




Sauk County
**ADULT TREATMENT
COURT**

Should you add a nurse to your team?

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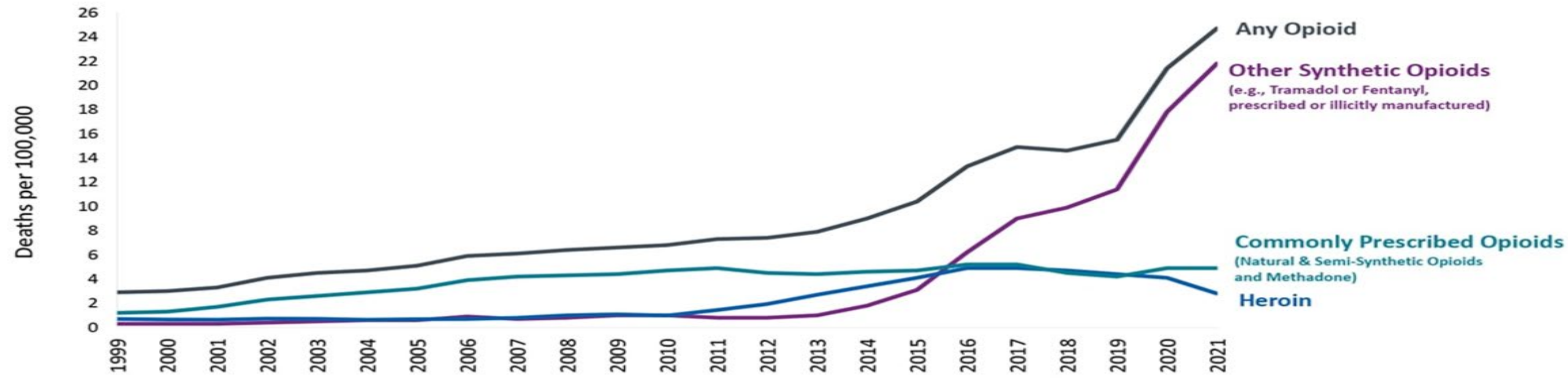


Inviting a nurse from your local public health department can assist in navigating the medical world and help to medically stabilize your participants. This supports their overall success in recovery after years of medical neglect and active use.

Public health is a natural partner that also recognizes the overall impact of substance use and works to implement preventative measures to have a healthier community.

Public Health's Role

Three Waves of Opioid Overdose Deaths



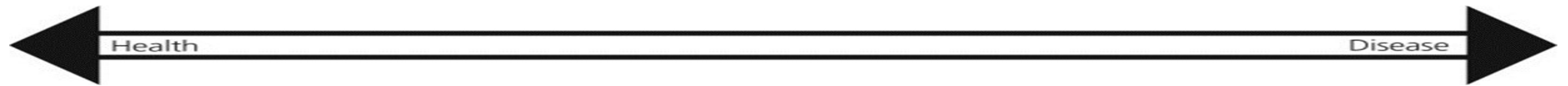
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Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

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Wave 2: Rise in Heroin Overdose Deaths Started in 2010

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Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

Population Health Prevention Continuum



Primary/Universal

- Increased community knowledge of addiction and treatment as a chronic illness
- Policies that support therapeutic treatment versus criminal justice response—jail and court diversion
- Clinician and provider education

Secondary/During Development of Condition

- Respectful care without stigma
- Screening for anxiety, depression, and PTSD and other co-morbidities
- Supportive housing (Housing First) without requirements for abstinence or treatment
- Employment training to empower drug users
- Harm-reduction programs

Tertiary/After Condition Has Occurred

- Continued care and recovery support services providing care coordination and peer recovery support

In the field

- Met Amanda as a personal nurse partners with pregnant people for 2 years
- Watched ATC with the participants as a support person
- Nurse Family Partnership and PNCC—what we do.
- Juneau/Adams, Kenosha, Dane, Sauk, Chippewa, Dunn, Eau Claire, Marathon





Joining ATC

- Public Health joined ATC as an active team member
- Working with the same population
- Natural partnership



Case Study



- Dilutes affected by health
- How health impacts the participants
- Advocacy with clinics & providers

Open heart surgery after infection d/t drug use
Diabetes
Uncontrolled high blood pressure
Hernia
Abdominal mass
Dental infections
Mental health dx
Intimate partner violence
Disordered eating





What Case Coordinators do?


