

# Lessons Learned for Opioid Courts: Responses for Tribal and Rural Areas

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# Center for Justice Innovation

Our approach involves collaboration among:

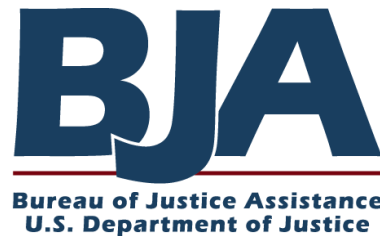
- research and evaluation
- direct-service programming
- training and expert assistance.

The technical assistance (TA) team provides specialized support to multidisciplinary criminal legal stakeholders and organizations. As thought partners, we take time to identify and understand stakeholders' needs and address those needs with targeted training or specialized assistance from appropriate experts in the field.



# First things first...

The opinions, findings, and recommendations expressed in this presentation are those of the authors and do not necessarily represent the positions or policies of the Bureau of Justice Assistance or the Center for Justice Innovation State-Based Adult Drug Court Training and Technical Assistance Program.



# Today's Agenda

- The opioid and overdose crisis: the basics
- The Ten Essential Elements of Opioid Courts
- Challenges and lessons learned
- Overdose prevention
- Sample tribal strategy
- Funding opportunities
- Q&A





# TRIBAL ACCESS TO JUSTICE INNOVATION

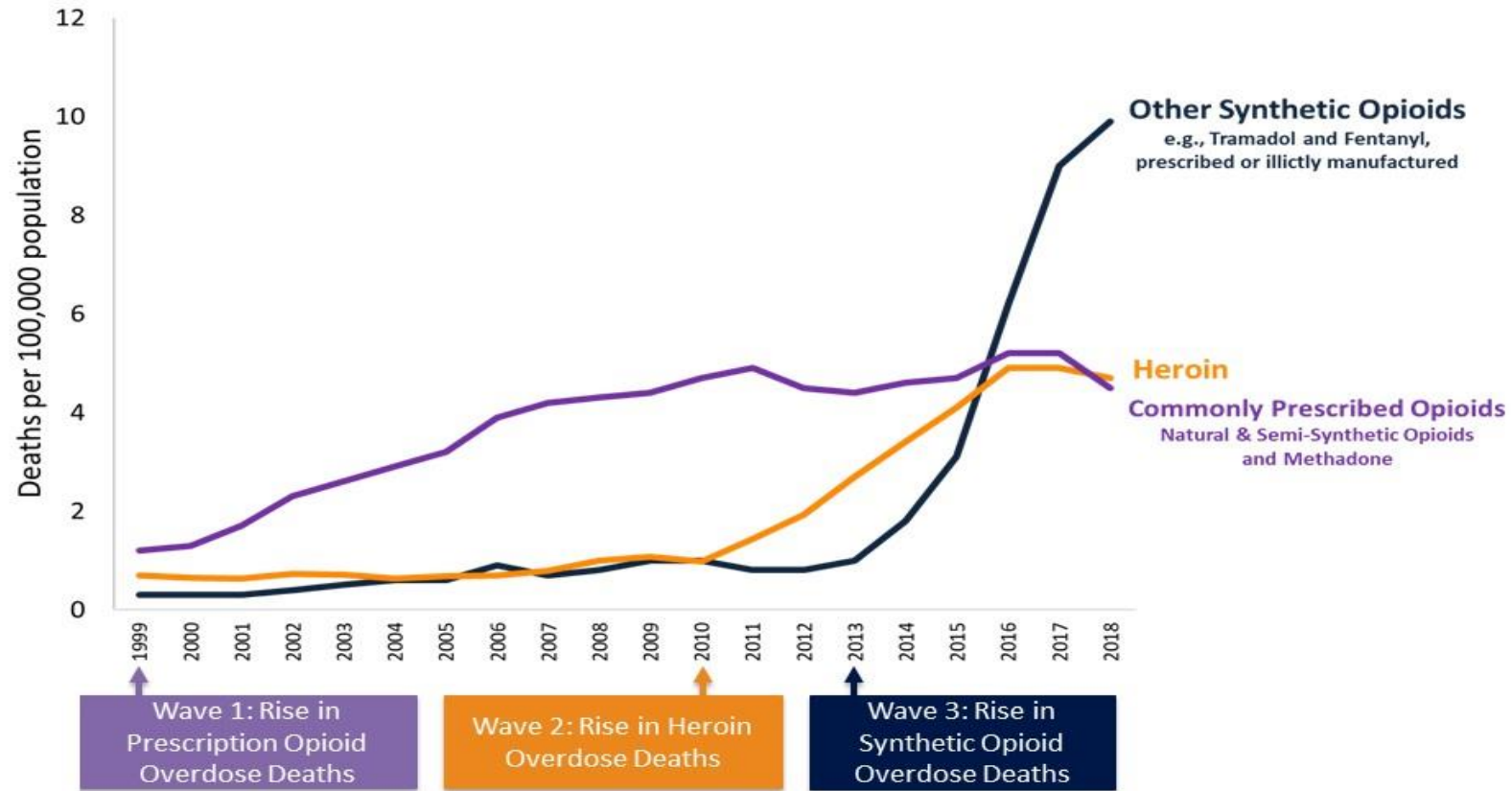
- [Tribaljustice.org](https://tribaljustice.org) provides training and technical assistance to American Indian and Alaska Native tribes seeking to develop or enhance their justice systems
- Helps tribes develop problem-solving justice initiatives, encourage collaboration between tribal and state justice systems, and highlights innovative tribal justice practices from across the country

