

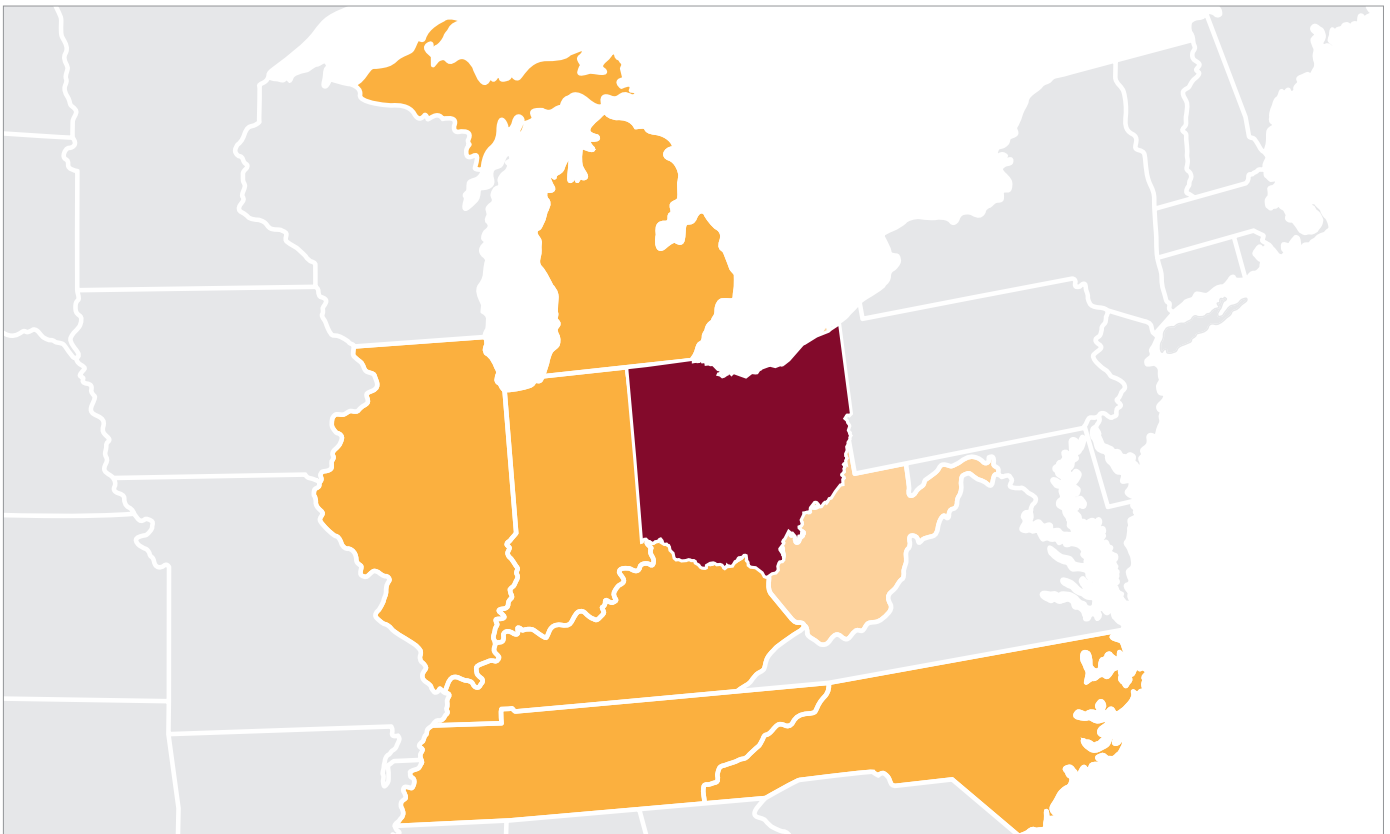


THE JUDICIARY'S RESPONSE TO THE **OPIOID EPIDEMIC**

The impact on society of the opioid abuse epidemic is widespread and deep. Courts are not the only institutions combating the problem. But they can be a key bridge when joined with law enforcement efforts at interdiction, and with treatment providers. The opioid problem confronting Ohio and its surrounding states is simultaneously a criminal justice, public health, family disintegration and social service crisis that needs multiple approaches and multiple solutions.

