

Mental Health and Substance Use Disorders Treatment Services in Accountability Courts of Georgia During A Worldwide Pandemic: A Model of Success

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Georgia Accountability Courts: A Model of Success

- Congratulations on a tremendously successful statewide program treatment program!!!
- In 2022, there are 184 Accountability Courts in Georgia with over 8000 participants, which makes these programs the largest mental and substance use disorder treatment system in the state.
- Since 2013, these courts have had over 29,000 participants with 8400 participants seen in 2021 despite the impact of COVID 19.
- With an overall graduation rate of 60% of participants and an overall saving to the taxpayers of Georgia of \$46 million dollars-simply said-an extraordinary success of humankind.

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Results

Patient Perspectives

“ I would say living in a recovery through this time and **not being able to be active in meetings** has been **disappointing** when they keep liquor stores and weed shops open. This society is so twisted.

“I am in recovery and I lost my daughter in 2017 from an overdose. I feel like my grief was enhanced by this covid19.”

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“Many people are **dying from overdoses** due to lack of face to face treatment being able to get admitted into residential treatment facilities.”

“My husband (who uses) has not been socially isolating, so I’m worried about us getting sick or getting my family sick.”

“I’ve known a few people who have **started using again** that had multiple years of recovery. This has made me **anxious** about my own recovery even though I haven’t been tempted to use or planning to use.”

“I **worry** all of the time that my daughter may become so isolated she may make decisions **not beneficial to her recovery**.”

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A National Perspective of COVID-19 on Mental Health and Substance Use Disorders Treatment

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Preface to the Pandemic

To date, in mid-2022, the United States has lost more than a million people to the COVID-19 pandemic.

We have been real-time witnesses to heroic front-line responses to the disease, death, inequity, and economic strife unleashed by the virus, but we have also been real-time witnesses to the consequences not only of poor preparedness to contend with newly emerging health threats, but especially to the consequences of structural failures of our health system.

The nation's health system is poised at a critical junction point, with the opportunity to emerge stronger not merely in resistance to a novel infectious disease threat, but as a secure and sustained steward of the human condition over time.

National Academy of Medicine 2022. Emerging Stronger from COVID-19: Priorities for Health System Transformation. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26657>.

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THE PANDEMIC'S IMPACT ON AMERICAN JUSTICE


The coronavirus disease 2019 (COVID-19) pandemic has further exposed and exacerbated inequities in our justice system, as courts and legal service providers have been forced to curtail in-person operations, often without the resources or technology to offer remote-access or other safe alternatives.

These access limitations have compounded the effects of other harms wrought by the pandemic. These problems have touched the lives of many persons in this country, particularly low-income people and people of color.


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**ADDICTION
POLICY FORUM**



Research Summary

COVID-19 Pandemic Impact on Patients, Families and Individuals in Recovery from Substance Use Disorders

Jessica Hulsey
Addiction Policy Forum

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Survey

COVID-19 Pandemic Impact on Patients, Families and Individuals in Recovery from Substance Use

To better understand the impact of COVID-19 on individuals with substance use disorders (SUDs), the Addiction Policy Forum with funding support from NIDA administered a survey to our network of patients, families and survivors between April 27 and May 8, 2020.

1,079
Complete Surveys

533
Incomplete Surveys

46/50
States


The survey population comprises individuals who meet the following criteria:

- Individuals with an active substance use disorder (SUD), in recovery from a SUD, receiving treatment for a SUD or a family member impacted by addiction.
- Over the age of 18

COVID-19-related treatment service disruptions among people with single- and polysubstance use concerns, *Mellis, Potenza, Hulsey – October 2020*

Journal of Substance Abuse Treatment

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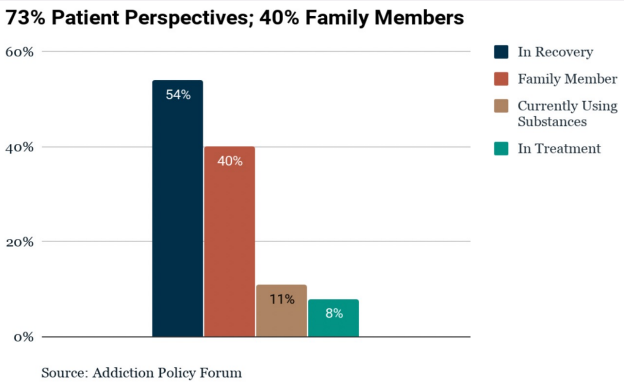
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Results

Respondents from a Broad Cross-Section of SUD Impact

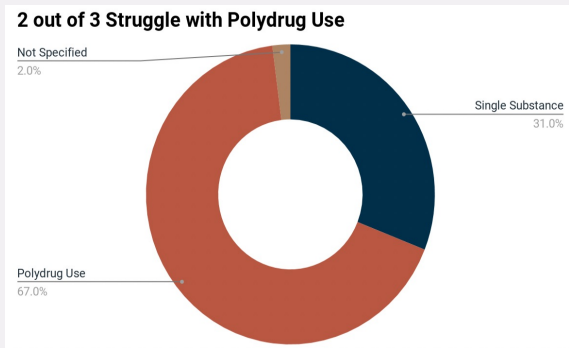


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Addiction Policy Forum | Dr. William D. Norton, Pharm.D., D.Ph., CMAC

