



**WAYNE STATE**  
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# Project ECHO for the Judiciary

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Results from pre- and post-training participant surveys

May 2021





## Background

The Appalachian/Midwest Regional Judicial Opioid Initiative (RJOI) was created in 2016 and is supported by the National Center for State Courts (NCSC). The RJOI provides research, education and resources for the judiciary and court professionals on substance use disorders. In particular, RJOI efforts focus on the role the judiciary plays in supporting those with substance use disorder who are involved with the justice system through recovery, rehabilitation, and diversion programs with the goals of keeping families together, reducing recidivism, and saving lives.

The Extension for Community Healthcare Outcomes, or Project ECHO,<sup>1</sup> is a guided practice model through which participants gain knowledge from a panel of experts through a virtual platform. ECHO has been in operation since 2003 and offers programs for a variety of topics, ranging from COVID-19 prevention to miner's wellness. There are currently 920 ECHO programs in existence, with 423 global ECHO Hubs. An ECHO Hub hosts and replicates an ECHO training, while a Superhub oversees this process and provides technical assistance. RJOI identified Project ECHO as a likely pilot project for long term impact on judicial education.

Through RJOI, judges in Appalachian/Midwest states were provided the opportunity to learn through a Project ECHO platform about opioid use disorder (OUD) and medications for opioid use disorder (MOUD) such that their decisions would be informed by up-to-date science of drug addiction and recovery. The one-hour a week, six session training series included topics related to the neurobiology of OUD and MOUD, stigma and OUD patient rights, evidence-based screening and assessment for OUD, outcomes of MOUD for criminal justice populations, relapse management, the role of MOUD in long-term recovery, and special populations such as pregnant women and adolescents. Each session included a 20 minute lecture about a specific topic followed by 20 minutes of question and answer and 20 minutes of case-based scenarios brought to the session by participating judges. Project ECHO sessions with judges in Appalachian/Midwest states took place in late 2020 and early 2021.

Participating judges completed a web-based survey prior to beginning ECHO sessions, and again upon finalizing the training. Surveys assessed participant knowledge and attitudes toward OUD and MOUD before and after the training to understand how the training impacted responses. Participants were also asked about perceptions of the ECHO training. This report details the results of the pre-post-training surveys.

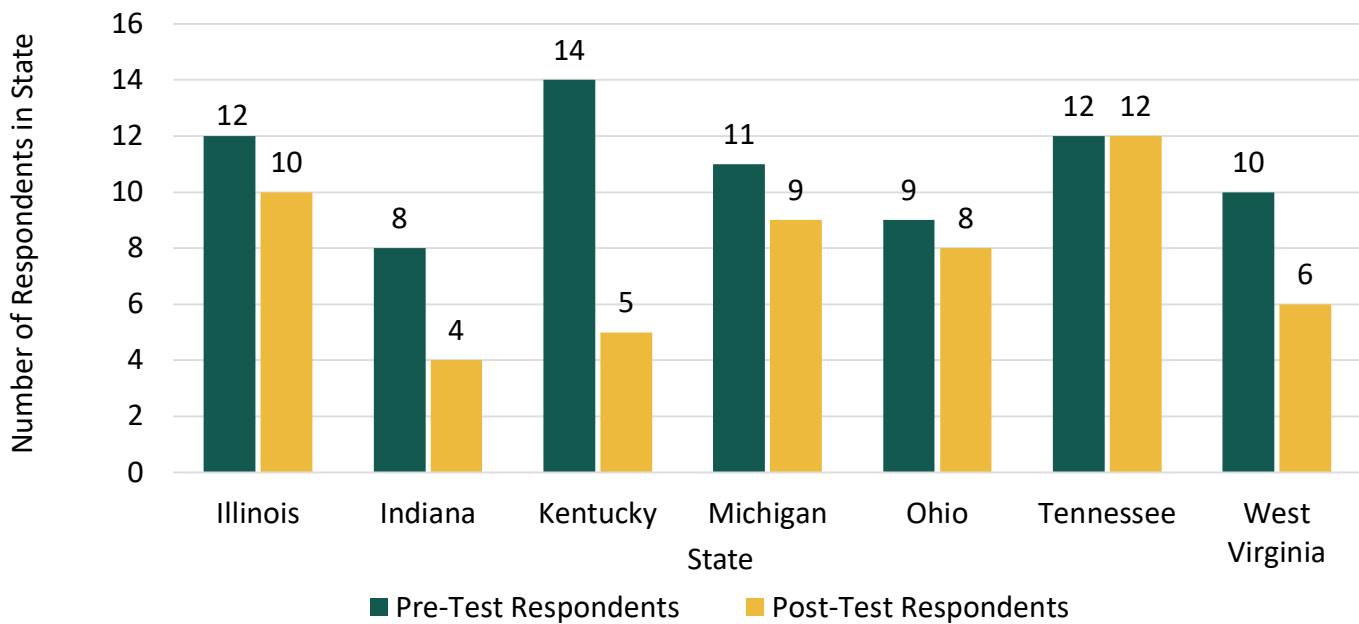
This project was supported in part by Grant No. 2017-PM-BX-K037 awarded by the Bureau of Justice Assistance (BJA). The BJA is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position of policies of the U.S. Department of Justice.

<sup>1</sup> Project ECHO (Extension for Community Healthcare Outcomes), <https://hsc.unm.edu/echo/>

## Survey Respondents

Survey respondents were participating judges from seven Appalachian/Midwest states including Illinois, Indiana, Kentucky, Michigan, Ohio, Tennessee, and West Virginia. North Carolina is an RJOI state that is participating in the Project ECHO training in Spring 2021 and participant survey responses will be added to this report at a later date. A total of 76 judges completed the pre-training survey, 54 of whom completed the post-test survey. Figure 1 shows the count of judges who responded to each survey by state.

**Figure 1: Number of Pre and Post-Test Responses by State**

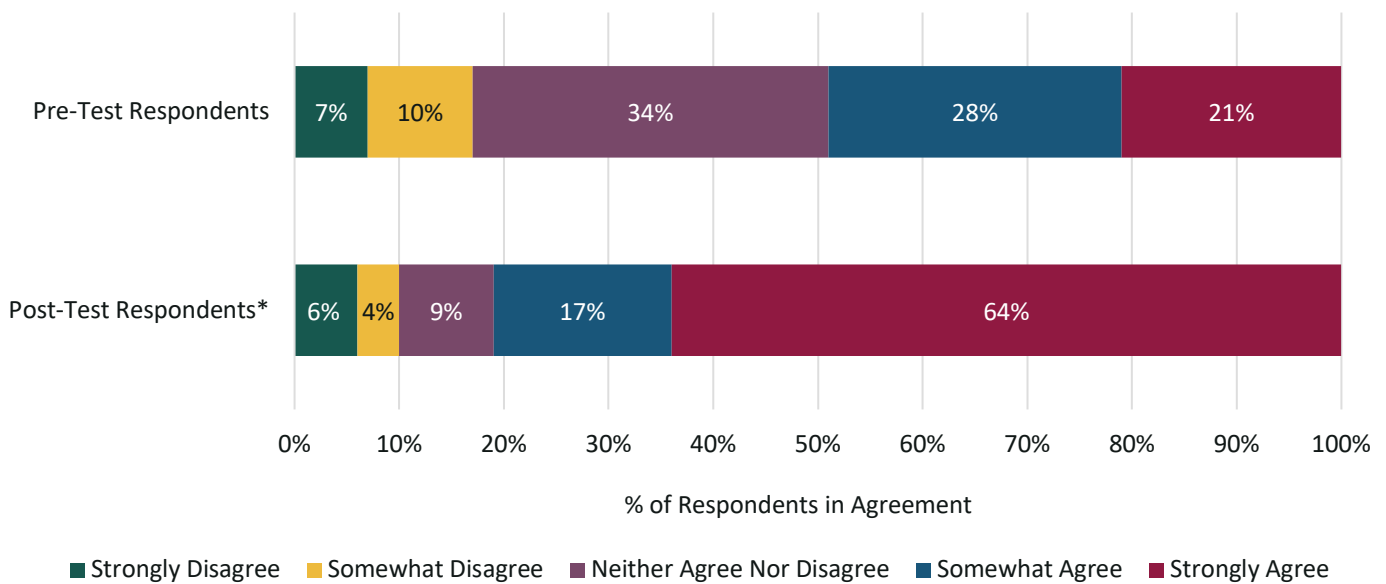


## Survey Results

To understand the overall impact of Project ECHO training for the judiciary, pre- and post-training survey results are displayed next to one another in aggregate (all respondents' answers together). Given the anonymous nature of the survey, it is not necessarily the case that all those who replied to the pre-training survey are the same respondents in the post-training survey. The title of each figure below is the question or statement to which judges responded, and each figure displays the percent of respondents that selected each answer option. Where noted, some differences in pre- and post-responses are statistically significant, meaning the training appreciably shifted knowledge and/or attitudes of participating judges.

