Medication-Assisted Treatment and Arizona Department of Corrections: Lowering Recidivism and Relapse through Second Chance Centers and Medication-Assisted Treatment.
Presentation

T.J. Pattea
Community Medical Services

Patricia Barnhart
Arizona Department of Corrections

Michael C. White
Community Medical Services
Session Learning Objective #1
• Audience members will be provided an overview of how the Arizona Department of Corrections is responding to the opioid crisis and attempting to support offenders struggling with substance dependence.

Session Learning Objective #2
• The presenters will discuss the process of implementing Medication-Assisted Treatment into the Second Chance Center, program logistics, coordination of care, and lessons learned.

Session Learning Objective #3
• Workshop attendees will be provided an in-depth analysis of outcomes associated with the Second Chance Centers along with statistical data overview of the Arizona MAT-PDOA Grant which serves other criminal justice populations across the state.
Medication Assisted Treatment (MAT)

• “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

• “The highest probability of being effective,” National Institute of Health Consensus Panel, U. S Department of Health and Human Services

• Meta-analysis of over 300 published research articles confirmed MAT to be clinically effective
<table>
<thead>
<tr>
<th>Diversion</th>
<th>Efficacy</th>
<th>Safety</th>
<th>Ease of Access</th>
<th>Detox</th>
<th>Cost</th>
</tr>
</thead>
</table>
| **Suboxone**    | • Highly diverted. 10x more diverted than methadone  
• Little regulation involved in OBT setting  
• 40%-50% retention rates (3 months)  
• Less researched than methadone.  
• May be more effective in pregnancy than methadone according to 1 study  
• 32mg ceiling effect, no effective for treating heavy opioid users | • Less overdose potential than methadone  
• Less potential for abuse than methadone (bc naloxone)  
| Easy access from OBT, BH Facilities, OTPs  
• Treatment may not be comprehensive  
• 48,148 Pts total (2013, FDA) | 24-hour detox needed prior to starting  
| $6000/year for medication alone  
• Approximately $250-$500/month for ancillary services | |
| **Methadone**   | • Easily diverted from pain management clinics. Rarely diverted from OTPs. CDC assessment shows that diverted methadone comes from pain clinics, not OTPs  
• Most heavily regulated form of treatment  
• 50%-80% retention rates (1 year)  
• Efficacy supported by more research than any other treatment for any other chronic disease  
• According to CDC, SAMHSA, WHO, methadone is the gold standard of treatment for opioid use disorder  
• Gold standard for treating pregnant women | • High overdose potential, especially in non-OTP setting  
• High potential for abuse (users can feel euphoria if improperly dosed)  
• Not identified in PDMP (Due to 42 CFR part 2)  
| Extremely difficult to access. Can only be accessed from an OTP  
• Most comprehensive treatment (OTP only)  
• 330,308 Pts total (2013, FDA) | No detox needed prior to starting  
| $4000 per patient per year, all inclusive | |
| **Vivitrol**    | • Non-divertible  
• <15% retention rates (3 months)  
• Most effective in a controlled environment (non-OP setting)  
• Very little research to support efficacy (received FDA approval after 1 study)  
• In OP setting, no more effective than placebo  
• No research on effects in pregnant women  
• Only works for minority of patients with specific genetic preference  
• Not as effective in treating cravings as methadone or Suboxone | • No overdose potential  
• No abuse potential  
• Not controlled substance  
• Not suitable to those at risk of depression  
| Easy access from OBT, BH Facilities, OTPs  
• Treatment may not be comprehensive  
• 3,781 Pts total (2013, FDA) | 7-14 days detox needed prior to starting  
| $13,200/year for medication alone  
• Approximately $250-$500/month for ancillary services | |
How Did We Get Here (Arizona)?

• SAMHSA and Drug Courts (grants)
• SAMHSA and Residential (grants)
• Local: Graves V. Arpaio (methadone clinic inside of jail)
• Mercy Maricopa Integrated Care MMIC, November 12th, 2015
• Changing Culture of Department of Child Safety
Criminal Justice Partners

- Department of Corrections (DOC).
- Maricopa Re-entry Center (MRC).
- Maricopa County Sheriffs Office (MSCO) and Correctional Health Services (CHS).
- Drug Court (DTAP, Pima, Maricopa)
- Cradle to Crayons
- Pinal County Jail
- Pima County Jail
Maricopa County Corrections Team

- Correctional Health Supervisor.
- Correctional Health Liaison.
- Three certified Correctional Health Peer supports.
  - (Certified through RI International)
Outcome Data for Arizona MAT PDOA Clients
January 2017 through April 15, 2019