- Case Coordinators refer to Nurse Family Partnership for our participants that are pregnant or have a pregnant partner.
- Case Coordinators refer to our Public Health team members to help the participant navigate the medical system.
- Case Coordinators meet with our medical provider who oversees our treatment court monthly.



Why collaborate?

- The overall well being of our participants.
- Allows communication to be at a medical level, if there are recommendations from our medical doctor.
- Nursing can attend appointments with the participants and help the participants understand what is going on.
- Nursing can help advocate for the participants health with other providers with less resistance.
- Access to Narcan for participants.
- Access to contraceptives for participants.

TAKE AWAY

- The biggest incentive is **IT CAN SAVE TIME FOR THE CASE COORDINATOR.**
 - The case coordinators are not left to try to translate medical information from one person to another.
 - Nurses are knowledgeable about medications, medical language, and navigation of the medical system.
 - They are more likely to get a call back from other medical professionals.
 - They can attend appointments with participants and translate information from medical terms to common language.
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Cont...

Nurses help the team understand more about:

- Medical diagnoses
- How the medical diagnosis can impact the wellbeing of the participant
- How medications can cause certain side effects

We as a team can make more informed decisions based off information that is provided. For example, we have added important information to our Policy and Procedure Manual.

Pregnancy:

If a participant becomes pregnant or begins the program while pregnant, they will follow all program rules as written. Lab experts have identified that creatinine levels can be impacted by pregnancy, especially in the 2nd and 3rd trimesters. For this reason, dilutes will be handled by treatment court staff on a case-by-case basis for pregnant participants.

Participants, including both mothers and fathers, will be allowed one week of furloughed time away from all treatment court obligations starting at the onset of labor and continuing through the first week postpartum. Following this initial week, UA's will resume, and participants will be placed back in active status. During the first two weeks following birth, participants who gave birth will have one assigned point of contact on the treatment court team or a designated provider with whom they will communicate. On week three following the birth, the participant that gave birth will resume all required treatment court obligations. The post-partum recovery process could impact this timeframe at the discretion of the ATC team.

Participants will be allowed and encouraged to bring their child with them to any treatment court obligations with prior approval. Reasonable accommodation will be provided when possible, including but not limited to space for feeding/pumping, virtual or home visit options for meetings, and any other issues that may arise. An assessment for postpartum depression will also be implemented with mothers and fathers by treatment and/or the case coordinator to assess any ongoing mental health changes. Time furloughed does not count toward the participant's phase advancement.

DRUG AND ALCOHOL TESTING/MONITORING

Substance use testing is one of the most important components of program integrity and participant accountability. The Case Coordinator explains the alcohol and drug testing procedures to participants during orientation. Participants must sign an agreement to comply with Treatment Court testing requirements, including direct observation of the collection.

Participants must report for testing with sufficient time to produce a sample. Participants are allowed three attempts to produce a sample for testing.

