COORDINATING CARE FOR DRUG COURT PARTICIPANTS: A CASE STUDY OF COLLABORATION BETWEEN A DISTRICT DRUG COURT AND COMMUNITY HOSPITAL

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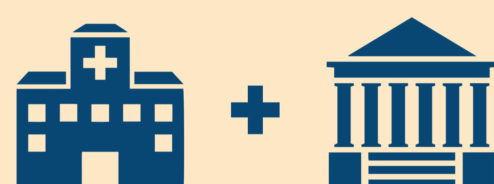
INTRODUCTION

Given the prevalence of substance use disorder (SUD) among adults in the criminal justice system and the comparatively high arrest rate for individuals with SUD, drug courts have emerged as an alternative approach for cases in which the root cause of criminal behavior is SUD.[1] Reflecting growing acceptance that SUD is most effectively handled as a health problem, drug courts combine judicial supervision and mandated substance abuse treatment with the goal of reducing recidivism and improving treatment retention.[2,3]

Drug courts are increasingly recognized as a means to improve engagement in treatment, ultimately promoting both public health and public safety. While drug courts are administered by the judicial system, they rely on effective treatment, necessitating the involvement of healthcare providers. This case study examines the collaboration between a Massachusetts District Drug Court and a community hospital to understand how they collaborate to advance patient-centered care and evidence-based treatment.

SETTING

This drug court program, located in rural Massachusetts, collaborates closely with a nearby community hospital[4] that provides the majority of care in the region.



All drug courts in Massachusetts use a post disposition model, which means participants have already been convicted of a crime. Drug courts generally target "high-risk/high-need" individuals, i.e. people with SUD considered likely to reoffend. This drug court has a specific focus on participants aged 18-25. The multi-disciplinary drug court team includes the judge, probation officers, defense attorneys, district attorneys, the Sheriff's office, treatment providers, and other relevant personnel.

Common pathway to enter into this drug court program:

STUDY DESIGN

In-person, semi-structured interviews were conducted on a voluntary basis with the Massachusetts Director of Specialty Courts, the Judge, the Chief Probation Officer, a Probation Officer, and two clinicians at the community hospital who provide clinical assessment and treatment for drug court participants.

In addition, several drug court sessions and case review meetings were observed. Interview transcripts were coded for emergent themes grouped in four primary areas: drug court team, participant relationships, impact, and challenges.

1. Glasheen, C., Hedden, S. L., Kroutil, L. A., Pemberton, M. R., & Goldstrom, I. (2012). Past year arrest among adults in the United States: Characteristics of and association with mental illness and substance use. Center for Behavioral Health Statistics and Quality Data Review.
2. Marlowe, D. B. (2010). Research update on adult drug courts. Alexandria, VA: National Association of Drug Court Professionals
3. Wilson D.B., Mitchell O., & MacKenzie D.L. (2006) A systematic review of drug court effects on recidivism. Journal of Experimental Criminology 2(4): 459–487.
4. This hospital was also awarded a grant to enhance behavioral health care and reduce ED utilization through the Community Hospital Acceleration, Revitalization, and Transformation (CHART) program funded by the MA Health Policy Commission.

FINDINGS

A. DRUG COURT TEAM: RETHINKING THE STATUS QUO

Across the drug court team is a shared recognition that the traditional legal and healthcare systems fail to adequately address SUD. The program aims to engage participants in more comprehensive and individualized care by pairing the accountability of probation with intensive treatment. The model focuses on addressing root causes underlying criminal behavior and SUD, with an emphasis on utilizing evidenced-based approaches. Both the hospital and court leadership are committed to being accessible community resources and have demonstrated a willingness to upend the status quo.

"[We need to] wrap our minds around changing the paradigm. I was a prosecutor for 28 years, and giving people sentences doesn't work. It just doesn't work."

– JUDGE

The collaborative nature of the drug court helps staff on both sides of the partnership. Cases are jointly reviewed by the judge, probation officer, and treating clinician, among other court professionals. For the hospital-based clinicians, the probation requirements provide added levels of accountability for participants to regularly attend individual and group treatment. For the court, the treatment providers share timely and clinically-relevant updates, as well as recommendations for next steps or the terms of probation. Having multiple touchpoints allows the judge to triangulate information about each case to create an individualized plan.

"The collaboration with the hospital is huge. The feedback, getting the response immediately, really affects the outcome of what happens in drug court."

– PROBATION OFFICER

"The client may keep information, like they got arrested over the weekend, from me and [the probation officer] will [have] already told me. So when I'm meeting with the client I say, 'what's going on?'... They know that we are all going to share that. There are no secrets."

