

Treatment Provider Challenges on a Problem Solving Team.

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Dilemmas and concerns treatment providers face on Problem Solving Court Teams:

Please join us in an Interactive discussion on the most reported dilemmas and concerns you face on Treatment Court teams.

This session will be an open discussion forum. Feel free to respond to questions on this power point by a raise of hand. Moderators will be able to provide microphones.

REMEMBER: You are the experts, your experience can add valuable insight to other teams. Please share that experience with this group.

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How does your team treat Co-occurring disorders and what challenges do you find when a participant has both substance abuse and mental health challenges?

The National Institute of Drug Abuse estimates that approximately 50% of people with mental illnesses will develop a substance use disorder over the course of their lifetimes, and 50% of those with substance use disorders will develop a mental health condition. Data from several studies have documented co-occurrence in specialty court populations (e.g., CODs in 30% to 40% of participants in drug courts and 75% to 80% of those in mental health courts). It is also well-documented that juveniles with substance use disorders often have co-occurring mental health conditions such as depression and anxiety.

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What is Generational Trauma? and how does it impact specialty courts?

Generational trauma happens when the traumatic events that one generation experienced are passed down to the next. This can include emotional, psychological, and even physical effects, from difficult situations like war, trauma, abuse, poverty, or severe neglect.



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How much is too much? How do you maintain client confidentiality while also reporting progress of the client to the team?



Do you report to the team if a client admits a use episode?
Do you report to the team if the client admits criminal behavior that is not under mandated reporting?
How do you report to the team while also protecting the confidentiality of the client?

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What are the challenges in getting treatment for mental health that you see in your courts when you have participants who are incarcerated either awaiting to plea into your program; or are in your program and sanctioned for a period of time?

What challenges do you face with those participant getting their medications and how do you advocate for them in these situations?



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What barriers are you facing in your courts with getting housing for participates and what assistances are you using to help with those barriers?



Facts: Reentering the community from the criminal justice system is a difficult process made even more difficult for those who become homeless and unemployed due to lack of a network, or a support system. Housing instability and unemployment are risk factors that can have a profound impact on a person's ability to succeed. It is common for Justice-Involved Individuals to not have access to safe or stable housing. In an effort to better address the housing needs of Justice-Involved Individuals, IHDA provides funding to support the acquisition, new construction, and/or rehabilitation of non-traditional housing models that serve Justice-Involved Individuals.



Resource: IL housing Development Authority

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What is MAT? How effective is MAT and how receptive are your courts to utilizing MAT?

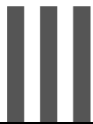
Definition of MAT: To use FDA approved medications to treat substance abuse disorders. Medical assessed treatment is used to treat opioid, alcohol and tobacco use disorder.

The use of medication-assisted treatment in treating substance abuse disorders can help:

1. Prevent relapse
2. Normalize brain chemistry
3. Block the euphoric reaction of substances
4. Alleviate withdrawal symptoms
5. Reduce cravings
6. Help facilitate therapy
7. Allow patients to focus on personal obligations during recovery
8. Enhance mental health
9. Prevent opioid overdose
10. Treat opioid addiction
11. Reduce prescription pain medication misuse
12. Treat alcohol use disorder
13. Lessen illicit opiate use

The long-term benefits of MAT may include the following:

- Improved survival rates
- Increased treatment retention
- Decreased illicit opioid use and criminal activity among those with SUD
- Higher patient employment rates
- Improved birth outcomes in pregnant women with SUDs
- Lesser risk for HIV and hepatitis C



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What barriers including housing and treatment do your courts have with participates who identify as LBGQT+? What supports do you use for these individuals?



Fact: Due to the stress and threat of discrimination, LBGQTQA+ individuals are twice as likely to experience mental health issues in their life, and have more than double the rate of depression than the heterosexual population. Suicide is a leading cause of death for LBGQTQA+ people ages 10-24

Recent national inmate survey found that LGB people are incarcerated at a rate over 3 times that of a total adult population:

1,882 per 100,000 lesbian, gay, and bisexual people are incarcerated, compared with 612 per 100,000 U.S. residents aged 18 and older. This disparity, again, is largely driven by queer women, as evidenced by the researchers' breakdown of the data by sex.

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Final Questions & feedback.

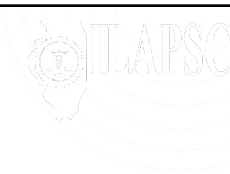
What other challenges are you facing as the treatment provider on a problem solving team?



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Please be sure to attend the Networking Reception immediately following this session.

Thank you



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