

Beyond Drug Courts: Two Alternative Court-Based Strategies for Preventing Overdose Post-Arrest

July 15, 2020

PRISON/JAIL SUBSTANCE USE DISORDER TREATMENT | RSAT

Training and Technical Assistance

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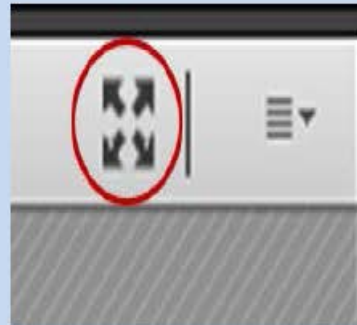
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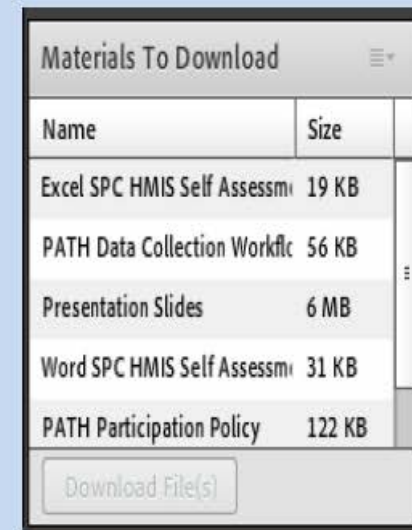
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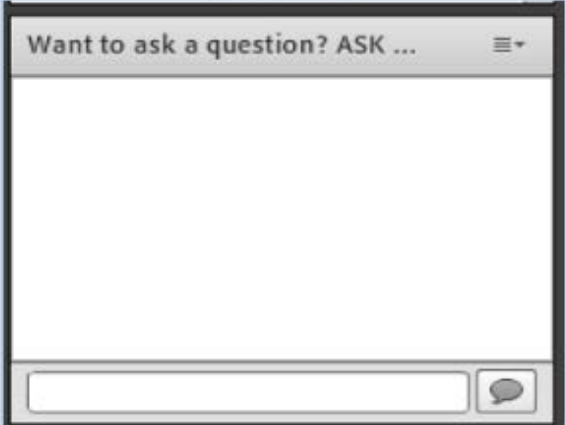
Name	Size
Excel SPC HMIS Self Assessm	19 KB
PATH Data Collection Workflc	56 KB
Presentation Slides	6 MB
Word SPC HMIS Self Assessm	31 KB
PATH Participation Policy	122 KB

Housekeeping: COMMUNICATION

Q&A and Technical Issues


If you have questions for either the presenters or our Technical Support Staff, enter them in the Q&A box.

Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.



Chat with us!

If you have general comments, please post them in the participant chat box.



BEYOND DRUG COURTS: Two Alternative Court-Based Strategies for Reducing Overdose Risk

July 15, 2020

David Lucas, MSW, Center for Court Innovation

Jeffrey D. Smith “Opioid Court” (NY)

Michael Hines “Treatment Pathway Program” (CT)

Learning Objectives



- Understand the opioid overdose risks uniquely associated with arrest and court system involvement and the key components of an effective response
- Identify the essential court and community-based partnerships needed to address this risk effectively
- Envision a court-based overdose prevention strategy tailored to local needs, available resources, and stakeholder buy-in

Poll Question #1

Opioid-related overdose has become the leading cause of death among people released from jails or prisons (PRJP). Which of the following issues do you see as the primary driver of this outcome? (SELECT ONE)

- barriers/delay in accessing OAT/MOUD in-custody
- barriers/delay accessing OAT/MOUD post-release
- barriers accessing harm reduction (naloxone, SEP, SCS)
- SDoH (unemployment, poverty, homelessness, stigma, racism)
- substance-related (toxic, unpredictable street supply)

BACKGROUND

- Drug court model — inherent strengths, challenges re OD crisis
- Buffalo’s “Opioid Court” model developed in response
- Other court-based strategies emerge around US
- Roundtable held in DC w/ experts and practitioners
- “Ten Essential Elements of Opioid Intervention Courts” published
- Model continues to expand and evolve...

