All Rise Treatment Court Institute &
The American Society of Addiction Medicine (ASAM)

Participant Activities Handout

Integrating Addiction Medicine with Treatment Courts—Live Virtual Training

Training Learning Objectives:

1. Describe ways to reduce stigma against people with substance use disorders, including the use of accurate terminology.
2. Explain the role of timely and accurate diagnosis and treatment for clients/participants first engaging in treatment courts.
3. Define addiction as a chronic and manageable disease.
4. Describe the purpose, structure, and effectiveness of treatment courts.
5. Define the roles and responsibilities of treatment court team members.
6. Describe the roles and responsibilities of medical providers within treatment court settings.
7. Apply best clinical and partnership practices to case examples of patients who are engaged in treatment court and addiction treatment.
8. Advocate effectively for access to evidence-based treatment with treatment court team members.
9. Coordinate care withing professional settings to individuals involved in treatment courts.

Schedule at a Glance

09:00 am – 09:15 am	Welcome & Course Overview
09:15 am – 11:20 am	The Promise of Treatment Courts: An Introduction to the Model
11:20 am – 11:30 am	10-Minute Break
11:30 am – 01:00 pm	Applying Addiction Fundamentals in Treatment Court Settings
01:00 pm – 01:20 pm	20-Minute Break
01:20 pm – 02:50 pm	Navigating Evidence-Based SUD Treatment in Treatment Courts
02:50 pm – 03:00 pm	10-Minute Break
03:00 pm – 04:00 pm	Working Effectively with Justice-Involved Individuals

Table of Contents

Resources & Claiming CME

- **Join the Learning Community and Office Hours:** Access all resources provided within the course by going to the Integrating Addiction Medicine in Treatment Courts Cohort at https://elearning.asam.org/treatment-courts

- **Claim Credit for Your Participation in Course:** Claim CME for your participation in this course by going to ASAM's eLearning Center at elearning.asam.org

Disclaimer: This project was supported by Grant NoG2099ONDCP02B awarded by the Office of National Drug Control Policy (ONDCP) of the Executive Office of the President. Points of view or opinions in this course are those of the author and do not necessarily represent the official position of the Executive Office of the President.

Session 1: The Promise of Treatment Courts: An Introduction to the Model

Activity #1: Understanding The Treatment Court's Function—Question and Answer (Q&A) Activity

Large Group Activity: Consider questions you would like to ask All Rise's expert about how treatment courts work. Use the raise your hand feature to ask a question. Faculty will call on individuals to unmute.

Guiding Questions:

- What emerging questions do you have about treatment court programs and processes?
- What topics of our treatment court discussion would you most like to hear more about?

Time allotted: 15 minutes

Notes:

Activity #2: Medical Providers Engaging with Treatment Courts

Small Group Activity: In your small group, share your interest in working with treatment courts or the legal system to support patients.

Discussion Questions:

- What benefits to working with treatment courts or the legal system can you identify?
- What challenges to working with the treatment courts or the legal system might present themselves?

Time allotted: 7 minutes

Notes:

Session 1: The Promise of Treatment Courts: An Introduction to the Model

Activity #3: The Promise of Treatment Courts: An Introduction to the Model—Session #1 Reflection Exercise

Large Group Activity: Consider the discussions on treatment court purpose, models, teams, processes, and structures.

Guiding Question:

- How can you use what you've learned in this session in your professional work?

Time allotted:

- 5 minutes for large group discussion

Notes:

Session 2: Applying Addiction Fundamentals in Treatment Court Settings

Activity #1: Stigma in Professional Settings—Eliminating Stigmatizing Language Exercise

Small Group Activity: In your small group, share examples of stigmatizing language or practices you have encountered in your healthcare setting. Consider any examples among justice-involved patients.

Discussion Question:

- What are examples of stigmatizing terms or practices you have encountered in your medical settings, particularly towards any justice-involved patients?
- What are some ways you have encouraged or could encourage less stigmatizing, evidence-based practice in your settings?

Time allotted:

- 7 minutes

Stigmatizing Language	***Alternative Terminology***
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Activity #2: DSM-5 Diagnosis for Anita—Case Exercise

Case Study: Anita

- Anita is a 58-year-old cisgender woman with a history of depression, anxiety, and alcohol use who is arrested after a second driving under the influence (DUI) charge in one year. The initial report notes that a breathalyzer showed a high alcohol level after she was pulled over.
- Overnight in jail, she complained of anxiety, nausea, and tremors, and needed to be taken to the ER for medications.
- She had been referred to treatment after her previous DUI but could not afford treatment after losing her job when her boss learned of her arrest.
- She attempted AA but states meetings triggered urges to drink, and she soon returned to increasingly heavy drinking on most days.
- She lives with a roommate after a recent separation from her husband, who also cares for their daughter.

Small Group Activity: In your breakout group, review Anita's case. Discuss a diagnostic assessment for her based on the DSM-5 criteria for substance use disorders.

Discussion Questions:

- What DSM-5 criteria does Anita meet?
- Based on the number of criteria that Anita meets, how would you diagnose her?
    - Mild = 2-3 criteria
    - Moderate = 4-5 criteria
    - Severe = 6 or more criteria

Large Group Activity: A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions. You are encouraged to volunteer if you wish to do so.

Time allotted:

- 7 minutes for small group activity
- 5 minutes for large group debrief

Notes:

Session 2: Applying Addiction Fundamentals in Treatment Court Settings

Activity #3: Applying Addiction Fundamentals in Treatment Court Settings—Question & Answer (Q&A) Activity

Large Group Activity: Consider questions you would like to ask about promoting evidence-based addiction treatment in court settings. Use the raise your hand feature to ask a question.

Guiding Questions:

- What questions do you have about the chronic disease model or pharmacotherapy in treatment courts?
- How much does this apply to your work experience?

Large Group Activity: A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions. You are encouraged to volunteer if you wish to do so.

Time allotted:

- 10 minutes for large group discussion

Notes:

Session 3: Navigating Evidence-based SUD Treatment in Treatment Courts

Activity #1: Common Challenges to Effective Treatment

Large Group Activity: Share examples of challenges you have experienced in providing evidence-based treatment to patients who are involved in the legal system. Use the raise your hand feature when you are ready to share.

Discussion Questions:

- What challenges, if any, have you had in providing evidence-based care for patients who are justice-involved?
- How have you navigated these challenges (e.g., in collaboration with treatment court team members)?

Time Allotted:

- 10 minutes for large group discussion

Notes:

Session 3: Navigating Evidence-based SUD Treatment in Treatment Courts

Activity #2: Coordinating Care for Ben—Case Exercise

Case Study: Ben

- Ben is a 40-year-old divorced Hispanic male with OUD, MUD, tobacco use disorder, COPD, and HTN approved for treatment court. He admits to using fentanyl for two years prior to incarceration, and enjoys the euphoria associated with use. Uses methamphetamine to treat opioid withdrawal symptoms.
- Longest period of abstinence: 90 days while incarcerated. No history of in-patient treatment. No past OBOT. Some counseling.
- Reports only past MOUD use was non-prescribed buprenorphine by injection.
- Current charges possession and distribution, robbery and assault. He spent 12 years in and out of custody, no harm reduction services with most recent release.
- Only withdrawal management--"comfort measures" in jail; no MOUD provided while incarcerated. Jail staff believe that buprenorphine is their biggest problem, ahead of fentanyl, heroin, and other illicit substances.
- Cravings for fentanyl upon release from custody with return to use within 48 hours of release. Ben experienced near-fatal overdose with rhabdomyolosis.
- Upon hospital discharge, no Rx for buprenorphine or referral to OTP.
- The treatment court team is made aware of the overdose, and an appointment with you is made for the next day.

Small Group Activity: In your small group, review the case information for your patient, Ben. Discuss strategies to support Ben, who needs effective treatment.

Discussion Question:

- Ben is motivated for treatment. What recommendations do you have about care coordination with your team as the medical provider for treatment court?

Large Group Activity: A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions. You are encouraged to volunteer if you wish to do so.

Time Allocated:

- 7 minutes for small group activity
- 3 minutes for large group debrief

Notes:

Session 3: Navigating Evidence-based SUD Treatment in Treatment Courts

Activity #3: Providing Effective Care in Treatment Courts—Question & Answer (Q&A)

Large Group Activity: Share questions you have about engaging with the treatment court team. Use the raise your hand feature when you are ready to share.

Guiding Question:

- What questions do you have about the medical provider's role in treatment courts?
- What opportunities do you see to work with your local treatment court for improved treatment outcomes?

Time Allotted: 10 minutes

Notes:

Session 3: Navigating Evidence-based SUD Treatment in Treatment Courts

Activity #4: Revisiting Ben – Case Coordination Exercise

Case Study: Ben

- You welcome Ben into treatment court and ask about his treatment goals.
- Ben is motivated to do whatever it takes--he never wants to return to jail again. Ben is happy to be working with a clinician to assist him in his recovery. He expresses that it is a bonus to being a part of treatment court, to be receiving care he desperately neglected for many years.
- Clinical Opiate Withdrawal Scale (COWS): 14. Point-of-care testing (POCT) positive for THC.
- Ben is provided harm reduction training and is started on buprenorphine/naloxone 2/0.5 mg film. He restates he has not used opioids in more than 48 hours. He experiences no precipitated withdrawal and understands he can take another dose based on his symptoms.
- The jail did not reinstate his Medicaid, but treatment court staff have successfully reactivated his coverage.
- Ben is also now integrated with programming: toxicology screening (calling daily for his "color").
- Ben did well the first day on buprenorphine, took the medication as prescribed, did not experience precipitated withdrawal, and tapered upward over to his current dose of 8/2 mg film bid.
- However, he ran into old friends who offer him fentanyl and he returns to use.
- He regrets using and is fearful of the consequences—that he will be incarcerated with no access to MOUD or other supports.

Small Group Activity: In your small group, review the case information for your patient, Ben. Discuss strategies to coordinate care for Ben in treatment court settings.

Discussion Questions:

- How do you coordinate with the treatment team?
- How can you, as the clinician on this team, work to support Ben in his efforts to succeed in programming?

Large Group Activity: A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions. You are encouraged to volunteer if you wish to do so.

Time Allotted:

- 7 minutes for small group activity
- 3 minutes for large group debrief

Notes:

Session 3: Navigating Evidence-based SUD Treatment in Treatment Courts

Activity #5: Navigating Evidence-Based SUD Treatment in Treatment Courts – Session #3 Reflection Exercise

Large Group Activity: Consider the discussions on treatment challenges, implications for medical clinicians, and strategies to provide effective SUD treatment in treatment court settings. Write down one change you can implement in your professional settings.

Discussion Question:

- What is one change you can implement in your professional settings?

Time Allotted: 5 minutes

Notes:

Session 4: Working Effectively with Individuals who are Justice-Involved

Activity #1: Supporting Patients in Treatment Court – Case Exercise

Case Study: Joe

- Joe is a 28-year-old man treated in the ER and started on buprenorphine after surviving an opioid overdose. Joe then followed up in your clinic to continue the medication. He's been on buprenorphine for one week and is doing well.
- He lets you know that he was referred to treatment court by the arresting officer and is currently on probation, looking at a revocation. Joe is scheduled to be in court in seven days.
- The prosecutor determines that Joe fits within legal criteria to enter treatment court and will agree to treatment court instead of moving forward with the probation violation.
- Joe was assessed with severe OUD, and the SUD court counselor recommends acceptance into treatment court with IOP placement.
- Joe confirms with his defense attorney that he is open to entering treatment court and understands the conditions and requirements of the program.
- Joe's probation officer has been working with Joe to help with unemployment and housing.
- The Judge has voiced concerns about Joe's prescribed medication, mentioning that the only medication he prefers in his court is XR Naltrexone.
- The SUD treatment provider on the team reaches out to you about the Judge's MOUD preference for XR Naltrexone.

Small Group Activity: In your small group, discuss ways you could educate the Judge and support Joe.

Discussion Questions:

- What information can you provide to educate the Judge and advocate for your patient to remain on buprenorphine?
- In addition to prescribing medication, how can you support Joe in meeting his goals for recovery?

Large Group Activity: A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions. You are encouraged to volunteer if you wish to do so.

Time Allotted:

- 7 minutes for small group activity
- 3 minutes for large group debrief

Notes:

Activity #2: Release of Information and Care Coordination – Case Exercise

Case Study: Amy

- Amy is a 42-year-old woman who recently entered treatment court. She engages in outpatient substance use counseling services as a result of her treatment court requirements. She sees you for buprenorphine treatment in a primary care setting.
- She says that the treatment court team asked her to sign an ROI to release records from your clinic, including her toxicology reports because "it's just easier" if they can use the urine toxicology results from your clinic.
- Amy's medical chart includes past STIs, past pregnancy termination, as well as ongoing physical health concerns and mental health diagnoses.
- Amy has reduced her substance use but continues to have urine toxicologies that are intermittently positive for a variety of substances including methamphetamine, alcohol, and cannabis.

Small Group Activity: In your small group, examine Amy's case and discuss how you might discuss this release of information (ROI) request with Amy.

Discussion Questions:

- What questions would you ask Amy?
- What information would you want Amy to have?
- What are alternatives to a full release of records?

Large Group Activity: A follow-up large group debrief will be facilitated by faculty. Faculty will ask you to share highlights of discussions. You are encouraged to volunteer if you wish to do so.

Time Allotted:

- 7 minutes for small group activity
- 3 minutes for large group debrief

Notes:

Session 4: Working Effectively with Individuals who are Justice-Involved

Activity #3: Working Effectively with Individuals who are Justice-Involved – Session #4 Reflection Exercise

Large Group Activity: Consider the strategies discussed to promote effective collaboration with individuals who are justice-involved in your community setting. Write down one change you can implement in your professional settings.

Guiding Question:

- What is one change you can implement in your professional settings?

Time Allotted: 5 minutes

Notes:

Integrating Addiction Medicine with Treatment Courts

Live Virtual Course

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Disclaimer

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All Rise

Treatment Court Institute | Impaired Driving Solutions | Justice for Vets | Center for Advancing Justice

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 level, 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 7,000 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.

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Training Overview

- Agenda
  - Presentations
  - Breaks
- Materials
- Participation and Engagement

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Live Virtual Trainings: *Check Your Tech*

Setting up Your Technology

- Participants control their own "view" of the training.
- All participants will remain on mute during presentations.
- Questions will be answered at the end of the presentations if time permits.
- Participants control their webcam. Being on camera is optional for participants.
- Materials were sent to your email for the training.

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Technology Assistance

Need help troubleshooting?

- The Zoom link will be active during the entire training day. If disconnected, please use the initial link provided to log back into the training.
- If you have additional difficulties, please email education@asam.org

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Meet our Faculty

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Faculty

Debra R. Newman, PA-C, MSPAS, MPH

- Debra R. Newman, PA-C, MSPAS, MPH served as the Medical Practitioner for Adult Drug and Mental Health Treatment Courts in Santa Fe County, New Mexico for the over six years, and currently provides training and technical assistance for the NM Department of Therapeutic Justice. She formerly served in this role for the Rio Arriba (NM) Adult Drug and Mental Health Treatment Courts, and the Santa Fe County DWI Court. Debra was a 2017-2018 recipient of the PA Foundation/NIDA-CTN Mentored Outreach Award in Treatment Dissemination: "Utilizing Psychiatric PA's in Drug/Treatment Courts."
- Debra has worked in residential treatment, outpatient addiction medicine, and outpatient adult psychiatry. Her passion for addiction medicine began with her association with Project ECHO while employed at a large FQHC in northern NM more than 15 years ago, a region historically plagued with the highest per capita heroin overdose death rate in the nation. Debra worked as the only full-time provider for patients struggling with SUDs.
- Debra assisted in the development of the ASAM Moving Beyond the Barriers of Treating Opioid Use Disorders Course, and the ASAM/NADCP (National Association of Drug Court Professionals) Integrating Addiction Medicine with Treatment Courts Course. She serves on the ASAM SUD Program Planning Committee and is the only PA to serve as a Lead Mentor for the Provider Clinical Support System (PCSS), a national training and clinical mentoring project developed in response to the OUD crisis. Debra is a regular presenter for ASAM, the PCSS-Xchange, and serves as a Co-Editor for ASAM Weekly.
- In her current role with Encompass Community Services, a non-profit organization in Santa Cruz, CA that provides services in behavioral health and family and social well-being, she is Lead Provider for outpatient SUD services.

No relevant disclosures

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Faculty

Elizabeth Salisbury-Afshar, MD, MPH, FAAFP, DFASAM, FACPM

- Elizabeth Salisbury-Afshar, MD, MPH, is a family medicine, preventive medicine/public health, and addiction medicine physician and is an Associate Professor at the University of Wisconsin School of Medicine and Public Health in Madison, Wisconsin.
- She is core faculty for the Addiction Medicine Fellowship at the University of Wisconsin and her role involves both inpatient addiction medicine consult and outpatient addiction medicine care in a federally qualified health center.
- Dr. Salisbury-Afshar's work has focused on expanding access to evidence-based addiction treatment services and harm reduction services.
- Past roles include serving as the Medical Director of Behavioral Health Systems Baltimore, as the Medical Director of Behavioral Health at the Chicago Department of Public Health, the Director of the Center for Addiction Research and Effective Solutions at the American Institutes for Research, and Medical Director of Heartland Alliance Health (Chicago-based healthcare for the homeless provider).