# Opioids: The Basics

- Class of drug primarily used to treat **pain**
- Opioids include: opiates like opium, morphine, heroin, codeine + **synthetic opiates** like fentanyl, oxycodone, Percocet, Vicodin
- Effects:
  - Analgesic (pain relief)
  - Secondary effects: euphoria, relaxation
  - Side effects:
    - Respiratory depression
    - Nausea and vomiting
    - Constipation



### 3 Waves of the Rise in Opioid Overdose Deaths

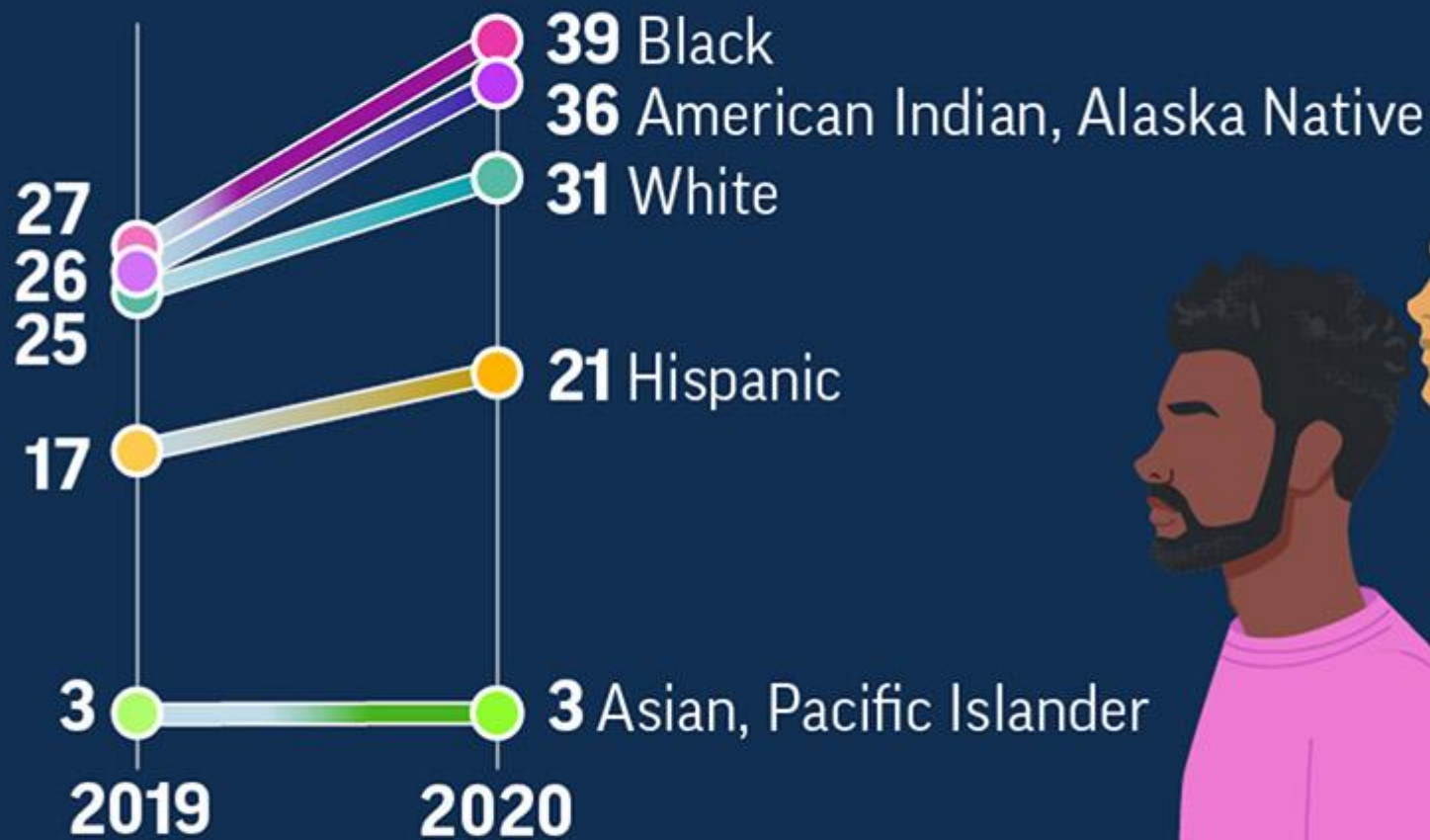