OPIOID INTERVENTION COURTS: CONTRIBUTORS

The 10 Essential Elements of Opioid Intervention Courts



- Medical and behavioral health experts
- Judges, prosecutors, defense attorneys
- Treatment providers
- NPC Research
- Center for Court Innovation
- New York State Office of Court Administration
- Bureau of Justice Assistance

The 10 Essential Elements of Opioid Intervention Courts

July 2020

NYS/OCA 8th Judicial District

Jeffrey D. Smith, Project Director, 8th Judicial District

 Center
for
Court
Innovation

Opioid Intervention Courts: BACKGROUND



- Opioid epidemic (heroin, prescription opioids, illicit fentanyl)
- 70,200 overdose deaths in 2017, two-thirds involving opioids
- 3000+ drug courts, serving 120,000+ ppl w/ a substance use disorder
- The 'Buffalo Opioid Court' opens in 2017
- Opioid intervention court model begins to spread nationwide

Opioid Intervention Courts: THE MODEL

- Opioid intervention courts are rapid response programs that use immediate screening and treatment engagement, intensive judicial monitoring, and recovery support services to prevent opioid overdose and save lives.

Opioid Intervention Courts: THE MODEL (continued)

- By helping to stabilize individuals who are at immediate risk of overdose death, opioid courts offer support to individuals in crisis and set participants on the path to long-term recovery and a better quality of life.

Opioid Intervention Courts: REPLICATION

- Opioid intervention courts need not be identical.
- Each court will inevitably reflect local conditions, resources, and constraints.
- All opioid intervention courts should, however, strive to incorporate the following essential elements.

OPIOID COURT REPLICATION: TEN ESSENTIAL ELEMENTS

1. Broad legal eligibility criteria
2. Immediate screening for risk of overdose
3. Informed consent after consultation with defense counsel
4. Suspension of prosecution or expedited plea
5. Rapid clinical assessment and treatment engagement
6. Recovery support services
7. Frequent judicial supervision and compliance monitoring
8. Intensive case management
9. Program completion and continuing care
10. Performance evaluation and program improvement

Treatment Pathway Program (TPP)

July 15, 2020

Beyond Drug Courts



First TPP Program Basics



First TPP located in Bridgeport, Connecticut

- Site chosen because of familiarity with commitment and quality of community provider and support of other stakeholders in justice community.
- Community provider committed to ensuring same day admissions for clients.

Underlying Objective

- Eliminate the practice of incarcerating people because they are sick.



- Re-direct the population with low level non-violent and non-weapon-related crimes and who have substance use disorders (either arrested for these disorders or related crimes) toward treatment and away from incarceration.
- Provide a meaningful care opportunity to patients who are ill with addiction and who may have little or no access to care in the community.

- Reduce the population entering our Bridgeport jail in order to better manage capacity of our medication for addiction program in the jail.
- Reduce the CT DOC population and reduce costs of incarceration to the state.

