

Learning Collaborative Session

A Whole Person Approach: Adding Addiction Medicine Services to a Drug Treatment Court Program



Disclaimer

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All Rise, founded in 1994 as the National Association of Drug Court Professionals, is the training, membership, and advocacy organization for justice system innovation addressing substance use and mental health at every intercept point. We believe every stage of the justice system, from first contact with law enforcement to corrections and reentry, has a role in improving treatment outcomes for justice-involved individuals.

Through our four divisions—the Treatment Court Institute, Impaired Driving Solutions, Justice for Vets, and the Center for Advancing Justice—All Rise provides training and technical assistance at the local, state, and national levels, advocates for federal and state funding, and collaborates with public and private entities. All Rise works in every U.S. state and territory and in countries throughout the world.



ASAM

American Society of
Addiction Medicine

ASAM, founded in 1954, is a professional medical society representing over 8,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

Overview of the Session

0

Overview

1

*Didactic
Presentation*

2

Case Discussion

3

Q&A

Participation Ground Rules

1. Please participate!
2. Everyone's experiences differ: Assume the best intentions.
3. Monitor your participation: Everyone is accountable.
4. If someone says something that is not your understanding of the evidence, ask questions and do so respectfully

Participant Introductions



Please introduce yourselves in the Zoom chat by sharing your:

01

Name

02

Professional Role

03

Work Setting / Organization

04

Location

A blurred background image of a crowd of people, with one person's hand raised in the foreground. The image is overlaid with a dark blue semi-transparent filter.

Meet Our Faculty

FACULTY



Jennifer Tillery, LPC, NCC, MAC, CPCS, MATS

Jennifer Tillery serves as the Accountability Courts Director for Cobb County Superior Court, bringing over 14 years of experience in accountability court systems. A Licensed Mental Health and Addiction Specialist and clinical supervisor, she specializes in treatment coordination and counseling with expertise in EMDR, CBT, SFBT, and medication-assisted treatment (MATS). She oversees the Drug Treatment Court, Veterans Accountability & Treatment Court, and Mental Health Court. She is also a Certified Court Coordinator with extensive administrative experience in managing and expanding effective, evidence-based court programs.

No disclosures or conflicts of interest



FACULTY



Porsha Winfrey, MS

Porsha Winfrey brings over 18 years of experience in the criminal justice system, with a dedicated focus on strengthening restorative practices in programs that support offenders, victims, and families. As the Program Coordinator for the Cobb County Drug Treatment Court, she has led efforts in program administration, ensured program fidelity, managed grant funding, and overseen budget operations.



She is also a Certified Accountability Court Coordinator, reflecting her deep commitment to effective, evidence-based practices in accountability and treatment court settings.

No disclosures or conflicts of interest.

FACULTY



Brian Sanders, MD

Dr. Brian Sanders is a board-certified family physician who provides comprehensive, patient-centered care. He earned his medical degree from Wake Forest School of Medicine in 2013 and completed his Family Medicine Residency at Oregon Health & Science University in 2017. His clinical interests include preventive care, chronic disease management, and office-based procedures for patients of all ages. He emphasizes continuity of care, evidence-based practice, and shared decision-making.

No disclosures or conflicts of interest.

FACULTY



Steve Hanson, MSEd

Steve Hanson, M.S. Ed., is a seasoned professional with 40 years in substance abuse treatment and education. He's currently the Senior Treatment Consultant at All Rise Treatment Court Institute, having been a faculty member since 1994. Previously, Hanson held key roles in New York State's OASAS, including overseeing Treatment Courts and managing treatment programs.

He also taught Psychopharmacology at SUNY Brockport for 20 years and is renowned for training criminal justice practitioners in substance misuse treatment.

No disclosures or conflicts of interest.

Session Learning Objectives

01

Describe strategies for implementing addiction medication as an integral component of drug treatment court programs.

02

Explain a collaborative model linking treatment courts, medical providers, and pharmacies to support addiction care.

