Medication Assisted Treatment, Collaboration, and Collective Impact
National Statistics

• The Centers for Disease Control reported a nationwide increase of heroin-specific deaths from 2,679 in 2011 to 3,635 in 2012.

• Each day, 44 people in the United States die from an overdose of prescription painkillers.

• 23.5 million people are classified as being addicted to Drugs and alcohol but only 11% receive treatment. (2.6 Opioid)

• In 2013, nearly two million Americans abused prescription painkillers.

• NIDA reports that 23% of individuals whom try heroin will become addicted to the drug.

• 1999-2017, 165,000 overdosed on prescription pills (CDC 2016 Opioid prescribing guidelines).
Overdose Deaths

National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder
Overdose Deaths

National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
Arizona Statistics

• 2013
  • 100 heroin overdose deaths (CDC 2013 report Arizona)
  • 1000 opiate prescription pill related deaths (CDC 2013 report Arizona)

• 2014
  • 1099 opiate prescription pill related deaths (GOYFF)

• Opioid related deaths are now higher than traffic fatalities in the state of Arizona (also announced as a national statistic (6) months ago White House)
Recent Legislation and Policy Changes

• SAMHSA and Drug Courts (grants)

• SAMHSA and Residential (grants)
  http://www.huffingtonpost.com/entry/heroin-addiction-treatment_55cd1855e4b055a6daafe67f

• Local: Graves V. Arpaio (methadone clinic inside of jail)

• Judges in New York not allowed to rule on Medical issues
  http://www.huffingtonpost.com/entry/common-sense-wins-in-ny_560ae76ce4b0dd8503097d54?2fg30udi

• Mercy Maricopa Integrated Care MMIC, November 12th, 2015
Medication Assisted Treatment

• Best Practices

• Include Other Services

• Brain Scan Technology

• Low Rates of Utilization (1/3)
Medications used for Opioid Dependence

• **Methadone**
  Agonist; is a drug that activates certain receptors in the brain. *Full agonist opioids* activate the opioid receptors in the brain fully resulting in the full opioid effect.

• **Buprenorphine (Suboxone)**
  Partial agonist activates the opioid receptors in the brain. Suboxone is an example of a partial agonist and also acts as an antagonist, meaning it blocks other opioids, while allowing for some opioid effect. Can help with withdrawal and suppress some urges.

• **Naltrexone (Vivitrol)**
  Antagonist is a drug that blocks opioids by attaching to the opioid receptors without activating them. Antagonists cause no opioid effect and block full agonist opioids.
## Drug Screen Results by Clinic - 1/1/2016 to 6/27/2016

### Methadone

<table>
<thead>
<tr>
<th></th>
<th>Alpha %Opioids</th>
<th>Alpha %Others</th>
<th>Billings %Opioids</th>
<th>Billings %Others</th>
<th>Kalispell %Opioids</th>
<th>Kalispell %Others</th>
<th>Mesa %Opioids</th>
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<th>Missoula %Opioids</th>
<th>Missoula %Others</th>
<th>Northern %Opioids</th>
<th>Northern %Others</th>
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<td>1 - 3 Days</td>
<td>73.5%</td>
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<td>31 - 120 Days</td>
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<td>121-180 Days</td>
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<td>181 - 365 Days</td>
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### Buprenorphine

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<th>Alpha %Others</th>
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<th>Billings %Others</th>
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**Note:** The data represents the percentage of positive drug screens for opioids and other substances by duration of treatment and clinic.
High Risk Individuals and Teachable Moments

• Poly-Substance (Residential, IOP, Relapse Prevention Planning)
• Criminals (Diversion Programs, Re-Entry, Cognitive Therapy)
• Substance Dependent Parents (DCS,
• Hospitalizations (NAS, Referrals
• Dual Diagnosis (SMI Case Manager, Team Meetings
A Community Issue

• Small investments in high risk populations pay great dividends. It has been theorized that 5% of the population takes up 70-90% of community resources/budget (Hepatitis C, Incarceration, hospitalization, ER, AHCCCS, etc).
American Society of Addiction Medicine (ASAM) Levels of Care

“The least intensive, but safe, level of care…”

<table>
<thead>
<tr>
<th>Level 0.5:</th>
<th>Early Intervention</th>
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<td>Level I:</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Level II:</td>
<td>Intensive Outpatient and Partial Hospital</td>
</tr>
<tr>
<td>II.1:</td>
<td>Intensive Outpatient (IOP)</td>
</tr>
<tr>
<td>II.5:</td>
<td>Partial Hospital / Day Program</td>
</tr>
<tr>
<td>Level III:</td>
<td>Residential / Inpatient</td>
</tr>
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<td>III.1:</td>
<td>Clinically Managed Low Intensity Residential</td>
</tr>
<tr>
<td>III.5:</td>
<td>Clinically Managed Medium Intensity Residential</td>
</tr>
<tr>
<td>III.7:</td>
<td>Medically Monitored High Intensity</td>
</tr>
<tr>
<td>Level IV:</td>
<td>Hospital</td>
</tr>
</tbody>
</table>
Jail Statistics

• Of the hundreds of thousands of individuals entering America’s jails and prisons each year, it is estimated that approximately 15-20% are addicted to heroin (U.S. Department of Health Services 2007, Chaiken, 2000)

• Nationally, only 10 percent of jail facilities are classified as being a specialized treatment center (Taxman, Perdoni, & Harrison , 2007)

• In cost vs benefits analysis, programs for high risk individuals that have positive outcomes of 10% (gain employment, no relapse/recidivism, positive community relations) the program pays for itself (Belenko & Peugh, 1998).

