



**Montgomery County Opiate Treatment Court
Stabilization Part
Technical Assistance Workshop: Day 1**
March 23, 2021



Welcome and Introductions

Facilitators:

- Alejandra Garcia, Senior Program Manager, Center for Court Innovation
- Colleen Gibbons, Deputy Director, Center for Court Innovation, Upstate Office
- Kelly Van Develde, Senior Program Manager, Center for Court Innovation
- Katherine Elkington, Associate Professor, Columbia University, New York Psychiatric Institute
- Margaret Ryan, Project Director, Columbia University, New York Psychiatric Institute
- Dennis Reilly, Statewide Drug Court Coordinator, Division of Policy and Planning
- Susan Sturges, Opioid Court Coordinator, Division of Policy and Planning

Stakeholders:

- Hon. Felix Catena, Presiding Judge
- Michael Daylan, Court Attorney
- Laura Smith, Court Coordinator
- William Martuscello, County Public Defender
- Lorraine Diamond, County District Attorney
- Colleen Gallagher-Kirkland, Regional Director at Conifer Park
- Nydia Hill, Peer Specialist at Conifer Park
- Jeffrey Smith, Montgomery County Sheriff's Department
- Chief John Thomas, Amsterdam Police Department

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Rigorous and Evidence-based Approaches for Court-based Health Promotion

- Project Court REACH is an implementation science research project
- Project REACH is funded by the National Institute on Drug Abuse (NIDA)
- Collaboration between Columbia University/New York State Psychiatric Institute, the Center for Court Innovation, and the Office of Court Administration
- Research + training and technical assistance
- 10 opioid courts in New York
- Goal: Improve access to treatment and recovery supports for participants, and enhance opioid court operations

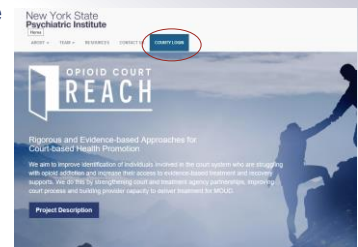
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Project Website

projectreach.nyspi.org

You will receive a personalized login for your county page and resources



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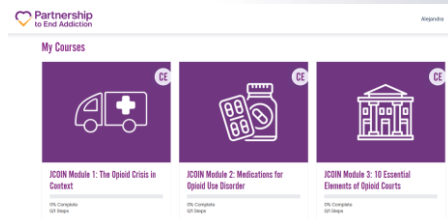
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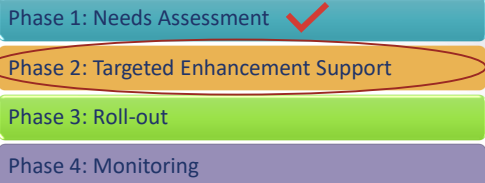
Training Modules



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Project Timeline



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The Three Questions:

1. What are we trying to accomplish?
2. What changes can we make that will result in improvement?
3. How will we know that changes result in (sustained) improvement?

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What data are we using to answer these questions?



For the Needs Assessment Report:

- Interviews with stakeholders
- Administrative surveys

Over the Course of the Project:

- UCMS data
- Feedback from check-in calls/future TA

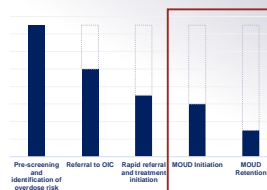
We will use this data to measure court progress and support informed decision-making to **continuously improve** both court & court participant outcomes

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What are we trying to accomplish?

- Opioid Court aims to reduce opioid overdose by rapidly linking court participants to treatment where they can stabilize.
- The opioid care cascade (depicted on the right) is a way of looking to see how opioid court participants make it to treatment and where they get lost.



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What changes can we make that will result in improvement? Implementing the 10 Essential Elements.

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

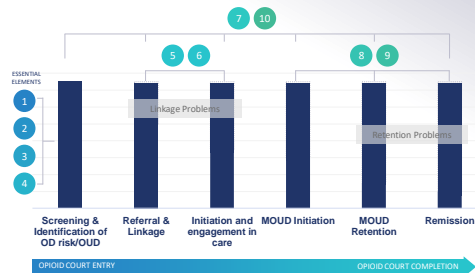


6. Recovery support services
7. Frequent judicial supervision and compliance monitoring
8. Intensive case management
9. Program completion and continuing care
10. Performance evaluation and program improvement

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And how will we know that a change is an improvement?



OPIOID COURT ENTRY

OPIOID COURT COMPLETION

Snapshot of Stabilization Part

- Mission: Identify newly arrested defendants that are at **risk of overdose** and transfer them to the **care of a treatment provider** monitored by the court.
- Launched in August 2019; began taking participants in fall 2020.
- Receive **referrals from assistant district attorneys, defense counsel, and law enforcement.**
- Served **five** participants, all of whom have been referred to **inpatient treatment** at Conifer Park.
- Participants spend 28-35 days at **Conifer Park**, and then return to the court to officially complete the opioid court program.