No relevant disclosures.

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Faculty

Meghan Wheeler, MS

- Meghan Wheeler is the director of standards and conference programming for All Rise. She is responsible for developing training, technical assistance, and tools to support the implementation of best practice standards for treatment court models and assists in the development of best practice standards.
- In her 18-year tenure with All Rise, founded as NADCP, she has served as project director and senior consultant on the Adult Drug Court Planning and Training Initiatives, Statewide Training and Technical Assistance, and Family Treatment Court Planning and Training Initiatives. She has provided training and technical assistance to treatment courts nationwide. Prior to her work with NADCP, she managed the statewide treatment court implementation for the Supreme Court of Ohio, worked at the local level as a treatment court coordinator, and served as a counselor and clinical supervisor for a residential substance use treatment facility.
- Ms. Wheeler has national, state, and local experience in the justice, treatment, child welfare, and social services fields related to clinical intervention, supervision, case management, policy development, program management, grant writing, and curriculum design. She worked as an adjunct professor at Ashland University in the area of alcoholism and substance use. She received her master's degree in administration of justice, a bachelor's in psychology, and a bachelor's in criminal justice from Mercyhurst University.

No relevant disclosures.

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Faculty

Tauheed Zaman, MD

- Dr. Zaman is an addiction psychiatrist at the San Francisco VA and Kaiser San Francisco. He is also an Associate Professor at UCSF and Program Director of the University's addiction psychiatry fellowship.
- He serves in several leadership roles within the California Society of Addiction Medicine and has been involved in cannabis and opioid-related policy, research, and clinical work.
- He completed his addiction training at UCSF and his psychiatry residency at Harvard Medical School.

No relevant disclosures.

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Live Virtual Course: *Ground Rules*

1. We use cases to give time to process new information. 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.

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Course Learning Objectives

At the end of the course, you will be able to:

1. Describe ways to reduce stigma against people with substance use disorders, including the use of accurate terminology.
2. Explain the role of timely and accurate diagnosis and treatment for clients/participants first engaging in treatment courts.
3. Define addiction as a chronic and manageable disease.
4. Describe the purpose, structure, and effectiveness of treatment courts.
5. Define the roles and responsibilities of treatment court team members.
6. Describe the roles and responsibilities of medical providers within treatment court settings.
7. Apply best clinical and partnership practices to case examples of patients who are engaged in drug treatment court and addiction treatment.
8. Advocate effectively for access to evidence-based treatment with treatment court team members.
9. Coordinate care within professional settings to individuals involved in treatment courts.

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Case-Based Learning

What is it?

- We will follow a case-based learning approach where we will explore scenarios that resemble or typically are real-world examples.
- This approach is learner-centered and links theoretical knowledge to practice by giving opportunities for the application of knowledge.

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Overview of the Sessions

Session 1:
The Promise of Treatment Courts – An Introduction to the Model

Session 2:
Applying Addiction Fundamentals in Treatment Court Settings

Session 3:
Navigating Evidence-based SUD Treatment in Treatment Courts

Session 4:
Working Effectively with Individuals Who are Justice-Involved

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Polls

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Audience Poll: *Question #1*

What is your clinical role?

1. MD/DO
2. NP
3. PA
4. RN
5. Psychologist
6. Social Work
7. Peer Recovery Support Specialist
8. Court Staff
9. Other

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Audience Poll: *Question #2*

What is your primary area of clinical practice?

1. Primary Care Setting – Family Medicine
2. Adult Primary Care Setting – Internal Medicine
3. Pediatric Primary Care Setting
4. Emergency Department
5. Psychiatry/Mental Health Clinic
6. Addiction Treatment Program
7. Hospital/Inpatient Setting
8. Other

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Audience Poll: *Question #3*

How many years have you been delivering addiction treatment services?

1. Less than five years
2. 5 - 15 years
3. 16 - 25 years
4. 26 - 35 years
5. More than 35 years
6. I do not currently practice addiction medicine

Session 1

The Promise of Treatment Courts: An Introduction to the Model

1

Session Learning Objectives

At the end of the session, you will be able to:

1. Define the key components and best practices of effective treatment courts.
2. Discuss the evidence base and outcomes of treatment courts.
3. Explore the composition of the treatment court team.
4. Discuss treatment court referral, eligibility, target population, entry, process and structure for participants.
5. Discuss the complexity of the treatment court participant population, systems of support, monitoring, and advocacy the treatment court provides.

ASAM NADCP National Association of Drug Court Professionals

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Polls

3

Audience Poll: *Question #1*

In the past, have you treated or do you currently treat patients who are justice-involved?

1. Yes
2. No
3. Not sure

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Audience Poll: *Question #2*

Have you previously worked with treatment courts in any capacity?

1. Yes
2. No
3. Not sure

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Audience Poll: *Question #3*

Are you formally a member of a treatment court team?

1. Yes
2. No
3. Not sure

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Treatment Courts are Advancing Justice

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Relevant Background

Key Points:

- Established in Miami, Florida (1989)
- Response to the cocaine epidemic and a court system on the brink of collapse
- Vast majority of individuals before the court were there as a result of their addiction

NADCP National Association of Drug Court Professionals

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Most Heavily Researched Justice Intervention

Treatment Courts Follow the Research!

The Key Components Guidance:

- Derived from professional experience; practice-driven
- Measurable benchmarks
- Emphasis on distinguishing characteristics
- Envisioned 10 Key Components
- Never intended as final

Adult Drug Court Best Practice Standards:

- Derived from empirical research
- Quantitative benchmarks
- All contributing elements
- Envision more than 10

ASAM NADCP National Association of Drug Court Professionals

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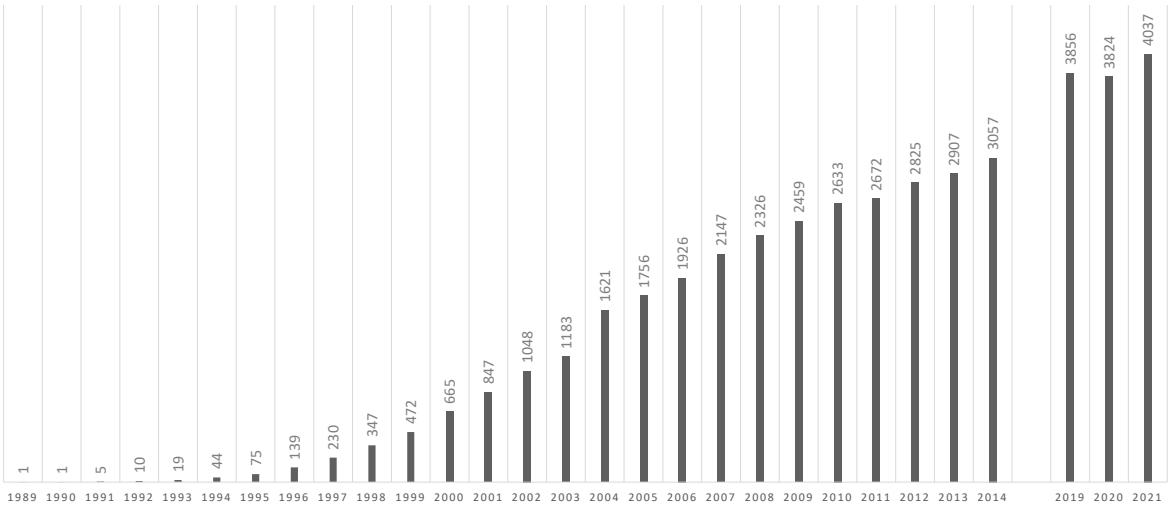
Growth of Treatment Courts Across States/Territories

Data from 1989-2021



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Treatment Court Voices Video

Created by NADCP

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Video Summary

Treatment Courts are a recovery-focused model.

- Treatment courts help individuals through a change process to:
  - improve their health and wellness
  - live self-directed lives
  - and strive to reach their full potential.
- The model is connected to SAMHSA's 4 Dimensions of Recovery: Community, Home, Health, Purpose

Source: SAMHSA's Working Definition of Recovery (2012)

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Why do treatment courts matter for public health and the expansion of evidence-based medical care for addiction?

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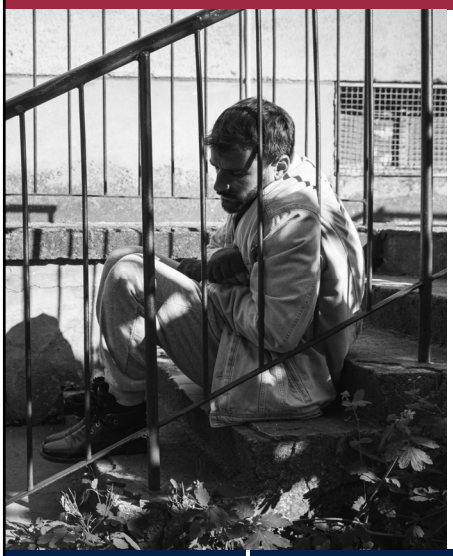
A Public Health Crisis and The Justice System



- 107,622 fatal overdoses during 2021
  - *Highest ever - 27% increase from 2019 - 2020*
- More than 80% of crime is drug- or alcohol-fueled
- When incarceration is the only solution:
  - Half of individuals are re-arrested within the first year
  - Two-thirds are re-arrested within three years
  - 80% are re-arrested within nine years

Sources: SAMHSA National Survey on Drug Use and Health (2021); Drug Overdose Deaths in the United States, 1999–2020 (CDC, 2021); U.S Department of Veterans Affairs National Veteran Suicide Prevention Report, (2021)

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Treatment Courts are a Better Approach

Treatment Courts are an alternative to incarceration that…

- ***combines*** public health and public safety approaches
- ***connects*** people involved in the justice system with individualized, evidence-based treatment and recovery support services.

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Treatment Courts Today—*An Overview*

High-Risk and High-Need ☑	**Low-Risk and High Need**
High-Risk and Low Need	**Low-Risk and Low Need**

Treatment Courts:

- are ***not*** for low-level possession cases.
- serve individuals with extensive criminal histories, who are likely to fail in treatment and on standard probation.
- connect thousands of individuals annually in need to FDA-approved medications to treat addiction—more than any other legal intervention.
- have the goal of sustained recovery—when an individual experiences improved health and wellness, lives a self-directed life, and strives to reach their full potential.

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The Impact of Treatment Court

- 1.5 million people have been served by treatment courts since inception
- 150,000 people annually connected to substance use and mental health treatment
- Treatment courts…
  - reduce recidivism up to 58%.
  - save an average of $6,000 per participant.
  - refer more people to medication for opioid use disorder (MOUD) than any other intervention.
  - keep families together and help break generational cycles of addiction.

American University School of Public Affairs Justice Programs Office (2019);
United States Government Accountability Office Report to Congressional Committees (2011).
Adult Drug Courts: Studies Show Courts Reduce Recidivism, but DOJ Could Enhance Future Performance Measure Revision Efforts. GAO-12-53.
National treatment court Resource Center. https://ndcrc.org/database/ (retrieved October 2021);
National Institute of Justice (2011), Multi-site Adult Drug Court Evaluation

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Understanding Treatment Courts and Their Function

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What is Treatment Court? Video

Created by NADCP

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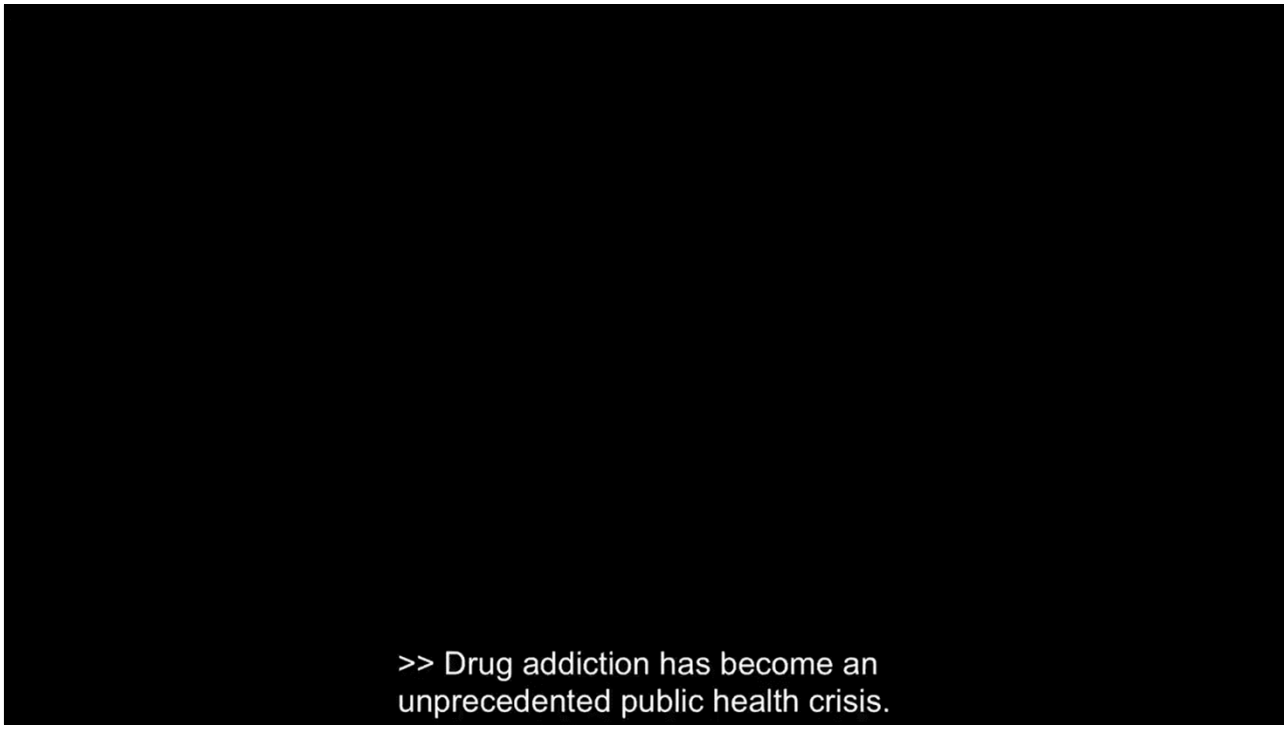

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Video Summary

Treatment Courts address the ongoing public health crisis of addiction.

- Treatment courts:
  - are specialized court programs for persons with substance use disorder.
  - provide opportunities for long-term treatment.
  - are an alternative to jail.
  - support participants towards goals of recovery and lifestyle changes.
  - take a collaborative approach with public health professionals.
  - increase public safety.

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Examining Treatment Courts: The Models

- Adult Drug Court
- DWI Court
- Family Treatment Court
- Juvenile Drug Treatment Court
- Mental Health Court
- Reentry Court
- Tribal Healing to Wellness Court
- Veterans Treatment Court

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Justice and Treatment Integration

Key features of successful treatment courts:

- Joint vision and mission
- Forge Partnerships
- Equity and inclusion
- Judicial oversight/accountability
- Non-adversarial approach
- Recovery-focused
- Person-centered
- Mitigate risk from harm

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How do treatment courts work?

