





Treatment Courts that typically user jail longer than 6 days have <u>higher</u> recidivism





What lessons will they learn?

- ☐ Chaos, violence, injury
- ☐ Life disruption people can lose
 - housing
 - job
 - kids
 - relationships
 - insurance (have to reapply for Medicaid)
- ☐ Drugs can be easily procured in the jail, information on contacts to get better, cheaper drugs (Do you test when they're in jail?)
- New "friends" They are spending time with the people you are telling them to avoid!
- Learned helplessness/Trauma



Kyle is a young man who was a drug dealer – across state lines. So, a federal offense. Started using when he was 13 and had a good customer base by the time he was 19. Decided to get out of the business and moved to Portland. Started martial arts training. FBI caught up with him a year later when his "ring" told on him.



So, what can we do instead?

What is different about jail than other options?

What does using jail get you? (What does it do for your participants?)

- It is almost universally seen as a negative experience it is a clear, unambiguous punishment
- You have physical control over the participant (so you can physically stop them from doing whatever they were doing and they are not doing inappropriate behaviors in public)
- It takes away two of the three most prized possessions:

Time Freedom (third is money)



Alternative punishments

Number one sanction is judicial disapproval

- Pick up participant and bring them to court/treatment/probation
- O Hours in holding cell
- 8-12 hour jail day(s) not overnight
- O Sit in court and watch (treatment court, traffic court, general criminal court/sentencing calendar)
- House arrest
- O Curfew
- O Unpleasant Community Service



Alternative punishments

- Examples of Unpleasant community service
 - Day at the dump
 - Cleaning the jail
 - Cleaning the courtroom
 - Picking up trash on the highway in orange vests
 - Things you choose –
 (they get no choice)



What if...

- You're afraid they will overdose?
- You're holding them for a treatment bed?
- They're homeless and have nowhere to go?



Overdose risk:

❖ Any state of forced abstinence via incarceration or mandatory hospitalization (inpatient) is <u>the</u> main driver of OD risk

Compared to the rest of the adult population, the opioid-related overdose death rate is 120 times higher for persons released from prisons and jails.

❖ In the first two weeks after being released from prison, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population.

Overdose risk:

- ❖ A full year after release, overdose death rates remained 10-18 times higher among formerly incarcerated individuals
- Patients who "successfully" completed inpatient detoxification were more likely than other patients to have died within a year.
- Inmates frequently overdose IN THE JAIL or they can die from withdrawal in the jail



Google Overdose in Jail....





3 Female Inmates OD'd on "Unknown White Powder" BREAKING NEWS

- Thurs. Night 2 Women Found Unconcious
- Jail Staff Used Narcan to Revive Them
- Narcan Used on 3rd Woman this Morning
- First 2 Women Back in Jail, 3rd Woman Remains in ICU





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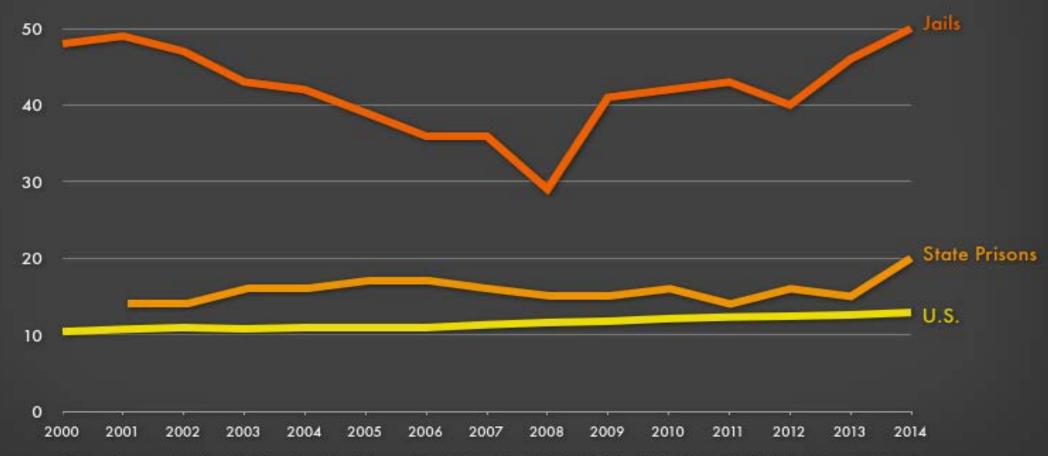
But our jail sanctions are just for a few days

Just a few days in jail can result in harm for people with severe substance use disorder, serious mental health disorders, or other medical needs.

