

Peer Recovery Support Services: Overcoming Challenges and Working Towards Effective Integration in Opioid Courts



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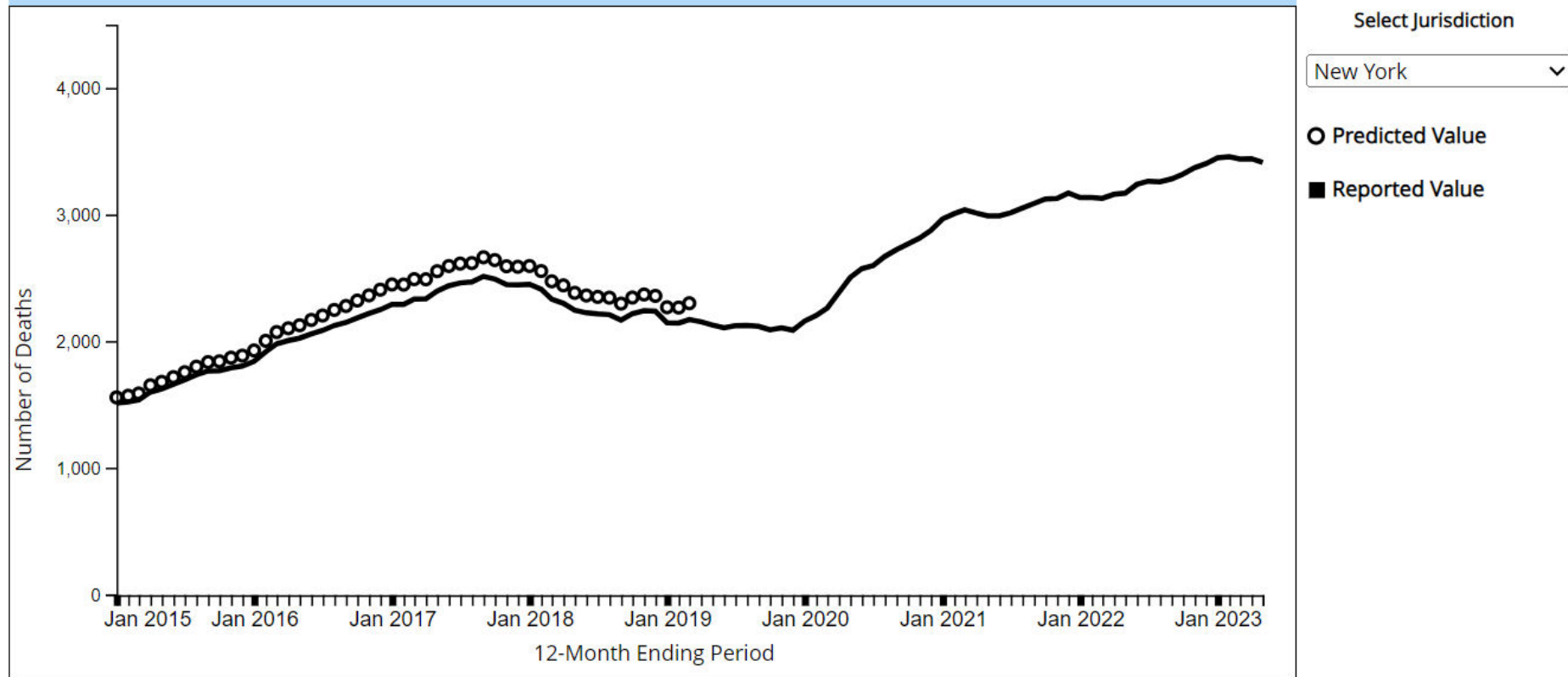
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Shifts in Drug Trends and OD Deaths