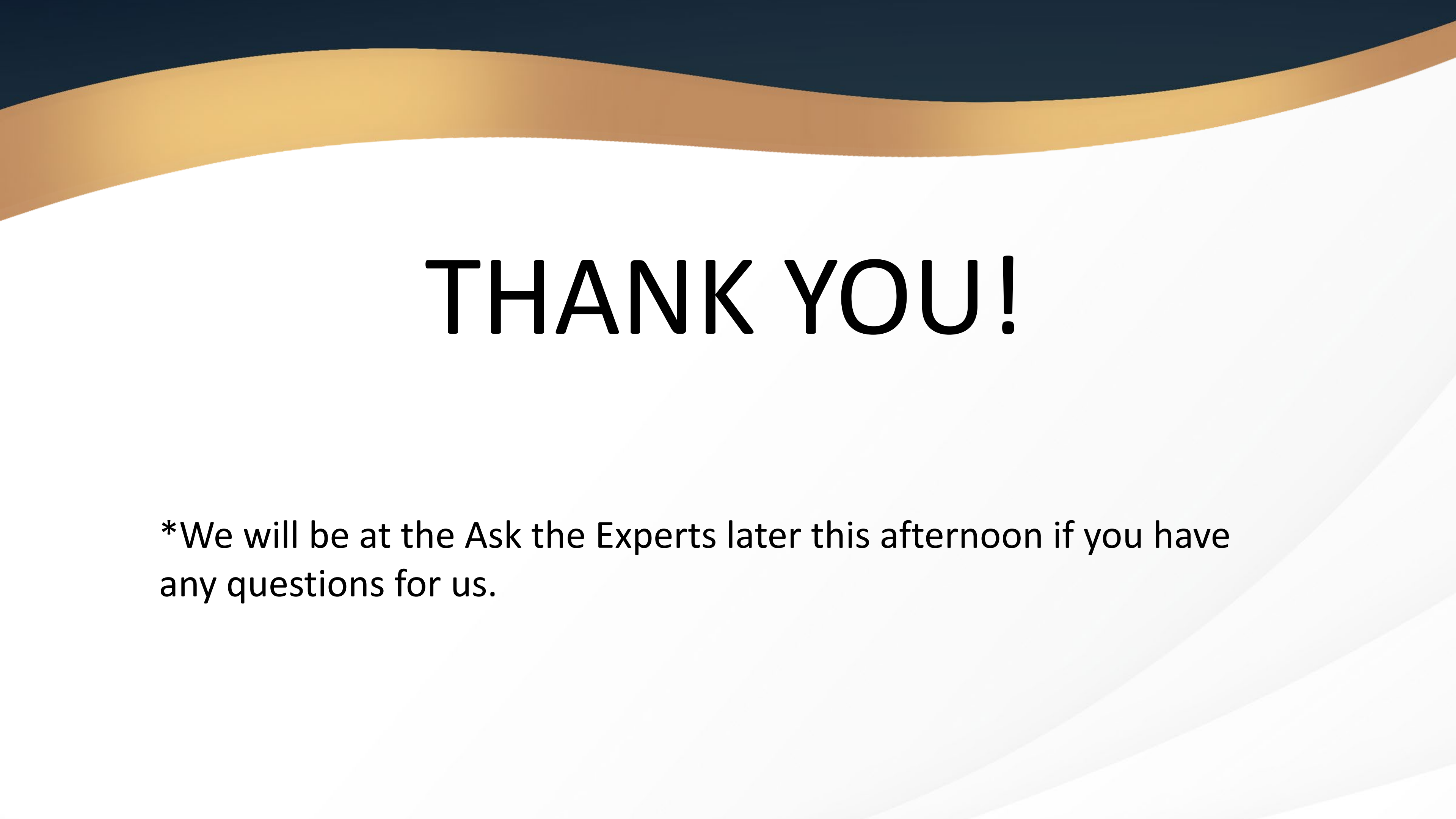
The Treatment Court Team and treatment provider determine therapeutic and/or punitive responses on a case-by-case basis for all positive tests, the participants program sobriety time will be restarted from the date of the first negative test following the positive test. Additional responses will be determined on a case-by-case basis.

If a person is late for a test, misses a test, does not provide enough of a sample, or produces a dilute urine sample with creatinine concentration of less than 20mg/dl, it will be considered an invalid test, program sobriety date will be restarted, and the participant may be sanctioned.

If a participant has continued dilute screenings a participant may be required to have additional medical screenings to determine if there is a medical condition that could be the cause of it. If a participant has been determined to have a medical condition the details of that medical condition must be provided to the case coordinator, and other options will be considered for testing.

Any participant found to have modified or attempted to modify or intentionally tamper with an alcohol or drug test could face a sanction, up to and including termination from the program.

GPS and/or Continuous Alcohol Monitoring is required for all participants during the first 30 days of the program. Monitoring may be extended or re-applied at any time per the team's discretion. Participants will also be subject to Preliminary Breath Testing (PBT) upon request of his or her case coordinator, probation agent, or law enforcement officers at any time during program enrollment.



THANK YOU!

*We will be at the Ask the Experts later this afternoon if you have any questions for us.