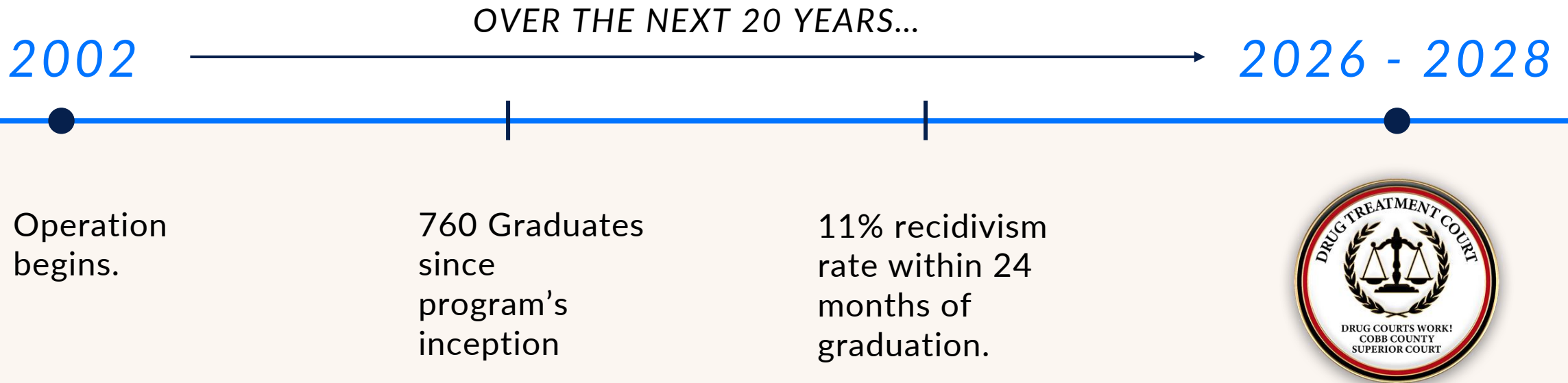
03

Identify key successes and challenges in establishing and sustaining collaborative partnerships.

04

Evaluate how similar collaborative models can be adapted and implemented within your own community or county.

History of Cobb County Drug Treatment Court



Timeline of Integrating Addiction Medicine

>>> Cobb County's Treatment Courts

2011 - 2016

Not accepted
within the court.

2017

- Courts began allowing naltrexone injectables.
- Open and ready to implement inside the Court programs; first meeting with Dr. Saha to discuss MAT in the courts.

Timeline of Integrating Addiction Medicine

>>> Cobb County's Treatment Courts

2018

DTC applied for BJA grant to expand MAT program.

2019

Grant received but MAT program failed to launch.

2020 - 2021



Pandemic barriers.

Timeline of Integrating Addiction Medicine

»»» *Cobb County's Treatment Courts*

2022

- Presentation to educate and obtain buy in from judges, teams.
- Met with Dr. Shonali Saha to create partnership.
- Agreement with Genoa Pharmacy to provide medications.
- Signed MOU and rolled out MAT program in June 2022.
- Attended national conference with stakeholders where MAT use and policies were reinforced July 2022.



U.S. Department of Justice

Civil Rights Division

The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery

The opioid crisis poses an extraordinary challenge to communities throughout our country. The Department of Justice (the Department) has responded with a comprehensive approach prioritizing prevention, enforcement, and treatment. This includes enforcing the Americans with Disabilities Act (ADA), which prohibits discrimination against people in recovery from opioid use disorder (OUD) who are not engaging in illegal drug use, including those who are taking legally-prescribed medication to treat their OUD. This guidance document provides information about how the ADA can protect individuals with OUD from discrimination—an important part of combating the opioid epidemic across American communities. While this document focuses on individuals with OUD, the legal principles discussed also apply to individuals with other types of substance use disorders.

1) What is the ADA?

The ADA is a federal law that gives civil rights protections to individuals with disabilities in many areas of life. The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, participate in state and local government

DOJ and the ADA (4/22)

