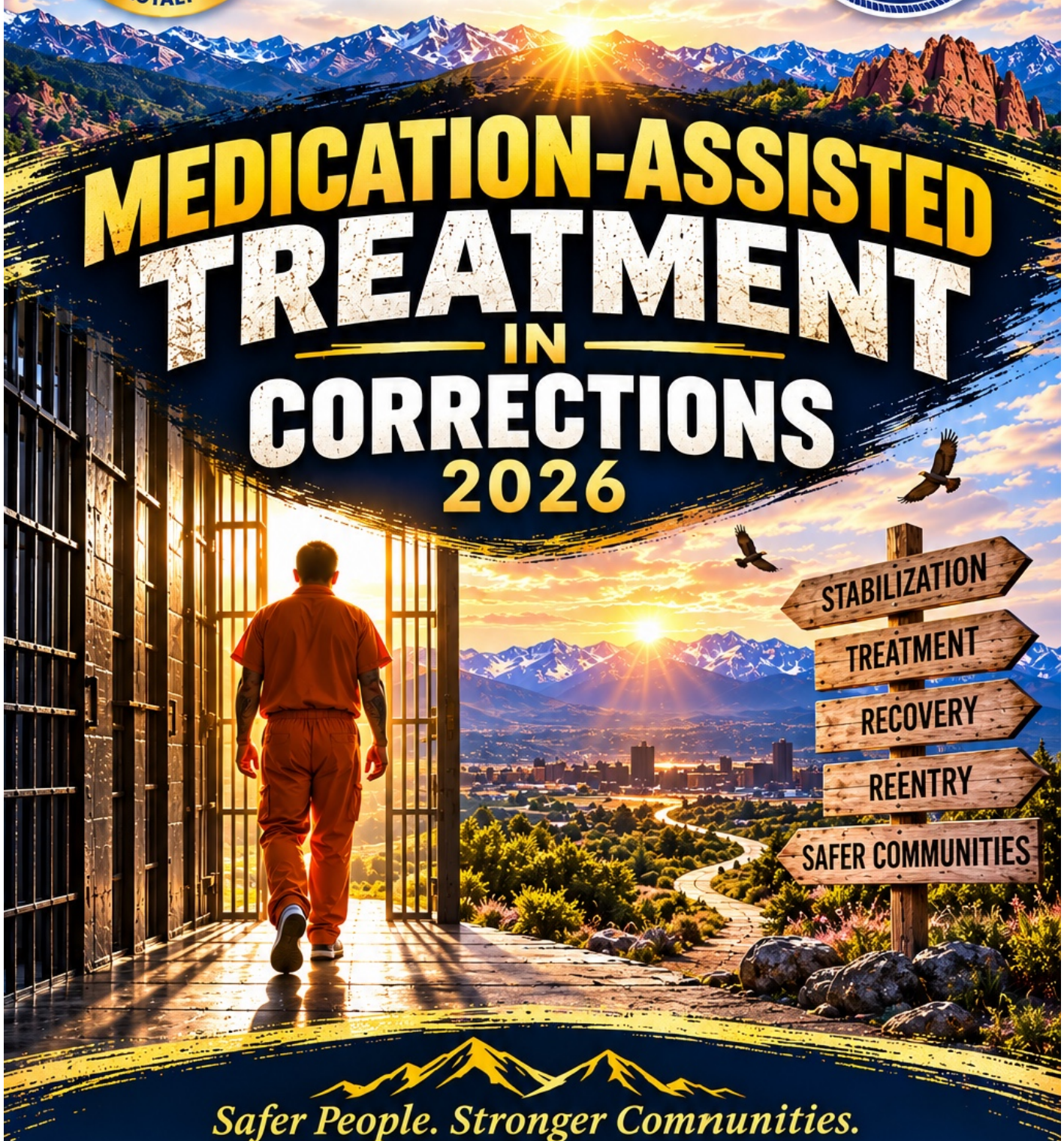
EL PASO COUNTY SHERIFF'S OFFICE

SHERIFF JOSEPH J. ROYBAL

INTEGRITY | COMPASSION | COMMUNITY | PUBLIC SAFETY

MEDICATION-ASSISTED TREATMENT IN CORRECTIONS 2026



Safer People. Stronger Communities.
A Brighter El Paso County.

William Waller, LPH, MHFA, ADDC

ADDC Lic# 0000767 | Public Health Lic# 18251 | October 2026

El Paso County Sheriff's Office

Sheriff Joseph J. Roybal

PEOPLE | SAFETY | SECOND CHANCES | STRONGER COMMUNITIES

COLORADO JAIL-BASED BEHAVIORAL HEALTH SERVICES (JBBS)

PROGRAM SCALE & SERVICE COMPARISON

COMPREHENSIVE SERVICES. STRONGER OUTCOMES. HEALTHIER INDIVIDUALS. STRONGER COLORADO COMMUNITIES.