- 41% of jail deaths occur within the first week of a person's jail stay
- 26% of jail suicides occur within just three days of entry

JAIL SUICIDE RATES: OUT OF STEP WITH THE NATION (AND U.S. PRISONS)

(Number of people per 100,000 in jail, in prison, and in the country who commit suicide per year)



PRISON

Source: Bureau of Justice Statistics, Mortality in Local Jails, 2000-2014 - Statistical Tables, Table 4; Mortality in State Prisons, 2001-2014 - Statistical Tables, Table 4, (2000 data not available for prisons); American Foundation for Suicide Prevention, "Suicide Statistics" based on Centers for Disease Control and Prevention research



Many jails will not provide inmates with prescribed medication for mental health or substance use disorders

Inmates frequently miss appointments for MH, substance use, medical care

- Some facilities that will transport them to appointments often "fail to produce" the inmate
- Some facilities have in-house treatment and inmates still
 miss appointments due to lack of an escort, or appointment
 times not being communicated to the inmate*

This is not to shame the jails. Jails have a lot of competing interests and it can be difficult to track every detail of individual needs

Other (non-lethal) impacts



- Learned helplessness
- Loss of hope
- Depression
- Trauma
- Numb

Participant - "It's great to meet us where we are, but you also gotta meet us where we wanna be"

Harsh sanctions like jail reinforce the feeling that once an 'addict/criminal' always an addict/criminal.

It's a drug court's role to hold people accountable, but it should also be helping them truly believe that they're don't belong in jail anymore.



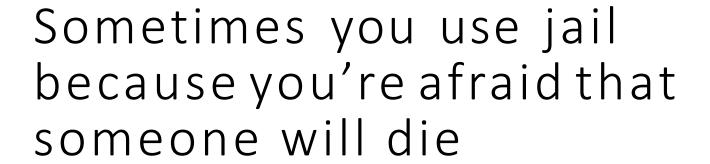
But some of our participants tell us that jail works!

- "I didn't realize you were serious until you put me in jail"
- Who are these participants? (Risk and need levels)
- Check your targeting
- How long did you put them in?
- Is this about you or them?
- Sometimes our participants can be infuriating and it makes you feel better

*Jail is least effective for high risk/high need

Kyle Video: TV Vacation







There is no question that you do have the power to use jail — the question is should you?



Due Process and Preventive Detention

- You have a participant who uses heroin and other opioids.
- This person has overdosed repeatedly.
- This person has acknowledged she can't stop using.
- No home.
- No family.
- No residential treatment bed available.
- If released from courtroom, she will use and overdose and die.
- Place her in detention until bed is available. Save her life.

NO - don't do it!

- Treatment courts cannot jail participants because they need inpatient treatment, and a bed is not available without basic due process protection.
- Preventive detention is unconstitutional.
- "Nor shall any state deprive any person of life, liberty, or property without due process of law." U.S. Constitution, Amendment XIV
- The 6th Amendment guarantees the right to a speedy and public trial and arrested persons cannot be detained for extended time without a trial.

NO - don't do it!

- The 8th Amendment allows for reasonable bail and prohibits cruel and unusual punishment
 - Prohibits the federal government and states from inflicting punishment that is out
 of proportion to the crime. Having a mental health disorder, such as a substance
 use disorder is not a crime, and denying liberty to people because of their illness
 may be considered out of proportion to their crime of showing the symptoms of
 their illness.
- The Americans with Disabilities Act prohibits <u>discrimination</u> based on <u>disability</u>.
 - Anyone known to have a history of mental disorders can be considered disabled. Necessary and appropriate modification and adjustments must be made to avoid imposing a disproportionate or undue burden.