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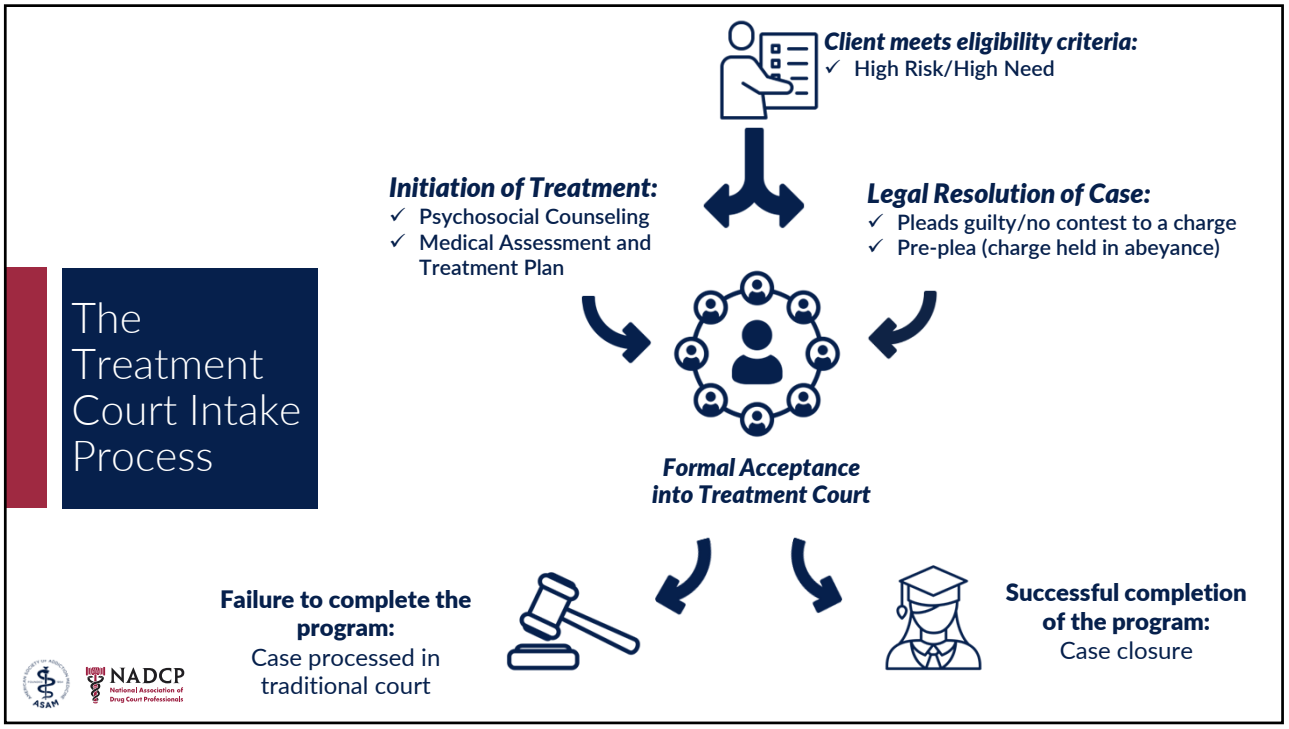
The Treatment Court Intake Process
Client meets eligibility criteria:
✓ High Risk/High Need
Initiation of Treatment:
✓ Psychosocial Counseling
✓ Medical Assessment and Treatment Plan
Legal Resolution of Case:
✓ Pleads guilty/no contest to a charge
✓ Pre-plea (charge held in abeyance)
Formal Acceptance into Treatment Court
Failure to complete the program:
Case processed in traditional court
Successful completion of the program:
Case closure
NADCP

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Multidisciplinary Teams

Ensuring:

- Public safety and due process while meeting the assessed needs of the treatment court participant
- Information sharing
- Real-time communication and decision-making
- Interdisciplinary education and training

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The Treatment Court Team

A Multidisciplinary Team Approach

Source: NADCP Adult Drug Court Best Practice Standards Volume II, Standard VIII: https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/

28

Early Identification and Engagement

- High Risk/High Need target population
- Access at every justice system intercept point
- Assessment-driven decision-making
  - Legal and clinical assessment
  - Harm reduction practices

Resources:
https://www.ndci.org/wp-content/uploads/Targeting_Part_I.pdf
https://www.ndci.org/wp-content/uploads/AlternativeTracksInAdultDrugCourts.pdf
https://www.ndci.org/resources/selecting-and-using-risk-and-need-assessments/

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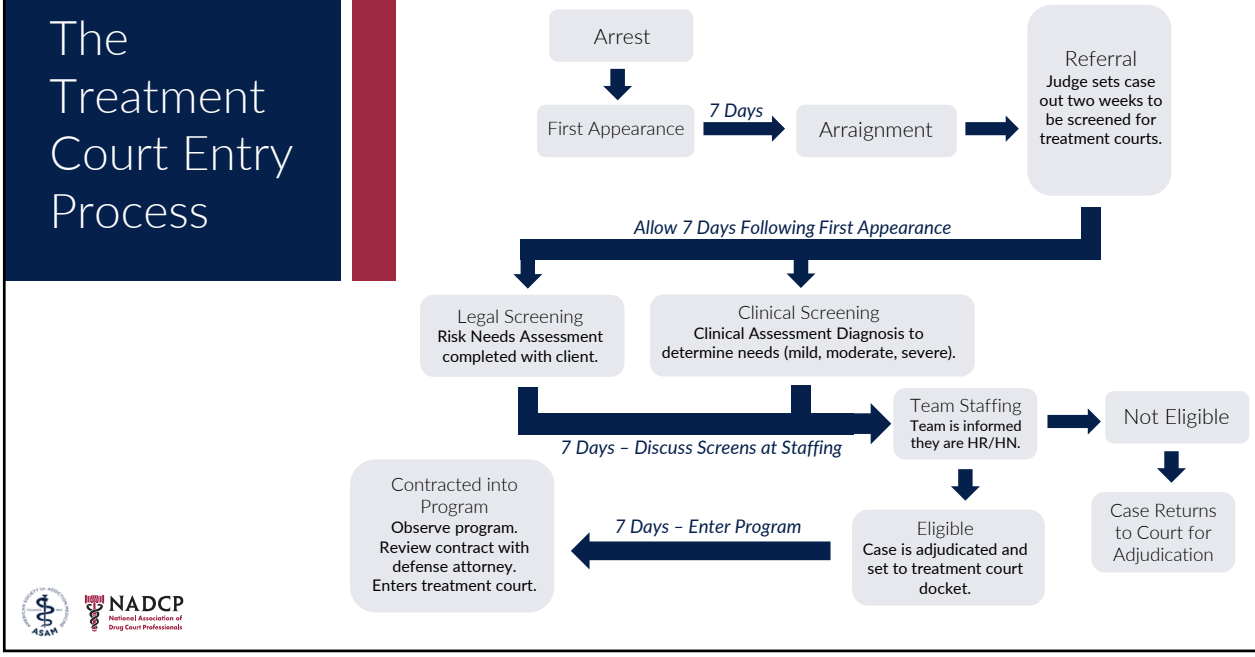
The Treatment Court Entry Process



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Activity #1

Large Group Activity

Understanding The Treatment Court's Function—Question and Answer (Q&A) Activity

Consider questions you would like to ask All Rise's expert about how treatment courts work. Use the raise your hand feature to ask a question. Faculty will call on individuals to unmute.

Guiding Questions:

1. What emerging questions do you have about treatment court programs and processes?
2. What topics of our treatment court discussion would you most like to hear more about?

Time allotted:

15 minutes for large group discussion

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Treatment Court Structure and Services

- Scope, Sequence, and Timing of Services
- Assessment-driven decision-making
- Continuum of care
- Dosage and duration
- Collaborative case planning
- Real-time communication
- Recovery management

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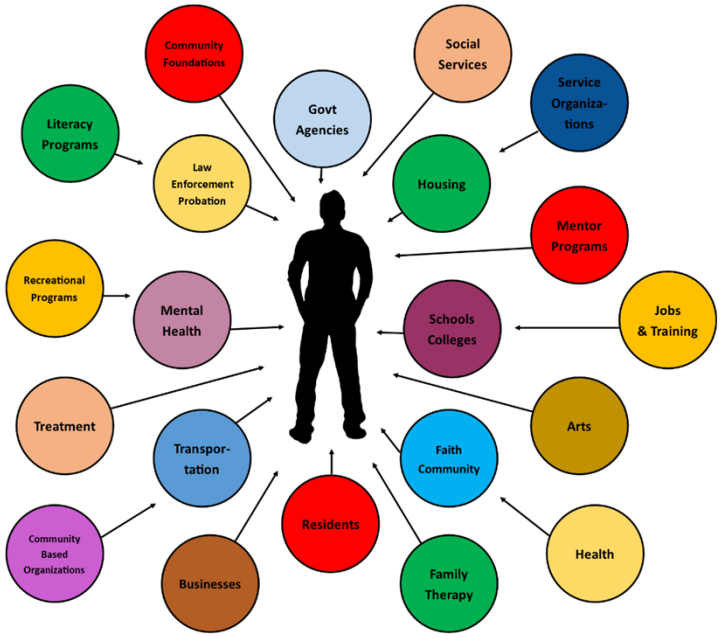
Continuum of Evidenced-Based Treatment and Complementary Services



Source: NADCP

33

Treatment Courts

The Phase Structure

Source: (Marlowe et al., 2006).

34

Judicial Oversight

Communicating that someone in authority cares through…

- Frequent review hearings
- Ongoing judicial supervision
- Informed decision-making

35

Pre-Court Staffing

What is it?	***Who attends?***	***When is it?***	***Why attend?***
The purpose of staffing is to present a ***coordinated response*** to participant behavior.	• Judge • Coordinator • Prosecutor • Defense counsel • Treatment Counselor • Probation • Law enforcement • **Medical Provider*	**At any time prior to seeing the participant, i.e., during:** • Eligibility • Arraignment • Progress report • Probation revocation or termination • Regression or advancement • Return on warrant • Pre-graduation or graduation	• Shared decision making • Docket control • Informed approach • Team Empowerment

Source: NADCP

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Status Review Hearing

Key Points:

- Participant provides an update on their progress
- Judge builds rapport with the participant
- Judge provides support and incentivizes productivity
- Judge provides direction and sanctions non-compliance
- Team members provide clarification as needed

NADCP National Association of Drug Court Professionals

Source: NADCP

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Monitoring and Supervision

Overview of Mechanisms:

- ☑ Multi-phased structure
- ☑ Coordinated case planning
- ☑ Monitoring participant progress
- ☑ (Re)habilitation and accountability
- ☑ Drug and alcohol testing
- ☑ Real-time communication

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Responding to Treatment Court Participants

Coordinated Strategy using:

- Assessment-driven decision-making
- Coordinated case planning
- Real-time communication
- Incentives, Sanctions, and Therapeutic Adjustments
- Team Staffing and Review Hearing

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Activity #2

Breakout Room Activity

Medical Providers Engaging with Treatment Courts

In your small group, share your interest in working with treatment courts or the legal system to support patients.

Discussion Questions:

1. What benefits to working with treatment courts or the legal system can you identify?
2. What challenges to working with treatment courts or the legal system might present themselves?

Time allotted: 7 minutes

40

Session 1: Summary

Key Takeaways

- Treatment courts promote recovery through a coordinated response by utilizing a team approach.
- Early identification (high risk/high need population) and access (medication and psychosocial treatments) improve outcomes.
- A continuum of substance use, mental health, and complementary services are delivered and monitored by a multidisciplinary team of professionals.
- Coordinated strategy of shared decision-making and shared responsibility to monitor and respond to behavior (adherence, compliance, and non-compliance) based on professional expertise and information sharing.
- Ongoing training and forging partnerships to generate support, expand and enhance services, and improve outcomes for individuals with SUD.


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Activity #3

Large Group Exercise


The Promise of Treatment Courts: An Introduction to the Model – Session #1 Reflection Exercise:

Consider the discussions on treatment court purpose, models, teams, processes, and structures.

Guiding Question:

1. How can you use what you've learned in this session in your professional work?

Time allotted:

5 minutes for large group discussion

42

THE PROMISE OF TREATMENT COURTS: AN INTRODUCTION TO THE MODEL

End of Session 1

43

10-Minute Break

44

Knowledge Checks

45

Ask the Audience

Which population do treatment courts serve?

A. Individuals with low level possession cases
B. Individuals with mild substance use disorders (SUDs)
C. Individuals who are first-time offenders
D. Individuals with an extensive criminal history who are likely to fail standard probation and treatment

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Ask the Audience

When can an individual be referred to treatment court?

A. At the time of arrest
B. After the dispositional hearing
C. At every justice system intercept point
D. At the preliminary hearing

47

Ask the Audience

Which role is <u>not</u> considered part of the treatment court team?

A. Judge
B. Evaluator
C. Prosecutor
D. Recovery Support Group Leader

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Ask the Audience

Which of the following is the name of the treatment court framework aligned with the recovery process and used to measure participant progress and provide structure?

A. Multidisciplinary team
B. Phase Structure
C. Entry process
D. Staffing

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Session 2

Applying Addiction Fundamentals in Treatment Court Settings

1

Session 2 Learning Objectives

At the end of the session, you will be able to:

1. Describe contrasting medical and legal definitions of addictions.
2. Use talking points on neurobiology to advocate for the chronic disease model in treatment court settings.
3. Discuss the impacts of stigma on justice-involved patients, and practical approaches to de-stigmatization
4. Review gaps between evidence and practice of medication management for addictions and means of bridging the gap in treatment court.
5. Leverage medical knowledge overall to support evidence-based practices in drug treatment courts.

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2

Advancing the Chronic Disease Model in Treatment Courts

3

ASAM's Definition of Addiction

*Addiction is a treatable, chronic medical disease involving complex interactions among **brain circuits, genetics, the environment**, and an individual's **life experiences**. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.*

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

- Adopted by the ASAM Board of Directors, September 15, 2019

NADCP National Association of Drug Court Professionals

Source: https://www.asam.org/quality-care/definition-of-addiction

4

Legal and Medical Definitions Differ

- Federal, state laws criminalize possession, trafficking, and manufacturing.
- It is easy to be charged with multiple crimes.
- Felony vs. misdemeanor charge thresholds vary.
- Minimum sentencing laws vary:
  - In 2020 ~70% of "drug offenders" were given mandatory minimums.
  - Average 129 months, 57 months with relief.
- Medical definitions of addiction can conflict with punitive legal definitions.
- Providers should be aware of local thresholds for charges.
- Providers can advocate for the chronic disease model in treatment court.

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Source: USSC. https://www.asam.org/quality-care/definition-of-addiction

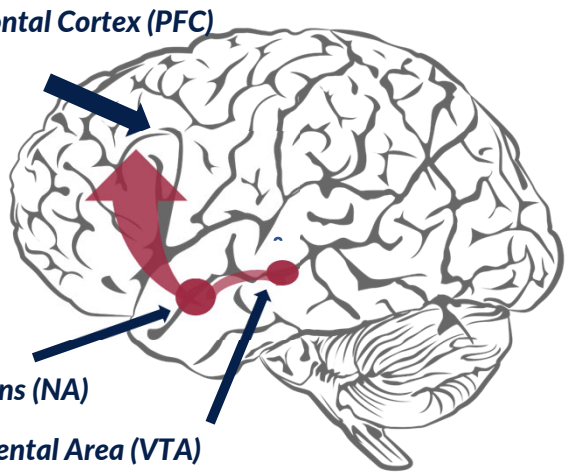
5

6

The Reward Pathway

Make these points clear to the treatment court:

- Natural pathway hijacked by a substance
- Dopamine-mediated, affecting salience of other priorities including treatment, and cognition
- Plasticity: normal function can return with proper treatment & recovery



Adapted from the National Institute on Drug Abuse (NIDA) Neurobiology of Addiction: https://nida.nih.gov/publications/teaching-addiction-science/neurobiology-drug-addiction

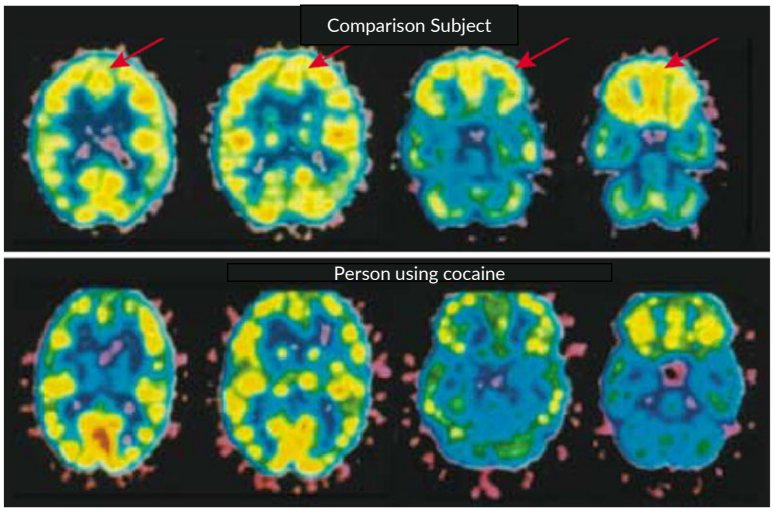
7

Frontal Lobe Involvement

Highlight these points to treatment court:

PFC dysfunction persists, affecting:

- Memory
- ability to follow complex treatment plans
- ability to resist return to use
- retention in treatment



Source: Goldstein et al; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1201373/

8

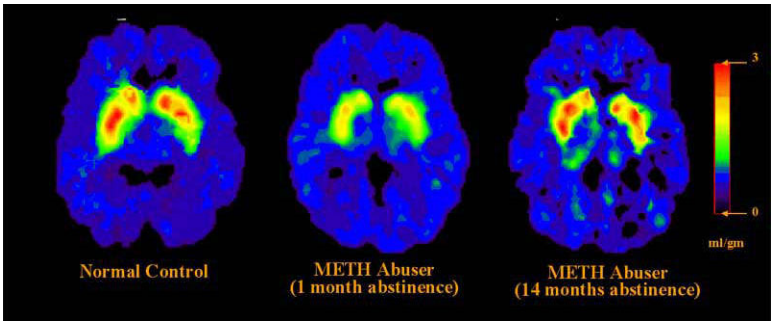
Dopamine Normalization with Recovery

Highlight these points to the treatment court:

Neurologic change:

- mirror improvement in clinical presentation/ functioning seen with recovery, and
- strengthen case for treatment

Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) User After Protracted Abstinence



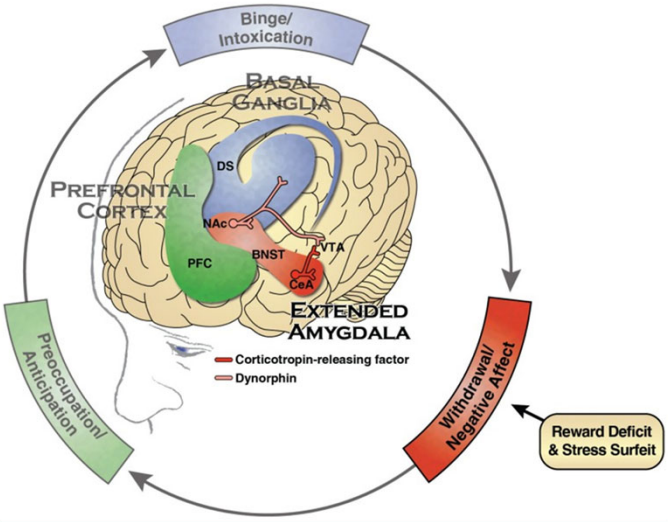
Source: Volkow et al, Journal of Neuroscience 21, 9414-9418, 200.; https://pubmed.ncbi.nlm.nih.gov/11717374/

9

Addiction Stages & Brain Adaptation

Highlight these points to the treatment court:

- Stage impacts:
  - Risk assessment & immediate care (e.g., w/d, cravings, medical complications)
  - Longer-term pharmacotherapy
  - Behavior at arrest/in jail
  - Ability to participate in treatment
- Hyperkatefeia: less dopamine, higher stress response (more CRF, dynorphin, less neuropeptide Y)
  - Patients avoiding distress, not seeking "high"



Source: Handbook of Clinical Neurology, Koob et al; https://pubmed.ncbi.nlm.nih.gov/25307567/

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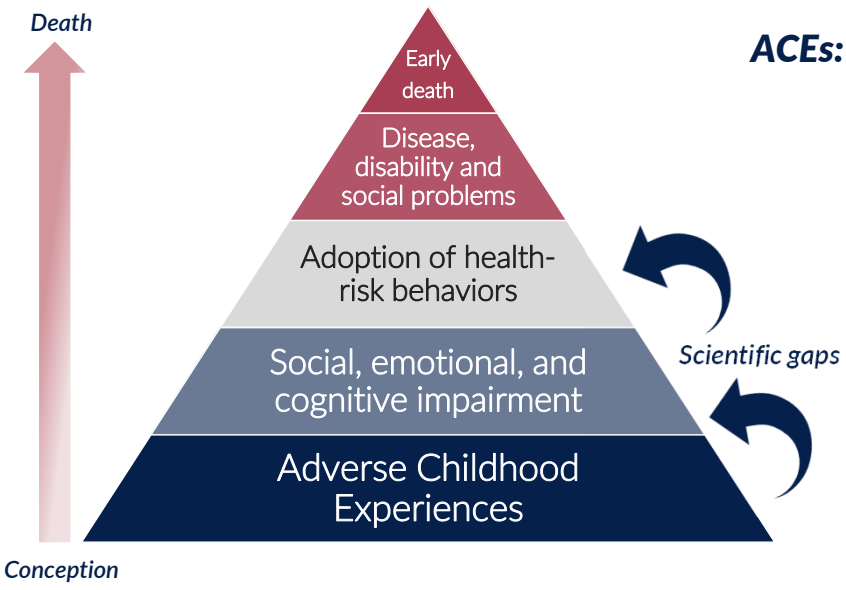

ACEs: Highlight these points:

- Associated with early and lifetime risk of several SUDs
- Brain myelination occurs till age 26 → potential long-term impacts of ACEs on the nervous system
- Importance of gathering developmental information
- Be ACE-aware by screening from co-morbidities, trauma, and connecting to med management and behavioral treatment

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Source: Substance Abuse and Mental Health Services Administration (SAMHSA); https://mnprc.org/wp-content/uploads/2019/01/aces-behavioral-health-problems.pdf

11

How can medical providers model a non-stigmatizing approach for treatment courts?

12

Stigma and Bias among Medical Providers

- Negative attitudes among healthcare workers: perceived violence, manipulation, poor motivation among SUD patients
- Reduced patient empowerment and engagement in care
- Differences in prescribing evidence-based SUD treatment (e.g., MOUD)
- Differences in access to other common treatments (HIV, HCV, pain management)
- May amplify the stigma already experienced in the criminal justice system

Source: van Boekel et al. https://pubmed.ncbi.nlm.nih.gov/23490450/

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Other Common Forms of Bias

Treatment team members are vulnerable to other biases.

- Medications for SUD
- Justice-Involved individuals
- Different disciplines
- Pregnant people
- Behaviors related to use
- Gender/sexual orientation/race
- Recovery pathways

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Shifting Common, Stigmatizing Terms in Treatment

Stigmatizing Term	*Alternative / Neutral Term*
User, Criminal, Offender	Patient, Person who uses [substance]
Clean/Sober	In remission/In recovery
Dirty urine or toxicology	Positive urine or toxicology
Relapse is part of recovery	Return to use is part of recovery
MAT	MOUD

Source: Saitz R, Miller SC, Fiellin DA, Rosenthal RN. Recommended use of terminology in addiction medicine. *Journal of Addiction Medicine*. 2020;15(1):3-7. doi:10.1097/adm.0000000000000673

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Activity #1

Breakout Room Activity

Stigma in Professional Settings—Eliminating Stigmatizing Language Exercise

In your small group, share examples of stigmatizing language or practices you have encountered in your healthcare setting. Consider any examples among justice-involved patients.

Discussion Questions:

1. What are examples of stigmatizing terms or practices you have encountered in your medical settings, particularly towards any justice-involved patients?
2. What are some ways you have encouraged or could encourage less stigmatizing, evidence-based practice in your settings?

Time allotted: 7 minutes

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Accurate Diagnoses of Treatment Court Participants

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Pertinent Changes from DSM-IV to DSM-5

	DSM-IV Abuse[a]		DSM-IV Dependence[b]		DSM-5 Substance Use Disorders[c]	
Hazardous use	X	≥1 criterion	–		X	≥2 criteria
Social/interpersonal problems related to use	X		–		X	
Neglected major roles to use	X		–		X	
Legal problems	X		–		–	
Withdrawal[d]	–		X	≥3 criteria	X	
Tolerance	–		X		X	
Used larger amounts/longer	–		X		X	
Repeated attempts to quit/control use	–		X		X	
Much time spent using	–		X		X	
Physical/psychological problems related to use	–		X		X	
Activities given up to use	–		X		X	
Craving	–		–		X	

Source: Hasin et al; https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2013.12060782

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Case Study: Anita

- Anita is a 58-year-old cisgender woman with a history of depression, anxiety, and alcohol use who is arrested after a second driving while impaired (DWI) charge in one year. The initial report notes that a breathalyzer showed a high alcohol level after she was pulled over.
- Overnight, in jail, she complained of anxiety, nausea, and tremors and needed to be taken to the ER for medications.
- She had been referred to treatment after her previous DWI but could not afford treatment after losing her job when her boss learned of her arrest.
- She attempted AA but states meetings triggered urges to drink, and that these urges increased in frequency. She soon returned to heavy drinking several days a week.
- She lives with a roommate after a recent separation from her husband, who also cares for their daughter.

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Activity #2- *Breakout Room Exercise*

Discussion Questions:

1. How would you diagnose Anita's use disorder and severity?
2. What stage of addiction was she in at arrest, overnight in jail, and more recently?
3. What treatment and level of care would you recommend for each stage in your healthcare setting?

Time allotted: 7 minutes

DSM-5 Diagnostic Criteria: *Substance Use Disorder*
1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to do so
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at home, work, or school because of substance use
6. Continuing to use even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even if you have a physical or psychological problem that could have been caused or made worse by the substance.
*10. Needing more of the substance to get the effect you want (tolerance)
*11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

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CASE DISCUSSION ANITA

Debrief

Time allotted: 5 minutes

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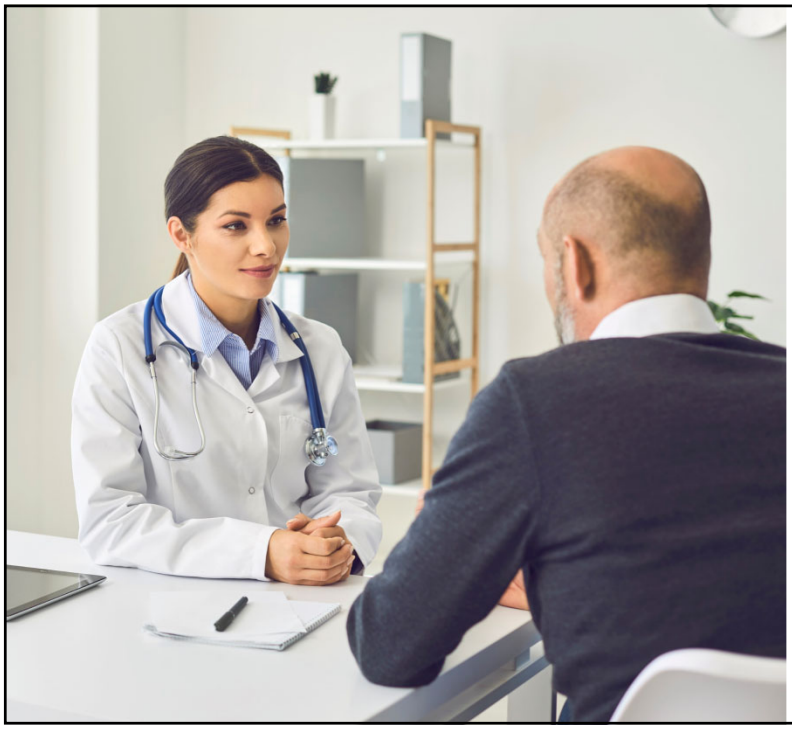

Advancing Evidence-Based Pharmacotherapy in Treatment Court

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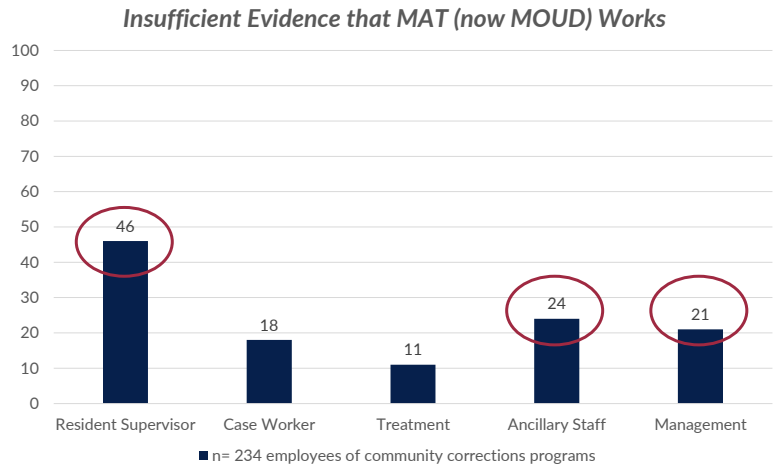
Need for Medical Education in Treatment Court



Source: NADCP regional training, Dorman et al 2019

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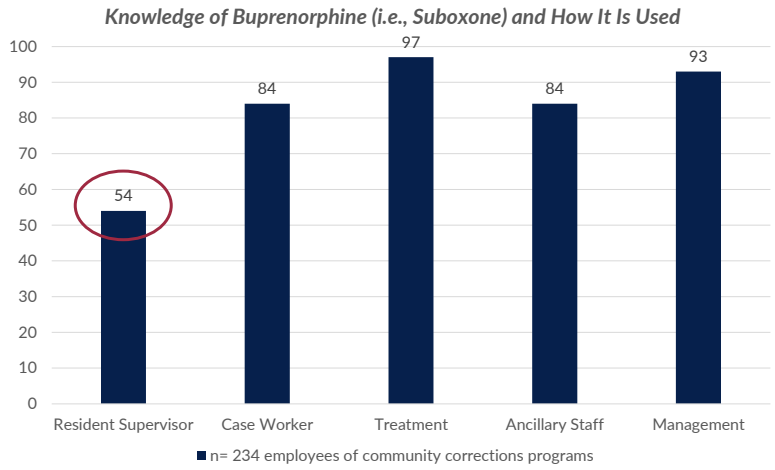
Need for Medical Education in Treatment Court



Source: NADCP regional training, Dorman et al 2019

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Full "Toolbox" of Medications for Substance Use Disorder

FDA-approved medications:

- OUD*: Buprenorphine, Methadone, IM Naltrexone
- AUD: PO/IM Naltrexone, Acamprosate, Disulfiram
- NUD: NRT, Bupropion, Varenicline

*Naloxone for opioid overdose reversal

Off-label medications:

- AUD: Topiramate, Gabapentin, Baclofen
- CUD: Gabapentin, N-acetylcysteine
- Stim UD: Mirtazapine, Bupropion + Naltrexone

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Limited Access to Medication Toolbox

Access to FDA-approved medication varies greatly based on:

- Geography (e.g., nearest OTP, buprenorphine prescriber)
- Policy limiting options
- System resources to support costs

Off-label medications:

- Access varies as above
- Awareness by treatment court members varies
- Requires education for those unfamiliar with off-label evidence

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Evidence & Practice Gap

Patients with OUD after Release:

- Compared to general population, 10-40% more likely to suffer fatal overdose after release
- Majority of relapses within first few weeks of re-entry
- Return to use in 3 months: 75%
- Arrested in 1 year: 40-50%
- Vulnerable and medically under-served population

Source: SAMHSA. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf

28

Evidence & Practice Gap: Efficacy of MOUD in the Justice System

Meta-analysis (2018) of RCTs showed Methadone:

- Increased community treatment engagement
- Decreased illicit opioid use
- Decreased injected use
- Did not reduce recidivism

Review of Buprenorphine, Naltrexone studies:

- Superior to placebo for reduction of illicit opioid use
- Equal or superior to Methadone for reduction of illicit opioid use

Source: Moore et al. https://pubmed.ncbi.nlm.nih.gov/30797392/

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Evidence & Practice Gap: MOUD Impact after Release

Systematic Review (2019) evidenced Buprenorphine and Methadone associated with:

- Lower mortality overall
- Fewer nonfatal overdoses
- Higher adherence to treatment
- More likely to be employed at 1 year
- Less likely to be re-incarcerated

Source: Malta et al. lhttps://pubmed.ncbi.nlm.nih.gov/31891578/

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Evidence & Practice Gap: X:BOT Data on Naltrexone

RCT (2017): IM Naltrexone vs Buprenorphine-Naloxone

- Ntx n = 283, Bup-Nx n = 287
- Ntx: ***high (89%)*** early return to use due to failed induction
- Bup-Nx: More negative UDS, opioid-abstinent days
- For those who completed induction: equal 24w relapse
- Similar rates of adverse events, overdose rates (excluding site reactions)
- Re-analysis (2022): Ntx higher overdose rate during treatment phase

Source: Lee et al/. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2817%2932812-X/fulltext
Source 2: Ajazi et al https://pubmed.ncbi.nlm.nih.gov/35960214/

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Evidence & Practice Gap: Buprenorphine and Recidivism

JCOIN 2022: Buprenorphine vs No Buprenorphine

- Buprenorphine = 197, No buprenorphine n = 287
- Bup: Associated with less 1-year re-arraignment, re-incarceration
- Bup vs No Bup recidivism: HR = 0.71, p = 0.001
- "Findings support the growing movement in jails nationwide to offer buprenorphine and other agonist medications for opioid use disorder."

Source: Evans et al. https://pubmed.ncbi.nlm.nih.gov/35063323/

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Evidence & Practice Gap

MOUD Underutilization Overall:

- No buprenorphine: 86% of prisons (state + federal)
- No methadone 45% of prisons (state + federal)
- States offering buprenorphine/methadone: 14 (27%)
- States offer IM Ntx 39 (76%)
- Only Rhode Island provides all 3 MOUD
- 2-10% of those on probation/parole with OUD get MOUD

Source: SAMHSA. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf

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Evidence & Practice Gap: MOUD Underutilization

In Treatment Courts:

In a 2018 study, participants with OUDs were 80% less likely to graduate from treatment court.

Approximately, 50% of treatment courts required participants to discontinue methadone or buprenorphine within 30 days in a 2017 study.

Less than 50% of treatment court participants with OUDs received MOUD in 2017 study.

Upon Reentry or Community Corrections:

45% of state and federal prisons in the U.S. referred inmates for methadone maintenance after release in 2009.

29% of state and federal prisons in the U.S. provided referrals for community buprenorphine providers in 2009.