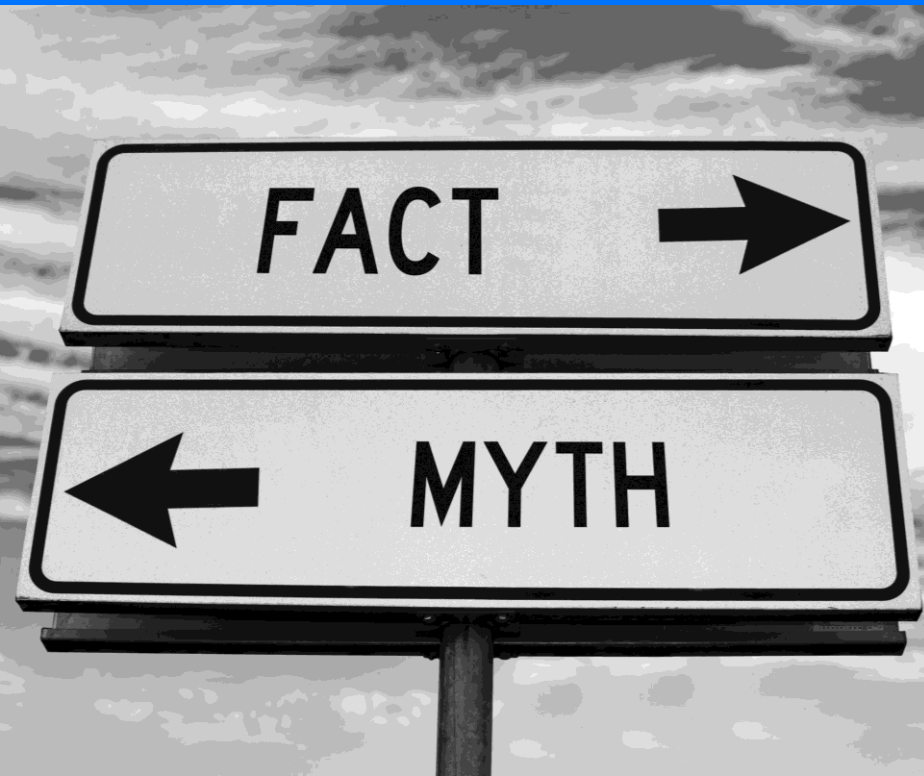
SOURCE: U.S. Department of Justice. Guidance on protections for people with opioid use disorder under the ADA. Published April 5, 2022.
<https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>