SOURCE: National Vital Statistics System Mortality File.

[SOURCE: https://www.cdc.gov/drugoverdose/epidemic/index.html](https://www.cdc.gov/drugoverdose/epidemic/index.html)

# Overdose Deaths by Race and Ethnicity Over One Year

*Per 100,000 People*



**Vital**<sup>CDC</sup>signs™

Source: July 2022 Vital Signs



CS331041



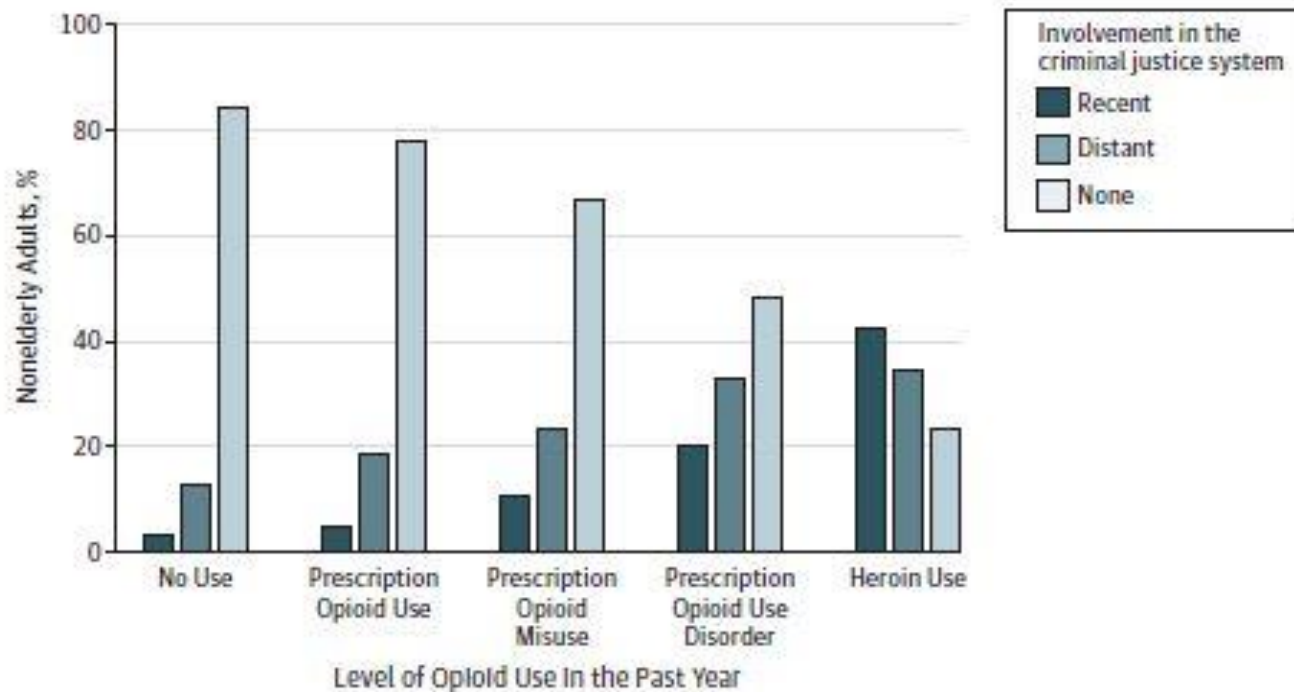
# Substance Use Disorder in the Criminal Justice System