EL PASO COUNTY SHERIFF'S DEPARTMENT

#1 LARGEST DOCUMENTED SCALE IN COLORADO

3,000+ INDIVIDUALS SERVED (Annual)

480+ SUBSTANCE USE GROUPS (Annual)

COMPREHENSIVE JBBS PROGRAM

- BEHAVIORAL HEALTH COUNSELING
- SUBSTANCE USE DISORDER TREATMENT
- MEDICATION-ASSISTED TREATMENT (MAT)
- CASE MANAGEMENT
- REENTRY PLANNING
- SERVES ENTIRE INCARCERATED POPULATION

COUNTY (Year of Data)	INDIVIDUALS SERVED (Annual)	GROUPS (Annual)	KEY PROGRAMS & SERVICES	STATE JBBS FUNDING (Annual)
El Paso County (2025-26)	**3,000+**	**480+**	• Substance use groups • Individual counseling • Case management • MAT • Reentry planning • Serves entire jail population	**$1.6 Million** (FY2025-26)
Colorado (Statewide Total) (2023-24)	**42,296** (in 48 jails)	N/A	• 48 county jails participate • Substance use treatment • MAT • Behavioral health services • Programs vary by county	**N/A** (total statewide)
Denver County (RISE Program) (2024)	**200 – 300**	Ongoing	• SUD treatment and recovery • Individual counseling • Case management • Reentry services • Programs vary by facility	**$1.2 – $1.38 Million** (2022)
Boulder County (2024)	**467 total** (210 JET, 146 COAP, 111 BHAP)	Ongoing	• JET therapeutic program • COAP opioid-focused program • BHAP reentry case management	**$900,000** (FY2025-26) (typically ~$1.2M)
Mesa County (2026)	**150 – 225** (active clients weekly average)	Ongoing	• SUD treatment and recovery • Structured groups • Case management • Reentry services	**$674,000** (through June 2027)
Weld County (2022-23)	**~560** (average jail population)	Ongoing	• JBBS/MAT services • Behavioral health counseling • Reentry support	**N/A** (amount not specified)
Jefferson County (2024-25)	Not publicly reported	Ongoing	• SUD & mental health counseling • Case management • MAT, reentry	**Up to $590,000** (recent JBBS documentation)
Douglas County (2025-26)	Not publicly reported	Ongoing	• Mental health & SUD counseling • Case management • Reentry services	**$590,000** (FY2025-26)
Larimer County (2024-25)	Not publicly reported	Ongoing	• JBBS, MAT, counseling • Case management, reentry	**N/A** (amount not specified)

PROGRAMS AT A GLANCE

A CONTINUUM OF CARE IN COLORADO JAILS

SCREENING — Intake, risk assessment, clinical screening

SUD TREATMENT — Evidence-based treatment for substance use disorders

MENTAL HEALTH — Counseling, crisis support, psychiatric services

MAT — FDA-approved medications with counseling and support

GROUPS — Psychoeducation, skills groups, therapeutic programming

INDIVIDUAL COUNSELING — Clinical services, motivational interventions

CASE MANAGEMENT — Service coordination, housing, benefits, community resources

REENTRY PLANNING — Discharge planning, linkage to care, employment support

COLORADO JBBS BY THE NUMBERS

(FY2023-24)

42,296 INDIVIDUALS SERVED IN 48 COUNTY JAILS

15,763 RECEIVED MAT (37% OF JBBS CLIENTS)

48 COUNTY JAILS PARTICIPATE IN JBBS

PROGRAMS VARY BY COUNTY SIZE, NEED, AND REPORTING METHODS

KEY TAKEAWAYS

- El Paso County serves 3,000+ individuals through 480+ substance use groups annually, making it the largest documented JBBS program in Colorado.
- Colorado's 48 participating jails served 42,296 individuals in FY2023-24, with 15,763 receiving MAT (37% of JBBS clients).
- Programs vary by county size, services, and reporting methods, which can make direct comparisons challenging.
- JBBS programs provide a continuum of care including screening, treatment, counseling, MAT, case management, and reentry services.

THE VALUE OF JBBS

IMPROVES PUBLIC SAFETY
Reduces recidivism and supports safer communities.

EXPANDS TREATMENT ACCESS
Engages individuals who may not otherwise receive care.

BUILDS STRONGER COMMUNITIES
Supports healthier individuals, families, and neighborhoods.

COST-EFFECTIVE
Reduces future justice, healthcare, and social service costs.