Save yourself, your team and your license!

• In addition to violating the rights of a participant, you can also bring sanctions upon yourself.

- A Mississippi Judge removed from office for
 - Jailing a participant for 24 days for unspecified violations.
 - Keeping participants in treatment court indefinitely, some over 4 years.
 - Refusing to conduct jail sanction hearings.

Homelessness: Incarceration as "protection"

Jail is not housing for the homeless. The US Constitution is clear about that.

Nor is it a level of care. Period.





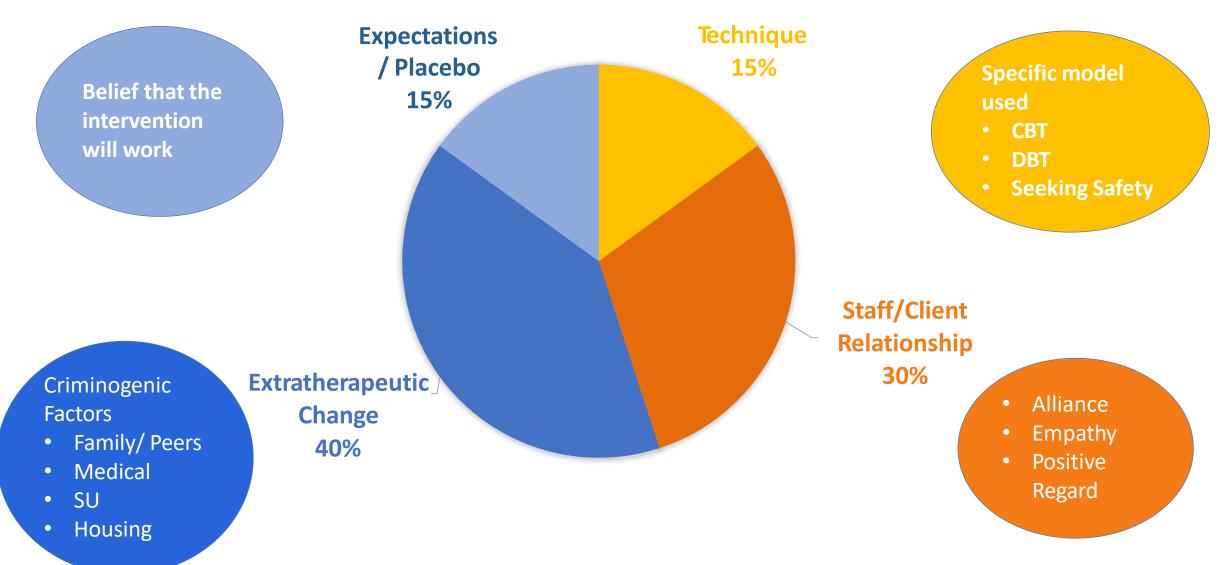
Sometimes we use jail because we don't have anything else readily available on our menu

Part of the reason for this training is to help you develop your menu



INDIVIDUALIZED CASE MANAGEMENT AND TREATMENT

What leads to behavior change?



Lambert and Barley 2001; Soto 2011; Albarracín 2020

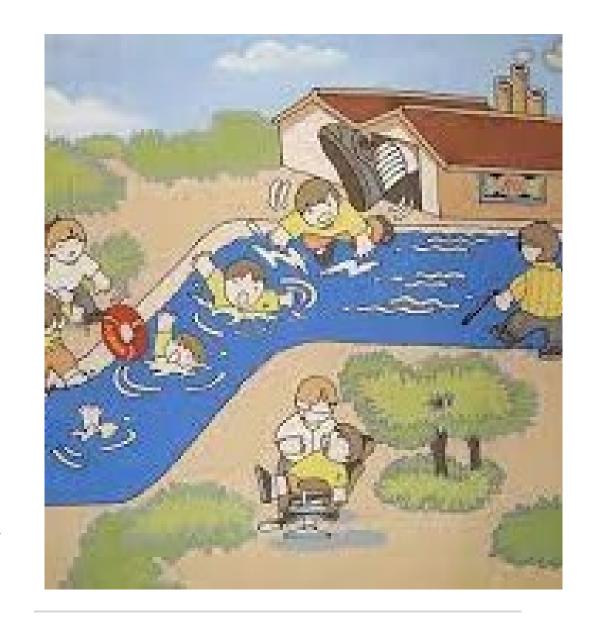
David Best
Biggest predictor
of change is a
change in
identity