Rates of substance use disorders among justice-involved individuals are significantly higher than the general population.

- 63% of individuals who are incarcerated in local jails have reported issues with substance use, and 58% of individuals in state-run criminal justice facilities have substance use disorders ([Bureau of Justice Statistics, 2017](#)).
- 19.5% of individuals with a prescription opioid use disorder and 42.5% of those who used heroin reported contact with the criminal justice system in 2016 ([Winkelman, T, 2018](#)).

# Substance Use Disorder in the Criminal Legal System

Figure. Criminal Justice Involvement by Level of Opioid Use in the United States, 2015-2016



# Treatment Courts and the Opioid Crisis

- Treatment courts are:
  - Uniquely positioned, both upstream & downstream
  - Well-funded, staffed, and resourced (compared to some public health interventions)
  - Offered a wide range of training and education
  - Subject to oversight and QA standards

# Overdose Prevention and Treatment Courts

- However, treatment courts cannot:
  - Improve a toxic drug supply
  - Ensure everyone is always and forever abstinent
  - Correct for all other system issues (housing, healthcare, poverty, etc.)

# The Buffalo Opioid Intervention Court

# The Buffalo Opioid Intervention Court



- In 2017, the Buffalo Opioid Intervention Court in Buffalo, New York, was launched to support **immediate, targeted, and intensive treatment and court supervision** for individuals at risk of overdose
- Rapid access to medications for opioid use disorder (**MOUD**)
- Supporting stabilization through intensive court supervision, and **peer support**

# Buffalo OIC Outcomes

The NPC study found that compared to opioid-involved defendants who did not enter the program:

- Participants were one-third as likely to die in the six months and half as likely to die within one year
- Individuals who received MOUD within 14 days of their jail booking were less likely to die
- Lower rates of recidivism
- Cost savings

**BUFFALO OPIOID INTERVENTION COURT**  
Final Evaluation Report - Summary

June 2021

Submitted to  
National Drug Court Institute and  
the Bureau of Justice Assistance

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**BJA**  
Bureau of Justice Assistance  
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This project was supported by grant number 2016-MU-BX-K004 awarded to the National Association of Drug Court Professionals by the Bureau of Justice Assistance. The National Association of Drug Court Professionals contracted with NPC Research to conduct an independent analysis of the Buffalo OIC.

To a National Model...



