<table>
<thead>
<tr>
<th></th>
<th>Diversion</th>
<th>Efficacy</th>
<th>Safety</th>
<th>Ease of Access</th>
<th>Detox</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Buprenorphine</strong></td>
<td>• Highly diverted. 10x more diverted than methadone</td>
<td>• Less researched than methadone.</td>
<td>• Less overdose potential than methadone</td>
<td>• Easy access from OBT, BH Facilities, OTPs</td>
<td>• 24-hour detox needed prior to starting</td>
<td>• $6000/year for medication alone</td>
</tr>
<tr>
<td></td>
<td>• Little regulation involved in OBT setting</td>
<td>• May be more effective in pregnancy than methadone according to 1 study</td>
<td>• Less potential for abuse than methadone (because of naloxone)</td>
<td>• Treatment may not be comprehensive</td>
<td></td>
<td>• Approximately $250-$500/month for ancillary services</td>
</tr>
<tr>
<td></td>
<td>• 40%-50% retention rates (3 months)</td>
<td>• 32mg ceiling effect, no effective for treating heavy opioid users</td>
<td>• 48,148 Pts total (2013, FDA)</td>
<td>• No detox needed prior to starting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Methadone</strong></td>
<td>• Used and sometimes diverted from pain management</td>
<td>• Efficacy supported by more research than any other treatment for any other chronic disease</td>
<td>• High overdose potential, especially in non-OTP setting</td>
<td>• Most comprehensive treatment (OTP only)</td>
<td>• No detox needed prior to starting</td>
<td>• $4000 per patient per year, all inclusive</td>
</tr>
<tr>
<td></td>
<td>• Most heavily regulated form of treatment</td>
<td>• According to CDC, SAMHSA, WHO, methadone is the gold standard of treatment for opioid use disorder</td>
<td>• High potential for abuse (users can feel euphoria if improperly dosed)</td>
<td>• Most comprehensive treatment (OTP only)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• 50%-80% retention rates (1 year)</td>
<td>• Not identified in PDMP (Due to 42 CFR part 2)</td>
<td>• Not identified in PDMP (Due to 42 CFR part 2)</td>
<td>• 330,308 Pts total (2013, FDA)</td>
<td></td>
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</tr>
<tr>
<td><strong>Naltrexone</strong></td>
<td>• Non-divertible</td>
<td>• Most effective in a controlled environment (non-OP setting)</td>
<td>• No overdose potential</td>
<td>• Easy access from OBT, BH Facilities, OTPs</td>
<td>• 7-14 days detox needed prior to starting</td>
<td>• $13,200/year for medication alone</td>
</tr>
<tr>
<td></td>
<td>• &lt;15% retention rates (3 months)</td>
<td>• Very little research to support efficacy (received FDA approval after 1 study)</td>
<td>• No abuse potential</td>
<td>• Treatment may not be comprehensive</td>
<td></td>
<td>• Approximately $250-$500/month for ancillary services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In OP setting, no more effective than placebo</td>
<td>• Not controlled substance</td>
<td>• Not suitable to those at risk of depression</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• No research on effects in pregnant women</td>
<td>• Not as effective in treating cravings as methadone or Suboxone</td>
<td>• 3,781 Pts total (2013, FDA)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Only works for minority of patients with specific genetic preference</td>
<td></td>
<td>• 7,871 Pts total (2013, FDA)</td>
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</tr>
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<td></td>
<td>• Not as effective in treating cravings as methadone or Suboxone</td>
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Research shows Suboxone is 10x more diverted than methadone: [http://www.ncbi.nlm.nih.gov/pubmed/18359216](http://www.ncbi.nlm.nih.gov/pubmed/18359216)


CDC assessment shows the recent increase in diverted methadone correlates with increased pain clinic activity: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6126a5.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6126a5.htm)


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Silos, Culture, and Ideological Preference

✧ SAMHSA and Drug Courts (grants)

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

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

✧ Local: Graves V. Arpaio (methadone clinic inside of jail)
✧ Mercy Maricopa Integrated Care MMIC, November 12th, 2015
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.

(Kramer and Kania)
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

Stanford Social Innovation Review
Grant goals: The project will create a bridge between criminal justice involved individuals with opioid use disorder (OUD) and access to Medication Assisted Treatment and outpatient services.

