

Lightning Intro Session

Intercepts 0 / 1 / 2

on the Sequential Intercept Model

PRESENTERS

Courts & Child Welfare

1. Lisa Saldana
2. Ekaterina Pivovarova
3. Saba Rouhani
4. Bradley Ray

Testing Implementation Strategies to
Scale-up a Multicomponent
Continuum of Service Intervention for
Families Involved in Systems with
Parental Opioid and
Methamphetamine Use

PI: Lisa Saldana, PhD

Co-Is: Gracelyn Cruden; Allyson Dir; Joe Glass

Partnership with Oregon Department of Human
Services (ODHS)

RM1DA064527



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FOR FAMILIES



CHESTNUT
HEALTH SYSTEMS
LIGHTHOUSE INSTITUTE

Project Team

RM1DA064527



Monarch on 4th



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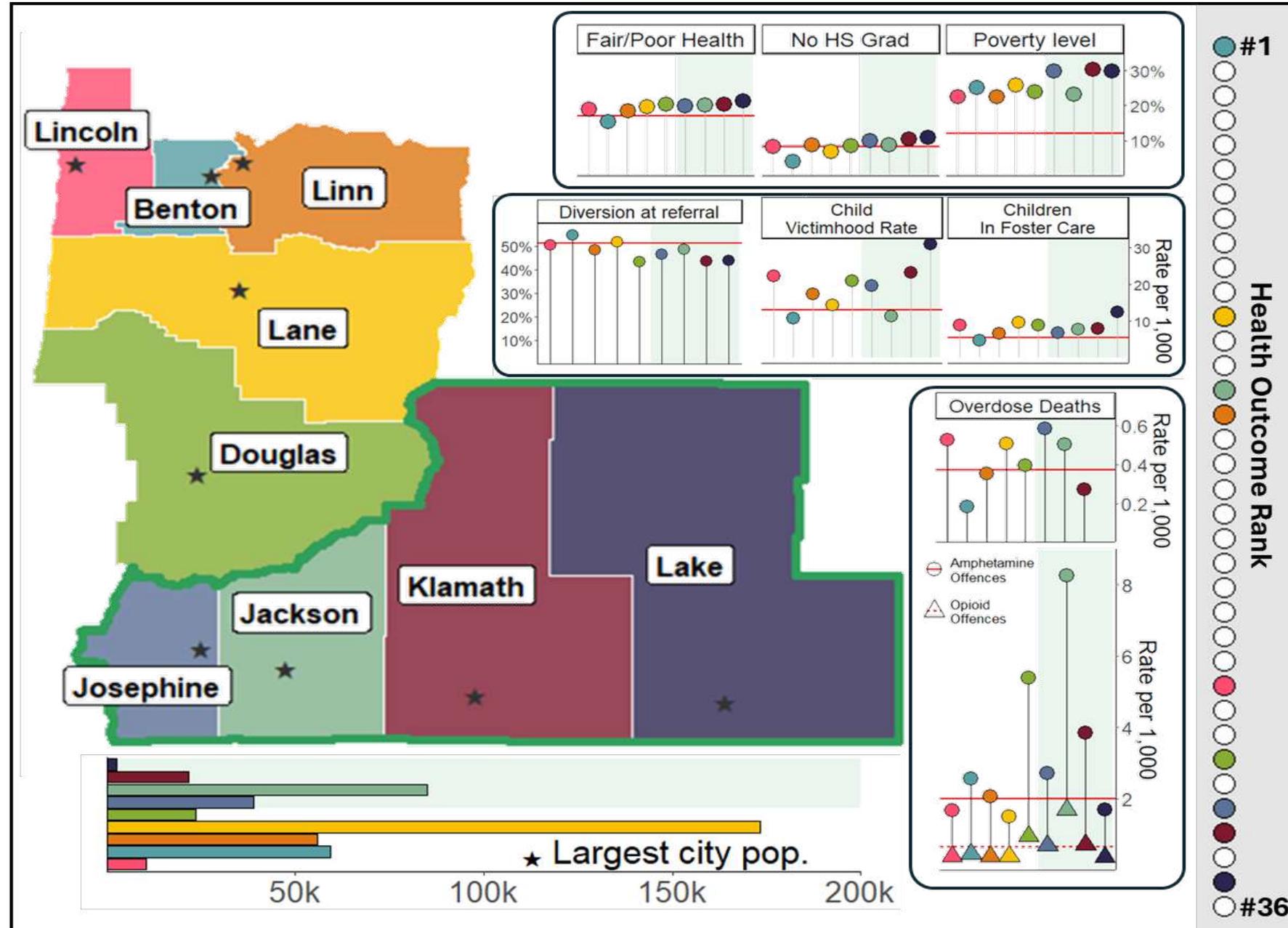