Without MOUD, there was a 10-40x higher risk of death from overdose within two weeks of release from prison in a 2018 study.

Less than 5% of persons with OUD referred to treatment by probation, parole or court authorities received methadone or buprenorphine compared to 41% referred by non-criminal justice sources.

Source: SAMHSA. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf

34

Evidence & Practice Gap: Withdrawal Management Lacking

- Medications frequently discontinued on entry into jails and prisons
- 30-45% entering system report serious withdrawal symptoms or inability to control use opioids
- 2007-2009 <1% of those with moderate/severe OUD received medically supported withdrawal or maintenance
- Personnel may not differentiate withdrawal syndromes
- Personnel may not know risks, including life-threatening withdrawal from alcohol or benzodiazepines
- Can lead to emergent transfers from jail to medical care (ER visits)

Source: SAMHSA. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf

35

Evidence & Practice Gap: Effective Withdrawal Management

Opioids

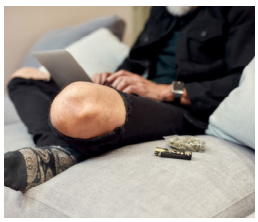
- Supportive meds, buprenorphine, methadone
- Clinical Opiate Withdrawal Scale (COWS)
- Subjective Opiate Withdrawal Scale (SOWS)

Alcohol

- Benzodiazepines, GABAergic agents
- Risk of complex withdrawal (seizures, delirium tremens)
- Clinical Institute Withdrawal Assessment (CIWA) scale

Nicotine

- Nicotine Replacement Therapy (NRT)
- Varenicline



Cannabis

- Cannabis withdrawal scale
- Off-label medications

Consider appropriate monitoring/level of care.

Source: WHO; Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings. Geneva: World Health Organization; 2009. 4, Withdrawal Management. Available from: https://www.ncbi.nlm.nih.gov/books/NBK310652/

36

Reason for Optimism: You Can Change Opinions.

RTC (2022), n=1842. Reduced stigma towards OUD patients among healthcare professionals who received:

- Education on non-stigmatizing language
- Education on evidence-based medication treatment

Qualitative study (2017), n=118. Positive perspectives among correctional agents associated with:

- Awareness of evidence of MOUD
- Experience working clients who have OUD and are successful

Source: Kennedy-Hendricks et al. https://pubmed.ncbi.nlm.nih.gov/35119460/; ; Mitchel et al https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4823810/

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Activity #3

Large Group Activity

Applying Addiction Fundamentals in Treatment Court Settings —Question & Answer (Q&A) Activity

Consider questions you would like to ask about promoting evidence-based addiction treatment in court settings. Use the raise your hand feature to ask a question. Faculty will call on individuals to unmute.

Guiding Questions:

- What questions do you have about the chronic disease model or pharmacotherapy in treatment courts?
- How much does this apply to your work experience?

Time allotted:

10 minutes for large group discussion

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Session 2: Key Takeaways

- Medical and legal definitions of addiction can often conflict.
- Medical providers can advocate for using the chronic disease model as a framework for patients in the treatment court system.
- Education on neurology of addiction, including stages of use, brain adaptation, and recovery, can improve understanding of the chronic disease model,
- Stigma affects care of justice-involved patients with addiction, and medical providers can model destigmatizing practices.
- Medical providers can bridge the evidence-practice gap in withdrawal and long-term med management for justice-involved patients with addiction.
- Our medical practices can change perspectives and policy.

39

APPLYING ADDICTION FUNDAMENTAL IN TREATMENT COURT SETTINGS

End of Session 2

40

20 Minute Break

41

Knowledge Checks

42

Ask the Audience

It can be helpful to educate the treatment team on the reward pathway, which includes:

A. VTA, prefrontal cortex, medulla
B. VTA, prefrontal cortex, cerebellum
C. VTA, parietal lobe, nucleus accumbens
D. VTA, nucleus accumbens, prefrontal cortex

43

Ask the Audience

Which of the following patients may be experiencing hyperkatefeia?

A. Someone who uses inhaled cocaine for the first time
B. Someone who injects heroin on the weekends and experiences euphoria each time
C. Someone on a dose of methadone that requires adjustment during pregnancy
D. Someone who experiences a heightened stress response when they lose access to cannabis

44

Ask the Audience

Patients with OUD who are released without medications for OUD experience which of the following?

A. Rates of overdose similar to the general population
B. Rates of re-incarceration comparable to those on MOUD
C. Fatal overdose 10-40% higher than the general population
D. Rates of overdose lower than the general population

45

Ask the Audience

Compared to providing no treatment, providing the Buprenorphine in justice settings is associated with:

A. Higher 1-year risk of opioid overdose
B. Higher 1-year likelihood of incarceration
C. Higher 1-year risk of non-opioid substance use
D. Lower 1-year risk of re-incarceration

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Ask the Audience

Compared to Buprenorphine, IM Naltrexone in the justice system may be associated with:

A. Increased risk of overdose during the treatment phase
B. Reduced risk of re-incarceration over six months
C. Higher rates of non-opioid substance use during treatment
D. Lower incidence of urine drug screens positive for opioids over six months

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Session 3

Navigating Evidence-based SUD Treatment in Treatment Courts

1

Session Learning Objectives

At the end of the session, you will be able to:

1. Describe ways to effectively treat the patient from treatment court entry to graduation.
2. Demonstrate understanding of the barriers to treatment for the justice-involved patient with substance use disorder(s).
3. Describe the role of the medical provider within the treatment court setting.

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2

Polls

3

Audience Poll: *Question #1*

What has been your experience with treatment courts?

1. Extremely positive
2. Somewhat positive
3. Neutral
4. Somewhat negative
5. Very negative
6. N/A, I have no experience with treatment courts

4

Audience Poll: *Question #2*

What primary population do you and your healthcare team serve?

1. Urban
2. Suburban
3. Rural

5

Audience Poll: *Question #3*

What do you think clients report as their most important priority when entering treatment court?

1. Reuniting with family
2. Getting a job
3. Obtaining housing
4. Reduced sentence
5. Never returning to jail/prison again
6. Other

6

Treatment Realities and Challenges

7

Understanding Participants New to Treatment Court

- Negative consequences of stigma:
  - increased anxiety and stress
  - decreased functional outcomes
  - loss of self-esteem
  - reduced quality of life.
- Extra burden of their dangerous or antisocial behavior.
- Speaks to the importance of anti-stigma interactions in programming.

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Reference: Front. Psychiatry, 12 April 2019
Sec. Forensic Psychiatry
Volume 10 - 2019 | https://doi.org/10.3389/fpsyt.2019.00219

8

Health Concerns Specific To Population

- Justice-involved individuals have complex healthcare needs:
  - Experiencing higher rates of chronic and infectious diseases and SUDs relative to the general population.
- Poor/inadequate housing and nutrition can lead to increased exposure to infections.
- Concerns related to safe-sex practices
- Critically important to re-establish medical insurance upon release

Source: The Commonwealth Fund. Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System. November 18, 2020; Dugosh KL, Festinger DS, Lipkin J. Identifying and Addressing the Unmet Healthcare Needs of Drug Court Clients. J Subst Abuse Treat 2016 Dec ; 71: 30-35.

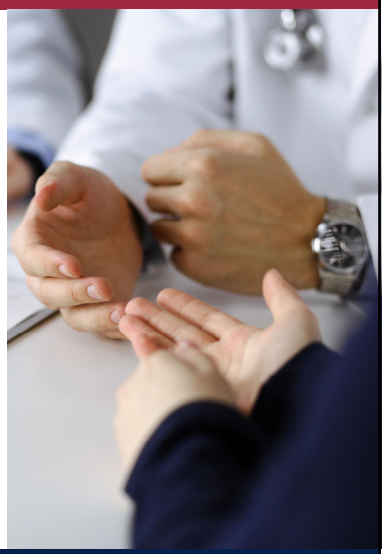
9

Addressing the Health Concerns of Participants

Improving Healthcare Services can:

- Enhance the health of populations and communities.
- Keep state and local healthcare spending down.
- Advance public safety goals such as reducing recidivism.

Re-establishing medical care ensures accurate diagnosis and treatment!



Source: The Commonwealth Fund. Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System. November 18, 2020.

10

Once Medical Care is Re-established…

Chronic medical conditions can be accurately diagnosed and treated, including:

- Co-occurring SUD and mental illness, serious mental illness (SMI) and various types of trauma
- Chronic hepatitis C virus (HCV) and other infectious diseases
- OUD and chronic pain
- Other chronic medical conditions

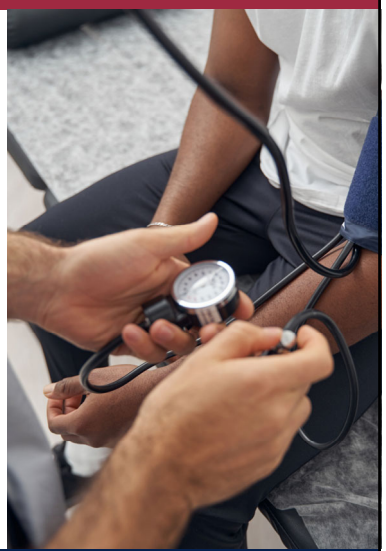
Source: The Commonwealth Fund. Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System. November 18, 2020

11

OUD Concerns Related to Treatment Courts

By the Numbers:

- 98% of courts report participants with a diagnosis of OUD.
- Historically 50% of treatment courts mandated treatment *discontinuation*.
- <50% of participants in treatment courts with OUD received MOUD (2018).
- 1 in 20 referred for treatment received methadone or buprenorphine (2014).



Andraka-Christou, B. What is "treatment" for opioid addiction in problem-solving courts? A study of 20 Indiana drug courts and veterans' courts. Stanford Journal of Civil Rights and Civil Liberties, 13, 189-254, 2017. Fendrich, M. & LeBel, T. P. Implementing access to medication assisted treatment in a drug treatment court: Correlates, consequences, and obstacles. Journal of Offender Rehabilitation, 58, 178-198, 2019. O'Donnell, C. & Trick, M., Methadone maintenance treatment and the criminal justice system. (Rep. No. 4). Washington, DC: National Association of State Alcohol and Drug Abuse Directors, Inc., 2006. Matusow H, Dickman SL, Rich JD et al. Medication Assisted Treatment in US Drug Courts. Results from a Nationwide Survey of Availability, Barriers, and Attitudes. J Subst Abuse Treat. 2013 May 44(5) 473-480.Krajewczyk N, Picher CE, Feder KA et al. Only One in Twenty Justice-Referred Adults in Specialty Treatment for Opioid Use Receive Methadone or Buprenorphine. Health Aff 2017 Dec; 36(12):2046-2053. Fendrich and LeBel, Implementing Access to Medication Assisted Treatment in a Drug Treatment Court: Correlates, consequences, and obstacles. J of Offender Rehab 58(3):178-198.

12

What We Know…

- A growing body of research demonstrates the efficacy of medications for opioid use disorder (MOUD) for justice-involved populations:
  - reduction in recidivism
  - opioid-related relapse
  - overdose, and
  - mortality.
- Increasing concerns exist about stimulant use, with 93.5% of adult drug court respondents, and 83.3% of mental health court respondents reporting participants were using stimulants.

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Moore et al 2019; Evans et al 2019; Evans et al 2022; Lee et al 2016; https://ndcrc.org/wp-content/uploads/2022/08/PCP_2022_HighlightsInsights_DigitalRelease.pdf

13

2022 Survey of MOUD in Treatment Courts

Key Findings:

- Utilization of MOUD has improved considerably over the past decade.
- Yet only 25% of patients with OUD in treatment courts received MOUD in a recent survey.
- Surveyed programs cannot explain why this is so.

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Marlowe DB, Theiss D. MOUD in Drug Courts: Survey Findings—Local Drug Courts & Statewide Coordinators. NADCP Conference July 25-28, 2022, Nashville, TN Center for Court Innovation, 2022

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2022 Survey of MOUD in Treatment Courts

Key Findings:

Most courts have improved by:

- ✓ Retracting prohibitions
- ✓ Enacting permissive policies
- ✓ Receiving staff training
- ✓ Arranging for MOUD during jail sanctions
- ✓ Providing for naloxone training and reversal kits

Marlowe DB, Theiss D. MOUD in Drug Courts: Survey Findings—Local Drug Courts & Statewide Coordinators. NADCP Conference July 25-28, 2022, Nashville, TN Center for Court Innovation, 2022

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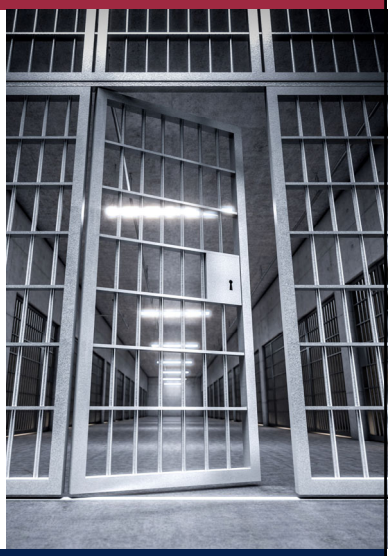
Impact of Jail on Recovery

Jail sanctions should be used sparingly and as a last resort after all other options have been exhausted:

- Potential for interaction with individuals whom the court generally requires them to avoid.
- Potential access to drugs, risk of trauma.
- Clients not engaged in treatment.
- Denial of regularly prescribed MOUD.

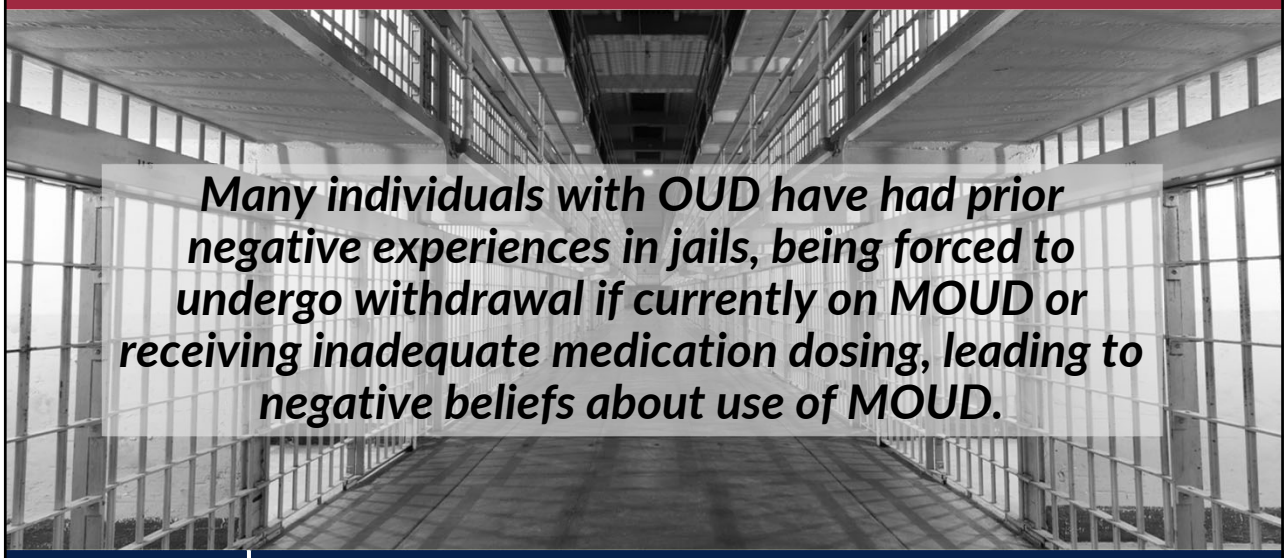
*Research has shown that jail sanctions are frequently **ineffective** and harm participant recovery.*



Source: https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018-1.pdf

16

MOUD Challenges with Incarceration



Many individuals with OUD have had prior negative experiences in jails, being forced to undergo withdrawal if currently on MOUD or receiving inadequate medication dosing, leading to negative beliefs about use of MOUD.

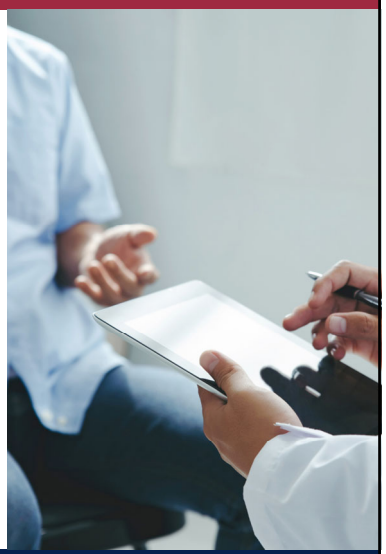
Fu JJ, Zaller ND, Yokell MA et al., Forced withdrawal from methadone maintenance therapy in criminal justice settings: A critical treatment barrier in the United States. J Subst Abuse Treat 2013 May-June; 44(5): 502-505, Rich JD McKenzie M, Larney S et al. Methadone continuation vs forced withdrawal on incarceration in a combined US prison and jail: a radomised, open-label trial. Lancet 2015 July 25; 386(9991): 350-359.

