MEDICALLY GUIDED TREATMENT SUPERVISION (MGTS):

INITIATIVE SUMMARY & TOOLKIT

Larimer County MGTS Leadership:

Judge Thomas Lynch,
Presiding Larimer County Court Judge

Dr. Jeremy Dubin, DO, FASAM
Chief Medical Officer
Front Range Clinic

Shannon Jenkins, CAS, CPFS
Care Coordination Supervisor
North Colorado Health Alliance

TOOLKIT CONTENTS

HOW DID IT GET STARTED?

Legislative changes made felony possession a misdemeanor on March 1, 2020. County Courts that previously had only minor marijuana possession and drug paraphernalia offenses were now dealing with more charges surrounding illicit substances, higher rates of addiction and very few resources at their disposal.

The original plan was to create a "Treatment for Dismissal Path" for Defendants charged with misdemeanor possession of a controlled substance. This plan required greater engagement with the local Criminal Defense Bar and the District Attorney's Office. In searching for a lower barrier solution, the work centered on what could be accomplished within the authority of a judicial officer. This shifted the focus to bonds and the setting of their conditions as the pathway forward..

"I needed a way to deal with the onslaught of cases coming from the District Court without any additional resources. A Defendant with 3 DM1 cases that died from an overdose clarified my need to do something."
- Judge Thomas Lynch

Presiding Larimer County Judge Lynch reached out personally to local community resources to find a way to bring treatment into the courts. The first person he approached with the idea was a doctor in the substance use disorder space. That doctor connected Judge Lynch with the Director of the North Colorado Health Alliance Addiction Response Team and the COSLAW Project– Colorado Opioid Synergy Larimer and Weld. NCHA's Addiction Response & COSLAW Project is a team of care coordinators and peer recovery specialist who help people that use substances get access to treatment, recovery and harm reduction supports and also works with the community to improve and expand access to substance use services. After many planning meetings, the team started its partnership with the court in order to help connect those involved with the criminal justice system to treatment for substance use disorders.

In early 2022, prior to the program launch of MGTS, the Care Coordinators began spending one day a week in the courthouse. The judge would introduce the care coordinators at every docket and their purpose of helping anyone struggling with drugs or alcohol including access to Narcan/Naloxone for those interested.

After a couple months of COSLAW presence in the court room, and policies, procedures, reporting forms and agreements were in place, MGTS was implemented. The policies and procedures for MGTS, as well as the reporting form were the result of collaboration between the courts, treatment provider, and NCHA.

The project initially started with early adopter, Front Range Clinic by Porch Light Health as the sole provider for the MGTS program. As the program grew it has been able to expand to include SummitStone Health Partners, Behavioral Health Group and Sunrise Community Health.

WHAT IS MGTS?

MGTS stands for "Medically Guided Treatment Supervision."

MGTS is a collaboration with the courts, community substance use disorder(SUD) treatment providers and community-based care coordination teams that offers defendants an opportunity to engage in medically assisted treatment (MAT) at their first appearance in the trial division.

If the defendant is a candidate for MGTS, the defendant can consent to have their treatment plan made a condition of their bond. MGTS provides a pathway for connecting persons with SUDs with SUD treatment providers and community resources to establish a treatment relationship and continued care after the criminal case is closed.

In short, MGTS it is a system that allows the Defendant's engagement in a treatment plan created by their substance use treatment provider a condition of bond.

While both the criminal justice system and the medical community are working with individuals to modify behavior, it is accomplished in very different ways because of the tools these systems have at their disposal.

CRIMINAL JUSTICE COURTS SYSTEM

Defendant is ordered not to engage in identified behavior, follow the orders of the court and punished for engaging in the behavior resulting in revocation of bonds, sentencing, etc.

ADDICTION TREATMENT MEDICAL SYSTEM

Patient works with treatment provider and the provider attempts to change the behavior through use of medical interventions in standards of care and strategies including harm reduction, MAT, and motivational interviewing.

"MGTS can end or reduce members' return to use cycles by providing structure, providing services, and support to make new beginnings."

MGTS PURPOSE & GOALS

MGTS bridges the courts and the treatment sector through care coordinators to develop a pathway to treatment and recovery by leveraging the strengths of each system.

COURTS — COMMUNITY CARE COORDINATION — TREATMENT PROVIDER

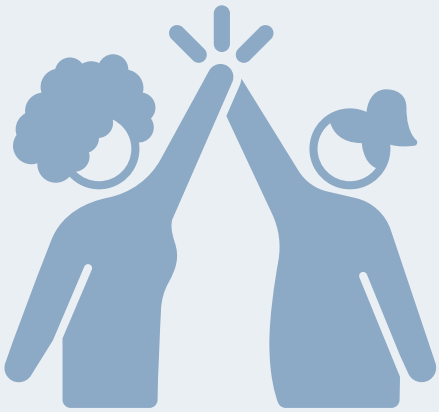
MGTS Goals:

OVERALL:

Identify people in the criminal justice system that have been diagnosed by a medical professional to be appropriate for medically guided treatment of substance use disorders.

- Provide a means of access to medically guided treatment regardless of socio-economic or protected class of the individual.
- Engage individuals in the treatment most likely to result in their successfully managing their substance use disorder while under court supervision.
- Establish access to medically guided treatment as early as possible in the criminal justice system.
- Enhance community safety by making medically guided treatment an alternative to monitored sobriety.
- Reduce failures to appear in court.
- Establish a pattern of treatment to create a path for success outside of the criminal justice system.

The alternative is catching someone using substances, penalize them with sanctions or jail, and see them continue in a Substance use cycle repeatedly.



Start providing MGTS to your community!

WHAT IT IS VS WHAT IT'S NOT

MGTS Is:

- A collaboration with the courts, treatment providers and community care coordinators
- An alternative to the traditional court and bond order process which creates access to treatment pathways in a bond structure with the consent of the defendant.
- Inclusive of a medical appointment and treatment process involving evaluation, diagnosis and treatment that may include prescription medication.
- A method of giving judicial officers assurances that persons with substance use disorders are receiving the best treatment for their medical condition while on bond.
- An opportunity to utilize person centered and strengths-based approaches and provide positive feedback to Defendants and the court officer in contrast to the norm of the court only being made aware of negative outcomes.
- An opportunity for community care coordinators to connect with individuals about safety and to provide access to harm reduction tools like Naloxone/Narcan, the opioid overdose reversal medication regardless of their engagement with or eligibility for MGTS.

MGTS Is Not:

- NOT - A condition of bond that the court can order without the defendant's consent.
  - *A defendant must request that their treatment plan be made a condition of their bond.*
- NOT - A system for judicial officers to tell medical providers how to manage the care of people with a substance use disorder.
- NOT - A method of illicit substance consumption monitoring – a paradigm shift for judicial officers.
  - *Treatment Providers expect returns to use as part of the treatment and recovery process and are more concerned about the overall patient progress and engagement in care
- NOT - A Replacement for Pre-Trial Services for substance use monitoring/reporting.
- NOT - A form of Pre-trial Services – The treatment providers have no contract with the court or any other obligation requiring them to interact with the courts on behalf of their patients. Treatment providers do so because of a commitment to the idea that medically based treatment will typically be a better outcome for their patients than anything else the court can order and they are therefore willing to help facilitate that. Judicial officers have no authority over the treatment providers.
- NOT – A new specialty court. Specialty Courts are resource intensive and only "touch" a very limited number. MGTS introduces everyone on my criminal docket to a path for treatment.

