



Ontario County Opioid Stabilization Part
Technical Assistance Workshop: Day 1
August 12, 2021



Office of Alcoholism and
Substance Abuse Services



COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER



Center
for
Court
Innovation



New York State
Psychiatric Institute

Welcome and Introductions

Facilitators:

- David Lucas, Senior Program Manager, Center for Court Innovation
- 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:

- Honorable Jacqueline Sisson, Opioid Court Judge
- Betsey Lee, Opioid Court Coordinator
- *Jeremiah King, ADA, DA's Office – Ontario County*
- Bradley Porter, Assistant Public Defender, Public Defender's Office – Ontario County
- Caitlin Meath, Case Manager
- Jason Briggs, Senior Director of Mental Health and In Community Services, FLACRA
- James Boggs, Correction Sergeant, Ontario County Sheriff's Office
- Guy Morse, Forensic Peer Manager, FLACRA



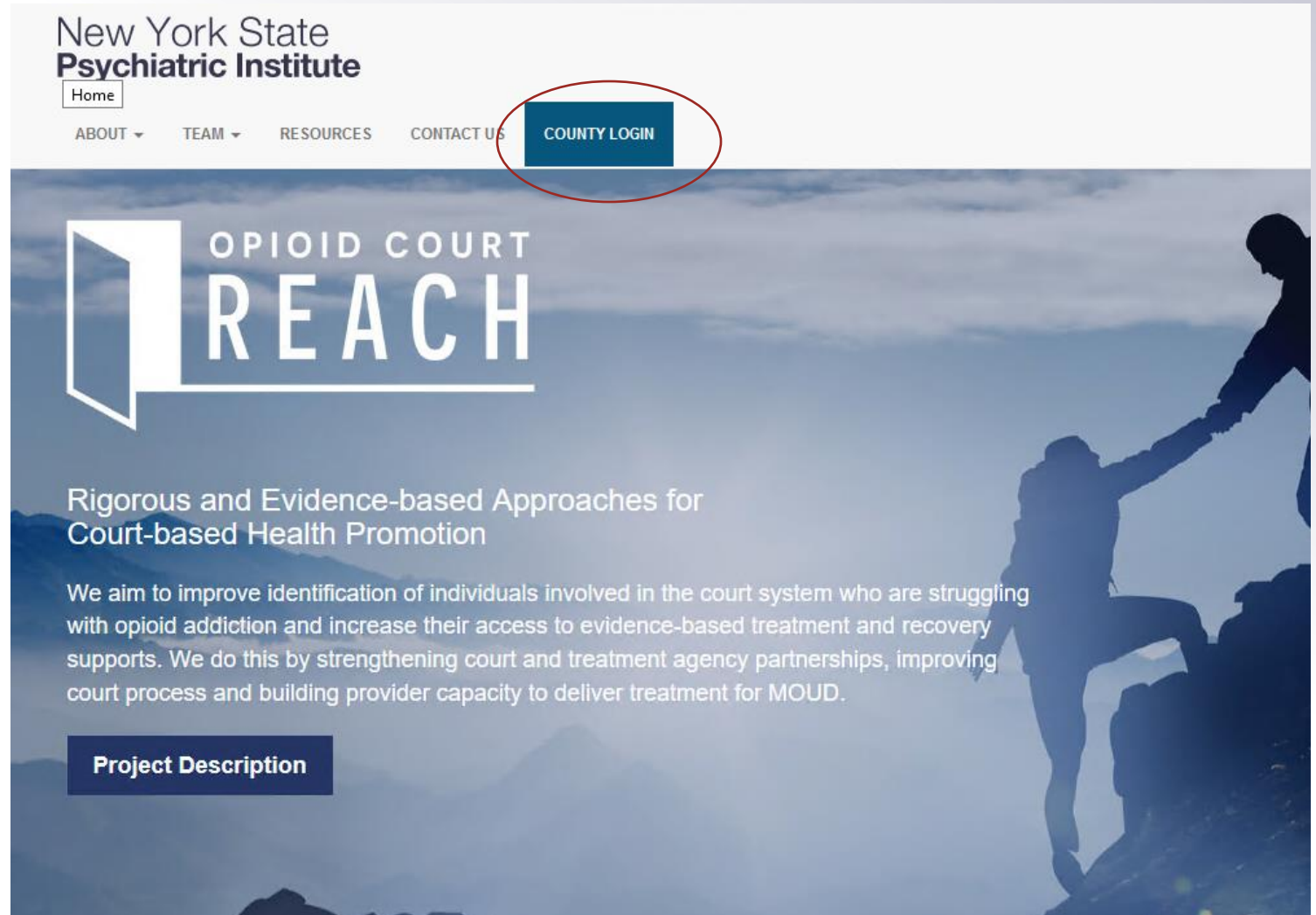
Rigorous and Evidence-based Approaches for Court-based Health Promotion