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For Clinical Consultation & Support:
719.644.6966

Prepared and presented by:
William Waller, LPH, MHFA, ADDC
ADDC Lic# 0000767 | Public Health Lic# 18251

Version 2.2 | October 2026

El Paso County Sheriff's Office

Sheriff Joseph J. Roybal

PEOPLE | SAFETY | SECOND CHANCES | STRONGER COMMUNITIES

THE INCREASING POTENCY OF OPIOIDS

OVER THE LAST 100 YEARS

Opioids have evolved from plant-derived drugs to highly potent synthetic opioids. Today, fentanyl and its analogs can cause profound respiratory depression and death at extremely small doses, increasing overdose risk and complicating treatment.

WHAT A POTENTIALLY LETHAL DOSE LOOKS LIKE

These examples show how little of each opioid can cause a fatal overdose. There is no single lethal dose for most opioids.

MORPHINE
EARLY 1900s



No universal lethal dose.
Overdose can cause fatal respiratory depression, especially with higher doses or when combined with other depressants.

Relative potency (baseline) 1×

HEROIN
EARLY-MID 1900s



No universal lethal dose.
Illicit purity varies widely and is often contaminated with fentanyl, making doses unpredictable and more dangerous.

~2–3× more potent than morphine

OXYCODONE
LATE 1900s–2000s



No universal lethal dose.
Risk of fatal overdose increases with higher doses, other depressants (e.g., alcohol, benzodiazepines), and individual tolerance.

~1.5× more potent than morphine

FENTANYL
1960s–PRESENT



Common counterfeit fentanyl pill ("Blue M30")

~2 mg CAN BE POTENTIALLY LETHAL

Approximately the size of a few grains of salt (DEA). Lethality varies by tolerance, body size, and prior use.

50–100× more potent than morphine

CARFENTANIL
MODERN ILLEGAL SUPPLY

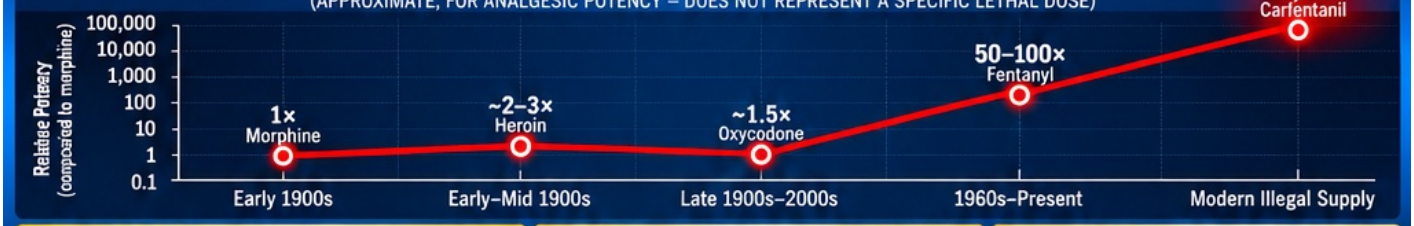


Extremely small quantities can be fatal.
~100× more potent than fentanyl and ~10,000× more potent than morphine.
Not approved for human use.

~10,000× more potent than morphine

RELATIVE POTENCY COMPARED TO MORPHINE

(APPROXIMATE, FOR ANALGESIC POTENCY – DOES NOT REPRESENT A SPECIFIC LETHAL DOSE)



KEY FACTS

- Fentanyl is up to 100 times stronger than morphine and 50 times stronger than heroin. (CDC)
- **Carfentanil** is approximately 100 times **more potent** than fentanyl and 10,000 times more potent than morphine. (DEA)
- Illicitly manufactured fentanyl has been a major driver of overdose deaths since 2013. (CDC)
- Clinically meaningful effects can occur at microgram doses, increasing overdose risk.
- The opioid supply today is fundamentally different from the opioid environment of generations ago.

WHY THIS MATTERS IN CORRECTIONS

- **Higher overdose risk**
  Small, unpredictable doses can cause life-threatening respiratory depression.
- **More severe withdrawal**
  Potent opioids can lead to more intense and prolonged withdrawal symptoms.
- **Increased tolerance**
  Individuals may have developed high tolerance in a fentanyl-dominated supply.
- **Complicates treatment**
  Requires evidence-based treatment such as Medication-Assisted Treatment (MAT).
- **Greater safety and stability**
  MAT reduces overdose risk, supports engagement, and improves outcomes during and after incarceration.

IMPLICATIONS FOR MAT IN JAILS

- MAT is a medical treatment, not a reward.
- Reduces overdose deaths in custody and after release.
- Essential for managing high-potency opioid withdrawal.
- Improves engagement in treatment, mental health care, and reentry services.
- Supported by strong, current evidence and national standards.
- Helps create safer facilities for staff and incarcerated individuals.
- Invests in people, public safety, and a stronger El Paso County.

