



Rensselaer County – Troy Opioid Court  
Technical Assistance Workshop: Day 1  
April 7<sup>th</sup>, 2022



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:

- **Colleen Gibbons**, Deputy Director, Center for Court Innovation – Upstate Office
- **David Lucas**, Clinical Advisor, Senior Program Manager, Center for Court Innovation
- **Courtney Williams**, Senior Program Manager
- **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:

- **Maggie Baker**, Asst. Dir. of Treatment, Conifer Park
- **Daun Brophy**, Treatment Provider, Whitney Young
- **Kyrstin Calabrese**, CRPA, Hope House
- **Karen DeBenedetto**, Chief Clerk, Troy City Court
- **Kirstein DonVito**, Deputy Commissioner of Mental Health, Rensselaer Department of Mental Health
- **Nicholas Dorando**, Prosecutor, Troy City Court
- **Bonnie Hazard**, Court Coordinator, Troy City Court
- **Karrie Hoover**, Troy Police
- **Hon. Christopher Maier**, Judge, Troy City Court
- **Jennifer Mansky**, Program Dir., Hope House Outpatient Clinic
- **Lisa Miller**, Pre-Trial Services, Rensselaer Co. Probation
- **Robert Linville**, Defense Attorney, Rensselaer County Court
- **Priscilla Reiff**, Admissions Dir., St. Mary, Samaritan Addition Service
- **Steven Rozycki**, Behavioral Health Treatment Provider, SPARC/Cohoes Outpatient Clinic
- **Eliza Schneider**, Substance Use Specialist, Department of Social Services, Rensselaer County
- **Keith Stack**, Exec. Dir., ACCA



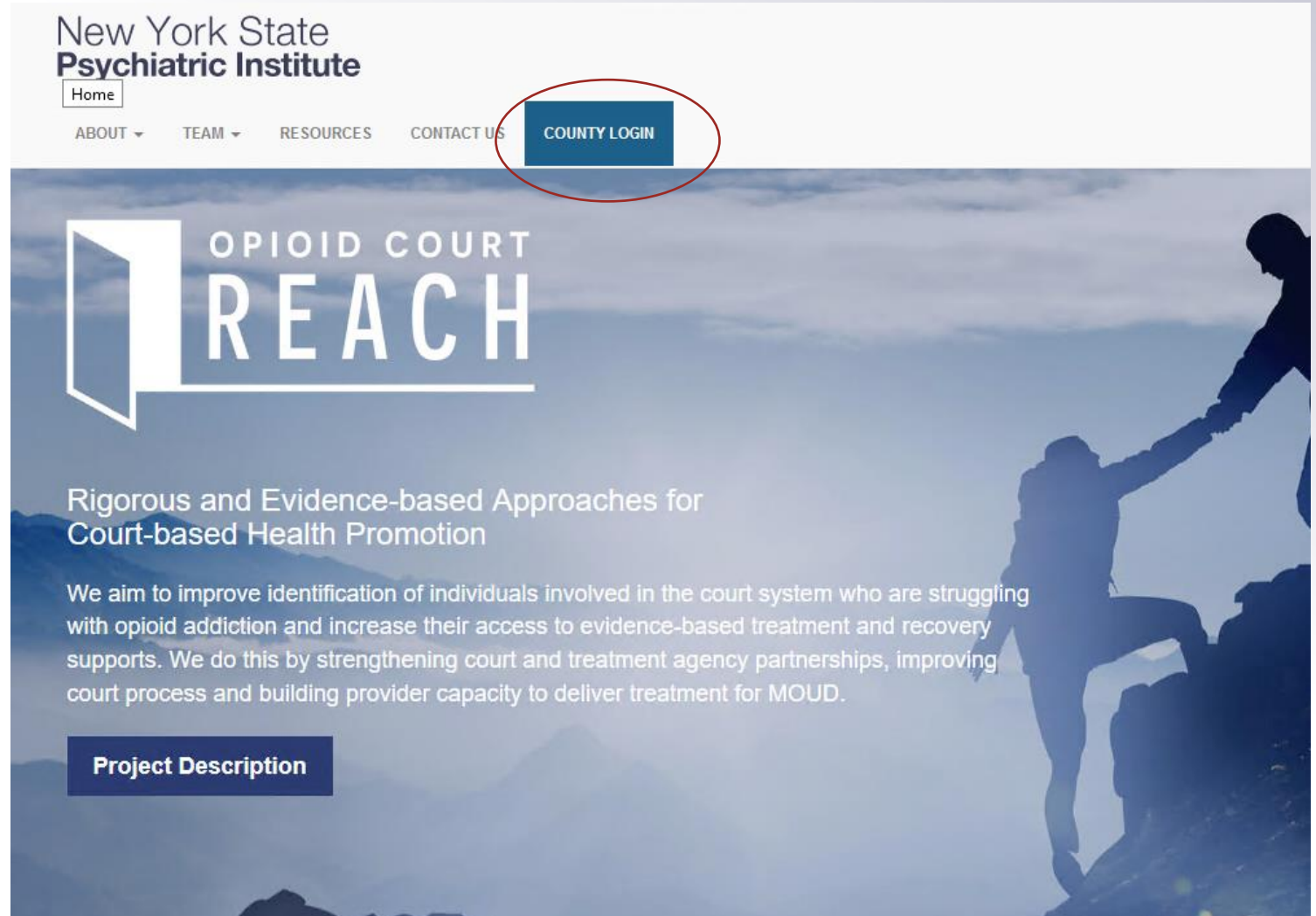
## Rigorous and Evidence-based Approaches for Court-based Health Promotion