Post-training, judges were significantly more likely to strongly agree that OUD is considered a disability under the Americans with Disabilities Act (64% post-training versus 21% pre-training). Further, the training clarified the ambiguity of this topic for many judges, as respondents were significantly less likely to select "neither agree nor disagree" in the post-training survey (9%) relative to the pre-training survey (34%).

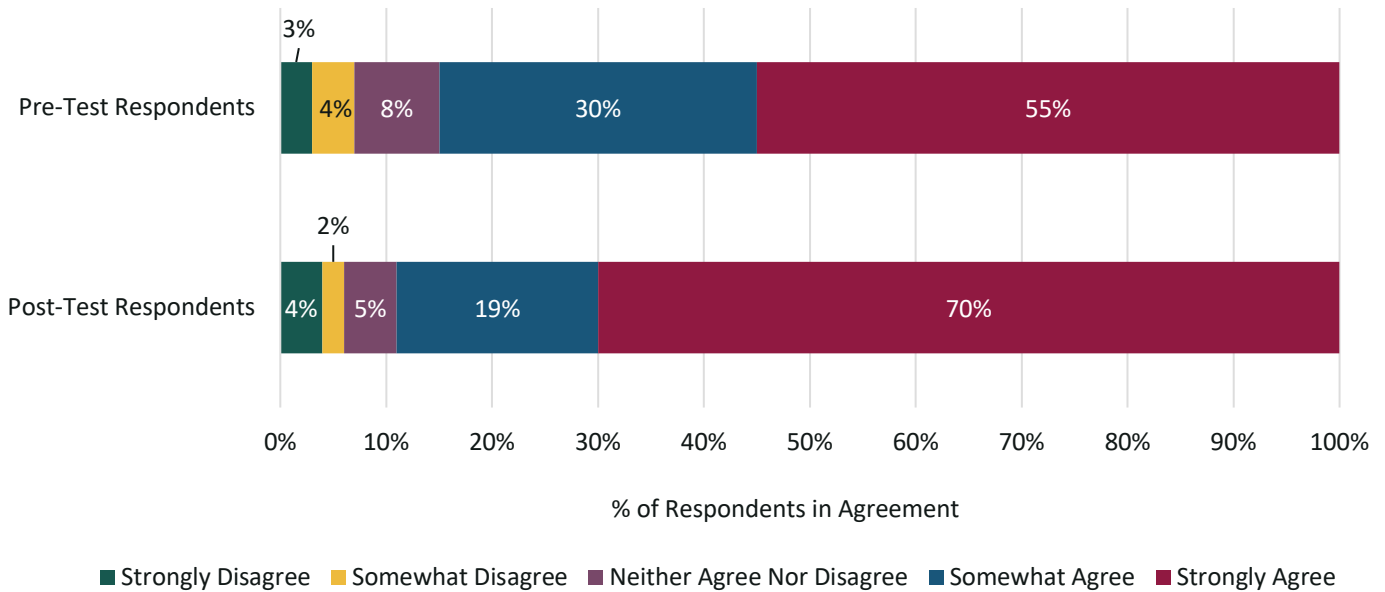
**Figure 2: OUD is Considered a Disability under the Americans with Disabilities Act**



\*Difference statistically significant

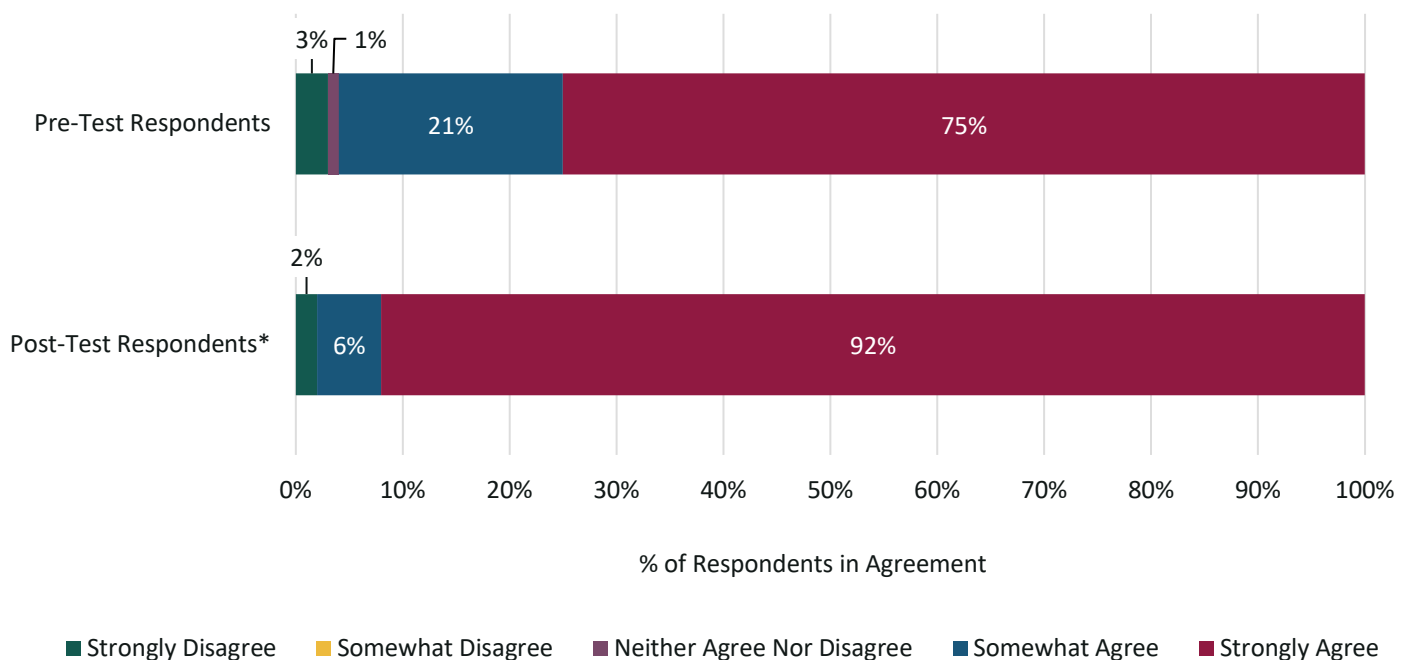
Although in the pre-training survey a majority of respondents agreed that OUD is a chronic disease (55% strongly agreed), a larger proportion strongly agreed with this statement following the training (70%, Figure 3). Most participating judges understand OUD to be a chronic disease, yet a small proportion (about 6%) unwaveringly disagree with this statement regardless of the training.

**Figure 3: OUD is Chronic Disease**



Respondents generally agreed pre-training that recovery is possible after substance use relapse (75% strongly agreed), but they were significantly more likely to strongly agree with this statement following the training (92%, Figure 4).

