WE NEVER IMAGINED IT WOULD BE THIS CHALLENGING WHEN WE WROTE THE GRANT:
Designing and Implementing A Drug Court for Offenders Addicted to Opiates

Problem-Solving Conference

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THE NEED
National & Local Statistics
Need for Opiate Treatment Services

- Over the past 20 years, opiate-based prescriptions have risen from 40 million to 180 million.
- From 2004 to 2008, ER visits for nonmedical use of narcotic pain relievers rose from nearly 150,000 to over 300,000 visits.
- From 1998 to 2008, SA treatment admissions for abuse of prescription pain killers rose 400%.
- State & local law enforcement agencies reported increased crime from pharmaceutical diversion & abuse ranging from 6% in the Pacific region to 25% in the New England region in 2009.
- In Phoenix (2001), 5.5% male arrestees & 4.8% female arrestees reported opiate use in the month prior to arrest [3.2% & 4.8% U.S. median respectively].

U.S. Department of Justice, National Drug Threat Assessment 2010

A Growing Problem Among Youth

- In 2007, nonmedical use of controlled prescription drugs in the past month was 3.3% for 12-17 year olds, 6.0% for 18-25 year olds and 2.2% for 26 or older.*
- In 2007, nonmedical use of CPDs was 8.8% for 12-17 year olds, 14.2% for 18-25 year olds and 4.9% for those 26 or older in Arizona**
- 21.5% of 8th, 10th & 12th graders reported having used CPDs in the past month in 2010 AZ Youth Survey
- 35% report 1st use of CPDs between the age of 11 & 13.
- 46% report 1st use of CPDs between the age of 14 & 15.

*U.S. Department of Justice, National Drug Threat Assessment 2010
**CYFDSAP, Arizona Statewide Substance Abuse Epidemiology Profile
THE TARGET POPULATION

Demographics of Drug Court Population
Profiles of Defendants

Characteristics of Defendants Receiving Opiate Treatment

• 202 intakes conducted
• 129 defendants have completed 6-month follow-up
• 73.8% Males; 26.2% Female
• 79.4% less than 35 years; 17.5% 35 – 54 years; 3% 55+ years
• 46.5% White; 18.3% Hispanic; 4.5% African American; 2.5% Native American; 1% Asian
[45.5% undeclared race]
Profile of an Older Defendant with a Heroin Addiction

- 58 years old; low-medium risk
- Dropped out of school in 9th grade to help support family; unemployed, lives with sister
- 1st arrest at 17; 11 prior convictions (1 felony); no family members involved with CJ system
  - 1st use of drugs at 17: marijuana, cocaine, heroin
  - Received treatment twice for heroin addiction
  - Drug Court progress: 3rd month used drugs; compliant & clean 4th-12th months; 13th month used drugs with friends; 14th-22nd months compliant & clean, reduced methadone dosage

Profile of a Younger Defendant With Addiction to Painkillers

- 25 years old; low-medium risk
- Dropped out in 8th grade; raised by mother with whom he lives & girlfriend & 4 children
- 1st arrest at 16; 12 prior convictions (no felonies); brothers in prison (involved with gangs)
- 1st used marijuana at 14; became addicted to Oxycodone at 20 after shot & 2 major surgeries
- Drug Court progress: 1st-4th months noncompliant & used drugs; 4th month injured & did not actively participate from 5th-13th month, even after recovered from injuries and surgery
Profile of a Younger, Affluent Defendant with Heroin Addiction

- 19 years old; medium-high risk
- Suspended in 9th grade (alcohol); 1st arrest at 16; Expelled and arrested in 12th grade
- Father convicted for marijuana possession and cultivation; peers use drugs, CJ involvement
- 1st use of drugs at 14: marijuana, cocaine, speed, heroin; treated in methadone clinic once before
- Drug Court progress: referred for MST but doesn’t want it; noncompliant 1st-8th month when enters residential Tx; 11th month 2 weeks after Tx uses drugs with friends; 12th month agrees to try MST

THE COMPONENTS

- Referral
- Treatment Services
- Counseling
- Peer Support
- Additional Services
Referral Process

- Defendant screened by MCAPD Drug Court screener for level of care and program
- Defendants screened for Intensive Outpatient Programming (IOP) and opiate use disorder referred to Community Bridges, Inc. (CBI) for intake
- Drug Court screener sets appointment for intake with CBI

CBI Intake/Assessment Process

- Patient meets with Clinical Assessor at CBI facility
- Completes screenings
- Completes full biopsychosocial assessment to establish diagnosis(es) and treatment plan based on identified needs
- Completes crisis and treatment plans
- Establishes necessary services
Medication Assisted Treatment Services

- Patients who present with needs for OP detox, addiction medication, or psychiatric services meet with the CBI medical practitioner.
- Medical practitioner and the patient develop a medication regimen as part of comprehensive treatment.

