Medication-Assisted Treatment Implementation in Community Correctional Environments (MATICCE)

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CJ-DATS is funded by NIDA in collaboration with SAMHSA and BJA.
Background

- Study conducted under a NIDA cooperative agreement (CJDATS-2)
  - NIDA required a protocol on implementation issues surrounding medication assisted treatment (MAT)
  - Study workgroup includes 10 research sites, each with at least one CJ partner organization
  - Study design was constrained by available sites and settings
- Survey of CJ Partner sites (early 2010)
  - What are existing MAT practices and barriers?
  - What is feasible given available sites and resources?
  - Where can an implementation study have the greatest practical and scientific impact?
## Current Use of MAT in Potential Partner Agencies

<table>
<thead>
<tr>
<th></th>
<th>Jail (n=18)</th>
<th>Prison (n=12)</th>
<th>P/P (n=12)</th>
<th>Drug Court (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean % opiate dependent clients</td>
<td>30.9</td>
<td>25.2</td>
<td>16.5</td>
<td>49.1</td>
</tr>
<tr>
<td>Mean % alcohol dependent clients</td>
<td>44.1</td>
<td>36.9</td>
<td>34.8</td>
<td>35.1</td>
</tr>
<tr>
<td>% provide/fund methadone</td>
<td>66.7</td>
<td>83.3</td>
<td>0.0</td>
<td>37.5</td>
</tr>
<tr>
<td>% provide/fund buprenorphine</td>
<td>5.6</td>
<td>16.7</td>
<td>8.3</td>
<td>12.5</td>
</tr>
<tr>
<td>% provide/fund any alcohol MAT</td>
<td>77.8</td>
<td>75.0</td>
<td>16.7</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Low current usage = potential high CJDATS impact
## Cited Barriers to Use of MAT

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Jail (n=18)</th>
<th>Prison (n=12)</th>
<th>P/P (n=12)</th>
<th>Drug Court (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/local regulations prohibiting MAT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security concerns</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAT offered by community tx programs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Agency favors drug-free tx over MAT</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Lack of qualified staff</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Liability concerns</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cost/reimbursement concerns</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Barriers that could be addressed in an implementation study
## Willingness to Consider MAT

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Jail (n=18)</th>
<th>Prison (n=12)</th>
<th>P/P (n=12)</th>
<th>Drug Court (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% open to beginning/expanding methadone</td>
<td>55.6</td>
<td>83.3</td>
<td>66.7</td>
<td>62.5</td>
</tr>
<tr>
<td>% open to beginning/expanding buprenorphine</td>
<td>55.6</td>
<td>58.3</td>
<td>83.3</td>
<td>75.0</td>
</tr>
<tr>
<td>% open to beginning/expanding naltrexone</td>
<td>50.0</td>
<td>58.3</td>
<td>83.3</td>
<td>75.0</td>
</tr>
</tbody>
</table>

High feasibility
Conclusions of Preliminary Survey

- Probation/Parole (P/P) settings had very low rates of linkage to MAT, strong attitudinal barriers, and deferred responsibility to community
  - But little coordination with community providers
- All CJDATS research centers had access to multiple P/P sites
- Workgroup developed an implementation strategy targeting staff knowledge/attitudes and interorganizational coordination
Specific Aims

Test an implementation intervention to improve MAT referrals:

- a staff-level Knowledge, Perceptions, and Information (KPI) training intervention; and
- an interorganizational linkage intervention.

Test whether the implementation intervention...

- **Aim 1**: improves service coordination between Probation/Parole (P/P) agencies and local MAT-providing tx agencies.
- **Aim 2**: improves P/P agents’ knowledge, perceptions, and information about referral resources and increases intent to refer appropriate clients to community-based MAT.
- **Aim 3**: increases the number of P/P clients linked with MAT.