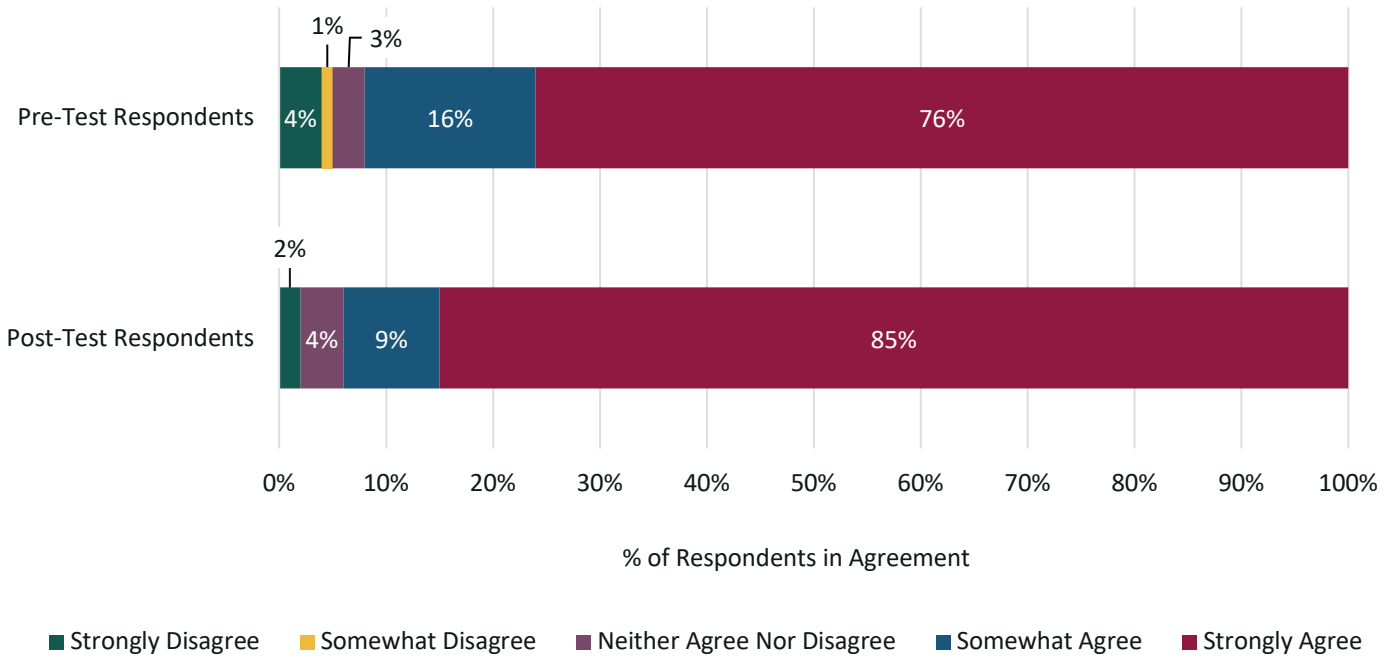
**Figure 4: Recovery is Possible after Substance Use Relapses**



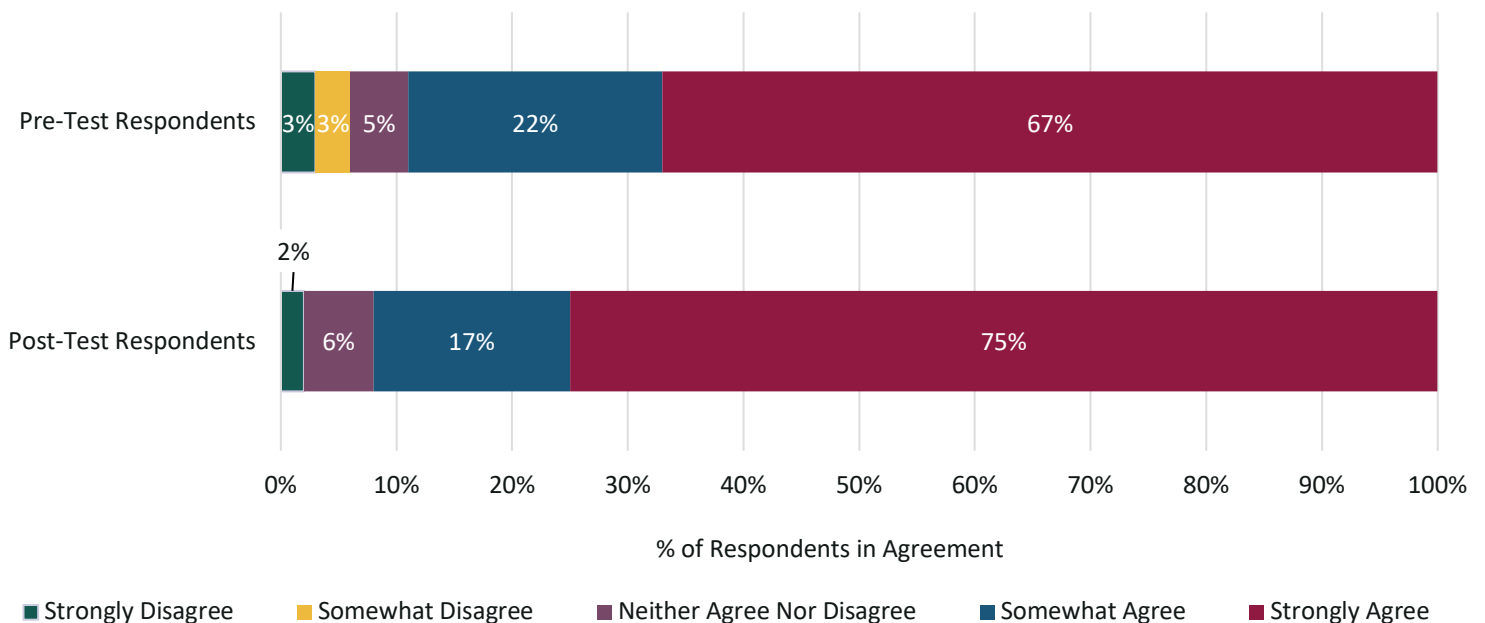


Most judges agreed before and after the Project ECHO training that addressing OUD should be a goal of the justice system, and several responses shifted to “strongly agree” following the training (Figure 5). Similarly, most felt the need to increase funding toward OUD services in the justice system both pre- and post-training (Figure 6).