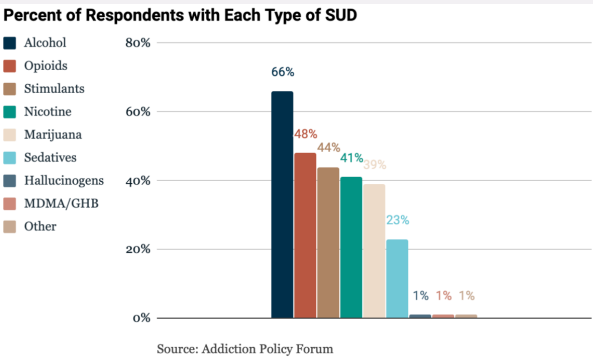
N=1,079

Results

Types of SUD



Sixty-seven percent of respondents reported polydrug use, meaning more than one substance of issue was reported, while 31% reported a single drug of concern.



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N=1,079

Results

Reduced Access to Treatment and Recovery Services During the Pandemic

1 in 3 respondents report changes or disruption in treatment or recovery support services

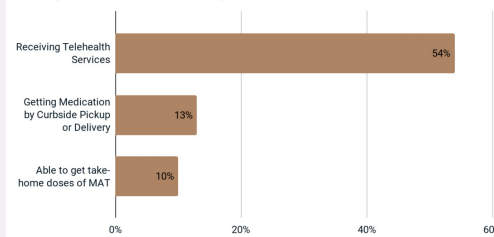
Categories of Service Disruption

Unable to Get Needed Services	41%
Unable to Access Support Groups	21%
Unable to Access Naloxone	8%
Unable to Access Syringe Services	7%

How Treatment is Changing

Among patients and families reporting changes in their service delivery, many report accessing modified access points.

Changes in Service Delivery



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N=1,079

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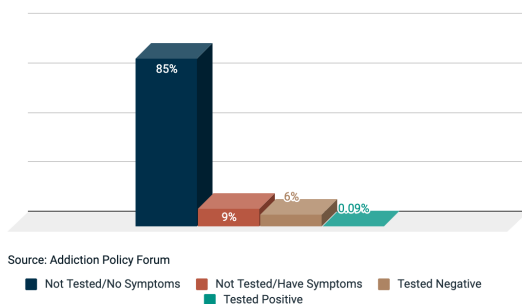
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Results

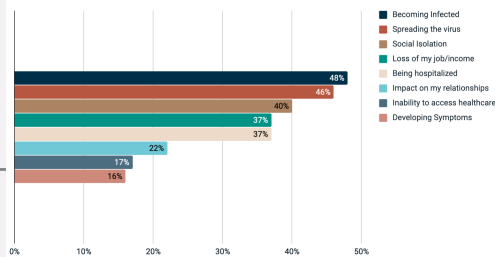
COVID-19 Effects and Concerns

Overall, 74% of respondents say they had noticed changes in their emotions since the pandemic began. The percentage of those who reported emotional changes was higher among those who have had changes in treatment access. Among those who reported changes in treatment access, 87% report emotional changes.

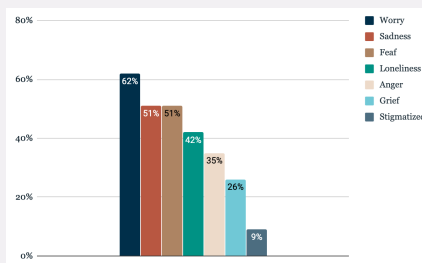
COVID-19 Testing and Symptoms



Concerns About COVID-19 Pandemic



Percent of Responses Endorsing Emotional Changes



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N=1,079

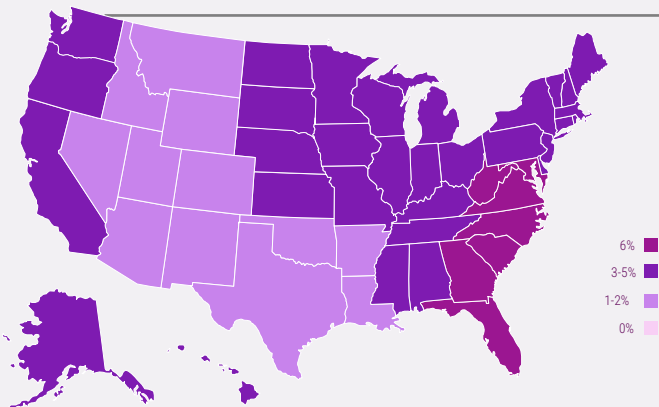
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Results

Substance Use Behaviors & Overdoses

Percentage of Respondents Reporting Overdose by US Census Region



Twenty-four percent of responses indicate that their/their family member's substance use has *changed* because of COVID-19. Of these, 83% say that that change was counter therapeutic, and substance use increased.

Nationwide three percent of respondents report a non-fatal overdose and 1% report a fatal overdose has occurred since the pandemic began. The South Atlantic region reported the greatest number and percent of overdoses.

