SUE:

Sue is a 35 year old female who was admitted into Drug Court in October 2018. At the time of admission, she was 8.5 months pregnant and actively using methamphetamine, fentanyl, and other drugs. Reports first use of substances at age 17. History of residential SUD treatment as well as psychiatric treatment prior to Drug Court. Diagnoses: Opioid Use Disorder, Severe; Stimulant Use Disorder- Methamphetamine, Severe; Stimulant Use Disorder, Cocaine – Severe; Unspecified Depressive Disorder; Panic Disorder. Suggestive of learning disabilities. She is on SSI. Long criminal history including time at prison. Referred to DC for charge of falsifying physical evidence; possession; and parole violation. She had housing upon plea but was subsequently evicted.

Upon entrance to the program, she was assessed to need a residential level of care based on ASAM criteria. She was also referred for evaluation for mental health functional support services as she appeared to have significant functional impairments due to mental health and/or cognitive issues, aside from her substance use. She was determined to be eligible for services but declined them.

Sue was quickly placed into a residential treatment program but was administratively discharged from the residential program due to lack of engagement and participation within about a week. She reported she could not engage because of health issues related to her pregnancy. Sue was referred to a long-term program for pregnant/parenting mothers with SUD but she was not interested, reporting she had prior treatment there. She returned to methamphetamine use within one day of discharge from residential treatment. She was arrested out-of-state for possession and sales of Fentanyl (was packing a significant amount). She had the baby a few days later, at the end of October. (*Note: Sue had had another child approximately a decade earlier, with significant physical and cognitive issues requiring 24 care – the child was in medical residential care out-of-state and passed away the year before. It appears that Sue had had limited contact with this child*). The baby's father took custody of the baby due to his concerns about her active use and general instability.

Upon hospital discharge, Sue resumed use of methamphetamine, cocaine, and fentanyl. She did not really attend her treatment as scheduled, but did have contact with her Case Manager (mostly via phone). In discussion with team members, she said that she did not want to enter any residential treatment, even if it were a program that allowed her to parent the baby. She was, however, re-referred to a residential treatment program based on ASAM criteria and was admitted, but left within a week with another DC participant. Sue reported she left due to mental health problems. She did not return to treatment at the program, reporting she was being admitted to a different residential program to work with co-occurring disorder, but this placement was never confirmed. A warrant was issued at the next court for FTA as Sue had stopped communicating with the team.

In January, a VOP was filed for absconding. She was arrested on the warrant for FTA. She returned to the program pending the VOP. She attended a few groups, resumed using substances and her attendance faltered. She had no stable housing. She was re-referred to residential treatment but the Case Manager had difficulty getting her to participate in arranged/scheduled phone screens. She was referred to a Respite bed but left; at that point, the CM had difficulty tracking her as she'd report she was going to one program or another but was never able to gain admittance because she would be late, not have her meds with her etc. despite careful planning with her by her CM. A warrant was issued for FTA and she was held a few days until placed into a residential treatment bed.

She successfully completed residential treatment in February and transitioned to a Transitional Living Program outside the court's catchment area. She did well at the Transitional Living Program during the initial phases when her community activities were restricted. In April, she attended a court date and did not return immediately to the TLP and was subsequently arrested on an outstanding warrant for a non-DC related matter. She was then discharged from the TLP as she had been absent from the program for 72 hrs and insurance could no longer be billed (and because she had not returned directly to the

program). However, they were willing to readmit her in approximately a week. Within a couple of days, she relapsed on meth, suboxone, FYL and alcohol and stopped attending DC obligations consistently. She and her team made a plan for her in the community until her admission date. She went to MA and was admitted to detox there (not part of the plan). The team worked with her and the TLP to return after detox, but Sue ended up placing herself into a different residential treatment program. She also reported that she was pregnant again (due early 2020). She struggled at the residential treatment program – staff reported all they could do was contain her impulsive behavior – and she ended up leaving. A warrant was issued for FTA on 5/28.

