it looks like a painting by MATICCE

interagency collaboration between specialty courts and substance abuse treatment agencies
part I: medication-assisted treatment
“…treatment for a substance use disorder that includes a pharmacological intervention as part of a comprehensive substance abuse treatment plan…”
how MAT works

{} reduces cravings
  eases withdrawal
  induces illness
medications for alcohol

\{ naltrexone, acamprosate, disulfiram \}
naltrexone (Depade, ReVia, Vivitrol)

Blocks the pleasurable effects of alcohol

**Pros** can be used for alcohol & opioid dependence, non-addictive, affordable ($3/day)

**Cons** non-compliance
acamprosate (Campral)

**Mechanism:** assist in post-acute withdrawal symptoms

**Pros** non-addictive, can assist offender in maintaining abstinence, not easily abused/misused

**Cons** offender must be abstinent to begin treatment
disulfiram (Antabuse)

**Mechanism:** makes offender physically ill when ingesting alcohol

**Pros** non-addictive, affordable, useful with chronic alcoholism

**Cons** non-compliance, risk of death
medications for opioids

{ methadone
  buprenorphine
  naltrexone }
methadone (Methadose, Dolophine)

**mechanism:** full agonist

**Pros** affordable, long half life

**Cons** intoxication, risk of overdose
**buprenorphine** *(Suboxone, Subutex, Naloxone)*

**mechanism:** partial agonist

**Pros** blocks euphoric effects of opioids, short half life, less risk of OD than methadone

**Cons** costly $$$
naltrexone (Depade, ReVia, Vivitrol)

mechanism: full antagonist

**Pros** prevents euphoric effects of opioids; extended release available

**Cons** non-compliance
MAT reduces illicit drug use
• 40 opiate dependent patients; ½ received **buprenorphine**, ½ received placebo

• For buprenorphine group, **75% of urine analyses were negative** (3x/wk, supervised)

• All patients who received the **placebo** had a minimum of one **positive drug screen** while in the program (Kakko, J., Svanborg, , Kreek, & Heilig, 2003)
Drug overdose is one of the leading causes of death in offenders being released from prison or jail.
Drug overdose was the **leading cause of death** for those released from Washington State prisons between 1999 and 2003 (Binswanger et al., 2007)

Before…

*Homicides,*

*Suicides,*

*Heart disease,* and…

*Motor vehicle accidents*

**Reductions in Mortality**
8-10 fold reduction in deaths for opiate dependent individuals using methadone
MAT can reduce criminal activity and reincarceration.
• 342 male inmates with opioid dependence
• Provided with methadone maintenance treatment while incarcerated; provided referral for methadone clinic upon release
• Reincarceration rates were reduced by 70% while participants were enrolled in treatment (Dolan et al., 2004)

Reductions in Recidivism
Reductions in Recidivism

Annual Crime Days Before Methadone Treatment and During Methadone Treatment (amongst 6 programs) (Ball & Ross, 1991)
part II: implementation & diffusion
Knowledge, Attitudes, & Utilization of MAT

2.56%  52%
23%     40%
Implementation is defined as a specified set of activities designed to put into practice an activity or program of known dimensions ... implementation processes are purposeful and are described in sufficient detail such that independent observers can detect the presence and strength of the “specific set of activities” related to implementation.
Implementation Strategies

- Staff Directives
- Information Dissemination
- Training
- Coaching
- Change Teams
- Facilitators & Coaches
Conceptual Model of Implementation Research

- **Intervention Strategies**
  - Evidence-Based Practices

- **Implementation Strategies**
  - Systems Environment
  - Organizational
  - Group/Learning
  - Supervision
  - Individual Providers/Consumers

- **Outcomes**
  - Implementation Outcomes
    - Feasibility
    - Fidelity
    - Penetration
    - Acceptability
    - Sustainability
    - Uptake
    - Costs
  - Service Outcomes*
    - Efficiency
    - Safety
    - Effectiveness
    - Equity
    - Patient-centeredness
    - Timeliness
  - Client Outcomes
    - Satisfaction
    - Function
    - Symptomatology

* IOM Standards of Care

Implementation Research Methods

Proctor et al., *Adm Policy Ment Health* 2009;36:24-34.

CJ-DATS is funded by NIDA in collaboration with SAMHSA and DOJ
To field research to understand and improve the processes through which agencies adopt, implement, and sustain quality improvements for treating drug-involved offenders.
CJ-DATS Research Centers and CJ Partner Sites

CJ-DATS is funded by NIDA in collaboration with SAMHSA and DOJ
CJ-DATS Research Tracks

1. Implementation of screening and assessment tools for drug abuse and addiction

2. Implementation in correctional settings of medication-assisted treatment for addictions

3. Implementation of a continuum of care for those with HIV or
Knowledge, attitudes, utilization
Knowledge, Attitudes, & Utilization of MAT

• Blah, blah blah
MAT Utilization as an Implementation Issue

• Blah, blah blah
• Blah, blah blah
part III: MATICCE study overview
purpose:
increase referrals from community corrections to MAT
Study design

Knowledge, Perceptions, & Information (KPI) training (4 hours)

Randomization

KPI + Organizational Linkage Intervention (treatment group)

KPI training only (comparison group)

12 months

6 month follow-up
hypotheses

$H_1$ KPI training will result in staff having fewer misconceptions about MAT, and knowledge of where to refer offenders

$H_2$ Site receiving the organizational linkage intervention will have stronger service coordination than training only site

