

# Incorporating Medications in Opioid Courts

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No Disclosures



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# Disclosure Information

- ☀ Charles W. Morgan, MD, DFASAM, FAAFP – Interim Medical Director; St. Joseph's Addiction Treatment and Recovery Centers; Medical Director Addiction Services, Wayne County Behavioral Health Network. No Disclosures
- ☀ Jo Ann Ferdinand – Judge, New York State Supreme Court (ret.) No Disclosures
- ☀ Dennis A. Reilly, Esq – Statewide Drug Court Coordinator, Office for Justice Initiatives-Division of Policy and Planning NYS Unified Court System. No Disclosures
- ☀ Kimberly A. Schwarz, MS – Regional Project Manager, Office for Justice Initiatives - Division of Policy and Planning, NYS Unified Court System. No Disclosures



# Learning Objectives

1. Participants will understand the barriers to enrolling people and delivering MOUD in treatment courts.
2. Participants will learn to improve partnerships between MOUD providers and treatment courts.
3. Participants will identify innovations that can help improve access to MOUD for their patients who are in treatment courts.

This project was supported by Grant No. 2018-ARBX-K002 awarded by the Bureau of Justice Assistance (BJA) under the Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP)



## BJA and SAMHSA ORN joint technical assistance to improve access to MOUD in Treatment Courts

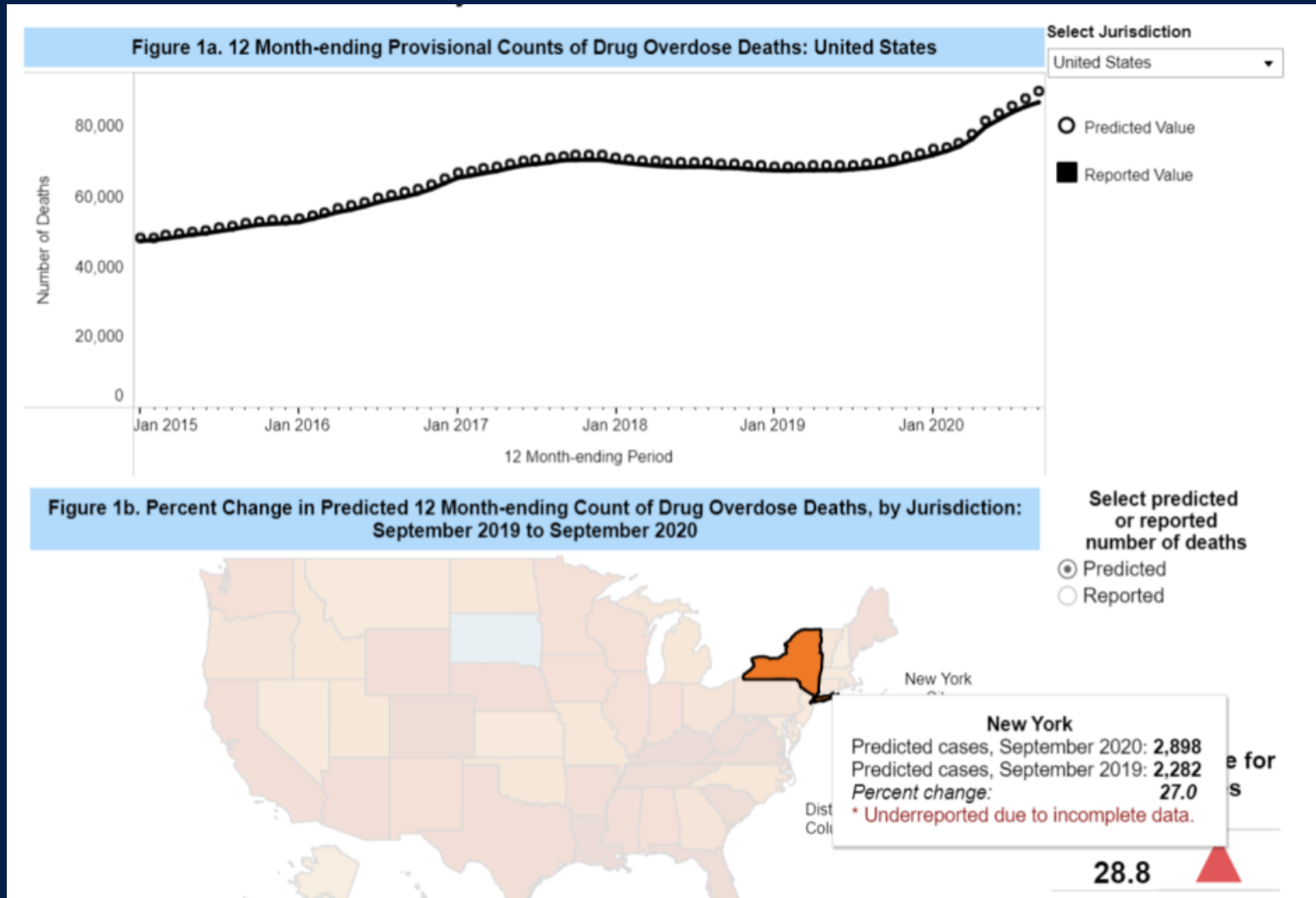
Technical assistance through SAMHSA Opioid Response Network and BJA Advocates for Human Potential to

