

## Buffalo Opioid Intervention Court



**Honorable Craig D. Hannah  
Buffalo City Court Judge**



The **Buffalo Opioid Intervention Court (OIC)** is a judicially supervised Triage Program where participants are linked with Medication Assisted Treatment (M.A.T.) and/or Behavioral Treatment within hours of their arrest. This program gives you tools and knowledge to jump start your path to **Recovery**.



<https://youtu.be/XG6KxtGK9XI>

## OPIOID INTERVENTION COURT (OIC)

The first of its kind in the Nation and is dedicated to treating the needs of the people first who come into contact with the law.

“Just because someone stumbles and loses their way, doesn't mean that they are lost forever”.

**GOAL**  
Saving Lives!! Nothing more, nothing less



Judge Craig D. Howard, serves as the Opioid OIC Intervention Court in Dallas, TX  
Photo courtesy of the Dallas County Courthouse

## How Do We Measure Our Goal?

How do we measure same:

**525,600 minutes, 525,600 moments so dear**

**How Do We measure a Year**



[Quoting RENT]

*Jonathan David Larson*

**“In daylights, in sunsets, in midnights, in cups of coffee  
In Weddings, in Movies, in laughter and strife . . .  
[that’s how we measure a life]**

**Purpose: Our Primary Purpose is to help people, or at the very least not hurt them.**

- we want them to walk out of the courtroom better than when they came in
- deal with people at their lowest point
- it is our duty: (is to look after) the last, the lost, the least and the overlooked . . .
- Just b/c someone stumbles and loses their way, doesn't mean that they are lost forever.



**Treat the “Whole Person”**

Link with . . .

- Medication Assisted Treatment
- Behavioral Treatment (Counseling)
- Self Help
- Ancillary Services

## 10 Step Intervention Process

- Divert Participants at Arraignment
- Place in Treatment w/in 24 hrs.
- Hold Criminal Charges
- “Play by Vegas Rules”

- Link with Ancillary Services
- 8 pm Curfew
- Random Drug Testing
- Random “Wellness Checks”

- Daily Face-to-Face Contact
- Case Conferencing During Treatment (Control Dates)

## **Divert the “Participants” Right at Arraignment**

**1<sup>st</sup> Contact with Court, Set the Tone** (the way you start with a person is the way they will always be with you)

(Intervention) **At Critical Stage.** – People are ready for change b/c they don’t want to be in Jail.

**Avoid Participant “Hitting Rock”.** – Raise the level where Client is ready/amenable to treatment. Help Reach their “BREAK THROUGH POINT” w/in hitting rock bottom

## Place in Treatment w/in Hours

(usually w/in 24 hrs)

Can link with M.A.T. right in the courtroom

**Methodone:** (Can see a Dr. within hrs of arrest/no more 6 week wait) Picked up from courtroom and driven to Dr.

**Suboxone:** (Can be picked up from the courtroom by treatment staff and taken to Dr hrs after the arrest).

**Vivitrol:** Can see a Dr. with 2-3 days of immediate linkage of outpatient Behavioral Treatment

## Placement (cont.)

If participant chooses an **abstinence based** treatment protocol (Def's choice): link immediately with Behavioral Treatment within hours

**Outpatient services;** coupled with daily reporting (eyes on Def every weekday)

**Inpatient:** if outpatient is not recommended by his/her treatment provider (1-2 day turn-around) from arrest to treatment bed

## **Criminal Charges** : Held in abeyance until we “stabilize” the participant

Criminal Charges are put off **30-60 days** while we focus on the Participant’s Health and Recovery

DA and Defense Bar agrees to waive Speedy Trial Time and Preserve/Delay Motion Practice

Dismissible Matters (Good Samaritan Law cases) are handle after Participant is stabilized

## ***Play by “Vegas Rules”***

We need trust, complete honesty and Prudence (practical discretion) so we can treat the individual.

Yes, we are acting as a **TRIAGE**. At ER you tell the Doctors what is wrong so they correctly assess the problem.

**Honesty**: is the most imp. part of program; cannot treat client unless we know what’s wrong.

-- we need know what we are dealing with to affectively treat our Clients.



## Vegas Rules (cont.)

-- **Honest vs. Abstinence:**

Relapse: R. is a normal part of Recovery. P. may struggle and use Opioids (don't throw the baby out with the bath water)

-- How do ask person not to do the greatest euphoric feeling in their life

Exercise:

-- **Scale 1 to 10** (10 most pleasurable/euphoric experience in your life, Where is a shot of Dope ????)

5,000

## Vegas Rules (cont.)

- Use Therapeutic Measures (Groups, Self Help Recovery) and Graduated Sanctions (Penalty Box and Detainers (1/2 day, 1 Day, 2 Day) anything more than 3 days is not beneficial to treatment (MAT and/or Treatment)

[Remember] ***Recovery is a lifelong healing process and relapse is not a sign of failure but rather a sign that you need to re-evaluate and modify your (treatment) strategy.***

## Link with Ancillary Services

### **Treat the “Whole Person”**

Want Them to Leave Out of Court Better Than When They Came In . . .

