Presentation- October 26, 2017
President Judge Nancy L. Butts

Introduction

Good morning. I am honored to be asked to return to this venue where 3 years ago we had the chance to speak publicly about a problem that was affecting Lycoming County, and specifically Williamsport. Since that hearing and the others that were held across the state, much information was shared about the issues the opioid crisis presents in each of our counties. I would like to share with you some of the impacts this crisis has had on our system.

To say that we have been overwhelmed by the number of people who are using opioids is an understatement. Almost every week someone who either is or has been in our system dies of an overdose. In fact at one point this summer, our county dealt with 51 overdoses in a span of 48 hours.

Unfortunately what we have discovered is that we are now being expected to help solve the addiction problem whenever anyone gets close to the Criminal justice system. What that means is that more people are coming into the system with needs that we are not either designed to address directly or they are going to or staying longer in jail.

Criminal Justice System changes

Too many times people come to court under the influence of drugs or alcohol, so as Judges we have become adept at identifying them as quickly as possible. This referral process could begin as early as the first time a defendant is seen by the Magisterial District Judge at initial arraignment when bail is set. All our requests go to our SCA, West Branch Drug and Alcohol Abuse Commission. We trust them to assess the individual and recommend them to the appropriate level of treatment.

We usually identify those who either come to court under the influence or have a history with substance use, by their drug of choice. When someone is identified as an opioid user,

within 24 hours they are required to have an assessment at West Branch. In addition, since they are engaging in life threatening behavior, and are prone to relapse, they are referred to participate in the Reentry Services program. We believe the combination of structure and programming at Reentry begins to help change the defendant's thinking and life. In addition we believe that the cognitive behavioral component starts the work in changing their behavior; attending outpatient counseling may be the start of treatment that a Defendant sorely needs.

Depending on the combination of substances that they use, we could place them on a TAD (transdermal alcohol detection device) or a sweat patch. While they are examples of modern technology that we use in our work, they do have a down side. The down side of using these tools is that parents and family think that this will stop someone from using. These devices only monitor their use. And even though it is a way to monitor that use, the response is not instantaneous which could still result in an overdose or death.

Once someone is in jail, after West Branch has the opportunity to assess them, and they determine that they are appropriate for inpatient treatment they could be referred to Jail to Treatment. Our County Prison's medical staff helps process them for Medical Assistance. Once the funding is in place they are released onto our Supervised Bail (Supervised release) Program. Defendants are able to take advantage of treatment in whatever phase of the process they are in—before or after trial. Hopefully, once they have successfully completed treatment, they return to the community on Supervised Bail and may not even be required to return to jail. We believe that this gives defendants the opportunity to restart their life.

We have also recently implemented Mental Health First Aid training for Court staff. We find that those suffering from the disease of addiction also have some form of mental illness. Being able to identify and assess the risk that individuals may present, encourage them to seek assistance and refer them to agencies that can help them gives us the opportunity to have all judges and court staff, including those who do not handle criminal matters, the same opportunity to identify those in need and be able to refer them to treatment.

Through our Criminal Justice Advisory Board with the support of our Mental Health/Intellectual Disability agency, we have also begun to train police officers in Crisis Intervention. We believe that CIT officers identifying individuals in the field, appropriately assessing their needs and being familiar with the resources available in the community may divert people not only from the jail into appropriate treatment for both substance abuse and/or mental health but from the criminal justice system altogether.

Finally, for those individuals who will be staying in the county prison either pre-trial or serving a sentence, we have implemented Drug and Alcohol (D&A) programming within the County Prison/ Pre Release (PRC). Although the groups are small, this programming gives those highly motivated individuals, who are now free from drugs and alcohol and highly motivated, a first opportunity to seek counseling.

In addition, while housed at the PRC, but not part of the D&A program, PRC residents are able to go out to outpatient counseling enabling them to continue with their community based therapy. Residents of the PRC also may attend 12 step meetings on site led by volunteer sponsors who are members of our local community.

Drug Court

We celebrated our 19th year of operation; I have been the judge of this program since we started in July of 1998. Unfortunately the trend in the population we have been seeing is that the participants are getting younger and younger. There are two main concerns that we have with this population but they all revolve around trauma.