"An ounce of prevention is worth a pound of cure"

Use your available tools to prevent the need for jail

- Learn who your participants are and meet them where they're at
- Do integrated case planning include the participants in making the plan
- Address medical issues particularly pain
- Monitoring: Ensure reliable detection of behavior and respond consistently
- Use Therapeutic (Teaching) Responses and Incentives!



Know your participants

- Criminogenic needs
- SUD/MH diagnosis and needs
- Responsivity needs/ Biopsychosocial (Barriers to engagement)





Criminogenic Needs

- 1. Criminal History
- 2. Peer Association
- 3. Criminal Attitudes And Behavior
- 4. Anti-social patterns/Personality
- 5. Education/Employment/Financial
- 6. Family And Social Support
- 7. Leisure Activities/Living Sit.
- 8. Substance Use

Clinical Needs - Example ASAM Criteria

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

Acute Intoxication and/or Withdrawal Potential DIMENSION 1 Exploring an individual's past and current experiences of substance use and withdrawal **Biomedical Conditions and Complications DIMENSION 2** Exploring an individual's health history and current physical condition **Emotional, Behavioral or Cognitive Conditions and**

DIMENSION 3

Complications

Exploring an individual's thoughts, emotions and mental health issues

Clinical Needs - Example ASAM Criteria

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT



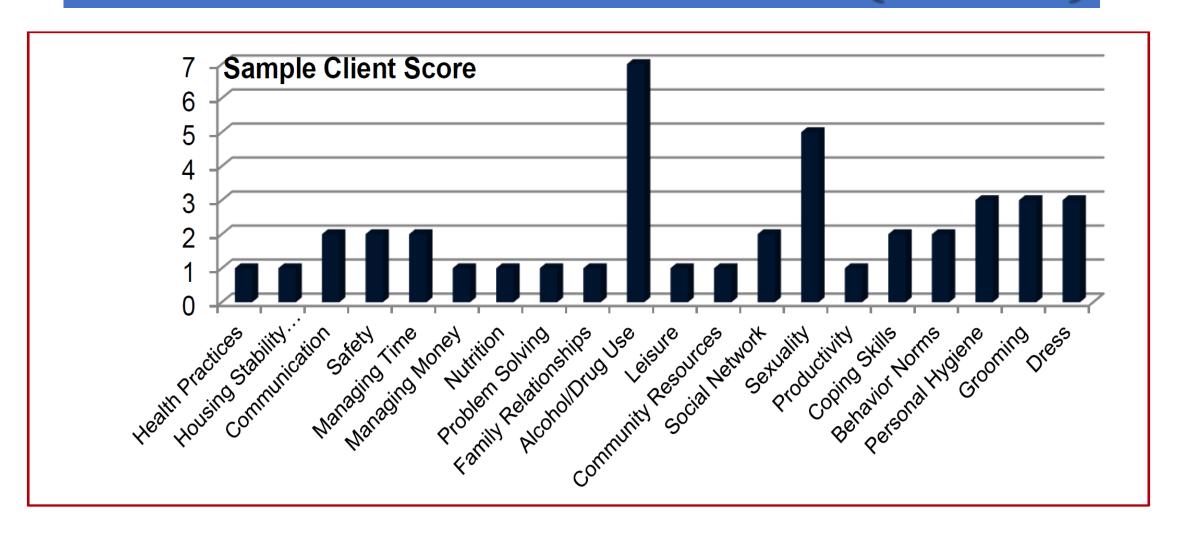


Identify Barriers to Engagement

The DLA assesses their current behavior in 20 activities of daily living:

- ☐ Health status and practices
- ☐ Household stability
- Communication
- ☐ Safety
- Managing time
- Nutrition
- □ Relationships
- □ Alcohol and drug use
- ☐ Sexual health and behavior
- Personal care and hygiene

EXAMPLE: DAILY LIVING ASSESSMENT (DLA-20)



Create Integrated Individualized case plans





Develop a case plan with the participant's full input including:

- Match the participants abilities and step up over time (might need to start small)
- Word the goals that address their criminogenic needs so they make sense to the participant
- Identify how working on each relevant risk factor will help achieve their personal long-term goals (not just yours)
- Help brainstorm and have input on the action steps
- Identify the barriers and obstacles to the action steps
- Identify incentives for working on the actions steps and achieving the goal

WHEN PARTICIPANTS FEEL THEY HAVE A CHOICE, THEY ARE MORE LIKELY TO FOLLOW THE PLAN

If participant is not meeting goals or complying with treatment court requirements – REVISE THE CASE PLAN

Address physical/ medical issues

Assess for medication assisted treatment (MAT)

Work with medical and treatment community

- ✓ Prescribers
- ✓ Treatment Providers
- ✓ Know what's available in your community and state
- ✓ Education for the team take NDCI's online MAT course



Address physical/ medical issues

Conduct a medical assessment (health issues)

 Our participants are ill with a disease that often leads to other physical and mental ailments, and to behavior issues

Include history of medication use

Assess for pain!

Get them into pain management

 Meditation, yoga, physical therapy, acupuncture

(Mindfulness-Oriented Recovery Enhancement resulted in reduced pain and cravings) - https://drericgarland.com/m-o-r-e/





Positive Behavior

Incentive Matrix: "What do we want the participant to learn from this?"

Step 1. Identify the Behavior

Proximal (Expect Sooner)	Moderate	Distal (Expect Later)
Attendance at treatment	Honesty	Complete Tx LOC
Attendance at other appointments	Testing Negative	Extended Abstinence/Neg. Tests
Home for home visits	Participating in Prosocial Activities	Treatment Goals Completed
Report to UA	Employment	Phase Goals Completed
Timeliness	Progress toward Tx Goals	Program Goals Completed
Payment	Progress in Tx	

Step 2. Determine the Response Level

		Proximal (Expect Sooner)	Moderate	Distal (Expect later)
Distal	Phase 1	Small	Medium	Large
	Phase 2	Small	Medium	Large
	Phase 3		Small	Large
\downarrow	Phase 4	·	Small	Large
Prox	Phase 5		Small	Medium

Step 3. Choose the Responses (Paired with Judicial Approval/Verbal Praise)

3a. Therapeutic Response

	Phase 1	Phase 2	Phase 3	Phases 4 and 5
Single Event	Behavior Chain Cost/Benefit Analysis	Behavior ChainCost/Benefit Analysis	Behavior Chain	Behavior Chain
Continued Progress		 Change in LOC (FTC) Increased visitation with child 	 Aftercare Fqcy Re-evaluate Pharmacological Interventions 	 Aftercare Fqcy Re-evaluate Pharmacological Interventions