- 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](http://projectreach.nyspi.org)

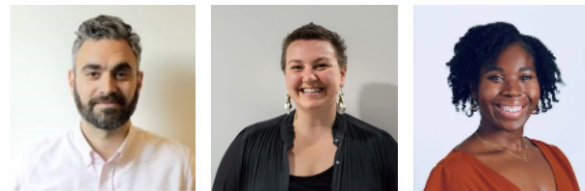
You will receive a personalized login for your county page and resources



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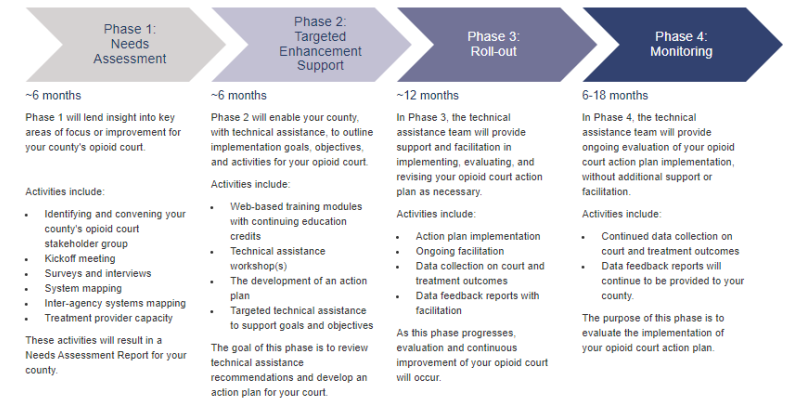
**Courtney Williams, MS**  
Senior Program Manager, Technical Assistance, Center for Court Innovation. cwilliams@nycourts.gov  
cwilliams@nycourts.gov

## Upcoming Events and Activities

You are starting Phase 2: Targeted Enhancement Support soon. Upcoming events and activities include:

- **Web-based Trainings:** See the link above to access the web-based trainings. These can be completed on your timeline and you may receive continuing education credits for their completion
- **Technical Assistance Workshop #1:** TBD, look out for emails!
- **Technical Assistance Workshop #2:** TBD, look out for emails!