Although we think of trauma as some violent act or being the victim of some horrific crime many of our participants have grown up in circumstances in which they suffered with violence, abandonment, housing and/or food insecurity and they have developed ways of managing their anxiety. Drugs and alcohol (along with criminogenic behavior) are high on the list. And depending on when they began using, they have the emotional maturity of a young

adolescent. They possess few if any coping skills to help them manage their lives. So when we ask them to change their people, places and things to support their recovery, they are very reluctant to let go of the habits and behaviors that have enabled them to survive this long.

Because of their unwillingness to change people places and things, we find that having structured supports, such as supportive housing coordinated health and behavioral care, would go a long way to assist. Unfortunately those are few and far between. Scarce inpatient beds often require us to place participants into lower levels of treatment for those who need it. We struggle with meeting the needs of this younger population because of the lack of programming or funding to create new opportunities. Transportation, education and job training are also critical needs for this population. Rural communities such as ours pose significant limitations for people who live in the more remote areas of the county. With limited housing available for this population in town either because of financial or prior record concerns or the stigma of being a drug addict, having access to needed programming can be a huge obstacle to recovery.

For those addicted to opiates who may not otherwise be eligible for Drug Court and in response to the increasing use of Medication Assisted Treatment (MAT) in our community, we offer an intensively supervised Vivitrol Court. No more than 15 medication compliant individuals meet with a judge in a program loosely based on the 10 key components of a drug court.

In addition with the Restrictive Intermediate Punishment (RIP) money we receive, we are also able to supervise a group of defendants who are at a greater risk of relapse who may not otherwise be eligible for Drug or DUI Court. This program is a start but not the level of intensive supervision that this population requires. Again, we are attempting to make the best we can with limited resources.

Increased Caseloads-staffing needs-operational demands

The most frustrating part of the job is that the reaction to overdose the general public has is to either incarcerate someone to protect them or to ask that they be placed onto

supervision for as long as possible. With probation officers having caseloads at more than 50% over the state recommended average, there is no true intensive supervision outside of treatment court. Even the Drug Court probation officers caseloads are at higher than suggested levels. Where previously we would reject a candidate for treatment court because they had no prior supervision history, we are now taking everyone that is eligible into our program. Our belief is that the use of heroin/fentanyl is so dangerous they need to be on the intensive supervision. In an ideal situation, we would place all opioid addicted persons on an intensive supervision schedule with a case manager and certified recovery specialist (CRS).

Public Policy issues affecting Court operations

There are several recommendations that I would make to improve the criminal justice response to opioid addiction.

First, is to move towards a holistic approach in the treatment of those with substance misuse and abuse disorders. From my perspective, it would encourage behavioral health, drug and alcohol and probation supervision to work more closely together. These new problems, including the need for more trauma informed care need a new approach; a holistic approach since addiction affects not only the individual but everyone with whom they come in contact.

Second, develop a working relationship with healthcare providers who prescribe addictive medications. In the Surgeon General's report, he stated that traditionally treatment for substance abuse and misuse has been provided separately from other mental health and general medical care. In his report he determined that moving toward a whole person approach would not only improve access to treatment but increase the quality of services to those in need. Substance use disorders and medical conditions are often intertwined making the need for an integrated approach a necessity. I believe that medical doctors need to work with us in finding ways to treat those with an addiction disorder by considering non addictive substances for individuals on supervision unless medically necessary. Therefore I would request that medical

schools be required to enhance their education in addiction disorders with a strong behavioral health emphasis.

Third, allocate more money to the County Adult Probation and Parole system. Allow counties to retain the funds they send to support the Pennsylvania Board of Probation and Parole, from which we see no direct benefit, to invest back into our own counties. 86 % of offenders on supervision on any given day are supervised by County Adult Probation offices. Many counties are reluctant to fund (increase taxes to support) the expansion of adult probation offices to address the increasing numbers of people coming into the Criminal justice system.

When an individual is addicted to heroin, they are assessed to be a high risk/high need offender which can put them in programming now with others who may not have an addiction history but a high criminal record. Adding funding to the offices will enable them to expand to take advantage of evidence based practices to work with this population. Additional funding could also include the creation of job training and other best practice programs such as trauma informed care.

Finally, the public perception of individuals who suffer from addiction disorders is very poor. Employers are reluctant to hire them, landlords are hesitant renting to them and some citizens believe they are not worth the use of naloxone to revive them. Help us find ways of acknowledging the value of these persons in our community. Help educate the public that they are just like you and me and worth the opportunity to prove they are employable and capable and valuable citizens.

Thank you very much for the opportunity to share this information with you.

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