



Request for Appropriation

Carbon County Transitional Center

Rep. Christine Watkins

Build a building next to the Carbon County Jail that inmates would go to when released from jail. They would receive help to get back on their feet and get where they need to go. The Carbon Jail does not have room for classes and people come out of jail with nothing and nowhere to go. This will fill a badly needed void in Carbon County.

Statewide Public Purpose

Carbon County has a high death rate due to overdosing on drugs. Many of these people are people who are coming right out of jail that have their drug dealers waiting for them when they get out of jail.

Financing

Financing Source	2019 One-Time	2020 One-Time	2020 Ongoing
General Fund*	\$3,222,000	\$0	\$0

The sponsor has requested that funding from sources marked with an asterisk not lapse.

Additional Notes

Contact Information

Jana Abrams
Director, Carbon Volunteers

435-820-6968
janaabrams51@gmail.com

FUNDING BREAKDOWN FOR TRANSITIONAL HOUSING FACILITY

Anticipated costs	Description
12,640 sq ft. building at a cost of \$250 per sq ft.	\$3,160,000 Building consists of a basement, main floor and two floors of living space Costs of installing utilities, site work and kitchen equipment are included
Demolition of existing structure	\$10,000
Architect and Engineering Fees	\$52,000
Total Costs	\$3,222,000
Donations	
Property	\$40,000 Donated by local businessman
Guestroom furnishings donated by Deseret Industries	\$32,500 Donated by Deseret Industries
Lobby furniture, office furniture, computers and printers, conference table and chairs	\$9,525 Donated by local businessmen
Quilts for 34 beds	\$5,100 Donated by local Quilt Guild \$150 per quilt
Artwork for building	\$30,000 Donated by local artists
Vouchers for clothing from Deseret Industries and Lost & Found Ministries	amount undetermined
Total Donations	\$117,125

CARBON COUNTY TRANSITIONAL CENTER (CCTC)

PERFORMANCE MEASURES

The Carbon County Jail has a 50% recidivism rate at their jail. (repeat offenders)

The goal of the CCTC is to reduce this number by 50% in the first year and a larger percentage in years to come.

With 36 rooms at this facility, with an average three month stay we anticipate serving 144 residents in addiction each year. With a 10% fallout rate those numbers can change.

Following is a list of outcomes and objectives we hope to achieve at the CCTC:

OUTCOME 1: Residents will become engagement within the community within 60 days. The ultimate goal is having residents become a productive member of the community free from substance abuse.

Objective IA: CCTC's goal will be that at least 50% of residents will obtain employment within 45 days of moving into transitional housing. 100% of residents will meet with an employment coach within 30 days of residency.

Objective 1B: CCTC's goal will be that at least 100% of residents engage in local activities at least once per week after the third week of residency; attend and log at least one social activity. These activities may include attending free community events, volunteering at local charities, or attending religious or other quality social programs.

Objective IC: 75% of residents will make notable steps to fulfilling legal commitments to courts and agencies within 30 days, work with the case management team to make goals and have working plan to fulfill these legal commitments.

OUTCOME 2: Decrease/eliminate illicit drug use and prescription misuse.

Objective 2A: Within one week (depending on provider availability) all residents will receive a substance use disorder assessment and follow the therapeutic recommendations.

Objective 2B: Build recovery capital by setting goals with a Peer Recovery Coach and updating weekly.

Objective 2C: Meet with Case Manager weekly to stay on target for personal goals and responsibilities.

OUTCOME 3: Enhance the quality of life for residents in recovery.

Objective 3A: Residents will be encouraged and linked to available resources to be screened for HIV and Hepatitis C. Early diagnosis and awareness have better outcomes. Treatment of Hepatitis C has a 98% cure rate.

Objective 3B: Residents will be offered access to primary healthcare needs.

Objective 3C: Residents will meet with an insurance/Medicaid navigator within one week of residency.

Objective 3D: Residents will meet with Case Managers, Job Coaches and Employment/Education Specialists to learn about community resources including but not limited to faith-based organizations, recovery programs, and other community resources within 30 days of residency.

OUTCOME 4: Reuniting families. Support groups will be offered on a weekly basis to all residents who have a desire to rebuild family/outside support person relationships. This will be encouraged as family support can help with recovery. 30% will be successful in rebuilding family relationships.

Objective 4A: Have counselors meet with family members who are resistant to creating a family relationship. Family members may not understand boundaries can be set but still offer support.

OUTCOME 5: Obtain independent living.

Objective 5A: 50% will achieve independent living within 3-6 months.

OUTCOME 6: Acceptance of those who relapse.

Objective 6A: It is a given in the world of addiction that there will be relapses. 50% of those we help will relapse.

Objective 6B: Based on availability we will accept them back and put them through the program again with more emphasis on relapse prevention and life skills. Some of those living with addiction go through Drug Court more than once to finally achieve a goal of living a drug-free life, we will be no different.

Every person wanting to become a resident will be screened. There will be guidelines set up in our policies and procedures to insure we only accept those who are ready to change their lives.

We know not all residents will comply with our outcomes and objectives so our policies and procedures will address those deficiencies. 10% of those accepted will eventually have to leave the facility for non-compliance issues.

