



Bronx Community Solutions:

Overdose Avoidance and Recovery (OAR COURT)

Overview of Policies and Procedures

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Introduction

The Center for Court Innovation (“the Center”) seeks to help create a more effective and humane justice system by operating programs that seek to test new ideas, solve difficult problems, and achieve system change, by performing original research and by providing expert assistance to justice reformers around the world. A key value to the work of the Center is collaboration. The Center partners with a broad range of government, nonprofit, and community agencies to improve the effectiveness of the justice system and improve public perceptions of justice.

Bronx Community Solutions (BCS), one of the Center’s operating programs, seeks to reduce the use of short-term jail sentences and build public confidence in justice. Bronx Community Solutions applies a problem-solving approach to non-violent cases in the Bronx, providing judges with alternative to jail and fines. The Overdose Avoidance and Recovery Court (OAR) is the newest initiative launched by Bronx Community Solutions in partnership with many other criminal justice stakeholders. This manual is an effort to provide a detailed account of the OAR Court, including best practices, policies and procedures.

Overview of the Problem

Opioid misuse in America has become a problem of epidemic proportions. Opioids killed more than 33,000 people in 2015, more than any year on record.¹ In one year alone, opioid deaths increased by 29 percent in New York State.² Studies have found that drug deaths continued to surge from 2015 to 2016, increasing from 3,009 total deaths to 3,894 the following year.³ That year, Bronx County, New York had the second highest rate of opioid overdose deaths with 376 fatalities.⁴ The Bronx County District Attorney’s Office, the Bronx Criminal Court and its partners are encountering thousands of individuals who are at serious risk of a fatal overdose.

Home to 1,471,160 people in 2016, the Bronx suffered overdose deaths at a rate of 25.8 per 1,000 people – the second highest rate of New York City’s counties.⁵ In addition, overdose deaths from cocaine that contains the deadly fentanyl are on the rise. Last year more, than 1,300 New Yorkers died of a drug overdose, and nearly half (44 percent) of those deaths involved fentanyl. In 2017, a total of 2,405 arrests were made for criminal possession of a controlled substance in the seventh degree – the county experienced 2,309 such arrests made in 2016.⁶

Fentanyl, an opioid 50 to 100 times more powerful than morphine, is being mixed in illicit drugs – often without the buyer’s knowledge. The presence of fentanyl in any illicit drug, including cocaine, increases the risk of overdose. Carfentanil, an opioid 10,000 times more powerful than morphine, is also being added to drugs across the city. In 2016, 37 percent of overdose deaths

¹ Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. Center for Disease Control. October, 2016.

² Malatras, J. “Opioid Deaths Continue to Surge in New York State” The Nelson A. Rockefeller Institute of Government, SUNY. March 15, 2018

³ Id.

⁴ Id.

⁵ “As Opioid Deaths Rise, a National Public Health Emergency to be Declared: So Now What?” The Nelson A. Rockefeller Institute of Government. October 26, 2017

⁶ Records from the Bronx District Attorney’s Office

involved cocaine and fentanyl without heroin, up from 11 percent in 2015.⁷ In 2016, nearly half (44 percent) of all overdose deaths involved fentanyl, up from 16 percent in 2015.

Program Description

To address this crisis, the Bronx Criminal Court convened a series of stakeholder meetings with the Bronx County District Attorney's Office, and created a specialized initiative in partnership with Bronx Defender Services, the Legal Aid Society, and Bronx Community Solutions.⁸ These meetings led to the creation of the Overdose Avoidance and Recovery Court (OAR) for misdemeanor offenders in Bronx County. Launched on December 4th, 2017, the Overdose Avoidance and Recovery Court diverts defendants who are "high utilizers" of multiple systems (e.g. health care, child welfare, criminal justice) who have a history of opioid abuse, as well as those at "risk of overdose," into meaningful engagement with community-based services. (See "Compliance and Non-Compliance" for definition of meaningful engagement). It is a multi-pronged, strategic approach to identify opportunities within the justice system to reduce opioid abuse and the number of overdose fatalities, while also mitigating the impacts of drug use on public safety.

The OAR model is grounded in three principles: (1) creation of an innovative approach to court-based drug treatment; (2) implementation of an individualized client approach focused towards expediting treatment and recovery services; and (3) the utilization of harm reduction methods. OAR aims to shift the way the court system views, measures, executes and evaluates traditional court-based substance abuse treatment and is rooted in a belief that a more self-directed approach based on participants' motivation, participation, and harm-reduction stabilizing factors will promote successful engagement with community-based support systems. Incentivizing measured participant engagement strategies (e.g., completing intake and enrollment, maintaining treatment schedule, conducting regular toxicology screenings), OAR removes the punitive barriers of traditional treatment court monitoring models. Participants are not coerced into treatment by weighted jail sanctions, harsh punitive measures for failure, lengthy commitments to court monitored treatment, and difficult graduation requirements. Instead, OAR participants engage in treatment willingly at the pre-plea stage and can opt out of treatment at any point during case pendency without punitive sanctions impacting the outcome of formal prosecution. Upon successful completion of the program's services, the Bronx District Attorney will dismiss and seal the case.