CJ-DATS is funded by NIDA in collaboration with SAMHSA and BJA.
Two-Part Implementation Strategy

Part 1: Knowledge, perception & information (KPI) Training

- Training of P/P staff and selected staff from assessment & treatment agencies to address:
  - limited knowledge about effectiveness
  - inaccurate perceptions of MAT
  - limited information about local MAT resources

- Delivered by regional Addiction Technology Transfer Centers (ATTCs) based on NIDA/CSAT Blending Initiative materials
Two-Part Implementation Strategy

✧ Part 2: Organizational linkage intervention (OLI)
✧ Based on the key components of the ACCESS intervention (CMHS, 1990s)

✔ Pharmacotherapy Exchange Councils (PEC)
  • Representatives from relevant local agencies
  • Co-chaired by directors of P/P and local MAT providers (or their designees)
  • Charged to address linkage to MAT-enabled providers
  • Technical and administrative support from researcher

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Two-Part Implementation Strategy

✓ Strategic Planning by PEC
  • Map system, assess SWOT
  • Address factors influencing linkages to MAT

✓ “Connections Coordinator” Position
  • Key person, trusted by all participants
  • Coordinate and provide logistics for PEC activities
  • Operationalize strategic plan
  • Liaison among agencies

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PEC Membership

- Co-Chairs with the authority to change policy, or at least those who have direct communication to those with such authority
- Dedicated Connections Coordinator who works closely with members of the PEC in carrying out the OLI
- Supervisory and line staff familiar with issues and operations
- Researcher to provide technical, administrative, and logistical support to the PEC
Research Design: Sites

- Each Research Center (N=10) partners with 2 parole/probation offices in distinct geographic areas.
- Each P/P office has identified at least one MAT-providing treatment agency to which client referrals are/will be made:
  - OTPs
  - Specialty tx programs currently prescribing methadone, buprenorphine, naltrexone, or acamprosate
  - Alcohol included as practical alternative for some jurisdictions
- PEC and strategic planning involve key players from each entity.
# Overview of Phases for the Organizational Linkage Intervention (OLI)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Key Milestones</th>
<th>Duration (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Phase</td>
<td>Local PEC Team is formed and the MATICCE project is introduced</td>
<td>1-2</td>
</tr>
<tr>
<td>1. Needs Assessment</td>
<td>PEC completes a Needs Assessment that identifies the relative strengths &amp; weaknesses in the inter-organizational practices associated with MAT</td>
<td>8-12</td>
</tr>
<tr>
<td>2. Strategic Planning</td>
<td>PEC develops and adopts a Strategic Plan that identifies goals and objectives for improvements to increase the use of MAT</td>
<td>8-12</td>
</tr>
<tr>
<td>3. Implementation</td>
<td>PEC works in a collaborative manner to implement the objectives and attain the goals identified in their Strategic Plan</td>
<td>16-24</td>
</tr>
<tr>
<td>4. Follow-Up</td>
<td>PEC assesses the relative sustainability of both the process improvement targets achieved and the PEC method for facilitating process improvements</td>
<td>24-32</td>
</tr>
</tbody>
</table>
Study Design

Baseline Data Collection (all sites)

Knowledge, Attitude, Information (KPI) Intervention (all sites)

Randomization

Group 1
Linkage Intervention
PEC
Strategic Planning
Connection Coordinator

Group 2
No Linkage Intervention (KPI only)

End-of-Phase 3 Data Collection (all sites)

6-Month Follow-up Data Collection (all sites)

If linkage intervention is effective, offer materials and training to Group 2

Analysis Phase
Measures

- **Phase 1: Pre-Intervention Baseline (all sites):**
  - ✓ Staff surveys (org characteristics, attitudes toward MAT, interorganizational relationships), key informant interviews, client records (tx need, referrals)

- **Phase 2: KPI (all sites):**
  - ✓ Staff surveys – attitudes toward MAT (3 months post-KPI)

- **Phase 3: Organizational Linkage Intervention:**
  - ✓ Monthly: Counts of treatment referrals (all sites); working alliance between PEC and CC; researcher assessment of intervention fidelity
  - ✓ 6 months: PEC satisfaction with OLI
  - ✓ 12 months: staff surveys (org characteristics, interorg. relationships; opinions about MAT; satisfaction with OLI); key informant interviews; client records (tx need, referrals)

- **6 months post OLI - sustainability:**
  - ✓ Client records (tx need, referrals); OLI fidelity measure
Client outcomes substudy

✧ MAT Outcomes Sub-Study (N=2 sites)
  ✓ Small administrative supplement
  ✓ Follow subset of clients who were referred to MAT, for 3 months post treatment entry
  ✓ 1 site will follow N=60 clients receiving buprenorphine
  ✓ 1 site will follow N=60 clients receiving Vivitrol
  ✓ Measures: ASI, HIV risk behavior at baseline and 3 months; CJ status at 3 months
  ✓ Goal is to provide criminal justice partners with data on the actual outcomes of successfully-referred clients
MATICCE Study Sites

Current site (N=18)  
Joining soon (N=4)