Rowan McClelland-Bishop, BA

Setting and Population

Eligibility Criteria

- Parent with a child under the age of 18
- In-home or reunification plan at time of referral
- Medicaid enrolled in a participating county
- Misuse of opioids and/or methamphetamine in last year
- Access to smartphone/tablet or wifi if provided



Intercept 0
Community Services

- Hotline Call
- Referral

Intercept 1
Law Enforcement

- Child Protective Services Investigation

Intercept 2
Initial Court Hearing

- Shelter Hearing
- Jurisdiction Hearing

Intercept 3
Jail/Court

- Court Mandated Services
- Child Placed in Foster Care

Intercept 4
Re-Entry

- Trial Reunification

Intercept 5
Community Corrections

- In-Home Plan
- Safety Service Providers

Community Integration

Stabilization

*Yellow indicates where JCFE most often intervenes.

Approach and Intervention

- Hybrid Type II Effectiveness Implementation Trial Testing Scale-Up Strategies for Just Care for Families®
 - Implementation blueprint for system and agencies
 - App support for parents
 - App feedback to Just Care providers

Just Care for Families:

- Uses Evidence-Based Behavioral Strategies
 - Contingency-management informed
 - Social-risk factor focused
- Developed With and for Families
- Addresses Six Key Areas of Intervention and Support
- Crosses a Continuum of Needs Across the Sequential Intercept with the Child Welfare System
- Delivered Where Parents Live
- Delivered By Team of Coaches Supported by Care Navigator
- Available 24/7 on-call
- Treatment Length 6-9 Months



Aims and Outcomes

• **AIM 1: Test CLINICAL EFFECTIVENESS OF JCFF WHEN DELIVERED WITH DIGITAL SUPPORTS IN A SAMPLE OF PARENTS (N= 254) RECRUITED FROM ACTIVE AND NEW COUNTIES.** It is expected that parents receiving JCFF will:

(1) show reduction in Opioid and Methamphetamine Use and CW negative outcomes

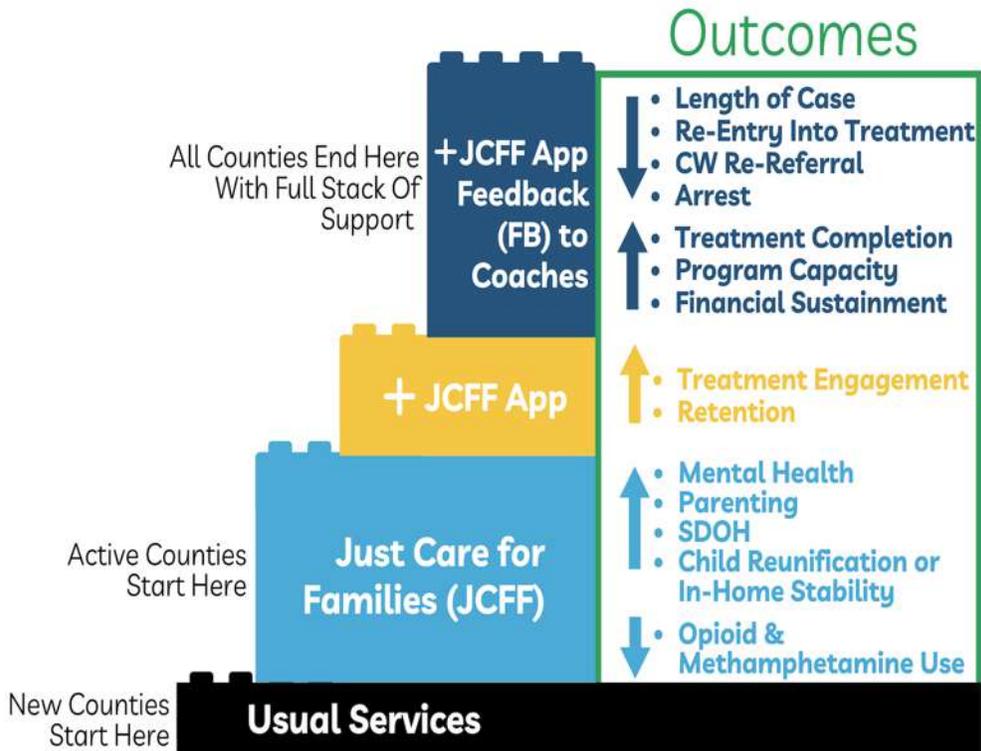
(2) show higher JCFF Engagement and Retention with the addition of a JCFF App

(3) will experience more Efficient Treatment (fewer in-person contacts, shorter treatment episodes, and fewer returns to treatment) when JCFF providers have access to parent App data feedback.

(4) Across the sequential intercept model, it is hypothesized that parents receiving JCFF will have decreased cascading Child Welfare outcomes, with increased rates of child Reunification and Permanency

• **AIM 2: Test EFFECTIVENESS OF THE JCFF IMPLEMENTATION ROADMAP FOR NEW COUNTIES.** New counties, supported by newly trained JCFF Experts, will be compared to active counties on implementation process outcomes and implementation costs

• **AIM 3: IMPACT OF THE INTRODUCTION OF DIGITAL STRATEGIES ON PROGRAM SUSTAINMENT.** Using Markov modeling, program capacity and efficiency will be specified to identify the interaction of caseload capacity and reimbursement rate and how this differs with and without the JCFF App and FB features.



Improving Access to MOUD in Drug Courts Through Interagency Collaboration: COLAAB study

Ekaterina Pivovarova, Ph.D.
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Community MOUD

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Spectrum Health

Systems (MA)