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: October 1, 2023

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: New York



Shifts in Drug Trends and OD Deaths

- Stimulants combined with fentanyl are resulting in increased overdose deaths, resulting in an expansion of the target population to stimulant use disorders
- National Opinion Research Center (NORC) at the University of Chicago and the U.S. Department of Agriculture's USDA Rural Development have created the National Opiate Misuse Community Assessment Tool (<https://opioidmisusetool.norc.org/>) to identify overdose hotspots and related data
- The Overdose Mapping and Application Program (ODMAP) provides overdose surveillance data to support public safety and public health efforts

The Evolution Of Treatment Courts: BJA grant for the first Opioid Court

In 2016, BJA funded the Buffalo Opioid Intervention Court

- New pre-plea, voluntary triage model developed to respond to high overdose deaths in criminal justice populations
- Focused on immediacy of access to treatment and supportive services
- Immediate access to MOUD in mobile unit
- Peer engagement in the courtroom
- Family navigation and transportation



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Drug Court vs. Opioid Court: Key Differences

Drug Court	Opioid Court
Post-(guilty) plea	Pre-plea & voluntary; prosecution is suspended during participation
Participation may begin up to several months after arraignment (once defendant pleads guilty)	Participation begins at or immediately after arraignment
Failure to complete court can result in legal consequences	Failure to complete results in no legal consequences, just resumption of prosecution of the original charge
Participation duration typically ranges from 12-18 months	Participation duration is 90 days (or more; based on NIDA guidelines)
MOUD is not always readily accessible	Prioritize and support rapid linkage to MOUD

National Opioid Intervention Court Guidelines

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

Opioid Court Essential Elements: Recovery Support Services

- Offer participants a broad range of evidence-based recovery support including secular alternatives
- Utilize peer recovery advocates to help participants engage in the program
- Assist participants with medical needs, trauma-related care, housing, transportation, and where available, partner with family support navigators who can help address the impact of opioids on the entire family



Begin Statewide Expansion: 2018 BJA New York Statewide Grant

- Funded three additional Opioid Court sites in rural, suburban and urban sites (Oswego, Suffolk, Brooklyn)
- Support case managers
- Develop policies and procedures and examine the referral process

Establish Teleservices: BJA Comprehensive Opioid Abuse Program (COAP 2018)

NYS UCS, in partnership with NY OASAS and CCI to:

- Expand access to evidence-based treatment interventions and recovery supportive services at OASAS residential facilities
- Establish secure video connections to link to remote court hearings
- Link to medical professionals for MOUD assessment
- Link to peers and family members

Integrate Peers: SAMHSA State Opioid Response (SOR) funding from NY OASAS

In 2019, OASAS supported providers in 10 Opioid Court sites to assign a clinician and Certified Recovery Peer Advocate (CRPA) to:

- Conduct screening to identify offenders at high risk of overdose
- Rapidly connect participants to MOUD
- Engage participants in pre-plea treatment and recovery supports

Improve access to MOUD: BJA and SAMHSA Opioid Response Network

Technical assistance through SAMHSA ORN and BJA TTA providers Advocates for Human Potential to:

- identify and engage community stakeholders
- to examine the critical nexus between MOUD prescribers and the courts
- explore joint solutions to improve MOUD induction as part of the Opioid Court process; and
- develop publication on best practices in Opioid Courts for improving offender access to MOUD



Incorporating Medication in Opioid Courts

Reducing Overdose Through Triage
in Treatment Court Settings



Findings:

- ◆ Provide immediate screening and treatment
- ◆ Offer multiple options and access points to treatment
- ◆ Improve coordination of services
- ◆ Integrate support from peer advocates
- ◆ Use innovative business models to secure sufficient reimbursement
- ◆ Track outcomes



Cognitive Behavioral Therapies Study: BJA COAP 2019

BJA grant to NYS UCS, in partnership with the Center for Court Innovation and Syracuse University to evaluate the effectiveness of cognitive behavioral interventions in triage environment:

- Training and certification in **Moral Reconciliation Therapy - Opioid** provided by Correctional Counseling, **Interactive Journaling** provided by the Change Companies for case managers, counselors and peers
- Process and outcome evaluation of “**collaborative systems of care**” that coordinates the court supervision plan, with the clinical plan, with the recovery capital plan

