



Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

# How Courts and Jails are Partnering to Support Medication-Assisted Treatment

Case Studies on Successful Partnerships and Programs

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This report features case studies on partnerships between jails and courts that have increased access and connection to medication-assisted treatment (MAT) for individuals who have been arrested or incarcerated. These case studies illustrate the power of collaboration in helping to address opioid use disorder (OUD). Each case study shares the perspective of a different participant in a successful MAT partnership—a judge, a parole officer, and a social worker—and the factors that make their program successful, along with strategies for launching programs. Readers will walk away with tips on how stakeholder engagement, community education, and flexibility can help jails and courts work together to address the urgent issue of OUD.

While traditional drug courts have proven effective with general substance use disorder (SUD), often these programs do not cater to the unique characteristics of OUD, such as the urgent need to intervene in the critical early days after arrest, the importance of MAT for successful outcomes, and the value of involving all stakeholders in the solution.

As a result, municipalities are developing new strategies to specifically address OUD among their criminal justice populations. Experience has shown that true success is not possible without partnership across the justice system, including jails, courts, parole/probation, and other

stakeholders, such as police, drug treatment providers, and the individuals with OUD themselves.

MAT is one of the most effective treatments for OUD. It involves the use of U.S. Food and Drug Administration (FDA)-approved medications in combination with behavioral therapies to treat and maintain recovery from addiction. See COSSAP publications on [buprenorphine](#), [methadone](#), and [naltrexone](#) for more information on these medications.

With a disproportionate number of individuals with OUD in jails, it is imperative for corrections agencies to establish community partnerships to build and sustain MAT programs to help people who have been arrested or incarcerated initiate and maintain their recovery, return to their communities, stay out of jail, and stay alive.

## Franklin County, Ohio, Municipal Court MAT Program

When Franklin County saw a startling increase in opioid overdose deaths, county officials put their heads together to map out how and when they could intervene in residents' lives to prevent more deaths. Among their strategies were

the expansion and improvement of addiction treatment programs and services across the justice continuum to help people who had been arrested or incarcerated get the services they need, thereby reducing recidivism, lowering costs to the community, and saving lives.



The MAT Assessments, Referrals, Collaboration, and Hope (MARCH) Program, previously known as the [Franklin County Municipal Court Medication-Assisted Treatment \(MAT\) Program](#), was borne of this effort in 2018. It provides MAT onsite at the Franklin County Municipal Court, along with access and connections to a variety of mental health and SUD services in the community, such as intensive outpatient programming, residential treatment, peer recovery services, and more.

MARCH is a partnership among the court, jail, sheriff's office, and community providers operated through the county's Department of Pretrial and Probation Services. The program is not connected to a specific opioid or drug court but, rather, is a probation department-led service. Individuals who are not on probation are also eligible for the program. Participation is entirely voluntary, and people may enter the program through several pathways. These include:

- ◀ **Post-release.** This is the most common pathway through which an individual enters MARCH. In this case, individuals exiting incarceration have been identified as users of opioids (either through self-referral, via jail, or by nursing staff members) and expressed interest in being a part of the program. This sometimes includes individuals who have been part of a jail-based addiction treatment program, such as [Pathways](#), but it is not a requirement. Immediately upon release, a staff member from MARCH walks with the client to the program office in the courthouse

## Key Elements of MARCH

- ◀ Participation can be an alternative to incarceration for eligible individuals.
- ◀ Naltrexone (Vivitrol) injections are provided onsite in the courthouse.
- ◀ The jail ensures that individuals who are interested in naltrexone have had at least one oral dose (i.e., oral challenge) as soon as possible to ensure they are ready for their first injection on the day of release.
- ◀ The program offers connection to other forms of MAT (e.g., methadone, buprenorphine) from a community provider.
- ◀ A 5-day-per-week, staffed drop-in center helps clients address all of their needs.
- ◀ Access to wraparound services, such as housing, transportation, government benefits, and other supports, helps participants maintain sobriety.
- ◀ An integrated data system allows stakeholders at every point of the criminal justice system who interact with the client to have a full understanding of the client's case.

for intake and the first naltrexone injection. (The courthouse and jail are next to each other in downtown Columbus.) This first visit is a critical opportunity for enrollees to meet the program staff and form a collaborative relationship focused on getting the enrollees what they need to maintain their sobriety outside of jail.