COMMON OPIOID OVERDOSE SIGNS

- Slow or no breathing
- Pinpoint pupils
- Unresponsive (does not wake)
- Blue lips or skin
- Low heart rate
- Choking or gurgling sounds

REMEMBER: LETHAL DOSE VARIES

There is no single lethal dose for most opioids. Lethality depends on tolerance, body size, route of use, and other factors (especially alcohol or benzodiazepines).

Fentanyl can be fatal at ~2 mg, and carfentanil can be fatal at extremely small amounts.

PREVENT OVERDOSE DEATHS

- Education
- Evidence-based treatment
- Medication-Assisted Treatment (MAT)
- Continuity of care
- Stronger communities

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El Paso County Sheriff's Office

Sheriff Joseph J. Roybal

PEOPLE | SAFETY | SECOND CHANCES | STRONGER COMMUNITIES

MEDICATION-ASSISTED TREATMENT (MAT) IN CORRECTIONS

EVIDENCE. SAFER FACILITIES. HEALTHIER INDIVIDUALS. STRONGER EL PASO COUNTY.

WHAT IS MEDICATION-ASSISTED TREATMENT (MAT)?

Medication-Assisted Treatment (MAT) combines FDA-approved medications with counseling and behavioral health services to treat substance use disorders, primarily opioid use disorder, and supports recovery during incarceration and after release.

SAVES LIVES
Reduces overdose deaths in custody and after release.

IMPROVES OUTCOMES
Increases treatment engagement and continuity in the community.

SAFER ENVIRONMENT
Reduces withdrawal complications, behavioral crises, and medical emergencies in the jail.

STRONGER COMMUNITIES
Supports recovery, reduces recidivism, and helps individuals successfully reintegrate.

THE NEED IN EL PASO COUNTY AND BEYOND

32 DAYS — Average length of stay in the El Paso County Jail System (all charges). (El Paso County, 2024)

65-80% — of incarcerated individuals have a Substance Use Disorder. (National data: Bureau of Justice Statistics, 2023)

74% — of people in jail report using drugs or alcohol prior to their arrest. (BJS, 2023)

20-35% — have a co-occurring mental health disorder. (BJS, 2023)

As few as 5-10% — do not present with a substance use or mental health concern. (BJS, 2023)

TYPES OF MAT USED IN CORRECTIONS

Buprenorphine (Suboxone®)
- Reduces cravings and withdrawal
- Lowers overdose risk
- Safe and effective in corrections

Methadone
- Full opioid agonist
- Reduces illicit opioid use
- Effective for high-severity OUD

Naltrexone (Vivitrol®)
- Blocks opioid effects
- Supports relapse prevention
- Useful for select individuals

MAT OPTIONS UPON DISCHARGE

Sublocade® (extended-release buprenorphine injection)
- Monthly injectable buprenorphine
- Treats moderate-to-severe opioid use disorder
- Helps reduce cravings and withdrawal
- Provides sustained medication coverage
- Can reduce daily medication-administration demands
- Supports continuity of care in the community.

MAT SUPPORTS A CONTINUUM OF CARE

IN JAIL → **TREATMENT IN JAIL** → **TRANSITION PLANNING** → **IN THE COMMUNITY**

IN JAIL — Stabilize withdrawal, engage in treatment, address medical and behavioral health needs.

TREATMENT IN JAIL — MAT, counseling, groups, case management, recovery planning.

TRANSITION PLANNING — Coordinate care, link to community providers, housing, recovery supports.

IN THE COMMUNITY — Continue MAT, outpatient services, peer support, housing, employment, long-term recovery.

OPIOID WITHDRAWAL SYNDROME

COMMON SYMPTOMS (Onset 6–12 hours, peak 1–3 days)



6-12 Hours	→	1-3 Days	→	5-7 Days	→	Up to 10-14 Days
Symptoms Begin		Peak Symptoms		Most Physical Symptoms Improve		Some Symptoms May Persist

KEY TALKING POINTS

- MAT is a medical treatment, not a reward.
- Reduces overdose deaths in custody and after release.
- Supported by strong, current evidence.
- Improves safety for staff, incarcerated individuals, and the community.
- Helps individuals engage in treatment, mental health care, and reentry services.
- Aligned with national standards and best practices.
- Invests in people, public safety, and a stronger El Paso County.

ADDITIONAL BENEFITS IN THE CORRECTIONAL SETTING

- Reduces medical costs related to withdrawal and complications.
- Decreases behavioral incidents and use of restrictive housing.
- Stabilizes individuals during the average 32-day jail stay.
- Improves linkages to community treatment and housing.
- Supports lower recidivism and stronger community outcomes.

