MEMORANDUM

Date: October 14, 2024

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Lesher
County Administrator

Re: **Additional Information for the Board of Supervisors October 15, 2024 Meeting, Agenda Item #32 – NaphCare Arizona, L.L.C.**

Pima County is responsible for supervision of the quality and content of care provided at the Pima County Adult Detention Center (PCADC). In that capacity we have long recognized the increasing impact of substance misuse in general, and opioid use in particular, on the health and well-being of detainees in the facility. As early as August 29, 2017, the County Administrator informed the Board of Supervisors of our ongoing effort with health services contractors to address the health care needs of this very complex population. One essential and resource intensive component is the provision of medication assisted treatment and related services; an area of increasing investment for Pima County.

Attached please find a Memorandum from the Department of Detainee & Crisis Services that provides a detailed description of the Medication Assisted Treatment program at PCADC. What began as a small pilot program targeting opioid involved pregnant detainees has slowly and thoughtfully expanded to serve a much larger proportion of the detainee population. The impact of the investment has been profound in terms of the prevention of intoxication related deaths in the facility (and the community), in custody overdoses, emergency medical transports, and connection to community resources and providers. The delivery of these types of services is a very complicated in a carceral environment, and has only occurred due to the unprecedented level of leadership and collaboration of the Sheriff's Correctional staff.

The above referenced contract facilitates the growth and comprehensiveness of these services. and is funded by the State Attorney General's Opioid Abatement Fund.

JKL/dym

Attachment

c: The Honorable Chris Nanos, Pima County Sheriff
Carmine DeBonis, Jr., Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer
Steve Holmes, Deputy County Administrator
Terry Cullen, Public Health Director, Health Department
Paula Perrera, Director, Detainee & Crisis Services

PIMA COUNTY
DETAINEE & CRISIS SYSTEMS

MEMORANDUM

Date: October 10, 2024

To: Jan Lesher,
County Administrator

From: Linda Everett,
Division Manager

RE: Medication Assisted Treatment (MAT) Inductions at Pima County Adult Detention Center (PCADC)

I. Background

Pima County is no stranger to the Fentanyl crisis. In 2022 Chief Medical Officer, Dr. Francisco Garcia, highlighted the indiscriminatory nature with which fentanyl affects our county, "This is something that is now impacting everyone from our very youngest, to our very oldest."[1] At that time, the county had experienced 2,015 opioid overdose deaths since 2017. Clearly, overdose deaths are a tragedy, and we all hope to reduce these numbers substantially. Yet the costs extend far beyond loss of life.

A 2022 report by the Arizona Department of Health Services (AZDHS) assessed the top fifteen primary care areas in the state that experienced non-fatal opioid overdoses (NFOs). The report found that Pima County had three of the highest concentrated areas of NFOs in the state – including two ranked within the top five (3. Tucson South; 5. Tucson Central; and 8. Tucson Foothills).[2] The same AZDHS report estimated the cost of opioid-related hospitalizations to each county. AZDHS found that not only did Pima County have the second highest rate of hospitalizations in the state (higher than Maricopa), but these events had an enormous fiscal impact.

First, some context: Maricopa County experienced 32,273 opioid-related hospitalizations during 2022, for a total cost of $1.4 billion. This equates to $43,804 spent per hospitalization. Now compare Maricopa's data with that of Pima County. We experienced 7,953 opioid-related hospitalizations at a cost of $339.6 million, or $42,700 per event. Again, this occurred with Pima County experiencing a higher rate of hospitalizations (per 100,000) relative to Maricopa – 741.7 and 703.7, respectively. As part of a wider response, in 2023, Medication-Assisted Treatment was initiated in Pima County Adult Detention Center (PCADC).

II. Expansion

Since 2015, the only population who could participate in and benefit from a Medication Assisted Treatment (MAT) program were pregnant females as untreated Opioid Use Disorder (OUD) can have devastating consequences on the unborn child including fetal death. In 2019, PCADC slowly began expanding MAT services first to maintenance of folks already on MAT in the community to Induction utilizing all three MAT medications with Buprenorphine as the medication of choice. Buprenorphine as the medication of choice evolved out of the implementation of a detoxification protocol. The protocol initiates Buprenorphine twenty-four hours after an OUD is identified in a newly detained patient. The purpose is to mitigate the severity of the detoxification process. These patients are mainly housed on two specific pods that have a dedicated nursing staff. At the four-week mark, the MAT team will meet with the individual and discuss the benefits of initiating MAT services. Since July 19, 2023, the MAT population has grown rapidly. In response, we are currently looking to expand the original MAT team.[3] Expansion will occur through a contract amendment that increases both staff and

