

**Medication Assisted Treatment – Vivitrol for individuals on Parole from Utah State Prison
Budget Request February 2017**

Total Individuals Served	142
TOTAL REQUEST	\$1,000,000

Activity	Rate	Individual Unit	Total Program Units	Total Individual Cost	Total Program Cost
Month 1					
Medical physical assessment by Prescriber	\$235.00	1	142	235	\$33,370.00
Lab Work	\$35.00	1	142	35	\$4,970.00
Detoxification Technology	\$550.00	1	142	550	\$78,100.00
Nursing support (medication education and injection)	\$50.00	1	142	50	\$7,100.00
Medication	\$978.67	1	142	978.67	\$138,971.14
Months 2-6					
Medication management (nursing support; patient education, physician supervision)	\$95.00	1	142	95	\$13,490.00
Medication	\$978.67	5	710	4893.35	\$694,855.70
Total Budget for Medication Assisted Treatment		11	1562	\$6,837.02	\$970,856.84
Program Implementation, Training and Promotion	\$28,473.50				
Total Budget Request	\$999,330.34				

Salt Lake County BHS Demographics:

Clients with Heroin as primary substance 2012-2016	Up nearly 50% (857 – 1,281)
Clients with opioids overall as primary substance 2012-2016	Up nearly 19% (1,470 – 1,746)
Client Counts with opioid-related diagnoses 2012-16	Up 59% (1,850 – 2,947)
Male to Female Ratio	61% / 39%
Unduplicated clients with opioid-related diagnoses 2016	3,482
Total clients with opioid-related diagnoses 2016	5,805
Total Unduplicated clients with opioid-related diagnoses 2012-2016	9,318
Clients on Methadone 2012-2016	Up 163% (374 – 983)
Percent of opioid-related diagnoses on methadone 2012-2016	Up 114% (13.4% - 28.2%)

Current Salt Lake County Vivitrol Program:

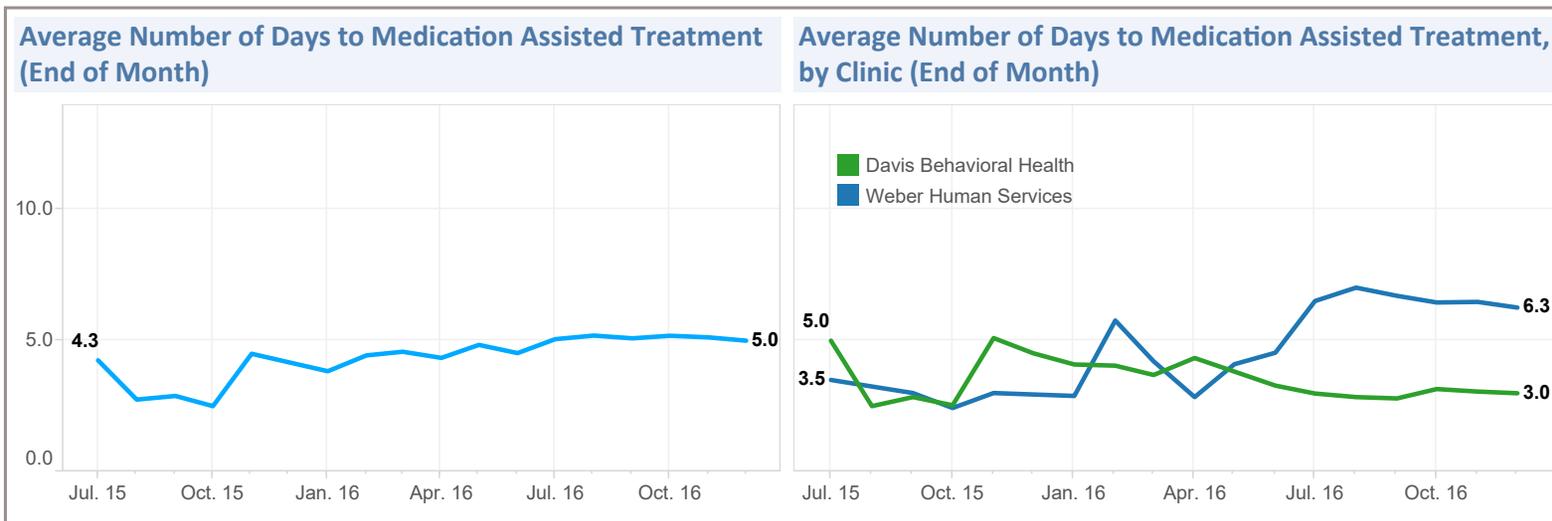
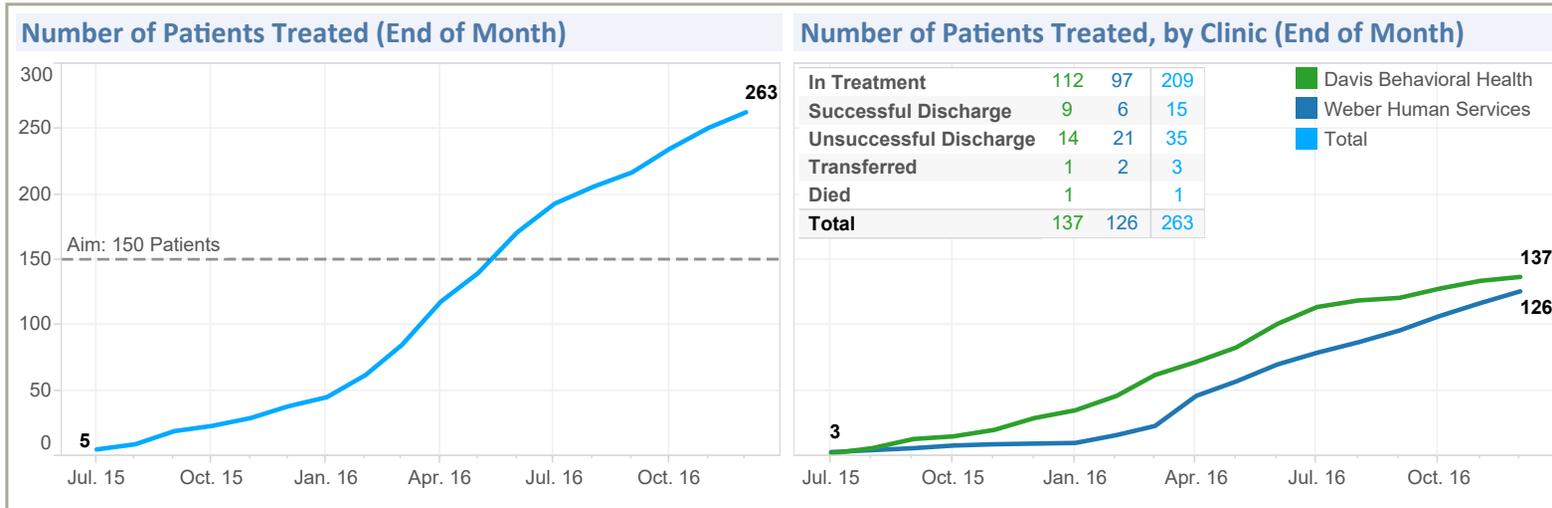
Total Referrals/Active Clients	334 /134 (200 disengaged, waitlisted, completed, incarcerated)
Referrals from Jail/Prison	153 (46%)
Completed (or 6 or more injections)	8 (33 additional with 6+ injections)
Donated Injections (received at SLCo Jail)	80 (savings: \$60,520)
Total injections authorized	642

Service Gap: Many individuals in need of treatment for opioid use disorders do not qualify for Medicaid and do not have health insurance. Opiate addiction and the associated sequelae are a barrier to work and self-sufficiency. The cost of treatment can also be a barrier to self-sufficiency if there is no viable way to pay for care.

Performance Measures: To be tracked at 6 month intervals

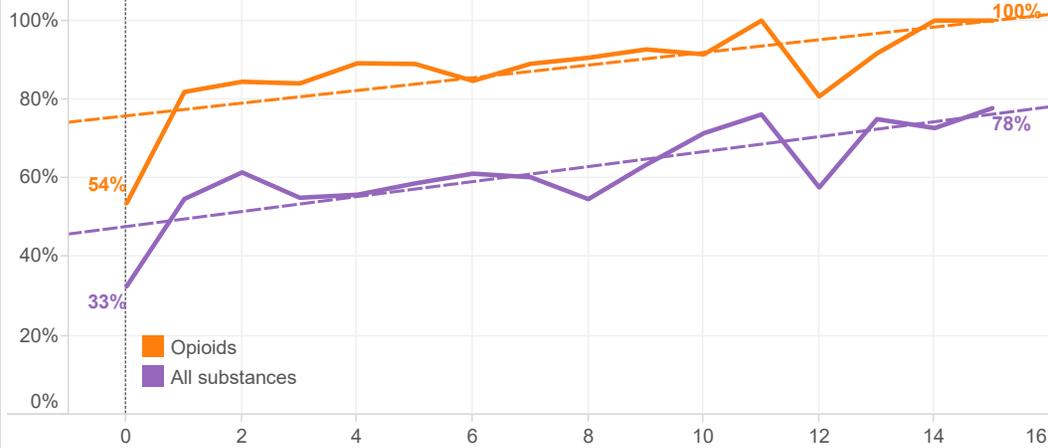
- Maintenance of sobriety
- Retention in Treatment Services
- Self-sufficiency matrix
- Recidivism

