ASU Winter Institute
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Medication Assisted Treatment (MAT) in Jails To Reduce Risk and Improve Outcomes

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Describe the prevalence of and social and personal impact of opioid use disorders for the jail population.

Identify the current promising and evidenced based practices for MAT in jails including the Jail Based MAT Promising Practices published by the National Sheriff’s Association and describe the successes and challenges jails have encountered when implementing MAT in jails.

Describe useful tools to advocate and implement MAT in your local jail and convey the role stakeholders (e.g. community health providers, hospitals, emergency medical services response, local firefighters and law enforcement, advocates) play in advocating for and implementing MAT in jails.

**Learning Objectives:** Participants will be able to
**United States**

In 2016, there were approximately:
- 40,000 motor vehicle-related deaths
- 39,000 people firearm-related deaths
- 64,000 people drug overdose-related deaths

**ARIZONA**

- Statewide emergency declared June 2017
  - Between June 2017 and January 2018, the highest number of deaths in 10 years
    - 812 overdose deaths
    - 5,202 suspected overdoses
    - 455 Arizona babies born addicted
  - 75% of heroin users in treatment started with painkillers (JAMA 2014)
  - Arizona Opioid Epidemic Act 1/26/18
    - Funding for treatment, improves oversight/enforcement tools, extends life-saving resources to law enforcement, first responders, and community partners
The opioid deaths forecast for 2023 is 44,345. The forecasted change is 36% since 2015 when it was 33,091. This curve assumes a sharp increase in deaths for the next several years before the effects of interventions funded through the 21st Century Cures Act kick into gear, driving down deaths.
From your experience what is the impact of the opioid crisis on...

- Families?
- Employers?
- Healthcare costs?
- Crime?
Ever wonder why someone can’t just stop using drugs and stop behaving badly?

Before we answer that....
What is one of your favorite things to do?

What comes to mind as you think about your favorite thing to do? How do you feel?

Now, back to why we’re here.
What impacts a person’s ability to control their drug use? Willpower? Character? Chemistry?

Video: Addiction Neuroscience 101
When we view addiction as a moral failure:

It’s just bad behavior that she needs to stop. He just needs to make better decisions. She doesn’t care about anyone but herself.

What could happen if we began to think about addiction as a brain disorder that can be treated?
DEFINING ADDICTION

What is Addiction?

It is a chronic neurobiological disorder centered around a dysregulation of the natural reward system.
UNDERSTANDING ADDICTION TO INFORM TREATMENT

Lack of Dopamine  Survival Mode  Primal Action

Craving
Lack of dopamine is source of behavior

Augmentation of dopamine makes sense

Buprenorphine and methadone safely replace dopamine

Craving is stabilized

Allowing for behavioral therapy to be effective
HOW DO OPIOIDS AFFECT THE BRAIN?

1. Person ingests opioid
2. Swallowed, smoked, injected, etc.
3. Activation of opioid receptor in brain’s reward center
4. Pleasure, movement, emotion, motivation
5. Dopamine is released
6. Person experiences euphoria and pain relief
Euphoria → Reinforcement of drug use

Tolerance → Higher doses needed for dopamine release

Risk of Withdrawal → Continued use
CHRONIC DISEASES: ADDICTION AND DIABETES

Cause?
Genes, Environment and Behavior

Prevention?
Environmental and Behavior Change

Treatment?
Long Term Chemical Replacement and Lifestyle Changes

What is Different?
### DIABETES AND ADDICTION:

**You make a mistake...what could you lose?**

<table>
<thead>
<tr>
<th></th>
<th>Addiction</th>
<th>Diabetes</th>
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<tbody>
<tr>
<td>Treatment</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Custody of Children</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Freedom (Probation, Incarceration)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Housing</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Family</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Work Identity</td>
<td>YES</td>
<td>NO</td>
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</table>
COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

- **DRUG ADDICTION**: 40% to 60% of patients who relapse
- **TYPE I DIABETES**: 30% to 50% of patients who relapse
- **HYPERTENSION**: 50% to 70% of patients who relapse
- **ASTHMA**: 50% to 70% of patients who relapse

*SOURCE: JAMA, 284: 1689-1695, 2000*
TREATING ADDICTION AS A CHRONIC DISEASE

+ Goals and management methods of treatment for SUD are the same as those for the treatment of other chronic illnesses.

