

Navigating Evidence-based SUD Treatment in Treatment Courts

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.

Polls

What has been your experience with treatment courts?

Extremely positive

Somewhat positive

Neutral

Somewhat negative

Very negative

N/A - I have no experience
with treatment courts

When poll is active, respond at pollev.com/asamlearning370

Text **ASAMLEARNING370** to **22333** once to join

What primary population do you and your healthcare team serve?

Urban

Suburban

Rural

When poll is active, respond at pollev.com/asamlearning370

Text **ASAMLEARNING370** to **22333** once to join

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

Reuniting with family

Getting a job

Obtaining housing

Reduced sentence

Never returning to jail/prison again

Other



Treatment Realities and Challenges

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.

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

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!



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

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).



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.

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.



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

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.*



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.

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.



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)



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.

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.

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.



Activity #1

Large Group Activity

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. Raise your hand if you have a comment. Faculty will call on individuals 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: 7 minutes

NAVIGATING TREATMENT COURT CHALLENGES

Debrief



Strategies for Providing Effective Care in Treatment Courts

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.



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.



Use Research and Federal Law to Support Your Practice



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.

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.



Meet Ben

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.

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 rhabdomyolysis.
- 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.***

Activity #2

Small Group Activity

Coordinating Care for Ben – Case Exercise

At your table, 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

CASE DISCUSSION

Debrief



The Role of the Medical Provider on the Treatment Court Team

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

The Role of the Medical Provider

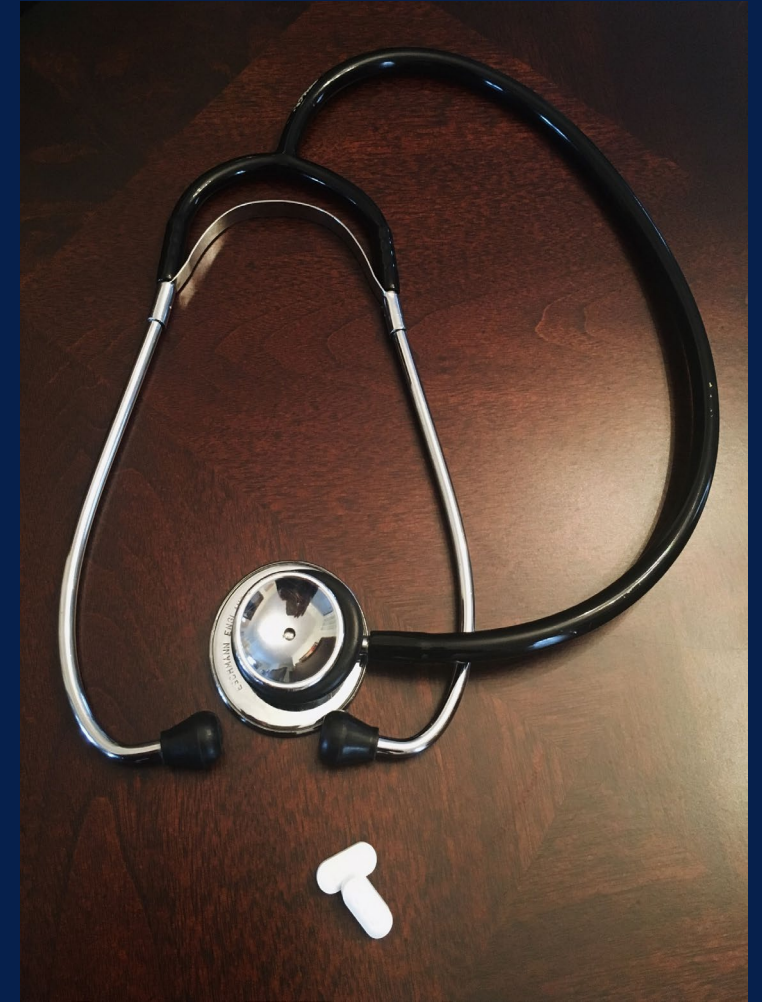


- Provide evaluation, assessment, and treatment of justice-involved patients who have been screened/approved for treatment court.
- Develop a policy to promptly provide harm reduction services as new treatment court patients are at high risk of overdose.
- Screen for other SUD and co-occurring disorders 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.

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.



“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.”

Coordinating Care from Start to Finish for Your Patient

Starting with the jail/prison:

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.

Starting with the client/patient:

- 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).

Meet the patient where they are:

- Verify willingness to engage; all ROIs signed if patient is willing to start treatment
- Provide patient education; verify willingness to engage in medication trial.
- If patient is willing, be sure to review/sign all treatment agreements.

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.

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.

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.



Coordinating Care from Start to Finish for Your Patient

Initially:

Work with team as patient enters programming: taking medication, attending psychosocial counseling, drug testing schedule, appointments with staff, attending court.

Progression through phases:

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.

Treatment Adjustments

Will include more therapeutic adjustments, motivational enhancement approaches, functional analysis of the return to use.

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.



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. Raise your hand to ask a question. Faculty will call on individuals 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

“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.”



Revisiting Ben

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.

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.

Activity #4

Small Group Activity

Revisiting Ben – Case Coordination Exercise

At your table, 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

CASE DISCUSSION: BEN

Debrief

Session 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.

Activity #5

Individual Reflection Exercise

Navigating Evidence-Based SUD Treatment in Treatment Courts- 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?

NAVIGATING EVIDENCE-BASED SUD TREATMENT IN TREATMENT COURTS

End of Session

Knowledge Checks

Overdose risk rises exponentially for justice-involved participants with:

Linkage to care and treatment

Barriers to naloxone access

MOUD in jails and prisons

Harm reduction approaches

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

Individuals reporting opioid use are less likely to be involved in the justice system.

Level of justice involvement decreases with the level of opioid use.

Treatment courts are an evidence-based justice system intervention for connecting people to treatment and reducing recidivism.

OUD has negligible impact on individuals who are justice-involved.

When poll is active, respond at pollev.com/asamlearning370

Text **ASAMLEARNING370** to **22333** once to join

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

Sparingly and as a last resort after all other options have been exhausted.

Frequently since research has shown jail sanctions are effective.

When our patients are in jail, they usually receive their regularly prescribed medications, so there is little concern about return to use.

Putting patients in jail early in programming tells them that this is how treatment court works.

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?

Enacting prohibitions

Retracting permissive policies

Providing access to all FDA-approved
MOUD medications

Only allowing for extended-release
naltrexone during periods of incarceration

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

Staff attitudes about MOUD

Increased knowledge about the court system

Lack of interest in the legal process

There are no barriers for entry into treatment courts.