$H_3$ Site receiving organizational linkage intervention will realize a greater increase in MAT referrals than training only site
measures

- surveys
- interviews
- records review
pharmacotherapy exchange council (PEC)

community corrections
MAT providers
external facilitator (ASU)
project
phases

{ needs
assessment
strategic
planning
implementation
follow-up/
sustainability }
part IV: PEC activities and accomplishments
MAT resources were developed and distributed to line staff including drug fact sheets, MAT provider registries, and information regarding patient assistance programs.
Simplifying MAT
Medication-Assisted Treatment in Arizona
Campral® (acamprosate calcium)

**Major Use:** alcohol addiction

May inhibit GABA receptor: This is the receptor that induces pleasure or excitement

**Effects:** Reduces the pleasure achieved by drinking alcohol

**Common Side Effects / What to Watch For:**
- Anxiety or depression
- Dizziness
- Dry mouth
- Insomnia
- Itching or sweating
- Diarrhea, flatulence or nausea

**Serious Side Effects:**
- Acute kidney failure
- Heart failure
- Psychosis
Acamprosate Patient Assistance Programs

Campral Dose Pak  FOREST PHARMACEUTICALS, INC  Patient Assistance Program

Contact Info:

Address:  13645 Shoreline Drive
          St. Louis, MO 63045

Phone:  1-800-851-0758

Website:  http://www.forestpharm.com/pap/

Eligibility:  Household income must fall below Forest Pharmaceuticals pre-determined income guidelines.
             Patient cannot have prescription drug coverage for the medication requested.

Application Requirements:
             Prescription attached
             Physician DEA number
             Physician State License number
             Application may not be faxed
             Eligibility letter will be sent to both Patient and Physician
             Online Application Available
MAT training for line staff and supervisors

Four hour training regarding misconceptions about MAT, benefits of MAT for an offender population, and MAT resources (e.g. where and how to refer an offender). Later converted to a 2-hour booster training.
appointment of MAT liaisons at probation office and MAT clinic

Liaisons were selected at both the probation office and the MAT provider office, to serve as a point of contact for staff with MAT inquiries.
Development of a referral process specific to MAT, for probationers abusing opioids or alcohol. This was intended to streamline the process of getting probationers enrolled in MAT treatment.
acquisition of over $118,000 in MAT funding

Through the demonstration of the cost-offset of MAT, the PEC secured over $118,000 in supplemental monies to fund 25 probationers for Suboxone treatment.
part V: results
MAT referrals

Percent of alcohol/opioid involved offenders referred for MAT

- Baseline: 1%
- Post-Intervention: 0%
- 6 month Follow-Up: 0%

Bar chart showing the percent of treatment and comparison groups referred for MAT.
staff is reporting an improvement in the quality and frequency of communication between agencies
cross-trainings were critical in breaking down stereotypes
views of offender behavior changing from a source of contention to evidence of a treatment need
part VI: lessons learned and strategies for success
interdisciplinary and multilevel involvement is crucial
neutral chairperson helps to ensure equal voice for all
involvement can be burdensome for executives; consider surrogates of executives
structure and protocol was the key to a successful change process
less planning more doing
retain components of change team intact over the long-term
information sharing is key
part VII: identifying MAT providers and resources
Notice: The maximum number of patients a physician may treat with buprenorphine is limited by law; therefore, some physicians listed on the Locator may not be accepting new patients at this time. If you are unable to find a physician within your area who is accepting new patients, please check our site later, as new physicians are being added weekly.

Treatment programs are authorized under 21 U.S.C. Section 823 (g)(1) to dispense (but not prescribe) opioid treatment medications. Treatment programs registered under 21 U.S.C. Section 823 (g)(1) are not subject to patient limits.

To locate physician(s) and treatment program(s) authorized to treat opioid addiction with Buprenorphine in a particular State, select the State on the map below or use the detailed buprenorphine search tab on the left to search by city, county, or zip code.

Pharmacists: Follow this link to find information on how to verify whether a prescribing physician has a valid DATA waiver.
MAT Online Training Program

This training, developed for both non-physician treatment providers and physicians, is designed to enhance professionals' knowledge and skills related to reaching and educating the special populations about MAT and increasing the use of MAT among minority populations.

This course is a self-paced curriculum consisting of seven modules (up to 12 contact hours). This course is adaptable and has been constructed to fit the unique training needs of the professional. In addition to the three required core modules (six contact hours) each professional has the option to select up to four additional modules (1.5 contact hours each) which address barriers to outreach and specific strategies for engaging specific minority populations in MAT.
Medication-Assisted Treatment (MAT)

Simplifying MAT: Medication-Assisted Treatment in Arizona, available as both an online and hard copy brochure, is the first comprehensive Arizona-specific resource for use by service providers, clients and family members seeking a referral to a substance abuse treatment program that offers Medication-Assisted Treatment (MAT). The guide contains MAT providers throughout Arizona that lists location by county, contact information, what substances they treat (opioid or alcohol), and what forms of payment they accept. The guide is a work in progress and will be updated on a regular basis. Read more...

"The misbelief that individuals using prescribed medications are just replacing one drug with another is a huge barrier... The hope for the guide is that it will not only provide referral resources to individuals across Arizona, but will also succeed in breaking down misconceptions about MAT."

Vicki Staples, Associate Director for Clinical Initiatives, CABHP

Additional resources: What is Mat? | Training | Outreach Materials | Special Populations | FAQs

Please contact Vicki Staples or Adrienne Lindsey should you know of a provider not listed, or a provider requiring any updates or corrections.