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The Recovery Process for Opioid Use Disorder (OUD)

Stages of Successful Remission and the Impact of Medication-Assisted Treatment (MAT)

1 STABILIZATION
Acute Phase

- Manage withdrawal and medical needs
- Reduce illicit opioid use
- Focuses safety and addresses immediate physical, mental, and social needs

2 TREATMENT ENGAGEMENT
Early Recovery

- Initiate evidence based treatment (e.g., MOUD)
- Engage in counseling and supportive services
- Build recovery support and case management

3 EARLY REMISSION
Building Stability

- Reduced opioid use
- Negative drug tests
- Improved functioning (mental, physical, social)
- Growing stability and recovery skills

4 SUSTAINED REMISSION
Ongoing Recovery

- Continued treatment (MAT and or other services)
- Stable housing, employment/ vocation
- Improved physical and mental health
- Strong recovery support

5 LONG-TERM RECOVERY
Treatment and Life Goals

- Maintained remission
- Improved quality of life
- Low risk of relapse
- Community integration and life goals

INCARCERATION: A CRITICAL WINDOW FOR RECOVERY



Average length of stay in the El Paso County Jail:

32 days
(overall average)

START MAT AS SOON AS POSSIBLE DURING INCARCERATION

Early initiation improves engagement, increases withdrawal, and increases continuation of treatment after release.

Days 1–3
Screen for OUD, assess for medical assessment, and initiate MAT.

Days 4–32
Stabilize on MAT, engage in counseling, develop a recovery plan, and link to community services.

Pre-Release
Continue community MAT for relief, and offer Narcan, risk warn handoff.

REENTRY TO THE COMMUNITY

Continue MAT, ongoing treatment, support services, housing and employment.

GENERAL POPULATION (U.S. adults, 18+)	**9.1%** of U.S. adults have received a substance use disorder treatment.	**53.9%** of these received a prescription or recovery assistance.	**~1.18 million** (0.48% of all U.S. adults) have received prescription medication.	Sustained remission is achieved through ongoing treatment, recovery support, and stable life conditions.	Long-term recovery includes treatment remission, improved mental of life; and community integration.
INCARCERATED POPULATION (Jails and prisons)	**63%** of incarcerated people have a substance use disorder (Approximately 63% in jails and 58% in prison.)	**48%** of individuals receiving buprenorphine in jail reported community treatment after release (vs. 18% for nonhotices).	**68.6%** of those received on methadone in prison continued community treatment after release (vs. 7.8% with counseling only).	At 1 month post-release, **27.6%** meant positive for opioids with prison-initiated methadone (vs. 62.8% with counseling only).	**MOUD in jail is associated with lower risks after release:** ↓ **52%** lower fatal overdose risk ↓ **43%** lower medical overdose risk ↓ **56%** lower all-cause mortality. ↓ **19%** lower reincarceration risk.

KEY OUTCOMES ASSOCIATED WITH CORRECTIONAL MOUD

60.2%
of individuals receiving MOUD in jail were on MOUD during 30 days of release (vs. 17.8% without MOUD).

57.5%
were on MOUD at 168 days post-release.

60.5%
reduction in drug overdose deaths after implementing a comprehensive correctional MAT program. (BJS 0 deaths).

166.0 days
average time in community before those received or methadone in prison (vs. 33.1 days with counseling only).

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Prevalence of Mental Illness and Substance Use Disorders

GENERAL U.S. POPULATION vs. PEOPLE EXPERIENCING HOMELESSNESS vs. INCARCERATED INDIVIDUALS

GENERAL U.S. POPULATION

Adults 18+



Mental Health Condition (Diagnosis Category)	Prevalence
Any Mental Illness (including SUD)	23.1%
Substance Use Disorder (SUD) (any substance)	8.6%
Alcohol Use Disorder	5.1%
Drug Use Disorder (non-alcohol)	4.8%
SUD + Any Mental Illness (Dual Diagnosis)	2.9%
Major Depressive Disorder (MDD)	8.3%
Anxiety Disorders	19.1%
Post-Traumatic Stress Disorder (PTSD)	3.6%
Bipolar Disorder	2.8%
Schizophrenia / Other Psychotic Disorders	1.1%
Personality Disorders (e.g., antisocial, borderline)	9.1%

PEOPLE EXPERIENCING HOMELESSNESS

Adults; Large Meta-Analysis (n = 48,414)



Mental Health Condition (Diagnosis Category)	Prevalence
Any Mental Illness (including SUD)	67.0%
Substance Use Disorder (SUD) (any substance)	43.6%
Alcohol Use Disorder	26.1%
Drug Use Disorder (non-alcohol)	31.7%
SUD + Any Mental Illness (Dual Diagnosis)	38.8%
Major Depressive Disorder (MDD)	18.9%
Anxiety Disorders	14.1%
Post-Traumatic Stress Disorder (PTSD)	10.5%
Bipolar Disorder	8.0%
Schizophrenia / Other Psychotic Disorders	14.0%
Personality Disorders (e.g., antisocial, borderline)	26.1%