COORDINATION OF CARE WITH THE COURTS

The MGTS Program is in collaboration with the North Colorado Health Alliance's Addiction Response Team and COSLAW Project to bridge the courts and treatment system through their community-based and payor agnostic care coordination structure.

NCHA
North Colorado Health Alliance

CO-SLAW
COLORADO OPIOID SYNERGY
LARIMER & WELD

What is COSLAW?

- COSLAW stands for Colorado Opioid – Synergy Larimer and Weld.
- Launched in 2018, COSLAW is a network of seven treatment providers and transitions of care sites including criminal justice and hospital systems served by a team of integrated care coordinators and peer specialists who facilitate members' access to and retention in substance use treatment across the network.
- COSLAW provides embedded care coordination in criminal justice systems (jails, drug courts) and emergency departments - places where people with substance use disorder can fall through the cracks without the knowledge, support and access to treatment care coordinators can provide.

Who are the partners?

COSLAW adapted the Vermont hub-and-spoke model to develop a hub of care coordination that pairs members with a care coordinator as they move within the network of care providers and across sectors regionally.

- Opiate Treatment Providers (OTPs)
- Federally Qualified Health Centers (FQHCs)
- Community Mental Health Centers (CMHCs)
- Residency program
- Addiction Treatment Providers

"Instead of focusing on getting everyone to understand the problem in the same way, focus instead on developing partnerships within and across systems to show how collaboration is mutually beneficial and focus on those solutions"

CARE COORDINATION KEYS TO SUCCESS

What are the components?

- All providers working under a shared treatment philosophy so no matter where a member goes, they can be assured of a person centered and harm reduction approach to care.
- Payer Agnostic - funded outside of the insurance system, therefore able to work with anyone regardless of insurance.
- Having point persons at each practice who can help orient and support care coordinators as they integrate into the practice.
- Consistent follow through and follow up. Providers quickly see how care coordinators fill a needed gap in care and reduce workload on staff.
- Care coordinators serve as a primary point of contact for staff involved in a member's care.

Referrals into care coordination

- Provider call number to ensure MAT care coordinator follow-up for treatment induction, continuation of treatment and care management
- Community call number for those interested in help with substance use - 1-844-944-7529
- Community/Provider Electronic Referrals - anyone is able to submit a referral online to https://care.colorado.community/s/web-referral-form
- All referral calls go directly to either the program director or supervisors and are then triaged to respective care coordinator or peer specialist
- All referrals are responded to within 2-24 business hours.

This sounds expensive.. How is it funded?

Like many organizations, NCHA and its programs leverage a blended funding model to support ongoing sustainability and program expansion. It's important to build a variety of funding sources to ensure to ensure people's care is not decided by a funder. NCHA's COSLAW care coordinators are agnostic to payor source so they can work with any member to help them meet their recovery goals. This funding model supports COSLAW's commitment to reducing health disparities. Members can receive care coordination services regardless of race, ethnicity or other minoritized identity.

NCHA's Addiction Response Team leverages a variety of funds including but not limited to

- Substance Abuse and Mental Health Services Administration (SAMHSA) MAT PDOA Grant - 3 years -Initial funding paid for 4 Care Coordinators & Project Director
- 2nd SAMHSA Grant - 5 years
  - Continued staffing and expanded our scope and longevity of offerings.
  - Complemented by local and statewide funding structure including:
- Signal Behavioral Health Grants - Funds Peer Recovery Specialists Components of the programming.
- Larimer County Behavioral Health Tax Initiatives - Supports Staffing and programming costs.
- Colorado Department of Public Health and Environment - Supports programming offerings, and bolsters harm reduction infrastructure in the region.
- Pharmaceutical Opioid Settlement and Abatement Councils through the Colorado Attorney General's Office
  - Region 2 Opioid Abatement Council - supports staffing, programming costs.
  - Region 3 Opioid Abatement Council - supports staffing, programming costs.

HOW COSLAW WORKS WITH THE COURTS

- Care Coordinators and Peer Specialists are available just outside the courtroom to meet with individuals interested in services for substance use disorders and to provide Narcan to those who want it.
- At first contact assess individuals for needs and provide resources such as transportation assistance, Medicaid enrollment, inpatient/outpatient treatment options, peer support and other support groups.
- When appropriate can make an appointment with medical providers same day/next day. (Appointment date and time is provided to the court when the individual participates in MGTS.)
- Meet individuals at first appointments and provide ongoing support
- COSLAW have helped over 400 individuals while being in the courts and have had 34 individuals participate in the MGTS program.

"I AM DOING WHAT I NEED TO BE DOING, FEELING BETTER, AND GAINING GOOD PROGRESS REPORTS FOR THE JUDGE." - MGTS PARTICIPANT

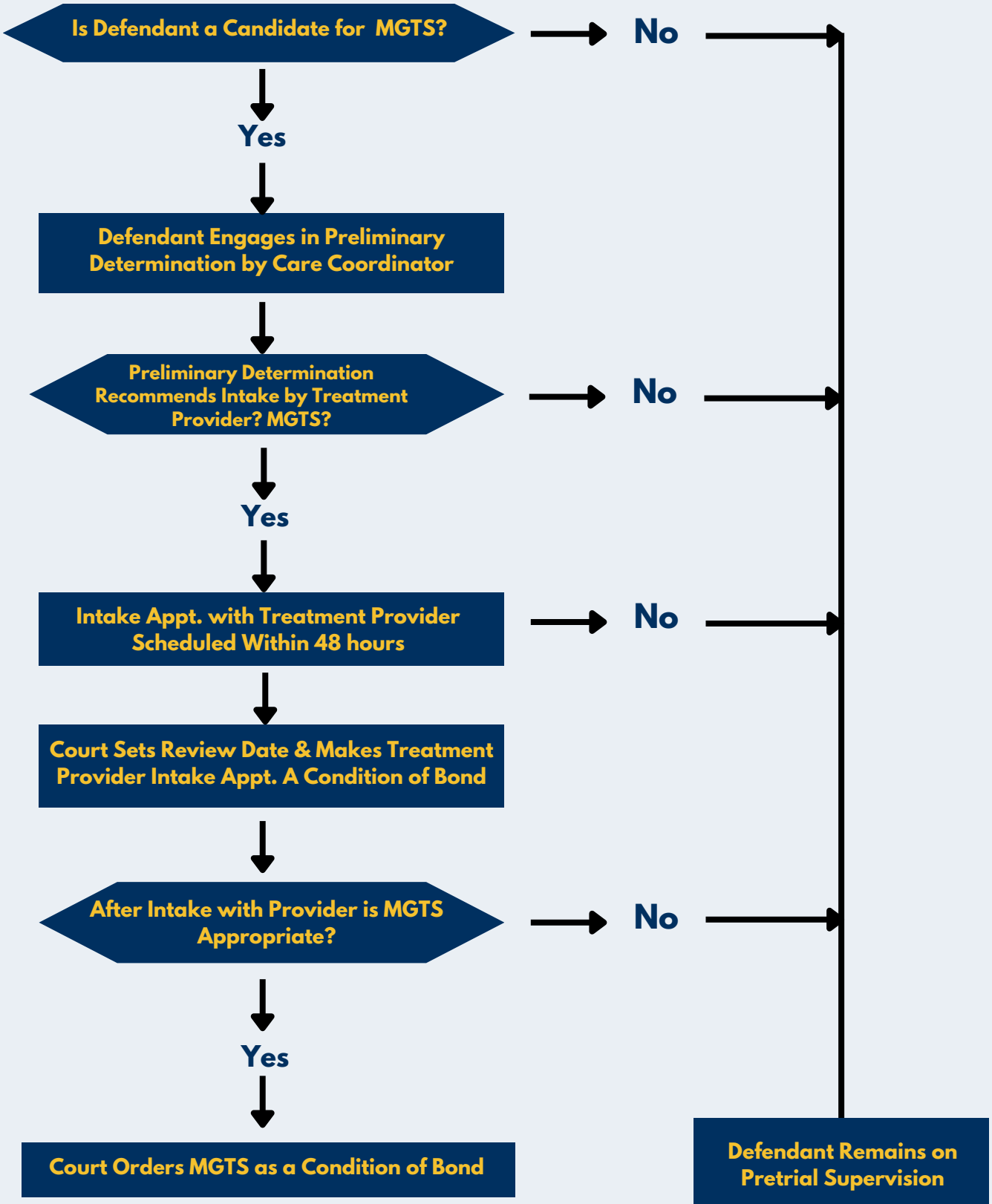
COSLAW workflow in the courts:

1. Meet and talk with individuals in Court Hall about their needs and interest in MAT services and the option of MGTS if appropriate. *If case(s) has Victim Rights Advocate (VRA), then MGTS not likely appropriate.
2. Have Client sign COSLAW ROI and if MGTS, add which Court/Judge? (Court/Judge indicated on ROI.)
3. Gather the following info:
   a. Client Name, Contact info, Address, DOB, Substance of concern, Insurance, Previous MAT, Which MAT clinic and location/city, Charge(s)
4. Connect with MAT provider. Provide MAT Clinic scheduler with Client basics. I**ndicate to scheduler that Client is interested in MGTS (Medically Guided Treatment Supervision)**
5. Re-enter Court with client after COSLAW consult (and appointment made) to indicate to Judge the client's interest in MGTS program. The Judge will usually schedule to have client return to court soon after the MGTS/MAT appointment to grant request for MGTS to client if client requests that.
   a. **The sooner the MAT services/MGTS appointment can be made and kept (establish care and treatment plan) then sooner Client/Patient can be taken off pre-trial supervision.**
6. After Provider appointment, Court appearance for requesting MGTS and MGTS is granted, then Client must comply with their MGTS Treatment Plan for duration of pre-trial period. (They can surely continue MAT services after that!)

MGTS PROVIDES AN OPPORTUNITY FOR MEMBERS TO WORK TOWARD RECOVERY WHILE IN LEGAL SYSTEM WITH AMPLE STRUCTURED SUPPORT AND ENCOURAGEMENT. MANY OF OUR MGTS MEMBERS GAIN RECOVERY THROUGH STREAMLINED MONITORING, REDUCED FINANCIAL AND TRANSPORTATION BARRIERS, AND MUCH ENCOURAGEMENT FROM PROVIDERS, CO-SLAW STAFF, AND COUNTY JUDGES.

"Member who has a family, yet was concerned about getting to and being able to afford random BA/UA screenings without a car, can schedule (through Intelliride) or get a ride to make MAT/MGTS appointments. They keep appointments, follow treatment plan, get good progress notes, and gain encouragement from Judge at their court appearances."

MGTS WORKFLOW



HOW TO CREATE A MGTS PROGRAM IN YOUR DISTRICT

Step One:

Identify a community resource(s) that is willing to appear in court and provide persons dealing with substance use disorders an immediate contact for treatment.

- Is there a COSLAW equivalent in your District? Sometimes judicial officials are unaware of the community resources available outside of the criminal justice system. However, learning what is available can be as easy as talking to treatment providers in your area.
- Could a virtual connection with a Care Coordinator at a remote location be beneficial to rural areas?

What resources are similar to COSLAW in Colorado?

- Care Coordination for Medicaid RAEs
- Community Mental Health Centers - Care Management and Peer Specialists
- Care Coordinators from various treatment providers.
- Opioid Abatement Funds

Step Two:

Working with your community resources, determine what can and cannot be provided and determine the access and delivery process.

- Having identified COSLAW as the community contact for treatment providers in Northern Colorado, discussions were started about ways that COSLAW could be involved in the court process. This resulted in having COSLAW Care Coordinators attending Judge Lynch's first appearances docket every Wednesday morning and continuing the be a resource for the dockets during the rest of the day.

How does it look having community resources in the court room?

- The way it has worked in Larimer county: Before the first appearances docket the judge will introduce everyone in the courtroom to the attendees from COSLAW with basically the following script:
  - "Before we begin the docket I would like to introduce "xxxx" from the North Colorado Health Alliance which is a public health care provider that has connections to a number of treatment providers in Larimer and Weld counties for persons with substance use disorders. That substance use disorder might involve methamphetamine, opioids or alcohol. So, if you, a friend or a family member would benefit from talking to them about that, they can arrange an appointment with a medical doctor usually within a day or two. That conversation would be confidential and, in most cases, the appointment would be little or no cost to the individual."
    - **Key things:** Substance use disorder (not substance abuse or addict), methamphetamine, opioids, alcohol medical doctor, little or no cost, can be for someone else, confidential.
  - "In addition, we have a program in this division where, if you are on Pre-trial Supervision as a condition of your bond and you engage in a medical treatment plan, we can discuss whether your case is appropriate to replace Pre-trial Supervision with the treatment plan as a condition of your bond."
    - **Key things:** 1) They have to be on bond. 2) They have to be on pre-trial and 3) They have to have been determined appropriate for a treatment plan. 4) Cases with a victim are not usually a good kit for MGTS.
  - "Lastly, they have with them Narcan which is a medication that is extremely helpful for someone experiencing an opioid overdose. So, if you or a friend or family member would benefit from having access to that medication, they have it available and you can talk with them about it."
    - **Key things:** Narcan saves lives. While it is true that some users possessing Narcan will consume opioids confident that the medication will save them if they overdose, the fact is, it probably will! We would rather have a person that overdoses survive than not – even if the overdose was intentional. The court is not handing out the Narcan or endorsing a behavior with it. The court is merely notifying persons in the courtroom of people that have the drug available.

HOW TO CREATE A MGTS PROGRAM IN YOUR DISTRICT

Step Three:

Set your docket in a way that most efficiently uses your community resources.

- The objective is to access individuals that can benefit from MGTS at the earliest stage possible in the criminal justice process and provide the community resource with a narrow timeframe in which these individuals can be accessed.
- In Larimer County, there is an arraignment court where all summons and initial in-custody appearances are held for advisement. If the matter is a Petty Offense, Misdemeanor or Traffic Misdemeanor, there is a first attempt at resolution of their case. If no resolution is reached, cases are then sent to the trial divisions typically within a week. In every trial division there is a docket once-a-week that is held only for the purpose of addressing representation. Let's call it the first appearance docket. This docket moves very quickly, and the defendant is brought back weekly or bi-weekly until the issue this docket is meant to address has been resolved. For those Judicial Officers who may do things differently, that docket serves to shepherd individuals along until they have decided they want to represent themselves, have qualified for a Public Defender or have hired private counsel. This docketing creates a focal point at which every individual on the Division's criminal docket appears thus creating an opportunity to expose them to community treatment services.

Step Four:

With an understanding of the resources available, create your Policies and Procedures and the necessary Forms.