## Timeline



# 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

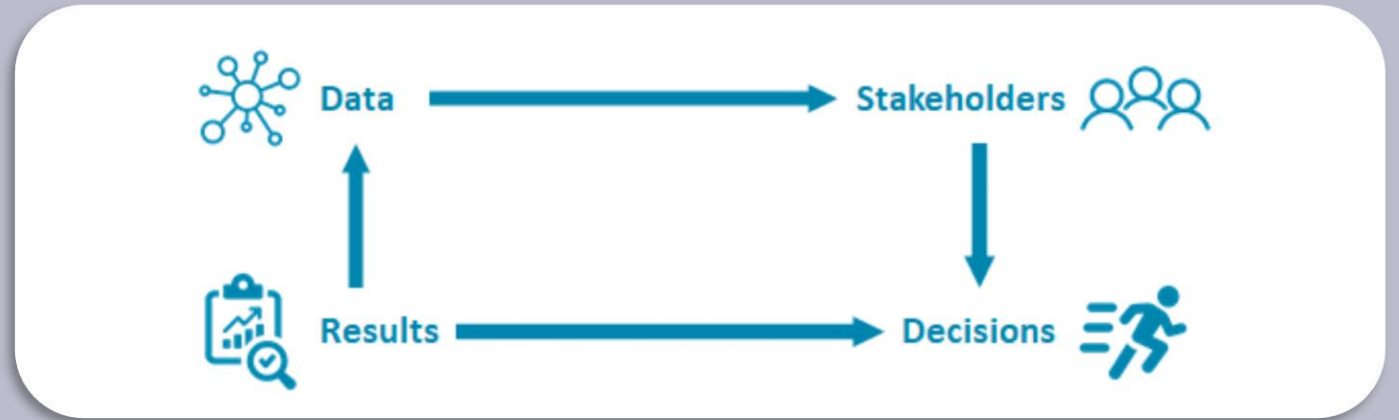


## The Three Questions:

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

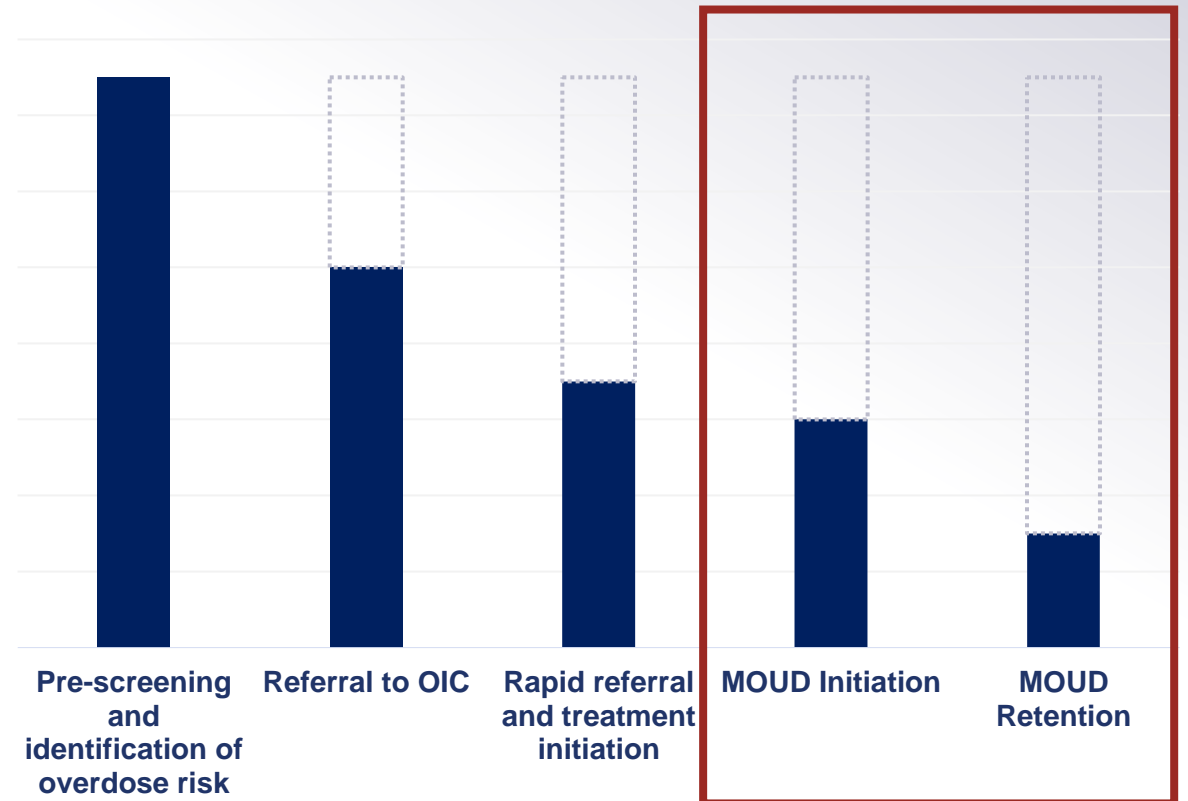
### Over the Course of the Project:

- 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

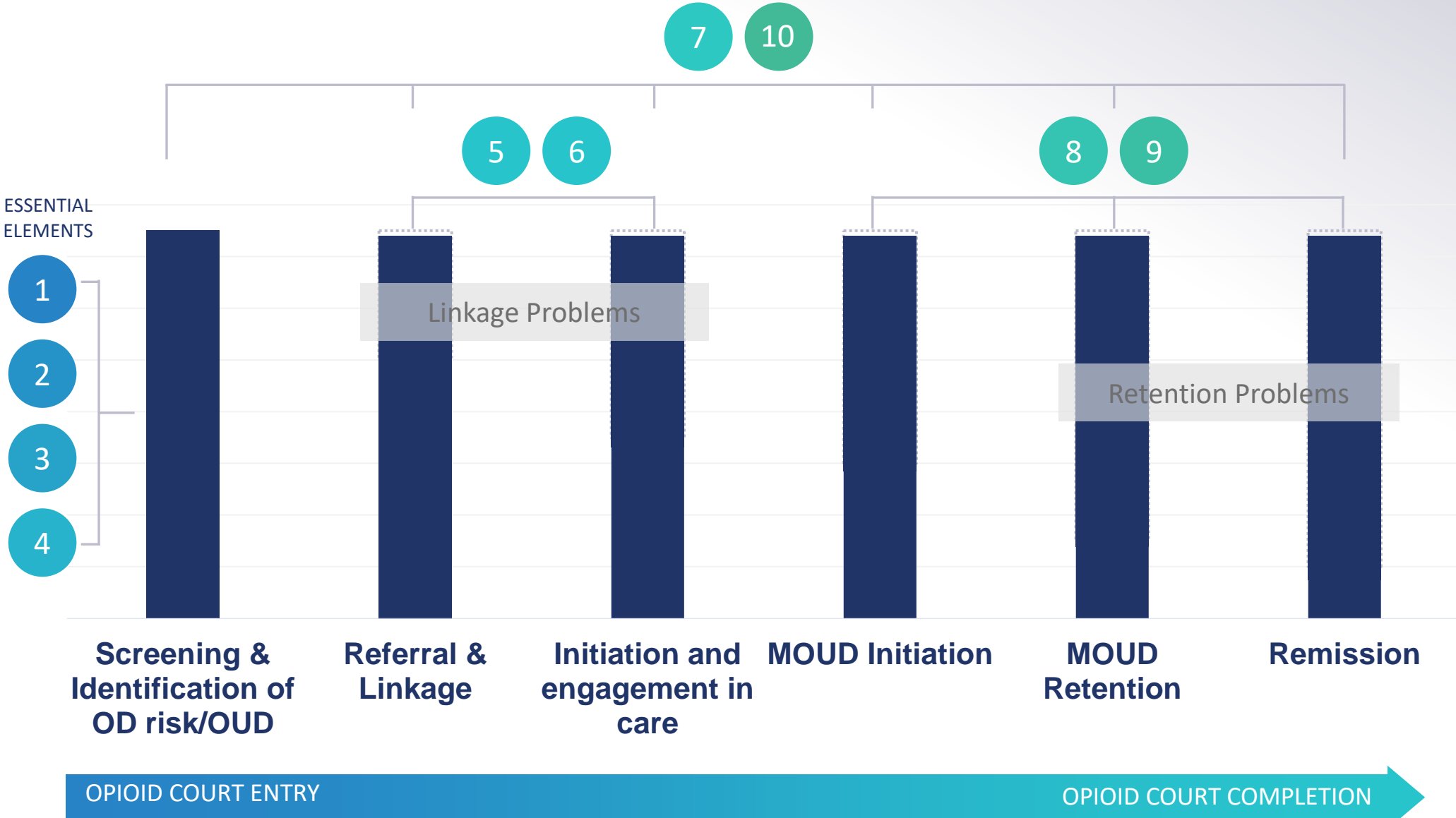
7. Frequent judicial supervision and compliance monitoring