- 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**

Project Website

projectreach.nyspi.org

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



Project Website

projectreach.nyspi.org

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

Ontario County

Introduction to Ontario County Opioid Court REACH

Welcome! You are one of the 10 counties participating in Project Opioid Court REACH. This is your county's private page where you will find project materials, your county's Technical Assistance leads and contact information, and upcoming events and activities.

Project Resources

A directory of county-specific resources including your Needs Assessment Report, and other court and clinical resources.

[Access Project Resources](#)

Training Modules

[Register Here](#)

Technical Assistance Team

Annie, Dave, and Kelly are excited to be working with you. Feel free to contact them at the emails below if you ever have any questions.



Training Modules

My Courses



JCOIN Module 1: The Opioid Crisis in Context

0% Complete
0/1 Steps



JCOIN Module 2: Medications for Opioid Use Disorder

0% Complete
0/1 Steps



JCOIN Module 3: 10 Essential Elements of Opioid Courts

0% Complete
0/1 Steps

Project Timeline

Phase 1: Needs Assessment



Phase 2: Targeted Enhancement Support

Phase 3: Roll-out

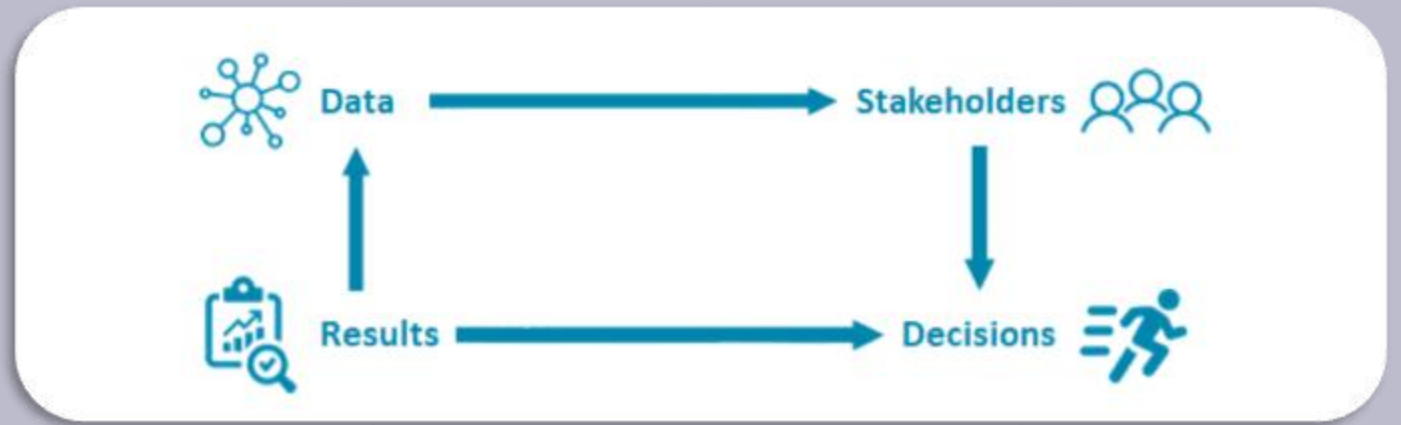
Phase 4: Monitoring



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?