- identify and engage community stakeholders
- to examine the critical nexus between MOUD prescribers and the courts
- explore joint solutions to improve MOUD induction as part of the Opioid Court process; and
- develop publication on best practices in Opioid Courts for improving offender access to MOUD

# Introduction

- ☀️ Opioids: what is the magnitude of the crisis including overdoses and other consequences?
- ☀️ MOUD: what role does it play/how does it help?
- ☀️ Drug Courts: what are they / why are they important / what role can they play in the opioid crisis?
- ☀️ Barriers: What has interfered with opioid courts' work?
- ☀️ Implications: people who use other intoxicants / criminal justice reform/changes due to COVID

# 2021 CDC Provisional Data: Overdose Deaths Increase





# Shifts in Drug Trends and Overdose Deaths

- Stimulants combined with fentanyl are resulting in increased overdose deaths, resulting in an expansion of the target population to stimulant use disorders
- National Opinion Research Center (NORC) at the University of Chicago and the U.S. Department of Agriculture's USDA Rural Development have created the National Opiate Misuse Community Assessment Tool (<https://opioidmisusetool.norc.org/>) to identify overdose hotspots and related data
- The Overdose Mapping and Application Program (ODMAP) provides overdose surveillance data to support public safety and public health efforts

# MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

Medications for opioid **overdose**, **withdrawal**, and **addiction** are safe, effective and save lives.

The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

FDA-approved medications for opioid addiction, overdose, and withdrawal work in various ways.

## — Opioid Receptor Agonist

Medications attach to opioid receptors in the brain to block withdrawal symptoms and cravings.

## — Opioid Receptor Partial Agonist

Medications attach to and partially activate opioid receptors in the brain to ease withdrawal symptoms and cravings.

## — Opioid Receptor Antagonist

Medications block activity of opioid receptors in the brain to prevent euphoric effects (the high) of opioids and alcohol and help reduce cravings.

## — Adrenergic Receptor Agonist

A medication that attaches to and activates adrenergic receptors in the brain and helps alleviate withdrawal symptoms.

### REDUCES OPIOID USE AND CRAVINGS

#### Methadone

Daily liquid or tablet

Dolophine®, Methadose®  
Generics available

#### Naltrexone

Monthly Injection

Vivitrol®

#### Buprenorphine

Daily tablet  
Monthly injection

Sublocade®  
Generic tablets available

#### Buprenorphine/ Naloxone

Daily film under the tongue or tablet

Zubsolv®, Suboxone®  
Generics available

### TREATS WITHDRAWAL SYMPTOMS

#### Lofexidine

As-needed tablet

Lucemyra®

### REVERSES OVERDOSE

#### Naloxone

Emergency nasal spray or injection

Narcan®, Kloxxado®  
Generics available

# What is a Drug Court?

- ☀ Courts specially designed to reduce recidivism and substance misuse among nonviolent offenders
- ☀ Judicially monitored programs that include comprehensive supervision, drug testing, treatment services and immediate court responses to compliance.
- ☀ Allow participants to work, pay taxes, while receiving better drug treatment than they would in jail.
- ☀ Expanded to serve juveniles, those with serious mental illness, parents who lost custody of children due to substance use, tribal communities, and veterans struggling with the effects of trauma