- The formation of the Policies and Procedures needs to be a collaborative effort. You will need to establish the logistics of the process with your community partners. For example, how quickly can a person get evaluated by a Medical Doctor will be a factor in how quickly you will reset the case.
- Policies need to reflect the engagement of the community partners and that interaction with the Statutes and Rules of Criminal Procedure.
  - See Appendix for current MGTS Polices and Procedures used in Larimer County

"They are encouraged and supported through their own learning process and work with Providers and supports to journey through what recovery means to them."

Important factors to consider when creating your policies:

- You will be making the defendant's engagement in a medical procedure a condition of bond. As such, you will need the procedure to be recommended/prescribed by a Medical Doctor and you will want the defendant to request the procedure.
- The defendant's engagement in this procedure cannot be barred by monetary constraints. It is essential that the Policy does not create a situation where the defendant cannot afford to engage in the treatment you will be making a condition of bond. A part of the intake procedure by the community partner will be the determination of financial resources to cover the cost of the treatment.
  - Persons in low-income situations will typically qualify for Medicaid while employed persons will typically have coverage in their insurance plan.
  - Monetary requirements have proved to be an issue with very few defendants.

HOW TO CREATE A MGTS PROGRAM IN YOUR DISTRICT

Step Five:

Collaborate with Community Partners to establish reporting procedure.

- MGTS requires the treatment providers to provide reports to the court after every scheduled treatment appointment – whether or not the defendant attended the appointment.
- In order for the treatment provider to report to the Court, you will need to identify a process for doing so.
  - In Larimer County, a CJA in our division is the designated contact. This CJA receives the reports from the treatment provider and uploads the report into the defendant's court file in the same way a pre-trial services report would be handled. Because of concerns regarding HIPAA, treatment providers prefer faxing the reports so Larimer County had IT establish a unique email address just for this purpose that the CJA monitors daily.

MGTS gives you LOTS of feedback:

Case Closed		10/19/2022	Lynch, Thomas L #24005			
Filing Other	Advisement of Rights Rule 5 & 11	10/19/2022	[redacted]-Defendant	Y		
Order	Disposition and Sentence Order	10/19/2022	Lynch, Thomas L #24005	Y		
Report	MGTS Report Compliant	10/12/2022	Non-Party	Y	Suppressed	
Report	Report - MGTS Report	09/22/2022	Non-Party	Y	Suppressed	
Report	MGTS Report-Compliant	09/15/2022	Madden, Kathleen #903506	Y	Suppressed	
Motion to Continue	Motion to Continue with Signed Bond Acknowledgr	09/14/2022	[redacted]-Defendant	Y		
Report	MGTS Report-Compliant	09/07/2022	Lynch, Thomas L #24005	Y	Suppressed	
Report	MGTS Report-Compliant	08/31/2022	Lynch, Thomas L #24005	Y	Suppressed	
Report	MGTS Report-Compliant	08/30/2022	Madden, Kathleen #903506	Y	Suppressed	
Minute Order - Print		08/24/2022	Lynch, Thomas L #24005	Y		
Notice of Appearance	Notice of Appearance	08/24/2022	[redacted]-Defendant			
Report	MGTS Report-Compliant	08/10/2022	Madden, Kathleen #903506	Y	Suppressed	
Report	MGTS Report-Compliant	08/02/2022	Madden, Kathleen #903506	Y	Suppressed	
Report	MGTS Report-Compliant	07/28/2022	Madden, Kathleen #903506	Y	Suppressed	
Minute Order - Print		07/20/2022	Lynch, Thomas L #24005	Y		
Notice of Appearance	Notice of Appearance	07/20/2022	[redacted]-Defendant			
Reply	MGTS Report-Compliant	07/19/2022	Madden, Kathleen #903506	Y	Suppressed	
Report	MGTS Report-Compliant	07/12/2022	Madden, Kathleen #903506	Y	Suppressed	
Report	MGTS Report-Compliant	07/06/2022	Madden, Kathleen #903506	Y	Suppressed	
Report	MGTS Report-Compliant	06/28/2022	Madden, Kathleen #903506	Y	Suppressed	
Entry of Appearance	ENTRY OF APPEARANCE AND REQUEST FOR	06/23/2022	[redacted]-Defendant	Y		
Minute Order - Print		06/22/2022	Lynch, Thomas L #24005	Y		
Notice of Appearance	Notice of Appearance	06/22/2022	[redacted]-Defendant			

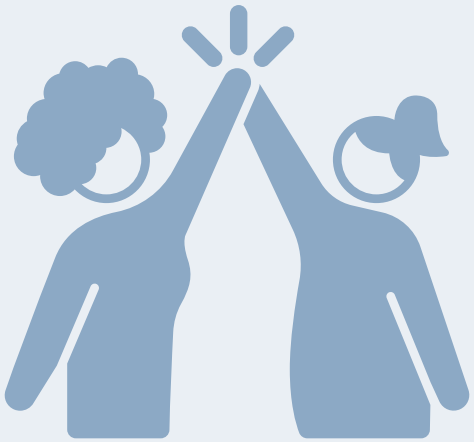
"Our policy was a report for every appointment. Here we see three reports between every court appearance!!! You are better equipped to assess the accuracy of your determination when you set the bond." - Judge Tom Lynch

HOW TO CREATE A MGTS PROGRAM IN YOUR DISTRICT

Step Six:

Implement the Plan – In a single courtroom.

- Notify the Deputy District Attorneys and Deputy Public Defenders working in your division of the program and your intention of implementation.
- Give your local pre-trial services a courtesy call to let them know you will taking some people off of monitoring in order for the defendant to engage in MGTS.
- Select a start date on which you intend to first offer MGTS.
- Have handouts from your community partner available and confirm that Care Coordinators from your community partner will be available on the first day you wish to implement MGTS.
- Be prepared to adjust as the management of your docket and the community partners operations start working together. This is truly a collaborative process that will differ in most communities because of the differences in how we manage our dockets and the differences between community partners.
- Starting in a single courtroom avoids overtaxing your community resources until the workload has a model to determine what will be required. A single courtroom also allows the "testing" of the procedures with a limited impact.



Start providing MGTS to your community!

HAS MGTS WORKED??

We have success stories!!

- 43 y/o male. Drank daily since he was 18. 1 pint of whiskey with 6-12 beers daily.
  - DUI charge in December 2022. Started seeing FRC thru MGTS.
  - Started on Naltrexone and Gabapentin. Eventually stopped drinking.
  - Continued seeing FRC after he was off MGTS and on probation. Continues to abstain from alcohol and is working on quitting smoking.
  - Grateful for the opportunity to engage in treatment instead of continued incarceration. Feels hopeful.

MGTS as a Condition of Bond – has to date experienced moderate success in numbers but is limited by the number of courts and capacity of care coordination support.

- **Total number of persons who have engaged in MGTS since its start is over 40 individuals. Of those, less than five have been unsuccessful.**

- **By having Care Coordinators and Peer Specialists in the courtroom they have been able to engage with over 400 individuals.**
  - These are individuals that engaged in a conversation with them in the courtroom hallway and discussed their situation, arranged for an appointment, or received Narcan.

- **The court's influence encouraging the conversation with Care Coordinators without the associated stigma has measurable and observable benefits. Even though the individuals may not be in MGTS, counsel will encourage them to discuss their success on treatment knowing the court will not hold those efforts against them.**

Our greatest success will occur when we distinguish the individual with a substance use disorder that has committed a crime from the criminal with a substance use disorder. They have to request the program and I want to see success.

What is next for MGTS?

- **Expansion to use the model as a condition of Probation.**
- **Begin developing a Treatment as Dismissal structure.**

**These require DA and Defense Counsel's involvement.
**It is suggested to establish the value on your own as a condition of bond first.