Eligibility

At arraignment, defendants with drug-related charges are screened by the District Attorney's office to determine preliminary eligibility for OAR. Defendants who meet program criteria are then given the opportunity to participate in OAR programming in a dedicated court part.

⁷ Suzuki J, El-Haddad S. A review: fentanyl and non-pharmaceutical fentanyls. *Drug Alcohol Depend* 2017;171:107-16

⁸ The Honorable George Grasso, Supervising Judge for the Bronx Criminal Court represented Bronx Criminal Court and chairs all stakeholder meetings.

OAR serves defendants coming through Bronx Criminal Court with specific qualifying offenses relating to opioid and substance abuse. In return for meaningful engagement in proportionate and appropriate substance abuse treatment, defendants' who are no longer deemed at immediate risk of overdose have their cases dismissed and sealed. Final eligibility lies with the Bronx District Attorney's office; however, baseline criteria includes:

- Top arraignment charge of PL § 220.03 (Possession of a Controlled Substance in the Seventh Degree); PL § 155.25 (Petit Larceny), PL § 140.10 (Criminal Trespass in the Third Degree) and PL § 140.15 (Criminal Trespass in the Second Degree).
- No active full or temporary orders of protection;
- No open violent felonies;
- Defendants with violent felony convictions are considered by the District Attorney's Office on a case-by-case basis;
- Identified as "high risk" of overdose/high utilizer by the New York University High Utilizer Screening tool.

OAR Calendar, Primary Stakeholders and Staffing

As previously mentioned, the Overdose Avoidance and Recovery Court is a partnership between the Office of Court Administration, the Bronx District Attorney's Office, the Legal Aid Society, Bronx Defenders and Bronx Community Solutions.

OAR Calendar

In the Bronx, the OAR calendar is heard once a week on Wednesdays by the Honorable George Grasso in part AP7.

Primary Stakeholders

The Assistant District Attorneys from the Alternative to Incarceration Bureau conduct preliminary eligibility screenings and conduct on-going case reviews. Executive primaries from Legal Aid Society and Bronx Defenders have been strong collaborators and key contributors in the planning, developing, implementation and evaluation of the OAR Court.

Bronx Community Solutions Staffing

Bronx Community Solutions operates a variety of alternative to detention and alternative to incarceration programs, including the OAR Court. BCS is staffed by a team of resource coordinators, clinicians, case managers and intake specialists who provide individualized client screening, assessments, case management, group-work and court-based advocacy. Hours of operation for BCS' court operations mirror the New York City arraignment operations which is 9am-1am, seven days a week. BCS offers intake and clinical services during regular business hours, Monday through Friday, 9am-5pm.

Resource Coordinators play a significant role in the program by identifying and screening cases deemed preliminarily eligible by the District Attorney's Office during arraignment. Resource

Coordinators are responsible for administering the NYU screening tool and conducting the screening interview to determine participant's motivation towards treatment, if deemed score eligible. Once the potential participant is found eligible, the Resource Coordinator collaborates with defense attorney and presents eligibility on the record. Immediately after the court appearance, the Resource Coordinator coordinates the scheduling of the clinical assessment, completed in the offices of BCS. The Resource Coordinator's hour of operation in arraignment are 9am-5pm and 5pm-1am, seven days a week.

Responsibilities of the clinician include: conducting the assessment in order to identify the participants treatment modality; making the referral to the program; tracking participant's compliance and follow-through; and communicating with the provider to obtain a progress report before every court appearance that will include the participant's attendance, program schedule, and toxicology laboratory results. Compliance reports are provided at each court appearance from BCS. The Bronx Community Solutions clinical department has four assessment slots per day: 11:00am, 12:00pm, 2:00pm and 3:00pm. Rapid engagement is essential to the OAR Court. Cases that are arraigned before 3:00pm are scheduled to be seen by the clinical department the same day. Cases that are arraigned after 3:00pm, and during nights and weekends are given an appointment slip for the next business day. The date and time for the assessment is not disclosed on the record.

Case Flow

General case flow follows the outlined process below. (Note: there may be exceptions to this process on a case by case basis.)