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 the Troy Opioid Court

- Stakeholders who have been involved in the initial development of the program remain active and engaged
- The court has partnered with Conifer Park, Hope House, Saint Peters Addiction Recovery Center (SPARC), Safepoint, and Addiction Care Center of Albany for a range of services, including MOUD
- The court has a completion criteria goal of 90 days compliant, but case completion in fewer than 90 days is considered on a case-by-case basis.

# Needs Assessment Findings and Recommendations

# Essential Element #1: Broad Eligibility

## Findings:

- Charges accepted are misdemeanor charges and occasional felony charges; most individuals with felony charges are not considered;
- Accepts referrals from numerous sources, including arraignments, law enforcement, treatment providers and defense counsel; and
- Court coordinators reviews referrals within 24 hours and flag any potential eligible participants for defense counsel.

## Recommendations:

- Expand written eligibility criteria to include non-violent felony charges;
- Consider accepting violent felony cases on a case-by-case basis; and
- Create process for accepting referrals from the broader county.

# Essential Element #2: Immediate Screening for Risk of Overdose

## Findings:

- TCPD administers a screening tool for risk of overdose at time of arrest, regardless of charges;
- Judge serves as second screener for cases that were not flagged upon arrest;
- Judge reviews screening results and refer a person to opioid court if the coordinator is unable; and
- There is no certified peer screening for opioid eligibility.



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

### Recommendations:

- Continue to utilize current screening process using the judge as a second screener for cases that were not flagged or given a DAT;
- Ensure all other Rensselaer law enforcement agencies are provided with and trained on the law enforcement screener; and
- Consider engaging certified peers earlier in the screening process (e.g., connecting with law enforcement after arrest).

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

## Findings:

- Considerable buy-in from public defenders and conflict defenders; defense counsel has been actively involved in the planning and operation of the court;
- Defense counsel worked with TCPD to create the risk of overdose screening tool that's administered at time of the arrest; and
- Some defense attorneys hesitate to recommend their clients enter opioid courts as it may lead to longer legal process for clients who are facing low-level charges
- Coordinator reviews referrals daily and sends completed screenings to defense counsel for their review and defense attorneys can directly refer clients

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

## Recommendations:

- Continue active collaboration with public defenders and conflict defenders; and
- Send public defenders and conflict defenders Project Opioid Court REACH's CLE training modules to further educate about opioid court best practices.

# Essential Element #4: Suspension of Prosecution or Expedited Plea

## Findings:

- Prosecution is stayed for the duration of program participation, also discovery may be ongoing;
- Once a participant is stabilized the case is returned to its traditional case process (e.g., plea, entry into drug court, or return to traditional prosecution);
- Participation in opioid court may positively affect case disposition
- Participants are not punished for not completing the opioid court successfully.