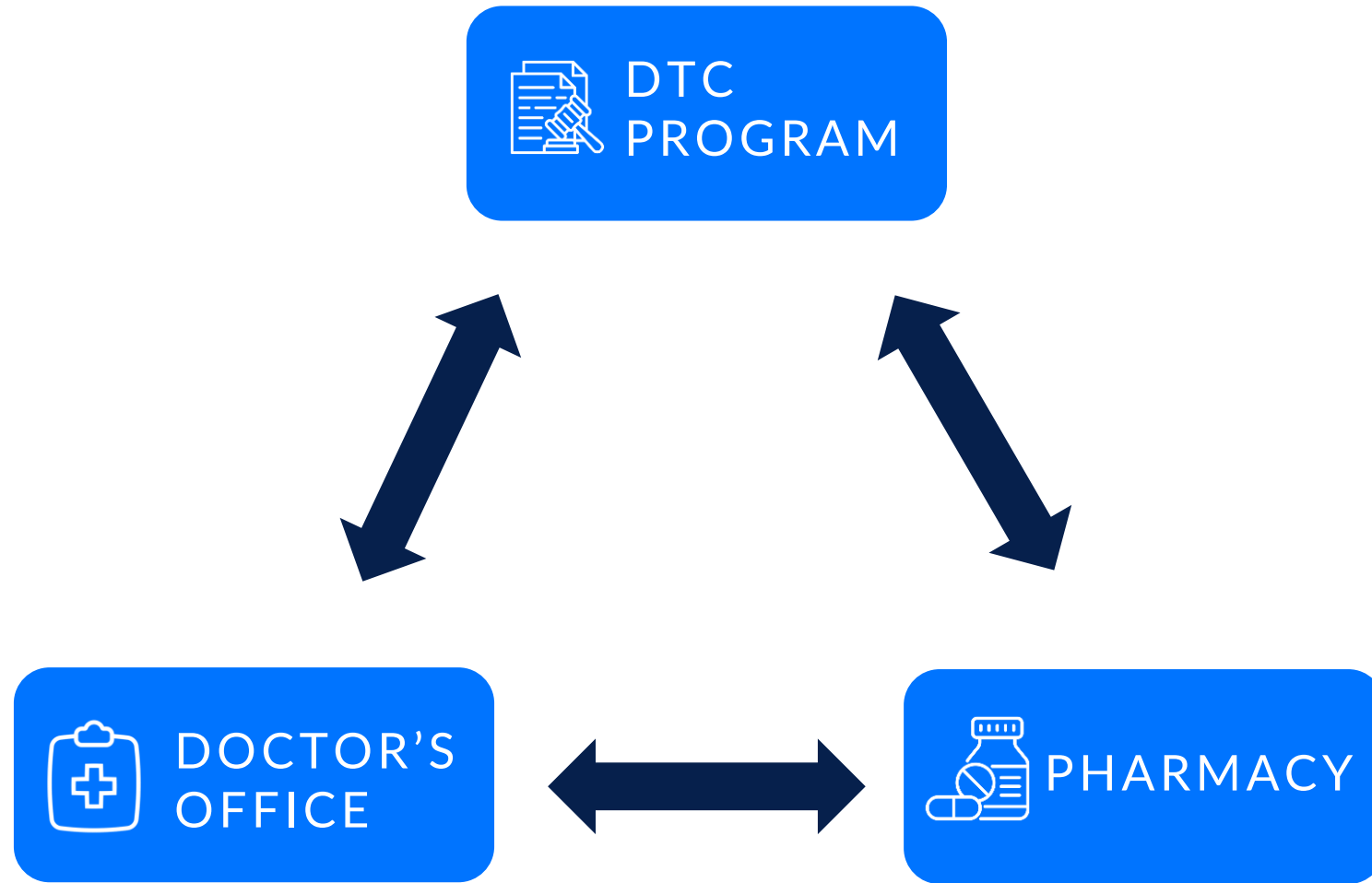


AIIRise

Early Myths and Perceptions about Incorporating Addiction Medicines

- Abuse is imminent
- Not truly “clean/sober”
- Will hinder recovery
- Changing one drug for another
- Cannot be monitored or verified
- Drug Courts must be 100% abstinence-based





What is Our Model?

Consents and Confidentiality

- CFR-42 compliant consents that are standard for all patients seeking mental health including substance use disorder treatment
- Additional consent allowing communication regarding attendance and medications prescribed if drug treatment court program is covering cost of medications
- Any other releases of information are situations specific, time limited, and details discussed with patient/participant

Participant Experiences

- Surveyed participants on their satisfaction with addiction medicine services
- 6-question survey about overall experience, likes, dislikes, if they would refer a peer, and if they plan to continue after completion in the drug treatment court program



Participant Experiences

- Overall positive; describe physician and caring and knowledgeable
- Appreciate support from the drug treatment court program staff around medications and financial assistance to cover costs
- Most would recommend services to a peer (8-10/10)
- Medications helpful for cravings:
 - *“I do feel less on edge and the cravings seem much less frequent and severe.”*
- Majority did not plan to continue medication after the program was completed

Current Beliefs Among Staff re: Integrating Addiction Medicine Services

- Educate participants with OUD and AUD on the benefits of medical treatments
- Added benefit to the treatment protocol
- Improved retention in treatment and in the program
- More success in the program and in recovery
- Overall pride in a program that works



How Did We Pay for It?

2019-2022

Bureau of Justice Assistance (BJA) Federal Grant – Drug Court Enhancement Grant included an Award for Implementation of MAT Program. Total Award \$491,712

2022

D.A.T.E. (O.C.G.A. § 15-21-101) Fund Award – MAT Pharmaceuticals. Total Award \$23,435

2023-2026

American Protection Rescue Act (A.R.P.A.) For Treatment, Housing, MAT Services Total Award \$1,310,000

Future Funding Plans

*17 June 2025 -
Applied*

2026

2026

2026-2028 – Cobb County
Opioid Abatement Fund Grant
– for Treatment, Detox,
Housing, MAT Services.
Application Submitted on
June 17, 2025. Total
Requested \$1,258,500.

Georgia State Operational
Grant Request for MAT

D.A.T.E. Fund Request for
MAT

Future Steps in Our Community

- Secure future funding
- Grow an alumni network
- Spread the word about our work
- Onboard a new physician to partner with the court





What are future steps in your community?

Medications for Opioid Use Disorder Toolkit

- Participant Brochure
- Participant Agreement
- Partner Agency Agreement
- Practitioner Agreement
- Recruitment Letter for Providers
- Letter to Jail Officials



More MOUD Guides

Participant Guide

allrise-moud-participant-guide.onrender.com/

Team Member Guide

allrise-moud-team-member-guide.onrender.com/

Clinician Guide

allrise-moud-clinician-guide.onrender.com/

Possible Funding Sources

- Public Insurance and Commercial Payors
- State grants for Drug Treatment Courts or MOUD grants (sometimes still called MAT)
- Opioid Settlement Money
- Resources on Federal Grants available and webinars on how to apply (allrise.org/funding)
- Private foundations and donors



**| Are there any
questions?**

A blue-tinted photograph of a doctor in a white coat with a stethoscope, examining the back of a patient. The doctor's hand is resting on the patient's shoulder. The text 'Case Discussions' is overlaid in white, with a vertical blue bar to its left.