- Assist w/getting Insurance (Medicare/Medicaid)
- Assist with Transportation (bus passes and tokens)
- Assist with Distal Goals:
  - Education (ECC) on site
  - Refer to family court for visitation
  - Restoration of Driver’s License

## 8 pm Curfew

### Heroin/Opioids



We want our Participants either home, or sober linked activity at 8:00 pm

-- Self Help, family-based event (encourage restoring family linkages)

- Must call at **8 pm** and “ping” their location from smart phone
- Hear their voice
- Ensure that they are home (not partying)
- Whodini used to have a song called “**The Freaks Come Out at Night**”

## Random Drug Testing

- On-Site Testing
- Has to be “Random” (dealing with **Slicksters** who are trying to out slick you)
- Test on Mondays and After Holidays and Special Occasions
- Testing is Observed

## Random “Wellness Checks” and Aggressive Warrant Checks



## Random “Wellness Checks” and Aggressive Warrant Checks (cont.)

Warrants: Sign of using; Participant Afraid to Come to Court

- Go Find Absconders to Prevent Overdose
- Do Not wait until Absconders are picked up on new charges (maybe too late)

Done in Conjunction with County Sheriff and Probation

- Ensure Participants are Home
- Ensure They are Safe
- Ensure They Are Not Using at Home

## Daily “Face-to-Face” Contact with Judge

Put “**Eyes**” on the Participants

- Get to Know Them
- Get to Know When They Are “Off”
- Get to Know When They Are ‘High’

## Control Dates: Case Conferences

Work on legal issues while the participant is in treatment (MAT and/or Behavioral)

- Ready to depose of the matter at the end of Intervention Process
- Usual Trajectory (path) leads case to est. Drug Court
- Set Compliance Dates (biweekly or monthly) for minor cases that do not transition into Drug Court

## Control Dates: Case Conferences (cont.)

- Encourage Participants to continue Treatment; even on the "Medically Necessity" Case (Good Samaritan Law)
- Have Participant Achieve Some Proximal Goals
- Set Some Distal Goals
- Open Door (encourage to come back if help is needed)

## Conclusion

### **Educating Others:** Judiciary, Police, Community

- "Hug-a-thug" Court/Tree Huggers
- Breaks the revolving door of the criminal justice system
- Combat the Root Problem
- Saving Valuable Tax Dollars and Resources
- Attitudes are Changes; This Is an Illness, People should not be afraid/embarrassed to seek help

e.g.: recently my coordinator emailed me saying a colleague would **not** release a hold to next Thursday so my client can get into treatment. (**Wants to appear tough on crime**)

## Conclusion (cont.)



### Our Mission is Keeping Our Participants Alive!

#### QIC Partners

BestSelf Behavior Health  
 Buffalo Police Department  
 Buffalo Public Schools  
 C.O.U.R.T.S. Program  
 Erie Community College  
 Erie County Dept. of Health and Mental Health Services  
 Erie County District Attorney's Office  
 Erie County Probation and Pre-Trial Services  
 Erie County Sheriff's Department  
 HOPE Program  
 Horizon Health Services  
 Legal Aid Bureau  
 Save the Michaels of the World  
 Sisters of Charity Hospital (Pathways)

#### Contact Information

Judge Craig D. Hannah  
 Opioid Intervention Court  
 716-845-2633

Brooke Crouse  
 Case Manager  
 716-845-9351

Megan Carroll  
 Case Manager  
 716-909-8575

Jeff D. Smith  
 Project Director  
 716-845-2509

These are 24-Hour hotlines to call if you are struggling:

Crisis Services 24-Hour Addiction Hotline  
**716-831-7007**

Addict to Addict Peer Recovery  
**716-836-2726**

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No phone meetings when you can't make it to one in person!  
 Go to the meeting scheduling page to find the phone number to call for the meeting.  
[www.aa.org](http://www.aa.org)  
 Together We Do Better!

"AN ABBEY, ANY ABBEY CAN STOP  
 A NEW PRIOR TO CLAY."

**Self-Help Attendance Verification**

I attended the \_\_\_\_\_ meeting  
 (Type name) (Date or address)

DATE: \_\_\_\_\_

Type of the meeting: \_\_\_\_\_

What I got out of the meeting that will help me not to drink or drug, and use in a program of recovery:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature Date: \_\_\_\_\_

Do you have a home group? Yes No (Date of home group) \_\_\_\_\_  
 Do you have a sponsor? Yes No First name of sponsor: \_\_\_\_\_

Chair Person

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Chair Person

## National News and Publications

Headline News (HLN), *"Dealing with the Opioid Crisis"*  
(September 2017)

National Public Radio (NPR) (September 2017)

NBC Nightly News (July 2017)

MSNBC (July 2017)

HBO Vice News, *"A Kinder Court"* (July 2017)

Associated Press (AP), *"First Opiate Court in Nation"* (June  
2017)

Global News, *"Buffalo Launches Special Court to Deal with  
Addicts"* (July 2017)

New York Times, *"This Judge Has a Mission: Keep Defendants  
Alive"* (Jan. 3, 2018)

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