Pre-Arraignment

Determining defendants' eligibility for OAR is a collaborative effort between the Bronx County District Attorney's Office and Bronx Community Solutions. First, the Bronx County District Attorney's Office's Alternatives to Incarceration Bureau conducts an initial screening based on OAR eligibility criteria, including a charge of P.L. § 220.03 (Possession of a Controlled Substance in the Seventh Degree), PL § 155.25 (Petit Larceny), PL § Criminal Trespass in the Third Degree) and PL § 140.15 (Criminal Trespass in the Second Degree) active full or temporary orders of protection, and open violent felony cases are not eligible for the program. Cases with civilian complainants protected by temporary orders of protections are not eligible for the program. Defendants with violent felony convictions are considered by the District Attorney's Office on a case-by-case basis.

If a defendant is deemed preliminarily eligible by the District Attorney's Office, the case is referred to Bronx Community Solutions' Resource Coordinator, located in the arraignment part, to conduct a screening. Upon completion of the screening, described below, Bronx Community Solutions staff requests that the Arraignment Part Supervising Court Officer (SCO) notify Bronx Community Solutions court staff when the case is "noticed," and a defense attorney has been assigned to the case.

Acting as the gatekeeper for the OAR Court, the defense attorney determines appropriateness of OAR for each client on a case-by-case basis. If granted permission to speak to the defendant, Bronx Community Solutions staff will conduct a screening using the New York University High Utilizer Screening tool(Appendix A) – a five-question, self-reported screening tool used to identify individuals who are at a “high risk” of overdose or are “high utilizers” of systems, as calculated by a score of four (4) or more. If eligible based on the tool, Bronx Community Solutions staff will also administer the general in-court screening tool and confer with defense counsel to determine whether their client elects to proceed with OAR. The SCO will then be notified that the case is ready for arraignment. If Defense Counsel declines to grant Bronx Community Solutions staff permission to speak to their client, or the participant is not identified as high risk of overdose/high utilizer, the case will proceed down the traditional arraignment process.

The District Attorney’s Office always provide a pre-OAR screening offer as a counter to the OAR preliminary eligibility offer.⁹These offers are not excessively more punitive (i.e. jail offer) and often times may include services provided by Bronx Community Solutions (i.e. harm reduction social service programing). These cases are therefore diverted into Bronx Community Solutions alternative to incarceration services.

Upon initial contact, the BCS Resource Coordinator will inform the participant of the following information:

“Hi, my name is ____, and I work for Bronx Community Solutions which provides alternative to incarceration programs to people instead of jail. You have been found preliminarily eligible for the Overdose Avoidance and Recovery Court, or OAR program, which could lead to your case being dismissed and sealed. The main goal of this program is to get you connected to treatment services. Treatment services could include Medication Assisted Treatment, outpatient services, detox and rehab. The clinical assessment will determine which is the appropriate treatment modality based on your needs. After the clinical assessment, Bronx Community Solutions will refer you to a provider-based treatment plan. You will be given an intake date when you report for enrollment. BCS will follow up on your progress and share that information with the courts on all your subsequent adjournment dates. Do you have any questions?”

Arraignment

At arraignment, BCS staff inform all parties of the OAR eligibility. The defendant will be given the opportunity to have the case sent to the appropriate OAR part (see “OAR Calendar, Staffing and Primary Stakeholders” section). The Bronx District Attorney will suspend prosecution of the case pending its outcome in the OAR Court. Defense Counsel will waive Criminal Procedure Law section § 30.30 speedy trial requirements and toll motion practice.

⁹ If a defendant agrees to participate in the OAR Court but then decided to opt out, the defendant will always have the option to accept the District Attorneys Office’s ‘non OAR’ offer at arraignment.

While standing on the record, the Bronx Community Solutions Resource Coordinator will state the following baseline information:

“Your honor, *(insert defendant’s name)* has been deemed eligible for the Overdose Avoidance and Recovery Court and we are requesting that this case be adjourned to *(insert date and part)*. *(Insert defendant’s name)* is to report to the office of Bronx Community Solutions for assessment to determine the appropriate treatment recommendation.”

If released by the court to participate in OAR, BCS’ Resource Coordinator will ensure that the individual is given all pertinent documentation and is escorted to the BCS office to schedule the intake and assessment.

OAR and Pre-Trial Supervised Release

Bronx Community Solutions operates the Supervised Released Program for the borough of the Bronx. The goal of the Supervised Release Program is to provide pretrial services to eligible defendants in lieu of bail, ultimately avoiding the harmful effects of pretrial detention. The District Attorney’s Office will not make a bail application on a potential OAR case, to afford the client an opportunity to address their addiction. Therefore, cases can be identified as eligible for both supervised release and OAR. (Note: Supervised Release Program has its own eligibility, screening and supervision process; please review those policies and procedures located in the “Supervised Release Manual” for details.)