# The Ten Essential Elements of Opioid Courts

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

**Exhibit 1: Traditional treatment court practices compared to OIC practices**

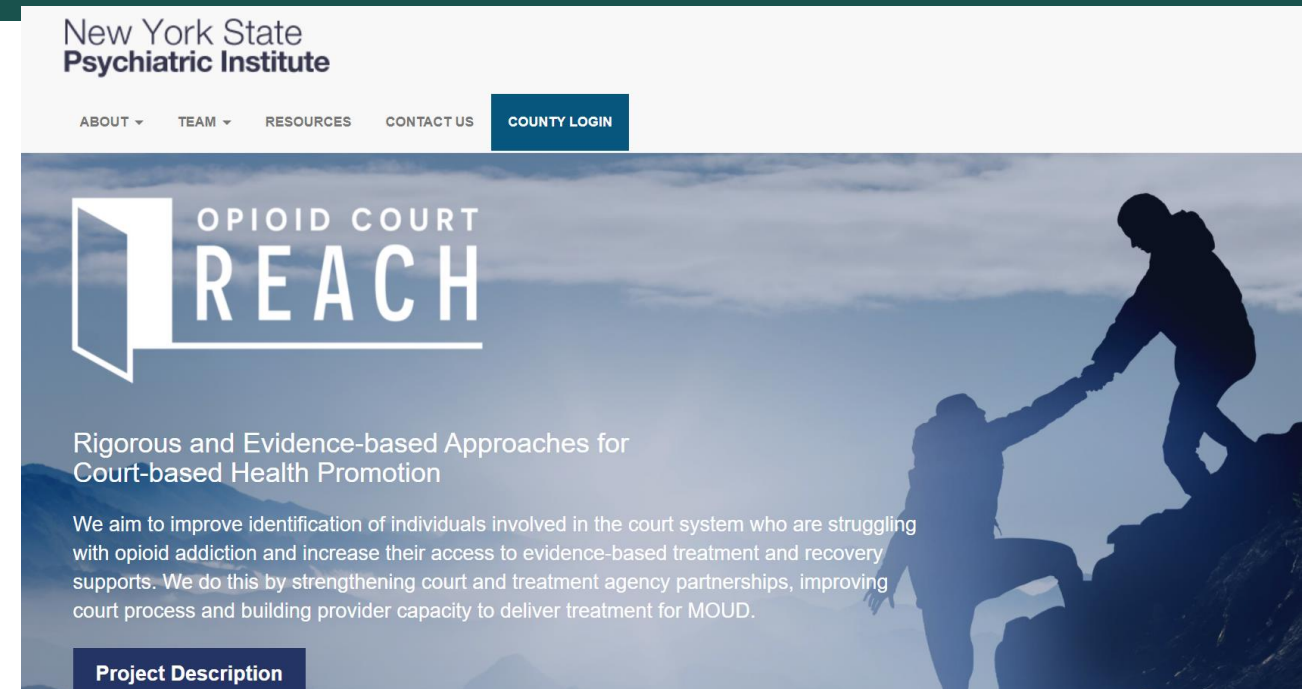
Activity	Standard Treatment Court	Oplold Intervention Court
Referral and entry	Can take 50+ days	Immediate (within 24 hours) – focus on clinical needs rather than legal eligibility of the case
Screening and Assessment	Days to weeks	Within hours of arrest
Court appearances/ Status Hearings	Weekly or bi-weekly appearances in front of Judge	Daily (M-F) appearances in first 60 days; 3 times weekly post 60 days
Evidence based treatment	After assessment, evidence-based treatment may be provided within a few weeks	MAT offered/utilized within 24-48 hours of arrest (methadone/vivitrol/suboxone) Referral to other evidence-based therapies are provided in addition to MAT
Case management	Weekly contact with case manager and/or probation officer	Daily contact with case manager
Incentives and sanctions	Ongoing use of incentives and sanctions	Extremely limited use of traditional incentives and sanctions (though positive regard from the judge, changes to the treatment plan, the peer support specialist and case managers is effective in participant engagement)
Curfew	Curfew typically used as sanction	Nightly curfew calls conducted by case manager to monitor status/health
Drug testing	Best practice is drug testing twice per week	Drug testing for opioids (random while attending court daily)
Community support groups	AA/NA and other sober support	Peer Recovery Support Specialists assigned to all participants within hours of arrest
Legal status at entry	Pre and post disposition model	Suspension of charge via prosecutor agreement
Eligibility	Specific, targeted, charges	Broad range of eligible charges, ranging from misdemeanors to felonies.
Program completion	Graduation if conditions completed	If conditions completed, either transferred to a treatment court program; charges dismissed, favorable disposition, or full prosecution. Each case varies according to legal criteria and participant assessment.
Staffing meetings	Weekly staffing (before court) of cases on the docket among all team members	No formal staffing. Case manager(s) meets daily with judge briefly before court to review each case.