[1] Pima County's $48M cut of 18-year nat'l opioid settlement to help prevent overdose deaths (tucsonsentinel.com)
[2] opioid-overdoses-surveillance-report-2022.pdf (azdhs.gov)
[3] A part time NP, full time RN, three full time LPNs for medication pass and one full time Release Planner. Due to the high demand, the medical vendor increased the NP hours to full time in January 2024. To assist the MAT LPNs with medication pass and increase diversion detection, the Sheriff dedicated four COs to the MAT team June 3, 2024. On the same day, the medical

hours.[4] As of August 31, 2024, the team has started 1,851 patients on MAT services. Of this population, there are 562 patients currently in treatment, and another 493 in the process to either begin induction or evaluate for conversion of detoxification protocol over to MAT services. [5]

However, advancements for in-custody care extend beyond MAT. Another area we've sought to improve was the coordination of care from custody to the community. This became apparent when our Inmate Navigation, Enrollment, Support and Treatment team (INVEST) began receiving requests for treatment and reentry services from detainees throughout PCADC. Once a request was received, INVEST would notify community providers of their member's desire to engage in treatment post-release. The detainees were then instructed to notify INVEST staff if a week had passed and they had yet to speak with a treatment provider.

We found this process to be highly informative. One major takeaway was that the frequency with which community providers acted on these referrals was well below the number of requests for help. This can be problematic when considering that the risk of overdose for justice-impacted populations is the highest immediately post-release. For example, a 2024 Minnesota study found that jail releasees overdose at rates 15.5 times that of the general population.[6] Therefore, it is imperative that care be provided in custody and then coordinated effectively for release from custody. This is one important reason why three Release Planners were added to the original contract – to protect individuals at they're most vulnerable. As a result, release planners now work with detainees to coordinate a plan that promotes safety, treatment, and most importantly, informs and includes the patient during the planning process.

Quickly, the need for more Release Planners became evident as the demand for treatment far exceeded staff capacity. Fortuitously, it has now become possible to add five Release Planners and one Supervisor through additional grant funding. These funds also make it possible to add four corrections officers, each of whom are vital to maximizing the effectiveness of the MAT team and Detoxification Nurses. For those reentering the community from PCADC, harm reduction resources are provided upon release. Since the probability of overdose increases for this population immediately post-release, Narcan is available to every individual leaving PCADC. Our hope is that the individual can employ Narcan to save the life of someone within their circle, or a friend can save theirs in the event of an overdose. The release of a detainee offers additional opportunities to promote safety in the community. Condoms, for example, are available for detainees upon exit. By mitigating the spread of infectious disease, we hope to improve public health outcomes while removing the cost of doing so to the individual.

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vendor moved from a Buprenorphine taper model for the detoxification population to non-taper Buprenorphine dosing with an automatic MAT provider appointment. This appointment was to be scheduled two weeks from admission to the detoxification protocol.

[4] The team will expand to include by adding another medication LPN and MA to assist with direct patient care, shifting the part time NP to become a full-time position. Additionally, with the same amendment, we are increasing the Intake Pod staffing by adding one additional Registered Nurse (RN) to each shift and a Prescribing Provider from 10:00 am to 10:00 p.m. seven days a week. The Prescribing Provider's ability to conduct higher level assessments would include (but will not be limited to) those who state they have used Fentanyl in the last two hours, detainees with abnormal vital signs due to medication noncompliance, or those with abnormal blood sugars due to medication noncompliance and wounds.

[5] The function of the second RN is to assist with jail intake screenings and the reassessments that need to occur while the detainee remains in the Intake Pod. The function of the Prescribing Provider is to assess the detainees identified by the RNs as needing a higher level of assessment to determine if treatment is needed and if the detainee can safely remain at PCADC.

[6] "Postrelease Risk of Overdose and All-Cause Death Among Persons Released From Jail or Prison: Minnesota, March 2020–December 2021", American Journal of Public Health 114, no. 9 (September 1, 2024): pp. 913-922.