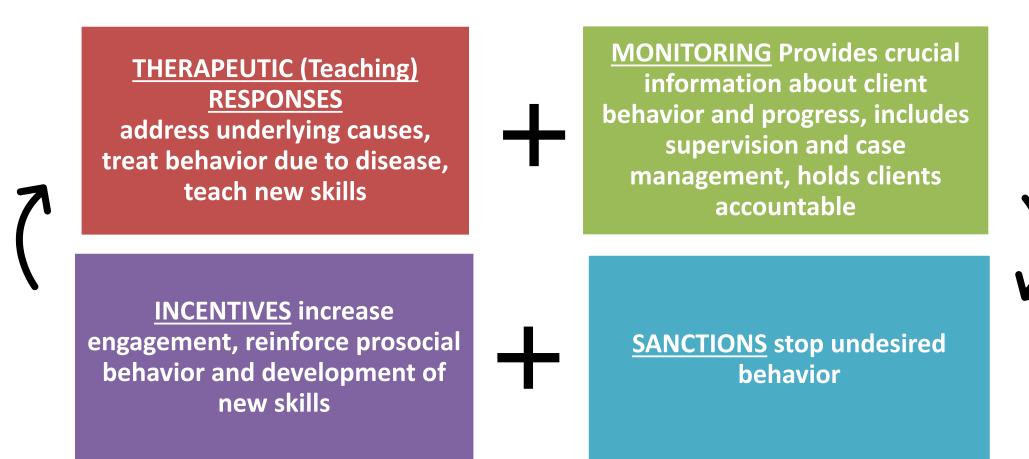
3b. Supervision Responses

	Phase 1	Phase 2	Phase 3	Phases 4 and 5
٠	Change in Curfew Status	Reduced ContactsReduction in Home Visits	 Reduced Contacts Reduce Home Visits Reduce in External Monitoring Devices 	Reduced Contacts Decreased Drug Testing

3c. Incentive Response

	Small	Medium		Large
•	Judicial approval (always)	Any small and/or:	An	y small, medium or:
•	Fish Bowl	 ≤ 3 day reduction of curfew 	•	Framed Certificate
•	Decision Dollars	Choice of Gift Certificate	•	Travel Pass
•	Example for other participants in	Supervisor Praise	•	Larger Gift Certificate
	court	Written Praise	•	Position as Mentor to New
•	Handshake	Positive Peer Board		Participants
•	Candy	Certificate		
•	≤ 1 day reduction of curfew	Reduction in CS hours		
•	On the A Team	Reduction in program fees		

Treatment Court Tools That Motivate Behavior Change— and Work!

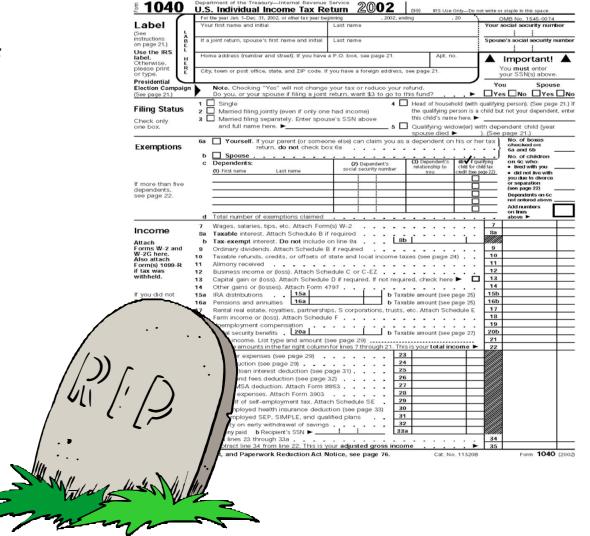


We Use These Tools in Unison.

Reliable Detection of Behavior and Consistent Response (Certainty)

Detection allows the gathering of information needed by judge and team to determine appropriate response (Speeding ex.)

Consistent response helps client learn faster and develop trust in the process – use a response matrix



Monitoring

Reliable Detection



- Urine drug testing at least twice per week
- Random testing (equal chance of testing 7 days a week)
- Continuous detection methods (patches, bracelet)
- Electronic monitoring
- Home visits (Extend supervision into natural social environment work, home, school, street, cell phones)
- Include law enforcement on the team
- Case manager, supervision, treatment

Therapeutic (Teaching) Responses



Respond to behaviors due to illness

Teach new skills

Develop understanding

Teaching Responses are designed to help participants understand the need to change, how to change, and to learn new behaviors

Therapeutic responses in the courtroom are **NOT THERAPY** – Therapy (treatment) is only provided by a licensed treatment provider

SITUATION

An old buddy that I hadn't seen in a long time showed up at my house. We started talking about old times. One thing led to another and we ended up going to the club. We saw some people we knew. Though I planned not to use, I drank 3 or 4 bourbons and we ended up smoking weed in the car later.