**Figure 5: Addressing OUD Should be a Goal of the Justice System**



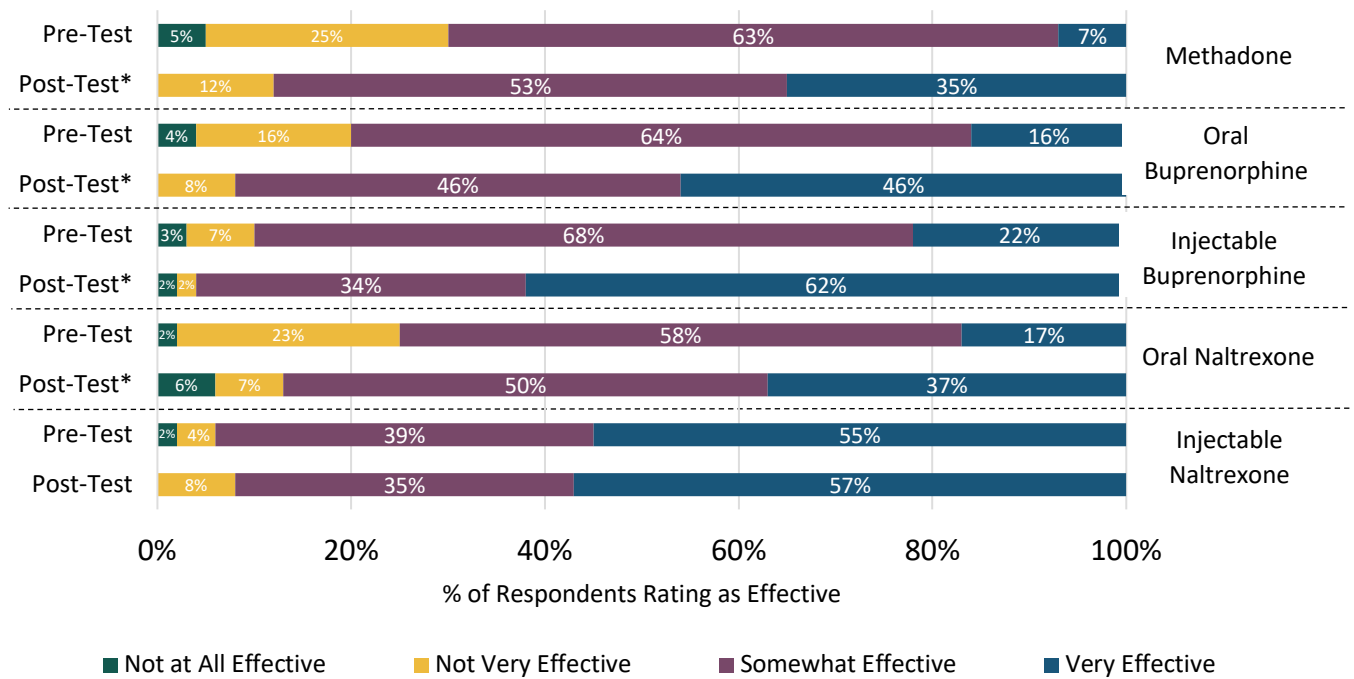
**Figure 6: Funding Should be Increased to Address OUD Services in the Justice System**





Prior to the ECHO training, participating judges were asked to rate the effectiveness of five types of MOUD: Methadone, Oral Buprenorphine, Injectable Buprenorphine, Oral Naltrexone, and Injectable Naltrexone. As shown in Figure 7, judges more highly rated the level of effectiveness of each type of MOUD following the training, which focused heavily on the science of MOUD. This difference in responses from pre- to post- test represented a statistically significant shift toward understanding that these substances are effective in treating OUD.

**Figure 7: Respondent Perceptions of MOUD Effectiveness in Treating OUD Among the Justice-Involved**

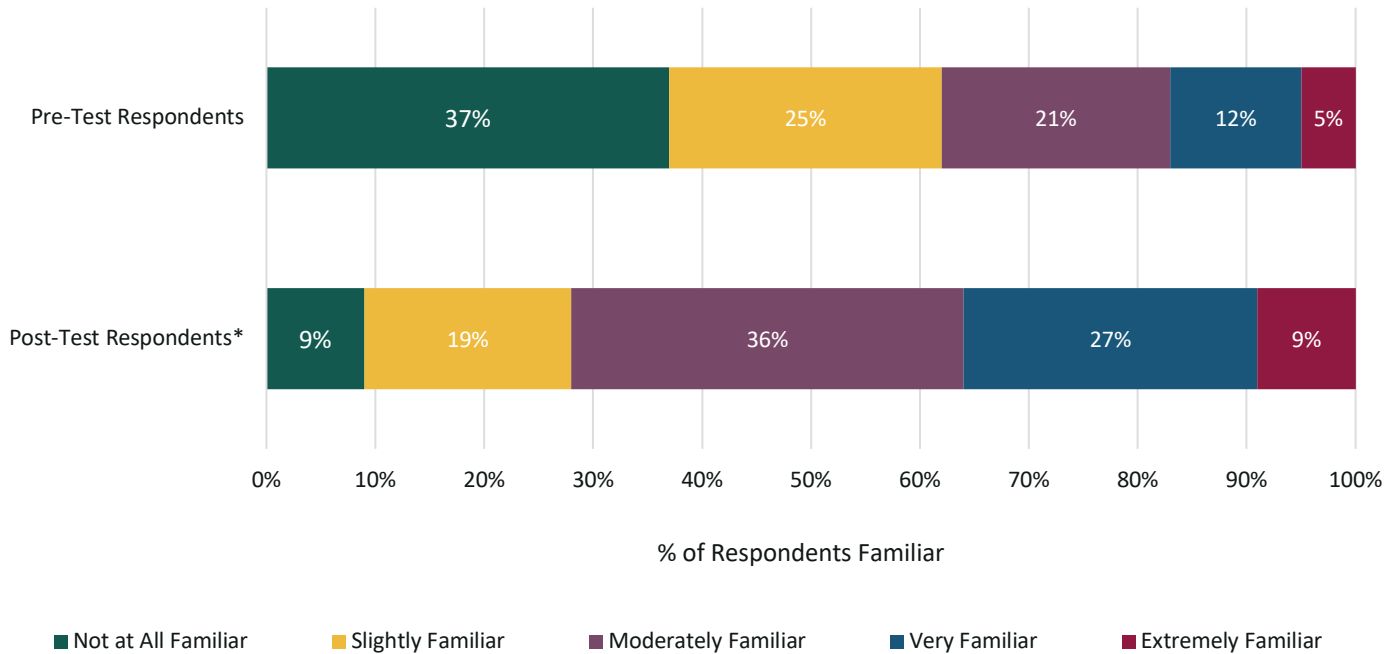


\*Difference statistically significant



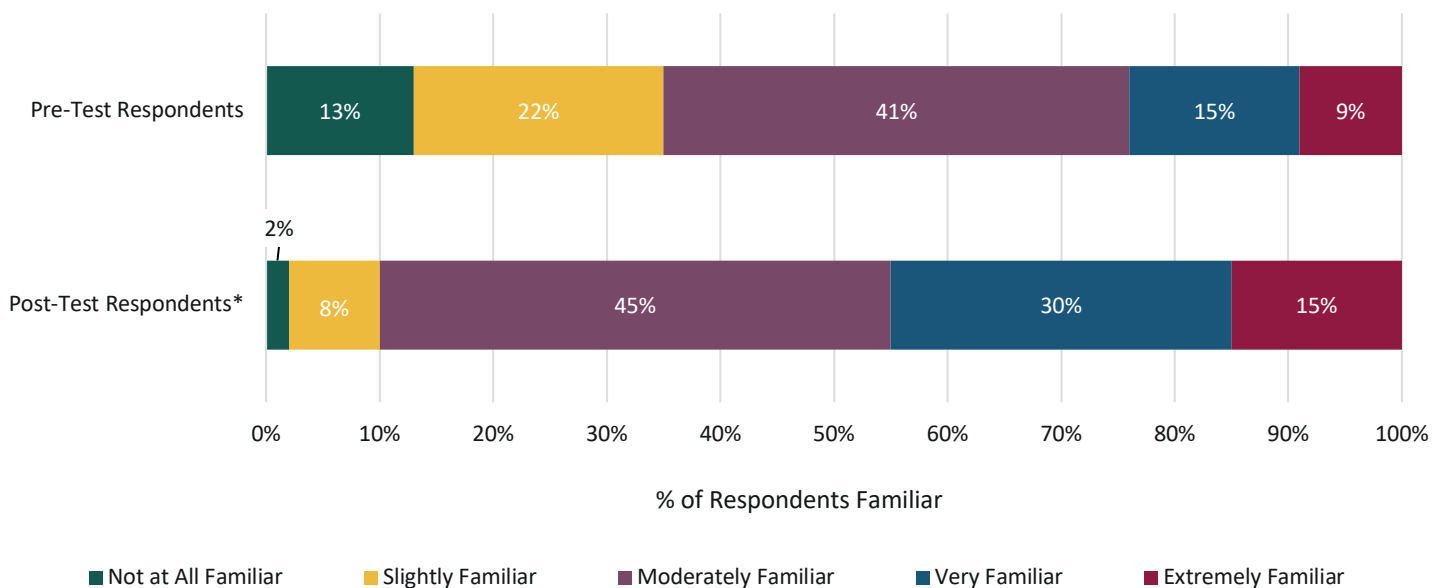
Participating judges indicated they significantly increased their familiarity with OUD screening tools for justice-involved persons: survey respondents were significantly more likely to feel “very familiar” with these tools and significantly less likely to say they were “not at all familiar” (Figure 8). Similarly, participants felt more familiar with MOUD (Figure 9), a shift that was significant.