In September 2017, the Arizona Health Care Cost Containment System (AHCCCS) obtained grant funding for the Arizona MAT-PDOA Criminal Justice Project. The project is a collaborative initiative between the AHCCCS and the Regional Behavioral Health Authorities (RBHA) in Arizona to address the need for medication assisted treatment (MAT) to treat opioid use disorder (OUD) for individuals involved with the criminal justice system. The project was created to build a bridge between incarceration and outpatient treatment. The project serves individuals who have been diagnosed with OUD and have been screened for MAT eligibility. These individuals must be participating in drug courts, probation, parole, and/or be within four months of release from detention facilities in Maricopa and Pima Counties. As of April 15, 2019, a total of 252 clients have been enrolled in Arizona's MAT PDOA program.

Demographic Year to Date Snapshot of Clients Served
Total of 252 Clients Enrolled between January 1, 2017 and April 15, 2019
Demographics

**Gender**
- Male: 73%
- Female: 27%

Majority of clients are male.

**Age Group**
- Ages 18-24: 18%
- Ages 25-34: 54%
- Ages 35-44: 16%
- Ages 45-64: 11%
- Ages 65+: 1%

Majority of clients are between the ages of 18 and 34, with the average age being 32.7 years.
Race/Ethnicity:
- White: 70%
- Unknown: 14%
- American Indian and/or Alaskan Native: 7%
- Black: 4%
- Native Hawaiian/Pacific Islander: 2%
- Two or More Races: 2%
- Asian: 1%

Race of majority of clients is White.

Education:
- 7th-8th Grade: 5%
- 9th-11th Grade: 24%
- 12th Grade/HS Diploma/GED: 37%
- 1st Year of College: 12%
- 2nd Year of College: 12%
- 3rd Year of College: 3%
- Bachelor's Degree: 4%
- Voc/Tech program: 3%

29% of clients have not finished high school, 37% have a high school diploma or GED, and 34% have attended post secondary education.
In general, AZ MAT PDOA clients had fewer arrests, fewer drug arrests, spent fewer nights in jail, and committed less crime including using illegal drugs at 6-month post intake.

IN THE PAST 30 DAYS

NUMBER OF ARRESTS

33% REDUCTION IN ARRESTS

NUMBER OF DRUG ARRESTS

38% REDUCTION IN DRUG ARRESTS
57% reduction in crimes committed

57% reduction in nights spent in jail
ENROLLMENT & DISCHARGES
(N = 252)

As of April 15, 2019, there are 145 active enrollments and 107 discharges.

FOLLOW-UP RATE
149 Successful follow-ups completed out of 198 follow-ups due

75.25%
FOLLOW-UP RATE AS OF APRIL 15, 2019

The MAT PDOA program is required to collect outcome data for clients at enrollment, 6-months, and at discharge. The program’s follow-up rate includes the number of individuals providing data at intake and again at 6-months. As of April 15, 2019, Arizona’s MAT PDOA program had a 75.25% follow-up rate, meaning the program successfully collected 149 six-month follow-ups out of 198 intakes. Arizona’s follow-up rate is 23.75% higher than the nationwide follow-up rate of 51.5% for all MAT PDOA grantees.

REASONS FOR DISCHARGE
(N = 107)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severely Injured</td>
<td>1%</td>
</tr>
<tr>
<td>Violation of Rules</td>
<td>3%</td>
</tr>
<tr>
<td>Declined MAT</td>
<td>3%</td>
</tr>
<tr>
<td>Graduated</td>
<td>4%</td>
</tr>
<tr>
<td>Referred to Another Program</td>
<td>4%</td>
</tr>
<tr>
<td>Death</td>
<td>4%</td>
</tr>
<tr>
<td>Transferred to Another Clinic</td>
<td>7%</td>
</tr>
<tr>
<td>Incarceration (Old)</td>
<td>9%</td>
</tr>
<tr>
<td>Incarceration (New)</td>
<td>11%</td>
</tr>
<tr>
<td>Left on Own Against Staff Advice</td>
<td>19%</td>
</tr>
<tr>
<td>Non-participation</td>
<td>35%</td>
</tr>
</tbody>
</table>

The most common reasons clients discharged were failure to participate in program services and leaving treatment against staff advice, (e.g. clients did not show up for regularly scheduled MAT treatment and could not be contacted by recovery support staff after missing treatment appointments).
<table>
<thead>
<tr>
<th>Substance</th>
<th>Intake Percent Used</th>
<th>6-Month Percent Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol 2, 3, 4</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Hallucinogens/Psychedelics</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Codeine</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Non-prescription methadone</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Morphine</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>OxyContin/Oxycodone</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Percocet</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td>5%</td>
<td>35%</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>25%</td>
<td>56%</td>
</tr>
<tr>
<td>Heroin</td>
<td>33%</td>
<td>77%</td>
</tr>
</tbody>
</table>
EMPLOYMENT OUTCOMES

More clients were employed at 6-month than at intake.