The subset of cases required for pre-trial supervision are based on a few factors including: criminal and/or warrant history; bail application request and seriousness; of current arrest charge. Prior to arraignment, BCS court operation staff will coordinate with the defense attorney to conduct screenings for both the supervised release program and the OAR Court. Generally, supervised release staff will screen the client first to determine eligibility. If eligible, then following the supervised release screening, participants will be screened for the OAR Court. Program staff will explain to client in detail the expectations of both supervise release and the OAR Court. Participants will sign the Supervised Release contract with the condition that they adhere the program and services of the OAR Court. Participants will remain under supervision for the pendency of the case. Participants will work with both the SRP social worker and the OAR program coordinator to coordinate services, supervision schedule, program progress and court reporting.

If found ineligible for supervised release, resource coordinators will inform the defense attorney and the District Attorney’s Office on program eligibility. Subsequently, the District Attorney’s Office may rescind the OAR offer and request bail or give an alternative offer, possibly including BCS services. BCS will work with the court and counsel to help facilitate a non-jail disposition when feasible. Sentencing packages generally include treatment or treatment readiness options through social service programming provided by Bronx Community Solutions.

First Court Appearance Post-Arraignment

Prior to the court appearance, the Resource Coordinator provides all parties with a written update regarding the client’s treatment plan and compliance with conditions of release. At the first court

appearance, if the client has completed their initial clinical assessment and is already engaged in an identified modality of treatment, such as outpatient or residential services, the case is adjourned for a treatment update. If the client is already engaged in treatment, the matter will be adjourned for two to four weeks. However, if a person has not completed initial clinical assessment, failed to report for provider intake, or has lost contact with BCS staff, it is likely that a bench warrant will be ordered at the first court appearance. Subsequent warrants may be issued as additional failures appear; however, clients are generally given additional opportunities to remain in the OAR Court with advocacy from program staff. Including clients who may fail to comply with court orders but appear on their court dates as required. Those clients are reassessed and offered other treatment modalities that might be more suitable to their current needs. If they are still non-compliant, or lack motivation in program, client can opt out of the OAR at any time.

If, after completing the initial clinical assessment, the client reports no interest in OAR programming, the original arraignment offer will be discussed. The practice of the District Attorney's Office is to either grant the original arraignment offer or to reduce the offer based on the attempts the client has made to comply with the program – completing assessment, reporting for multiple adjournments, attempting treatment schedule, etc. The defense attorney can also request to send the case to the general all-purpose parts for motion practice, hearing or trial or possible disposition.

Additional Court Appearances

Ongoing adjournments are continued for the duration of the case, with the goal of updating the court about the participant's engagement in services, which in some cases, may include a modified treatment plan. If treatment is intensive outpatient services, there will be an adjournment to present compliance and toxicology reports. If the participant is generally in compliance with their court obligations, there will be a longer adjournment (3-4 weeks for participants engaged in outpatient treatment including Medication Assisted Treatment services; 5-6 weeks for participants engaged in inpatient treatment) which would allow full engagement in treatment plan and contemplation of dismissal and seal. If a participant is not in compliance with their court obligations, adjournments are to be kept short (generally 1 to 2 weeks) to allow improvement or to discuss implementing a higher level of care with all parties including client and provider.

Transferring a case for normal prosecution or offering a non-OAR disposition is weighed against personalized factors including: BCS treatment recommendation; level of clients' overall engagement; number of adjournments; harm reduction measures taken; overall treatment readiness; and contact level with BCS/provider. Clients are expected to appear in court if they are actively seeking treatment within the community. Through weekly case conferences with the District Attorney's Office, court appearances can be waived if clients are hospitalized or in long term residential treatment. In those matters, BCS staff maintains communication with provider primary counselor, client and collateral contact to provide the court with timely updates.

The OAR Court does not follow the traditional modality of treatment court reporting and graduation requirements. The OAR Court is designed to connect and immediately engage clients in treatment, within 24-72 hours, in an effort to reduce the risk of overdose and save lives. The OAR Court utilizes an initial engagement strategy and brief monitoring window with the goal of establishing longer term voluntary connection to treatment beyond case pendency. Program completion is based on meaningful engagement, which includes maintaining treatment schedule and contact with BCS, negative toxicology reports, making all scheduled court appearances and no additional arrests¹⁰.

Dismissal and Final Court Appearance

When BCS determines meaningful engagement has been achieved and that the defendant is no longer at present risk of overdose, the case will be scheduled for its final court appearance. Upon dismissal, the participant will receive a certificate of completion, signed by the judge, generated by BCS and presented in court.

