health record data extraction	Among persons who answer "yes" screener question, the # (%) who: - Meet with CDS

Clinical Assessment	screeener question.		<ul style="list-style-type: none"> - Report opioid use - Report methamphetamine use - Report benzodiazepine use - Have opioid withdrawal symptoms
Outcome of shared treatment decision-making (STDM) conversation	All persons who meet with substance use disorder specialist	Electronic health record + Form corresponding to STDM job aid	# of individuals who express interest in: <ul style="list-style-type: none"> - Methadone - Buprenorphine - Naltrexone - Detoxification - One-on-one counseling - Participating in support groups
Receipt of buprenorphine services while in jail	All persons who receive JHS administered buprenorphine	Electronic health record extraction	# of individuals who receive JHS-administered buprenorphine.
Completed community-based treatment visits	All persons who receive JHS administered buprenorphine	Medical Chart Review*	Among individuals who receive JHS-administered buprenorphine, the # (%) who complete 1, 2, 3, 4, or 5+ visits at a community treatment provider following jail release.
*Access to medical charts will be most straightforward for patients who enroll in SKCDPH buprenorphine programs, including Buprenorphine Pathways (described above), since the Lead Evaluator already has ready-access to SKCDPH clinical data. To obtain dates of services from non-SKCDPH clinical providers, the KCTCP health program assistant will submit signed release of information forms.			

To manage, monitor and enhance the project, the Lead Evaluator will analyze the data described in Table 1, with close attention paid to reviewing the degree of equity in enrollment, retention, and outcomes by race, ethnicity, and language. The Lead Evaluator will work with the Project Coordinator to document how KCTCP has been implemented, and barriers and facilitators of success in meeting deliverables. Programmatic changes and continuous quality improvement will be implemented, as needed, based on these data reviews.

Within 24 months of the award, the Project Coordinator will finalize and submit to BJA a manual that details implementation protocol, including policies and procedures, forms, and other relevant project materials. At the close of the budget period, the Lead Evaluator will provide a written report describing the collected indicators and evaluation findings. If requested, the evaluator will share de-identified, clearly formatted line-level data with DOJ or DOJ-appointed researcher/evaluator in an expeditious manner at no cost. Before doing so, the evaluator will work with DOJ and/or DOJ-appointed researcher/evaluator to develop a data-sharing agreement. *SKCDPH looks forward to working with BJA's designated TTA provider(s) as well as the evaluator who will conduct a site-specific or cross-site evaluation in future years.*

Sustainability. Should the project evaluation show success in achieving the expected outcomes, SKCDPH will use the evaluation results as an advocacy tool to acquire additional local, state, or private funding to sustain the project. As the project proceeds, we will also explore the feasibility of billing Medicaid/Medicare for the care coordination and/or chronic care

management functions that are being provided to the patients as the project team works to keep them engaged in MAT services. Currently, Washington state has an 1115 Medicaid Demonstration Project Waiver. Two of the four selected projects in King County are 1) Opioids and 2) Transitions from Jails and Hospitals. We will work the local Accountable Community of Health, Healthier Here, and managed care organizations responsible for the care of people with Medicaid to institutionalize this program

A rigorous evaluation design will allow KCTCP to contribute to greater knowledge and understanding of evidence-based practices for jail-based buprenorphine programs. Our research partner, UW ADAI, will consult on the evaluation design and data collection plan and will assist in review of any manuscript of evaluation results that are submitted for publication or presentations submitted to national conferences. We plan to disseminate our evaluation findings via presentations at local and national conferences and provider meetings, via briefs for local and state legislators, and through the development of a manuscript for publication in national scientific journals. The Lead Evaluator will also work with ADAI to jointly develop a research protocol to rigorously study the impact of the program described in this proposal, which will be contingent upon the success of a future proposal to fund the research project.

Priority Considerations

SKCDPH is grateful for the opportunity to submit this grant application for consideration by BJA. Although mentioned earlier in this document, below is a summary of how our application relates to the priority considerations listed in the BJA-2019-15111 funding announcement:

- King County has been disproportionately impacted by the opioid epidemic (see Statement of the Problem page 1)
- The project involves a research partner, the University of Washington Alcohol and Drug Abuse Institute (UW ADAI), who will provide services to the project in kind.
- King County is not a current COAP site.
- The project will improve public safety in King County QOZs (see attached Documentation of Anticipated Benefit to QOZs)

Thank you for considering our application. We hope to receive COAP support in implementing this key strategy in our County's strategic plan to reduce opioid abuse and overdose fatalities.