BARRIERS TO IMPLEMENTATION

For a Judicial Officer:

Judicial officers are held politically responsible for how an individual performs on bond, is ordering MGTS a political risk for the judicial officer?

Why do judicial officers set conditions on bonds?

• There are statutory and practical reasons for the conditions judicial officers set on bonds. Fundamentally, a bond is meant to be an assurance of, and motivation for, an individual charged with a criminal offense to conduct themselves in a way that is safe for them and our community rather than being incarcerated.

Why are bonds set locally?

• Local judicial officers set these bonds because they are familiar with their communities and their community standards … and are therefore who is held responsible for a defendant's failure to comply with those standards while on bond.

When a judicial officer is setting bond conditions they must consider:

• Compliance with Statutory Guidelines.
• Conditions that will meet with community standards and perceptions for community safety.
• Evidence suggests the defendant is a criminal thinker with a SUD vs. a person with a SUD that committed a crime.

Therefore, if the judicial officer has a reason to conclude that the underlying basis for the alleged offense(s) is based upon a substance use disorder, that judicial officer must have confidence that a medical treatment plan is best for the defendant and the community's safety in order to make that a condition of bond over pre-trial supervision. (Historically, ordering monitoring was satisfactory in our communities based on the misguided belief that if a judicial officer ordered someone to be sober that they would (or even could) comply with that order.)

For a Medical Doctor:

• Concerns about privacy

• Concerns with non-compliance associated with incarceration

• Concerns about non-medical / 'painful' detox

• Concerns with different definitions of success in recovery / addiction treatment

• Concerns about treatment being viewed as acute vs. chronic

• Positive urine tests versus progress in recovery

WHY HASN'T THIS BEEN DONE BEFORE?

Stigma – is a set of negative and unfair beliefs that a society or group of people have about something (Merriam - Webster)

A large body of research indicates that stigma is persistent, pervasive, and rooted in the belief that addiction is a personal choice and moral failing reflecting a lack of willpower. Stigma is the number one reason people do not access support or resources.

Stigma discourages people with substance use disorders from seeking care and compromises the care they receive when they do seek it. Stigma against both medication treatments for OUD and harm-reduction approaches has created additional barriers to these strategies' acceptance and use.

Much of our history in the criminal justice system supports the idea that persons using substances do so because of a behavior and should be able to quit "cold turkey."

Because we have observed people stop use, as evidenced by substance monitoring, we assume that is the case for all substance use disorders.

There are many barriers to receiving treatment for individuals with criminal justice involvement and substance use disorders:

- lack of the resources or awareness of resources in the community
- lack of infrastructure supporting pathways to care
- treatment staff (including physicians attuned to treatment practices (old, new or emerging) about addiction medicine required to meet the drug treatment needs of individuals under their supervision.
- Remains a stigmatized disease - perhaps lower priority treatment

"Responding to the public health crisis in the United States resulting from untreated opioid use disorder (OUD) requires expanding delivery of effective treatments, including medications, and eliminating stigma against people with OUD and people seeking OUD treatment."

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APPENDICES

A. Medication Assisted Treatment and Efficacy

B. Harm Reduction Philosophy and MGTS Approach

C. NCHA Addiction Response Team COSLAW Care Coordination Programming

D. Larimer County Policies and Procedures

E. References

WHAT IS ADDICTION & SUBSTANCE USE DISORDER?

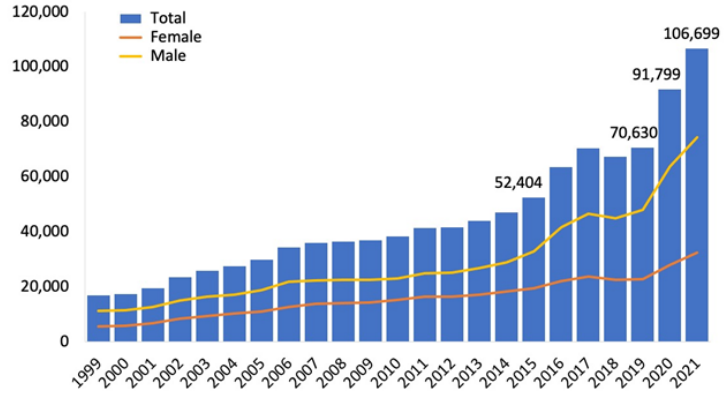
What is Addiction?

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances and/or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases. - American Society of Addiction Medicine
  - Initiated with an activity which initially provides pleasure, and is relatively harmless.
  - In those who are vulnerable (family history / mental health diagnosis / environment) - the frequency, potency, method/route, and imperative of the activity increases, the pleasure/hedonic tone decreases, and the harm increases.
  - Attempts to abstain from the activity are thwarted by cravings and "prolonged" withdrawal syndromes.
- Returning to use is common throughout treatment and recovery, and often related to drug cues, stress, or drug exposure, and lack of ongoing support or services.
- Treatment is directed at improving mood state, functional status, and reversing or ameliorating the harm.

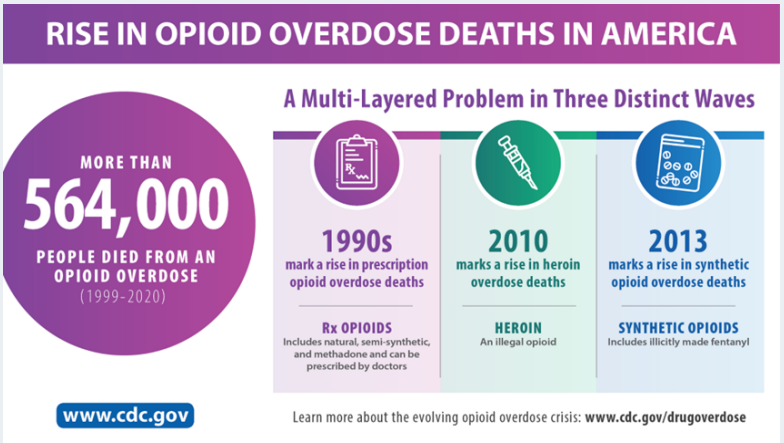
How is this effecting our communities?

- In the U.S., drug overdose deaths increased by nearly 30 percent in 2020-2021(unprecedented). In Colorado, deaths were up nearly 38 %.
- 13.5% of young adults aged 18 to 25 had both a substance use disorder and any mental illness in the past year.
- Nearly 1 in 3 adults had either a substance use disorder or any mental illness in the past year.
- 46% of young adults 18-25 had either a substance use disorder or any mental illness in the past year.
- In Colorado, overdose deaths jumped to 1,512 in 2020, up from 1,100 in 2019. The change marked a 37.5% increase, according to NCHS data.
- Rates continue to rise nationally and statewide with 1881 overdose deaths in Colorado in 2021.

Figure 1. National Drug-Involved Overdose Deaths*, Number Among All Ages, by Gender, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.



https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021
https://journalofethics.ama-assn.org/article/ethical-imperatives-overcome-stigma-against-people-substance-use-disorders/2020-08

MEDICATIONS FOR ADDICTION TREATMENT

What is MAT?

Medication for Addiction Treatment or Medication Assisted Treatment (MAT) is the use of FDA-approved medications that provides effective treatment for substance use disorders. These are often paired along with counseling and behavioral therapies.

They relieve the withdrawal symptoms and psychological cravings that an individual experiences when they stop taking opioids.