What data are we using to answer these questions?



For the Needs Assessment Report:

- Interviews with stakeholders
- Administrative surveys

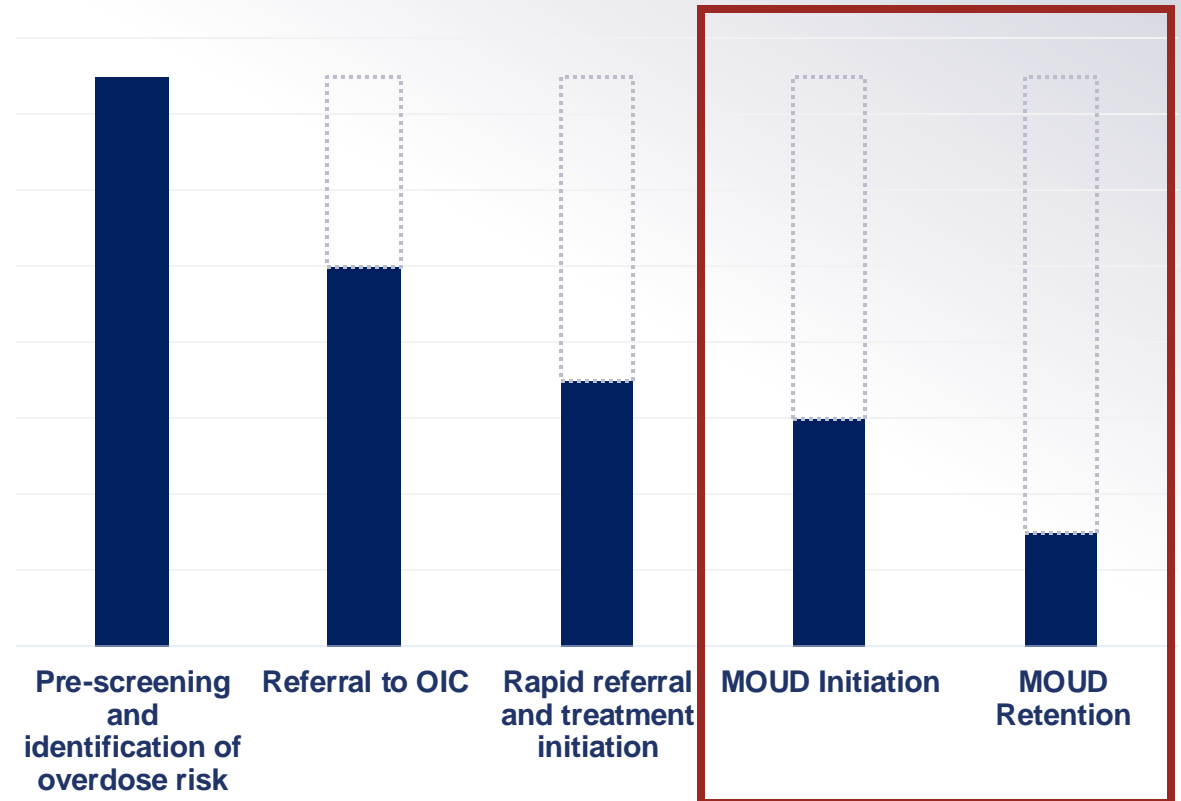
Over the Course of the Project:

- 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

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.