Client Management

Paramount to the success of OAR is the client engagement aspect. Because the needs of the OAR population are high, BCS's goal is to provide holistic, trauma-informed and strength-based services to OAR participants. Each participant is matched with an in-house clinician who provides comprehensive and intensive services to the participant for the duration of their court involvement.

Preparing for the Assessment

Court program staff conduct a court screening that provides the clinical team information on client demographics, current arrest, criminal history, current and substance abuse history, previous treatment engagement, insurance information, housing needs, vocational history and motivation towards treatment. Clinicians use this information to review preliminary findings and to familiarize themselves to the client's needs.

Clinical Assessment

Upon being released from arraignment, a Bronx Community Solutions resource coordinator schedules the participant for a clinical assessment, to be completed by one of the BCS social workers. Clinicians administer the short version of the Criminal Court Assessment Tool, (CCAT-S; see appendix C) and an internal clinical assessment. The CCAT predicts and identifies an individual's risk of re-offending, while also screening for important needs that should be targeted to reduce risk, including employment, housing, substance use, criminal thinking, mental illness, and trauma. The CCAT-Short screener is a validated risk-needs assessment tool designed to be used in high-volume court setting, taking up to 15 minutes to administer.

The purpose of the full clinical assessment process is to determine what the client's treatment needs are, including which modality of treatment the clients should attend. Based on the results

¹⁰ Additional arrests handled on a case by cases basis with some clients being given the opportunity of have their new cases considered in the OAR Court.

of the assessment, the clinical department refers the individual to the appropriate community-based provider and the appropriate modality of treatment (inpatient vs. outpatient). The community-based program then conducts their own assessment to determine the intensity of treatment and program requirements. Generally, the clinician or service provider who conducts the assessment is assigned to the case for the duration of their involvement in OAR.

Intensive Case Management

A key element of the OAR track is the intensive and individualized attention each client receives. The goal of this approach is to support the client in obtaining success. After the first court appearance, a combination of the client's case manager, and program coordinator will be in frequent communication with client and treatment provider to ensure appropriate placement and compliance. The case manager, in collaboration with the program coordinator will provide court memos and updates at subsequent court dates until completion/graduation

Services and Referrals

Most services are provided offsite, at community-based providers which BCS has developed a strong relationship with (See appendix E for full list of providers).

Upon completion of the assessment and determination of the proper treatment, the referral process begins, taking into consideration a variety of factors, including the defendant's insurance status, medical and housing needs, and other behavioral health needs. Based on the results of the assessment, Bronx Community Solutions staff provide a treatment recommendation and plan to the court. Participants are given choice of treatment center and given an intake date at the provider location. Bronx Community Solutions has developed relationships and linkage agreements with a variety of local service providers that are uniquely suited and committed to address the needs of this opioid crisis. Moreover, Bronx Community Solutions has only enlisted the support of programs able to provide immediate service, within 48 to 72 hours, provision and address barriers to accessing medical coverage during treatment. The treatment plan is documented in program's electronic case management system and communicated to the court on the client's next court date.

Medication Assisted Treatment (MAT)

Medication-Assisted Treatment is an evidence-based substance abuse treatment protocol, supported by the Bureau of Justice Assistance when properly monitored under the care and prescription of a physician that combines behavioral therapy and medications to treat substance use disorders. Given the Federal Government's support of Medication Assisted Treatment, the OAR Court aims to support participants who choose, in conjunction with their physician, to utilize MAT as a best practice to address their opioid addiction. FDA-approved medications frequently prescribed to address opiate addiction include methadone, suboxone and naloxone.

OAR stakeholders defer to BCS clinical staff to assess the appropriateness of medication assisted treatment with each individual case. BCS clinical staff only refer clients that are motivated and want Medication-Assisted Treatment. Once referred, BCS encourages participants to engage in group therapy as part of a harm reduction approach. Toxicology results are handled based on services rendered. We request of our providers that clients be tested once per week to monitor

their levels. Medication-Assisted Treatment is discussed with clients based on history of usage, frequency and their desire for Medication-Assisted Treatment. If a participant is already involved in MAT, only added requirement is additional programming which may consist of group or therapy services.

Toxicology Requirements

Drug testing participants is an incredibly important aspect of the OAR Court. While BCS does not drug test onsite as part of their initial clinical assessment, participants are expected to undergo frequent (at least 1x/week), supervised drug testing at their community-based provider. Additionally, to demonstrate meaningful engagement to be considered for dismissal and completion of OAR, participants must also provide four negative consecutive toxicology results. The District Attorney's office defers all clinical procedures to BCS and the community-based provider. BCS informs all parties of the updates of treatment adjustment based on requirements of said provider. Cases involving positive results for marijuana are handled on a case by case basis. Generally, the Court wants to see the level trending down, for participant to lead a law-abiding life, and takes into consideration the participants overall motivation towards sobriety and engagement in treatment.