TREATMENT PATHWAY PROGRAM LOCATIONS



Bridgeport
Superior Court

June 2015

New London
Superior Court

October 2017

Torrington
Superior Court

October 2017

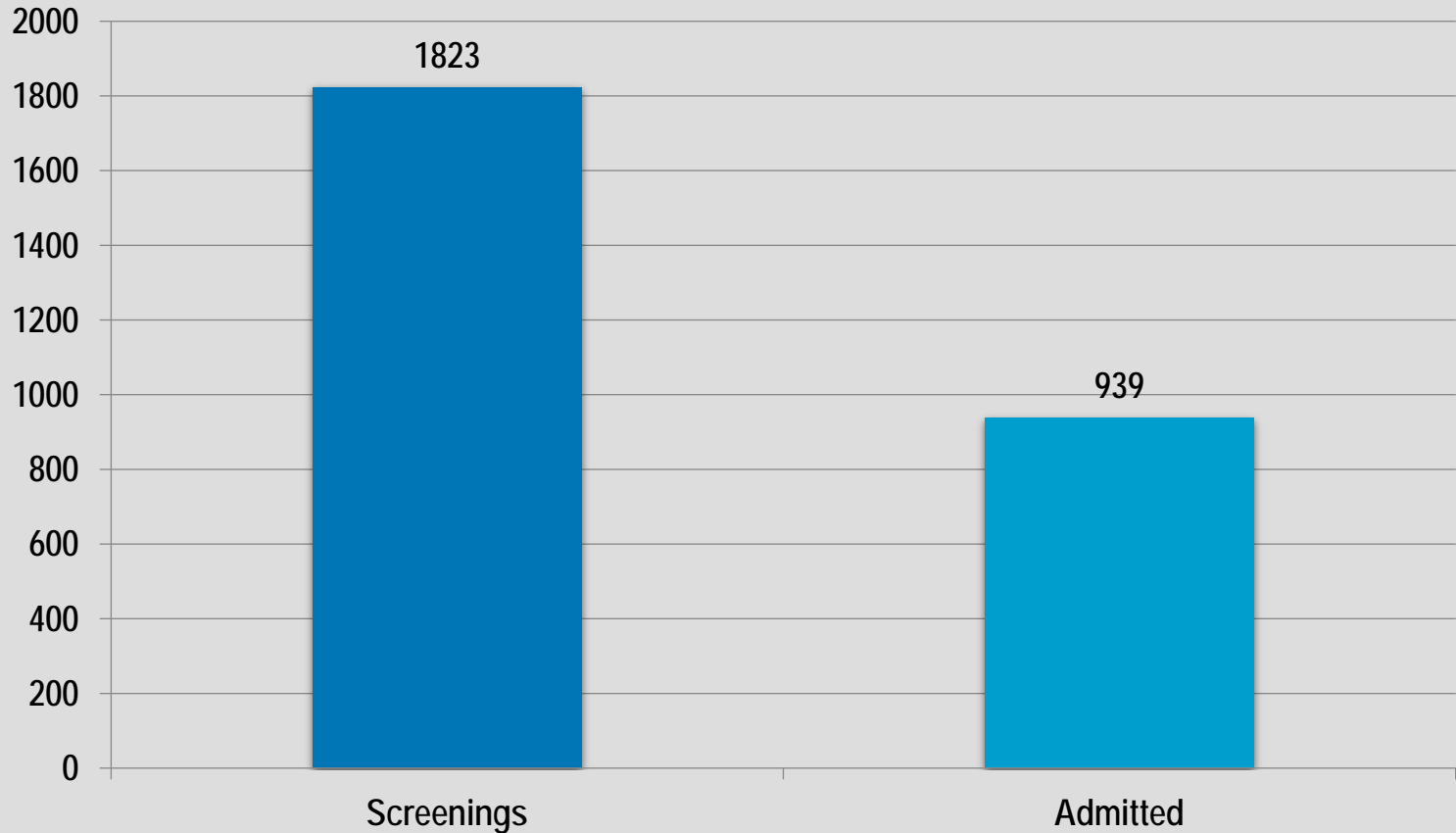
Waterbury
Superior Court

July 2018

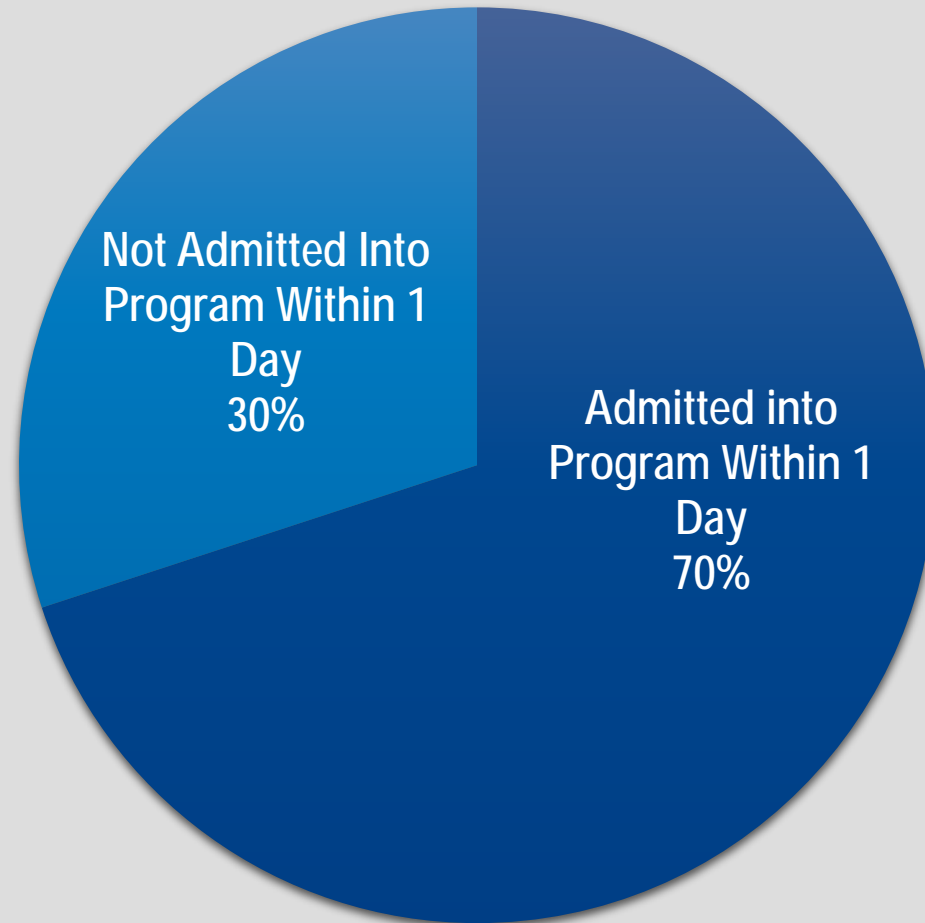
TPP SCREENING PROCESS

- Defendants held on bond are eligible.
- Bail staff screen for appropriateness
- If appropriate Bail staff ask clinicians to assess.
- Bail staff and clinician meet after assessment.
- Decision made if defendant appropriate to recommend entry into TPP.
- Bail recommendation made to Court for final approval.