Case Discussions

Case Discussions



** These are fictional cases based on experiences of several patients we have worked with to protect patient/participant privacy and confidentiality.*

Case 1: Ms. A

29-year-old woman with a history of opioid use disorder recently released from prison after being incarcerated for 18 months. She was previously prescribed 16mg of bup/nal verified by PDMP.

01

As a prescriber, what additional information would look for?

02

What steps might you take after getting this information?



Case 2: Mr. B

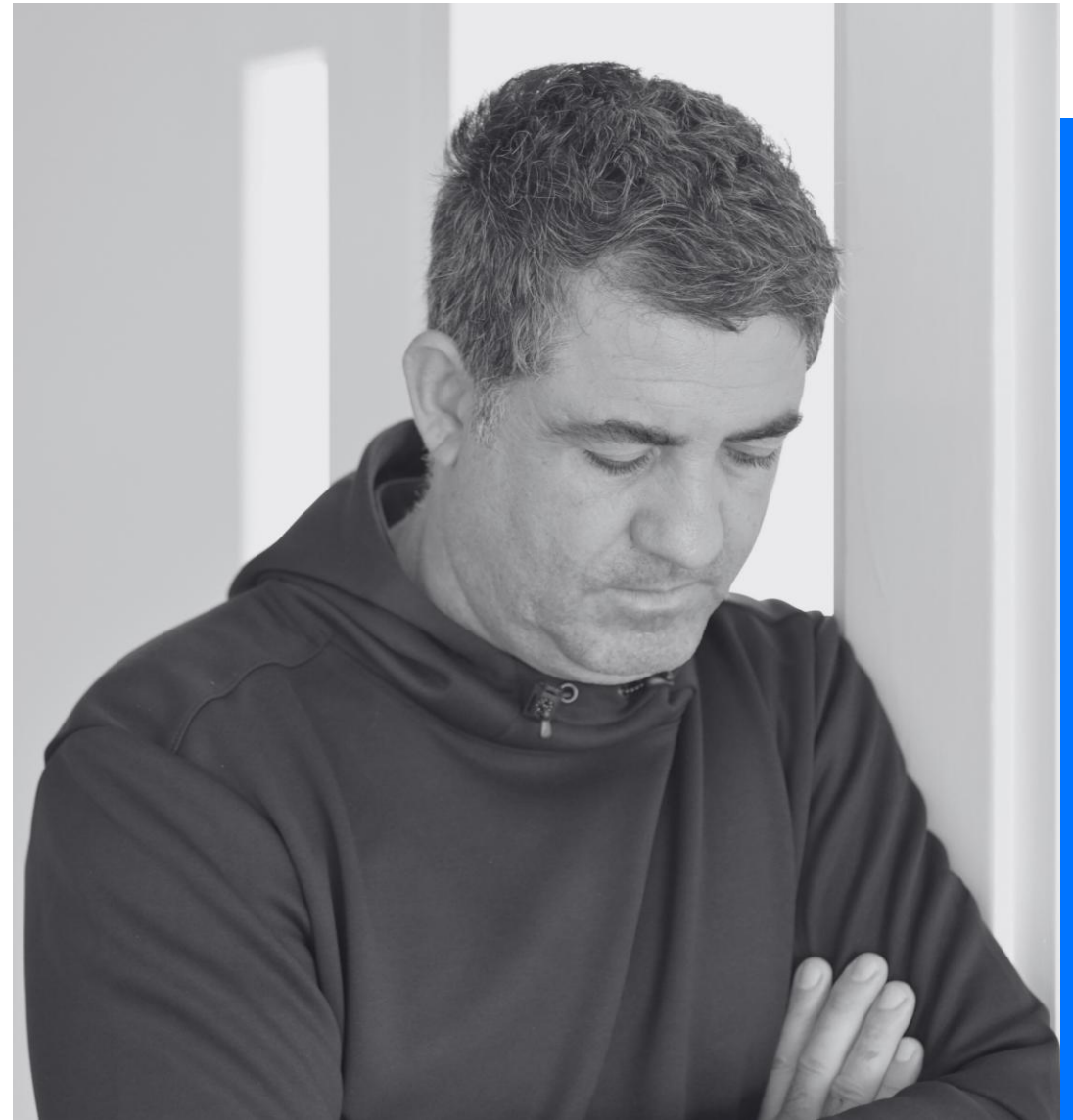
38-year-old man with a history of opioid use disorder prescribed buprenorphine. His sober living is concerned about him being on this medication including the possibility that he is overtaking his medication.

01

As a prescriber, what additional information would look for?