Drug levels can be requested on a case by case basis. For individuals engaging in services at harm reduction centers, levels can be requested if that center does administer drug tests.

Modalities of Treatment

Clinicians within the clinical department have an array of services at their fingertips when it comes to determining what type of clinical intervention a client may benefit the most from. Below are modalities of treatment most commonly recommended as part of a client's clinical assessment. This list is not exhaustive. Clinical staff are always encouraged to think outside the box and identify proven, innovative and meaningful interventions based on the individual needs of the client.

Modalities of Treatment for Client's with Substance Use

Each client is at different stages of their recovery and treatment will look very different for each client. When determining the level of care needed for clients with a substance use disorder, clinic staff must assess the severity of the addiction. Clinicians are to evaluate 7 dimensions to assess for severity. These dimensions are as follows:

1. Acute intoxication and/or withdrawal potential (ex. Breathalyzer readings)
2. Biomedical conditions and complications (ex. Tuberculosis, liver disease, cardiovascular disease, etc.)
3. Emotional/Behavioral/Cognitive conditions and complications
4. Resistance to change
5. Relapse/Continued use potential
6. Recovery environment
7. Legal involvement

An important part of all clinical assessments is determining the client's drug use and the severity of it. Relevant inquiries to help clinicians assess for modality of treatment include:

1. What is the person's drug of choice?
2. How long has the person been using?
3. How often is the person using the substance?
4. If any clean time, how much? Last time the person was clean? What contributed to a relapse?
5. Does the client have any other responsibilities (ie: sole caretaker, gainfully employed, etc.)?

These questions are not exhaustive. They are simply designed to begin a conversation between the assessing clinician and the client in an effort to determine the best modality of treatment necessary.

New York State Office of Alcoholism and Substance Abuse Services (OASAS) plans, develops and regulates the state's system of chemical dependence and gambling treatment agencies. This includes the direct operation of 12 Addiction Treatment Centers, which provide inpatient rehabilitation services to 10,000 people per year. In addition, the Office licenses and supervises nearly 1,000 local chemical dependence treatment programs. The agency inspects and monitors these programs to guarantee quality of care and to ensure compliance with state and national standards. BCS' client's receiving *any* form of drug treatment *must* be receiving treatment in an OASAS licensed facility. It is up to the assigned clinician working with the client to determine if a program is OASAS licensed. Visit <http://www.oasas.ny.gov/treatment/directory.cfm> to determine if a provider is OASAS licensed.

Outpatient Drug treatment

Outpatient drug treatment is completed at community-based organizations that are OASAS licensed. As defined by OASAS, outpatient treatment is designed for individuals who have dependence or abuse conditions, but who are able to participate in treatment and comply with treatment outside a 24-hour treatment setting. Outpatient services are part of a continuum of care. Utilizing community residential services concurrently often enables an individual to be treated on an outpatient basis rather than requiring inpatient or intensive residential rehabilitation.

When referring clients to outpatient drug treatment programs, clients are required to complete the intake process which can last anywhere from 1-3 appointments and frequently involves the client meeting with multiple people (doctor, psychiatrist, etc.). Once complete, they are assigned a primary counselor and given a treatment schedule. Client's typically attend a variety of groups weekly focused on certain areas aimed at recovery, treatment and triggers. Client are also scheduled to meet with their assigned counselor for a session lasting anywhere from 30-50 minutes weekly.

Intensive Outpatient Drug Treatment (IOP)

Intensive outpatient drug treatment includes all the requirements as mentioned for clients in outpatient drug treatment. However, IOP indicates that a client's substance use warrants an

intense treatment intervention. Each community-based program varies greatly on how their IOP track is organized and it is best to speak directly to the program for information.

Detoxification

Detoxification is a medically-supervised process where toxins are removed from the person's system. Detoxification is designed for individuals who (i) are at risk of severe, moderate or mild withdrawal symptoms that are sufficient to interfere with engagement in treatment, (ii) are incapacitated by substances, (iii) have a chemical dependence condition and require acute care for physical or mental conditions, (iv) are intoxicated and are experiencing a situational crisis related to homelessness, potential domestic violence or abuse, disorderly conduct, or other conditions requiring immediate placement in a short-term controlled residential or inpatient setting, or (v) have a history of alcohol or substance dependence and are unable to abstain without admission to a supervised setting.