Buffalo OIC Process, Outcome And Cost Evaluation Full Study Detailed Report

April 2021



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Buffalo Opioid Intervention Court Process, Outcome and Cost Evaluation Report

BJA grant funded study by NPC Research through awarded to the National Association of Drug Court Professionals. The NPC study found that compared to opioid involved offenders who did not enter the program:

- Participants were one-third as likely to die in the 6 months after their jail booking and entry into OIC, and half as likely to die within 1 year
- Participants connected with treatment significantly sooner
- Individuals who received MAT within 14 days of their jail booking were less likely to die in the following 12 months than those who received MAT sometime later
- For every taxpayer dollar invested in the OIC program there is a return of \$5 after just 1 year, saving over \$300,000 in costs to society per participant

HOW TO IMPLEMENT AN OPIOID INTERVENTION COURT

MAY 2021



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This project was supported by grant number 2018-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 and develop this manual.

Opioid Court “How To” Manual

- NPC Research How-To Manual to include practical examples of program development in urban, suburban and rural jurisdictions
- Describes key stakeholders including Peer Recovery Support Specialists and family support navigators and recovery workforce development
- Identifies need for training of peers and practitioners in roles, ethics, and recovery-oriented systems of care, and case coordination across supervision, treatment and recovery capital plans

Integrating Peers: Federal Probation Journal publication by Altarum

- BJA COSSAP technical assistance to develop and implement effective, comprehensive peer supports in Opioid Courts
- BJA Publication, “*Peer Recovery Support Services in New York Opioid Intervention Courts*”

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Peer Recovery Support Services in New York Opioid Intervention Courts:

Essential Elements and Processes for Effective Integration

Abstract

Opioid intervention courts (OICs)—a relatively new form of treatment and recovery court—have shown early promise in addressing the needs of justice-involved individuals with opioid use disorders (OUDs). This article describes the efforts of New York State OICs to heighten their impact by incorporating peer recovery support services (PRSS) into their work. The authors present a framework for conceptualizing the adaptation and integration of PRSS into court settings, identifying essential elements of comprehensive programs, essential integration processes, key program design factors, and drivers of success. The framework suggests that while the core elements remain the same, effective integration of PRSS programs will vary from site to site.

Introduction

The opioid epidemic continues to have devastating consequences across the United States with more than 70,000 Americans dying from a drug overdose in 2019, 71 percent of those overdoses involving opioids (*Overdose Death Rates National Institute on Drug Abuse [NIDA], 2021*). Heroin, prescription pain relievers, and synthetic opioids,

like fentanyl, have contributed to this epidemic. The New York State Department of Health 2019 Annual Report indicates that “deaths involving opioids tripled from 2010–2017, from 5.4–16.1 deaths/100,000 population” (New York State Department of Health, 2019). The Centers for Disease Control and Prevention’s (CDC) provisional data posits that “overdose death rates in NYS [New York State] increased 30% from October 2019 to October 2021, which is an historically high increase” (CDC, 2021). Effectively addressing the epidemic—including preventing opioid use morbidities and mortalities—requires a collaborative and comprehensive approach across multidisciplinary systems.

Increasingly, PRSS are being incorporated into programs in various settings as a part of diversified efforts to address opioid use disorders. The New York State Office of Court Administration (OCA) is working to integrate peer recovery professionals into its OICs as it adopts this new model for saving lives. As a part of those efforts, a conceptual framework was developed to assist the courts in successfully conceptualizing, planning, and integrating peers into their work. This article describes the innovation involved in integrating PRSS into OICs, their framework components, and early lessons learned.