+ Goals of treatment: reduce key symptoms to non-problematic levels and improve health and functional status.

+ Key components of care: medications, behavioral therapies, and recovery support services (RSS).

+ Scientific evidence shows that behavioral therapies can be effective in treating substance use disorders, but most evidence-based behavioral therapies are often implemented with limited fidelity and are under-used. Treatments using these evidence-based practices have shown better results than non-evidence-based treatments and services.
Patient 1: Stacy
- Early life trauma
  - Neglect
  - Sexual assault
- Isolation from friends
- Early use of marijuana
- Heavy episodic drinking in early high school
- Opioids at 19 y/o
- Heroin at 22 y/o
- Episodic homelessness
- In jail

Patient 2: Ryan
- Parents divorced and had shared custody
  - No neglect
  - No assault
- Lots of friends
- Tried MJ once in HS, used couple times per month in college
- Episodic binge drinking in college
- Finished college
- Went to medical school
- Diverted opiates at the hospital
- On clinical licensure probation
MODEL SYSTEM ENGAGEMENT: NO WRONG DOOR AND PERSON-CENTERED

- Clinical Delivery Site
- BH Services
- Clinical Delivery Site
- Hospital
- Clinical Delivery Site
- Primary Care
- Jail, Courts
- Health Plans and Other Payors
- Law Enforcement
- Community Service Providers
- Community Service Providers
- EMS
- Peers/Navigators

Person Served
EFFECTIVE TREATMENTS FOR ADDICTION INCORPORATES:

- **LOCATION AND LEVEL OF CARE OF TREATMENT**
- **MEDICATION ASSISTED TREATMENT**
- **BEHAVIORAL THERAPIES AND RECOVERY SUPPORTS**
Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

https://www.samhsa.gov/medication-assisted-treatment/treatment
MAT addresses both opioid withdrawal and the depletion of dopamine in the brain.

### OPIOID WITHDRAWAL
- Drug Seeking
- Muscle cramps, joint pain, nausea, vomiting, diarrhea, insomnia
- Dilated pupils, gooseflesh, runny nose, yawning
- Lasts 3-7 days

### DOPAMINE DEPLETION
- Reward/motivation pathway
  - Pleasure
  - Movement
  - Emotion
  - Motivation
- Persists for months after people stop using
MAT FOR OPIOID USE DISORDER – MEDICATIONS

If the effect of the opioid is compared to a car accelerator...

**FULL AGONIST**
Full acceleration is possible. Dose prescribed keeps patient at or under the “speed limit” (normal dopamine level)

**PARTIAL AGONIST**
Acceleration is only possible up the speed limit. Cannot go faster.

**ANTAGONIST**
Box build around accelerator; it cannot be used.

---

**METHADONE**
*full agonist*
activates opioid receptors which eliminates craving for other opioids

**BUPRENORPHINE**
*partial agonist*
activates opioid receptors in the brain, but to a much lesser degree, which reduces craving for other opioids

**NALTREXONE**
*antagonist*
blocks opioid receptor without activating it which eliminates opioid effect if opioids are taken
# MAT FOR OPIOID USE DISORDER – MEDICATIONS

