Medicated Assisted Treatment and the Maricopa County Drug Court

* A Year in Review *

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Michael White
“Scientific research has firmly established that treatment of opiate dependence with medications (MAT) reduces addiction and related criminal activity more effectively and at far less cost than incarceration.” Legal Action Center, 2011

Meta-analysis of over 300 published research articles confirmed MAT to be clinically effective

“The highest probability of being effective,” National Institute of Health Consensus Panel, U. S Department of Health and Human Services
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.
- In 2013, nearly two million Americans abused prescription painkillers.
- Every day an average of 7,000 people are treated in emergency departments related to prescription opiates.
- NIDA reports that 23% of individuals whom try heroin will become addicted to the drug.
Overdose Deaths
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 (4) months ago White House)
  - 3 out of every 1000 babies born in Arizona test positive for opioids
Federal Law

- Denied access to MAT at all levels of the criminal justice system violates:
  - Federal Antidiscrimination Laws
  - Americans with Disabilities Act
  - Rehabilitation Act
- Also violates the United States Constitution
  - 8th Amendment (Cruel and Unusual, prison)
  - 14th Amendment (Due Process Clause, jail)
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

- National Association of Drug Court Professionals (NADCP)
Research

- 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).
- 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).
American Society of Addiction Medicine
ASAM Levels of Care

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

Level 0.5: Early Intervention
Level I: Outpatient
Level II: Intensive Outpatient and Partial Hospital
  II.1: Intensive Outpatient (IOP)
  II.5: Partial Hospital / Day Program
Level III: Residential / Inpatient
  III.1: Clinically Managed Low Intensity Residential
  III.5: Clinically Managed Medium Intensity Residential
  III.7: Medically Monitored High Intensity
Level IV: Hospital
“Determining the appropriate level of care for a particular client must always be done by a duly trained and licensed or certified clinician, such as an addiction counselor, social worker, psychologist, or physician. Under no circumstance should a judge or other nonclinically trained criminal justice professional order a higher or lower level of care than has been determined to be necessary by an ASAM placement or comparable assessment (assuming that the indicated level of care is realistically available). To do so would, in essence, be akin to practicing medicine or another clinical specialty without a valid license.”-NDCI Bench book. Pg. 81
Demographic Overview

• 64 total participants since 6/9/2015
  • 45 males
  • 19 females

• 48 active participants as of 4/8/2016
  • 10 men left program
  • 6 females left program
2015: Intakes by Month

- June (7)
- July (9)
- August (6)
- September (5)
- October (5)
- November (5)
- December (3)
2016: Intakes by Month

- January (7)
- February (7)
- March (6)
- April as of 4/8/2016 (4)
AGE OF DRUG COURT CLIENTS IN MAT

- 25-34: 62%
- 18-24: 16%
- 35-44: 15%
- 45-54: 5%
- 55+: 2%
Drug Court Referrals to MAT

• 18 Supervisor Referrals (Karen Barnes) that occurred as part of the services offered during periods of incarceration.
  • CMS goes into the jail and completes intake assessment.
• Drug Court Staffing Team Decisions
  • CMS Court Liaison meets with referral to explain MAT services
• Probation Officer Referral
Other Options Provided

• How many refused services upon explanation?
  • 8 people refused services during initial assessment
    • Majority expressed biases against MAT
    • 4 of these same people later called and entered into treatment

Over 20 people missed their scheduled initial intake
Comparative Data and Information

- It tends to take between 1-4 weeks in MAT/OTP treatment to find a therapeutic medication level. People tend to be non-compliant during this time.
- Clients provide samples for urine analysis (UA) at TASC and at designated clinic.
- 54% of the Drug Court participants starting treatment between June and October of 2015 have not tested positive for an Opioid in the last (6) months.
- 29% of participants demonstrate compliant UA in the first (2) months of Tx (-1)
- National average on residential outcomes (Schuman-Olivier et al., 2014)
  - 83% of opioid users will relapse after one-year
  - 45% of opioid dependents drop out of residential treatment
Barriers In Treatment

• A nationwide survey conducted in 2012 for not supporting MAT as an option of treatment identified associated costs as well as court policies as the main reasons

• Stigma and biases by support staff result in poorer outcomes (Kang et al., 1997).

• Abstinence-based philosophies and ideologies of Drug Court staff and/or supporting partners.
Learning Moments

- Disseminating culture
- Giving up one dependency for another
- Perceived “side effects,” nod-out policies
- Establishing a “ceiling dose,” or judging the “level” of medication
- Do not achieve “full recovery”
- Which residential programs accept MAT?
- MAT continues to be underutilized even though it demonstrates the best outcomes
Cultural Shifts (MAT)

- Overprotecting Information
- Lack in Coordination of Care
- Advocating when Participants are High Risk
- Highly Defensive
- Not Available During Normal Business Hours
Cultural Shifts (MCDC)

- Abstinence based philosophies/ideologies
- Resources not available to MAT clients
- Advocacy and Education around MAT
- Understanding MAT within the ASAM levels of care
Collaborative Approach

- Collective Impact Model

Diagram:
- Drug Court
- Community Partners
- CHSX
- CMS
Collaborative Approach

- Community Medical Services coordinated 18 residential placements
- 90 Day remands for purposes of “Reach Out” and offered MAT treatment
- Connect community resources to participants needs
- Community education and advocacy
CHSX (Methadone Clinic in the jail)

- A strong partner in Maricopa County Correctional Health Services
- Intakes can occur while incarcerated
- A plan for reentry can be developed
What is different about this collaboration???

- CHSX operates as a Methadone Clinic
- Collective Impact Model
- Case Management Services Provided in Jail
- Attend Drug Court Staffings Daily
- Community Based Services (Providing Services Where Needed)
- Residential Facilities, The Reach Out Program
- Available Nearly 24 Hours a Day
Budget for Services

- 90% are being provided services by AHCCCS Dollars
- 9% covered by SABG funding (High Risk Population Grant)
- 1% private pay
  - Drug Court is not paying for any services in relation to Medicated Assisted Treatment.
- Every one dollar spent on MAT yields almost $38 in benefits through reduced crime, better health, and gainful employment (Zarkin, Dunlap, Hicks, & Mamo, 2005).
How to Develop a MAT/Drug Court Collaboration

- MAT/OTP (Clinic Needs to be Accommodating)
- Jail Support (Background Checks and Security Clearance)
- Education for all Parties (Multiple Systems, Other Courts, DCS, Hospitals)
- Probation Staff that Work Therapeutically
- Supportive Counseling Staff
- Community Partners