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

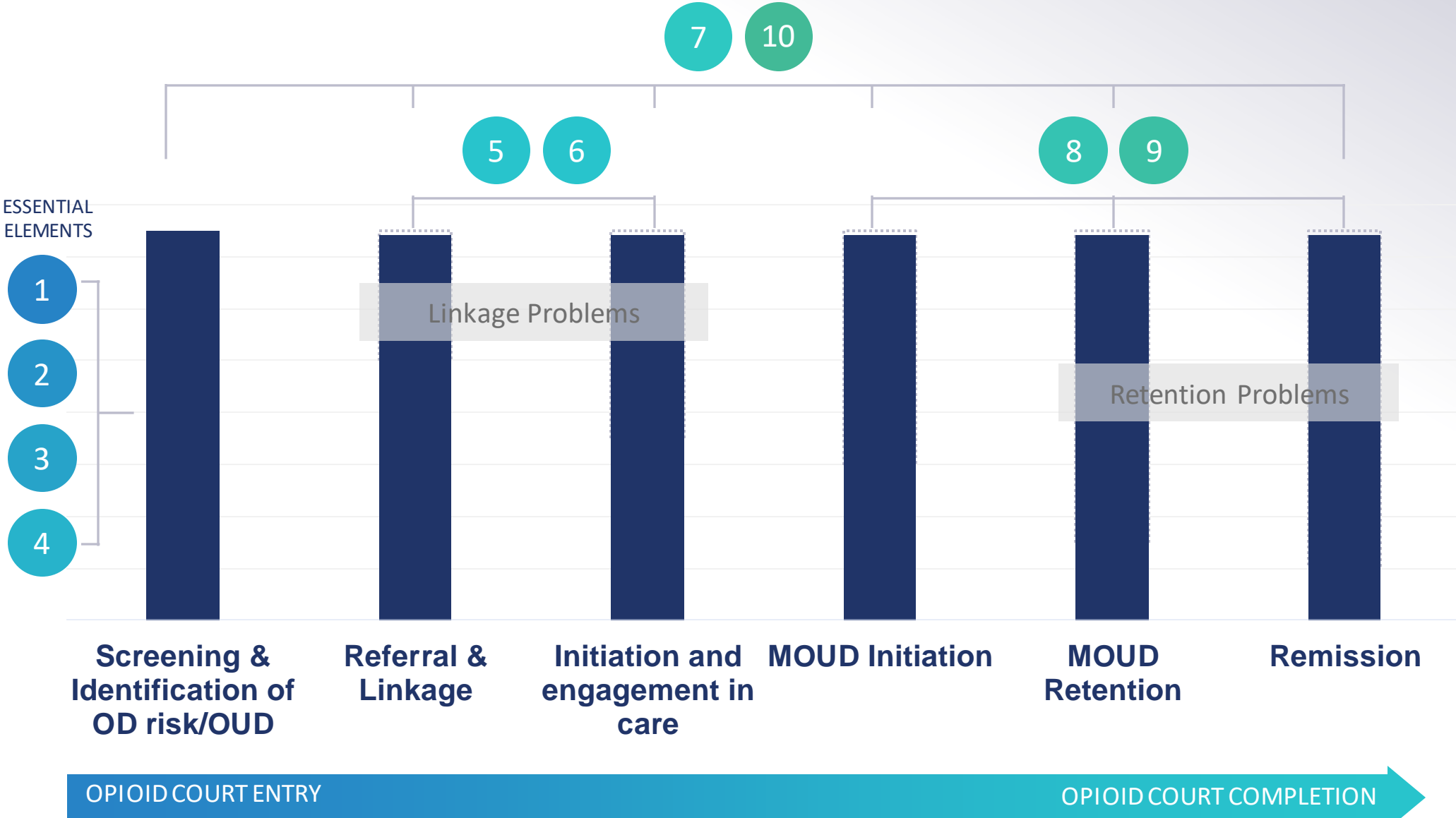
7. Frequent judicial supervision and compliance monitoring