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Info

Demographics

Demographics		
Race	White	88%
	Black or African America	4.4%
	American Indian/Alaskan Native	1.7%
	Asian	1.2%
	Native Hawaiian or other Pacific Islander	.2%
	Other	5%
Ethnicity	Non-Hispanic	88%
Gender	Female	66%
Age	18-25	4.3%
	26-40	33%
	41-60	45%
	61 or older	17%
Education	Less than high school	1.1%
	High school graduate (includes equivalency)	12%
	Some college, no degree	24%
	Associate's Degree	11%
	Bachelor's Degree	27%
	Graduate of professional degree	25%

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Survey

Key Takeaways

- ✓ One in three respondents (34%) report changes in treatment or recovery support services due to the COVID-19 pandemic.
- ✓ 87% of those who report access disruptions also report emotional changes since the pandemic began, compared to 72% of those who do not report access disruptions.
- ✓ 3% reported a non-fatal overdose and 1% reported a fatal overdose since the pandemic began.
- ✓ 48% of patients and families reported fear of becoming infected with COVID-19 as a top concern, followed by spreading the virus (46%) and social isolation (40%).



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Questions

The Need for More Research

What are the effects of sudden changes in treatment, including virtual options, curbside pickup, and an overall reduction in in-person services?

What are the impacts of COVID-19 on overdoses, at a regional and national level?

Do rates of overdoses, or overdose fatalities, change as drug and treatment supply chains shift?

How do the colliding epidemics of COVID-19 and substance use disorder interact?

When people with SUD do have COVID-19 symptoms, are they likely to pursue or receive testing and treatment? Is the clinical care they receive impacted by the stigma associated with their SUD?

What are the effects of isolation and overall stress on long-term recovery?

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n=1,079

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Grim Statistics From NIH

One recent analysis of nationwide surveillance data, collected by the federal Overdose Detection Mapping and Application Program, found that suspected drug overdoses rose by 18 percent in March, 29 percent in April, and 42 percent in May compared to the same months in 2019 . Another analysis of state and local mortality data showed that drug-related deaths have increased about 13 percent so far this year, compared to last year.

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What's Happening in the Communities

One of the first things that we've heard from the communities and the families afflicted by addiction is that the support systems that were there to help people achieve recovery are no longer present.

At the same time, it's been much harder to get access to some of the treatment programs, including hospital emergency departments that can initiate treatment.

It's also been more difficult to access syringe exchange programs and programs, like Narcotics Anonymous, that provide people with a mentor and a social support system that's fundamental for recovery.

Part of recovery is also for individuals to work at rebuilding their lives, and that too has become much more challenging due to the threat of COVID-19.

All of these aspects are translating into much more stress. And stress, as we know, is one of the factors that leads people to relapse.

Stress is also a factor that leads many to increase the consumption of drugs.

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Smoking and Vaping Increase Risks

Much is still unknown, but it can be expected that persons who smoke, vape, or use certain drugs will be at increased risk for infection and its more severe consequences, and that strained health care systems and social distancing will present unique challenges to those with SUD.

With the factor of stigma, smoking, vaping, and the use of opioids make this population one of the highest at risk for contracting COVID 19 and the least group likely to recovery from either COVID 19 and or SUDs.

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COVID 19 and Isolation

Isolation is difficult for anyone. We depend on others for our wellbeing. The harder our situation, the more vulnerable we are if we don't have those support systems.

One of the major concerns that we've had all along is not just the enormous risk of relapse in many people, but also the risk of suicide—which is always much higher in individuals that are addicted to drugs, particularly to opioids. Indeed, there's been an increase in the number of suicides associated with the COVID-19 pandemic, including among people that are addicted.

One of the elements we are using to try to overcome that is virtual interactions, like we are having right now.

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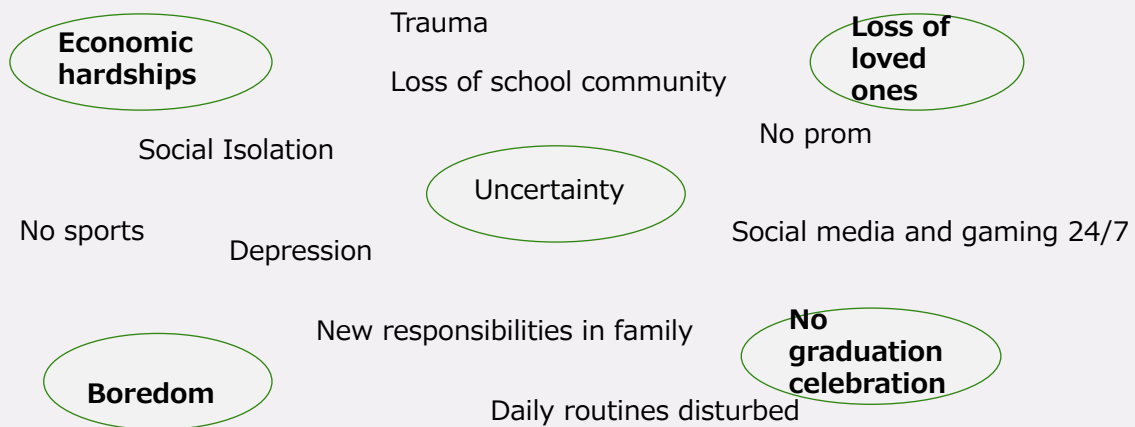
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Adolescents and COVID-19

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A Time Like No Other: COVID 19 Pandemic