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Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for

Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration

*Elizabeth Burden
Erin Etwaroo
Altatum*

THE OPIOID EPIDEMIC has had devastating consequences across the United States, with more than 67,000 Americans dying from drug overdose in 2018 (Hedegaard, Miniño, & Warner, 2020). Heroin, prescription pain relievers, and synthetic opioids like fentanyl have contributed to this growing epidemic. In New York State, there was a 200 percent increase in the number of opioid-related overdose deaths between 2010 and 2017 (New York State Department of Health, 2019). Effectively addressing the epidemic—including preventing opioid use morbidities and mortalities—requires a collaborative and comprehensive approach across systems.

Increasingly, peer recovery support services are being incorporated into programs in a variety of settings as a part of comprehensive efforts to address opioid use disorders. The New York State Office of Court Administration is working to integrate peer support into its Opioid Intervention Courts, as it scales this new model for saving lives. As

problem-solving courts, or specialty courts have developed into a widely used approach to addressing the needs of offenders with substance use disorders (SUDs) and/or mental health issues. By working to resolve the underlying personal issues related to justice involvement, these courts disrupt the cycle of relapse, crime, and reincarceration (Shaffer, 2011; Mitchell et al., 2012). The first—and arguably most well-known—of these courts were drug treatment courts, launched in Dade County; family courts, mental health courts, and veterans courts followed. There are now more than 3,000 such courts in the U.S., serving approximately 120,000 individuals annually (Office of National Drug Control Policy, 2011). In this article, we refer to these courts by the emerging term *treatment and recovery courts (TRCs)*, which reflects their overarching purpose.

Opioid intervention courts (OICs) are the newest addition to the TRC contingent. OICs are an opportunity to address the opioid

individuals with substance use disorders: OICs are the emergency rooms, offering short-term services to individuals with OUDs to prevent overdoses, reduce other harms, and encourage early steps toward recovery. The country's first OIC was launched in Buffalo, New York, in 2017. Since then, other states have adopted the model, which relies on day-of-arrest intervention, OUD treatment, daily judicial supervision, and wrap-around services. The Center for Court Innovation (2019) described the Buffalo OIC operations:

Prior to arraignment, court staff go to the jail to interview defendants, using a brief survey developed by the court to identify those at risk of opioid overdose. Individuals identified to be at high risk are administered a bio-psychosocial screening by an onsite team of treatment professionals and case coordinators immediately following arraignment. Based on the results, each

BJA Comprehensive Opioid and Stimulant Program: Recovery Capital Index Pilot and Study

- The Recovery Capital Index (RCI) (<https://www.recoverycapital.io/>) text based survey validated to reliably measure addiction wellness
- Two-year licenses for the Recovery Capital Index for ten (10) OASAS certified providers
- Rulo Strategies (<https://www.rulostrategies.com/>) to conduct a process evaluation of the implementation of the RCI in the pilot providers



What is Recovery Capital?

The internal and external resources that can be drawn upon to pursue, achieve, sustain, and enhance a life of recovery or wellbeing.

Source: Granfield R, Cloud W. Coming Clean: Overcoming Addiction without Treatment. New York University Press, New York. 1999



Recovery Capital Defined

Physical Capital - personal safety, housing, nutrition, medical and mental health care, sustainable finances, transportation

Personal Capital - intrinsic assets including educational and vocational skills, problem-solving skills, self-efficacy, safe judgment, and motivation for self-improvement

Social Capital – Family Support, Significant Other, Social Support, Social Mobility, Healthy Lifestyle, Access to Healthcare

Community Capital - availability of neighborhood resources offering social, financial, or other needed assistance, prosocial role models, and an environment of personal safety

Cultural Capital – Beliefs, Spirituality, Sense of Purpose, Sense of Community Values



BJA FY 21 Comprehensive Opioid, Stimulant and Substance Use Site-based Program (COSSUP) New York Opioid Enhancement Project

- Develop the New York Opioid Intervention Court Website
- Build capacity to deliver evidence-based treatment practices in Opioid Intervention Courts (CRA, CM, CBT4CBT)
- Improve access to peer recovery support services and electronic recovery support services
- Improve drug testing for complex combinations of synthetic drugs.
- Enhance transportation.





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Thank You
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