<table>
<thead>
<tr>
<th>METHADONE</th>
<th>BUPRENORPHINE</th>
<th>NALTREXONE</th>
</tr>
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<tbody>
<tr>
<td>+ Legal for treatment of OUD since 1970</td>
<td>+ Legal for outpatient treatment since 2000</td>
<td>+ FDA approved for OUD since 2010</td>
</tr>
<tr>
<td>+ Patients must go to a clinic for dosing</td>
<td>+ MD/DO Take 8-hour course</td>
<td>+ Can be delivered in any medical facility without extra training</td>
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<tr>
<td>+ Take-home doses can be earned</td>
<td>+ PA/NP Take 24-hour course (2016)</td>
<td></td>
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<tr>
<td>+ Regulated by SAMHSA</td>
<td>+ Prescription can be filled at local pharmacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Caps on # patients each provider treats</td>
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Figure 1
How OUD Medications Work in the Brain

Methadone
Full agonist: generates effect

Buprenorphine
Partial agonist: generates limited effect

Naltrexone
Antagonist: blocks effect

Empty opioid receptor

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What does any of this have to do with individuals in jails?
Two-thirds of people in jail meet the criteria for drug dependence or abuse.

—Bureau of Justice Statistics 2014

+ Of these, at least 25% have an OUD.

+ So at least 16-17% jail detainees have OUD

NOTE: This Data is BEFORE the height of the Opioid Epidemic

Many more have alcohol, methamphetamine and/or other addictions
MORE REASONS WHY - LEGAL CHALLENGES: ADA AND OPIOID ADDICTION

EMERGING CASE LAW IS CLEAR:

+ ACLU sued jails in Maine and Washington for violating the Americans with Disabilities Act by refusing to provide MAT to inmates with opioid addiction. So far, detainees have won all cases.

+ US Attorney in Massachusetts investigating the DOC for possible ADA violation for refusing to provide MAT to inmates with opioid addiction.

+ Rationale to refuse to provide methadone or buprenorphine behind bars is likened to refusing to treat diabetes with insulin.

+ Terminating treatment for a diagnosed condition sounds like deliberate indifference.
Nearly all state prison systems and most jails did not support implementation of medication assisted treatment.

Primary exception was Rikers Island, which has provided opioid treatment with methadone since 1987.

National efforts to curb the opioid epidemic have led to increased implementation of MAT in jails

- Recognition of the importance of treating addiction as a medical condition.
- Jails must adhere to “community standard of care”
“FDA-approved forms of MAT is the standard of care for OUD”

“Use of MAT is determined by the prescriber and the patient—all forms are available and treatment is customized to the unique patient’s needs.”
Jail Based Medication-Assisted Treatment Promising Practices, Guidelines, and Resources for the Field

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EMERGING NORMS FOR TREATMENT OF OPIOID ADDICTIONS

The evidence-based standard of care is that all persons with opioid addictions should have all FDA-approved forms of MAT available to them, via an individualized treatment plan.

This norm is finding its way into criminal justice settings...

+ Drug courts and other collaborative courts are accommodating MAT
+ Probation is addressing MAT and SUD treatment
+ Jails are:
  + Continuing treatment started in the community
  + Initiating SUD treatment during incarceration, including MAT
  + Assuring continuity of treatment upon release from incarceration
+ Prisons are also increasingly implementing MAT (RI, CA, VT, NJ, PA, WA, MI)
Research says that the best practices for addressing opioid use disorder in detention settings are:

- Assess patients with opioid use disorder to determine their motivation to enter recovery
- Offer three options for medication assisted treatment (MAT)
- Provide counseling and case management while in jail
- Prior to release: Ensure a safe and supportive place to live
- Connect with community-based resources to establish continuity of care and wrap-around services following release
WHY TREAT ADDICTION IN JUSTICE SETTINGS?

Providing MAT to inmates improves behavior behind bars

+ Detainees receiving methadone continuation during incarceration are 3 times less likely to receive disciplinary tickets than those on forced methadone withdrawal. Addiction Medicine Mar/Apr 2-18

+ CDCR (California) saw 58% reduction in Rules Violation Reports in inmates receiving MAT
The Impact of Substance Use Disorders on Counties: Treatment Works.

Law enforcement agencies have noted direct correlations between recidivism and SUD relapse. Recidivism is reduced with MAT implementation. Harris County is seeing a 2% recidivism rate for MAT participants.