## Recommendations:

- Ensure prosecution and defense counsel receive updates on participant progress on a consistent or as needed basis

# Essential Element #5: Rapid Clinical Assessment and Treatment Engagement

## Findings:

- All assessments are conducted by a treatment provider;
- Participants are asked to provide information pertaining to their substance use and mental health history, employment status, and other key demographics;
- An array of treatment modalities and other treatment options, include MOUD are available;
- Long wait times for outpatient participants with SMI to receive MOUD treatment, specifically methadone and naltrexone;
- Four additional potential MOUD provider agencies in the county have been identified; and
- Outside of Troy and areas close to Albany, the rest of the county does not have access to MOUD providers.

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

## Recommendations:

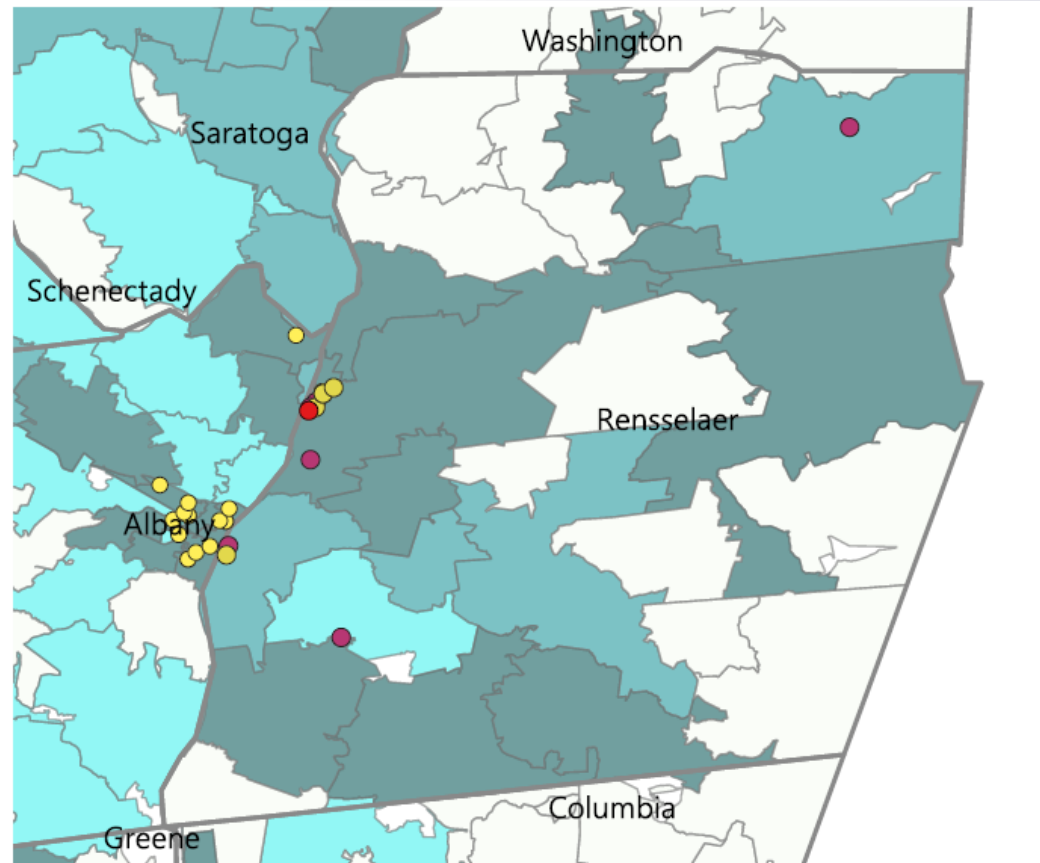
- Assemble an opioid court subcommittee to meet with local MOUD providers, and if necessary, county health department staff, to review and address existing wait times and other barriers to access;
- Conduct outreach with potential prescribers throughout the county to advocate for MOUD support to help address lengthy wait times and reduce overdose;
- Continue to offer court practitioners (judge, prosecutors, and defense) with regular trainings on the science of opioid use disorder, addiction medicine, and best practices in legal settings; and
- Continue to encourage recovery community engagement with caution as not all groups support the use of MOUD; evidence-based treatment and peer-based recovery options that support MOUD should be emphasized.