**Figure 8: Familiarity with OUD Screening Tools**



\*Difference statistically significant

**Figure 9: Familiarity with MOUD**



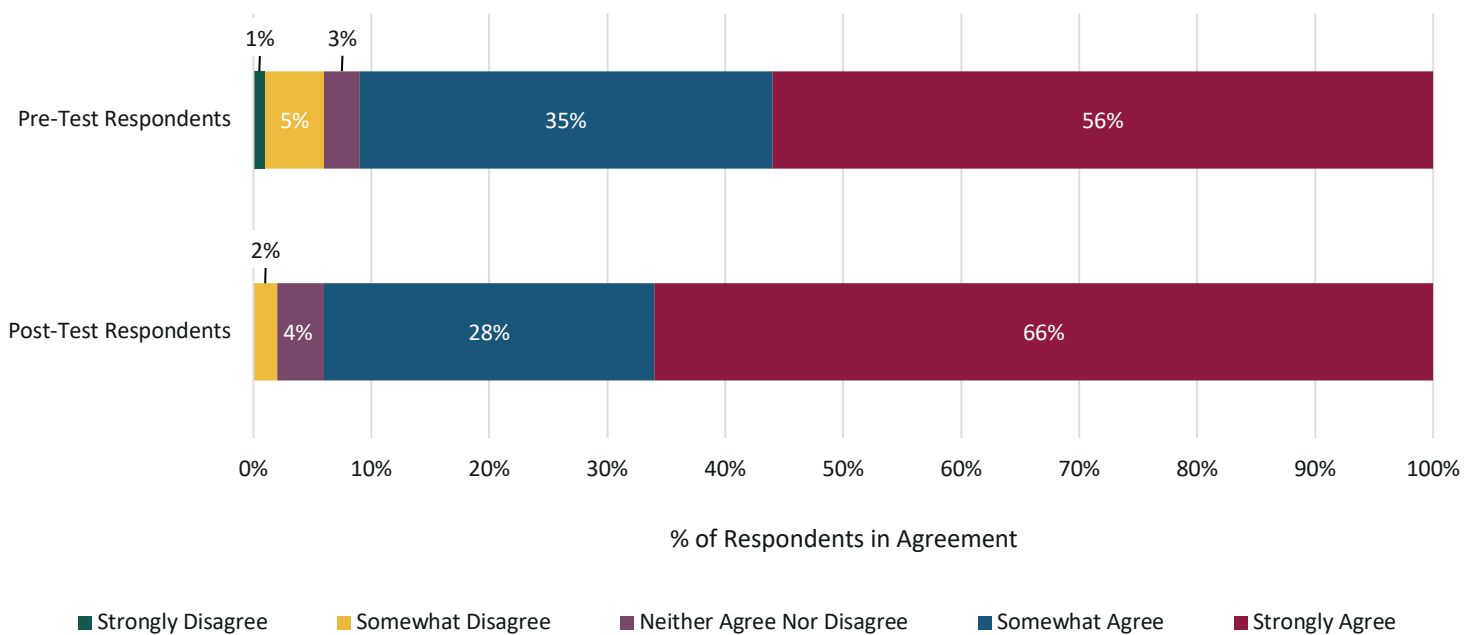
\*Difference statistically significant





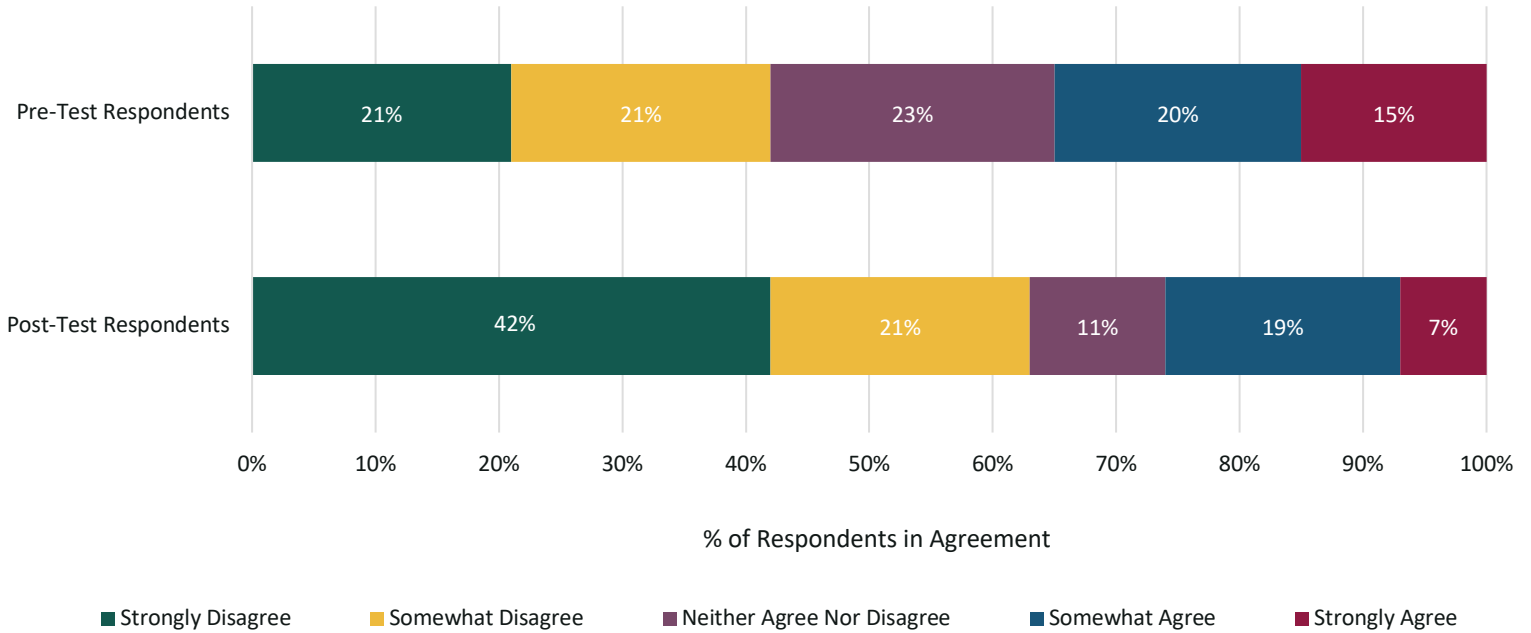
Both before and after training, most participants somewhat or strongly agreed they should rely on the advice of treatment experts to develop mandates for an individual’s MOUD treatment regimen (91% somewhat or strongly agreed prior to training, and 94% did following training, Figure 10). Although overall there was not a statistically significant change, following the training more participants disagreed that court program completion should involve the cessation of MOUD treatment (21% versus 42% strongly disagreed, Figure 11). Both before and after Project ECHO training, trainees primarily strongly agreed with the statement that judges should encourage participants of MOUD treatment programs to also take part in supportive wrap-around services (Figure 12).

