

Buffalo Opioid Intervention Court (OIC)

8th Judicial District of New York

- Composed of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties in the western portion of upstate New York
- A mixture of urban and suburban areas, Erie County and the City of Buffalo have a population of approximately 1.2 million people
- The judicial district borders Lake Erie, is home to Niagara Falls, and borders the Canadian province of Ontario
- Drugs of choice of the justice-involved population include opioids and heroin, benzodiazepines, and methamphetamine

Drug courts faced with the new opioid overdose epidemic must be capable of more rapid linkage to treatment (immediate rather than two weeks) and must fully integrate necessary for initiating and sustaining recovery behavioral and medical treatment

OIC Strategy

Establish a new court calendar that will specialize in offenders at high risk for opioid overdoses using newly developed policies and procedures with enhanced partnerships to ensure that MAT is actively coupled with counseling and supports, not just passively allowed

Our primary purpose is to help people, or at the very least not harm them

- We want them to walk out of the courtroom better than when they came in

- Deal with people at their lowest point

- It is our duty to look after the last, the lost, the least, and the overlooked

- Just because someone stumbles and loses his or her way, it does not mean that he or she is lost forever



Anticipated Outcomes

- Reduced opioid overdose rates (incidents and death) among drug court participants
- Reduced participant recidivism
- Increased program completion rates
- Increased functional outcomes (abstinence, employment, housing status, social stability, etc.)

Rapid Integration Approach

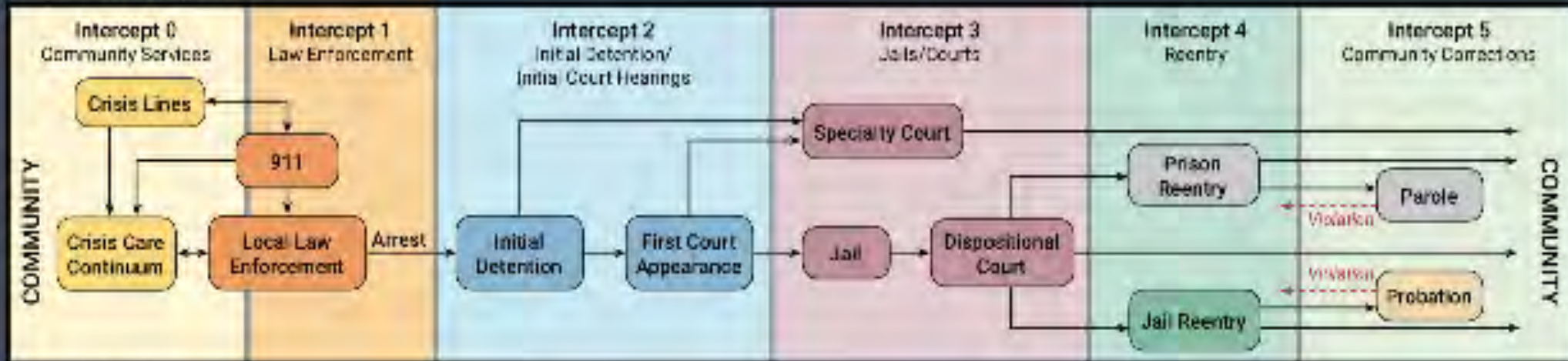
- Designed to be highly individualized to overcome barriers or disparities in access to recovery service and opportunities
- Rapid Integration Team
 - Based on the evidence-based practice of Critical Time Intervention (CTI)* case management
 - Three-member team includes team leader, rapid integration specialist, and integration monitor
 - Provides immediate response for linkage and monitoring of new drug court participants determined to be at high risk for opioid overdose

OLC Components

- Divert participants at arraignment
- Place in treatment within 24 hours
- Hold criminal charges
- Play by “Vegas rules”
- Link with ancillary services
- 8 p.m. curfew
- Random drug testing
- Random “wellness checks”
- Daily staffing
- Daily face-to-face contact
- Case conferencing during treatment (control dates)
- Peer advocates

Sequential Intercept Model

The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0
 Mobile crisis outreach teams and co-responders. Behavioral health professionals and law enforcement provide crisis help to mental health crises to respond to in the community.
 Emergency Department diversion. Emergency Department (ED) diversion programs aim to divert at-risk, emotional, unstable, or atypical individuals away from the ED to other services.
 Police-friendly crisis services. Police officers can bring people to the attention of behavioral health professionals for crisis services through police crisis response.

Intercept 1
 Disaster training. To prepare for disasters, law enforcement and public safety professionals receive training. Disaster response team officers are trained to respond to disasters.
 Specialized police responses. Police officers can respond to individuals with mental illness during a law enforcement response to a crisis.
 Increasing with supervisors and providing to law enforcement. Police officers, supervisors, and specialists can receive specialized training on ED diversion through police crisis response.