02

What steps might you take after getting this information?



Case 3: Ms. C

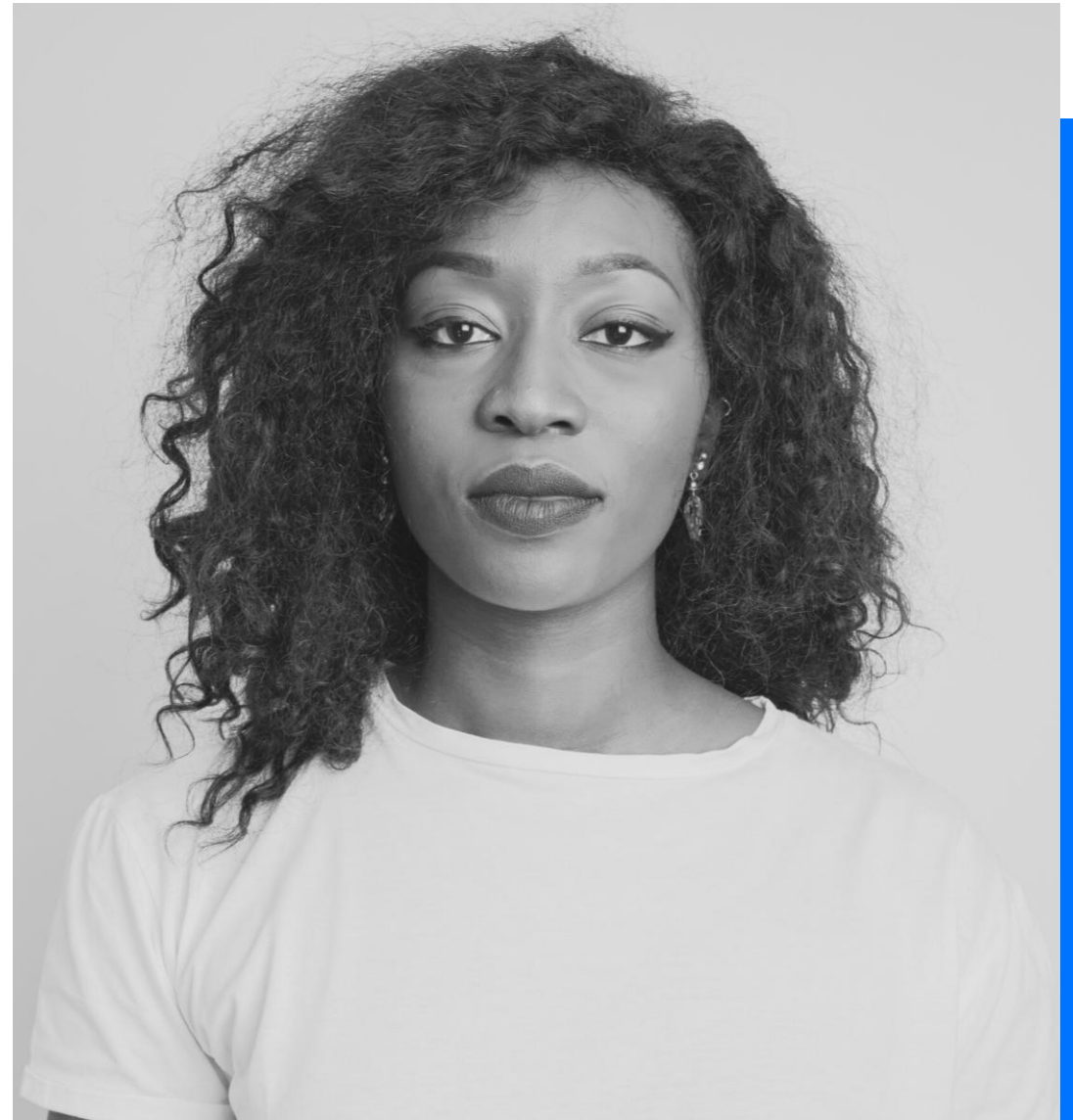
44-year-old woman stable on injectable naltrexone therapy that is remanded to jail for a prolonged period.

01

As a prescriber, what additional information would look for?

02

What steps might you take after getting this information?





**| Are there any
questions?**

The background of the slide is a blurred photograph of a classroom. A teacher is standing at the front, and several students are raising their hands, indicating an interactive learning environment. The entire image is overlaid with a semi-transparent blue filter.