Access to Treatment *Short Term Outcomes*

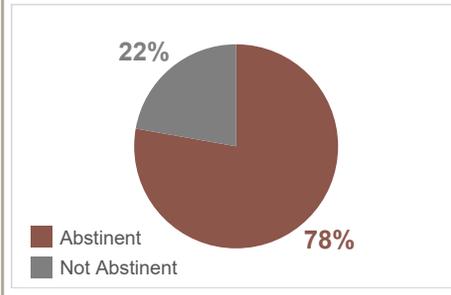


Access to Treatment *Intermediate Outcomes*

**% Abstinence via Urine Analysis, at Davis Behavioral Health
(Month of Test since Program Start)**

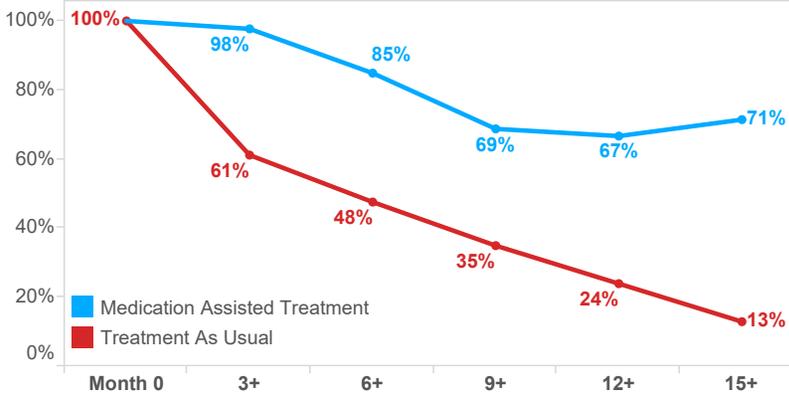


% Abstinence via Clinician Outcomes for All Substances, at Weber Human Services

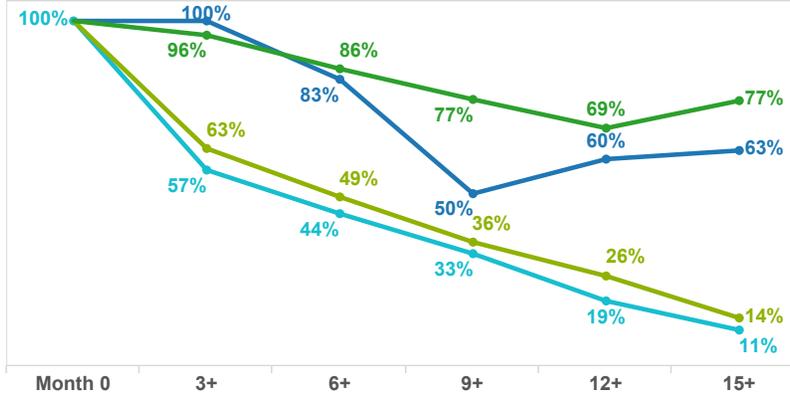


- Medication Assisted Treatment - Davis Behavioral Health
- TAU-DBH
- Medication Assisted Treatment - Weber Human Services
- Treatment As Usual - Weber Human Services