Finally, we aim to include fentanyl testing strips to our supply of harm reduction resources. It is now widely understood that fentanyl is being mixed with many drugs, including heroin, methamphetamine, and cocaine.[7] Many people who experience an overdose have no idea their preferred substance is "cut" with fentanyl. In theory, this increases the risk of overdose, especially for those who strictly use stimulants; i.e., if they have no tolerance for fentanyl, their risk for overdose if fentanyl is present increases substantially. The data support this hypothesis.

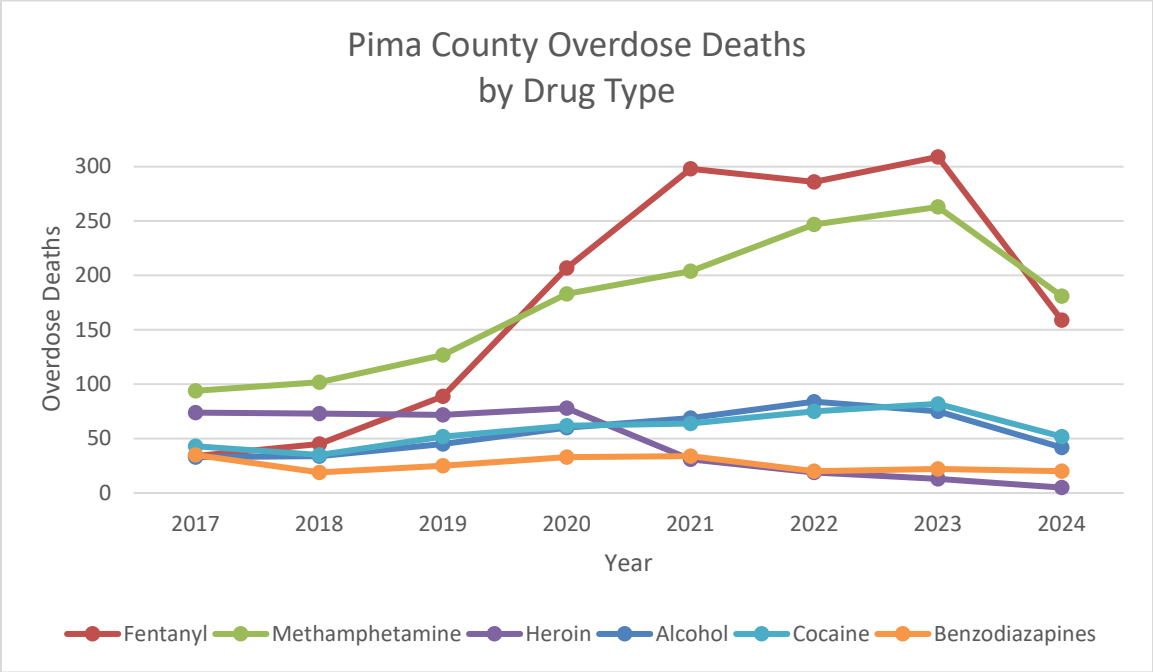


Figure 1

As shown above, Pima County saw fentanyl overdose deaths plateau near 300 in each year from 2021 – 2023. Yet we see a different trend taking place in 2024. Methamphetamine is currently outpacing fentanyl as the leading cause of overdose deaths in Pima County. Again, given that fentanyl is found within a wide range of substances, and that polysubstance use involving fentanyl often includes methamphetamine, providing fentanyl testing strips to all releasees should save lives.

III. Data-Driven:

One way we can estimate the efficacy of MAT services in PCADC is to observe the number of suspected overdose transports for medical evaluation, otherwise known as Narcan "send outs" (NSOs) by month. Narcan rapidly reverses the effects of an opioid overdose, i.e., if a detainee was given and responded to Narcan this would indicate they experienced an opioid overdose. Figure 2 charts the total number of NSOs in the past two years to date. Notice the 2024 NSOs equate to far less than those of 2023.

[7] Friedman, Joseph, and Chelsea L. Shover. "Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021." Addiction 118.12 (2023): 2477-2485.