# Technical Assistance Initiatives

Opioid Courts in New York State

# Opioid Court Technical Assistance Initiatives in New York State

- Project Opioid Court REACH: National Institute of Health
- Opioid Expansion in New York State: Bureau of Justice Assistance
- Teleservices; Interactive Journaling, MRT-O: COSSAP



The screenshot shows the website for the New York State Psychiatric Institute's Project Opioid Court REACH. The header includes the institute's name and a navigation menu with links for ABOUT, TEAM, RESOURCES, CONTACT US, and a highlighted COUNTY LOGIN button. The main content area features the project logo, a tagline, a descriptive paragraph, and a Project Description button. The background image depicts two silhouetted figures climbing a rocky mountain peak against a cloudy sky.

New York State  
Psychiatric Institute

ABOUT ▾ TEAM ▾ RESOURCES CONTACT US COUNTY LOGIN

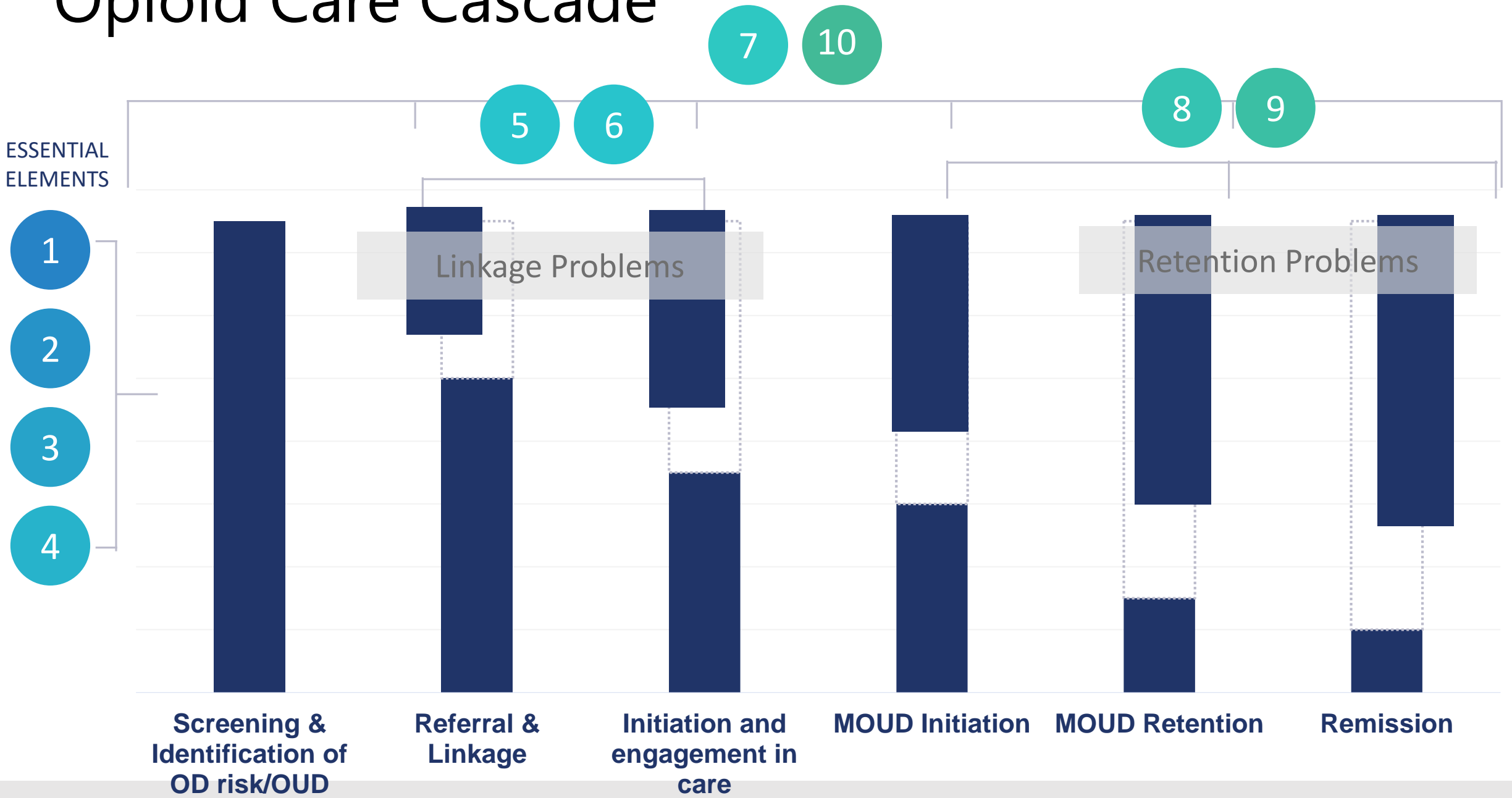
OPIOID COURT  
REACH

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

We aim to improve identification of individuals involved in the court system who are struggling with opioid addiction and increase their access to evidence-based treatment and recovery supports. We do this by strengthening court and treatment agency partnerships, improving court process and building provider capacity to deliver treatment for MOUD.

Project Description

# Opioid Care Cascade



# Screening Tool for Risk of Overdose

## Opioid Court Screen V.2

AAA  


**\*\*This survey is to be completed by a court staff\*\***

Court Staff Should read the following to the individual being screened:

*"This screen will help us determine your eligibility for [OPIOID COURT PROGRAM TITLE], a voluntary program that connects people who use opioids or other drugs and might be at risk of overdose with services, like peer support, treatment, and/or medications. We will ask you a few questions to see if you might be a good fit for the program."*

NYSID

Gender  Female  
 Male  
 Prefer not to answer reset

Ethnicity  Hispanic/Latinx  