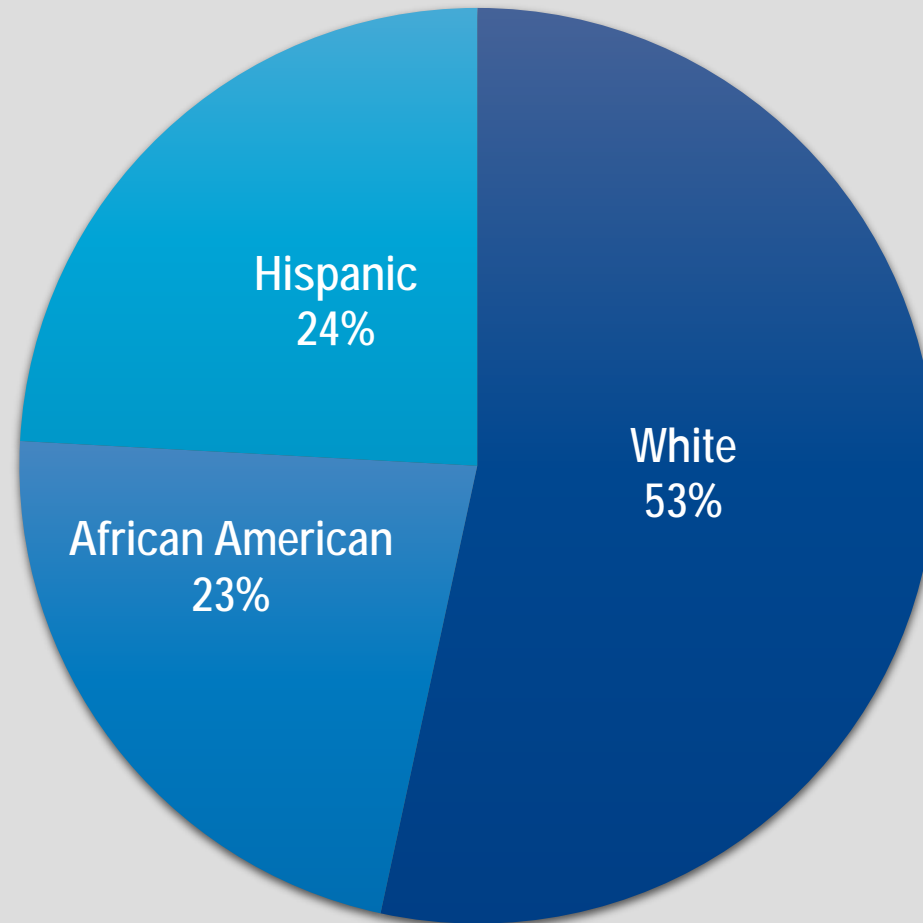
TPP SCREENINGS AND ADMISSIONS



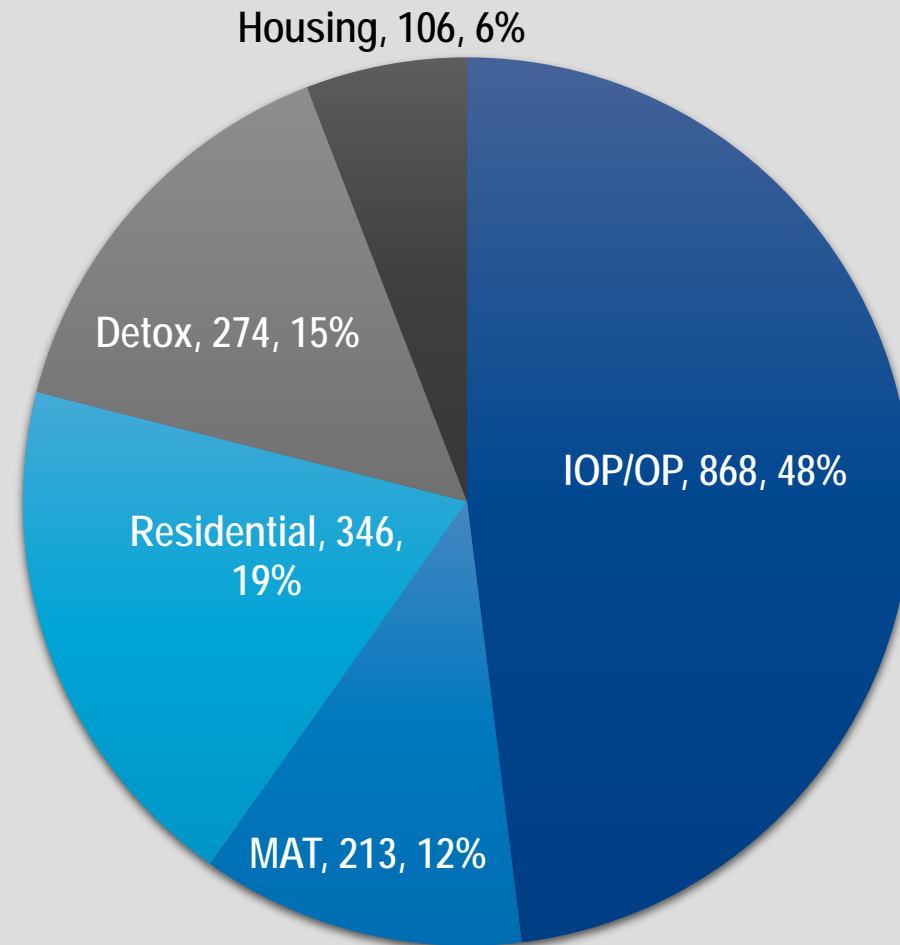
ACCESSIBILITY TO TREATMENT



DEMOGRAPHICS

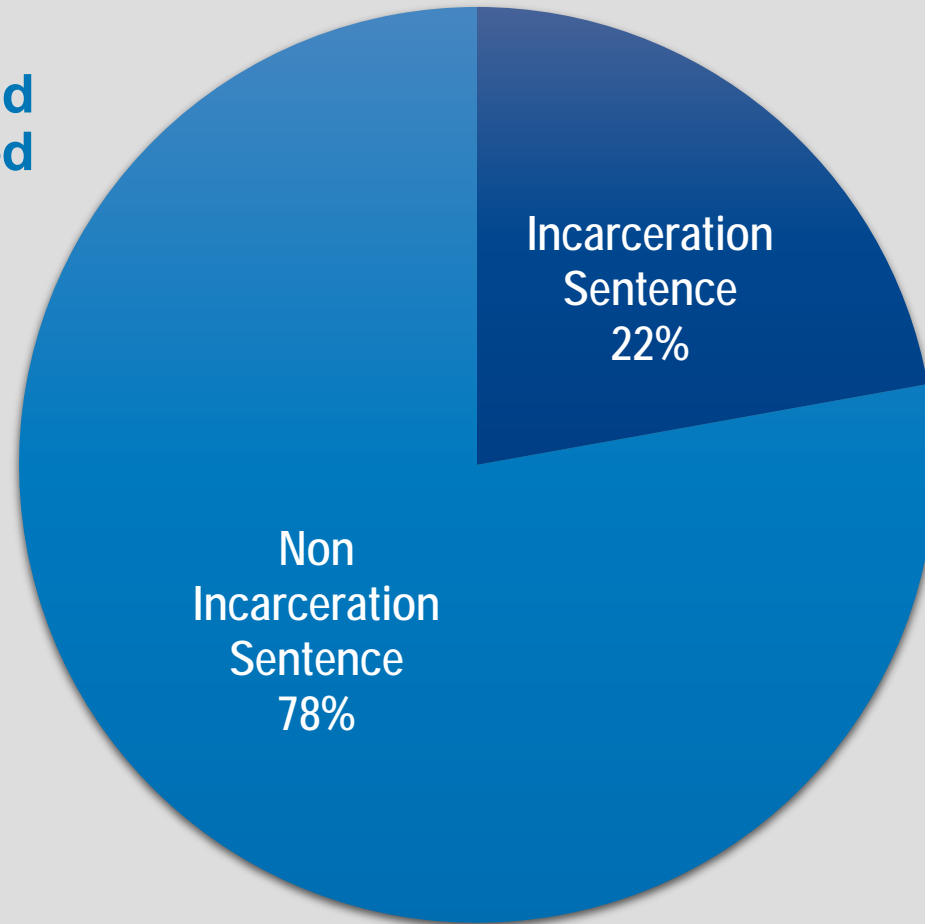


NUMBER OF ADMISSIONS BY LEVEL OF CARE



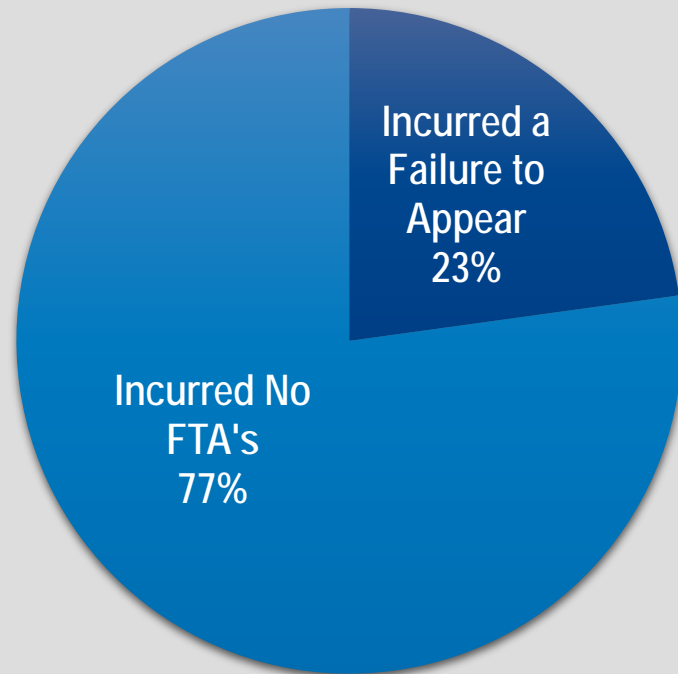
DISPOSED TPP CLIENTS

Disposed and Accepted

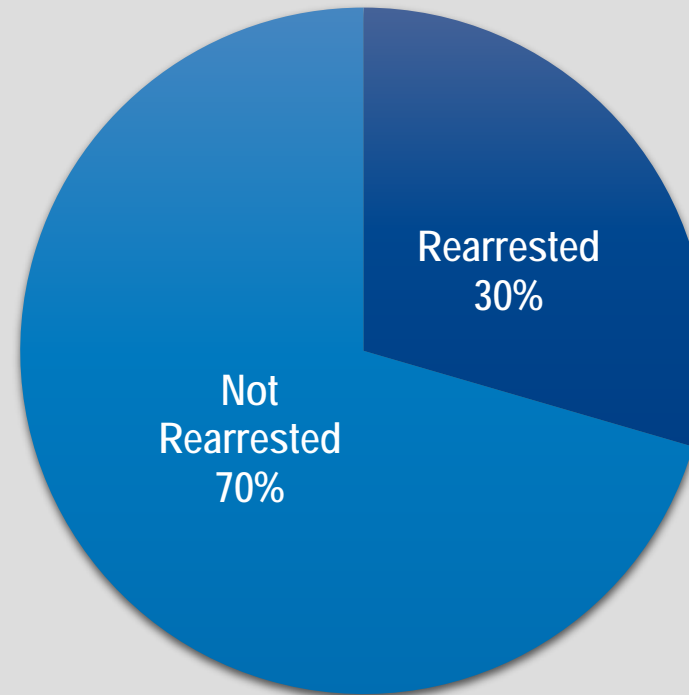


FAILURE TO APPEAR & REARRESTS

Failure to Appear

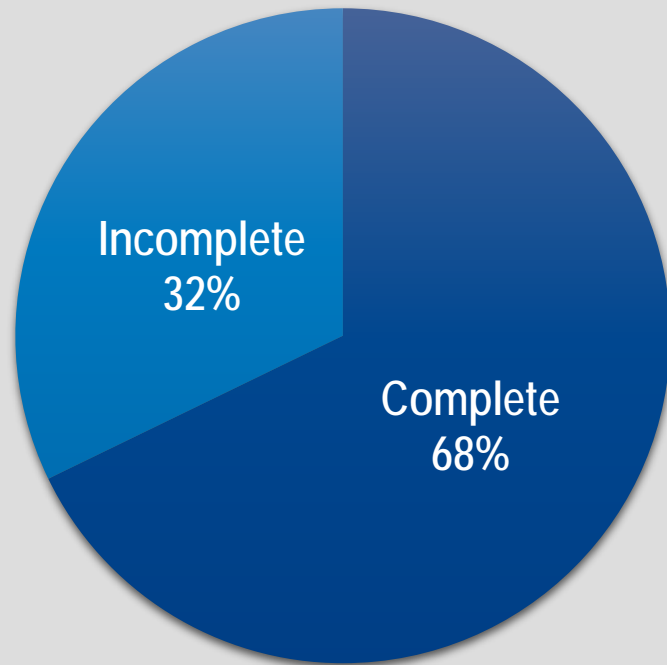