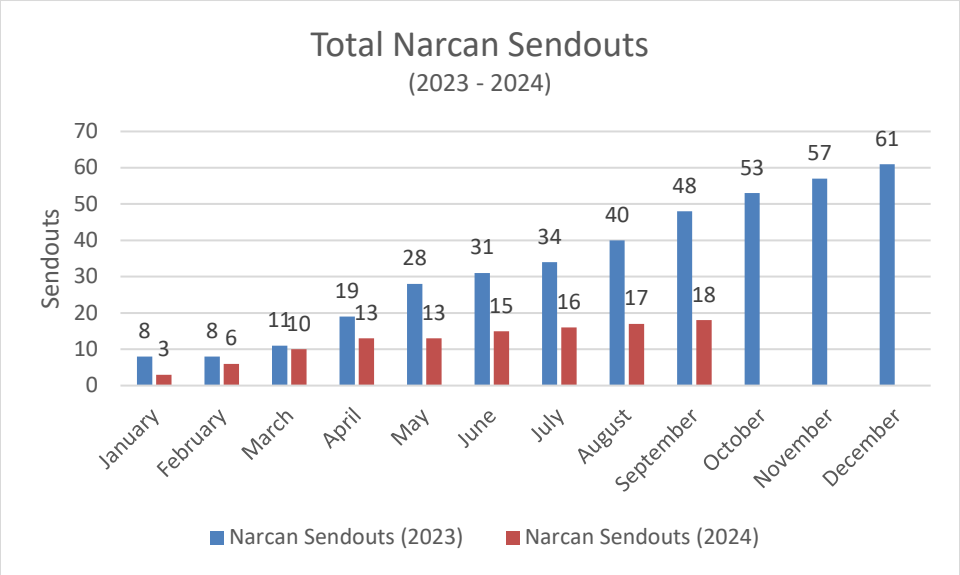


Figure 2

Fewer NSOs represent a decrease in overdoses within PCADC. The numbers support this phenomenon. We would expect to see the first few months after implementation to resemble those months immediately prior to implementation (July 2023). This holds true with our data. In 2023, PCADC experienced an average of 5 NSOs per month. Conversely, 2024 data reflects an average of 2 NSOs per month. What's more, the difference in averages is statistically significant and would represent a 60% monthly decrease in NSOs. Figure 3 on the following page shows the full 2024 projection given the available data. [8]

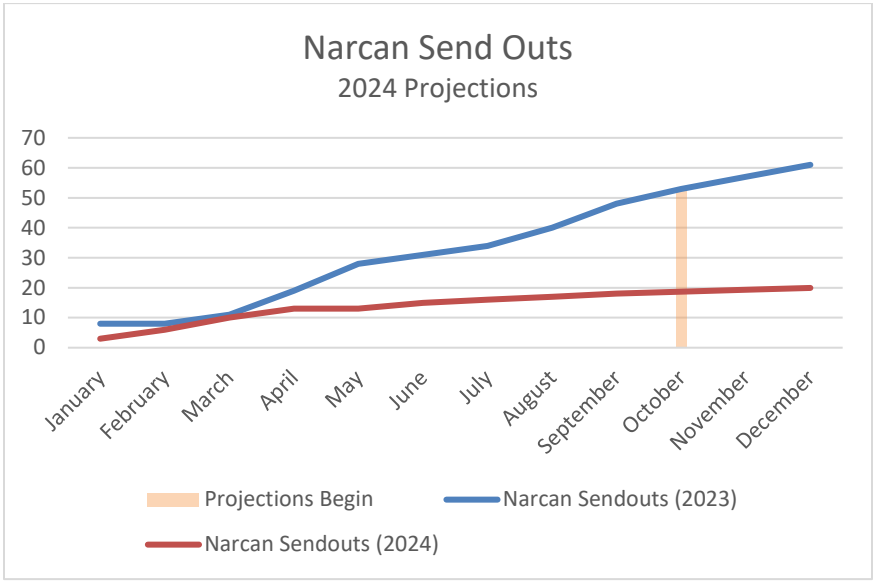


Figure 3

[8] This was calculated by taking the month-to-month differences to establish a value for average monthly change and provided a higher estimate (or less conservative estimation) of the remaining totals for 2024. Alternatively, the average growth rate from January to September (2024) could be calculated and then projected onto monthly counts for October to December using the calculated average growth rate. Again, this provides a slightly more conservative estimation, and therefore, was decided against.

The green bar represents the start of 2024 projections. Notice the difference between 2023 and 2024 starting from April. This disparity continues to grow through current data, and as indicated by projections, 2024 will represent a staunch improvement in reducing total NSOs from PCADC (provided current trends hold).

A reduction of in-custody overdose and therefore NSOs should coincide with an increase in MAT patients – and this is exactly what we observe.