SUDs place strains on community resources, including law enforcement, corrections, public health, and emergency medical services. Treatment and diversion strategies that include MAT and other evidence-based practices save costs and get better outcomes.
Jails Could Be a Turning Point in the Opioid Crisis

Sixteen counties selected to participate in a national initiative to expand access to lifesaving opioid medication in county jails.

<table>
<thead>
<tr>
<th>Camden County, NJ</th>
<th>Ingham County, MI</th>
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<tr>
<td>Chesterfield County, VA</td>
<td>Jefferson County, KY</td>
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<td>Clackamas County, OR</td>
<td>Lewis and Clark County, MT</td>
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<td>Collier Co, FL</td>
<td>Marion County, IN</td>
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<tr>
<td>Cook County, IL</td>
<td>Orleans, St. Bernard, and Plaquemines Parishes, LA</td>
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<td>Cumberland County, ME</td>
<td>Shelby County, TN</td>
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<td>Durham County, NC</td>
<td>St. Louis County, MN</td>
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<td>Eaton County, MI</td>
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<td>Hudson County, NJ</td>
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29 Counties in California

+ September 2018 – September 2019
+ In 19 Jails: Progress from 0 MAT provided in jails to 1,646 jail detainees receiving MAT
  + 680 were inductions!
+ Small to Large – all jails can do this with the right approach
+ Evidence-based treatment and proven model for implementation
+ It works and you can do it!
The Model Proven to be Effective

+ Teams from counties – inside jail health and custody; county manager/administration, probation, drug courts, key community-based treatment providers and support services.

+ Training:
  + Addiction neuroscience
  + MAT meds
  + Case for treating OUD in justice settings
  + Options for methadone in jails
  + Screening and assessment for OUD: when, who, with what
  + Behavioral therapies for OUD in jails: what, for whom, by whom

+ Site visits with team and learning collaboratives
Maricopa County Jail
Addiction Treatment
Third largest jail system in the United States

Approximately 100,000 bookings each year

Average length of stay is <30 days, so swift intervention is vital.

8-10% of the population is SMI (Seriously Mentally Ill)

COWS (opioid withdrawals) >10% of population

Narcan (harm reduction): 350 doses per month

Average number of patients on methadone: 110 per day
CHS has taken a comprehensive approach to treatment of substance misuse. CHS provides the following programs:

- Substance Use Initiative
- Opioid Treatment Program
- State Targeted Opioid Response (STR)
- Harm Reduction (Nasal Naloxone)
- Mosaic Program

Arizona Perspective

Licenses to provide all forms of MAT within the jail:
- Methadone
- Naltrexone (Vivitrol)
- Buprenorphine

AHCCCS State Targeted Opioid Response Grant (STR) – funds and embeds STR navigator staff in the jails

Harm Reduction- Nasal Naloxone
### PHASED IMPLEMENTATION OF CHANGES

<table>
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<th>Prior to OTP (before 2015)</th>
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<tbody>
<tr>
<td>Pregnant patients treated by community partner</td>
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<tr>
<td>‘Cold Turkey’ for non-pregnant methadone patients</td>
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<table>
<thead>
<tr>
<th>January 2015: CHS designated as an OTP</th>
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<tbody>
<tr>
<td>DEA and SAMHSA certification</td>
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<tr>
<td>Continuity methadone and inductions</td>
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<table>
<thead>
<tr>
<th>2017 NCCHC (National Commission on Correctional Health Care) Accreditation</th>
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<tr>
<td>Specific to OTP</td>
</tr>
<tr>
<td>Survey takes place every 3 years</td>
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<tr>
<td>Mosaic Program</td>
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<tr>
<td>----------------------------------------------------</td>
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<tr>
<td>New class every 7 weeks</td>
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<tr>
<td>State Targeted Response (STR) Navigators (Community Partners)</td>
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<tr>
<td>Peer counselors with lived experience</td>
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<tr>
<th>Next Steps</th>
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<tbody>
<tr>
<td>Buprenorphine inductions</td>
<td>New detox protocols?</td>
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<tr>
<td>New detox protocols?</td>
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</table>
Workflow - EVALUATION AND TREATMENT OF OUD IN JAIL