17

Impact of MOUD on Justice-Involved Individuals

Key Findings:

- According to Binswanger et al. (2017), IDU and SUDs are risk factors for death after release from incarceration.
- MOUD reduces risk of death from any cause by 85%, and risk of death from overdose by 75% in the weeks following release.
- The justice system can be the ***first*** point of contact for treatment.



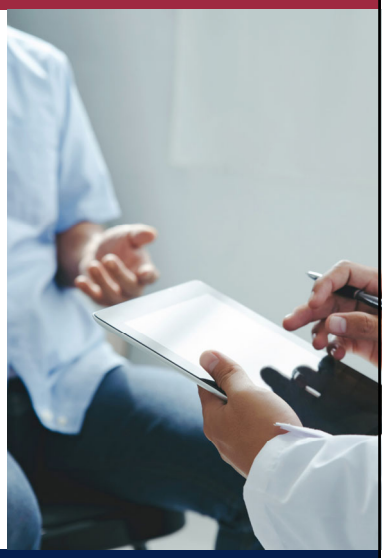
Binswanger IA, Stern MF, Yamashita TE et al. Clinical risk factors for death after release from prison in Washington state: a nested case control study. Addiction March 2016111(3): 499-510. Marsden J, Stillwell G, Jones H et al, Does Exposure to Opioid Substitution Treatment in Prison Reduce the Risk of Death After Release? A National Prospective Observational Study in England. Addiction 112, no. 8 (2017): 1408–18, https://www.ncbi.nlm.nih.gov/pubmed/28160345.

18

Impact of MOUD on Justice-Involved Individuals Cont'd

MOUD (in the form of buprenorphine or methadone) administered prior to and immediately upon release from custody:

- ✓ Increases engagement in treatment
- ✓ Reduces illicit opiate use
- ✓ Reduces arrests, parole violations, reincarceration
- ✓ Reduces mortality
- ✓ Reduces infectious disease rates
- ✓ Results in significant cost savings (fewer ED visits)



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NDCI Technical Assistance Review Process, Best Practices and Key Components.

19

Treatment Courts and the Medical Provider on the Team

Treatment Courts:

- are an evidence-based justice system intervention connecting people to treatment and reducing recidivism.
- should ensure that SMI and SUD are treated concurrently as opposed to consecutively.

The Medical Provider on the Team:

- works to ensure that appropriate medication is available and
- oversees medication dosage and use.

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Marsden J, Stillwell G, Jones H et al, Does Exposure to Opioid Substitution Treatment in Prison Reduce the Risk of Death After Release? A National Prospective Observational Study in England. Addiction 112, no. 8 (2017): 1408–18, https://www.ncbi.nlm.nih.gov/pubmed/28160345.

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MOUD Barriers

For Entry Into Treatment Court

- Restrictive eligibility criteria
- Staff beliefs
- Concerns that MOUD is not a practical fit within the treatment court model

Impacting Treatment Court Participants

- Staff beliefs may influence MOUD policy.
- Staff attitudes appear more favorable toward extended-release naltrexone with lower misuse potential but greater potential for OD death than either methadone or buprenorphine.
- Rural areas face additional challenges.

Other Factors Preventing Access to Treatment

- Reincarceration, homelessness, lack of insurance coverage, and unemployment are factors that pose threats to patients' continued medication management.
- Political, judicial, and administrative decision-making affect the use and availability of MOUD in treatment court settings.

Sources: https://heinonline.org/HOL/LandingPage?handle=hein.journals/hlthjs10&div=15&id=&page=
https://heinonline.org/HOL/LandingPage?handle=hein.journals/hlthjs10&div=25&id=&page=

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Adjusting Treatment Requirements

- Rely on expertise of duly trained clinicians when adjusting treatment plans.
- Make therapeutic adjustments to positive drug tests early in the program.
- These include:
  - medication,
  - residential treatment, or
  - motivational-enhancement therapy.

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Source: Chandler RK, Fletcher BW, Volkow ND. Treating drug abuse and addiction in the criminal justice system: improving public health and safety. JAMA 2009 Jan 14;301(2):183-90.

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Activity #1

Large Group Activity

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Common Challenges to Effective Treatment

Share examples of challenges you have experienced in providing evidence-based treatment to patients who are involved in the legal system. Use the raise your hand feature when you are ready to share.

Discussion Questions:

1. What challenges, if any, have you had in providing evidence-based care for patients who are justice-involved?
2. How have you navigated these challenges (e.g., in collaboration with treatment court team members)?

Time allotted: 10 minutes

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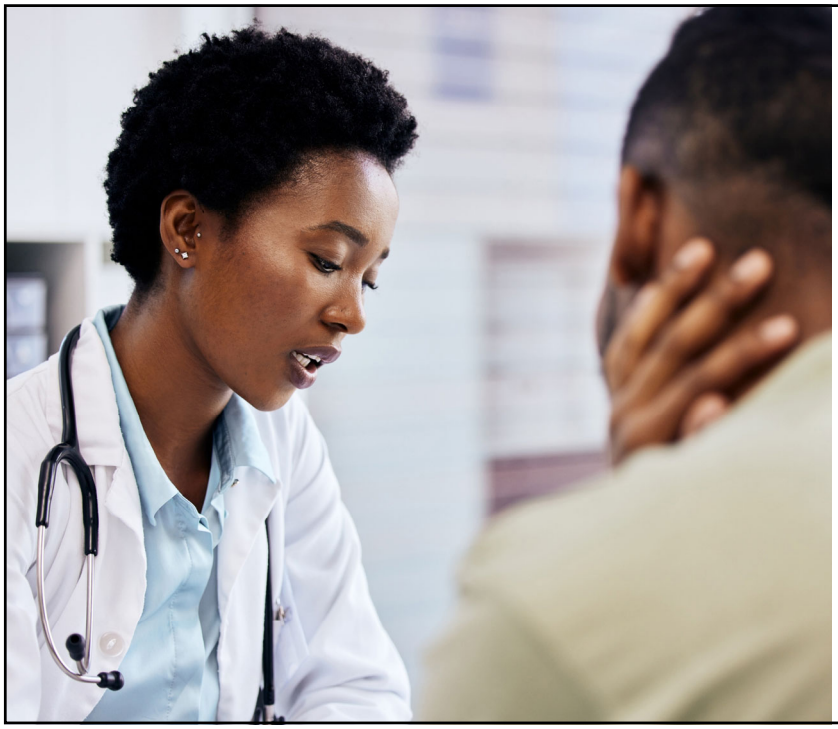

Strategies for Providing Effective Care in Treatment Courts

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Communicate with the Treatment Court Team

NADCP Best Practices include:

- Discuss patient progress for pre-court staffing.
- Base insights, observations, and recommendations on knowledge, training, and experience.
- Foster open communication.
- Reconcile divergent responsibilities.
- Yields informed judicial decision-making.

Source: NADCP, The Verdict Is In, Adult Court Best Practice Standards, 2015

Source: Melnick G, Wexler HK, Rajan S. Measuring team members' satisfaction in drug courts: An instrument to gauge the component disciplines in drug court, Drug Court Review, vol IX, 1: 58-73 2015

25

Ensuring Good Communication Between Team Members

NADCP Best Practices include:

- Members should cooperate/coordinate with one another to ensure treatment court functions smoothly; foster collaboration.
- Find common language and communicate freely.
- Reconcile divergent responsibilities.
- Address breakdowns in communication given differences in responsibilities among team members from disparate disciplines.

Source: Melnick G, Wexler HK, Rajan S. Measuring team members' satisfaction in drug court s: An instrument to gauge the component disciplines in drug court, Drug Court Review, vol IX, 1: 58-73 2015

26

Use Research and Federal Law to Support Your Practice

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JUSTICE NEWS

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE — Tuesday, April 5, 2022

Justice Department Issues Guidance on Protections for People with Opioid Use Disorder under the Americans with Disabilities Act

The Department of Justice announced today that it has published guidance on how the Americans with Disabilities Act (ADA) protects people with opioid use disorder (OUD) who are in treatment or recovery, including those who take medication to treat their OUD. The publication, "The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery," is intended to help people with OUD who are in treatment or recovery understand their rights under federal law and to provide guidance to entities covered by the ADA about how to comply with the law.

"The opioid epidemic continues to pose an extraordinary challenge to communities across our country, and the COVID-19 pandemic has exacerbated this crisis," said Assistant Attorney General Kristen Clarke of the Justice Department's Civil Rights Division. "People who have stopped illegally using drugs should not face discrimination when accessing evidence-based treatment or continuing on their path of recovery. The Justice Department is committed to using federal civil rights laws such as the ADA to safeguard people with opioid use disorder from facing discriminatory barriers as they move forward with their lives."

Key Points:

- Prohibition of MOUD can violate federal anti-discrimination law protecting individuals with disabilities.
- In April 2022, the US Department of Justice, Civil Rights Division published a guidance document that provides information about how the Americans with Disabilities Act (ADA) can protect individuals with OUD from discrimination.
- The legal principles apply to other SUDs as well.

Memorandum in support of bill S4239B, available at http://www.nysenate.gov/legislation/ bills/2015/S4239B.
US DOJ Guidance: https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans

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Mechanisms to Support Patients Struggling with Continued Use

- Increase frequency of patient visits.
- Augment counseling.
- Consider opportunities to change the living environment or the place of employment.
- Use pill/film counts; witnessed dosing.
- Change the type or form of MOUD (e.g., segue from buprenorphine to methadone, from sublingual (SL) to subcutaneous (SC) buprenorphine product).
- Staff to discuss the option of a higher level of care.
- Involve a peer recovery worker, if available.

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Case Study: Ben

- Ben is a 40-year-old divorced Hispanic male with OUD, MUD, tobacco use disorder, COPD, and HTN approved for treatment court. He admits to using fentanyl for two years prior to incarceration, and enjoys the euphoria associated with use. Uses methamphetamine to treat opioid withdrawal symptoms.
- Longest period of abstinence: 90 days while incarcerated. No history of in-patient treatment. No past OBOT. Some counseling.
- Reports only past MOUD use was non-prescribed buprenorphine by injection.
- Current charges possession and distribution, robbery and assault. He spent 12 years in and out of custody, no harm reduction services with most recent release.

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Case Study: Ben

- Only withdrawal management--"comfort measures" in jail; no MOUD provided while incarcerated. Jail staff believe that buprenorphine is their biggest problem, ahead of fentanyl, heroin, and other illicit substances.
- Cravings for fentanyl upon release from custody with return to use within 48 hours of release. Ben experienced near-fatal overdose with rhabdomyolosis.
- Upon hospital discharge, no Rx for buprenorphine or referral to OTP.
- ***The treatment court team is made aware of the overdose, and an appointment with you is made for the next day.***

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Activity #2

Breakout Room Activity

Coordinating Care for Ben — Case Exercise

In your small group, review the case information for your patient, Ben. Discuss strategies to support Ben, who needs effective treatment.

Discussion Questions:

1. Ben is motivated for treatment. What recommendations do you have about care coordination with your team as the medical provider for treatment court?

Time allotted: 7 minutes

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CASE DISCUSSION

Debrief

33

The Role of the Medical Provider on the Treatment Court Team

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Who is the Medical Provider on the Team?

Contracted Providers

- Member of the core treatment court team.
  - Professional service agreement outlines roles and responsibilities in the court setting
  - Direct communication with all members of the treatment court team.

Community Providers

- Affiliated with a federally qualified health center (FQHC), behavioral health facility, family practice etc.
  - Treat justice-involved patients in the community setting.
  - Establish mechanism to regularly report patient progress to treatment court point of contact

Source: National treatment court Institute (NDCI) MOUD Toolkit https://www.ndci.org/resource/training/medication-assisted-treatment/moud-toolkit/

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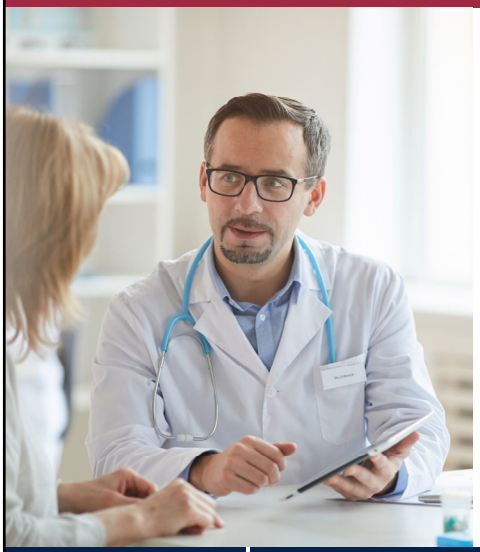
The Role of the Medical Provider



- Provide evaluation, assessment, and treatment of justice-involved patients who have been screened/approved for treatment court.
- Develop a policy to promptly provide harm reduction services as new treatment court patients are at high risk of overdose.
- Screen for other SUD and co-occurring disorders as well.
- Employ a validated risk assessment such as SOWS.
- Have ROIs signed to get as much history as possible, including jail records and any past hospitalizations.
- All intakes should be culturally aware and supportive of LGBTQ+ patients.

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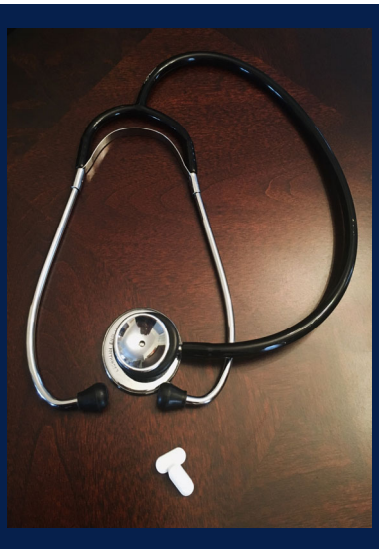
The Case of One Opioid Court

A community provider:

- Meets patients in jail to assess them as candidates for their program.
- Begins the process of referral to services and connects them to MOUD prescribers as soon as possible.
- Develops a model of collaboration that integrates and prioritizes medical and mental health interventions for patients at high risk of overdose.
- Offers patients a telehealth services link for MOUD assessment before connecting them with other treatments.



Source: McMahon R, Grimaldi F, Schick D, Zacholl T. Interview with Judge Rory McMahon. May 27, 2020. Holland K. Interview with author, May 13, 2020.

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"The judge and other team members should take every opportunity to deliver MOUD-affirming messages during court hearings, group counseling sessions, and other communal forums, emphasizing pro-recovery messages and creating a general atmosphere of acceptance of MOUD."

Source: NADCP Toolkit

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Coordinating Care from Start to Finish for Your Patient

Starting with the jail/prison:	*Starting with the client/patient:*	*Meet the patient where they are:*
Obtain collateral information: • accurate records on diagnoses • medications/past medications • allergies • lab results (TB testing), from the very first visit, and make that visit happen promptly.	• Upon program entry, see patient promptly to establish a treatment plan. • Obtain patient history, identify severity of use, obtain treatment history, and identify appropriate level of care (ASAM).	• Verify willingness to engage; all ROIs signed if patient is willing to start treatment • Provide patient educatio n; verify willingness to engage in medication trial. • If patient is willing, be sure to review/sign all treatment agreements.

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A Recent Study of Women, OUD, and MOUD

Key Findings:

In a recent focus group of women in treatment court, women reported:

- histories of trauma.
- unease disclosing they were using or considering using MOUD because of further oppressions they may experience.

The judge's use of a ***non-adversarial approach*** helped minimize their concerns related to the use of MOUD and gave them a safe place during status hearings to discuss their treatment and recovery.