Opioid Initiatives

REGIONAL JUDICIAL OPIOID INITIATIVE



In August 2016, Chief Justice Maureen O'Connor convened 150 designated delegates from nine states (Kentucky, Illinois, Indiana, Michigan, Ohio, Pennsylvania, Tennessee, Virginia, and West Virginia) and national partners representing courts, medical and behavioral health providers, child welfare, policy makers and other criminal justice partners to launch the Regional Judicial Opioid Initiative.

Summit delegates developed a regional action plan with strategies to combat the opioid epidemic. The RJOI action plan contains a multitude of action items covering three action

areas — Leadership, Data, and Continuity and Capacity.

In 2017, Pennsylvania, Virginia, and West Virginia decided to opt out of direct participation in RJOI. Recently, however, West Virginia has expressed renewed interest and is considering rejoining the initiative. North Carolina, yet another state greatly impacted by the opioid crisis in our region of the nation, joined the initiative.

All items will be pursued in the context of criminal justice and treatment, and regional cooperation and innovation.

Heroin Partnership Project

Multi-disciplinary state and community partnership formed to develop a comprehensive strategy that treats opioid use disorder as a public health problem and effectively reduces opioid-related criminal activity and deaths. Once developed and validated, this strategy will be shared with other communities to guide their local initiatives.

Medicaid Care Management

The Commission on Specialized Dockets and Supreme Court staff have been working with the Ohio Medicaid Medical Director to facilitate coordinated care management practices that improve access to medical and behavioral care for specialized dockets participants.

Addiction Treatment Project

Administered by Ohio MHAS for provision and evaluation of Medication Assisted Treatment for alcohol- and opiate-addicted participants in certified drug courts in 31 designated counties.

- \$11 million allocation during the 2015/2016 state budget for essential health care services for treating dependence on alcohol and/or opioids or preventing relapse, including USFDA approved long-acting **antagonist** therapy (includes naltrexone, Vivitrol) or **partial agonist** therapy (includes buprenorphine, Suboxone, Subutex) therapy.
- Serves 65 certified drug courts in 31 counties designated by the legislature.

Court Staff Funding Project

Administered by Ohio MHAS to help fund personnel, treatment, drug testing, Medication Assisted Treatment, and recovery supports costs for certified specialized dockets that target participants with drug abuse or dependency issues.

- 136 dockets received a total of \$5 million a year during the 2015/2016 state budget; includes 18 new dockets; demand exceeds

resources. Applications are currently underway for continued funding during the 2017/2018 state budget period.

Ohio Family Drug Court Statewide Systems Reform Grant (SSRP/OJJDP)

Administered by the Supreme Court of Ohio, in partnership with ODJFS, Ohio Medicaid, Ohio MHAS with 11 pilot sites

- Establish a comprehensive strategy for statewide multisystem reform that improves outcomes for children and families in the child welfare system with substance abuse and mental health challenges.

Court Improvement Project Grants for Family Dependency Treatment Courts (CIP/HHS)

Administered by the Supreme Court of Ohio to offset the costs of hiring a Coordinator for a Family Dependency Treatment Court (FDTC). Funds are renewable for up to four years. This program has been supported through the Supreme Court of Ohio for more than 10 years.

- 2 new dockets and 2 continuing dockets are receiving funding in State Fiscal Year 2018.
- The goal of the funding is to expand the number of FDTC's in Ohio in order to improve timely permanency and increase the safety and well-being of children and families impacted by substance use in the child welfare system.

Best Practices

Certification of Specialized Dockets

A court operating or establishing a particular session of court that offers a therapeutically oriented judicial approach to providing court supervision and appropriate treatment to individuals. Sup.R. 36.20(A)

- Specialized Dockets must be certified by the Supreme Court of Ohio every three years; all specialized dockets must:
 - Comply with all 12 certification standards
 - Submit local rule, program description (policies and procedures), participant agreement, participant handbook, and site review
- 235 dockets as of July 1, 2017.
- Commission is updating the certification process:
 - Adult Drug Court Best Practice Standards (NADCP)
 - Juvenile Drug Court Treatment Guidelines (OJJDP)
- Courts also implement a full range of pre- and post-conviction alternatives to incarceration based upon risk and need levels, including intervention in lieu of conviction, diversion.

All Dockets Address Opioid Use Disorder

- Drug Courts (national definition) = 164/235: includes adult and juvenile drug, opioid, juvenile, family dependency, veteran, OVI, and SAMI (dual diagnosis) dockets.
- Additional Dockets = 71/235: includes adult and juvenile mental health, reentry, domestic violence, human trafficking, education, truancy, juvenile sex offender, and child support.