- ◀ **Pretrial.** Sometimes, individuals who are arrested and brought to the county jail show signs of opioid intoxication or withdrawal or otherwise indicate opioid use. In such cases, a nurse completes the [Clinical Opiate Withdrawal Scale](#) screening during booking. A positive result on this screening prompts a notification to MARCH, which then reaches out to the judge and

the attorney. If appropriate, the judge may consider release with MAT and supervision if the individual is willing to participate. Other times, pretrial services identify opioid use and/or an expressed need for treatment in the bail interview. In these cases, when the individuals present to their initial bail hearing, a MARCH representative can be called upon to coordinate a release plan that includes MAT.

- ◀ **Within the municipal court.** In addition to the scenarios outlined above, on occasion, an individual will appear before a judge at arraignment or sentencing and show signs of opioid intoxication or withdrawal or identify as an opioid user. In such cases, a MARCH representative may work with the judge to enroll the person in the program as a condition of probation and an alternative to incarceration.

“The goal of our program is to eliminate any barriers to our clients’ success in their recovery.”

—Ron Murray,  
Franklin County MARCH Program Director

Naltrexone is the only medication for the treatment of OUD available at the MARCH office, but a partnership with the [Maryhaven Addiction Stabilization Center](#) provides other types of FDA-approved medications, along with medical detoxification, residential treatment, outpatient care, counseling, and peer support services. MARCH also has a partnership with Franklin County’s [Rapid Response Emergency Addiction Crisis Team \(RREACT\)](#) to provide transport and linkages to medical detoxification and treatment.

“The county jail is one of the strongest advocates of the program,” says Ronald G. Murray, MPA, LSW, LCDC-III, Franklin County MARCH program director. “Previously, [jail staff members’] hands were tied in terms of what they could do for people with addiction,” he notes. “They didn’t want to see people released and go right back to harming



A MAT provider hugs a client after receiving the first shot (photo courtesy of The Columbus Dispatch).

themselves by using drugs again. Now they have another option.” Jail staff members work to ensure that inmates who want MAT upon release are not transferred elsewhere, where there are more hoops to jump through to get post-release treatment.

Franklin County recently launched the Rapid Resource Center, a comprehensive support program that partners with MARCH to ensure that individuals have access to SUD services at every point in the criminal justice process and to help address any cases that may have fallen through the cracks.

Data show that rates of recidivism among participants in the [MARCH Program](#) are greatly reduced, and participation is correlated to a reduction in drug use. Many individuals complete their probation-required participation in the program and continue to come back for their naltrexone shots even when their period of supervision is over. According to 2019 data, up to 76 percent of participants stay in contact with the program. “It’s great when you see someone come back months or years later, and they’re doing great and are reunited with their children and have employment and housing,” says Judge James O’Grady. “That’s what we all want to see.”

Learn more about [Franklin County’s comprehensive addiction plan](#).

## Cumberland County, Pennsylvania, Opioid Intervention Court

In 2016, Cumberland County was in the grips of the opioid epidemic. When data showed that two-thirds of overdose deaths in the county were experienced by people who had been involved with the criminal justice system, leaders knew they had to do something different. “These were people whose lives we were involved with,” says Opioid Intervention Court (OIC) Judge Jessica Brewbaker. “And they were dying. The one distinct goal of starting this court was to keep people alive.”

“We are changing people’s view of the criminal justice system. For most of our clients, it’s a new experience to see the court or probation as a positive influence in their life rather than an adversary.”

—Judge Jessica Brewbaker, Cumberland County OIC

With this goal in mind, Cumberland County created the OIC in 2018. The OIC is markedly different from a traditional drug court in that it is an early intervention, pretrial program that accepts anyone who has been arrested in Cumberland County and is screened or identified as someone with an opioid addiction. In contrast, Cumberland County’s drug court is an 18- to 24-month, post-plea court that is only available to individuals with an existing criminal record and is usually reserved for those facing longer sentences. With the OIC, individuals can be enrolled in treatment as soon as the day they are arrested and continue as their case proceeds through the criminal courts. Judge Brewbaker hopes to include individuals with SUD in the OIC in the future.