Gallagher JR, Estreet A, Nordbert A et al. The interplay between women, opioid use disorder and Medication-Assisted Treatment (MAT) and Drug Court: A qualitative study. J Hum Beh Soc Env May 2022. https://doi.org/10.1080/10911359.2022.2077500

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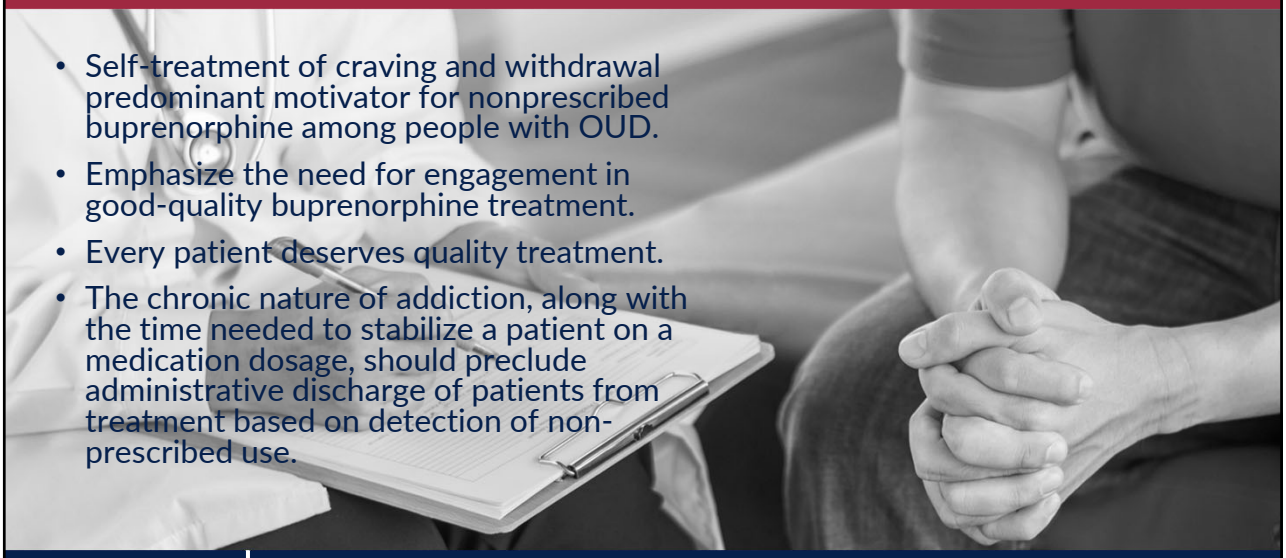
Addressing Non-Prescribed Use



- Self-treatment of craving and withdrawal predominant motivator for nonprescribed buprenorphine among people with OUD.
- Emphasize the need for engagement in good-quality buprenorphine treatment.
- Every patient deserves quality treatment.
- The chronic nature of addiction, along with the time needed to stabilize a patient on a medication dosage, should preclude administrative discharge of patients from treatment based on detection of non-prescribed use.

Han B, Jones CM, Einstein EB.Trends and Characteristics of Buprenorphine Misuse Among Adults in the US. *JAMA Netw Open*. 2021;4(10):e2129409. doi:10.1001/jamanetworkopen.2021.29409. Silverstein SM, Daniulaityte R, Miller SC, Martins SS, Carlson RG. On my own terms: motivations for self-treating opioid-use disorder with non-prescribed buprenorphine. *Drug Alcohol Depend*. 2020;210:107958. McLean K, Kavanaugh PR. "They're making it so hard for people to get help:" motivations for non-prescribed buprenorphine use in a time of treatment expansion. *Int J Drug Policy*. 2019;71:118-124. Daniulaityte R, Nahhas RW, Silverstein S, et al. Patterns of non-prescribed buprenorphine and other opioid use among individuals with opioid use disorder: a latent class analysis. *Drug Alcohol Depend*. 2019;204:107574. Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. Factors contributing to the rise of buprenorphine misuse: 2008-2013.

41

What about licit or illicit use of substances?

Key Considerations:

- Consequences imposed for licit/illicit substances when nonmedically indicated.
- The treatment court team relies on clinician input:
  - to determine whether a prescription is medically indicated, and
  - whether safe alternative treatments are available.

NADCP, The Verdict Is In, Adult Drug Court Best Practices, Vol 2, 2018

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Coordinating Care from Start to Finish

Initially:	*Progression through phases:*	*Treatment Adjustments*
Work with team as patient enters programming: taking medication, attending psychosocial counseling, drug testing schedule, appointments with staff, attending court.	Maintain regular communication with counselor. Should there be return to use, remind team appropriate response is not punitive and calls for reassessment of the treatment plan.	Will include more therapeutic adjustments, motivational enhancement approaches, functional analysis of the return to use.

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Supporting Patients Transitioning out of Treatment Court

- Review medical and psychiatric success.
- Provide reassurance about transition out of treatment court and what that will look like.
- Maintain communication related to medication/refills as needed.
- Review patient's community providers and recovery supports to promote ongoing success.
- Identify statewide mental health crisis support (988) and harm reduction services.
- Obtain new ROI to appropriate sources, if applicable.

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Activity #3

Large Group Activity

Providing Effective Care in Treatment Courts— Questions & Answers (Q&A) Activity

Share questions you have about engaging with the treatment court team. Use the raise your hand feature when you are ready to share.

Guiding Questions:

1. What questions do you have about the medical provider's role in treatment courts?
2. What opportunities do you see to work with your local treatment court for improved treatment outcomes?

Time allotted: 10 minutes

45

"Another promising strategy is to have treatment court graduates or other persons who have succeeded on MOUD meet with new participants, acknowledge their own initial reticence to take medication, and describe their subsequent positive experiences. Each participant who succeeds on MOUD becomes a potential peer advisor for new participants and can contribute to a collective acceptance of MOUD in the treatment court milieu."

Source: NADCP Toolkit

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Revisiting Ben: A Case Study

- You welcome Ben into treatment court and ask about his treatment goals.
- Ben is motivated to do whatever it takes--he never wants to return to jail again. Ben is happy to be working with a clinician to assist him in his recovery. He expresses that it is a bonus to being a part of treatment court, to be receiving care he desperately neglected for many years.
- Clinical Opiate Withdrawal Scale (COWS): 14. Point-of-care testing (POCT) positive for THC.
- Ben is provided harm reduction training and is started on buprenorphine/naloxone 2/0.5 mg film. He restates he has not used opioids in more than 48 hours. He experiences no precipitated withdrawal and understands he can take another dose based on his symptoms.

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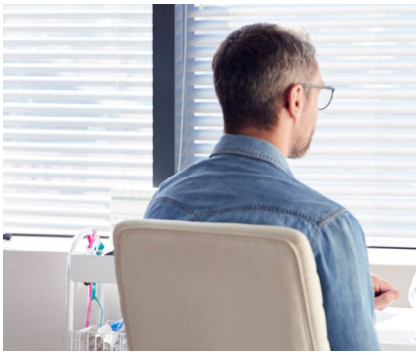
Revisiting Ben: A Case Study



- The jail did not reinstate his Medicaid, but treatment court staff have successfully reactivated his coverage.
- Ben is also now integrated with programming: toxicology screening (calling daily for his "color").
- Ben did well the first day on buprenorphine, took the medication as prescribed, did not experience precipitated withdrawal, and tapered upward over to his current dose of 8/2 mg film bid.
- However, he ran into old friends who offer him fentanyl and he returns to use.
- He regrets using and is fearful of the consequences—that he will be incarcerated with no access to MOUD or other supports.

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Activity #4

Breakout Room Activity

Revisiting Ben — Case Coordination Exercise

In your small group, review the case information for your patient, Ben. Discuss strategies to coordinate care for Ben in treatment court settings.

Discussion Questions:

1. How do you coordinate with the treatment team?
2. How can you, as the clinician on this team, work to support Ben in his efforts to succeed in programming?

Time allotted: 7 minutes

50

CASE DISCUSSION: BEN

Debrief

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Session 3: Summary

Key Takeaways

- Patients who are justice-involved are at a much higher risk of return to use and overdose than the general population.
- Only 25% of patients with OUD in treatment courts are receiving MOUD.
- Caring for patients in treatment court takes a team approach, and good communication is key.
- Sanctions and terminations should be discussed as part of a team discussion and return to use should never be a reason to terminate a patient.
- Staff need to be educated on the life-saving capacity of MOUD and be educated about SUD, harm reduction, and SMI for patient success.
- Every opportunity should be made for the judge and staff to voice MOUD-affirming messages.
- Medical clinicians can play an important role on the team by serving patients in every treatment court to save lives, reduce recidivism, and promote community safety.

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Activity #5

Individual Reflection Exercise

Navigating Evidence-Based SUD Treatment in Treatment Courts- Session #3 Reflection Exercise:

- Consider the discussions on treatment challenges, implications for medical clinicians, and strategies to provide effective SUD treatment in treatment court settings.
- Write down one change you can implement in your professional settings.

Prompting Question:

1. What is one change you can implement in your professional settings?

Time allotted:

5 minutes for large group discussion

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NAVIGATING EVIDENCE-BASED SUD TREATMENT IN TREATMENT COURTS

End of Session 3

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10 Minute Break

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Knowledge Checks

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Ask the Audience

Overdose risk rises exponentially for justice-involved participants with:

A. Linkage to care and treatment
B. Barriers to naloxone access
C. MOUD in jails and prisons
D. Harm reduction approaches

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Ask the Audience

What impact does OUD have on those who are justice-involved?

A. Individuals reporting opioid use are less likely to be involved in the justice system.
B. Level of justice involvement decreases with the level of opioid use.
C. Treatment courts are an evidence-based justice system intervention for connecting people to treatment and reducing recidivism.
D. OUD has negligible impact on individuals who are justice-involved.

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Ask the Audience

Which of the following is true regarding how jail sanctions should be used in treatment court?

A. Sparingly and as a last resort after all other options have been exhausted.
B. Frequently since research has shown that jail sanctions are effective.
C. When our patients are in jail, they usually receive their regularly prescribed medications, so there is little concern about return to use.
D. Putting patients in jail early in programming tells them that this is how treatment court work.

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Ask the Audience

Research indicates that utilization of MOUD in treatment courts has improved considerably over the past decade. Which of the following is a major cause of these improvements?

A. Enacting prohibitions
B. Retracting permissive policies
C. Providing access to all FDA-approved MOUD medications
D. Only allowing for extended-release naltrexone during periods of incarceration

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Ask the Audience

Unfortunately, barriers for entry into treatment courts do exist in some locations. Which of the following appears to be a barrier?

A. Staff attitudes about MOUD can affect entry
B. Increased knowledge about the court system
C. Lack of interest in the legal process
D. There are no barriers for entry into treatment courts.

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Session 4

Working Effectively with Individuals Who are Justice-Involved

1

Session Learning Objectives

At the end of the session, you will be able to:

1. Identify comprehensive services designed to assist the patient through change and increase the patient's overall success.
2. Talk to patients about legal involvement in a non-judgmental and non-stigmatizing way.
3. Discuss the potential benefits and risks of completing release of information for treatment court to receive treatment records.
4. Inform patients of their right to cease a previously completed release of information.

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Supporting Patients in Treatment Courts

3

Supporting Patients in Treatment Courts

Understanding Community Resources

- The Office of National Drug Control Policy (ONDCP) Rural Community Toolkit: https://www.ruralcommunitytoolbox.org/treatment-services
- *Painting The Current Picture* – 2022 Release on National Drug Court Resource Center (NDCRC) website: https://ndcrc.org/pcp/
- National Drug Court Resource Center (NDCRC) – Interactive Map Locator: https://ndcrc.org/interactive-maps/

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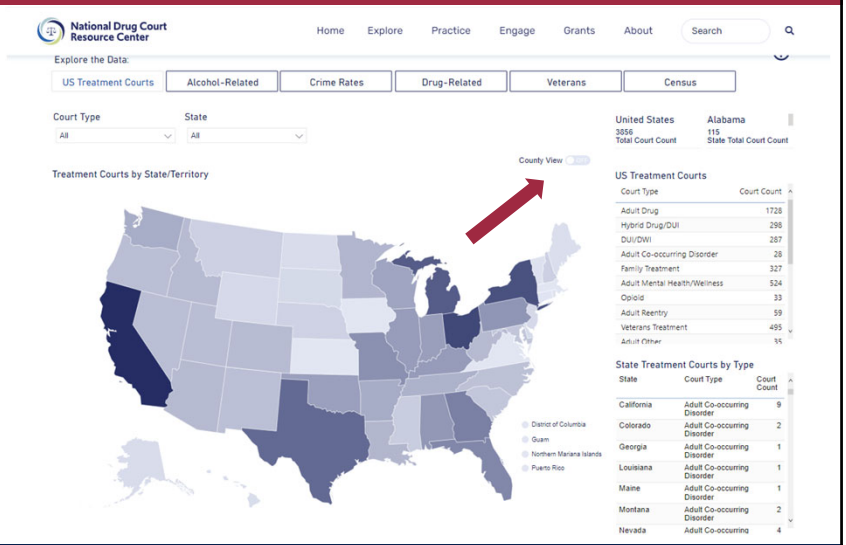
4

Finding Your Local Treatment Court

Using The National Drug Court Resource Center (NDCRC) – Interactive Map Locator

Turn on *County View.*



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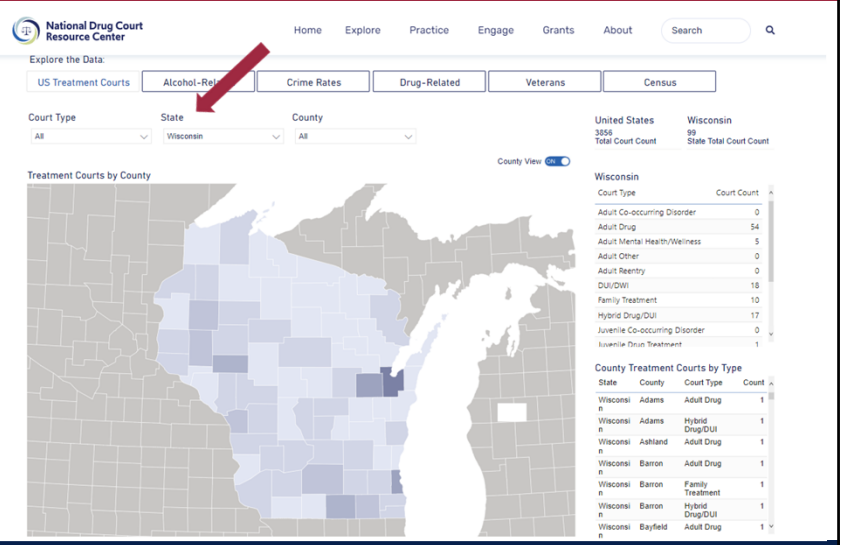
Source: https://ndcrc.org/interactive-maps/

5

Finding Your Local Treatment Court

Using The National Drug Court Resource Center (NDCRC) – Interactive Map Locator

Select your state.



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Source: https://ndcrc.org/interactive-maps/

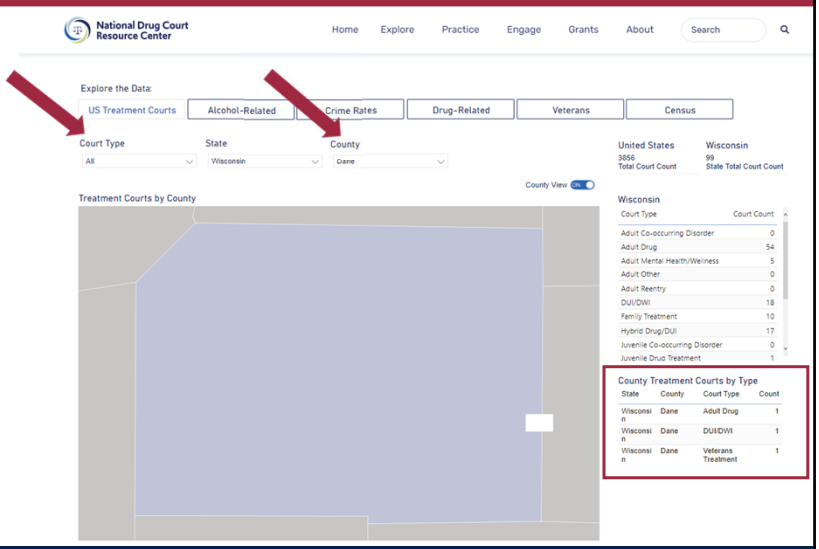
6

Finding Your Local Treatment Court

Using The National Drug Court Resource Center (NDCRC) – Interactive Map Locator

Select the county.

Specify court type.



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Source: https://ndcrc.org/interactive-maps/

7

Poll

8

Audience Poll: *Question #1*

Do you have a standard question to ask about your patient's justice involvement?

1. Yes
2. No
3. Not sure

9

Supporting Patients in Treatment Courts

Talking to Patients about Legal System Involvement

- Part of the standard intake process
  - Use non-stigmatizing language
- Provide rationale for why you are asking, namely to:
  - Support the patient
  - Understand:
    - Any required/prohibited treatments
    - Available services and resources through court/probation/parole

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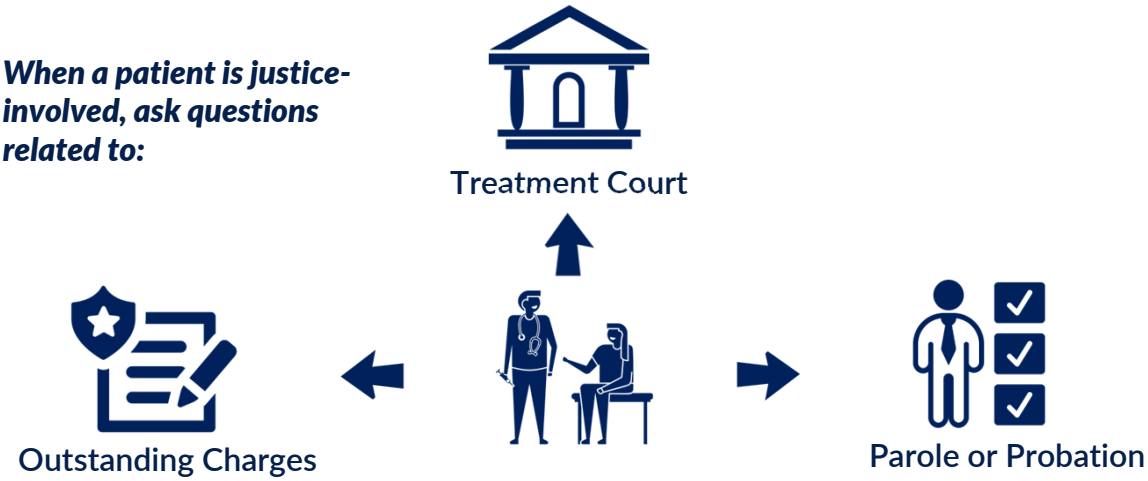
Supporting Patients in Treatment Courts

When a patient is justice-involved, ask questions related to:



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Supporting Patients in Treatment Courts

When a patient is involved in the justice system, ask them…

Outstanding Charges

- ❑ What is the anticipated outcome?
- ❑ In which county?
- ❑ If jail time is anticipated, when? Does the jail allow medications for opioid use disorder (MOUD)?