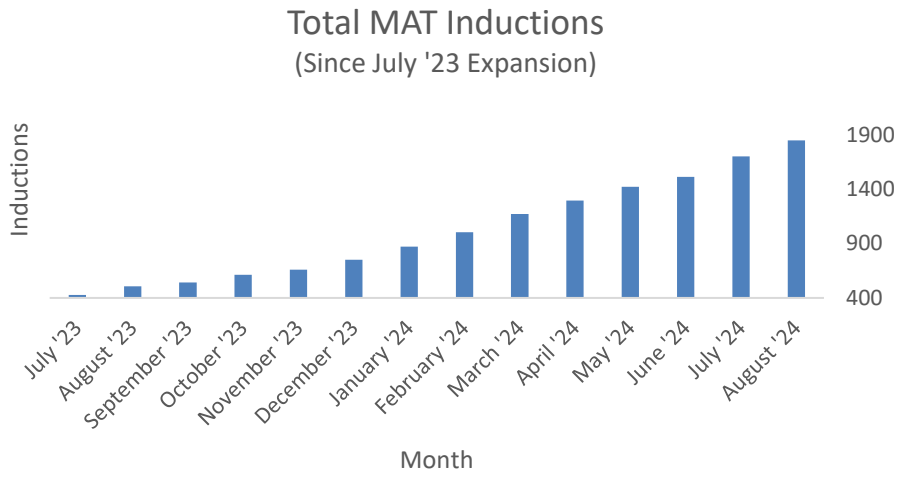


Figure 4

A MAT Induction refers to the first 1-3 days of treatment, i.e., a newly inducted patient at PCADC has just began medically assisted therapy for opioid use disorder. Figure 4 on the previous page shows the steady increase in the number of MAT inductions at PCADC from July 2023 to August 2024. As expected, there is a strong correlation between the increase in MAT inductions and the slowed growth of Narcan "send outs (figures 3 and 4, respectively)."[9]

Clearly, keeping individuals alive and off illicit opioids is the primary goal. However, many secondary outcomes have been associated with MAT services, especially when comparing Buprenorphine to the other primary alternative, methadone. Positive secondary outcomes include reductions in "cravings, anxiety, and cardiac dysfunction as well as increased treatment satisfaction among those receiving Buprenorphine" (when compared to methadone).[10] As a partial opioid agonist, Buprenorphine also has a ceiling effect that reduces the risk of respiratory depression, enhancing its safety in cases of accidental or intentional overdose.[11]

Another point in favor of Buprenorphine is that the ceiling effect limits the potential for abuse. At a certain point, the effects of the drug plateau – even when increasing the dose. Conversely, methadone does not. These are just a few reasons why we believe that Buprenorphine provides patients with the most effective MAT

[9] $r\,(11) = .85$, $p > .001$
[10] Buprenorphine versus methadone for the treatment of opioid dependence: a systematic review and meta-analysis of randomised and observational studies
[11] Zoorob R, Kowalchuk A, Mejia de Grubb M. Buprenorphine Therapy for Opioid Use Disorder. Am Fam Physician. 2018 Mar 1;97(5):313-320. PMID: 29671504.

pathway to recovery. Hence, 94% of in-custody MAT inductions have utilized Buprenorphine this year. Further, all MAT patients are being connected to a community provider upon release by a PCADC release planner. We're excited that this process will continue to improve over time with enhanced care coordination. MAT services are even more critical when reviewing who, among the newly inducted population, has 1) overdosed; and 2) previously received MAT services at some point in their life. If much of the population comes into PCADC with an opioid use disorder, yet has never received MAT services, Buprenorphine induction could be life changing. For those among the detainee population who have had a prior overdose, consistent adherence to MAT services is lifesaving.

Figure 5 on the following page reflects these data. Each blue column represents a random sample of approximately 80 inductions for a given month. The orange trend line represents the share of those individuals who have received MAT services at some point in their life. Similarly, the purple line represents the share of inducted individuals who have had at least one overdose prior to PCADC MAT induction.