INCARCERATED INDIVIDUALS

Jails and Prisons; Large National Studies



Mental Health Condition (Diagnosis Category)	Prevalence
Any Mental Illness (including SUD)	37–44%
Substance Use Disorder (SUD) (any substance)	58–63%
Alcohol Use Disorder	16–30%
Drug Use Disorder (non-alcohol)	24–40%
SUD + Any Mental Illness (Dual Diagnosis)	33–60%
Major Depressive Disorder (MDD)	14–27%
Anxiety Disorders	14–30%
Post-Traumatic Stress Disorder (PTSD)	4–19%
Bipolar Disorder	4–6%
Schizophrenia / Other Psychotic Disorders	2–6.5%
Personality Disorders (e.g., antisocial, borderline)	10–24%

KEY TAKEAWAYS

People experiencing homelessness have ~3x higher rates of any mental illness and ~5x higher rates of substance use disorders than the general U.S. population.

Incarcerated individuals have ~2x higher rates of any mental illness and ~7x higher rates of substance use disorders than the general U.S. population.

Dual diagnosis (SUD + mental illness) is common in both homeless and incarcerated populations, with estimates ranging from **33–60%.**

Integrated mental health and substance use treatment is essential for successful reentry, housing stability, and safer communities.

William Waller, LPH, MHFA, ADDC
ADDC Lic# 0000767 | Public Health Lic# 18251

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CORRECTIONAL RECOVERY CONTINUUM 2.0

STABILIZATION – ENGAGEMENT – BEHAVIORAL DEVELOPMENT – COGNITIVE DEVELOPMENT – REENTRY & INTENSIVE RESIDENTIAL REHABILITATION (IRT)

EVIDENCE-BASED. TRAUMA-INFORMED. INDIVIDUALIZED. MAT INTEGRATED AT EVERY STAGE.

STAGE 1 STABILIZATION

Days 1–3
(or longer as clinically necessary)



- Medical and psychological safety
- Withdrawal management
- Mental health and suicide risk assessment
- Initiate or continue MAT
- Psychiatric evaluation and medications
- Supportive counseling and stabilization
- Grounding and emotional regulation
- Brief psychoeducation
- Language awareness and de-escalation (reduce escalation, increase safety)

MAT FOCUS – STAGE 1

- Start or continue MOUD (buprenorphine, methadone, naltrexone)
- Manage withdrawal and cravings
- Stabilize dose for safety and comfort

STAGE 2 ENGAGEMENT

Days 3–7



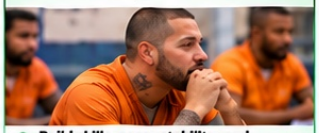
- Build motivation and therapeutic support
- Motivational Interviewing (MI)
- Acceptance and Commitment Therapy (ACT)
- Solution-Focused Brief Therapy (SFBT)
- Identify personal goals and strengths
- Increase hope and readiness for change
- Introduce self-care and routines
- Language awareness and respectful communication
- Emotional expression and verbal self-regulation
- Pause → Choose → Communicate (say what you feel without escalating)

MAT FOCUS – STAGE 2

- Continue or intiiate MOUD dose
- Monitor response and side effects
- Provide education on MAT options (including injectable options)
- Begin discussing future taper (if appropriate)

STAGE 3 BEHAVIORAL DEVELOPMENT

Days 7–14



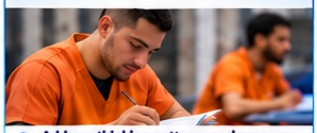
- **Build skills, accountability, and healthier behaviors**
- Contingency Management (CM) with pro-social reinforcement
- Behavioral skill building
- Impulse control and decision-making
- (structured behavioral challenge) Respectful and constructive
- coping skills practice
- Peer support and group participation

MAT FOCUS – STAGE 3

- Maintain effective MOUD dose
- Monitor progress and stability
- Address co-occurring substance use
- Assess readiness for dose adjustment
- Begin taper discussion (if stable and clinically appropriate)

STAGE 4 COGNITIVE DEVELOPMENT

Days 14–28



- **Address thinking patterns and prepare for long-term change**
- Cognitive Behavioral Therapy (CBT) (when clinically appropriate)
- Cognitive restructuring
- Relapse prevention
- ACT: values-based decision-making
- Criminogenic thinking interventions
- Problem-solving and coping strategies
- Life skills and goal planning

MAT FOCUS – STAGE 4

- Maintain or begin a gradual taper (if clinically appropriate)
- Mointor withdrawal symptoms
- Provide counseling on long-term MOUD options (e.g., monthly injection)
- Coordinate with reentry and IRT providers