**% Patients Retained, by Treatment Types
(Months Atleast)**

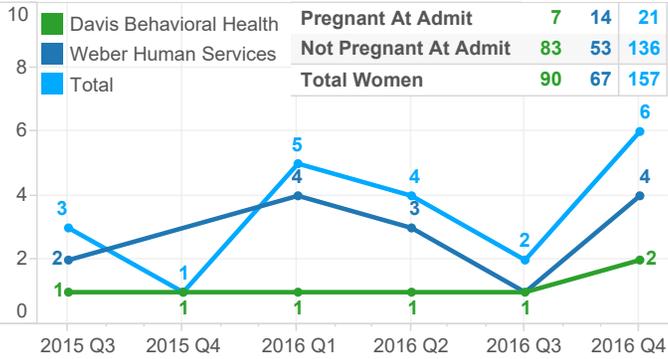


**% Patients Retained, by Treatment Type and Clinic
(Months Atleast)**

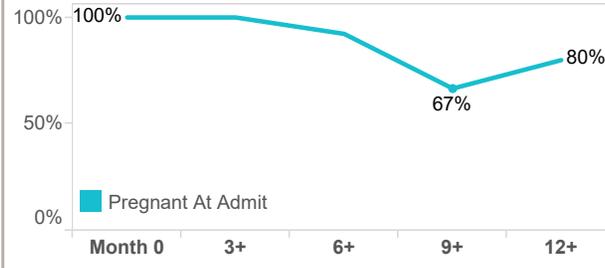


Access to Treatment *Outcomes by Demographics - Pregnancy*

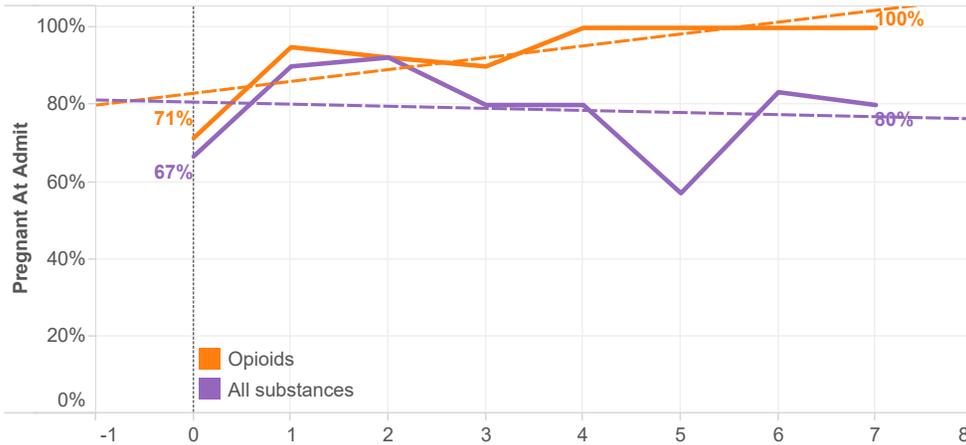
Number of Women Pregnant at Admit, Total and by Clinic (Quarterly)



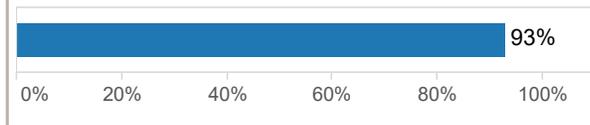
% Pregnant at Admit Women Retained in Program (Months Atleast)



% Abstinence for Pregnant at Admit Women via Urine Analysis, at Davis Behavioral Health (Month of Test since Program Start)



% Abstinence for Pregnant at Admit Women via Clinician Outcomes, for All Substances, at Weber Human Services

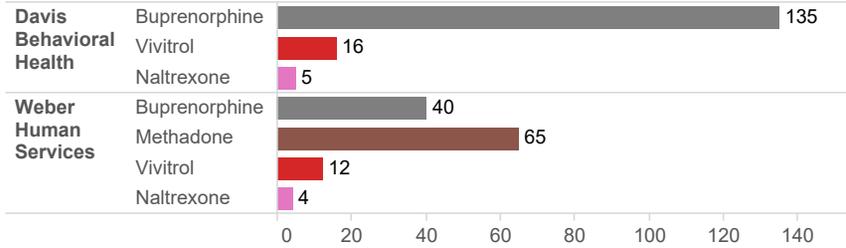


Number of Pregnant at Admit Women, by latest Medication Prescribed, by Clinic

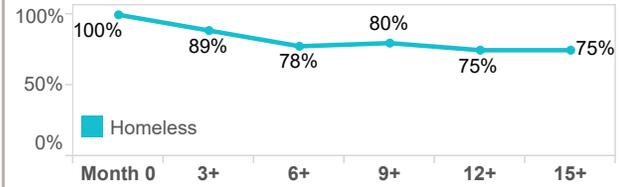


Access to Treatment *Outcomes by Demographics*

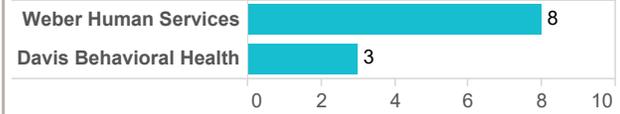
Number of Patients, by Medication and by Clinic



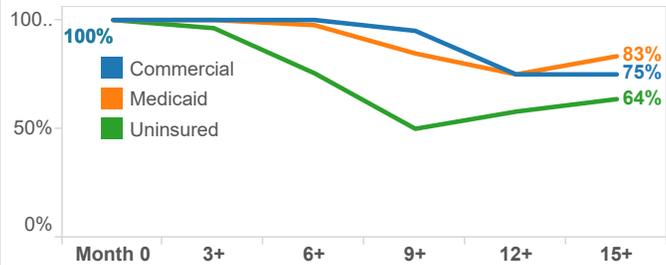
% Homeless Patients Retained (Months Atleast)



Number of Homeless Patients, By Clinic



% Patients Retained, by Payers (Months Atleast)



% Patients Retained, by Payers (Months Atleast)