8. Intensive case management

9. Program completion and continuing care

10. Performance evaluation and program improvement

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



Snapshot of Ontario County – OSP

- Began taking participants in January 2019
- To date, **14 participants** have **completed** the program
- **Informal screening process** is conducted at **arraignment** by a **public defender**
- **Misdemeanors and non-violent** felony charges are accepted
- **OSP's treatment provider** is Finger Lakes Addiction Counseling and Recovery Agency (FLACRA)
- At the time of the interviews, **zero enrolled participants**

Needs Assessment Findings and Recommendations

Essential Element #1: Broad Eligibility

Findings:

- Accepts broad range of charges, including all misdemeanors and non-violent felonies;
- DA's office declines cases if they are inappropriate;
- Individuals with a parole or probation violation as their only criminal justice contact are not accepted;
- Stakeholders indicate interest in expanding court eligibility to those on probation or in drug court and need additional intervention for OUD;
- Eligible participants appear to have limited interest in engaging with the court.

Essential Element #1: Broad Eligibility (cont'd)

Recommendations:

- Review legal eligibility as a stakeholder team and create MOU;
- Improve potential participant awareness of immediacy and availability of services in OSP;
- Discuss plans for expanding court eligibility to include individuals on probation and participants of drug court;

Essential Element #2: Immediate Screening for Risk of Overdose

Findings:

- OSP uses an informal screening process, similar to Buffalo's and typically conducted by the public defender before arraignment, to identify potential participants
- No paperwork involved in the initial screening process
- Potential participants are put on the next OSP calendar date (i.e., the next day)
- After initial screening, a FLACRA case manager conducts a longer clinical assessment.
- The court keeps track of those who are deemed ineligible
- No outreach process in place for contacting individuals after DATs issuance, but FLACRA personnel attend arraignments to field for participants

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

Recommendations:

- Continue exploring early identification processes with law enforcement
- Increase buy-in and support from law enforcement and defense counsel through awareness and education efforts and via training on OUD and MOUD;
- Formalize the screening process and create written procedures.
- Develop additional strategies to keep potential participants informed of the OSP option and available services while they are awaiting their first court date;
- Explore opportunities to integrate community-based Certified Peers into the identification and screening process

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

Findings:

- No formalized process for defense counsel to determine if their client is a right fit for OSP;
- No formalized training, including policies and procedures manual, for defense attorneys who are assigned to individuals who enter OSP;
- No process in place for individuals with DATs to be screened and contacted prior to their first appearance in court.

Essential Element #3: Informed Consent after Consultation with Defense Counsel (cont'd)

Recommendations:

- Develop opioid court training and resources to help ensure the group of attorneys who are assigned OSP cases are trained on topics such as risk of overdose availability of expedited clinical and health support, recovery support services;
- Explore procedures for ensuring defense counsel is notified and involved when someone is being considered for opioid court;
- Develop protocols for connecting people to treatment services prior to their first appearance in court.

Essential Element #4: Suspension of Prosecution or Expedited Plea

Findings:

- Prosecution is suspended when an individual enters OSP;
- Participants who do not complete OSP successfully are not penalized; their case returns to its original posture;
- There is interest among stakeholders to implement a more favorable disposition for those who complete OSP successfully as there is no case related benefit.

Recommendations:

- Formalize in writing that there is no penalty for a participant not being successful in OSP;
- Consider favorable case disposition on case-by-case basis and discuss how this will be implemented;
- Discuss how and when cases will be referred to a post-plea treatment court.

Essential Element #5: Rapid Clinical Assessment and Treatment Engagement

Findings:

- Participants receive a comprehensive clinical assessment (and service referrals) from a licensed treatment professional from FLACRA upon accepting the OSP offer
- Outpatient participants are engaged with OSP staff every day, including weekends
- Participants typically are admitted into detox for MOUD induction or inpatient treatment the same day of initial treatment or within 1-2 days.
- Due to lack of prescriber availability, participants can sometime wait up to a week or more to be inducted by an MOUD prescriber

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

Recommendations:

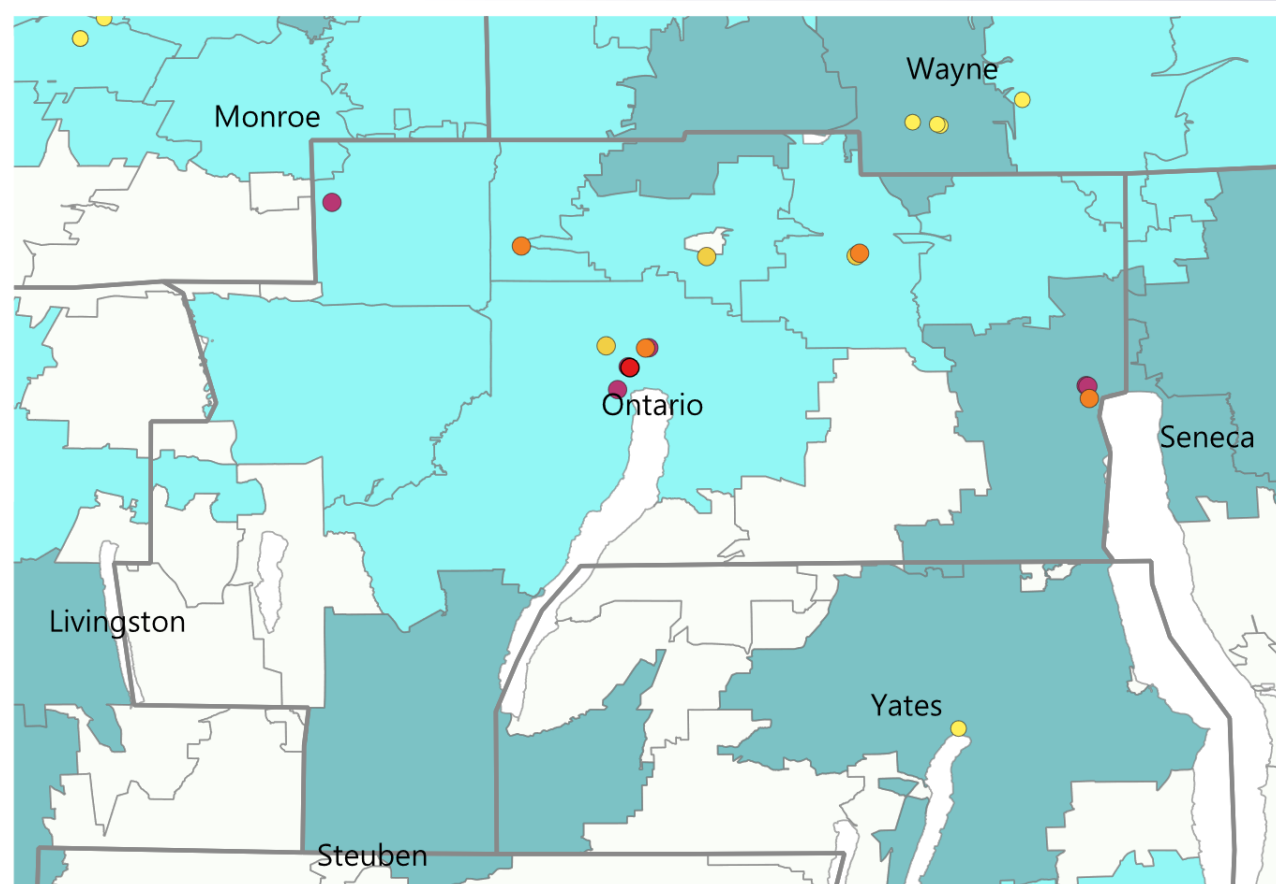
- Continue to identify and partner with additional MOUD prescribers and treatment providers throughout the county (including telehealth options) to reduce wait times;
- Ensure that wait times are not contributing to participants remaining in custody, especially while in withdrawal, as they wait for an inpatient treatment bed (i.e., “bed-to-bed” treatment plans);
- Collaborate with local healthcare providers and develop a strategy to make methadone more available to Ontario County residents; explore ways to expand access to managed take-home doses;
- Continue to provide court practitioners (judge, prosecutors, and defense) with training on the science of OUD and best practices for MOUD utilization in legal settings;