# Drug Courts Work

- ☀ Cultural shift as the justice system began treating substance use and mental health disorders as medical conditions rather than moral failings
- ☀ The average national one year retention rate for drug courts is over 60%
- ☀ Drug courts provide access to evidence-based treatment—including Medication Assisted Treatment (MAT)
- ☀ Treatment courts produce savings, returning up to \$27 for every \$1 invested



# **The Multi-Site Adult Drug Court Evaluation:**

## **The Drug Court Experience**

**Shelli B. Rossman, John K. Roman, Janine M.  
Zweig, Michael Rempel, and Christine H.  
Lindquist (Series Editors)**



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# Drug Court Research - MADCE

- ☀ Adult drug courts reduce crime and drug use
- ☀ High-risk offenders may benefit most
- ☀ Judicial oversight is critical
- ☀ Treatment can work in tandem with judicial oversight, using evidence-based treatment
- ☀ Need enhanced screening protocols to identify and enroll more participants (less than 4% of eligible arrestees nationwide now enroll: 55,000 per year of an estimated 1.5 million eligible)
- ☀ Need to avoid exclusions based on demographics or perceptions about motivation

# Statutory Guidelines for Treatment Courts

Treatment Courts must permit participants to use MOUD when prescribed by medical practitioner upon entry, during participation, and when completing the court mandate.

☀ New York passed legislation to allow individuals on MAT to participate in judicial diversion programs and to ensure those participants would not inadvertently face probation violation charges due to the presence of MAT medications in drug screens.

☀ The Center for Substance Abuse Treatment requires that treatment drug courts receiving grant funding will not:

1. Deny any eligible client access to FDA-approved MAT medications prescribed by a physician's prescription; and
2. Mandate that a drug court client no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a physician's recommendation or prescription

☀ The Americans with Disabilities Act and the Rehabilitation Act jointly prohibit criminal justice agencies from discriminating against individuals with opioid use disorder in need of MAT.



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# BJA Drug Court grant for the first Opioid Court

- ☀ In 2016, BJA funded the Buffalo Opioid Intervention Court
  - New pre-plea, voluntary triage model developed to respond to high overdose deaths in criminal justice populations
  - Focused on immediacy of access to treatment and supportive services
  - Immediate access to MOUD in mobile unit
  - Peer engagement in the courtroom
  - Family navigation and transportation (Save the Michaels)



# Drug Court vs. Opioid Court: Key Differences

Drug Court	Opioid Court
Post-(guilty) plea	Pre-plea & voluntary; prosecution is suspended during participation
Participation may begin up to several months after arraignment (once defendant pleads guilty)	Participation begins at or immediately after arraignment
Failure to complete court can result in legal consequences	Failure to complete results in no legal consequences, just resumption of prosecution of the original charge
Participation duration typically ranges from 12-18 months	Participation duration is 90 days (or more; based on NIDA guidelines)
MOUD is not always readily accessible	Prioritize and support rapid linkage to MOUD

# National Opioid Intervention Court Guidelines

1. Broad legal eligibility

2. Immediate screen for overdose risk

3. Informed consent after consultation with defense counsel

4. Suspension of prosecution or expedited plea during treatment

5. Rapid clinical assessment and treatment engagement

## The 10 Essential Elements of Opioid Intervention Courts



6. Recovery support services

7. Frequent judicial supervision and compliance monitoring

8. Intensive case management

9. Program completion and continuing care

10. Performance evaluation and program improvement

# Buffalo OIC Process, Outcome And Cost Evaluation Full Study Detailed Report

April 2021



# Buffalo Opioid Intervention Court Process, Outcome and Cost Evaluation Report

- ☀ BJA grant funded study by NPC Research through awarded to the National Association of Drug Court Professionals. The NPC study found that compared to opioid involved offenders who did not enter the program:
  - Participants were one-third as likely to die in the 6 months after their jail booking and entry into OIC, and half as likely to die within 1 year
  - Participants connected with treatment significantly sooner
  - Individuals who received MAT within 14 days of their jail booking were less likely to die in the following 12 months than those who received MAT sometime later
  - For every taxpayer dollar invested in the OIC program there is a return of \$5 after just 1 year, saving over \$300,000 in costs to society per participant