Sue ended up in MA and was involuntarily committed to a co-occurring disorder treatment program there for approximately 30 days. She completed that program and was placed in a residential program for pregnant/parenting mothers back in NH and was started on MAT (methadone) as well as psych meds. Was discharged from that residential program due to meth use in the facility itself. Her PPO discovered she was also driving back and forth to MA as well as driving while impaired. A second VOP was filed, based on recommendations of the team. She was not held in jail but placed at another TLP program for pregnant/parenting mothers in August. She did well at the program until mid-October, when a loaded syringe was found in her belongings. She was then transferred to a different program. She denied use and UA was negative – she was allowed to readmit in one week. Although she did not want to return, she has returned.

Sue's strengths

- Likeable.
- Resourceful – can advocate for herself for placement (the downside is that she doesn't ever stick with a plan but seeks out new providers)
- Very organized – keeps file of documentation of discharge paperwork, who she's reached out to, etc. (again, the difficulties in getting her to follow the plan seem somewhat behavioral in light of this)
- Support from her father
- Will reach out to team by phone even when absconding

Team concerns -

- Unable to effectively supervise while in community (although has had some success (though inconsistent) in a structured program like a TLP)
- Has not been able to abstain from substance use
- Doesn't follow plans laid out by team (or stick with her own plans)
- Doesn't attend outpatient SUD treatment or mental health treatment with any consistency
- Takes significant amount of CM and therapist time due to constant crisis and emotional volatility (disruptive at treatment center- crying, emotional, impaired, unable to focus on task at hand)
- Continues to get in legal trouble and/or put herself in risk of continued legal trouble
- Gets distracted by unstable and volatile romantic relationships (got married while in DC)
- Very impulsive
- Limited appearances at court due to FTA or being in placement – have used both incentives (heavily) and graduated sanctions when present--- mostly around proximal goal of attendance or follow thru on tasks related to higher LOC placement – doesn't seem to have been very effective due to her inconsistency at court.

Questions –

- How we can we assist her in making progress in treatment? (Has been in DC over one year already)
- Any ideas re sanctions and incentives
- IF she doesn't maintain this placement, what recommendations are there?

Thomas – Case Scenario

He participated in our program for nearly two years (6/2012-4/2014).

He initially had somewhat stable housing and was relying on others for transportation since he was without his license due to legal reasons. The program went through periods when it was okay to allow other participants to ride together, which he did take advantage of when possible. When the policy changed to prohibit participants from riding together, his transportation options became more limited.

Both his housing and transportation began to falter early on, and he did have some substance use, yet he was able to advance to the second phase within five months. He moved into the local homeless shelter in October 2012. The homeless shelter had their own program requirements, which theoretically are in line with Drug Court (for residents to become more stable, self-sufficient, working, etc.), however he struggled to meet the requirements of both programs. The time that he spent meeting his obligations for Drug Court (finding transportation, walking or biking for miles, waiting for a ride, being at his obligations), also conflicted with time that he was expected to be looking for work and/or working to be meeting the shelter's obligations. While at the homeless shelter he did reach out to local churches and support programs to ask for transportation assistance. He received rides and was also given some opportunities to find sporadic work for individuals.

His continued limited transportation contributed, in part, to missed treatment obligations throughout the program. Most often, missed treatment obligations would be sanctioned, however his situation was often discussed and considered when assigning the sanction. He did also have a number of jail sanctions. Other sanctions utilized (for various infractions) included community service hours, essays, arriving early to obligations, increased reporting to court and/or probation.

He struggled with regulating his mood, which contributed often to angry outbursts. He was referred for and received psychiatric medication (through a PCP provider) for a period of time. His maintenance with his medication could have used improvement, however between the medication and his therapy, he was able to learn and utilize some grounding skills to help him manage his mood better. At times though, his angry outbursts put him in jeopardy of losing his housing at the shelter. In fact, between his anger and an incident when he was under the influence of alcohol in May 2013, he was barred from the shelter. Between May 2013 and mid June 2013 he had not established residency in the County. He absconded and was not brought back into custody until the beginning of September 2013. He was given a three month incarceration sanction due to his absconding from the program for nearly the same amount of time.