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Needs Assessment Findings and Recommendations

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Essential Element #1: Broad Eligibility

Findings:

- Court accepts all misdemeanors, violation-level, and felony-level offenses that are Article-216 eligible
- Need clarity on the eligibility criteria and referral process
- Current MOU includes all stakeholders but the new District Attorney

Recommendations:

- Review and revise legal eligibility requirements
- Come to an agreement on the range of clinical need that is appropriate for opioid court
- Create a new MOU with the new District Attorney

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Essential Element #2: Immediate Screening for Risk of Overdose

Findings:

- The Opiate Treatment Court Brief Assessment is helpful and prompts pertinent information from potential participants
- Need clarity about whether the screening tool's results are shared with defense counsel
- Law enforcement do not know how to refer participants to the court

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Essential Element #2: Immediate Screening for Risk of Overdose (cont'd)

Recommendations:

- Integrate the protocols outlined in "Referral Procedures" by conducting outreach to law enforcement and defense counsel in order to facilitate more and quicker referrals
- Increase buy-in and support from law enforcement and defense counsel through marketing/education efforts
- Review and revise process by which participants are identified and informed about opioid court
- Consider how to integrate the peer navigator into the identification and screening process at the court

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Essential Element #3: Informed Consent after Consultation with Defense Counsel

Findings:

- County public defenders, while supportive of the court, are unfamiliar with the eligibility and screening process
- Defense counsel reports limited contact with their clients during their time in the program

Recommendations:

- Integrate defense counsel in stakeholder meetings to develop processes that work from a defense counsel perspective
- Ensure public defenders are aware and know the process for making referrals
- Public defenders should be available to meet with all potential participants after screening is completed by coordinator

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Essential Element #4: Suspension of Prosecution or Expedited Plea

Findings:

- Prosecution is stayed for the duration of the program
- Client’s participation in program has no impact case disposition
- Defense attorneys are unfamiliar with opioid court procedure and the suspension of prosecution procedure

Recommendations:

- Consider favorable case disposition on case-by-case basis
- Ensure defense attorneys understand the suspension of prosecution procedure, including access to discovery during the program duration, through participation in stakeholder meetings

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Essential Element #5: Rapid Clinical Assessment and Treatment Engagement

Findings:

- Participants are quickly referred to treatment upon completing screener conducted by court coordinator
- Limited treatment options (inpatient)
- Treatment referrals are limited in clinical information

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Essential Element #5: Rapid Clinical Assessment and Treatment Engagement (cont'd)

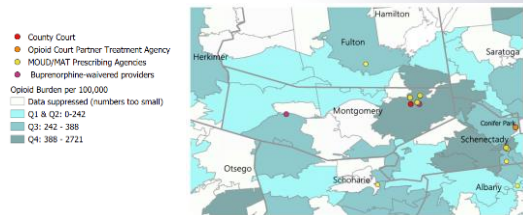
Recommendations:

- Broaden treatment options by building relationships with outpatient treatment providers, including MOUD providers, in Montgomery County
- Administer NYS Treatment Screening Form to collect more clinical information from participants
- Encourage more in-depth information-sharing with treatment providers
- Consider clients’ social circumstances and clinical preferences when making treatment decisions
- Stakeholders can benefit from more education around clinical options for opioid use disorder and overdose risk

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Treatment Capacity in Montgomery County



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Treatment Capacity in Montgomery County: Broadening treatment Options

1. There are a few outpatient providers within Montgomery County
 - **St Mary’s Hospital:** outpatient, provider network, will soon have inpatient capacity, relationship with drug court
2. Partnering with local Centers of Treatment Innovation (COTIs) that serve Montgomery County area is a great way to access a variety of treatment resources for opioid court participants
 - **New Choices:** outpatient, tele-practice, mobile clinic outreach, peer outreach
3. Telehealth is also a viable option (following an in-person visit) for court participants who do not live near providers
 - Institutional capacity and network of OASAS-certified providers
 - This will permit broader access to MOUD once the geographic reach and enrollment of the court grows.

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Essential Element #6: Recovery Support Services

Findings:

- Court benefits from peer navigator who is a bilingual treatment court graduate
- Peer navigator conducts phone check-ins with participants in treatment
- Participants do not receive complementary services such as housing support
- Currently one partner treatment service agency: Conifer Park

Recommendations:

- Integrate peer at the point of referral through completion
- Assess participants’ case management needs and assist in coordinating social supports
- Identify and partner with local recovery support service agencies to provide additional support to participants, including exploring family support navigation and services

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Essential Element #7: Frequent Judicial Supervision and Compliance Monitoring

Findings:

- Court currently has technology to facilitate remote judicial appearances
- Participants only interact with the judge at the beginning and end of the program

Recommendations:

- Provide judicial interaction with participants on a regular basis, either through teleservices or in-person appearances
- Schedule stakeholder meetings to occur throughout the year to review procedures and program operations
- Formalize plan between court-based stakeholders and treatment providers to ensure ongoing communication about participant progress

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Essential Element #8: Intensive Case Management

Findings:

- Limited case management during participant's time in inpatient treatment
- All drug testing is conducted at the treatment facility
- Communication between stakeholders and treatment facility occur via e-mail
- Need for consistent communication among team members

Recommendations:

- Develop a case management program beginning when the participant enters the Stabilization Part, for all participants (including inpatient through teleservices)
- Increase communication among team members and clearly define roles

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Essential Element #9: Program Completion and Continuing Care

Findings:

- MOU has written program completion criteria
- Need clarity on continuing care plans

Recommendations:

- Stakeholders should consider creating a formal completion criteria checklist that could include elements of social stabilization to be addressed through case management
- Continuing care plans should be developed with clients and the court, to support participants with recovery after they complete their 28-35 days of inpatient treatment, or if they are in outpatient services, whether they continue in the opioid court program, or after they complete

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Essential Element #10: Performance Evaluation and Program Improvement

Findings:

- Lack of consistent and continuous data collection
- Absence of clearly-defined performance measures

Recommendations:

- Work with Project REACH staff to identify areas and strategies for data entry improvement
- Implement recommendations from this report with the support of technical assistance

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Introduction to Action Planning

Finding				
Goal 1:				
Objective 1A:	Action Steps	Persons Responsible	Timeline	Performance Measures
Objective 1B:	Action Steps	Persons Responsible	Timeline	Performance Measures
Objective 1C:	Action Steps	Persons Responsible	Timeline	Performance Measures

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Wrap-up and Next Steps!

Thank you!