Name:

I missed the good times we used to have. I planned to just drink a Coke at the club, but I didn't want my friend to think I was an asshole. I've been good for so long, I thought I deserved a break. I didn't think I would get caught because I'd just been called in to test that day.

Date:

At first, I felt like, "I got this." Then, I felt pressured, embarrassed, a little pissed and trapped. This was a bad idea but there was no way out of the situation now, so I just went with it. I thought, "Why not?"

I could've suggested we do something that didn't involve using or made up a story why I couldn't go out. Or I could've just told him I'm on probation.

CONSEQUENCES

It was good to be with my buddy again, remembering the good times and feeling "normal" again. We ran into some people we knew. It was fun to be at the club.

I had over 90 days of sobriety. I've never been sober that long. I blew it. I risked jail, even termination. Now I'm getting a sanction and must restart my sober time



Focus on Incentives

Number one incentive is acknowledgment from the judge

Incentives

- Promote engagement in the program and in treatment
 "I'm glad you're here"
- Demonstrate positive regard
- Connect appropriate behaviors to positive feelings





Re-Evaluate and Adjust treatment

- Review level of SUD/MH care
- Enhance alliance with treatment and case manager/supervision
- Work with participant to discuss what treatment they will follow through with
- Work with participant on integrated case plan
- Engage with peer support (peer mentor, peer specialist)

May need to develop new resources for some alternatives

Increase Monitoring

- Increase supervision
 - House arrest/GPS
 - Increase supervision appointments
 - Increased home visits
 - Increase court hearings
 - Curfew
- Other options (Therapeutic Focus on Learning)
 - Community service
 - Attend/watch court
 - Thought papers





^{*} May need to develop new resources for some alternatives

Let's look at these again

What if...

- You're afraid they will overdose?
- You're holding them for a treatment bed?
- They're homeless and have nowhere to go?



Overdose risk...

- Provide participants with Naloxone
- Train participants and their families and friends how to use Naloxone
 - https://www.drugabuse.gov/publicati ons/drugfacts/naloxone
 - https://www.getnaloxonenow.org/#g etnaloxone
- Evaluate for all forms of MAT and provide if appropriate (e.g., meds for opioids, meds for depression, etc.)



Overdose risk...

- Build capacity for MAT and other services in the community
- Consider: Have been managing in the community so far. Talk to them about their plan to stay safe. Work with them to connect with friends or family
- Consider: Will they be safer in the jail? Is there MAT in the jail? If so, is there a connection for a warm handoff in the community?



Actions for Overdose Risk... Pre-Crisis: What you can do

- Loordinators, treatment providers and probation officers need to collaborate on locating available services in the community so that when a client needs those services the probation officer can assist with a warm handoff for clients to those services.
 - Warm hand-off example: contact the Star Program and establish a contact person prior to referring a client. (Just telling, or emailing, a client a statewide resource book is not helpful.)
- Identify local treatment programs who have weekend services or open their doors for clients to go, have a meal and hang out.
- Work with each client on an individualized "emergency kit" or "toolbox" that they can use when struggling. Talk about and add items as client moves through drug court.

Actions for Overdose Risk... Pre-Crisis: What you can do

- ↓ Implement activities to engage your participants and teach skills from the beginning (e.g., engage clients in case planning and have them provide input on goals), make sure the client has Narcan and knows how to use it in your first meeting.
- Probation should utilize tools from core correctional practices at first difficulty e.g., missed appointment, positive drug test.
- Ensure that an MAT provider attends staffings.
- ♣ Give family, friends, and clients information on Narcan training and how to get a free Narcan kit mailed to their residents.
- Probation officers ask if family, friends, or client attended training and has Narcan at home.