Principles for the Use of Medication Assisted Treatment in Drug Court

Court, treatment, and justice partners on national, state, and local levels convened for a two-day forum to study best practices and reach unanimous consensus on Principles for the Use of MAT in Drug Courts (*see p. 6*). These principles can also be used in other court settings, provided certain assessment, drug testing and supervision processes are in place.

Education and Training

1 Annual Ohio Specialized Dockets Conference

Attended by more than 500 coordinators, probation and parole officers, treatment providers, other team members and justice partners.

2 2014 Ohio Judicial Symposium on Opiate Addiction

Judge-led teams from 83 counties joined this educational and planning initiative to improve effectiveness with opiate-addicted offenders. The symposium was co-hosted by Governor Kasich and Chief Justice O'Connor.

3 2015 Ohio Judicial Symposium

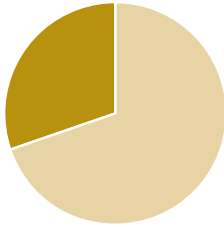
This follow-up event to the 2014 Ohio Judicial Symposium on Opiate Addiction focused on the impact of substance abuse on the child welfare, treatment and court system

4 Roundtables, Regional Trainings, and One-Day Events

Statistics

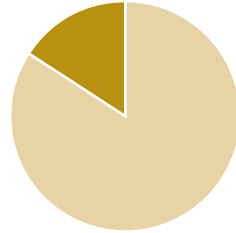
As of July 1, 2017, there are **235 dockets** in the certification process.

235 Ohio Specialized Dockets



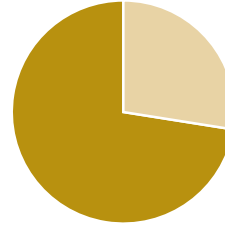
- Drug Courts (164)**
Primary focus on substance use disorder.
National definition includes adult and juvenile drug, OVI, family dependency, SAMI (dual diagnosis), veterans courts.
- Other Courts (71)**
Secondary focus on substance use disorder.

Specialized Dockets Jurisdictions



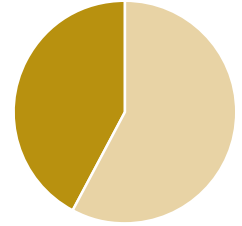
- Adult/Family (198)**
- Juvenile (37)**

Addiction Treatment Pilot Project



- 65/235 Dockets**
Located in 14 of 88 designated counties.
See p. 3.

Court Staff Funding Project



- 136/235 Dockets**
See p. 3.

Docket Growth

130 Pre-Certification **235** Current **↑ 81%**

The certification process started in 2013 and became mandatory on January 1, 2014.

Resources

Specialized Dockets Certification List

An updated list of certified specialized dockets is available at www.supremecourt.ohio.gov/JCS/specDockets/certification. Dockets are organized by docket type and county type. This list is updated after voted upon by the commission throughout the year.

Ohio Supreme Court Certification Standards

The 12 standards required for certification are located at www.supremecourt.ohio.gov/LegalResources/Rules/superintendence.

National Best Practices

National Drug Court Institute (www.ndci.org)

- Adult Drug Court Best Practice Standards
www.ndci.org/resources/publications/standards
- MAT Resources
www.ndci.org/resources/training/medication-assisted-treatment

National Association of Drug Court Professionals (www.nadcp.org)

- Drug Courts Work: NADCP Capital Hill Brief 2015
www.nadcp.org/sites/default/files/nadcp/NADCP%20Capitol%20Hill%20Brief_2.pdf

National Drug Resource Center (www.ndcrc.org)

- Painting the Current Picture: A National Report on Drug Courts and Other Problem-Solving Courts in the United States
www.ndcrc.org/sites/default/files/pcp_final_version.pdf

Principles for the Use of Medication Assisted Treatment (MAT) in Drug Courts

1 Drug courts are in a unique position and leadership role to motivate and support recovery among individuals with an opioid use disorder who are involved in the criminal justice system.

- a. Individuals, families, and communities benefit from reduced recidivism rates, increased public safety, and more efficient and coordinated use of resources that accompany a collaborative approach to long-term recovery without jeopardizing accountability.
- a. Drug court advisory committees and treatment teams are important vehicles to coordinate efforts of the medical, behavioral health, social service, and criminal justice systems to achieve shared goals.

2 Drug court team members and stakeholders should engage in ongoing education to ensure a common understanding of the evolving research and literature, and commit to using best practices.