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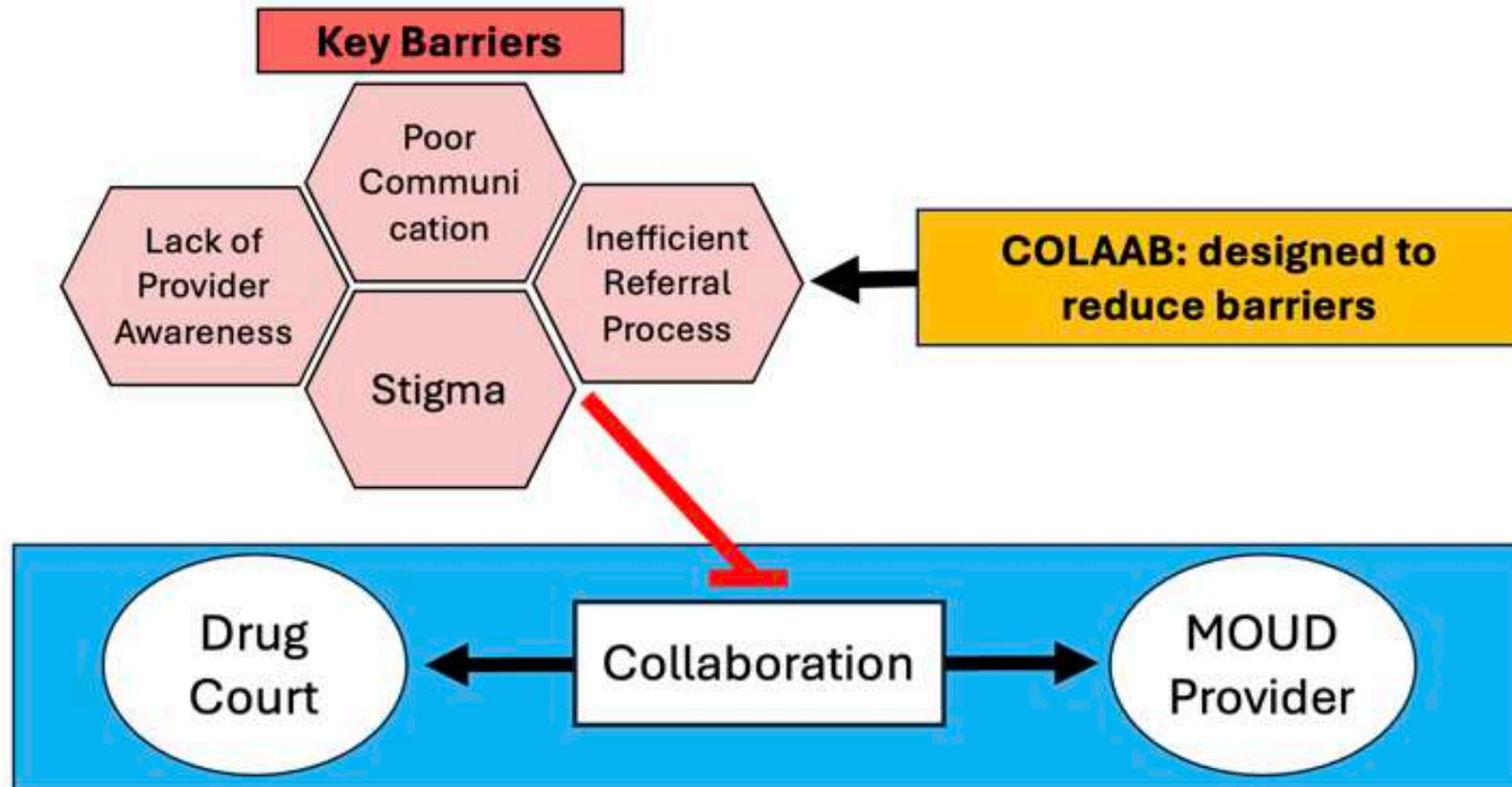
Lutheran Services (FL)

Behavioral Health

Systems (FL)

Background and Need for COLAAB Model

Collaboration is needed between drug courts and treatment providers to ensure that clients can access and remain in community treatment.



Clinical Organization & Legal Agency Alliance Building (COLAAB) intervention

- Monthly meetings between court staff & treatment providers
 - Facilitated by academic liaisons
 - Structured topics (e.g., barriers to referrals, communication processes, shared goals, sustainability of relationship)
- Tours
 - Courts staff visit MOUD provider agencies
 - MOUD providers observe court hearings
- Referral documents tailored for each court
 - Local MOUD providers' points of contact (name, phone, email), types of MOUD offered, types of insurance accepted
 - Local MOUD providers' release of information forms

Specific Aims

	Specific aim	Data to analyze
Aim 1	Adapt COLAAB for widespread implementation	Interview/focus group data (court staff, MOUD providers, court clients)
Aim 2	Aim 2: Implement COLAAB in MA (n=8 courts) and FL (n=8 courts) to assess primary outcomes of adoption and fidelity, and secondary outcomes of acceptability, appropriateness, feasibility and implementation costs	Pre- and post-survey data (court staff, MOUD providers); interview/focus group data
Aim 3a	Aim 3a: Examine the effect of COLAAB on collaboration quality, negative perceptions of MOUD providers/courts, MOUD attitudes, stigma toward court clients, communication quality, referral process efficiency, and court staff awareness of local providers	Pre- and post-survey data (court staff, MOUD providers); interview/focus group data
Aim 3b	Aim 3b: Examine the effect of COLAAB on the MOUD service outcome of client referral and engagement	Archival data; interview/focus group data (court staff, MOUD providers, court clients)