Actions for Overdose Risk... Crisis/Emergencies: What you can do

- Work with your treatment provider(s) for a plan that does not include jail.
- Probation officers can set up call-in schedules to assist a client through the weekend such as call PO at 10:00a, 2:00p, 6:00p and 10:00p.
- Ensure client has Narcan
- ♣ Ensure client has a contact and help number for a local community support option e.g., Star Program (Center for family services) or Rutgers Recovery Support (a university student led support program).
- Remind clients about which local providers are available for weekend support.

Holding for a treatment bed...

- If they did not want to go to residential on their own, unless treatment bed is in locked facility, they can, and will, walk away
- Like all others who need residential treatment, they have been managing in the community so far. Wrap them with services and increase monitoring.



KNOW YOUR JAIL

Housing

- Have they managed in the community so far?
- Are there homeless shelters in the community? Are there food banks or other food options in the community?
- Work on building capacity for housing, shelter, food in the community
- Is it life threatening for them to remain without shelter (danger from others, weather, medical health issues, starvation)? Will they be safer in the jail?



^{*}Watch the law

What if they are just behaving badly?

- Not showing up
- Refusing to engage in treatment
- Skipping drug tests
- Testing positive
- Etc.

STAFFING CONSIDERATIONS

- WHO are they (risk, need, responsivity)?
- WHERE are they in the program (what tools have they been given)?
- WHY did this happen (circumstances)?
- WHICH behaviors are we responding to?
 - Proximal or distal?
- WHAT is the response choice? (treatment or monitoring adjustment? Incentive? Sanction?)
- HOW do we deliver and explain response?



Questions to ask when Considering Jail

- 1. What behavior do you want to stop?
- 2. Is the behavior dangerous to others? Or does it impact the safety or integrity of the court?
- 3. What is the intended impact of jail on the participant? With what you know about this participant, will jail have the intended impact? (Consider: What does your assessment say about risk and needs.)



Questions to ask when Considering Jail

- 4. What will the impact of jail be on their prosocial obligations (employer, family, etc.) and health?
- 5. What behavior do you want the participant to do instead? Can you incentivize that? Would a therapeutic/teaching response help?
- 6. If you do use jail, can you be creative to reduce the negative impacts?
 - Avoid overnight
 - Avoid general population
 - Use holding cell



Greenlick: Days in Jail – No nights (Motivation and Sanction)

What to Do While Awaiting **Treatment Beds**



When inpatient treatment is recommended for a client, but no space will be available for weeks, what do we do? Do we put them in jail to keep them safe, or do we allow them to continue to be in the community using, where they are possibly a danger to others and themselves?

Programs around the country struggle with this question. The problem is not enough facility bed space to get clients into the level of indicating that this is not a best practice. care they need. Too often programs will house
There are ways to keep the client in the people in jail as they wait for a bed date, for periods ranging anywhere from a couple of weeks to months. When we house clients in jail, they start giving up and sometimes will deteriorate. Jail is also the easy route for many day treatment. The goal is to get the client programs as a place where the client is "kept safe" for the community. Adult Drug Court Best Practice Standards Volume I discusses the principle of choosing the least restrictive environment that meets the needs or level of care of the client.

There is also a section on the use of jail to achieve sobriety or to safely house the client. community while he or she is waiting for an inpatient treatment bed. These are usually highly structured, with daily check-ins, perhaps with an organization that provides involved in recovery-based activities for which he or she can show up and get into a routine. This approach also provides a structure for the client to be engaged in the community. The following are some recommendations for keeping clients in the community during this waiting period:

- · Daily check-ins with probation
- · Daily check-ins at treatment
- Weekly treatment court appearances Weekly one-on-one treatment
- counselor appointments (at a
- Weekly check-ins with a judge in a different court docket (place them on the docket)
- · Increased home visits
- Weekly engagement with recovery support groups (this is ideal if there is an alumni group)
- · Working with a peer support specialist (check-in)
- · Electronic monitoring, if that is an

Resources:

NDCI - What to do while awaiting treatment beds

https://www.ndci.org/wp-content/uploads/2019/11/43374-

NADCP-FAQ-What-to-Do-While-Awaiting-Treatment-Beds-1.pdf