Knowledge Check

Knowledge Check Question

You are caring for a patient that is involved in your local drug treatment court program with whom you have an MOU and confidentiality agreements to deliver care that are identical to the collaboration discussed in this session. The patient discloses that he has started using a benzo-like substance that he found online that the court affiliated lab does not screen for. You want to disclose this information to the drug treatment court coordinator you work with. With respect to confidentiality, what is the next step?

- A. You cannot disclose this information to the drug treatment coordinator under any circumstances.
- B. You request that the patient complete a new release of information for the coordinator and talk through with the patient what you would like to disclose to the drug treatment program staff.
- C. Your initial consent covers all disclosures, so no additional consents or discussions with the patient are necessary.
- D. CFR-42 does not apply to this patient population, so you can call the drug treatment court staff without consent.

Knowledge Check Question

In the session, we detailed a model of collaboration between which of the following partners:

- A. A drug treatment court program, an outpatient treatment center, and a pharmacy
- B. A drug treatment court program, a private practice physician's office, and a pharmaceutical company
- C. A drug treatment court that hired a local addiction medicine physician to be a member of the treatment team
- D. A drug treatment court program, a private practice physician's office, and a local pharmacy

Knowledge Check Question

A patient you were treating in the drug treatment court program presents to you in withdrawals after being released. Because of an infraction around multiple late attendance to treatment court classes, she was remanded to jail for four days. Despite having told the medical team in the jail that she was on buprenorphine/naloxone 16mg SL daily, she was not given her MOUD while she was incarcerated. All the following are appropriate next steps EXCEPT:

- A. Transition her to injectable buprenorphine to minimize her chances of withdrawal should she have another brief period of incarceration
- B. Help her understand her rights were violated under the Americans with Disabilities Act (ADA) and encourage her to consider filing a complaint with the Department of Justice about the jail's practices, anonymously if she feels more comfortable
- C. Counsel her about how her lateness led to this consequence and that these symptoms of withdrawal are potentially therapeutic
- D. Make sure she has timely access to sublingual buprenorphine/naloxone that day to ease her symptoms and decrease her risk of relapse and overdose

Knowledge Check Question

All Rise has resources for various audiences on their website on MOUD. Which course might be most helpful to physician colleagues who are interested in this work?

- A. Online Judicial Training on Substance Use
- B. The MOUD Toolkit for treatment courts
- C. Online Treatment Provider Training
- D. Understanding Medication to Treat Opioid Use Disorder for Treatment Court Participants