**Figure 10: Judges Should Rely on Treatment Experts for Changes in, Length of Time on, & Tapering off MOUD**

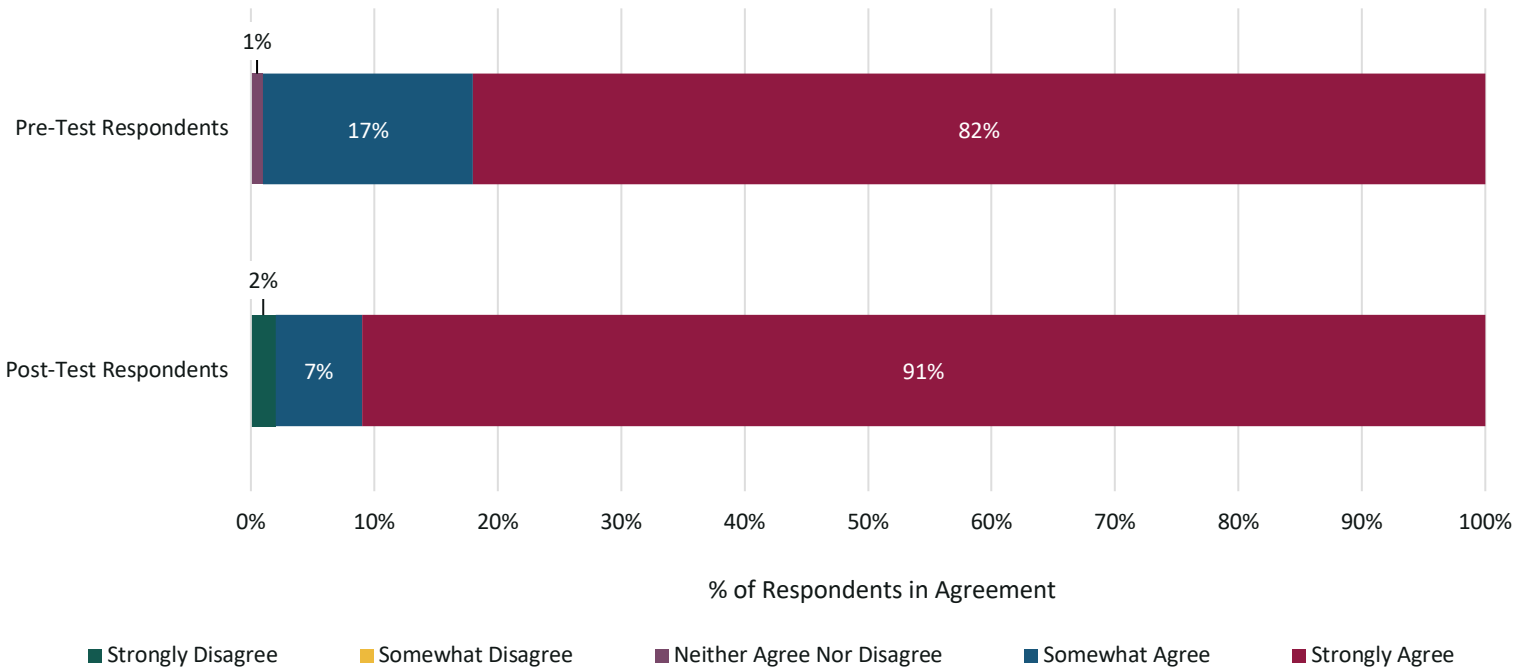




**Figure 11: Judges Should Make Court Program Completion Contingent on a Participant Stopping MOUD**



**Figure 12: Judges Should Encourage Wrap-Around Support Services as Part of an MOUD Treatment Program**

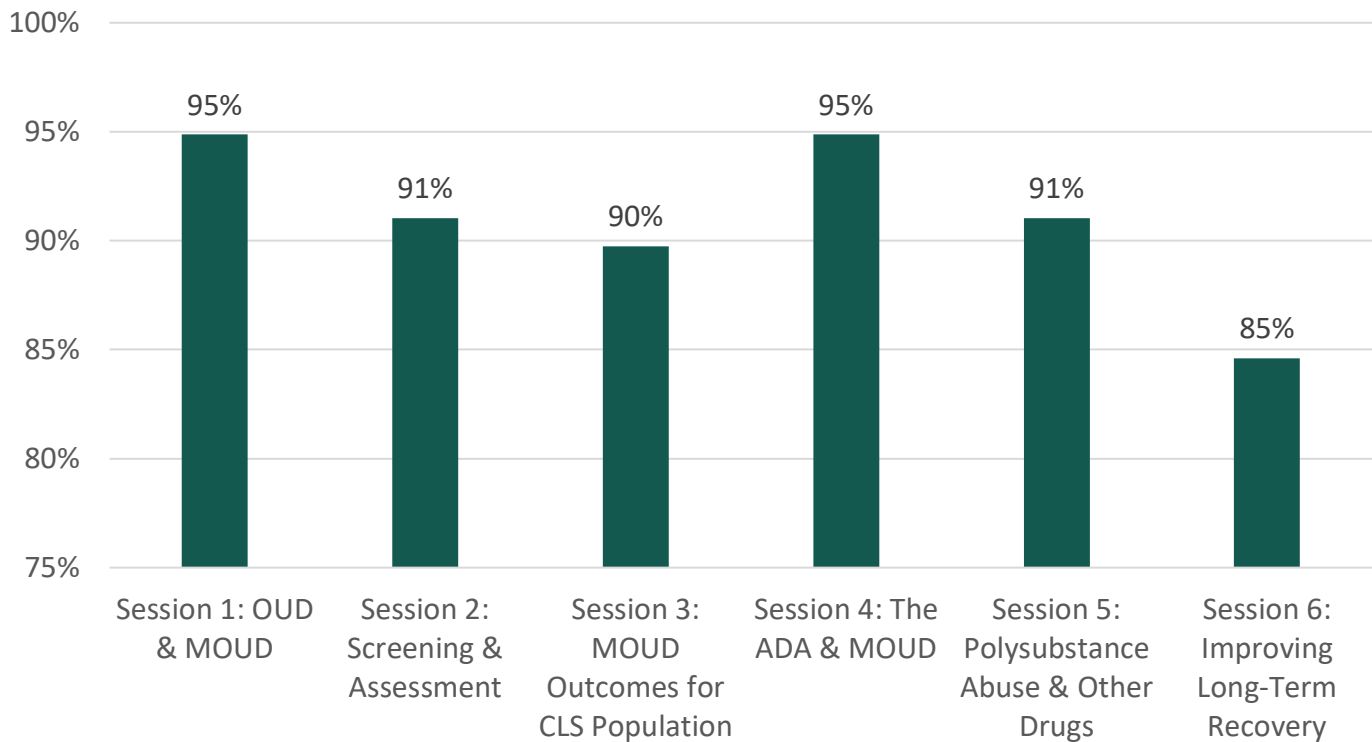


## Project ECHO Perceptions and Feedback

The ECHO training included six separate sessions on six separate days over a few weeks. Most, but not all, trainees were able to participate in all sessions. Figure 13 displays the proportion of training participants that attended each session.