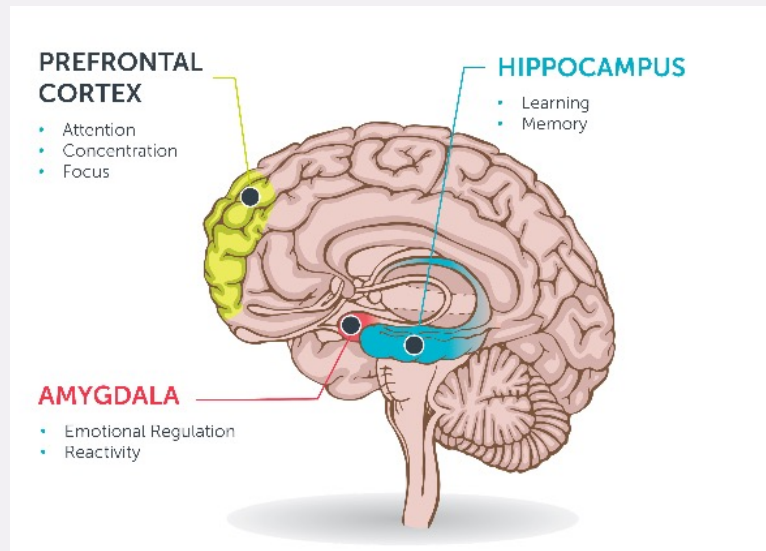
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Adolescent Brain Development

- Period of growth
- Brain centers still maturing
- Imbalance: Emotional brain in the driver's seat



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Increase in Mental Health Issues

Under "regular" circumstances

- 13-20% of children under 18 experience a mental health disorder in a given year
- Only about 50% of these children with mental health disorders receive specialized mental health care

Prediction: Impact of COVID-19

- Increase of disorders to 25-30% of all young people

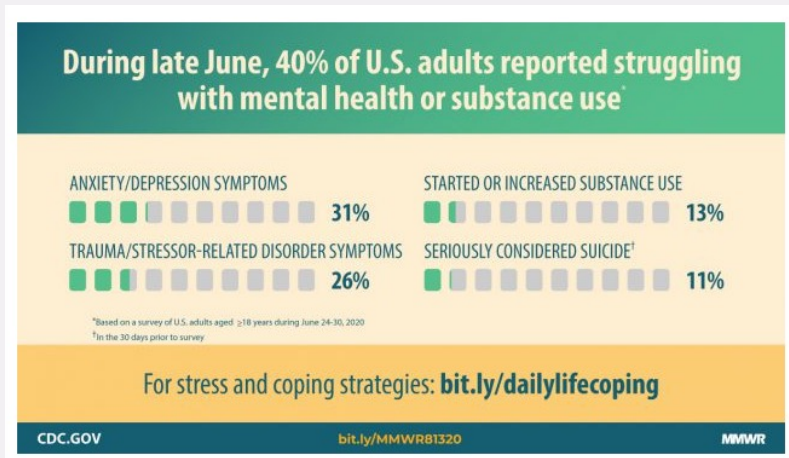
Gil Noam, PEAR Institute, Associate Professor of Psychiatry, Harvard Medical School
 Webinar: Mental Health and Youth Development: Priorities for the Summer and Beyond

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CDC data June 2020



Higher rates for young adults, racial/ethnic minorities, essential workers and unpaid adult caregivers

3 – 4 times higher than comparable data from 2019

[Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm8132a1.htm)

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Recent Studies: Children and Adolescents

Impact of COVID-19:

- Increased stress
- Increase in anxiety
- Increase in depression
- Smart phone addiction

CDC

- Increase in mental health related ED visits



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Harris Poll (4-H Study)

THE STATE OF TEEN MENTAL HEALTH

Teens in America are facing unprecedented stress today, amplified by COVID-19

Many believe COVID-19 will have lasting long-term impacts on their generation, their families, and society overall

67%

"Sometimes the pressure I feel at school, home, etc. feels like too much to handle."

43% also say, "the way things are going, I don't know how I'm going to cope with the stress if it continues at this pace."

64%

"The experience of COVID-19 will have a lasting impact on my generation's mental health."

71% also feel misunderstood by other generations, saying, "most older people do not understand the struggles of young people today."

65%

COVID-19 has negatively impacted the mental health of society overall.

65% also say, "the current pandemic has increased stress on my family."

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PowerPoint Presentation (27.org)

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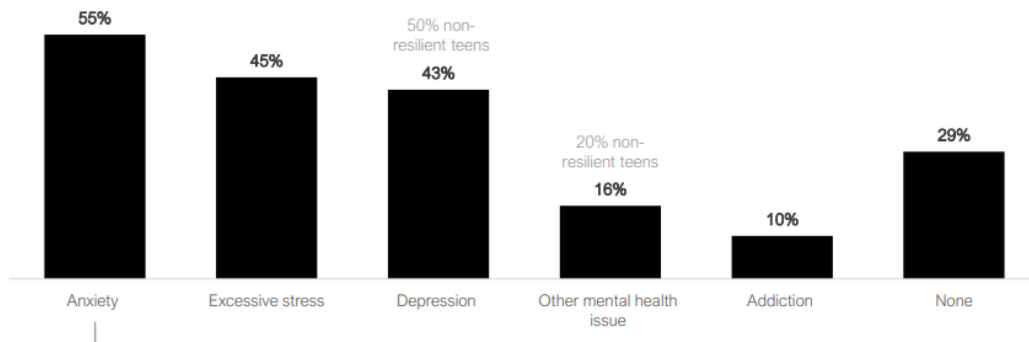
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THE STATE OF TEEN MENTAL HEALTH

In this stressful climate, 7 in 10 teens have experienced struggles with mental health

Non-resilient teens are especially likely to battle depression and other mental health issues

Have you ever experienced any of the following?