Intercept 2
 Screening for mental and substance use disorders. Treatment can be administered to individuals with mental illness during the initial court appearance.
 Data matching initiatives between the jail and community-based behavioral health providers.
 Mental supervision and diversion services to reduce the level of incarceration. Services can be provided to individuals with mental illness who are incarcerated to help them receive care in the community.

Intercept 3
 Treatment courts for high-risk/high-need individuals. Treatment courts are designed to help individuals with mental illness who are at high risk of re-arrest or hospitalization.
 Jail-based programming and health care services. Jail-based care providers can provide services to individuals with mental illness who are incarcerated to help them receive care in the community.
 Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4
 Transition planning by the jail or reentry providers. Transition planning involves providing individuals with mental illness who are incarcerated with information and resources to help them receive care in the community.
 Medication and prescription access upon release from jail or prison. Medication should be provided within 72 hours of release from jail or prison.
 Warm hand-offs from corrections to reentry providers. Reentry providers can provide services to individuals with mental illness who are incarcerated to help them receive care in the community.

Intercept 5
 Specialized community supervision case loads of people with mental disorders.
 Medication and treatment for substance use disorders. Medication and treatment services can be provided to individuals with mental illness who are incarcerated to help them receive care in the community.
 Access to recovery supports, benefits, housing, and/or reentry employment. Recovery and reentry services are important to help individuals with mental illness who are incarcerated receive care in the community.

INTERCEPT 0

Expanding the Sequential Intercept Model to prevent criminal justice involvement



Crisis Response

Crisis response models provide short-term help to individuals who are experiencing behavioral health crisis and can divert individuals from the criminal justice system. Crisis response models include:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams



Police Strategies

Proactive police response with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- Systemwide Mental Assessment Response Team



Tips for Success



Strong support from local officials



Community partnerships



Law enforcement training



Behavioral health staff training

Divert the Participants at Arraignment

- First contact with court: Set the tone
 - The way you start with a person is the way he or she will always be with you
- (Intervention) at critical stage
 - People are ready for change because they do not want to be in jail (Intercept 2)
- Prevent participant from “hitting rock”
 - Raise the level to where the client is ready/amenable to treatment. Help reach the client’s “BREAKTHROUGH POINT” without hitting rock bottom

Place in Treatment Usually Within 24 Hours

- Link with MAT from the courtroom
 - Methadone: Can see a doctor within hours of arrest (no more 6-week wait; picked up from the courtroom and driven to the doctor)
 - Buprenorphine: Can be picked up from the courtroom by treatment staff and taken to the doctor hours after arrest
 - Injectable naltrexone: Can see a doctor within 2–3 days of immediate linkage of outpatient treatment
- If a participant chooses an abstinence-based treatment protocol (defendant's choice), link with treatment within hours
- Outpatient services coupled with daily reporting (eyes on defendant every weekday)
- Inpatient if outpatient is not recommended by his/her treatment provider (1–2 day turnaround) from arrest to treatment bed

Criminal Charges

- Held in abeyance for 60–90 days to focus on the participant's health and recovery
- District attorney and defense bar agree to waive speedy trial time and preserve/delay motion practice
- Dismissible matters (Good Samaritan Law cases) are handled after the participant is stabilized

Play by “Vegas Rules”

- We need trust, complete honesty, and prudence (practical discretion) so that we can treat the individual
- Yes, we are acting as a TRIAGE. In the emergency room, you tell the doctors what is wrong so that they can correctly assess the problem
- Honesty is the most important part of the program; we cannot treat a client unless we know what is wrong
- Relapse is a normal part of recovery. DO NOT sanction use—sanction behavior (e.g., masking/fake urine; absconding from treatment; not following treatment protocol) using therapeutic interventions and graduated sanctions

Recovery is a lifelong healing process, and relapse is not a sign of failure but rather a sign that you need to reevaluate and modify your (treatment) strategy

Link With Ancillary Services

- Treat the whole person
- We want people to leave court better than when they came in . . .
 - Assist with getting insurance (Medicare/Medicaid) – Assist with transportation (bus passes and tokens) – Assist with distal goals
- Education (ECC) on-site
- Refer to family court for visitation • Restoration of driver's license

8 p.m. Curfew

- We want our participants either at home or at a sober linked activity by 8:00 p.m.
- Self-help, family-based events (encourage restoring family linkages)
- Must call at 8 p.m. and “ping” their locations from a smartphone
- Hear their voices
- Ensure that they are home (not partying)
- Whodini used to have a song called “The Freaks Come Out at Night”

Random Drug Testing

- On-site testing
- Has to be random (dealing with slicksters who are trying to out-slick you)
- Test on Mondays and after holidays and special occasions
- Testing is observed
- Sanctionable offense: masking urine; using other people's urine