STAGE 5 REENTRY & CONTINUITY OF CARE INCLUDING IRT

Days 28–32
(and ongoing from intake)



- **Intensive Residential Rehabilitation (IRT)** step-down treatment option
- Individualized reentry plan
- Link to MAT and behavioral health care
- Housing and shelter resources
- Employment and vocational support
- Benefits enrollment and documentation
- Overdose prevention and naloxone
- Warm hand-offs to community providers
- Follow-up planning for first 24–72 hours

MAT FOCUS – STAGE 5

- Continue MOUD or complete taper (if appropriate and desired)
- Schedule IRT or community provider appointment
- Provide uninterrupted MAT after release
- Coordinate with IRT and outpatient providers

SELF-CARE: 3 KEY AREAS IN ALL STAGES

1. MEDICAL CARE = SELF-CARE

- ✓ Address physical health conditions
- ✓ Sleep, nutrition, and movement
- ✓ Take prescribed medications (including MAT)

2. MENTAL / EMOTIONAL CARE

- ✓ Manage stress and emotions
- ✓ Use healthy coping skills (breathing, grounding, mindfulness)
- ✓ Stay connected to positive people and supports

3. DAILY ROUTINE & HEALTHY HABITS

- ✓ Sleep 7–8 hours when possible
- ✓ Nutrition and hydration
- ✓ Physical activity (movement, exercise, or facility-appropriate fitness)

SUPPORTING SERVICES THROUGHOUT THE CONTINUUM

- **MAT / MOUD** — Assessment, treatment, and monitoring
- **Psychiatric Care** — Evaluation and medication management
- **Medical Care** — Primary care, chronic conditions, infectious disease
- **Trauma-Informed Care** — Safety, trust, and empowerment
- **Psychoeducation** — Mental health, substance use, and recovery skills
- **Case Management** — Individualized planning and community connections
- **Intensive Residential Rehabilitation (IRT)** — Step-down treatment, continued MAT, life skills, employment
- **Reentry Services** — Housing, employment, benefits, and coordinated care

William Waller, LPH, MHFA, ADDC
ADDC Lic# 0000767 | Public Health Lic# 18251

719.644.6966

Version 2.0 | October 2026

William Wade Waller
ADDC, LPH, LSSBB, MHFA, and MAC

wally@wallywaller.com
501-231-8132
Colorado Springs, CO
linkedin.com/in/overdelivering

Work Experience

Addiction Counseling Intern/Volenteer,
Silver Linings Recovery
Duties include assisting coaches in developing intervention plans, case management, biopsychosocial assessments, treatment planning, group sessions, and engaging clients through peer-informed approaches. I have also developed skills in relapse prevention strategies. Focusing on rapport building, life skill development, housing, employment, and long-term stability.

Program Director,
Union County-Coordinator,
Managed Federal CARA grant and worked directly with at-risk youth and adults to build substance use resistance, mental health resilience, and introduce new hobbies. Coordinated efforts to increase opioid prevention activities.

Director of Operations,
Summit Dental Group,
1 Year and 6 months- Pandemic
Managed and supervised all aspects of the dental practice. Implemented program methodologies to improve: quality, provider utilization, new markets, and patient workflows.

Account Executive,
Cumulus Media,
March 2014 to May 2018
New B2B sales leader in 2015, 2016, and 2017.

Owner,
The Wally Waller Company,
13 Years
Design and deployment of data-driven marketing tactics that coordinate traditional and digital marketing methods.
Social media outreach campaigns targeting patients.

Marketing (contract),
UAMS Family Medical Clinic,
4 years
Design and execute data-driven preventative health tactics.

Education

Master of Arts in Addiction Counseling
Liberty University, GPA 3.8

Bachelor of Science
Business Administration and Marketing
University of Nebraska at Omaha

Associate of Arts
Merced College

Licenses and Certifications

Addiction Counselor ADDC #0000767
Public Health LIC #18251
Mental Health First Aid - Trainer
Lean Six Sigma - Black Belt
Webmaster - 2002

Involvement and Volunteer Efforts

Current Programs

Fight For Life – fightforlifeskills.com 501C3. An outpatient intervention developed to provide essential life skills to individuals and groups about addiction, depression, and/or anxiety. Started working with individuals in 2020 to present.

I want my smile back – iwantmysmileback.com
An intervention designed to connect Co-occurring mental health patients with dental providers. Focusing on building self-esteem and other recovery factors from 2018 to 2020.