Half of teens say they feel anxious or depressed "more frequently than their peers" (48%)

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Experiencing Loss - Stages of grief

"At first, it was this cool thing. We aren't going to school. I remember the first few days I was still seeing people. I'm not going to get the virus from these people. It was such a far-off thing in my community."
~Age 17, Sonoma County

"When it first started, when I heard we were not going back, it was pure shock. We were not able to see friends and go certain places and travel. It ruined my summer. With anger comes sadness."
~Age 16, Sonoma County

"I was angry that sports and my whole life stopped with the pandemic... It's our junior year in high school and that's one of the most important, especially for sports. We haven't been able to go to tournaments. College coaches are not traveling."
~Age 16, Sonoma County

"But once this started to happen, I kind of accepted that it's kind of just another year of school and it's going to be different and more difficult in some ways and easier in others."
~Age 15, San Francisco County

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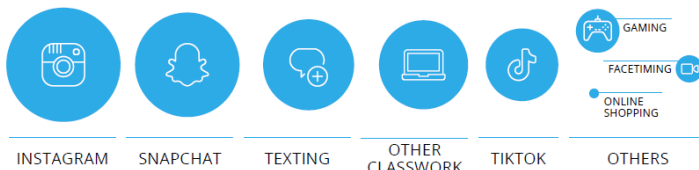
Social media and gaming main way to meet social needs

"TikTok is a good pass time, but it definitely doesn't make quarantining better, I'd rather be with my friends."
~Age 17, Alameda County

"TikTok is the one I spend the most time on because it has stuff I actually want to watch. If I don't have anything to do, TikTok's the obvious place to go."
~Age 14, San Mateo County

Teen Multitasking During Online Learning

All respondents said they used other apps and devices while in class. Here's what they did.



SOURCE: Child Mind Institute/Medical News Boston City Hall, Boston, MA

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Evolving Science of Learning and Development (SOLD)

Brain Development



Cortisol and **oxytocin** are hormones that the body produces in response to context – cortisol in response to stress, oxytocin in response to love and trust.

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Pamela Cantor et al. 2018

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How Adolescents Used Drugs During the COVID-19 Pandemic

“The COVID-19 pandemic has produced sustained disruptions to several domains of adolescents’ lives, including alcohol and drug use,” said first author William Pelham III, PhD, a postdoctoral scholar in the Center for Human Development at UC San Diego. “Thus, surveillance of adolescent substance use is an important public health priority.”

Compared to pre-pandemic behavior, use of alcohol declined, but use of nicotine or misuse of prescription drugs increased, perhaps, suggested researchers, because the latter are easier to hide when families were locked down together.

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How Adolescents Used Drugs During the COVID-19 Pandemic


In families that experienced loss of income or material hardship during the pandemic, substance use among youth was higher. Heightened stress, depression and anxiety were all robustly associated with youth substance abuse.

“Continued surveillance of adolescents’ alcohol and drug use as many adolescents return to their pre-pandemic routines will comprise an important public health priority and goal of the ABCD Study.”

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Adults, Mental Health, Substance Use Disorders, Suicide and COVID 19

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Substance Use During the Pandemic

- According to the [Centers for Disease Control and Prevention](#), as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19.
- Overdoses have also spiked since the onset of the pandemic. A reporting system called [ODMAP](#) shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019.
- The trend has continued throughout 2020, according to the [American Medical Association](#), which reported in December that more than 40 U.S. states have seen increases in opioid-related mortality along with ongoing concerns for those with substance use disorders.
- "People are more stressed and isolated, so they make unhealthy decisions, including drinking more and taking drugs."

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A Mental Health Pandemic

During the pandemic, about 4 in 10 adults in the US have reported [symptoms of anxiety](#) or depression, compared to one in 10 adults who reported between January and June 2019.²

"Experiences such as depression, anxiety, and suicidal thoughts have been more prevalent during the COVID-19 pandemic, particularly for youth and young adults, caregivers, frontline workers, and Black, Indigenous, and People of Color (BIPOC) populations,"

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The Impact of COVID-19 on Suicide Death Rates

New data from the CDC shows that the overall suicide rate in the United States declined during the COVID-19 pandemic.

However, suicide deaths for young adult males and People of Color increased.

Experts say customized suicide prevention efforts are needed to help the highest-risk demographic groups.

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The Impact of COVID-19 on Suicide Death Rates

New data from the Centers for Disease Control and Prevention (CDC) shows that suicide deaths between 2019 and 2020 decreased by 3% overall (by 2% in males and by 8% in females).

However, suicide deaths for males in three age groups (10–14 years, 15–24 years, and 25–34 years) increased.