# NYS Opioid Courts



# Incorporating Medication in Opioid Courts

Reducing Overdose Through Triage  
in Treatment Court Settings



Office of Addiction  
Services and Supports



Opioid  
Response  
Network

## Findings:

- ☀ Provide immediate screening and treatment
- ☀ Offer multiple options and access points to treatment
- ☀ Improve coordination of services
- ☀ Integrate support from peer advocates
- ☀ Use innovative business models to secure sufficient reimbursement
- ☀ Track outcomes

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# Provide Immediate Screening and Treatment

1. Screen and treat patients on a pre-plea basis
2. Screen for co-occurring disorders
3. Use a validated risk assessment tool
4. Prescribe within 24 hours of arrest
5. Use the Sequential Intercept Model



# THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-based Solutions  
for Justice-involved People With  
Mental and Substance Use Disorders



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## Offer Multiple Options and Access Points to Treatment

1. Support buprenorphine-waivered practitioners
2. Establish partnerships with local hospitals
3. Employ mobile prescription units
4. Form partnerships with correctional institutions
5. Make injectable MOUD options available
6. Provide telehealth access to treatment



## U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION DIVERSION CONTROL DIVISION

### Use of Telemedicine While Providing Medication Assisted Treatment (MAT)



Under the Ryan Haight Act of 2008, where controlled substances are prescribed by means of the Internet, the general requirement is that the prescribing Practitioner must have conducted at least one in-person medical evaluation of the patient. [U.S.C. § 829\(e\)](#). However, the Act provides an exception to this requirement. 21 USC § 829 (e)(3)(A). Specifically, a DEA-registered Practitioner acting within the United States is **exempt** from the requirement of an in-person medical evaluation as a prerequisite to prescribing or otherwise dispensing controlled substances by means of the Internet **if** the

Practitioner is engaged in the practice of telemedicine and is acting in accordance with the requirements of [21 U.S.C. § 802\(54\)](#).

Under 21 U.S.C. § 802(54)(A),(B), for **most** (DEA-registered) Practitioners in the United States, **including** Qualifying Practitioners and Qualifying Other Practitioners ("Medication Assisted Treatment Providers"), who are using FDA approved Schedule III-V controlled substances to treat opioid addiction, the term "practice of telemedicine" means the practice of medicine in accordance with applicable Federal and State laws, by a practitioner (other than a pharmacist) who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient using a telecommunications system referred to in (42 C.F.R. § 410.78(a)(3)) which practice is being conducted:

**A. while the patient is being treated by, and physically located in, a DEA-registered hospital or clinic registered under [21 U.S.C. § 823\(f\)](#) of this title; and by a practitioner**

# Improve Coordination of Services

- ✱ Set clear expectations for providers and prescribers
- ✱ Provide education and resource sharing
- ✱ Form a therapeutic alliance with patients
- ✱ Offer specialty care
- ✱ Integrate community support services

# Integrate Support from Peer Advocates

1. Provide training for peer advocates
2. Create systems for integrating peer advocates into opioid courts

# Federal PROBATION

*a journal of correctional  
philosophy and practice*

## SPECIAL ISSUE ON IMPLEMENTATION SCIENCE IN COMMUNITY CORRECTIONS: REDUCED RECIDIVISM & SOCIALLY SIGNIFICANT OUTCOMES BY DESIGN

Fidelity to Evidence-based Practice: Our Obligation to Effective Supervision and Service Delivery

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Acumen

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*By Dean Fixsen, Melissa K. Van Dyke*

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*By Pam Imm, Aldrenna Williams, Joe Hyde, Abe Wandersman*

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Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for

## Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration

*Elizabeth Burden*

*Erin Etwaroo*

*Altarum*

**THE OPIOID EPIDEMIC** has had devastating consequences across the United States, with more than 67,000 Americans dying from drug overdose in 2018 (Hedegaard, Miniño, & Warner, 2020). Heroin, prescription pain relievers, and synthetic opioids like fentanyl have contributed to this growing epidemic. In New York State, there was a 200 percent increase in the number of opioid-related overdose deaths between 2010 and 2017 (New York State Department of Health, 2019). Effectively addressing the epidemic—including preventing opioid use morbidities and mortalities—requires a collaborative and comprehensive approach across systems.