There are 3 FDA approved medications for opioid use disorder- Methadone, buprenorphine, and naltrexone.

Advantages of MAT

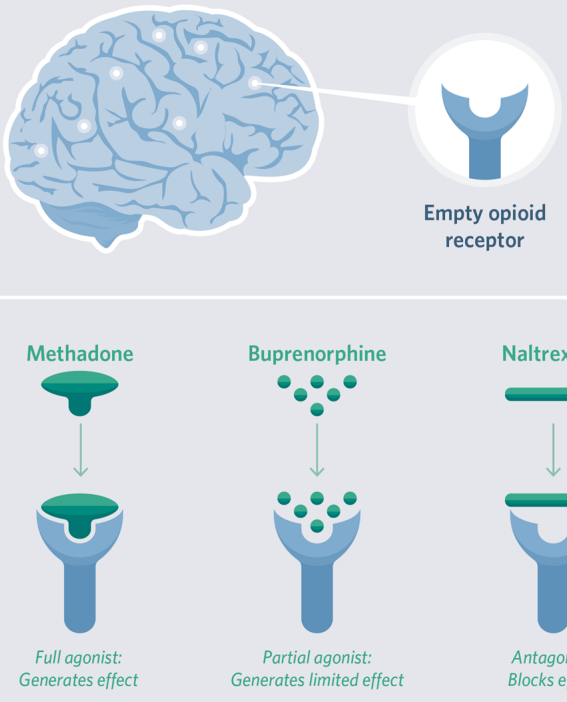
- Reduced Drug Use – Decreases cravings for and use of opioids and alcohol.
- Reduced Criminal Justice Involvement
- Improved Health – Reduced utilization of emergency and crisis health care services. Increased use of primary care and addiction treatment providers resulting in overall healthcare cost savings
- Improved Functioning and ability to gain/regain access to basic needs ie. housing, employment, social support and connection.
- Public and Personal Health Gains – Less transmission of communicable disease including HIV, Hepatitis

MAT is Effective & Best Practice

- Longstanding research demonstrates the efficacy of MAT for treatment of substance use.
- Research to date confirms lower risk of misuse, overdose, and toxicity along with diminished withdrawal symptoms when using medications assisted treatment. (Burns et al., 2009)
- Clinical Trials have demonstrated efficacy of MAT for opioid dependent patients (Bickel et al., 1988; Amass et al., 2004; Ling et al., 2010)
- MAT is cost effective & provides more health benefits than providing treatment without medication (M. Connock et al., 2007)
- Published by SAMHSA as Treatment Improvement Protocol (TIP) 43, MAT is a widely recognized evidence-based practice.

Figure 1

How OUD Medications Work in the Brain



MGTS LEVERAGES PRINCIPLES OF HARM REDUCTION

Harm reduction addresses substance use disorders through prevention, treatment, and recovery — and empowering people to reach their own goals, through incremental change.

Harm reduction emphasizes:

- Engaging directly with people who use drugs to prevent overdose and infectious disease transmission;
- Improving physical, mental, and social wellbeing, and
- Offering low barrier options for access to health care services that include substance use and mental health treatment.

A harm reduction approach results in better outcomes by connecting evidence informed medical professionals to people who aren't otherwise accessing healthcare services.

Harm reduction is a set of practical strategies and philosophies aimed at reducing negative consequences associated with drug use.

Whether it is stigma, community and peer pressure or other factors, the benefit of medical treatment is not intuitive.

Creating an opportunity for treatment is critically needed:

- Only 10% of people with a substance use disorder have received treatment from a healthcare provider.
- Nearly all people with a substance use disorder, who have not received treatment from a healthcare provider, did not realize they could benefit from medical treatment.

How is MGTS using Harm Reduction?

- Providing access to treatment by meeting people where they are at and offering low barrier support
- Allowing a medical professional to help decide what is best for an individual and creating a treatment plan in partnership with them
- Connecting individuals to other services such as peer support and resource navigation.
- Providing Naloxone/Narcan and Overdose training to individuals at the courthouse.

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself.

Harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs.

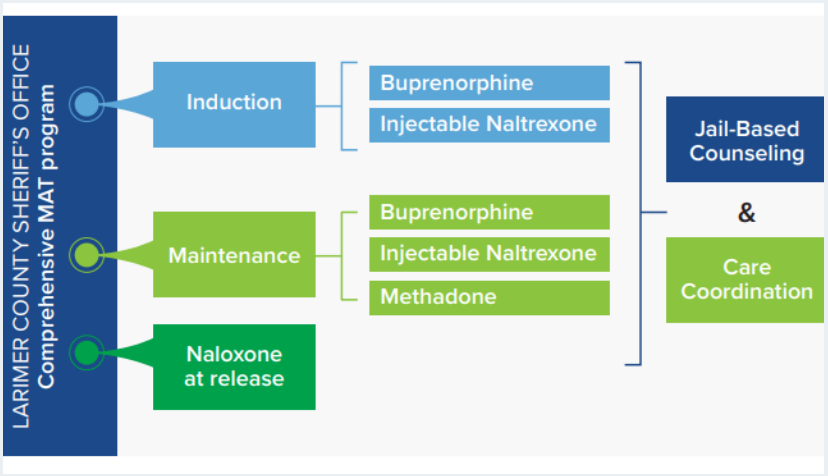
CO-SLAW IN THE JAILS & EMERGENCY ROOMS

COSLAW workflow in the jail and EDs

Key ingredients for care coordination in criminal justice and emergency departments include:

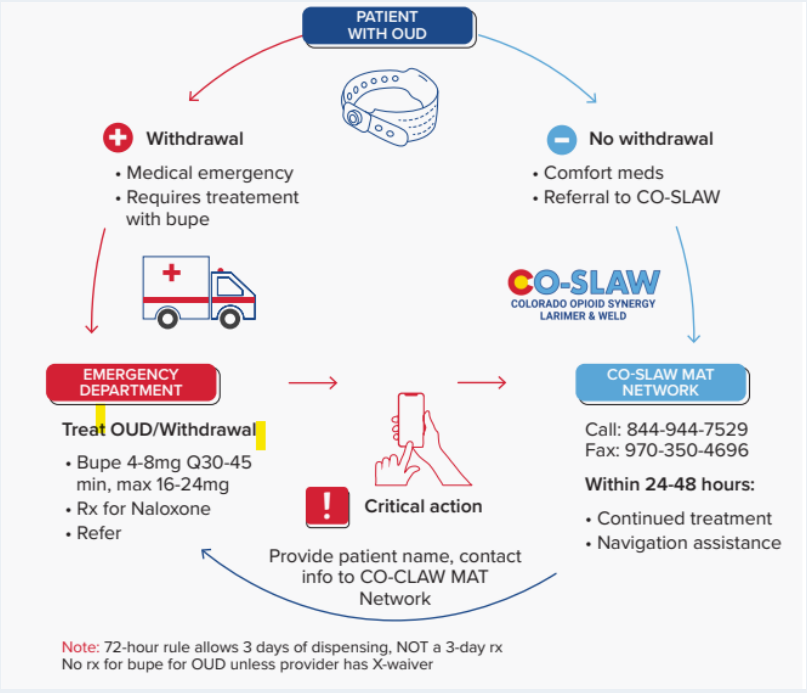
- Education and outreach: focus on the science of addiction, treatment options and MAT. Dispel myths and misconceptions about MAT.
- Recognize shared populations: people with substance use disorder interact with a range of systems including emergency healthcare and criminal justice.
- Show colleagues in other systems the "value add" of embedded care coordination: onsite specialists in addiction care can support existing staff and ensure people in need get to the right place at the right time.
- Recognize differences in organizational purpose but find ways to mutually support each other through sharing expertise; find the champions who can lay the foundation for collaboration.
- Follow through and follow up: maintain your commitment to the collaboration by following through with concrete, measurable action.