And while suicide deaths decreased amongst white and Asian males, deaths increased for Black, American Indian and Alaskan Native, and Hispanic males.

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Taking Action: Treatment Courts and COVID-19

Transitioning to teleservices.

Treatment court teams and providers around the country used phone, email, text, and virtual platforms to conduct remote treatment, case management, court sessions, clinical assessments staff meetings, staff trainings, graduation, medication counts, and supervision. Numerous courts said that communication between participants, staff, and peers not only continued during the COVID-19 pandemic but often occurred more frequently than before, leading to more meaningful conversations.

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Taking Action: Treatment Courts and COVID-19

Expanding access to technology.

Communication with treatment court participants was a challenge in some areas due to a lack of technology or wireless internet access.

Enhancing recovery supports virtually.

In addition to remote individual therapy, group therapy, and peer-to-peer sessions, several of the courts surveyed referred treatment court participants to online community support groups and recovery apps during stay-at-home orders. Participants reported being pleased with the ability to engage in meetings online, particularly those participants with social anxiety or hypervigilance.

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Taking Action: Treatment Courts and COVID-19

Adjusting drug testing.

Because of stay-at-home orders, courts in the surveyed jurisdictions paused almost all drug testing. A few programs developed policies and procedures for oral swab drug and alcohol strip testing. Court staff mailed or dropped the tests off curbside to participants and witnessed the tests via video. In some instances, staff also witnessed the tests at a safe distance outside participants' homes.

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Taking Action: Treatment Courts and COVID-19

Reimagining incentives and sanctions.

Treatment court teams reimagined incentives and sanctions to comply with social distancing and stay-at-home orders. Programs incentivized participants with gift cards, certificates of participation in remote recovery support groups, notes of encouragement from the judge, recorded motivational videos, and written IOUs for incentives that could not be delivered remotely.

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Taking Action: Treatment Courts and COVID-19

The forced crash-course on the use of technology provided programs the opportunity to experiment with teleservices methods that had been met with resistance or lack of interest prior to the pandemic.

Going forward, many programs plan to capitalize on this momentum and continue to incorporate successful remote practices.

Specifically, treatment court teams see the benefit of allowing remote court appearances for participants with health or transportation barriers, in the case of public health or weather emergencies, and as an incentive for those in later phases of their programs.

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Taking Action: Treatment Courts and COVID-19

Additionally, programs that have expanded recovery support and telehealth options plan to continue providing these options for gender-based groups, art therapy, culturally appropriate treatment, medication for opioid use disorder, and other necessary treatment that may not be available in their jurisdiction.

Many treatment teams also plan to continue using technology to increase communication with participants through motivational emails, texts, and video messages in addition to their traditional in-person check-ins.

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So What Do We Do To Help Clients Be Successful During These Dual Epidemics

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Protect Your Workforce

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Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility. Keep up to date on the recommendations for preventing spread of COVID-19 on [CDC's website](#).

Ensure proper use of personal protection equipment (PPE). Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 [should wear](#) the appropriate [personal protective equipment](#) when at all possible.

Conduct an inventory of available PPE. Consider conducting an inventory of available PPE supplies. Explore strategies to [optimize PPE supplies](#). Clearly, this depends on getting additional supplies including masks and gowns.

Encourage sick employees to stay home. Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

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Protect Your Patients

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Stay up-to-date on the best ways to [manage patients with COVID-19](#).

Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.

Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated.

Consider the strategies to prevent patients who can be cared for at home from coming to your facility potentially exposing themselves or others to germs, like:

Using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.

Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.

[Leveraging telephone/video conferencing for counseling sessions](#) and self-assessment tools.

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Other Issues of Concern

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Infection mitigation

Telehealth

Drug Testing

Virtual Support Groups

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Additional Infection Mitigation Precautions To Be Taken

Screening for COVID-19

What Type of Testing

Managing A Positive Test

Assessment Precautions

Protecting and Monitoring Staff

What Type of PPE

What To Do With New Intakes

What To Do With Non-Emergency Appointments

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Managing Telehealth Visits

It is very important to maintain close contact with patients during this time of stress, anxiety, and social isolation.

Telehealth, including both telephone based and audio-visual based check-ins and visits, are an important way of staying connected with and managing patients.

Federal regulations have been relaxed during the COVID-19 pandemic to facilitate the use of telehealth, including allowing providers to use non-HIPAA compliant technologies such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. These changes should make it easier to rapidly transition to telehealth.

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Drug Testing

Drug testing / UAs:

- Complicated issue but simple if following the Fed/CDC directive on social distancing
- Testing for medical reasons (MAT induction) or therapeutic (monitoring)?
- What else is available to observe client progress? • Is it worth the risk to clients and staff?
- Will we still be testing 2 weeks from now?

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Recommendations for Virtual Meetings

Infection control is a shared responsibility among support group leaders/planners and participants who should work collaboratively to decrease the transmission of COVID-19 per public health recommendations and orders. Under conditions of active community spread of COVID-19, physical distancing and wearing of cloth masks are the most effective public health strategies for reducing transmission of the virus.

During community spread of COVID-19, decreasing the rate of new cases is critical to controlling the pandemic and supporting the integrity of the health care infrastructure. Physical distancing requires us to minimize our contact with others to the greatest extent possible. This means working remotely when possible, school and restaurant restrictions, and limits on gatherings and events.