Random Wellness Checks and Aggressive Warrant Checks

Warrants: sign of using; participant afraid to come to court

- Go find absconders to prevent overdoses
- Do not wait until absconders are picked up on new charges(maybe too late)

-Conducted in conjunction with county sheriff and probation

- Ensure that participants are home
- Ensure that they are safe
- Ensure that they are not using at home

Daily Staffings

- Staffings are meetings of the judge and other members of the treatment team
- Occur immediately prior to the session
- Held outside of the court session or proceeding
- Designed to review the progress of the participant and
- Determine the action the court should take at the session (e.g., revise treatment plan, impose sanctions, award incentives)
- Provide an opportunity to discuss issues relating to the participant
- (Several) issues are confidential and/or inappropriate to discuss in open court
- Reach consensus on treatment decisions (i.e., all on the same page)
- Critically important/best practices

Daily Face-to-Face Contact With Judge

- Put “eyes” on the participants
 - Get to know them
 - Get to know when they are “off”
 - Get to know when they are high
 - Consistency and habit—we may be the only positive contacts our clients have (burned a lot of bridges); look forward to talking to the judge
 - Habit: takes about 30 days to form a habit; creating the habit of going to treatment; the habit of recovery

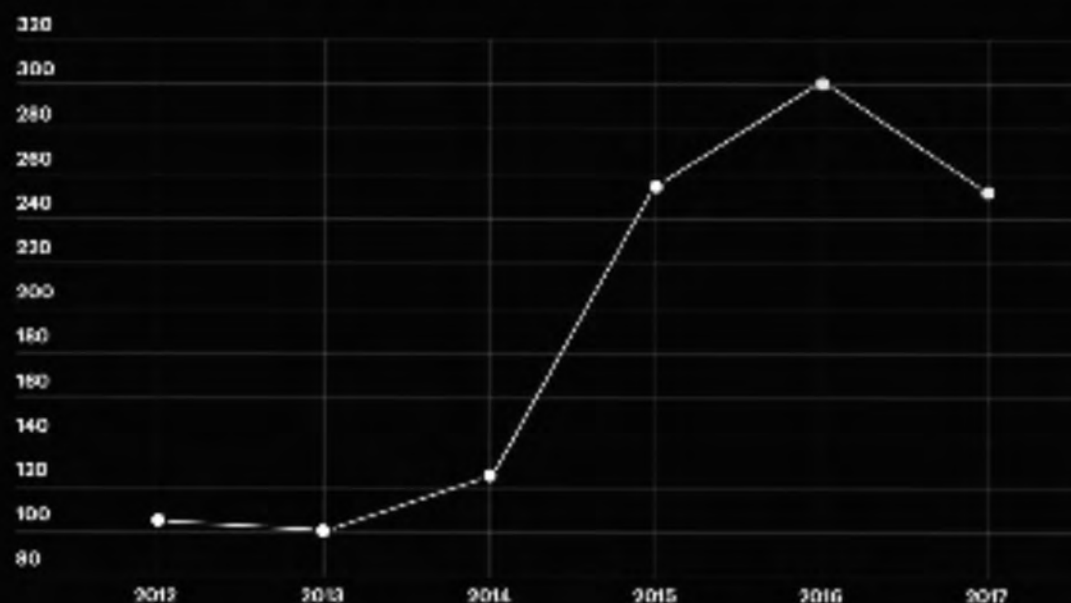
Control Dates: Case Conferences

- Work on legal issues while the participant is in treatment (MAT and/or behavioral)
 - Ready to depose the matter at the end of the intervention process
 - Usual trajectory (path) leads case to established drug court
 - Set compliance dates (biweekly or monthly) for minor cases that do not transition into drug court
- Encourage participants to continue treatment, even on a “medical necessity” case (Good Samaritan Law)
- Have participant achieve some proximal goals (e.g., prepare resume, housing)
- Set some distal goals (return to school; employment)
- Open door (encourage to come back if help is needed)

Peer Advocates

- Peer support/peer-guided services
- Self-help
- Sponsors
- One-on-one meeting time
- Meet clients at their level and help with access to services

Opioid-Related Deaths in Buffalo



From 2009 to 2016, opioid overdose deaths doubled in New York State.

However, a few areas have begun to see a decrease in fatalities, including the city of Buffalo and surrounding Erie County. What's behind the decline?

Conclusion

Educating others: judiciary, police, community

- “Hug-a-thug” court/treehuggers
- Breaks the revolving door of the criminal justice system
- Combats the root problem
- Saves valuable tax dollars and resources
- Attitudes are changes: This is an illness, and people should not be afraid/embarrassed to seek help

Recently, my coordinator emailed me that a colleague would not release a hold to next Thursday so that my client can get into treatment (wants to appear tough on crime)

Disclaimer

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