COSLAW workflow in the jail:



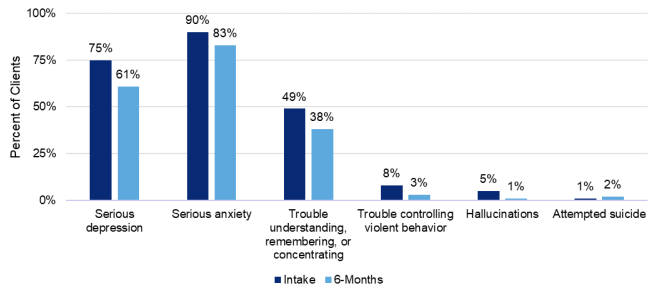
"What keeps people in the game is recognizing that COSLAW is supporting their work in the jail or the hospital system and making their job easier."

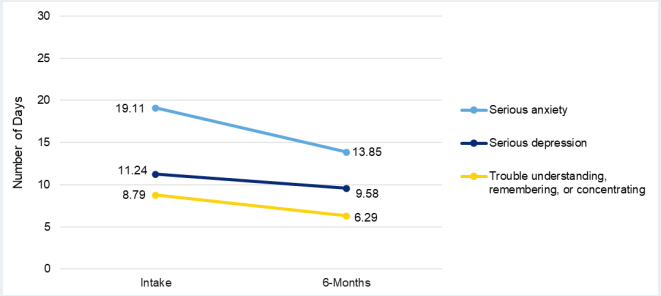
COSLAW workflow in the emergency rooms:



HOW COSLAW HELPS

In the intake and six-month follow-up interviews done by COSLAW employees with clients, they are asked if they experienced certain mental health symptoms or used substances in the past 30 days. Overall, COSLAW clients experienced statistically significant decreases in some mental health symptoms and substance use. Not only did the number of clients experiencing mental health symptoms decrease from intake to six months, but how often they had those symptoms or used substances also significantly decreased. Client employment rate and housing statuses changed as well.

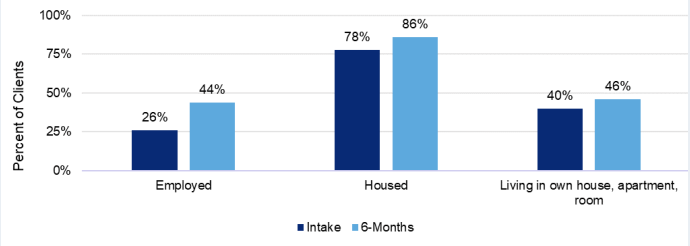




The percent of clients who experienced serious depression or anxiety decreased from intake to six months.

The partnerships that COSLAW network providers, care coordinators, and peer recovery specialists have developed resulted in more access to MAT for clients with opioid use disorders. COSLAW has partnered with emergency departments and jails in Larimer and Weld Counties to ensure that once clients transition out of those facilities, they can continue their MAT and recovery journey. COSLAW has developed a dedicated workforce that supports client recovery. Clients perceive care coordinators and peer recovery specialists as helpful, empathetic, and straightforward. Client mental health, particularly anxiety, improves while they are engaged in COSLAW services. Clients engaged in COSLAW services also significantly decreased their use of fentanyl and methamphetamine. Like organizations across the nation, client polysubstance use and lack of housing is a challenge that COSLAW staff face when providing services. However, by keeping up to date on the latest practices and continuing to develop partnerships, COSLAW is well-prepared to continue providing quality services to clients across northern Colorado.

SUBSTANCE	AVERAGE DAYS OF USE AT INTAKE	AVERAGE DAYS OF USE AT 6 MONTHS	TREND IN USE	STATISTICALLY SIGNIFICANT
ALCOHOL	2.12	1.24	↓ Decrease	✓ Yes
ALCOHOL AND ILLEGAL DRUGS	1.02	.43	↓ Decrease	✓ Yes
ILLEGAL DRUGS	9.61	7.47	↓ Decrease	✓ Yes
HEROIN	4.25	2.01	↓ Decrease	✓ Yes
METHAMPHETAMINE	3.79	3.18	↓ Decrease	X No
COCAINE	.35	.08	↓ Decrease	✓ Yes
MARIJUANA	3.87	3.91	↑ Increase	X No
BENZODIAZEPINES	.50	.20	↓ Decrease	X No
MORPHINE	.07	.00	↓ Decrease	X No
PERCOCET	.04	.03	↓ Decrease	X No
CODEINE	.24	.00	↓ Decrease	X No
OXYCONTIN/OXYCODONE	.25	.13	↓ Decrease	X No
TYLENOL	.06	.01	↓ Decrease	X No
METHADONE	.02	.00	↓ Decrease	X No
HALLUCINOGEN	.02	.01	↓ Decrease	X No



The percent of clients who used heroin, fentanyl, methamphetamine, or marijuana decreased from intake to six months.

"I just like to say thank you to everybody at the COSLAW team for all their help and support they do there. You guys make a change and an impact on probably everybody that you come in contact with."
- COSLAW Client

Court Intervention of Substance Use Disorders through Community Based Medical Treatment

Medically Guided Treatment Supervision (MGTS) while on Bond

GOALS

1) Identify persons in the criminal justice system that have been diagnosed by a medical professional to be appropriate for medically guided treatment of substance use disorders. For those persons:
   a. Provide a means of access to medically guided treatment to the most persons possible regardless of socio-economic or protected class of the individual.
   b. Engage persons in the treatment most likely to result in their successfully managing their substance use disorder while under court supervision.
   c. Establish access to medically guided treatment as early as possible in the criminal justice system.
   d. Enhance community safety by making medically guided treatment an alternative to monitored sobriety.
   e. Reduce failures to appear in court.
   f. Establish a pattern of treatment to create a path for success outside of the criminal justice system.

MEASURE OF SUCCESS

1) The defendant remains engaged in MGTS until the bond is released.
2) The defendant completes the recommended medically guided treatment prior to release on bond.

SUBSTANCE USE DISORDERS ADDRESSED BY MGTS

1) Alcohol Use Disorder.
2) Opiate Use Disorder.
3) Stimulant Use Disorder (Cocaine, Methamphetamines, Prescription Stimulants). 4) Sedative Use Disorders (Benzodiazepines, Sleeping Pills, etc.)

OFFENSES FOR WHICH MGTS MAY BE CONSIDERED

1) Possession of Controlled Substances.
2) DUI/DWAI.
3) Non-Violent Offenses that do not invoke the Victims' Rights Amendment (Theft, Trespassing, etc.).

PROCEDURE

1)As early as possible to the defendant's entry into the criminal justice system the court will consider the person's potential eligibility for MGTS.

a. If the defendant is identified to or by the court to have potential for this form of supervision, the court will inquire to determine if the defendant is willing to engage in MGTS.