 Not Hispanic/Latinx reset

Race  African American/Black  
 Asian  
 More than one race  
 Native American  
 White  
 Other reset

Age (in years)

Where is this screening being conducted?  Jail  
 Courthouse  
 Other  reset

Was this individual previously referred to you for potential participation in the opioid court?  Yes  
 No reset

1. In the past 12 months, have you used opioids (for example heroin, oxycodone, prescribed or non-prescribed methadone, suboxone, or vivitrol, etc.), cocaine, and/or methamphetamine?  Yes  
 No reset  
*\* must provide value*

2. Have you ever experienced an overdose?  Yes  
 No reset  
*\* must provide value*

3. Have you ever witnessed an overdose?  Yes  
 No reset

4. Have you ever lost consciousness or blacked out from using?  Yes  
 No reset

5. Have you been released from jail, prison, or residential treatment in the last six weeks?  Yes  
 No reset

6. Are you currently accessing treatment for opioid use (e.g., medications, counseling)?  Yes  
 No reset

7. Would you be interested in accessing treatment for opioid use (e.g., medications, counseling)?  Yes  
 No reset

# Common Themes

- Identification and referral
- Education on opioid use and medications
- Voluntary nature of the program
- Program completion

# Overdose Prevention Strategies



# What is an opioid overdose?

- Overdose risk is a factor of the **amount** and **potency** consumed
- Opioids affect the part of the brain that regulates **breathing**, an overdose can result in the slowing or stopping of breathing (**respiratory depression**)



Source: <https://www.cdc.gov/drugoverdose/deaths/index.html>

# Overdose Prevention Strategies: General Guidance

- Upstream prevention
- Raise awareness around risks
- Reduce stigma and improve access to medications for opioid use disorder (MOUD)
- Include culturally tailored traditional practices, spirituality, and religion, when appropriate, with proven substance use disorder treatment
- Naloxone distribution and education
- Fentanyl test strips, syringe service programs (harm reduction)