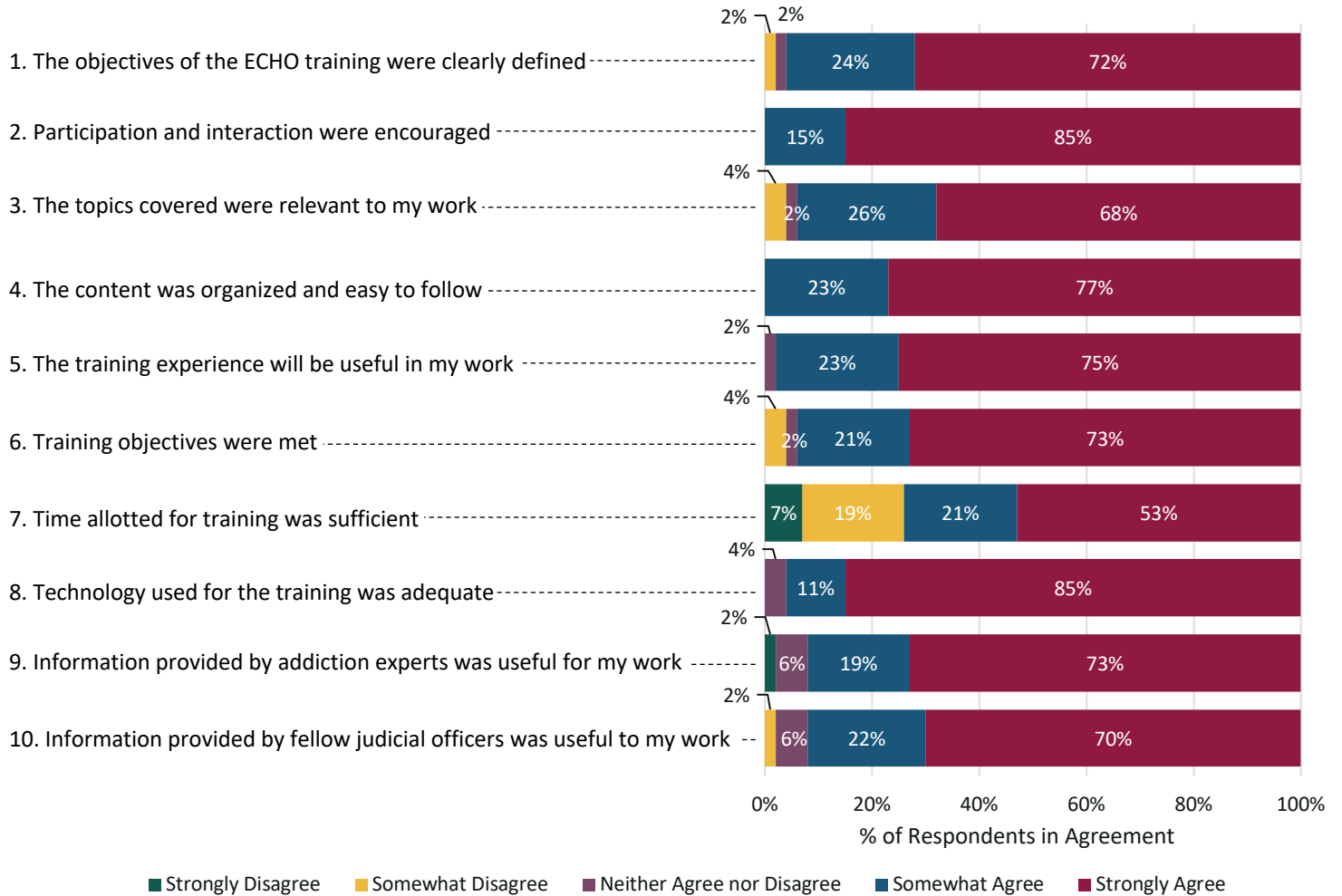
Figures 14 and 15 display trainee perceptions of the training and trainers. Most participants strongly agreed with each of the statements assessing the training, indicating that overall, the training was well-received. The item with the largest proportion of disagreement was in relation to the time allotted for learning this material; additional open-ended input from respondents indicated that several felt each session could have been slightly longer. Judges felt that trainers were knowledgeable about the topics they were presenting and well-prepared to do so (Figure 15). However, judges were less likely to strongly agree that the trainers were knowledgeable about how this information pertains to their work. Additional thoughts from participants in a final open-ended question (see Figure 19) provides insight into why judges may have felt this way.

**Figure 13: Participant Attendance by Session**

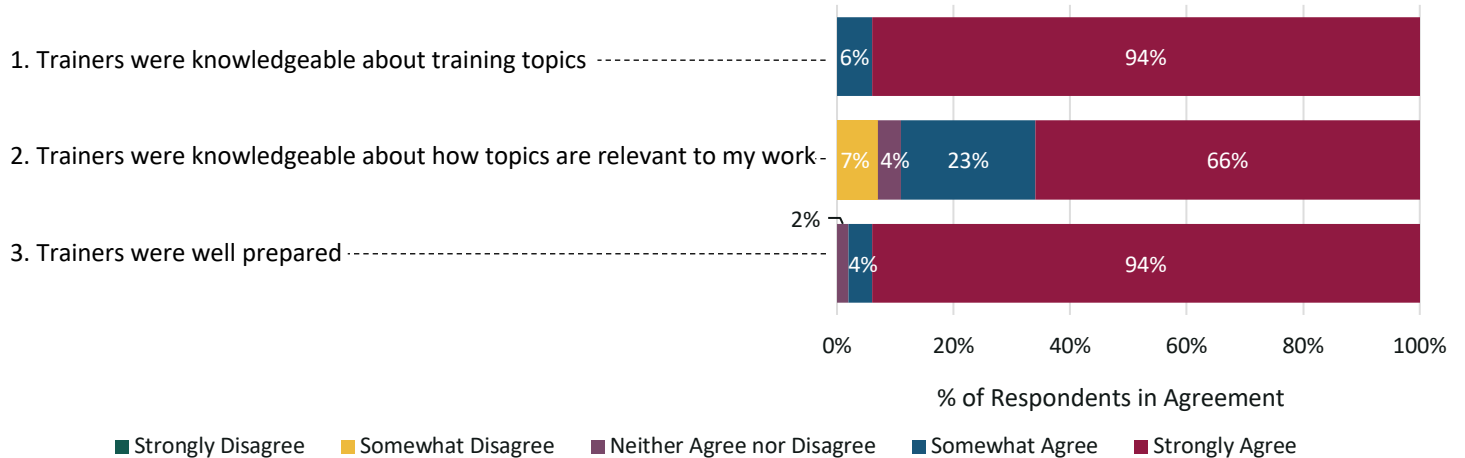




**Figure 14: Perceptions of ECHO Training & Content**



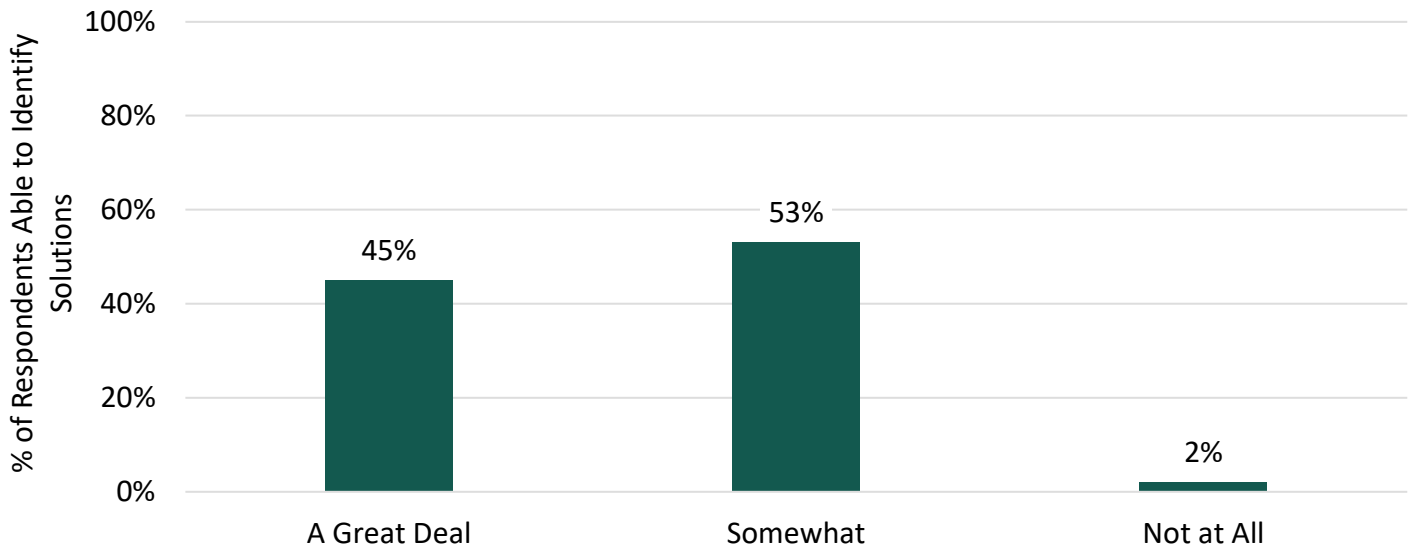
**Figure 15: Perceptions of ECHO Trainers**