Detoxification is only needed for an individual using opiate-based substances, benzodiazepines, or alcohol. Detox can last anywhere from 2-10 days, as determined by the medical staff. Clients are encouraged to enter a detox facility as soon as possible when using any of the mentioned substances.

Rehabilitation

Rehabilitation, or rehab services, are designed to initiate the treatment and recovery process for individuals who are unable to participate in or comply with treatment outside a 24-hour structured treatment setting. These medically supervised services may be provided in general hospitals, psychiatric hospitals, and free-standing facilities. Inpatient treatment includes the management of physical or mental complications or comorbidities which may be present. Nursing services are available on a 24-hour per day basis.

Rehab is frequently recommended after a client completes a detox. Clients using other substances (i.e., cocaine, ketamine, PCP, ecstasy) can enter a rehab facility without detoxification. Rehab typically lasts 28 days for adults and 49 days for adolescents. However, the length of stay is frequently impacted by a client's insurance as well as treatment staff.

Residential Drug Treatment

Residential treatment is designed for individuals who are unable to participate in or comply with treatment outside a 24-hour structured treatment setting and who have substantial deficits in functional skills. These services seek to enhance the social and functional skills of individuals who may be isolated from conventional social relations, engage in inappropriate social behaviors, have poor personal care skills and/or have difficulties with activities of daily living. While living within a residential drug treatment facility, a team of supportive staff comprised of CASACs, MSWs, nurses, and doctors are part of their everyday lives and treatment

Most residential drug treatment programs use the "phase" system, which recognizes when clients are making progress with their treatment goals. Clients are rewarded by gaining privileges that allows them to gain "passes" and visit with family for a weekend. Clients are also given chances to enroll in educational and vocations programs and obtain employment.

Mentally Ill and Chemically Addicted (MICA) Services

Mentally Ill and Chemically Addicted (MICA) is a term which identifies when a person is living with a mental illness and a substance abuse. Clients in need of MICA treatment require treatment of both their substance use and mental illness. There are several treatment centers that are OASAS and OMH (Office of Mental Health) licensed to work with clients who have a dual diagnosis.

Release of Information and Consent Forms

Upon entering the OAR program, clients are asked to sign consent for the release of confidential information. Information-sharing consent forms authorize who CCI staff can *share* information with, what types of information can be shared, and for what purpose (i.e. attendance and progress in treatment). The information released is used to assist the authorized agencies in making informed decisions regarding treatment and case outcome. Further, clients are expected to complete consent forms at the community-based provider to allow for the release of information back to BCS and court staff. See appendix X for a copy of the consent form.

Compliance and Non-Compliance

Prior to the first OAR court part appearance post arraignment, the Resource Coordinator provides all parties (*i.e.*, assistant district attorney, defense counsel, judge) with a written court memo detailing the client's treatment plan and compliance with conditions of release. If the client has completed an initial clinical assessment and has already engaged in the identified treatment (*e.g.*, detox, rehab, outpatient or residential services), the case is adjourned for a treatment update, which is generally held four to six weeks after the first OAR appearance. Bronx Community Solutions staff will present the details of the compliance, before the adjournment date, to the district Attorney's office to determine if the case warrants dismissal at that time. The intensive, individualized attention each client receives differentiates the OAR court parts from traditional court. After the first court appearance, the case manager remains in frequent communication with the client and treatment provider to ensure appropriate placement and compliance. Bronx Community Solutions provides a court update memo at each subsequent court appearance.

If the participant is not engaged in treatment (due to sporadic attendance, positive toxicology, or avoiding toxicology reporting), the participant's treatment update can be adjourned at the judge's discretion in 1 to 2-week intervals to allow time to address the barriers to treatment before a determination of non-compliance is made. If the defendant is ultimately deemed noncompliant, the case is returned to a non-OAR court part for normal processing or the original arraignment offer is extended.

Compliance is measured by participants' meaningful engagement in the program. Understanding the complexities of addiction and recovery, Bronx Community Solutions takes multiple factors into account when determining "meaningful engagement." As outlined previously, considerations for meaningful engagement include: the client's attendance and participation in

the treatment service recommended by Bronx Community Solutions; the original arraignment offer made by the District Attorney's Office; the type of treatment modality; the motivation and willingness of the participant; whether the participant attends all scheduled sessions of treatment; and whether the participant maintains sobriety throughout the program. Meaningful engagement also means that participants must refrain from illegal activity, including the use of marijuana, throughout OAR programming. Participants must attend all scheduled groups and maintain four weeks of negative toxicology for the case to be dismissed and sealed, with the goal of continued voluntary treatment engagement. OAR programming completion generally takes 6-12 weeks, depending on the client's compliance.