Many individuals engaged with the OIC are released to the community unless they go to inpatient withdrawal or residential services. However, they are expected to comply with the daily requirements of the program, including

### Key Elements of Cumberland County’s OIC

- ◀ OIC is a pretrial/early intervention program.
- ◀ The program gets people into treatment as early as the day of their arrest.
- ◀ There are no exclusion criteria. Individuals with OUD can be considered for the court regardless of their charges.
- ◀ Requirements include 30 court appearances and daily attendance at drug counseling or mutual support meetings.
- ◀ OIC can be ordered for parole violations (rather than jail time) and for people on bail.
- ◀ Daily treatment and curfew are required.
- ◀ Daily drug testing occurs in the courthouse.
- ◀ Partnerships with community treatment organizations connect participants to MAT if needed or desired.

appearing in Judge Brewbaker’s court every morning for at least 20 days. After that, their appearances can be less frequent (e.g., weekly) until they have reached 30 appearances, at which point program participation is complete.

OIC participants are required to successfully complete any level of care recommended by clinicians (e.g., inpatient, intensive outpatient, or outpatient treatment). The OIC employs several recovery specialists who help individuals get to their appointments and access other resources. Most participants use some type of MAT (most often, naltrexone for those who have successfully withdrawn from opioids in jail), but the court does not prohibit other forms of FDA-approved MAT, such as buprenorphine or methadone.

The success of the OIC depends on a strong partnership with the Cumberland County jail, as most referrals originate there. Referrals come from the jail via several avenues. The

first is the “detox list” of jailed individuals who needed intervention to help with opioid withdrawal. Upon successful withdrawal management, the OIC counselor will reach out to them and ask if they would consider the OIC. Another avenue is via bench warrants, which the OIC counselor routinely reviews to identify people who are incarcerated for crimes related to opioid use. When the counselor identifies such cases, they will ask the assigned judge if the person can be screened for OIC before release. “It’s easier to engage people from the jail because they’re trying to stay out of jail,” says Erin Gardner, OIC coordinator. “When someone is released to community [on bail], it’s a little harder,” she notes. Judge Brewbaker can and has added participation in the OIC as a condition of bail for some individuals to keep them engaged.

Other partners in the OIC’s success include other judges, a district attorney, a public defender, parole and probation officers, prison drug and alcohol case managers, and staff members from the [Recovery, Advocacy, Service, Empowerment \(RASE\) Project](#), a local treatment service provider. There are no guarantees for enrollees in terms of sentencing, but participants are provided immediate connections to treatment and a chance for recovery.

To learn more about Cumberland County’s OIC, visit <https://www.ccpa.net/4698/Opioid-Intervention-Court>.

## Gila County, Arizona, Opiate Drug Court

Gila County Chief Probation Officer Steven Lessard has spent decades touting the value of medication for individuals with OUD on parole. “I have been doing this for more than 30 years, and I can tell you, people who are addicted to opioids do not succeed on traditional probation,” he says. So, Lessard was thrilled when a call from the Council of State Governments a few years ago prompted research and then the creation of an opioid treatment court in Gila County.

Before launching the county’s program, Lessard sent a team that included a judge, a treatment provider, and several probation officers to the Buffalo, New York, Opioid Intervention Court. The Buffalo OIC was the first of its kind in the United States and is often considered the gold standard of opioid court design. The Gila County team came back to Arizona with a model for their Opioid Drug Court (ODC) and, after a series of community outreach summits, started their program in 2019.

ODC is a partnership among the police, the court, the probation office, the public defender, the community treatment provider, and the jail. It is focused on a diversionary model—that is, diverting eligible individuals (based on charges) away from jail and into treatment whenever feasible. ODC works closely with

### Key Elements of Gila County Opioid Drug Court

- ◀ MAT is a requirement for participation.
- ◀ Participants can be accepted pre-trial or post-conviction.
- ◀ The program is client- and recovery-focused, not punishment-focused.
- ◀ The program is a diversionary model that keeps people out of jail and gets them into treatment.
- ◀ A multidisciplinary, multiagency network of supports works together to address the needs of individuals with OUD.
- ◀ The court maintains frequent direct contact with program participants to ensure accountability.
- ◀ The continuum of treatment offered includes detoxification, ongoing MAT, outpatient treatment, and mutual support groups.
- ◀ Participation in the ODC is voluntary.
- ◀ A system of incentives and sanctions rewards success and helps overcome barriers and relapses.



Community Bridges, Inc. (CBI), a local withdrawal management and treatment provider that offers screening for OUD in the county jail and connection to ODC.