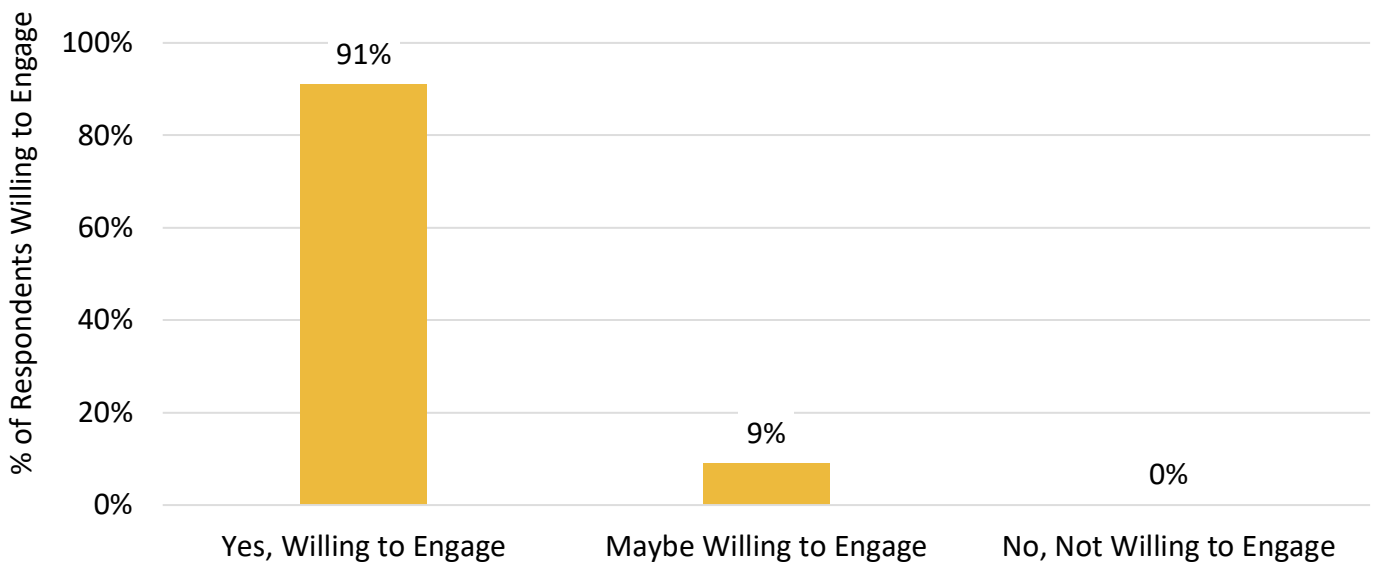


In a final question intended to gauge participants’ perceptions of the applicability of the training, judges were asked whether the training helped to identify solutions to local substance use challenges (Figure 16). About half (53%) felt that the training was somewhat able to help identify solutions, while 45% felt they were helpful “a great deal.” The vast majority of respondents (91%) indicated a definite willingness to engage in future ECHO trainings on other topics and none were unwilling to do so (Figure 17).

**Figure 16: ECHO Sessions Helped Identify Solutions to Local Challenges Driven by Substance Use**



**Figure 17: Willingness to Engage in an ECHO Training in the Future on Other Topics**





Finally, participating judges were invited to answer open-ended questions about topics they would like to see addressed in future ECHO trainings (Figure 18) and to provide any additional insights or opinions about the OUD/MOUD ECHO sessions they recently completed (Figure 19). Common responses were categorized and summarized in the tables to follow.

**Figure 18: Other Suggested Training Topics**

Topic	Description
1. Trauma, Sexual Abuse, & Domestic Violence: Children & Adults	Trauma-informed sentencing; Domestic violence; Gender-based violence; Sexual Abuse; Impact of trauma on children, victims, and their families; Trauma prevention, treatment, & reduction of effects
2. Other Treatment Programs & Treatment for Other Populations	Treatments to use in other sectors of the judicial system (juvenile & civil courts); Other treatment programs such as family treatment programs, in-patient treatment, cognitive based therapy, & early intervention counseling for divorce cases
3. Mental Illness, Identification, & Treatment	Mental health issues in general & in the criminal justice system; Comorbid mental health & substance use disorders; Suicide; Identification of mental health issues; Treatment objectives; Civil commitments and assisted outpatient treatment for mental illness
4. Other Substance Use Disorders & Treatment	Other substance use disorders (including heroin, alcohol, polysubstance, methamphetamine, co-occurring disorders) and treatment
5. Probation & Correction Services	Ability of the Department of Corrections to continue treatment programs for persons while incarcerated; Probation services (case management, pre-trial probation services, treatment services); Funding for probation programs that focus on treatment and follow up
6. Cultural Competency, Equity, & Ethical Issues	Cultural competency & equity issues; Ethical issues for judges (i.e., social media, campaigning, judicial temperament, extra-judicial activities such as service on boards, attending functions, etc.); Poverty and decision making of justice-involved participants
7. Options after Relapse	Specialty court options for when a defendant relapses; Effective tools to address relapse; Relapse prevention and aftercare programs
8. Local Resources & Relationships	Local resources; Local experts to form relationships with; Localized emphasis on addiction to develop relationships with treatment providers in area; Judiciary interaction with healthcare providers



**Figure 19: Additional Insights on Participant’s Experience with the ECHO Training**

Topic	Description
1. Useful & Educational Training	Educational, useful, helpful, and needed training; Shaped thinking and approach to substance use cases; Information and topics were rich, well-organized, relevant, interesting, and consumable; Excellent and knowledgeable trainers; Enjoyed sessions, learning about research, and being able to ask questions; Clear direction on how to address substance use cases
2. Time, Schedule, & Format of Training was Sufficient	One-hour trainings with 20-minute increments worked fine with schedules; Six session format was excellent; Video conference format & PowerPoint presentations worked well
3. Some Stated More Time Needed	15-30 more minutes or an extra session needed to give presentations, discuss case studies and topics, interact, and ask questions
4. Enjoyed Interactions with Other Judges	Enjoyed interaction & collegiality with other judges and meeting new professionals; Important to hear other judges’ ideas, methods, & experiences; Liked roundtable discussions
5. Liked Case Examples but More Would be Useful	Case studies were effective, helpful, and appreciated; Want to hear more case examples, particularly successful versus non-successful cases; Want to hear about cases from more experienced judges; Would like more time to reflect upon and discuss cases studies
6. Need Practical Applications & Local Solutions	Would like more discussion on practical applications; Local areas do not have treatment options discussed (i.e., MOUD providers, referral networks, etc.) or judges are not aware of these options locally and are therefore not sure how to apply the practices learned in the training; Need resources to implement local sessions where all criminal justice players attend to develop buy-in and discuss solutions; Trainers did not have knowledge on local issues or resources available so felt nothing was “solved”
7. More Interaction with Providers	Want more opportunities and time for judges to interact with doctors, providers, and health professionals
8. Some Would have Preferred In-Person Format	Want to continue once personal interaction can be accomplished; Virtual meetings are a challenge because there is little control over the technology and so little give and take among the participants
9. More Knowledge on Child Welfare & Parents with SUD	Need more information on parenting and substance use disorder; Want to understand how to support those with substance use disorder while protecting children but hard to find the balance in child welfare cases