ATTACHMENT #1

DATA: (Supplied by Sabrina Carter)

The overall opioid prescribing rate in the US for 2016 was 66.5 prescriptions per 100 people, some counties had rates that were seven times higher than that. Carbon County is almost three times that. For every 100 people there are 176 opioid prescriptions printed which means that some individuals are on two or more than one prescription. **Carbon County ranks as the 8th highest opioid prescribing rate in the nation.** Meaning there are 7 other counties in the United States that prescribe more prescriptions per 100 people. Nearly half of all overdoses are attributed to prescribed meds.

<https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html>

Every month in Utah, 23 individuals die from prescription drug overdoses. Utah ranked 7th in the U.S. for drug poisoning deaths from 2013-2015, which have outpaced deaths due to firearms, falls, and motor vehicle crashes. Among Utah's local health districts, Southeast Utah (Carbon, Emery, and Grand Counties) had a significantly higher prescription opioid death rate compared to the state.

<http://www.health.utah.gov/vipp/topics/prescription-drug-overdoses/>

Carbon, Emery and Grand counties make up the Southeast Utah Department of Health. Per 100,000 drug related deaths account for 41.1 percent of all deaths. No other health district in the state is as high. Check out this table, scroll to the bottom.

<https://ibis.health.utah.gov/epht-view/indicator/view/PoiDth.LHD.html>

To break this down even further

Carbon County has 52.8 deaths per 100,000 people. No one in the state is higher. See link to visual graph.

<https://ibis.health.utah.gov/epht-view/indicator/view/PoiDth.LHD.html>

TRANSITIONAL HOUSING

Legislative White Paper

Summary of Project:

Utah is faced with a high opioid addiction use and death rate and as you are aware, Carbon County has some of the highest numbers in the state. We are Eastern Utah Outreach, and we are working to combat this problem as are many agencies in our community. We feel one of the best ways to serve those in addiction in Carbon County is to provide a safe place for them to go when released from jail. A place where they can transition back into society and learn to live a life free of drugs. A new facility will be constructed across the street from the jail, where those being released from jail can walk directly to this facility. Homeless residents who are in addiction will also be accepted, not just people transitioning out of jail.

Our mission is to assist with a short term stay to obtain the resources and skills necessary to achieve an independent living situation. It supports recovery focused independent living.

This facility will work closely with law enforcement agencies to obtain and maintain successful intervention with those in addiction.

This facility will be built as energy efficient as possible.

*Only residents of Carbon and Emery Counties will be accepted.

Background:

Attachment #1 shows data collected by Sabrina Carter FNP-BC for the year 2016. The sources of this information are noted at the end of each entry. Our numbers today are probably higher than this data shows, there is a need for change in Carbon County to reduce those numbers. We believe the state is aware of Carbon County's high opioid use, and it goes back as far as 2005. With your assistance we can change these statistics and save lives!

Scope of Project:

Our proposed transitional housing facility will include the following:

- 18 female and 19 male beds. Females and males will be on different floors with secure doors, elevators and a key card system that will prevent guests having access to the wrong floor.
- Security cameras throughout the facility being monitored from the front desk.
- Laundry facilities on each floor

- An office will be provided for organizations who provide services to the community to meet with guests to assist them with their transition off drugs and with any counseling needs.
 - Crises Intervention will be provided.
 - A person will be at the front desk 24/7 to maintain a safe environment. This person will be in a secure environment.
 - A full-service kitchen and dining room will feed those who are housed at the facility.
 - A conference room for board of directors meeting and other uses.
 - Case manager who will work directly with each guest on their intake, assessment, goal setting, and program plans.
 - Peer Recovery Coaches to assist in teaching guests life skills.
 - ADA accessible guest rooms and restrooms.
 - Refreshments in the lobby for guests.
 - The facility will be staffed in large part by volunteers, with 5 FTE's.
 - Computer lab to allow guests to search for employment, housing, or check their email.
 - Drug and Smoke-free environment.
 - Guests will sign in and out at the front desk.
 - Two bed bug ovens (ovens to sterilize personal belongings of guests)
 - Transportation for guests will be provided by local agencies.
 - The facility will have a manager and a board of directors.
- *There is already a conceptual design of the building in place.

Timeline:

Once funding is secured a small building located on the property will be demolished. That demolition will take approximately one month to completed.

We anticipate the process with Price City Planning and Zoning will take three months to complete. Once that process is completed, we will do an RFP for an architect, engineer and contractor and proceed with building the facility. Our plan is to have the building completed within two years.

Funding Request:

Our request is for \$3,222,000 from the State of Utah. Donations are anticipated at \$117,525. Other donors and grants are being pursued to cover additional costs not included in our funding request; such as wages and O & M costs.

SEE ATTACHEMENT #2 FOR FUNDING REQUEST BREAKDOWN

Justification:

There is a need in Carbon County to help stop the devastation that is being experienced by families. Children, grandchildren, grandparents, friends are all being affected by this opioid epidemic. Our facility can help stop the cycle of repeated drug addiction and hopefully put families back together.