Gila County's two main cities, Payson and Globe, are nearly 100 miles away from each other. This creates a small challenge in that methadone treatment is only available in the Payson court's jurisdiction. All other types of MAT are available to participants in both locations.

"We want to send a message to the community that you can come here for help, and you won't get sent to jail to detox alone."

—Steven Lessard,  
Gila County Chief Probation Officer

The primary goal of ODC is to eliminate opioid overdoses in Gila County among defendants awaiting sentencing and on probation supervision. A multidisciplinary approach starts with police officers carrying naloxone (Narcan) and proceeds through the jail-based assessment, to the court, to immediate transportation to clinical withdrawal management and other treatment at a CBI location. In some cases, a pretrial individual may screen positive for OUD or opioid withdrawal in the county jail and be immediately transported to CBI for treatment before their first court appearance.

ODC is a 2- to 3-year program that includes phases for assessment and stabilization, comprehensive treatment, and continued aftercare. Surveillance officers who are part of the probation department help individuals meet the requirements of the court and stay focused on their recovery, with supports ranging from monitoring urine drug screens to providing individuals with rides to treatment and aftercare services. Participants who successfully complete the supervision and treatment requirements graduate from ODC, often with probation terminated and any remaining jail time exonerated.

## Keys to Success: Tips for Launching a Program

The following key strategies have been crucial to the successful launches and positive outcomes of the three MAT partnerships discussed above.

- ◀ **Engage all stakeholders.** Coordination and buy-in across stakeholders and intercept points are vital elements of success in jail-court MAT partnerships. Everyone—from the judges to local police and fire departments to community organizations—has a role to play and should be invited to the table for planning and implementation of the project. For instance, the Franklin County program continues to issue a weekly resource and status update to all judges, probation officers, and stakeholders with information on new clients (i.e., jail releases), openings in the program, and the current availability of local residential treatment beds and treatment program referrals.
- ◀ **Educate.** There is an ongoing misunderstanding about people with SUD in general and those who are on medication for OUD in particular. Providing information and education to change attitudes and beliefs is an important element of a successful partnership. Community forums, educational programs, or simple face-to-face conversations with all stakeholders can advance the cause of the program. For instance, Judge Brewbaker notes that early in the program, she attended community meetings to explain to sometimes skeptical attendees the value of supporting individuals who are currently or have been incarcerated in their recovery. Bringing the community around to understand the value of addressing SUD is instrumental in gaining trust and support from other stakeholders.
- ◀ **Find a champion.** Even one judge or jail administrator who truly understands addiction and the importance of MAT and supporting recovery can help bring a program from idea to action. This individual can gain buy-in from their peers and can serve as the public face of the program. For instance, Cumberland County's

OIC has a strong relationship with a public defender who often helps motivate his clients who have OUD to consider OIC. Chief Lessard, in Gila County, notes that bringing a judge into the fold early to show support for the program and get prosecutors on board was critical to ODC's success.

"This program doesn't work unless you have buy-in from everyone who touches the client: the jail, probation, court, community, and family. And most importantly, the client has to want it."

—Ron Murray,  
Franklin County MARCH Program Director

- ◀ **Adapt as needed.** Model programs may take much of the guesswork out of creating an MAT partnership, but adaptations specific to the community will still be necessary. For instance, a model used in an urban setting is less likely to fit a rural area challenged by a shortage of treatment providers. Adaptations may also be needed as partnerships evolve. For instance, a large increase in stimulant-related arrests in Cumberland County prompted Judge Brewbaker to begin exploring the expansion of her court to address these substances.

## For More Information

[Columbus & Franklin County Addiction Plan, Virtual Site Visit to Columbus and Franklin County, Ohio](#), at the COSSAP Resource Center

[Court Responses to the Opioid Epidemic: Happening Now](#), from the Center for Court Innovation

[Court-Based Overdose Prevention Strategies](#), from the Residential Substance Abuse Treatment program

[The 10 Essential Elements of Opioid Intervention Courts](#), from the Center for Court Innovation

[Medication-Assisted Treatment in the Courthouse: Exploring the Success of Franklin County, Ohio](#), at the COSSAP Resource Center

[New York State's Opioid Intervention Court](#), from the National Center for State Courts

Visit the COSSAP Resource Center at [www.cossapresources.org](http://www.cossapresources.org).

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