• On average, while MAT costs $4000 per person a year, incarceration per year is an average annual cost of $27,528.20 (Federal Register, 2011).

• Approximately 95% of incarcerated opioid users return to use within 3 years of being released from custody (Marlowe, 2003).
Children Services

• 3 out of every 1000 babies born in Arizona test positive for opioids

• Newborns with narcotics in their system rose 205% from 2008-2013 (this is also underreported) (Arizona Discharge Data 2013)

• Residential treatment along with transitional services can easily be combined with MAT and increases reunification (Huang & Ryan 2011).

• Parents in Opiate Substitute Treatment (MAT) were 70% more likely to be permanently reunified compared to a family not enrolled in MAT. (McGrade, Ware, & Crawford, 2009) (Bruns, Pullman, Wiggins, & Watson, 2011), I believe these numbers could also increase more with other modalities working together.

• In a longitudinal study of 1,911 mothers, Green, Rockhill & Furrer (2007) found that those who entered substance abuse treatment faster after their children were placed in substitute care, stayed in treatment longer, and completed at least one course of treatment were significantly more likely to be reunified with their children.
Hospital Statistics

• Every day an average of 7,000 people are treated in emergency departments related to prescription opiates.

• It has been estimated that the nonmedical use of opioid pain relievers costs insurance companies up to $72.5 billion annually in health-care costs.

Arizona

• As a percentage of treatment episodes, other opioids increased steadily from 3 percent in 2008 to 8 percent in 2013.

• Primary heroin/morphine treatment episodes, as a percentage of total treatment episodes, increased from 10 percent in 2007 to 20 percent in 2010. Such episodes decreased to 13 and 14 percent in 2011 and 2012, respectively, and then rose to 19 percent in 2013.
Common Agenda
- Keeps all parties moving towards the same goal

Common Progress Measures
- Measures that get to the TRUE outcome

Mutually Reinforcing Activities
- Each expertise is leveraged as part of the overall

Communications
- This allows a culture of collaboration

Backbone Organization
- Takes on the role of managing collaboration
Collective Impact

1. All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.

2. Collecting data and measuring results consistently across all the participants ensures shared measurement for alignment and accountability.

3. A plan of action that outlines and coordinates mutually reinforcing activities for each participant.

4. Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

5. A backbone organization(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.
“Collective Impact initiatives have centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert”
Collective Impact Model:

Developing streamline relationships/referrals with community partners to better support client’s needs, wrap around services, improved coordination of care, and better support to therapeutic teams, etc.
Current Collaborators

• Contracted with the Maricopa County Superior Court Drug Court

• A contractor for Maricopa County Jails (Jail) Health Services, coordinating all care of OTP/MAT patients (Step-up, Step-down Model)

• Arizona Department of Corrections (Prison)

• Specialty Pilot Program(s) District Attorney (William Montgomery in collaboration with the Maricopa County Superior Court, and other agencies)

• Support Maricopa County Veterans Court, Mental Health Court, and Family Court
Collaborators Continued

• Pima County Drug Courts
• Pilot Program (Vivitrol)
• Residential Program (delivery)
• Behavioral Health Providers
• Governor Ducey’s Substance Abuse Task Force
  http://substanceabuse.az.gov/
• Currently focusing on DCS and Family Court, helping the Department of Child Safety. Provide in-services/trainings to staff and attend client meetings being conducted by DCS
Examples of Collective Impact in Action

- Graham County
- Drug Court Client Struggling with Initial Contracts
- Department of Corrections
- Felony Diversion Program
Resources

• http://substanceabuse.az.gov/

• http://projects.huffingtonpost.com/dying-to-be-free-heroin-treatment#chapter-one

• http://hookedaz.cronkitenewsonline.com/documentary/

• http://www.huffingtonpost.com/2015/02/05/drug-courts-suboxone_n_6625864.html

• http://www.pbs.org/wgbh/frontline/film/chasing-heroin/
  https://www.samhsa-

• gpra.samhsa.gov/CSAT/view/docs/SAIS_GPRA_CostOffsetSubstanceAbuse.pdf


• http://www.huffingtonpost.com/entry/obama-opioid-addiction-treatment_us_5627b3d6e4b0bce347034174