Percent of Individuals Employed at Intake Compared to 6-month Follow-up

<table>
<thead>
<tr>
<th></th>
<th>Employed (Part &amp; Full Time)</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>6-Month</td>
<td>48%</td>
<td>53%</td>
</tr>
</tbody>
</table>

28% REDUCTION IN UNEMPLOYMENT
85% INCREASE IN EMPLOYMENT

HOUSING OUTCOMES

More clients were permanently housed at 6-month than at intake.

Percent of Individuals Housed at Intake Compared to 6-month Follow-up

43% INCREASE IN PERMANENT HOUSING
Reentry Centers

Maricopa County Reentry Center

Pima County Reentry Center
MRC Referral & Screening Process for MAT

- MRC identifies individuals with possible opiate use history
- Deputy Warden of MRC will send email to CMS staff
- CMS Staff will come out for screening process
- Explain services provided by CMS

- Client information/Complete paperwork
- Coordinate intake date and time
- Provide transportation
- Explain intake process
- Notify CMS staff of intake date and time
MRC Client Intake Process for MAT

- MRC staff provides transportation
- Engage the client with peer support
- Have client complete UA
- Check client in with counselor & medical provider
- Take first dose of medication
- MRC staff provides transportation back to MRC
Continuing MAT While at MRC

• Once a client has completed the intake process, he will receive his first dose of medication
• Client will continue to receive deliveries of medication so there is no break in treatment
• Client will begin to work towards developing some stability
• Focus on what they need to do to better themselves
• Client will be at a lower risk of relapse once released from MRC
• Client will be at a lower risk of overdose
# MRC Model of Support

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Telemedicine</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Medication adjustments</td>
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<td></td>
<td></td>
<td>• PRN will be written</td>
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<tr>
<td></td>
<td></td>
<td>• Patient/offender concerns</td>
<td></td>
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<td></td>
<td></td>
<td><strong>Peer Support</strong></td>
<td></td>
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<td></td>
<td></td>
<td>• Assess appropriateness for Tx</td>
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<tr>
<td></td>
<td></td>
<td>• Intake Packet</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Ant Release of Information</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Email Team providing information for intakes (nursing, provider, front desk, clinic manager)</td>
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<tr>
<td></td>
<td></td>
<td><strong>Intake</strong></td>
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<td></td>
<td></td>
<td>• Client to meet for Bio/Psycho/Social Assessment</td>
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<tr>
<td></td>
<td></td>
<td>• Provider to meet with MRC by 9 a.m.</td>
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<tr>
<td></td>
<td></td>
<td>• After 9 a.m. clients will not be seen.</td>
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<td></td>
<td></td>
<td><strong>Delivery</strong></td>
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**Email with Referrals (MRC)**
- MRC staff will send an email with (maximum of two) referrals.
  CMSmaricopareferral@addictiontx.net
## MRC Model of Support

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<td>MRC MEP 21 day group. DOC group. Prescreens for MAT.</td>
<td>Meet with medical provider through telemed. MRC Intake day. Deliveries of medication for clients at MRC. MEP 21 day group. Prescreens for MAT.</td>
<td>ITH 90 day group. Prescreens for MAT. DOC group.</td>
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Lessons Learned

• Building rapport
• Communication is key
• Questions, concerns or ideas
• Have MRC staff step in if needed
• Group participation
• Behavior challenges

• Changes with Referral Process
• Transportation
MAT Substance Use Recovery Groups
MRC & Second Chance Center Groups

• Groups are peer lead
• One hour group
• Cover 8 different topics over an 8 week period
• MRC has two different groups
• MEP 21 Day Treatment meets 3x a week

• ITH 90 Day Treatment meets 1x a week
• DOC meets 2x a week
• Recovery Specialist Trustee
Group Outline

• **Topic 1**: Orientation: group will go over who CMS is? services provided and Why CMS is here?
• **Topic 2**: Peer support will share their personal story
• **Topic 3**: MAT 101: Discuss all three forms of Medication Assisted Treatment
• **Topic 4**: Healthy coping skills
• **Topic 5**: Harm reduction education, overdose prevention and naloxone (Narcan) training
• **Topic 6**: Forms of recovery and resource guides
• **Topic 7**: Financial and life skills coaching
• **Topic 8**: Release and recidivism prevention
Synergy Between Two Cultures
Criminal Justice and Provider