- a. Cross-systems training will ensure all stakeholders have a current, complete, and shared understanding of core concepts such as the science of substance use disorders and MAT, behavioral health practices, evidence-based decision making, and court processes.
- b. Known risk factors for relapse, recidivism, overdose, and other barriers to recovery should be reflected in drug court practices.

3 Drug courts should consider any of the medications approved by the FDA for treatment of an opioid use disorder as appropriate for use with justice-involved adults if prescribed for an individual by a qualified medical provider and administered in conjunction with behavioral health treatment.

- a. Reduction in relapse rates is significantly improved with the inclusion of FDA-approved medications for opioid use disorders.

- b. Medication should be used in conjunction with a comprehensive treatment plan that includes quality behavioral health services.
- c. While each specific medication is effective for the treatment of opioid use disorders, like with any disease or condition, individuals respond differently to any particular treatment strategy.

4 Drug courts should refer participants for a medical exam to consider whether MAT is appropriate, and should monitor and enforce compliance with the full treatment plan.

- a. Participants who present with confirmed or suspected opioid use should be referred to a properly licensed medical professional for a complete, in person assessment.
- b. Incentives, sanctions and therapeutic interventions should take into account whether the desired behavior is a proximal or distal goal for each stage of their recovery.
- c. Judges should consider seeking reassessments from treatment professionals as necessary and adopt any adjustments to the medical and behavioral treatment plans that are indicated.

5 Drug courts should rely on medical providers and participants to present well-informed medical treatment plans to the court, which may include MAT.

- a. Providers should address opioid use disorders as a chronic relapsing disease of the brain and adhere to current and emerging evidence-based practices.
- b. Any plans involving MAT should take an individualized approach to medication choice, delivery method, dosage, and length of treatment.
- c. Courts should establish a process for identifying and working with qualified providers that prescribe appropriate medication as medically indicated for each participant.

6 When addressing program violations, drug court judges should consider how the potential collateral consequences of any sanction may disrupt recovery.

- a. Incentives, sanctions and therapeutic interventions should be used in a manner that minimize the unintended termination of medication, behavioral health treatment, health insurance, employment, and other resources needed to support long-term recovery.
- b. When using court-ordered confinement as a sanction, it may be necessary to consult with the participant’s medical treatment provider in advance to ensure continuity of effective medical care within institutional formularies and other limitations.
- c. Special populations, such as pregnant women, warrant additional considerations.

7 Drug courts should approach recovery as an ongoing process that may be initiated with the court’s intervention but is ultimately supported and sustained in the community.

- a. Drug courts should connect participants to recovery-oriented systems of care (ROSC) upon entry into the program.
- b. Throughout the process, drug courts should build a participant’s capacity to engage with community-based services and supports that will sustain recovery beyond program commencement.
- c. Drug courts should consider options to offer support for participants after commencement from the docket.

PARTICIPATING ORGANIZATIONS

The Supreme Court of Ohio would like to thank the following professionals who participated in the development of these principles:

Case Western Reserve University	National Association of Drug Court Professionals (NADCP)	Ohio Judicial Conference
Casey Family Programs	Office of National Drug Control Policy (ONDCP)	Ohio Medical Board
Clermont County Juvenile Court	Ohio Association of County Behavioral Health	Ohio Society of Addiction Medicine (OHSAM)
Cuyahoga County Common Pleas Court	Authorities (OACBHA)	State of Ohio Board of Pharmacy
Fairfield County Common Pleas Court	Ohio Attorney General's Office	Substance Abuse Mental Health Services Administration (SAMHSA)
Hamilton County Common Pleas Court	Ohio Department of Health	Substance Abuse Mental Health Services Administration (SAMHSA) - Center for Substance Abuse Treatment (CSAT)
Health Recovery Services	Ohio Department of Medicaid	Supreme Court of Ohio
Hocking County Municipal Court	Ohio Department of Mental Health and Addiction Services (Ohio MHAS)	The Ohio State University
Illinois TASC - Center for Health and Justice	Ohio Department of Mental Health and Addiction Services (Ohio MHAS) - Governor's Cabinet Opiate Action Team (GCOAT)	U.S. Department of Health & Human Services
Lorain County Alcohol and Drug Addiction Services (ADAS) Board	Ohio Department of Rehabilitation and Corrections (ODRC)	Union County Common Pleas Court
Mahoning County Common Pleas Court		
Meridian Healthcare Services		



THE SUPREME COURT *of* OHIO

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