Community Referrals and Partners

A key element of how Bronx Community Solutions operates, and thus is imbedded within the OAR Court, is the collaboration between a myriad of community-based service providers. BCS has a rich history of bridging the gap between community and courts by offering the courts direct access to community-based programming to address the needs of high utilizers of the system. As a conduit of services for OAR, BCS has established linkage agreements with providers uniquely situated to address the complex needs of individuals engaged in the fight to combat the opioid crisis. With a robust network of community-based social service partners established over the last 13 years, each preferred provider enters into Memorandums of Understanding outlining its partnered services to the Bronx program. Some preferred providers operate services on site at the BCS offices. Other preferred providers serve as a referral base for OAR clients, understanding the unique position of short-term engagements (less than the traditional court mandated stipulations of 9 plus months), increased toxicology reporting of once per week, working groups around frequent court schedule, weekly BCS outreach and case conference requests to ensure that client is successfully adjusting to treatment. BCS takes into consideration the needs of individuals and make referrals based on which provider(s) would be the right fit.

Providers in the community that have been vetted and selected by BCS are asked to come to the BCS office or to the courthouse to complete assessments and referrals to various substance abuse programs. Providers have specific days of the week they are present and are able to complete the first part of the intake assessment onsite. The client then is provided with a follow up appointment to complete the intake and be assigned a counselor and given a treatment plan. This process allows clients to interface with treatment providers and peer navigators to ensure that initial connection is being made. Providers can also bring their validated screening and assessment tools they utilize to ensure clients are being referred to an appropriate level of care. Representatives from BCS are also available after the screening so the client can sign consents to release information so BCS can get information from the treatment providers for court reporting purposes. Clients are also given referral paperwork with the date and time of their appointments.

Safety Protocols and the Distribution of Naloxone

Ensuring participants are safe is a priority for all stakeholders engaged in the operations of OAR. Due to the nature of their role, Bronx Community Solutions staff are generally in the best position to identify and address a client struggling with suicidal and/or homicidal ideation.

Naloxone's Use and Distribution Protocols

Naloxone a FDA approved medication-assisted treatment intervention, that, when administered under the supervision of a physician, can significantly improve an individual's opiate addiction. Bronx Community Solutions has developed a partnership with New York City's Department of Health and Mental Health (DOHMH) to be trained in dispensing of Naloxone. To safely distribute naloxone, DOHMH requires sites to be under the supervision of a medical director, which is supplied by DOHMH. BCS has been identified as an Opioid Overdose Prevention Program, and BCS's clinical director services as the internal point person on all areas related to naloxone distribution. Any active or former BCS client, as well as family member, who needs Naloxone can and should receive a kit.

Becoming an Opioid Overdose Prevention Program (OOPP)

1. Organizations can apply to become an Opioid Overdose Prevention Program through Department of Health and Mental Hygiene (DOHMH).
2. Organizations will be provided with Standing Orders and must be overseen by a Clinical Director.

Ordering Naloxone Kits:

1. Kits can be ordered through DOHMH. Naloxone kits come in sets of 48.
2. When ordering Narcan, each order includes 2 doses of Naloxone Single-step device, which includes doses of 4mg each.
3. DOHMH also provides 'blue bags' which include blue plastic gloves, alcohol swabs, and a face mask for rescue breathing.
4. Information about signs of an overdose and instructions on how to effectively administer Narcan can be provided by DOHMH and included in the kits.
5. A system, either an electronic database or other means, should be used to track the distribution of kits.

Dispensing Naloxone Kits

Any staff member who has completed a Training of the Trainer (provided by the Harm Reduction Coalition) can provide overdose reversal training and dispense naloxone to others.

The process for dispensing naloxone kits is as follows:

1. The trainer must first provide overdose reversal training including signs of an overdose, and how to administer the Naloxone with details provided by the Department of Health and Mental Hygiene. DOHMH can provide additional information as needed.
2. Naloxone kit recipient completes "Naloxone Recipient Form (NRF)" and prints name on pre-filled blue certificate of completion card.
3. Trainer puts blue certificate of completion card inside of naloxone kit and hands it to the trained recipient.

4. Trainer collects all completed “Naloxone Recipient Form” and files the forms. You may want to create a database for this data so that you can easily track the number of naloxone kits distributed. This will make reporting much easier.
5. The Program director (Designated when signing up to become an OOPP) should collect all “Naloxone Recipient Form” for each month and use the forms to complete a Site Summary Sheet.
The Program Director should then scan all of the Naloxone Recipient Forms and the Site summary sheet and email it to DOHMH.
6. Reporting also includes ensuring all expired kits are counted to ensure expired kits are not being distributed to staff.

Appendices

Appendix A: New York University Screening Tool

Appendix B: Case Flow

Appendix E: List of Community Providers