- Receiving Screen
- Enroll in COWS (all opioid users)
  - Continuity Methadone (when verified)
  - Urine drug screen (pregnant females)
  - Start Methadone (pregnant OUD patients)
- Court
- Health Assessment
- Pregnancy test (females)
- Discharge Planning

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Six week curriculum, focused on the moderate to high risk jail population that teaches participants to deal with past trauma and gives them skills to replace the substance.

The overarching goal is to reduce the likelihood they will return to jail.

In 2017 had a 20% reduction in recidivism 365 days post release as compared to a control group.

Six 7 week cycles, 700 individuals to be placed per year

90% retention rate

Emphasis on community connection
SBIRT: Screening, Brief Intervention, and Referral to Treatment

SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

The SBIRT model was instituted by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.

The needs: 85% of incarcerated populations have diagnosable disorder/problematic use of substances (National Public Health Association, 2010)
SBIRT allows for implementation of a reasonable cost effective intervention plan and a methodology to shift CHS treatment to address substance misuse as part of whole person care.

CHS is partnering with County Public Health and community treatment stakeholders

It is a great way to integrate Behavioral Health into settings that are traditionally focused on treatment/medicine.

Motivational Interviewing and CHANGE TALK!
Reach In Program

Working with Maricopa Community Behavioral Health Providers

- Collaboration with Community Providers – Navigators
  - State Targeted Response - Changing to SOR (State Opioid Response)
  - Regularly scheduled meetings and training sessions with CHS Community Transition Manager
  - Navigator input helps to shape policy and treatment protocols

- Treatment Approach - Warm Hand-Offs to the community
  - Treatment plan created in advance of planned jail releases
  - Transportation to treatment provided by community partners
  - Patients on MAT receive 'courtesy doses' upon arrival to the community facility
Maricopa County Diversion Program

- Deputy County Attorney Refers Offender to the MCAO (Maricopa County Attorney’s Office) Felony Diversion Program Offered Through SAGE Counseling Inc.

- Trained and Certified SAGE Counseling Inc. Staff Administer Assess individuals

- Assessment Determines Placement of Offender in One of Six Tracks of Treatment

- Cognitive Behavioral Therapy techniques
Challenges

- Personal opinions about MAT
- Avoiding punitive approach to tapers/continuation

Education

- Substance use disorder as a disease process
- Formalized education for all staff

Process Changes

- Policy and procedure updates
- Incorporation of OTP into daily practice

CULTURAL CHANGES ARE GRADUAL
IMPLEMENTATION OF MAT: LESSONS LEARNED

- Risk of diversion in custody
- Continuation policies
- When to taper methadone
- Discharge planning
- Induction and likelihood of success
WHY TREAT ADDICTION IN JUSTICE SETTINGS?

MAT is a Public Safety Intervention

+ Person with OUD attains recovery and gets his/her life back
+ Overdose deaths are prevented
+ Crime and problematic behavior is reduced
+ Reduction in relapse
+ Goal to reduce recidivism
Today, the emerging question for criminal justice and human service systems is no longer

**IF**

we should support treatment of opioid addiction with MAT, but

**HOW?**
Stakeholder Tips for Advocating for MAT in Jails

Know the Facts
Continue to educate yourself so you have the information needed to effectively advocate.

Partnerships
Network, network, network, engage with all involved stakeholders as much as you can. It takes time to develop trust, once you have trust partners are willing to explore and implement change.

Get Involved
Show up and participate in initiatives such as:
- ADHS Opioid Action Planning
- David’s Hope – AZ Mental Health Criminal Justice Coalition
ANY QUESTIONS?
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