He was released in December 2013. He immediately did not have a residence in county, and was also not allowed back at the homeless shelter (they expressed concerns about safety). He had a friend living in a second County and was staying with them. He found some rides from people, but for quite a while was taking buses from the second County to the original County, spending hours on a bus to meet his obligations. For this effort, he was given the opportunity to live out of county while he worked on other arrangements, and while the program explored the possibility of a transfer to the second County's Drug Court program. He was not completely on board with a transfer because he had established himself with our program and providers, yet acknowledged that the transportation situation would be more manageable if his program was in the second County. A meeting was set up with the second County in February 2014 and according to their staff, the client's attitude toward the conversation was negative and it did not appear that he was motivated. Therefore, they determined that he was not eligible for a transfer to their program.

He was then given until the beginning of March 2014 to re-establish residency in the originating County. He claimed that he was back in county, yet when a home visit was conducted, the person he

was supposedly staying with did not corroborate his story. He was confronted by this and admitted that he had been couch surfing for weeks. Immediately after this, he absconded from the program again. He was taken into custody within a couple of weeks. A termination hearing was scheduled because of client's continued inability to maintain residency in county (for a number of months). He was ultimately terminated from the program and given a 12 month HOC sentence.

He did have brief periods of sobriety (30 days, 60 days), yet also had a number of uses throughout the program.

SAM

Sam is a 29 y.o male with a 5-year old son and 10-month old daughter. He graduated High School, has no college background, but long history working as a mechanic.

History of MH/medical: During his initial screen, he denied experiencing any form of abuse, but throughout his therapy, it's been learned that he has experienced some childhood adversity including; physical, verbal, and emotional abuse, transportation accidents, parental divorce, house fires, and witness to vicarious trauma. No ongoing MH therapy, but reports previous diagnosis for ADHD and was on Adderall for a period of time. Began MAT (suboxone) at the beginning of his treatment but has history of methadone- reports 2 years sober during that time.

Previous tx: 2 total overdoses (2013, 2017-about a month after Drug Court plea). Completed 1 detox (Anna Jacques-2017), residential x4 (2013-Kentucky, 2014- Michigan & Farnum Center, 2015-Phoenix House), methadone clinic (2013-2014)

Criminal history: **MA:**

12/11/2017 Possession Class A substance Heroin (dismissed)—accrued while in Drug Court
7/3/2015 Possession to distribute Class A (dismissed)
7/3/2015 Possession class B controlled substance (probation)- completed while in Drug Court
7/3/2015 Conspiracy to violate controlled substance act (dismissed)
7/3/2015 Possession of class E controlled substance (dismissed)
Shoplifting 12/29/2011 (dismissed)

NH: served 2 yrs NHSP, 10 months HOC

7/31/2017 Burglary
6/16/2016 Receiving stolen property
2/16/2016 Receiving stolen property
12/10/2015 Burglary-- served 2 yrs NHSP
Fraudulent use of credit cards x3
Receiving Stolen property
10/23/2014 Theft by deception
11/3/2014 Controlled Drug Acts

With apprehension from multiple parties for him to engage in drug court, he pled into the program in August 2017. The following are the list of sanctions, incentives and therapeutic interventions we've used in effort to support his sobriety.