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Supporting Patients in Treatment Courts

When a patient is involved in the justice system, ask them…

Parole or Probation

- ❑ For what length of time?
- ❑ Does the officer know you are engaging in substance use disorder (SUD) Treatment?
- ❑ Is the officer aware/supportive of medications for opioid use disorder (MOUD)?

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Supporting Patients in Treatment Courts

When a patient is involved in the justice system, ask them…

Treatment Court

- ❑ Which county?
- ❑ Who is the court-appointed treatment provider?
- ❑ Is the Judge supportive of medications for opioid use disorder (MOUD)?

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Strategies to Support Patients Involved in the Justice System

- Offer to:
  - Write a letter describing patient engagement in substance use disorder (SUD) care.
  - Coordinate services with patient's SUD treatment provider.
- When the court or probation/parole officer does not support MOUD, offer to:
  - Write a letter explaining diagnosis and recommending medication.
  - Share resources with court (written or verbally).
  - Call court representative with patient to discuss recommended treatment.

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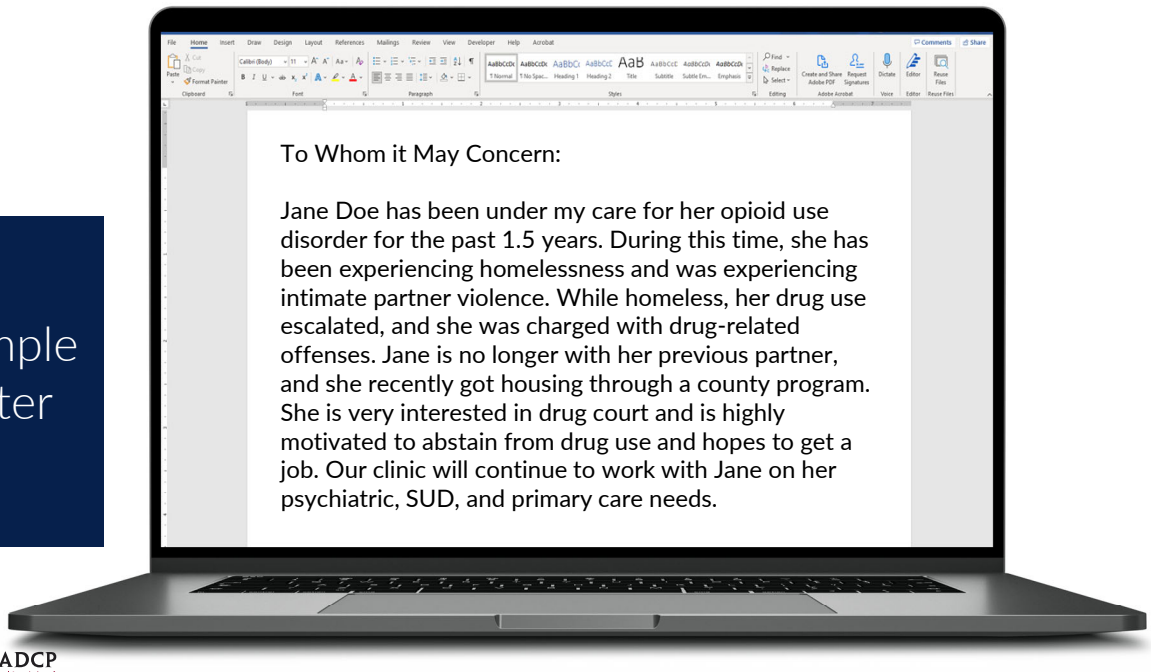
Sample Letter



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Advocating for Evidence-Based Treatment in Your Community

- *Reach out to the treatment court team:*
  - Clarify their stance on MOUD.
  - Offer to email resources on evidence behind MOUD.
  - Offer to meet with the treatment court team to give a presentation or answer questions.
- *Reach out to the intake assessment agency:*
  - Clarify their stance on MOUD.
  - Clarify their roles within drug court.
  - If the patient agrees and a signed release is on file, offer to coordinate care.

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Case Study: Joe

- Joe is a 28-year-old man treated in the ER and started on buprenorphine after surviving an opioid overdose. Joe then followed up in your clinic to continue the medication. He's been on buprenorphine for one week and is doing well.
- He lets you know that he was referred to treatment court by the arresting officer and is currently on probation, looking at a revocation. Joe is scheduled to be in court in seven days.
- The prosecutor determines that Joe fits within legal criteria to enter treatment court and will agree to treatment court instead of moving forward with the probation violation.

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Case Study: Joe

- Joe was assessed with severe OUD, and the SUD court counselor recommends acceptance into treatment court with IOP placement.
- Joe confirms with his defense attorney that he is open to entering treatment court and understands the conditions and requirements of the program.
- Joe's probation officer has been working with Joe to help with unemployment and housing.
- The Judge has voiced concerns about Joe's prescribed medication, mentioning that the only medication he prefers in his court is XR Naltrexone.
- The SUD treatment provider on the team reaches out to you about the Judge's MOUD preference for XR Naltrexone.

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Activity #1

Breakout Room Activity

Supporting Patients in Treatment Court - Case Exercise:

In your small group, discuss ways you could educate the Judge and support Joe.

Discussion Questions:

1. What information can you provide to educate the Judge and advocate for your patient to remain on buprenorphine?
2. In addition to prescribing medication, how can you support Joe in meeting his goals for recovery?

Time allotted: 7 minutes

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CASE DISCUSSION JOE

Debrief

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Sample Resources

American Society of Addiction Medicine (ASAM) Recommendation #1

- All persons under community correctional control should have equitable access to evidence-based treatment for substance use disorder (SUD), including all FDA-approved medications available in the community or via telehealth.
- Treatment decisions should be made collaboratively between the patient and their healthcare provider(s).
- Judges and probation/parole officers should not make specific treatment recommendations or mandate or prohibit any type of treatment or peer support, but instead should know how to help patients identify and connect with local SUD treatment providers.
- Treatment is most likely to be successful when patients have a choice and provide informed consent regarding the type of behavioral and medication treatment(s) they engage in.
- Patients should be able to accept or decline any treatment, and they should be able to stop treatment if they wish.

Source: https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2021/08/09/access-to-medications-for-addiction-treatment-for-persons-under-community-correctional-control

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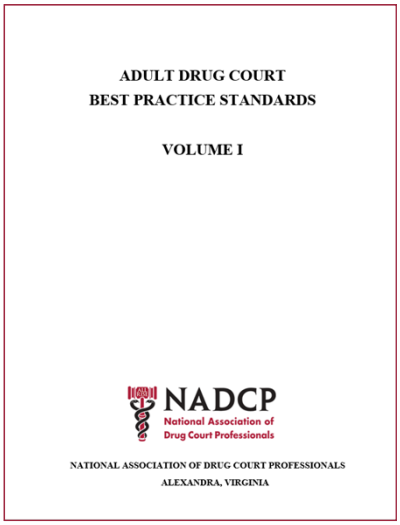
Sample Resources

National Association of Drug Court Professionals (NADCP) Standards – Adult Treatment Court Best Practices

Participants are prescribed psychotropic or addiction medications based on medical necessity as determined by a treating physician with expertise in addiction psychiatry, addiction medicine, or a closely related field.



Source: https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/

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Poll

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Audience Poll: *Question #2*

Have you had to discuss the benefits and risks of release of information to treatment courts with patients who were court-involved?

1. Yes
2. No
3. Not sure

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Discussing Release of Information with Patients

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Coordinating Services with the Patient's SUD Treatment Provider

- Requires a signed release of information (ROI).
- The SUD treatment provider will report back to the court system.
- Release of information should be as specific as possible, e.g., what is to be shared, over what time period, etc.

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Discussing Release of Information with Patients

Understand your institution's release of information form:

- Verbal vs. Written release of information
- Types of records included (SUD, mental health records may have separate sections)
- Duration of release
- Check to see if your organization is covered by 42CFR part 2, specific rules apply

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Discussing Release of Information with Patients

Familiarize yourself with your institution's processes related to records release:

- If a signed release is on file, will the institution fax records automatically without clinician awareness?

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Discussing Release of Information with Patients

Ensure the patient understands what the release includes when they sign it:

- Specific time periods
- Types of records and labs

If a patient wants to revoke a release, it should be done in writing.

- Revoking an ROI can have legal implications if it was part court of agreement

42 CFR 164.508(5) https://www.govinfo.gov/content/pkg/CFR-2018-title45-vol1/pdf/CFR-2018-title45-vol1-sec164-508.pdf

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Benefits and Risks of Release of Information

Potential Benefits

- Can allow the clinical team to share relevant information with the treatment court.
- Allows treatment court to have a better understanding of patient engagement in treatment.

Potential Risks

- May disrupt patient-clinician trust and therapeutic alliance.
- May make it harder for patient to be open about drug use.
- It is difficult to know how information you provide may be used in court.

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Alternatives to Release of Information

- Understand what information the court needs/wants.
- Draft a letter that the patient can review/deliver.
- Call the court professional with the patient during an office visit.
  - Discuss goals of the call with the patient prior to the call.
  - Be clear about what you have permission to discuss.
- Be clear with the patient that you don't have to disclose everything, but you *cannot* be dishonest.

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Case Study: Amy

- Amy is a 42-year-old woman who recently entered treatment court. She engages in outpatient substance use counseling services as a result of her treatment court requirements. She sees you for buprenorphine treatment in a primary care setting.
- She says that the treatment court team asked her to sign an ROI to release records from your clinic, including her toxicology reports because "it's just easier" if they can use the urine toxicology results from your clinic.
- Amy's medical chart includes past STIs, past pregnancy termination, as well as ongoing physical health concerns and mental health diagnoses.
- Amy has reduced her substance use but continues to have urine toxicologies that are intermittently positive for a variety of substances including methamphetamine, alcohol, and cannabis.

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Activity #2

Breakout Room Activity

Release of Information and Care Coordination - Case Exercise:

In your small group, examine Amy's case and discuss how you might discuss this release of information (ROI) request with Amy.

Discussion Questions:

1. What questions would you ask Amy?
2. What information would you want Amy to have?
3. What are alternatives to a full release of records?

Time allotted: 7 minutes

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CASE DISCUSSION AMY

Debrief

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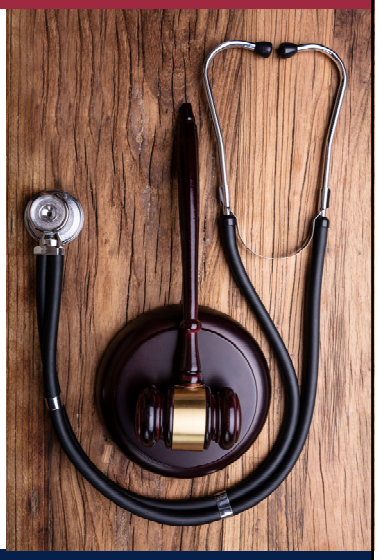
Being a Good Partner with Treatment Courts

- Be clear about boundaries - if releasing information will damage therapeutic alliance with a patient, let the court know your concerns.
- Offer to send resources describing evidence behind recommended services.
- ***Remember:*** The goal for all parties is to support the patient to receive evidence-based addiction treatment, support recovery and avoid incarceration.



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Planning for Anticipated Jail Time

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Planning for Anticipated Jail Time

When patients know about jail time in advance, it's helpful to:

1. Find out whether MOUD is available in the jail.
2. Find out which psychiatric medications are available/on formulary.
3. Have the patient sign a Release of Information (ROI), so you can send medical diagnoses and a medication list.
4. Discuss whether the patient wants to sign an ROI in case medical needs come up while incarcerated.

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Planning for Anticipated Jail Time

*If MOUD is **not** allowed to be continued:*

- According to the Department of Justice, not allowing someone to continue prescribed MOUD while incarcerated is a violation of the Americans with Disabilities Act (ADA).
- Encourage the patient to report case to the Department of Justice (DOJ): https://civilrights.justice.gov/report/ or have patient sign release so you can submit on their behalf.

Source: Department of Justice (DOJ) https://www.ada.gov/opioid_guidance.pdf

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Session 4: Summary

Key Takeaways

- Standardize intake forms to ask about legal involvement in a non-judgmental and non-stigmatizing way:
  - Ask permission to collect this information.
  - Explain it is being collected to support their care.
- Discuss the potential benefits and risks of completing release of information for treatment court:
  - Inform patients of their right to revoke a previously completed release of information.
- Advocate for evidence-based treatment for all patients who are court-involved.

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Activity #3

Large Group Exercise

Working Effectively with Individuals who are Justice-Involved—Session #4 Reflection Exercise:

- Consider the strategies discussed to promote effective collaboration with individuals who are justice-involved in your community setting.
- Write down one change you can implement in your professional settings.

Guiding Question:

1. What is one change you can implement in your professional settings?

Time allotted:

5 minutes for large group discussion

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WORKING EFFECTIVELY WITH INDIVIDUALS WHO ARE JUSTICE-INVOLVED

End of Session 4

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Closing Remarks

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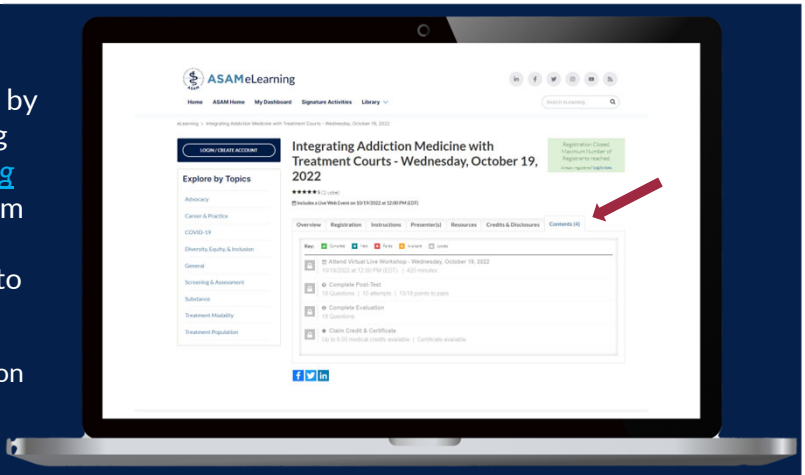
How to Claim CME

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



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MCS0

Integrating Addiction Medicine in Treatment Courts Cohort

Join ASAM's Online Learning Community

Ask questions, share resources, solve challenges, and develop new approaches to treating patients who are justice-involved or in treatment courts.

Sign up for monthly office-hour sessions here:
https://elearning.asam.org/treatment-courts

Interested in joining an engaging Online Learning Community (OLC)?
Get started at https://connect.asam.org . Questions? Email us at education@asam.org

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Knowledge Checks

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Ask the Audience

The ASAM Policy Statement on Access to Medications for Addiction Treatment for Persons Under Community Correctional Control recommends:

A. Judges, probation and parole officers, and other staff should never communicate directly with substance use disorder treatment providers.

B. Rapid urine toxicology tests (immunoassay) should be used to make legal decisions.

C. People who are charged with or convicted of crimes related to their SUD should go to jail.

D. All persons under community correctional control should have equitable access to evidence-based treatment for SUD, including all FDA-approved medications.

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Ask the Audience

The NADCP Adult Drug Court Best Practice Standards suggests:

A. Drug court participants should receive substance use disorder treatment based on a standardized assessment of their treatment needs.

B. Drug court judges should make medication recommendations.

C. Substance use disorder treatment is provided to reward desired behavior.

D. Incarceration can be used to achieve clinical objectives such as obtaining access to medically managed withdrawal services or a sober living environment.

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Ask the Audience

When a patient is signing a release of information between treatment court and a substance use treatment provider, it is important that they understand:

A. The release can never be reversed.

B. Which medical, substance use, and/or mental health records are being released.

C. That doing so will only hurt their ability to complete treatment court.

D. That all release of information forms are the same.

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