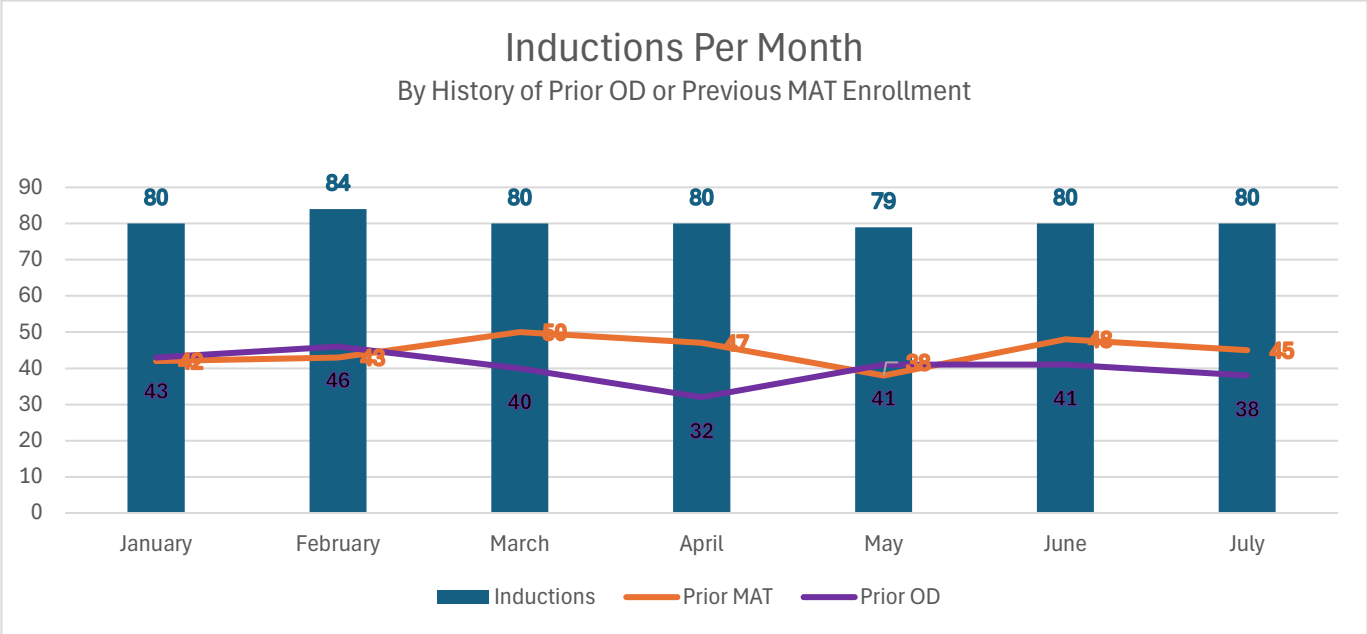


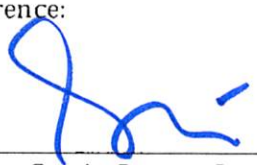
Figure 5

As shown above, there are many inductees who are receiving MAT services for the very first time. For some, this may be all they need to chart a better path forward. At the very least, it represents a significant step in their recovery. The data also indicates that roughly half of detainees inducted to MAT services have already experienced at least one overdose in their life. For this population, MAT services offer a potential lifesaving impact.

Perhaps most importantly, the MAT program looks to be providing a direct benefit to PCADC, and in turn, our community. This is demonstrated by PCADC's low occurrences of overdose and suicide. In fact, PCADC has not recorded a single death from either overdose or suicide since September 2023. Benefits of the MAT program become even clearer when reviewing Sept 2022 to Sept 2023 data. During this time, there were six deaths in total – three by overdose and three by suicide. Again, there have been zero overdose deaths and deaths by suicide in the current year.

In conclusion, MAT services are leading to many positive outcomes. These include decreasing hospital send outs related to overdose, in-custody deaths related to overdose, and in-custody deaths related to suicide. Additionally, Buprenorphine may offer several secondary benefits beyond custody, e.g., decreases in cravings, cardiac dysfunction, and anxiety. It is our mission to continue offering MAT services, harm-reduction resources for releasees, and to effectively coordinate treatment between both community and custody. This affords a level of consistency in MAT provision that detainees have likely never experienced, while enabling Pima County to welcome PCADC as a formidable partner in the greater Tucson community's effort to address addiction. Therefore, we respectively request that the contract amendment under consideration be supported in full. Doing so ensures that Pima County remains a national leader in addressing the fentanyl crisis, and most importantly, continues to save lives.

Concurrence:



10 October 2024

Francisco Garcia, Deputy County Administrator and Chief Medical Officer — Date