Treatment Capacity in Ontario County

- County Court
- Opioid Court Partner Treatment Agency
- MOUD/MAT Prescribing Agencies
- Buprenorphine-waivered providers

Opioid Burden per 100,000

- Data suppressed (numbers too small)
- Q1 & Q2: 0-242
- Q3: 242 - 388
- Q4: 388 - 2721



Essential Element #6: Recovery Support Services

Findings:

- Certified peers from the COTI wing of FLACRA provide supportive services for participants
- Prior to COVID-19, certified peers actively engaged with participants frequently.
- No dedicated family services navigators; certified peers do assist with childcare and other family needs.
- Vocational and housing needs are almost entirely provided by FLACRA

Recommendations:

- Continue to leverage the FLACRA and COTI partnership for linkages to recovery supportive services in the community;
- Develop a strategic plan to expand sober living and other supportive housing options;
- Continue to leverage the vocational, educational, and peer training opportunities provided by FLACRA

Essential Element #7: Frequent Judicial Supervision and Compliance Monitoring

Findings:

- Court calendar is called every weekday when operating entirely in person;
- Participants were required to attend every weekday; appearances reduce, as the participant moves along the program, to once a week
- FLACRA conducts weekly drug tests;
- Positive drug tests are responded to by clinical intervention, not judicial sanctions;
- If participants has failed to appear, the court exhausts its efforts to locate them before issuing a warrant;

Essential Element #7: Frequent Judicial Supervision and Compliance Monitoring (cont'd)

Recommendations:

- Engage in discussions with the stakeholder group to find ways to increase enrollment in the OSP; and
- Consider whether remote appearances for participants would be beneficial to OSP.

Essential Element #8: Intensive Case Management

Findings:

- Case management is primarily administered by FLACRA staff
- Case manager role is well-integrated into program operations as they conduct the clinical assessment, make the first set of referrals, and work with certified peers to connect participants to complementary services
- Communication is streamlined and consistent; currently almost all communication is virtual.

Recommendations:

- Continue offering robust case management and coordinated communication between stakeholders

Essential Element #9: Program Completion and Continuing Care

Findings:

- No formal criteria for program completion, but most participants complete in 90 days
- No formal system for applying time spent in OSP against treatment court participation
- Continuing care is encouraged by OSP staff but not mandatory

Recommendations:

- Create a formal completion criteria checklist that could include elements of social stabilization to be addressed through case management;
- Participants and case managers should develop a comprehensive, voluntary continuing care plan to support recovery after program completion; and
- Develop an MOU to formalize how time spent in OSP will count towards treatment court participation (where applicable)

Essential Element #10: Performance Evaluation and Program Improvement

Findings:

- From May 2019 through March 2021, OSP has 31 accepted participants and 22 official participants;
- Assessment information available for only 7 out of the court's 31 accepted participants;
- Treatment initiation information available for 24 out of the 31 potential participants;
- Case closure information for 27 out of the 31 potential participants;
- 14/22 participants successfully completed at least one treatment program during court participation.

Essential Element #10: Performance Evaluation and Program Improvement (cont'd)

Recommendations:

- Work with Project Court REACH staff to identify areas and strategies for data entry improvement, including the use of the Opioid Court dashboard;
- Implement recommendations from this report with the help of technical assistance from Project Court REACH

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

Wrap-up and Next Steps!



**Office of Alcoholism and
Substance Abuse Services**



**COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER**



**Center
for
Court
Innovation**



**New York State
Psychiatric Institute**

Thank you!



**Office of Alcoholism and
Substance Abuse Services**



**COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER**



**Center
for
Court
Innovation**



**New York State
Psychiatric Institute**