# Impact of the Opioid Epidemic on Tribal Nations

# Impact of Opioid Use in Tribal Communities

- 2006 – 2012 states of Idaho, Oregon, and Washington: Out of 450 AI/AN drug overdose deaths, 227 were from prescription opioids.\*
- In 2016, American Indians/Alaska Natives (AI/ANs) second highest opioid overdose deaths than any other populations in the U.S.\*\*
  - 14 AI/ANs per every 100,000 died from an opioid overdose
  - 17.5 whites per 100,000; 10.3 for Black Americans
- 2018 Oversight Hearing held by the U.S. Senate Committee on Indian Affairs: AI/ANs youths used prescribed opioids for nonmedical use at twice the rate of white youths.\*\*\*
- 2019 – 2023 Tribal Nations declare state of emergencies

\*Source: [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/pep16-ntbh-agenda.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep16-ntbh-agenda.pdf)

\*\*Source: <https://www.ncai.org/resources/resolutions/support-for-tribal-nations-taking-on-pharmaceutical-companies-to-combat-the-opioid-epidemic-in-indian-country>

\*\*\* Source: <https://www.indian.senate.gov/hearing/oversight-hearing-opioids-indian-country-beyond-crisis-healing-community>

# Overview of Sample Tribal Strategy

# Healing to Wellness Court Tribal Key Components

- Individual and Community Healing Focus
- Referral Points and Legal Process
- Screening and Eligibility
- Treatment and Rehabilitation
- Intensive Supervision
- Incentives and Sanctions
- Judicial Interaction
- Monitoring and Evaluation
- Continuing Interdisciplinary and Community Education
- Team Interaction

Source and for more information: <http://www.wellnesscourts.org/tribal-key-components/index.cfm>

# Addressing Opioid Use

- A separate opioid intervention court may not be feasible.
- Opioid responses can still happen and do happen.
  - Common themes between HTWC and the 10 Essential Elements of Opioid Courts
    - Screening, intensive supervision, rewards and consequences, monitoring and evaluation
    - Consider using the commonalities and tailoring them to respond to opioid use in your court

# Responses to Opioid Use by Tribal Courts or HTWCs

- Immediate screening for overdose risk
- Rapid responses such as assessments and treatments
- Recovery support services
- Frequent judicial supervision and compliance monitoring



# Identification & Assessment: Questions for HTWC Team Members or Practitioners

- How are we identifying/assessing for OD risk factors specifically?
- If necessary, what immediate resources are available in the first interaction?
- Listen, share information

# Treatment Planning & Engagement: Questions for HTWC Team Members or Practitioners

- How can we collaborate better? - MOUs, partnership meetings, roundtable discussions
- Do the treatment options fit the tribal community?

# Medications for Opioid Use Disorder: Questions for HTWC Team Members or Practitioners

- Are we treating MOUD as a first line of defense or adjunct?
- What burdens/barriers to MOUD treatment do our participants face? (logistical, informational, philosophical, cultural, etc.)
- Are we unconsciously diminishing or discouraging MOUD-based recovery?

# Case Management & Supervision: Questions for HTWC Team Members or Practitioners

- What program requirements do we have that could contribute to OD risk?
- What sanctions do we use that could contribute to OD risk?
- How are measuring success beyond the usual metrics?

# Phase Advancement & Program Completion: Questions for HTWC Team Members or Practitioners

- Are we modelling a holistic, nuanced understanding of recovery progress (i.e., not just ‘counting days’)
- How are we framing graduation/program completion?
- Do our discharge plan protocols include OD prevention strategies?

# Recap: Responses to Opioid Use by HTWCs or Tribal Courts

- Harm reduction interventions
- Including the Tribe's culture and values in treatment
- Gaining access to treatment services
- Collaboration with providers
- Prevention campaigns, outreach, and events

# Funding Opportunities

# Funding Opportunities

- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/grants>
- Bureau of Justice Assistance's BJA Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant <https://www.cossup.org/Program/Funding>



# Questions and Discussion

- What kinds of opioid use are you seeing?
- Are there barriers to engagement?
- Is there an opioid response being implemented in your court?
- What would you like to see in your tribal justice system to respond to opioid use?



# Thank you!

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