Ambulatory Opiate Detox

- Admission Criteria
- Patients who need a higher level of care are transported to Level I Inpatient Detox facility for medical detox
- Suboxone protocol
- Buprenorphine consent
- Patients UDS, pregnancy, BAL, and buprenorphine tested prior to each appointment
- Prescription database lookup
Counseling Services

• All patients screened for and assigned to ER or IOP
• Early Recovery Group (ER)
  • Opiate drug court specific
  • 1.5 hours per week with CBI Peer Support Specialist weekly for 6 weeks
  • Designed to enhance motivation and provide basic recovery skills to pts in pre-contemplation or contemplation stage of change
• Intensive Outpatient Program (IOP)
  • Opiate drug court specific
  • 9 hours of psychoeducational and CBT-based group sessions per week for min. of 6 weeks
  • Includes family education session weekly
• Standard Outpatient Program (SOP)
  • Opiate drug court specific
  • 3 hours of relapse prevention group sessions per week for min. of 10 weeks
  • Includes family education sessions bi-weekly
• Continuing Care (CC)
  • Non-substance specific
  • 1.5 hours of group sessions with CBI Peer Support Specialist (PSS) weekly for remainder of program

Pain Management Counseling

• Patients determined in need of pain management counseling at time of intake or by CBI medical practitioner are assigned to additional, supplemental counseling.
• 1.5 hours of group counseling weekly utilizing Stephen Grinstead’s Addiction Free Pain Management (APM)
• Required coordination with prescribing physician if medications continued
Peer Support Services

- All patients assigned PSS at time of intake
- Required weekly peer-to-peer meetings during ER and IOP
- Required twice per month during SOP
- Additional support, assistance with reduction of Axis IV stressors, introduction to recovery support

Additional Services

- UDS testing prior to each MAT appointment and randomly throughout episode of care
  - Used therapeutically to track progress and adjust treatment if necessary
Collaboration

- CBI Drug Court Liaison attends all status conferences with enrolled patients.
- Provides therapist reports to Drug Court team
- Communicates with Probation Officers to coordinate services
- Serves as link between Drug Court and treatment team

PEER SUPPORT COMPONENT

Theoretical Foundation
Purpose
Value
Wounded Healer

*The main question is not “how can we hide our wounds?” so we don’t have to be embarrassed, but “how can we put our woundedness in the service of others?” When our wounds cease to be a source of shame, and become a source of healing, we have become wounded healers.*

Henri Nouwen

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Why Peer Support?

- It is an Evidence Based Practice.
- August 15, 2007 - Center for Medicaid/Medicare recognized the value of peer-based services.
- SAMHSA recognizes the value of peer support services.
Theoretical Foundation

**Social Psychology:**
Commitment to change reinforces change

**Group Psychotherapy:**
Promotes altruism - giving of oneself

**Social Learning Theory:**
Combines behavioral and cognitive reinforcement

Use of Peer Support in Drug Court

- SAMHSA Website GPRA’s
- 6-Month Follow-ups
- One-to-One
- Assist with needs identified on AXIS IV Stressors
- Life Skills Training Education
- Outreach
Use of Peer Support (continued)

• Additional feedback and insight to treatment team and probation officers
• Drug Court reporting
• Documentation

Value of Peer Support

• Experiential Knowledge - street experience
• Instill hope
• Provide emotional support
• Informational support
• Model change
• Honest discussion about consequences
• Improve outcomes
Challenges/Barriers

- Selecting the right Peer to communicate with probation
- Background checks - not currently on probation or parole
- Timeliness of information - layers of communication

SUPERVISING OPIATE OFFENDERS

Challenges
Supervision Methods
Challenges Controlling Opiate Drug Use

- Regulating doctors and the need for opiate medication
- Legitimate drug for legitimate purposes
- Community supervision specialist, not doctors
- Some pain/severity of pain is undetectable by medical technology
- No other option other than an opiate is sufficient
- Methadone/pain management clinics

Availability of Opiates

- Family medicine cabinet
- Doctor/dentist visit
- Hospital/urgent care visit
- Doctor shopping
- Pain Management/Methadone clinics
- Street dealer
  - Can legally obtain the product
  - Dealer can carry product without fear of arrest
Prescription Drug Users Believe They Are Different from Other Addicts

• “I had/have real pain, I wasn’t using these to get high like those drug addicts”
• “My doctor prescribed these for me. It wasn’t my idea”
• “I never robbed anyone or did those things that addicts do”
• “I have to take something for this pain!”