2) If the defendant requests to be considered for MGTS, the defendant will agree to engage in a preliminary determination and treatment provider's intake as a condition of bond.

a. The court will, pursuant to C.R.S. 16-4-105(8)(i) and C.R.S. 16-4-109(1) and at the request of the defendant, order as a condition of bond:
i. That the defendant engage in an interview with a COSLAW Care Provider at the Courthouse for a preliminary determination of eligibility and identification of the appropriate medical treatment provider.

ii. That the defendant shall cooperate with the preliminary determination to the best of their ability providing personal information that includes but is not limited to: Substance use history, current medical treatment of any nature and financial circumstances including medical insurance coverage.

iii. THE MEETING AT WHICH THIS PRELIMINARY DETERMINATION WILL BE MADE IS CONFIDENTIAL AND SUBJECT TO MEDICAL PROVIDER/PATIENT PRIVILEGE WITH THE EXCEPTION OF:

1. The determination of whether the defendant is appropriate for MGTS, AND

2. If the defendant is appropriate for MGTS, the manner in which the expense of the defendant's treatment will be monetarily provided for.

iv. That the defendant agree to a release of information to the court, defense counsel and the District Attorney as to 2(a)(iii)(1) & 2(1)(iii)(2).

b. If the preliminary determination suggests the defendant is appropriate for MGTS, the court will set a date to review the results of the treatment provider's intake with the defendant and further order as a condition of bond:

i. That the defendant shall report to the designated medical treatment provider for an intake to determine the defendant's eligibility for MGTS.

ii. That if the defendant is prescribed medically guided treatment, the defendant may engage in that treatment immediately upon being prescribed such even if contradicted by Pre-trial services supervision.

iii. That the defendant shall appear in court for further proceedings at a time after the treatment provider's assessment has been completed.

iv. THE MEETING AT WHICH THIS INTAKE WILL BE COMPLETED IS CONFIDENTIAL AND SUBJECT TO MEDICAL PROVIDER/PATIENT PRIVILEGE WITH THE EXCEPTION OF:

1. The determination of whether the defendant is appropriate for MGTS,

2. The necessary compliance requirements for the Treatment Plan prescribed. Examples of which may include but is not limited to:

a. The frequency of medication to ensure effective treatment.

b. The frequency of office visits necessary to ensure effective treatment.

c. The frequency of therapy or other behavioral instruction necessary for successful treatment.

d. Any other requirements of the defendant necessary for successful treatment.

v. That the defendant agrees to sign a release of information authorizing the treatment provider to provide to the court, defense counsel and the District Attorney a completed Medically Guided Treatment Supervision Report for every appointment.

3) If the defendant is not appropriate for MGTS for any reason as determined by the preliminary determination or the treatment provider's intake, the defendant shall remain on Pre-trial Services supervision with substance abuse monitoring as determined by the court.

4) If the defendant has been prescribed medically guided treatment for a substance use disorder AND the defendant chooses to have MGTS as a condition of bond, at the next scheduled court appearance the court will, pursuant to C.R.S. 16-4-105(8)(i) and C.R.S. 16-4-109(1) and at the request of the defendant order:

a. That the defendant sign a Request for Medically Guided Treatment Supervision.
b. That the defendant engage in the Treatment Plan as prescribed in 2(b)(iv)(2).
c. That the defendant make all court appearances as ordered and remain law abiding.
d. That the defendant's supervision by Pre-trial Services be suspended.

5) While the defendant remains on bond, the medically guided treatment provider will report to the court within two business days the defendant's compliance with Section 2(b)(iv)(2) through the use of the Medically Guided Treatment Supervision Report.

6) When the case is closed and the bond released, the defendant will no longer be on MGTS and no longer under any obligation to engage in treatment as a court ordered condition of bond. At case closure and release of the bond the medically guided treatment can proceed in one of the following ways:

a. The defendant agrees to continue medically guided treatment as a condition of the sentence in the criminal case.
b. The defendant voluntarily agrees to continue treatment through the medically guided treatment provider as prescribed - regardless of dismissal of the case or sentence requirements.
c. The defendant terminates the medically guided treatment.

COUNTY COURT, LARIMER COUNTY, COLORADO Court Address: 201 LaPORTE AVE, SUITE 100 FORT COLLINS, CO 80521 Court Phone: (970) 494-3630 MGTS FAX: (970) 488-1506	
Plaintiff(s): PEOPLE OF THE STATE OF COLORADO Defendant(s): _____	**COURT USE ONLY**
	Case Number: _____ Courtroom/Division 3D Judge Lynch

DEFENDANT'S REQUEST FOR MEDICALLY GUIDED TREATMENT SUPERVISION

I am hereby requesting that I no longer be supervised and monitored by Pre-trial Supervision and that I be ordered by the court to engage in Medically Guided Treatment Supervision (MGTS) for a substance use disorder as a condition of my bond. In doing so I acknowledge that I understand the following:

1) That I am asking this of my own free will and understand that I will be engaging in a medical treatment plan and may be prescribed medication by a medical treatment provider licensed to prescribe such medications.

2) That there are no promises by the court, District Attorney, treatment provider or any other persons as to the impact such participation will have on how this criminal case will ultimately be resolved.

3) That I will not be required to meet any financial obligation in order to engage in the prescribed treatment unless specifically agreed to by me.

4) That I will be ordered by the court to engage in the compliance requirements for such treatment as determined by the medically assisted treatment provider and stated in the Treatment Plan.

5) That I will sign a release of information with the treatment provider authorizing said provider to report at every scheduled appointment my compliance with the Treatment Plan through the MGTS Report. I understand that this report will be made available to the court, defense counsel and the District Attorney.

6) That the court will have discretion to determine consequences for non-compliance including but not limited to:

A. The revocation of my release on bond and my incarceration in the Larimer County Jail.

B. My removal from MGTS and my placement back on Pre-trial Supervision. Should this happen, I will not be prohibited from continuing in treatment on my own.

7) That I agree to waive any right to consume medical marijuana while on bond and that the consumption of any marijuana or marijuana products while on this bond may be considered a violation of my bond conditions if doing so is not in compliance with the Treatment Plan.

8) That the only conditions for which I will be responsible to comply with while on bond will be the requirements established by the Treatment Plan, any order to appear in court and to remain law abiding.

_____ Name Printed

_____ Email

_____ Best Phone Number

_____ Address

_____ Date of Birth

_____ Signature

_____ Date of Request

COUNTY COURT, LARIMER COUNTY, COLORADO Court Address: 810 E. 10TH STREET LOVELAND, CO 80537 Court Phone: (970) 494-3630 MGTS FAX: (970) 488-1506	
Plaintiff(s): PEOPLE OF THE STATE OF COLORADO Defendant(s)/Patient: _____	**COURT USE ONLY**
	Case Number: _____ Courtroom/Division L1/L2

MEDICALLY GUIDED TREATMENT SUPERVISION REPORT

As a part of Medically Guided Treatment Supervision, I am providing the following information to the Court regarding the Patient's compliance with the established requirements of the Treatment Plan that has been made a condition of the Patient's bond:

Patient is compliant with the treatment plan as of today:

Patient attended office visits as scheduled and planned. _____
Date

_____
Date

Patient is taking all medication(s) as prescribed.

Patient is complying with monitoring as required.

Patient has made the following progress towards the goals of treatment: _____

_____

Patient has struggled to comply with the following elements of treatment:

Patient missed office visits as scheduled and planned on: _____
Date

_____
Date

Patient has not taken all medication(s) as prescribed.

Patient has not complied with all monitoring as required.

Despite multiple attempts to reach patient, we have not been able to establish a successful treatment regimen or office visit schedule.

Other comments on Patient's compliance: _____

_____

Report Provided By:

_____ _____ _____
Name Printed (Treatment Provider) Signature Date of Report