1. Increase number of incarcerated individuals enrolled in Medication Assisted Treatment services
2. Decrease Illicit Opioid use
3. Decrease Re-incarceration
4. Decrease stigma of Medication Assisted Treatment use with the criminal justice population
5. Decrease Tobacco use with Medication Assisted Treatment clients
Referral Sites for MAT PDOA

Maricopa County Drug Court

Pima County Drug Court and DTAP
How do Participants Connect to MAT Support

✧ Identifying Appropriate Participants
1. Attending Staffing's
2. Program Manager Referral
3. Probation Officer Referral
4. Commissioner/Judge Referral
5. Sanctions and Remands (In-Reach)
6. Self Referral
Maricopa County Jail
Jail Support for Drug Court (In-Reach)

- Induction?
- Stabilization Period
- Opportunity to Combine Efforts and Reassess Plan
- Ability to Hold Participant Accountable (Remand and Sanction)
- Reach-Out Program
- Reach-In Services
- Coordinate Care to DOC
CHSX Naloxone Distribution

Naloxone Distribution July 1-31, 2018

- Total Patients with COW forms: 844
- Number of patients released on days 0,1,2 or 3: 143
- Number of patients still in custody or released after day 3: 701
- Naloxone to property: 338
- Released without: 39
- Naloxone refused: 153
- Total number of people seen with documented encounter to discuss naloxone: 530
- Percentage of people with documentation of Naloxone discussion after day on COWs: 75.61%
Alhambra Intake Center to Tucson Prison Complex

Alhambra

Tucson Prison Complex

Connecting Recovery | Healing Communities
Perryville Prison

Pregnancy
Reentry Centers

Maricopa County Reentry Center

Pima County Reentry Center

Connecting Recovery | Healing Communities
MRC Model of Support

Monday
Delivery

Tuesday
Person comes into custody
Induction

Wednesday
Telehealth and medication adjustments
PRN will be written
Patient/offender concerns
Delivery
Email with Referrals (Maximum of 2 referrals)

Thursday
Peer Support
Assess for appropriateness
Intake packet
Release of information
Email team providing information for intakes (nursing, provider, front desk, clinic manager)

Friday
Client meet for Bio/Psycho/Social Assessment
Provider to meet with MRC by 9 a.m
After 9 a.m. clients will not be seen
Medication Storage
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
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

Connecting Recovery | Healing Communities
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**

- **Intake**: 30
- **6-Month Follow-Up**: 20

**33% Reduction in Arrests**

**Number of Drug Arrests**

- **Intake**: 21
- **6-Month Follow-Up**: 13

**38% Reduction in Drug Arrests**
NUMBER OF CRIMES COMMITTED

57% REDUCTION IN CRIMES COMMITTED

NIGHTS IN JAIL

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)

- Severely Injured: 1%
- Violation of Rules: 3%
- Declined MAT: 3%
- Graduated: 4%
- Referred to Another Program: 4%
- Death: 4%
- Transferred to Another Clinic: 7%
- Incarceration (Old): 9%
- Incarceration (New): 11%
- Left on Own Against Staff Advice: 19%
- Non-participation: 35%

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).
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
Cass County (Fargo) 37 people supported with Medication-Assisted treatment

Ward County (Minot) 38 people supported

DOCR, Plan to support MAT participants for up to 36 months during their incarceration, along with inductions pre-release.

*Dr. Hagan and Lisa Peterson are my heroes!
CMS supported 30 people in DOC last year.

Has 3 years of experience working with pre-release Vivitrol project. Moving forward with a warm-handoff Methadone Program.

Last leadership wanted to contract with CMS prescriber to provide Buprenorphine and Methadone in facilities.
Milwaukee Jail
Wisconsin DOC
First Step Act and Federal Facilities


https://www.bop.gov/inmates/fsa/overview.jsp

Currently working with

- Tucson AZ FCI
- Phoenix FCI
- Safford AZ FCI
- Bastrop Texas FCI
MAT, Corrections, and Challenges

- Employee Culture
- Correctional and Community Leadership not Aligned
- Pharmaceutical Companies
- 3rd Party Healthcare Providers
- Concerns over Diversion
- Facility and Staff Resources
- Overwhelmed at the Idea
- Peer Supports Badged