# Treatment Capacity in Rensselaer 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:

- Since 2019, six CRPAs have been providing supportive services on a three day a week basis;
- CRPAs were involved in the court's planning and launch and continue to be heavily involved in court (e.g., speaking with individuals about the opioid court model and services, warm hand-offs to licensed clinicians for assessment and referral, assisting with transportation, linking participants to community-based resources, etc.);
- No dedicated family navigator, but CRPAs are known to assist with family needs where possible;
- Due to the reduction in participation CRPAs are only able to attend court three times per week as opposed to the prior five days a week; and
- Need to expand recovery support services such as transitional housing, employment and training opportunities.



# Essential Element #6: Recovery Support Services (cont'd)

## Recommendations:

- Explore additional partnerships and funding opportunities to help support a full-time dedicated CRPA;
- Engage with local harm reduction and recovery-based services to elicit feedback about how the opioid court's target population perceives Troy's various treatment courts;
- Consider establishing an alumni-based advisory board; and
- Continue to develop network with CRPA-led recovery services in the community.

# Essential Element #7: Frequent Judicial Supervision and Compliance Monitoring

## Findings:

- Judge engages with clinical staff and participants regularly
- Participants are drug tested at the treatment provider sites and only when the court requests it
- Participants are not punished for positive drug tests, but rather the treatment team works with participants to adjust treatment plans and provide additional support

## Recommendations:

- Continue to engage with participants and clinicians for treatment compliance monitoring; and
- Utilize incentives to motivate participants and encourage program compliance.

# Essential Element #8: Intensive Case Management

## Findings:

- Communication between team members is streamlined and consistent; combination of in-person, virtual meetings, and email
- Case management is primarily handled by the court's CRPA and coordinator, who coordinates with the rest of the court team, treatment providers, MOUD providers and other community-based service providers;
- Hiring a dedicated case manager was part of the opioid court planning phase, but it has not yet occurred.
- Treatment staff and CRPAs work together to address transitional housing, vocational, transportation, family, or primary health needs

## Recommendations:

- Explore funding opportunities to hire a case manager to help enhance service referral capacity and reduce burden on team members with other roles and responsibilities

# Essential Element #9: Program Completion and Continuing Care

## Findings:

- Treatment plans are individualized so the time frame for completion can vary depending on several variables, however most participants are in the program from 3-6 months;
- There is no formal system for applying time in opioid court toward treatment court participation, but it is considered;
- Graduates facing misdemeanor low-level felony charges are likely to receive a more positive disposition, while higher-level offenses maybe reduced to misdemeanors with probation; and
- Continuing care is not required; however, participants are encouraged to remain connected with the program on a voluntary basis, check-in with their CRPA, and engage with the local recovery community

# Essential Element #9: Program Completion and Continuing Care

## Recommendations:

- Create a formal completion criteria checklist that could include elements of social stabilization to be addressed through case management;
- Formalize the practice of developing continuing care plans with the participants to support ongoing recovery after program completion; and
- Develop an MOU to formalize how time spent in Troy Opioid Court will count towards treatment court participation (where applicable).

# Essential Element #10: Performance Evaluation and Program Improvement

## Findings:

- From May 2019 to February 2022, the court has accepted 29 referrals with 24 of the referrals becoming official participants; and
- Of the 24 participants, 13 have a contract and participant date entered UCMS; the other 11 participants only have participation date entered.

## Recommendations:

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



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# Thank you!



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