The impact of HB-139 on substance use outcomes: a natural experiment

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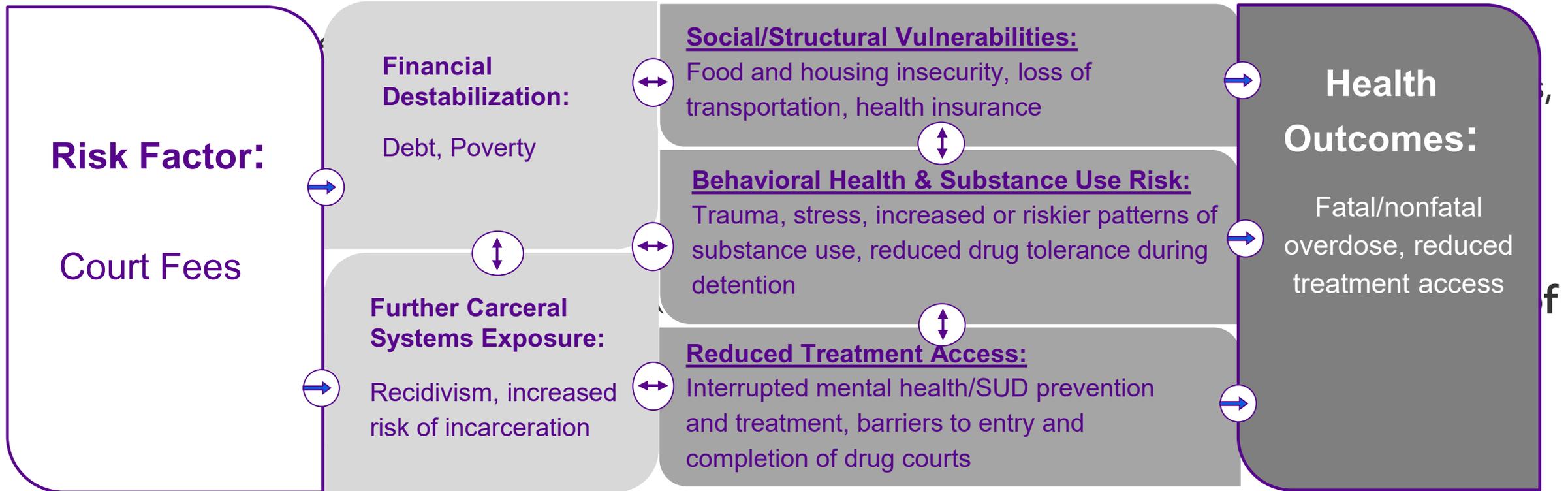
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Court Fees & their consequences



Contents lists available at [ScienceDirect](#)

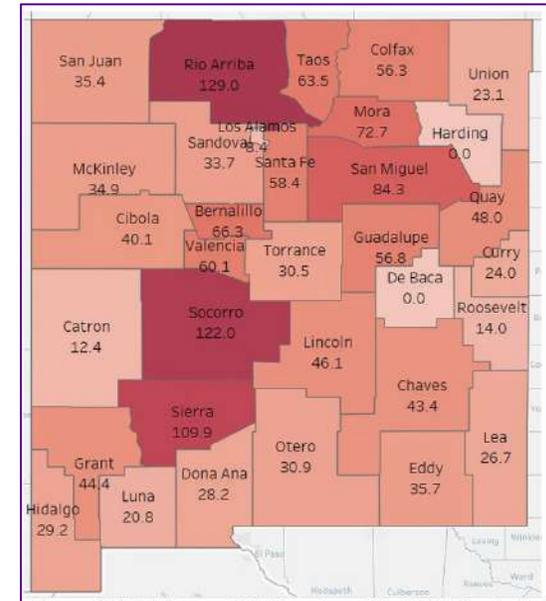
Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