Sanctions:	Therapeutic interventions (T.I):
Community service	Treatment assignments/essays
HOC days from 8/2017-10/2019= 31	Follow up on outside MH therapy
Electronic monitoring	Follow up with PCP to address medical needs
Curfew adjustments	Re-start MRT in group
House Arrest	Complete MRT in 1:1 sessions with probation
Behavioral Adjustment Contract x2	Daily Check in's with probation
Care & Concern with tx & probation	Weekly 1:1's as opposed to bi-weekly or monthly
Care & Concern with whole team	Increase in home visits
Daily UA's	Sober support sheets
Geographic restrictions	Complete SH sheets (description of mtg attended)
Report early to tx	Assessing level of care
Increased CM	Support with obtaining recovery coach
Restriction with peer association	Support with obtaining outside providers

Behaviors which have resulted in sanctions/T.I:

Ongoing dishonesty, late providing documentation, not completing CS, late/no admitted use, contact with other Drug court member sx3, not following through on addressing MH/medical concerns, crossing state lines without permission, curfew violations, taking medicine without permission, late for reporting, late UA's, missed UA's, forging paperwork, receiving goods from peers (money, meds), new charges, associating with peers on probation or peers restricted by probation

DAVE:

On January 3, 2018, shortly after entering drug court, the Dave absconded and a warrant was issued for his arrest. The Dave was arrested on the warrant on March 2, 2018, and returned to the drug court program.

Throughout the month of March, Dave consistently showed up at the intensive outpatient treatment program (IOP) and was honest about his ongoing use. As a result of his continued use, an updated assessment was performed, and Dave was referred to a 28 day residential treatment program. He entered the program on April 2, 2018 and successfully completed it on April 30, 2018. Upon discharge, however, Dave returned to an unstable living situation and immediately resumed using drugs.

On May 2, 2018, he again attended the drug court (IOP). Dave failed the program on May 23, 2018, as a result of his continued use. During this time, the case manager discussed the use of medication assisted treatment with Dave, who was resistant to follow the recommendation.

During the weeks of May 7, 14, and 21, Dave attended all but two IOP sessions and left one early. He continued to be honest about his use, though was not always honest about what he was using. On May 24, Dave experienced an overdose and was discovered by police in his car. As a result of his struggle to stop using drugs, Dave was referred by the treatment providers to the partial hospitalization program.

On either June 12 or June 21, 2018, Dave entered PHP, and was discharged on July 11, 2018, for continued use. During the time the defendant was attending PHP, the drug court team did not require him to attend court sessions because of a conflict with the PHP schedule. As a result, the defendant did not receive feedback from the judge nor did he receive incentives or sanctions for his performance in drug court. The drug court team has since changed this policy and participants attending PHP are now required to attend their regularly scheduled court status hearings. In addition, Dave continued to live in the same unhealthy home environment as he had when he began drug court.

On July 17, Dave reported to drug court and received a two-day jail sanction for dishonesty about the type of drug he was using. In addition, he was required to report to the drug court judge every day until further notice. Because of his continued use, Dave was referred to the residential treatment program at the Residential Treatment Center. He entered the program on August 1, 2018, and successfully completed it on August 30.

On August 30, Dave entered a sober living community, which provided only drug testing, and he was discharged on September 3, after he overdosed. He was then ordered to live in the local homeless shelter.

On September 3, 2018, Dave received another assessment from the drug court treatment provider indicating the level of care he required was residential treatment. While Dave waited for a residential bed during the weeks of September 11, 18, 25 and October 4, he received no treatment. At the time, the drug court treatment provider determined it would be inappropriate to provide IOP level treatment in the interim because the indicated level of care was residential. Since then, the drug court team has revisited this policy and other participants now waiting for residential treatment continue to be engaged in IOP.

During early October, Dave again entered PHP but was discharged after only 4 days for continued use. Dave was then referred to the Hospital PHP (The Hospital is the drug court treatment provider) which he attended from October 22 through November 30. Although he continued to use throughout the program, he "graduated" the PHP on November 30 and was subsequently reduced to IOP level of care.

Throughout December, 2018 and early January, 2019, Dave attended IOP regularly. On December 31, 2018, Dave overdosed and failed to inform the team about the incident. On January 22, Dave was again recommended for residential care. At this time, the team addressed the use of MAT with the defendant and he agreed to engage in medication assisted treatment and appeared cooperative. Dave, however, failed to appear at The Residential Treatment Center for residential treatment as required on January 25, 2019.