Past efforts

Healthy Active Arkansas -Board Member

Underground Oasis
Crisis team, public relations, community development. group leader and care coordinator, from 2022- 2024

Autism Foundation - Master of Ceremonies

Little Rock Zoo - Board Member for ten years

New Economy Round Table
Arkansas State Legislature Board Member

Skills

Leadership, Addiction counseling, Public Health, EMR, Mental Health, Team building, Government relations, Grant management, Social media, Relationship development, Management, Six Sigma, Nonprofit development, Crisis Rescue, Technology, First Aid

Curriculum Vitae

From William Wade Waller, ADDC, LPH, LSSBB, MHFA, AND MAC

501.231.8132 wally@wallywaller.com

Education

07-2026	Recieved LACC/ADDC #0000767 from DORA
Oct-2025 - May 2026	Internship at Silver Linings Recovery: During my six-month internship at Silver Linings Recovery, I have worked as an addiction counseling intern providing direct support to individuals experiencing substance use disorders, homelessness, and complex psychosocial challenges.
Aug 2024 - June 2026	Master of Arts in Addiction Counseling from Liberty University GPA 3.8 Capstone Project: Impactful interventions in the field, with individuals with comorbidities of SUD plus.
June 2023- Sept 2023	Mental Health First Aid Trainer, National Council of Mental Wellbeing. Focus was on teaching crisis stabilization to front-line volunteers and stakeholder organizations.
June of 2022- Jan 2023	Black Belt in Lean Six Sigma, Six Sigma Global Institute
Licensed on July 14th, 2021	Licensed in Public Health Lic#18251, National Board of Public Examiners Capstone Project: fightforlifeskills.com
2019	Certified in Google Adwords and Facebook marketing.
2002	Certified Webmaster
1996	Bachelor of Science in Business Administration and Marketing, University of Nebraska at Omaha, GPA 2.7 also College Football player
1994	Associate of Arts Degree, Merced College, GPA 3.6 Football Team captain, Defensive MVP. Student Athlete of the Year
1991	High school, Pocatello High, Pocatello, Idaho, GPA 2.7

Experience

1. 911 to Remission- A plan to utilize existing resources on pre-crisis individuals by focusing on frequent users of the 911 system and plug them into resources before a crisis occurs.

2. Do-provide care for individuals with Behavioral Health Disorders- This document is designed to honor the wishes of an individual suffering from a behavioral health episode. It allows an individual to legally speak for themselves from inside a lucid moment. Confirming their sober or lucid wishes to engage in appropriate medical care. This is a draft and not a valid agreement until reviewed by the custodian of the document and the individual.

Hobbies

aquaponics, bee keeper, musician, martial artist, van builder, and volleyball player

William Wade Waller
ADDC, LPH, LSSBB, MHFA, and MAC

wally@wallywaller.com
501-231-8132
Colorado Springs, CO
linkedin.com/in/overdelivering

References

Casey Copeland • Director of Peer and Recovery Services for the Arkansas Department of Human Services
501.454.3668 • casey.copeland2@dhs.arkansas.gov

Grand Master John Webb • Arkansas State Athletic Commission Chief Inspector for Combat Sports
501.249.1907 •. john.webb@arkansas.gov

Penelope J, Hazinakis-Swainston • Licensed Counselor and Clinical supervisor
727.698.3804 • pennyh@hope-happensslr.com

Steve Clements • Former Mayor of La Grande, Oregon, and Lead for the Federal CARA Grant
541.786.5146 • sclement@eou.edu

Susan Altrui • Director of the Little Rock Zoo
501.351.0273 • saltrui@littlerock.org

El Paso County Sheriff's Office

SHERIFF JOSEPH J. ROYBAL

INTEGRITY | COMPASSION | COMMUNITY | PUBLIC SAFETY

SCAN FOR REFERENCES

EVIDENCE • DATA • RESOURCES

RESEARCH ARTICLES
Peer-reviewed studies and key publications

DATA SOURCES
National, state, and local statistics

EVIDENCE-BASED PRACTICES
MAT, corrections, and recovery strategies

Scan the QR code to view all references used in this presentation.

REPORTS & GUIDELINES
Federal, state, and professional resources

PROGRAM EXAMPLES
County and national implementation models

ADDITIONAL RESOURCES
Tools, training materials, and supporting information

Safer People. Stronger Communities. A Brighter El Paso County.

William Waller, CPH, MHFA, LACC
LACC Lic# 0000767 | Public Health Lic# 18251
October 2026

EL PASO COUNTY SHERIFF'S OFFICE

SHERIFF JOSEPH J. ROYBAL

INTEGRITY | COMPASSION | COMMUNITY | PUBLIC SAFETY



"Today's treatment builds tomorrow's Safer Communities."

PEOPLE
DIGNITY AND RESPECT

TREATMENT
OPPORTUNITY AND HOPE

RECOVERY
STRONGER FAMILIES

REENTRY
BRIGHTER FUTURES

SAFER COMMUNITIES
A HEALTHIER EL PASO COUNTY

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