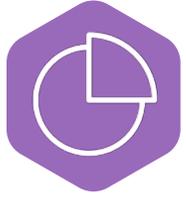
HB-139 in New Mexico

July 1st 2024- HB-139 removes all post-adjudication and bench warrant fees: the **first and only** sweeping state legislation aimed at addressing court fees

- Prior to this, NM court fees among the most draconian in the nation, unpaid fees punishable by arrest
- 2023 Survey of New Mexicans with court debt (n=511) revealed:
 - **80%** forgone basic needs to pay off debt
 - **41%** committed a crime to pay off debt
 - **48%** of reported going to jail to settle a balance
- High overdose death rate, 47.3 deaths per 100,000 population
- Fatalities driven by fentanyl, highest amongst Hispanic populations
- 23 drug courts serve approximately ~400 clients annually



Specific Aims



Aim 1:

Outcome Data: County-level CDC Restricted Access Mortality; CDC DOSE; SAMHSA TEDS

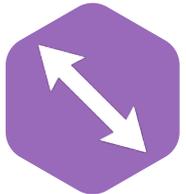
Estimate the causal impact of HB-139 on overdose fatalities and other substance use outcomes, utilizing scientific legal mapping to characterize court fee ‘exposures’ nationally and difference-in-difference models to compare data from NM to plausible controls



Aim 2:

Outcome Data: Individual-level administrative NM court data

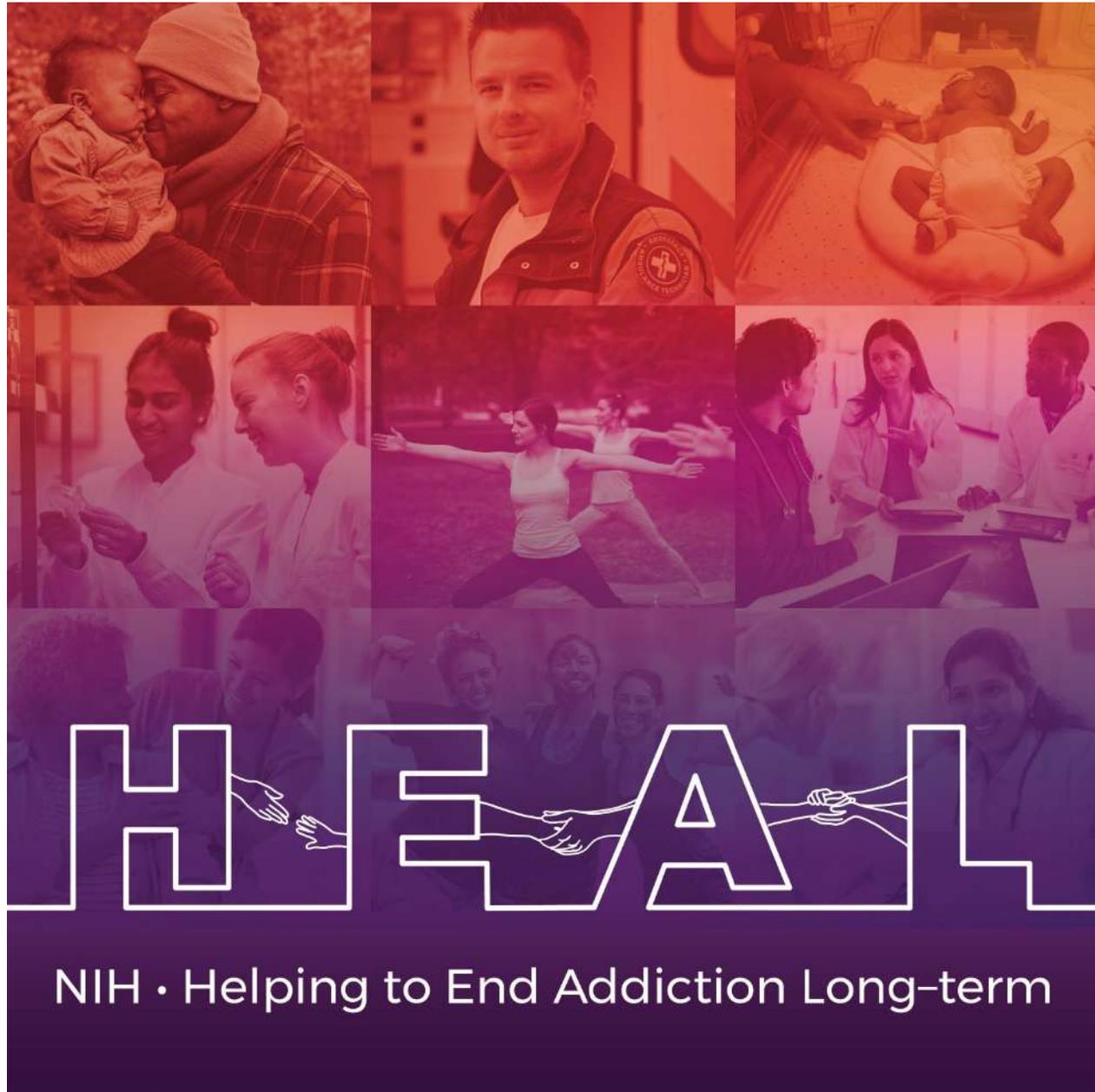
Examine effects of HB-139 on recidivism, drug court enrollment and completion, and total legal financial debt, utilizing regression discontinuity design and single group interrupted time-series models to compare outcomes before and after the policy change