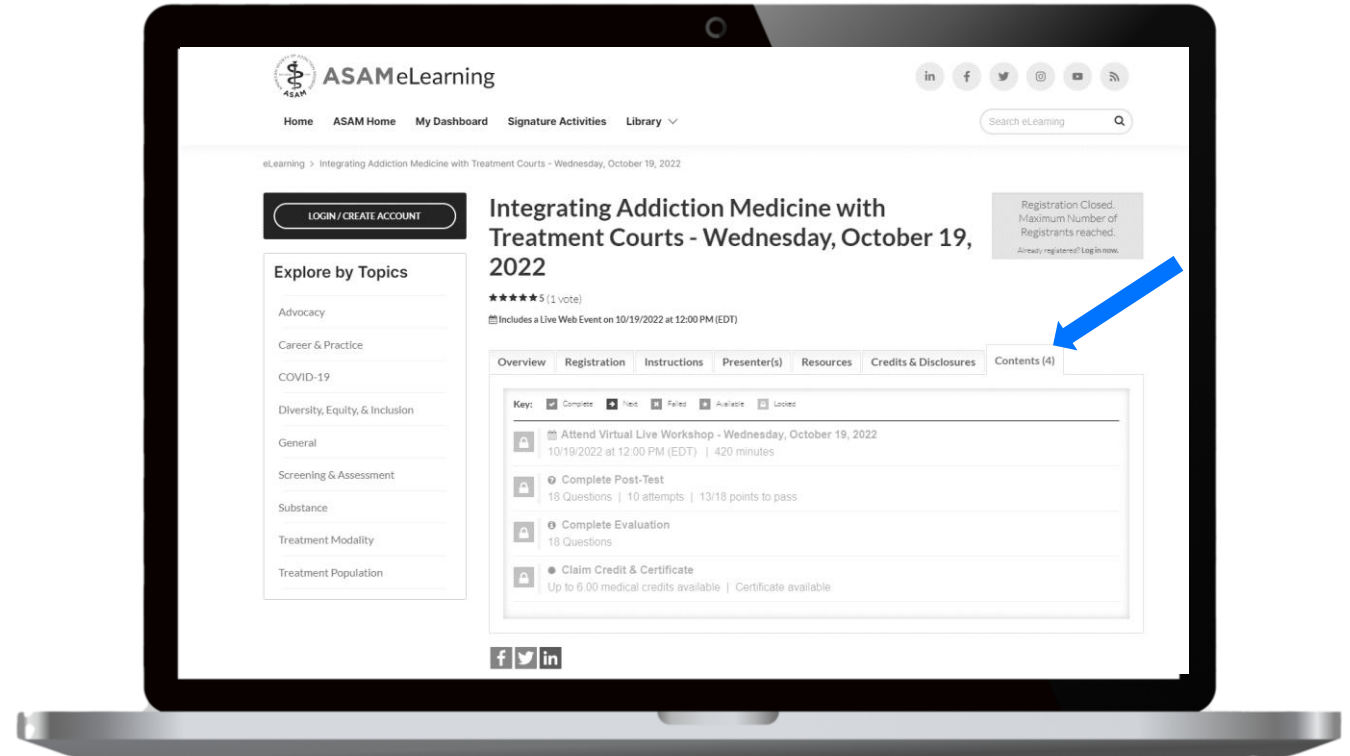
Knowledge Check Question

One of the drug treatment court program staff has been telling the participants to not start medications for opioid use disorders, because they are replacing one drug for another. What is some guidance that ASAM has given to respond to these concerns:

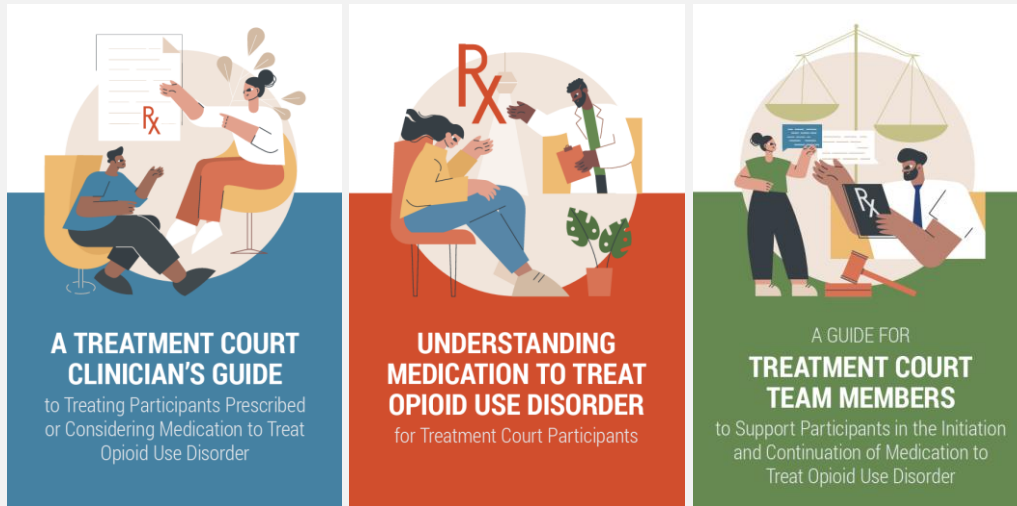
- A. Medication has specific actions on neurotransmitter receptor sites to decrease cravings to use
- B. Medications shorten the length of any relapses and improve overall addiction and recovery outcomes
- C. Medication saves lives
- D. All of the above

How to Claim CE

- Claim CE for your participation in this course by going to ASAM's eLearning Center: elearning.asam.org
- Instructions on how to claim CE can be found in your handouts and will be sent to you via email.
 - ☐ Complete the evaluation
 - ☐ Claim your credit and certificate



MOUD Guides



- Clinician Guide: A Treatment Court Clinician's Guide to Treating Participants Prescribed or Considering Medication to Treat Opioid Use Disorder
- Participant Guide: Understanding Medication to Treat Opioid Use Disorder for Treatment Court Participants
- Team Member Guide: A Guide for Treatment Court Team Members to Support Participants in the Initiation and Continuation of Medication to Treat Opioid Use Disorder

Toolkit:

Medications for Opioid Use Disorder (MOUD) - All Rise

Additional **FREE** Education Opportunities

1. Access Treatment Court Resources

Explore videos, guides, research, and more.

2. Need Extra Support? Contact our Experts

Reach out to our treatment court addiction experts for assistance.



Learn more here: <https://elearning.asam.org/treatment-courts>

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