Difficult Population to Supervise

• Young: 18-30 year olds
• High impulsivity
• Trouble staying engaged
• Transient lifestyle
• Tendency to abscond
Fear of Withdrawal Symptoms

- Pain
- Depression
- Alert
- Rapid Breathing
- Coughing
- Nausea/Vomiting
- Diarrhea
- 3-5 days

Supervision Methods

- Monitoring prescription pills and the validity of the prescription
- All prescriptions must be reported
- Regular communication with prescriber / doctor
- Monitor DEA database to determine multiple prescriptions
Supervision Methods (continued)

- Random searches of person and property
- Prescriptions checked for multiple doctors and for proximity of dates
- Collateral contacts
- On-going communication between supervision officer and treatment providers
- Random, frequent drug testing for illegal drug use AND for MAT drug

![Drug testing equipment](image-url)
Supervision Methods (continued)

• Communication between all team members:
  • Counselors
  • Peer to Peer specialists
  • Addictionologist
  • DEA database manager
  • Physicians
Supervision: Monitoring Medication

- Volume of time
- Searches
- Tracking medication
- Identification of medication
- Treatment
- Doctors
- Validity of letters

Letter for Physician

To Medical Treatment Provider/Doctor:

You patient, ___________ is a participant in the Drug Court Program, a court ordered substance abuse treatment program. He/She has been assigned to this program due to ongoing and significant substance dependence.

Your patient has provided documentation indicating that you have prescribed medication with addictive properties as part of his/her treatment. Please verify your knowledge and approval of this patient’s medication and that you feel the current course of treatment is necessary and no other alternative form of treatment exists.
Opiate Addicts in Drug Court

- Some clients will be on pain medication for the rest of their lives; Probation’s role is to monitor that medicine is taken as prescribed
- The abuse of prescription drugs is a growing threat to public safety
- Drug Courts attempt to change the lives of addicts, while offering protection to the community through accountability and on-going collaboration between courts and treatment providers
- While the opioid client is difficult to monitor, choosing to not deal with them is not the answer
- Drug Courts must continue to develop methods to monitor these clients and not allow them to go unsupervised

EVALUATION
Goals of Maricopa County Drug Court Opiate Enhancement Grant

- Add a new level of care to MC Drug Court to meet needs of opiate drug users & engage more in Drug Court.
- Provide a continuum of treatment services through partnership with Community Bridges:
  - Assessment for co-occurring disorders by physician
  - Inpatient/outpatient medical detoxification
  - Crisis stabilization, outreach & re-engagement
  - Pain management tx; peer-to-peer services.
- Reduce number of opiate users who withdraw from treatment due to relapse.

Primary Objectives of Opiate Enhancement Grant Evaluation

- Monitor implementation of the SAMHSA grant & achievement of program goals.
- Examine predisposing factors and obstacles and provide feedback to corrections officers and service providers to promote continuous quality improvement
- Determine to what extent the grant-supported interventions produced changes in targeted defendant outcomes.
### Data Collection & Methods

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### Notable Outcomes*

- **Intake to 6-Month Data Outcomes**
  - 2.5% decrease in reported unprotected sexual contact
  - 39.7% increase in abstinence from alcohol and drug use
  - 6.4% increase in employment/educational enrollment
  - 8.7% increase in attaining stable housing
- **Intake to 12-Month Data Outcomes**
  - 17.6% increase in abstinence from alcohol or drug use
  - 33.3% increase in employment/educational enrollment
  - 40% increase in attaining stability in housing
- **Intake to Discharge Data Outcomes**
  - 133.3% increase in abstinence from alcohol and drug use.
  - 14.3% increase in having 0 arrests in the prior 30 days
  - 66.7% increase in employment/educational enrollment

*Data extracted on May 10, 2012 from the GPRA reports tool.*
Next Steps

• Continue analyzing Utilization Management forms and GPRA data.
• Continue trying to administer 6-month follow-ups, especially to those in jail.
• Conduct staff interviews as the program comes to a close for outcome and process evaluations.
• The grant ends on September 29, 2012
  • Develop and implement close-out procedures
  • To provide clients the most amount of services before the grant ends, client intake rates were expedited. Only 8 clients are needed to meet the program goal of 210 intakes.

THANK YOU.