Aim 3:

Outcome Data: External advisory board and NM partners; community-based organizations

Assess the HB-139 implementation process using in-depth interviews with those involved in developing, passing, and implementing legislation (N=20), and intended policy beneficiaries (individuals with court debt and substance use; N=25)



Preventing Overdose and Promoting Recovery through Court Navigation

PI: Brad Ray
RTI International

Investigative Team

Practitioner Partners

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- Rebecca Buhner, Indiana Division of Mental Health and Addiction

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- Catherine Grodensky, RTI International

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- Stephen Tueller, RTI International

Collaborating Investigators

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 - Peer recovery support services
- Matt Aalsma, Indiana University
 - Indiana court-based implementation

Engagement Council

- Garland Gerber, Northeastern University
- Judith Bazinet, Massachusetts Trial Court

Study Director

- Cari Megerian, RTI International
-

Setting and Population

- Two Courthouses in Indiana
 - Hammond Courthouse (Lake County)
 - Criminal Division Courthouse (St. Joseph County)
- Adults seeking services within the courthouse
- Illicit drug use or overdose in past 12 months
- Self-reported need for SUD treatment
- Not yet been sentenced to be incarcerated
- English speaking and resident of Indiana



Intervention and Approach

Intervention

- Certified peer recovery coach as court navigator
- Schedule treatment intake appointments; provide a warm hand-off; assist with enrollment in health benefits; provide adjunctive legal-related resources (legal terminology, reminders and attendance support, access to legal resources); and facilitate access to social services (transportation, housing, food, and employment)
- Potential follow-up with 8 meetings over 6 months

Approach

- Pragmatic randomized controlled trial
- Temporal block randomization (by work shift)
- Mixed methods
 - One-time baseline survey with administrative record-linkage for follow-up
 - Qualitative interviews with court practitioners and navigators, service providers, and navigation clients

Aims and Outcomes

Aim 1: Assess effectiveness of court navigation vs. information-only control on *linkage* to substance use treatment in a randomized controlled trial

- *Medicaid, PDMP, and the IHIE (hospital visits and procedures)*

Aim 2: Assess the effectiveness of court navigation vs. an information-only control on *overdose and arrest outcomes* in a randomized controlled trial

- *Vital records, EMS, ED, jail booking*

Aim 3: Explore barriers and facilitators to implementing peer-led court navigation in criminal-legal systems

- *Consolidated Framework for Implementation Research*