When physical distancing recommendations are in effect, it is prudent to cancel most non-essential events and gatherings, including support group meetings. However, in some circumstances, such as residential or intensive treatment settings, a risk-benefit analysis may favor continuing limited, smaller group meetings. The availability and practicality of implementing proper precautions may influence decisions about canceling or continuing such meetings.

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Virtual Recovery Programs

Alcoholics Anonymous: Offers online support <http://aa-intergroup.org/>

Cocaine Anonymous: Offers online support and services <https://www.ca-online.org/>

LifeRing: LifeRing Secular Recovery offers online support <https://www.lifering.org/online-meetings>

In The Rooms - Online Recovery Meetings: Provides online support through live meetings and discussion groups <https://www.intherooms.com/home/>

Marijuana Anonymous: Offers virtual support <https://ma-online.org/>

Narcotics Anonymous: Offers a variety of online and skype meeting options <https://www.na.org/meetingsearch/>

Reddit Recovery: Offers a virtual hang out and support during recovery https://www.reddit.com/r/REDDITORSI_NRECOVERY/

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Virtual Recovery Programs

Refuge Recovery: Provides online and virtual support <http://bit.ly/refuge-recovery1>

Self-Management and Recovery Training (SMART) Recovery: Offers global community of mutual-support groups, forums including a chat room and message board <https://www.smartrecovery.org/community/>

SoberCity: Offers an online support and recovery community <https://www.soberocity.com/>

Sobergrid: Offers an online platform to help anyone get sober and stay sober <https://www.sobergrid.com/>

Soberistas: Provides a women-only international online recovery community <https://soberistas.com/>

Sober Recovery: Provides an online forum for those in recovery and their friends and family <https://www.soberrecovery.com/forums/>

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Think About A Group Discussion

What have your programs been doing to support participants in this difficult time?

What have your programs been doing to support staff in this difficult time?

How have your programs been maintaining supervision and treatment while courts are closed/on a reduced schedule?

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Returning To Normal Operations: Referral and Intake

If the program created a waitlist, they should begin reviewing participants in the order they were received. Participants who are incarcerated should be reviewed and staffed as soon as possible.

- The program should continue to encourage electronic or phone referrals to avoid unnecessary contacts and passing papers.
- Where possible, interactions should continue virtually. If attorney meetings or clinical screenings must occur in person, all parties should wear masks, utilize hand sanitizer, maintain appropriate distancing, and minimize passing materials back and forth. Consider using partitions when available or meeting outdoors in the case of individuals who are not incarcerated.
- In addition to completing required paperwork, participants should complete a health and symptom screening form

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Returning to Normal Operations: Staffing and Team Meetings

The team may continue meeting virtually throughout the pandemic. Alternatively, some team members may prefer to meet in person with other team members joining virtually. The team should discuss a schedule so the number in attendance is known in advance.

- Meetings should be held in the largest available space that still affords privacy.
- Team members who have been exposed to the illness or have recently experienced symptoms should not attend in person and should inform the team immediately.
- When meeting in person, masks should be worn and hand sanitizer made available. There should be at least six feet of space between team members. If six feet is not possible, team members should spread out with at least one chair between them.
- Staffing notes should be emailed at least 24 hours prior to the meeting so that papers are not being passed around.
- Team members should avoid eating and drinking during meetings.
- A team member should be assigned to disinfect surfaces before and after each meeting.

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Returning to Normal Operations: Accountability Court Hearings

Consider returning to in-person status hearings slowly. Some team members may attend virtually to reduce contact. Participants in later phases may also continue to meet virtually. Higher risk/need participants and those in early phases should return to in-person hearings first.

- If space is limited, consider bringing participants into the room in smaller groups.
- Family members and guests should be encouraged to view a livestream or join virtually.
- Conduct status hearings in the largest available space to allow for maximum distance between attendees. Follow any applicable courthouse rules regarding the maximum number of people allowed in a courtroom at a time.

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Returning to Normal Operations: Accountability Court Hearings

The team should conduct temperature checks and symptom screenings of all status hearing attendees. If the courthouse is already performing these functions, the team should coordinate closely to ensure all attendees are screened.

- All attendees should wear masks for the duration of the hearing. Attendees should use hand sanitizer prior to entering the courtroom.
- Avoid passing around paper or other materials
- A team member should be assigned to disinfect meeting spaces before and after status hearings. Participants can take turns or be assigned to assist with this.

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Returning to Normal Operations: Treatment

- The treatment team should continue with virtual meetings until it is safe to return to in-person treatment. New participants or participants with higher risk/needs may be prioritized to report in person sooner.

- Group size may be adjusted, but treatment hours should remain consistent and follow ASAM level of care.

- When holding in-person groups, utilize the largest possible space to allow attendees to spread out. Outdoor treatment should only be considered when the team is certain privacy will be maintained.

- All group attendees should wear masks for the duration of the session. Temperatures should be taken upon entry and participants should complete a symptom screener. All attendees should use hand sanitizer upon entry and exit, and hand sanitizer should be made available in the room.

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Returning to Normal Operations: Treatment

Consider creating PPE kits for participants to pick up on the way into the facility.

- Treatment spaces should be disinfected before and after every session. Participants can be assigned to assist with this task. Gloves should be provided.
- Do not allow food or drink during treatment sessions.