– CLINICIAN

The team had to quickly develop clear roles that balanced collaboration and distinct professional boundaries. Ultimately, the judge makes final decisions, but he values the opinions of all staff and relies on the clinicians' medical recommendations in the decision making process.

"We stayed in the mindset that everybody stays in their lane. I can't be dispensing medical advice and doctors shouldn't be dispensing legal advice."

– JUDGE

B. PARTICIPANT RELATIONSHIPS

Team members spend significant time building relationships and developing holistic understandings of the participants' lives. During drug court sessions, the judge wears plain clothes and stands on the same level as participants to have one-on-one conversations. While recognizing that relapse is a part of recovery, the team expects honesty, active engagement, and timely communication from participants. Participants are motivated by the personal relationships they build and look forward to sharing progress updates with the judge. However, when participants deviate too far from their treatment or terms of probations, the judge administers punishments, such as curfews or jail time.

"[I have] the closest relationships with my drug court patients because of the level of contact. You feel like a [really] integral part of their family. They know how deeply we do care for each and every one of them."

– CLINICIAN

The team targets younger clients in order to initiate immediate and potentially life-saving treatment interventions. Despite initial concern that the 18-25 population would be less likely to engage, team members perceive that participants are benefiting from this earlier intervention. The cohort of participants form peer groups, in particular through their group treatment sessions and drug court sessions. For some participants, the peer network is an important way to develop new social ties, and adds a layer of social accountability to keep up with the program.

"You have a lot of that similarly situated [participants] bringing each other up...we have [participants] coming back and giving back even though they've gone through the program, have been sober, and are living normal lives."

– JUDGE

All staff commented on the time and emotional investment required for drug court cases, which makes it particularly challenging when facing the decline or death of a participant. At the same time, staff said that the drug court cases are some of their favorite, and that the work can be incredibly rewarding.

"I've never had the [number] of deaths that I've had on my caseload in the last year and a half...I'm really lucky to be part of this team, and we all take care of each other and we all struggle and we all go through the loss together."

– CLINICIAN

C. IMPACT DOMAINS

"We often see [participants go] from literally nothing, to having a job, getting an apartment, getting their licenses back or getting a car. To see that transition in a short amount of time, it is really remarkable"

– CLINICIAN

The team monitors a variety of metrics when evaluating participant success. Some metrics focus on health outcomes, including length of sobriety, treatment engagement (particularly following relapse), and overdoses. They also monitored number of incarcerations since entering drug court. Many of the signals of success relate to building life skills and social skills, such as applying for a job, reunifying with children, or building healthy relationships.

Common Signals of Change	
Health outcomes	Length of recovery period, treatment engagement, overdoses, serious health or psychiatric issues, medical emergencies
Public safety outcomes	Misdemeanors, felonies and incarcerations
Community outcomes	Employment, DCF involvement, social skills, stable housing

D. RESOURCE CONSTRAINTS

The drug courts in MA operate in a resource-constrained environment; this drug court program is unfunded. The court and hospital absorb the costs of the additional case management time. For the court staff, there is not enough money to attend trainings and conferences. While there is state funding available to provide drug courts with assigned Department of Mental Health clinicians, budget constraints can leave some drug courts with limited access to this resource. Finally, even in a court setting, the difficulty in finding detox facilities, residential treatment beds, and sober houses for participants limits the options available to a judge when faced with a participant with immediate treatment needs.

"I don't think we get enough training. [Things are always] changing with this epidemic. There are new services, new drugs, new things to look out for. There are different approaches. Every single time I go to a training, I come back learning something and having another tool."

– PROBATION OFFICER

IMPLICATIONS

- Community hospitals and drug courts can successfully collaborate to leverage resources from both the health and judicial systems to better meet the needs of patients with SUD.
- When building collaborative relationships, open communication and information sharing are essential, but must be balanced with clear roles and responsibilities.
- Absent dedicated funding, judicial and health systems resource allocation remains a challenge.
- Increased reimbursement rates for behavioral health services may improve availability of these resources, and therefore better enable drug courts to link patients to needed services.
- Because probationary periods are inherently time limited, without the support and accountability of the program, participants exiting the drug court program may struggle with recovery. More research is needed to better understand drug court participants' needs after exiting the drug court program.

LIMITATIONS

This case study took place in a rural setting with one district court and one community hospital, which limits the relevance of this partnership as many areas have multiple courts and hospitals. Furthermore, the community that the court and hospital serve is relatively homogenous, demographically. Finally, this case study did not interview drug court participants.

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