Rearrests

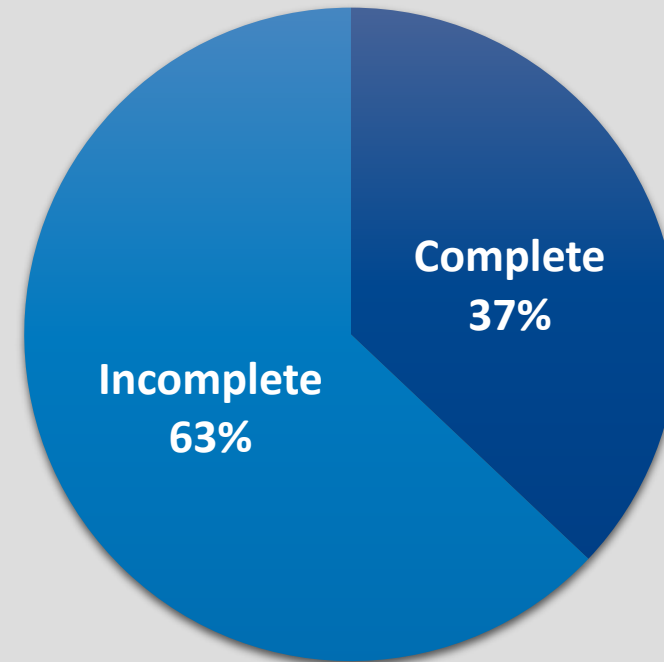


SUCCESSFUL COMPLETION RATE OF CLIENTS WITH A PRIMARY DIAGNOSIS OF OPIATE DEPENDENCE

Medication Assisted Treatment



No Medication Assisted Treatment



Poll Question #2

What aspect of the OIC and TPP models is helping to reduce OD risk the most? (*SELECT ONE*)

- swift access to OAT/MOUD
- swift access to inpatient detoxification/treatment
- less punitive approach than drug courts
- connection with the judge
- addressing underlying social/health needs

QUESTIONS

- ▶ Type your questions in the Q&A box on your screen.



CONTACT



<http://www.rsat-tta.com/Home>



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CERTIFICATE OF CONTINUING EDUCATION

- 1 NAADAC CEH
- Pass 10-question quiz with 7 correct answers
- **Download certificate upon completion**

June 15, 2020 RSAT Webinar
CEH Quiz

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