Increasingly, peer recovery support services are being incorporated into programs in a variety of settings as a part of comprehensive efforts to address opioid use disorders. The New York State Office of Court Administration is working to integrate peer support into its Opioid Intervention Courts, as it scales this new model for saving lives. As

problem-solving courts, or specialty courts have developed into a widely used approach to addressing the needs of offenders with substance use disorders (SUDs) and/or mental health issues. By working to resolve the underlying personal issues related to justice involvement, these courts disrupt the cycle of relapse, crime, and reincarceration (Shaffer, 2011; Mitchell et al., 2012). The first—and arguably most well-known—of these courts were drug treatment courts, launched in Dade County; family courts, mental health courts, and veterans courts followed. There are now more than 3,000 such courts in the U.S., serving approximately 120,000 individuals annually (Office of National Drug Control Policy, 2011). In this article, we refer to these courts by the emerging term *treatment and recovery courts* (TRCs), which reflects their overarching purpose.

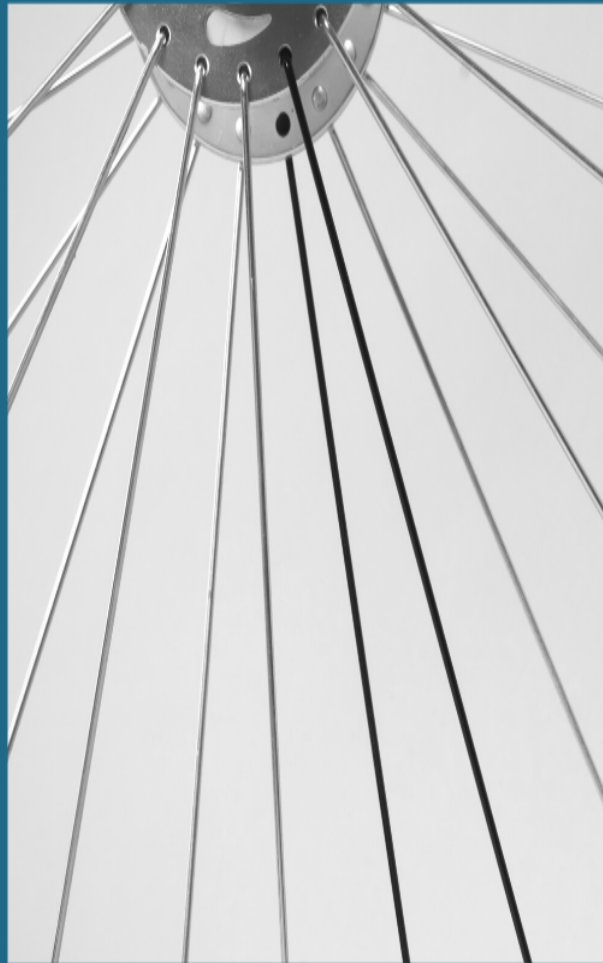
Opioid intervention courts (OICs) are the newest addition to the TRC contingent. OICs are an opportunity to address the opioid

individuals with substance use disorders: OICs are the emergency rooms, offering short-term services to individuals with OUDs to prevent overdoses, reduce other harms, and encourage early steps toward recovery. The country's first OIC was launched in Buffalo, New York, in 2017. Since then, other states have adopted the model, which relies on day-of-arrest intervention, OUD treatment, daily judicial supervision, and wrap-around services. The Center for Court Innovation (2019) described the Buffalo OIC operations:

Prior to arraignment, court staff go to the jail to interview defendants, using a brief survey developed by the court to identify those at risk of opioid overdose. Individuals identified to be at high risk are administered a bio-psychosocial screening by an onsite team of treatment professionals and case coordinators immediately following arraignment. Based on the results, each

# Use Innovative Business Models to Secure Sufficient Reimbursement

- ✱ Extend prescribing to new sites
- ✱ Form agreements with opioid treatment programs and providers:
- ✱ Pilot the Massachusetts Model:
- ✱ Consider using the “hub-and-spoke” model:
- ✱ Reimburse the services of peer advocates
- ✱ Continue to allow prescriptions for new patients through telehealth platforms



## Hub and Spoke Model Expands Access to Opioid Use Disorder Treatment in Washington State

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Combining proven approaches with local flexibility, Washington State built a "no wrong door" approach to treating opioid

# Final Takeaways/Summary

- ☀ Measure recurrence, overdose, and death
- ☀ Use written agreements
- ☀ Importance of partnerships to ensure recovery



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# Questions