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Returning to Normal Operations: Treatment

Allow homework and assignments to be submitted electronically.

- If participants are not attending an active group session, they should be discouraged from congregating in shared spaces.
- Individual treatment can return to in-person contact when it is safe to do so. Consider prioritizing higher risk individuals.
- If individual treatment takes place in person, the provider and participant should wear masks along with other safety precautions like recording temperature, conducting symptom screeners, and using hand sanitizer. The provider should disinfect the space prior to the next participant coming in.
- Participants who are waiting to be seen should wait in their cars or outside until they are called. Participants should be discouraged from congregating in shared spaces.

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Returning to Normal Operations: Case Management

Case management may continue virtually or via phone until it is safe to return to in-person meetings. o Teams may wish to prioritize higher risk/need individuals, or newer participants returning to in-person meetings sooner.

o Teams may also consider employing a hybrid model with some participants meeting virtually and others in-person, that rotates weekly.

For in-person meetings, the case manager and participant should wear masks the entire time. Employ temperature checks and symptom screeners prior to meeting in person.

- Meetings should take place in the largest available space to allow at least six feet of distance. Hand sanitizer should be available and, where possible, paperwork should be reduced. The case manager should disinfect the meeting space between participants.

- If multiple participants will be at the facility at the same time, have them wait in the car or outside until called. Discourage congregating in waiting areas.

Continue to consider fee waivers or modified fee schedules to accommodate unemployment or lower income.

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- Continue to ask pandemic related questions about the participant and family

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Returning to Normal Operations: Drug Screens

Participants should continue to follow random screening procedures, such as calling the color line, daily.

- Courts may return to in-person screening once it is safe to do so. Consider utilizing the above screening methods to reduce close or frequent contact

The team may decide to phase back into observed urine screening. Participants should be prioritized based on risk for relapse. Virtual options may be reserved for participants in later phases.

- For in-person screening, follow recommended safety measures. All screeners and participants should wear masks and gloves.

Temperatures should be checked before entering the facility, and

Participants should complete a brief symptom screener.

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Returning to Normal Operations: Drug Screens

- Participants should wait in their cars or outside until called to screen. Discourage participants congregating in shared spaces.
- Continue to avoid in-person breathalyzers for airborne illnesses. High risk alcohol users may benefit from a remote breathalyzer option with video
- When possible, consider combining participant contacts. For example, if a participant must appear in court or show up for a case management meeting, have them complete a drug screen at that time.

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Returning to Normal Operations: Community Surveillance

The court may employ a mix of virtual and in-person visits. Consider reserving in-person visits for highest risk individuals.

- Check-ins should be conducted outdoors when possible to maintain an appropriate distance.
- Participants and officers should wear masks for the entirety of the visit.
- If the officer believes there is a need to conduct a drug screen:
 - o Both parties should wear masks and gloves.
 - o Breathalyzers should be avoided.
 - o Consider placing a sealed screening device at the participant's door. In the case of an oral swab, the officer can observe the screening procedures from a distance.
 - o If an observed urine screen is warranted, the officer should observe from the greatest possible distance.

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Returning to Normal Operations: Incentives and Sanctions

Incentives:

- o Recognition and praise
- o Prize drawings where a team member pulls from a bowl
 - ☐ If virtual, drawing should be on camera. Tangible incentives can be mailed or dropped off. Other items can be saved until it is safe to distribute them.
 - ☐ If court is in person, a team member should still conduct drawings.
- o Participant can report first during hearing and leave immediately after
- o Fee waivers or vouchers (if not already a program policy during the pandemic)

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Returning to Normal Operations: Incentives and Sanctions

- Sanctions:
 - o Incarceration should be used sparingly
 - o Community service should be avoided unless it can be completed safely
 - o House arrest and ankle monitors
 - o Daily virtual home searches
 - o Writing assignments
 - o Virtual court observation

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Returning to Normal Operations: Graduations

The team should slowly phase back to in-person graduations. For example, allow the graduates and one or two guests to attend in person. All others should attend virtually.

- Weather permitting, consider outdoor venues.
- For those attending in person, require masks and social distancing. Hand sanitizer stations should be placed around the venue.
- Refrain from passing out graduation programs or other materials.
- Refrain from serving food or drink and do not hold receptions until safe to do so.

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Returning to Normal Operations: Terminations

Once courts reopen and it is safe to attend in person, hearings should be held with some members present and others virtual, until it is safe for everyone to return in person.

- For anyone who attends the hearing in person, safety guidelines should be followed. All in attendance should wear a mask, practice social distancing, and hand sanitizer should be provided.
- Coordinate with the court to ensure attendees have their temperatures checked before entering the courtroom.

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Additional Resources

CACJ COVID-19 Resources – <https://cacj.georgia.gov/resources/covid-19-resources>

Georgia Courts COVID-19 Resources – <https://georgiacourts.gov/covid-19-preparedness/>

NADCP COVID-19 Resources – <https://www.nadcp.org/covid-19-resources/>

Centers for Disease Control Resources – <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Judicial Council's Georgia Court Reopening Guide – attached as Appendix B to this document

CACJ Pandemic Guidelines. January 27, 2021

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Thank You For Your Time

Any Questions?

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