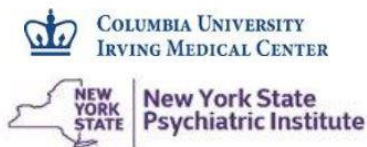


Project Court REACH

Rigorous Evidence-based Approaches to Court-based Health Promotion

Oneida County HOPE (Healing, Opportunity, Prevention, and Education) Intervention Court Needs Assessment Report



Executive Summary

In response to the opioid crisis in New York State (NYS), the Unified Court System (UCS) developed a new treatment court model – the Opioid Intervention Court—designed around ten practice guidelines to address the gaps in existing drug treatment courts as they pertain to the management of those who are at risk for overdose. Opioid courts aim to reduce the risk of overdose (OD), treat opioid use disorder (OUD), and reduce recidivism via rapid identification, screening, and linkage to treatment and recovery supportive services, including medications for OUD (MOUD). Project Court REACH (Rigorous Evidence-Based Approaches to Court-based Health Promotion), an implementation intervention, will use evidence-based implementation strategies to evaluate the Opioid Intervention Court in ten participating counties, as framed by the Ten Essential Elements of Opioid Intervention Courts national guidelines, in order to scale-up of the opioid intervention courts across NYS.

As part of the technical assistance (TA) activities offered through Project Court-REACH, a needs assessment has been conducted with participating counties. This report details the results of a needs assessment conducted by the Center for Court Innovation (the Center), the New York State Psychiatric Institute (NYSPI), Columbia University and the New York State Unified Court System (UCS) between November 2020 – February 2021, The needs assessment was designed to assist the Oneida County Healing, Opportunity, Prevention and Education (HOPE) Intervention Court in identifying its' current strengths, resources, and challenges to support future planning for their opioid court. This report describes the needs assessment process, summarizes the information obtained during the needs assessment, outlines significant findings, and offers a summary of recommendations that will be addressed and refined during upcoming strategic planning meetings.

TABLE OF CONTENTS

I.	BACKGROUND	[3]
II.	METHODOLOGY	[5]
III.	FINDINGS AND RECOMMENDATIONS	[6]
	1. Broad Legal Eligibility.....	[7]
	2. Immediate Screening for Risk of Overdose.....	[7]
	3. Informed Consent After Consultation with Defense Counsel.....	[8]
	4. Suspension of Prosecution or Expedited Plea.....	[9]
	5. Rapid Clinical Assessment and Treatment Engagement.....	[10]
	6. Recovery Support Services.....	[11]
	7. Frequent Judicial Supervision and Compliance Monitoring.....	[12]
	8. Intensive Case Management.....	[13]
	9. Completing and Continuing Care.....	[14]
	10. Performance Evaluation and Program Improvement.....	[14]
IV.	CONCLUSION	[16]
V.	APPENDIX.....	[18]

I. BACKGROUND

This report was conducted by the Center for Court Innovation (the Center), in collaboration with researchers at Columbia University/New York State Psychiatric Institute and is a result of the first phase of the technical assistance activities of Project Court REACH (Rigorous, Evidence-based Approaches to Court-based Health Promotion).

Center for Court Innovation

The Center promotes new thinking about how the justice system can respond more effectively to issues like substance use, intimate partner violence, mental illness, and juvenile delinquency. The Center achieves its mission through a combination of operating programs, original research, and expert assistance. For over two decades, the organization has been intensively engaged in designing and implementing problem-solving courts, and each year, it responds to hundreds of requests for training and technical assistance and hosts hundreds more visitors at its operating programs in New York and New Jersey. Its staff includes former prosecutors, defense counsel, probation officials, senior administrators of major criminal justice agencies, social workers, technology experts, researchers, victim advocates, and mediators. The National Training and Technical Assistance team at the Center provides training and technical assistance to statewide treatment court systems, helping state-level treatment court coordinators and other officials enhance the operation of drug courts and other treatment courts throughout their state.

Columbia University/New York State Psychiatric Institute

Columbia University and the New York State Psychiatric Institute have conducted cutting-edge research into clinical practice for over 50 years, with an eye toward improving access to mental health and substance abuse services for vulnerable populations. A multidisciplinary team of researchers lending their expertise to Project Court REACH includes staff from the Division of Substance Use Disorders, Division of Translational Epidemiology, Mailman School of Public Health, the Center for the Promotion of Mental health in Juvenile Justice, and the Implementation Science and Outcomes Core, HIV Center for Clinical and Behavioral studies.

Project Court REACH, HEAL and JCOIN

Project Court REACH is a National Institute of Drug Abuse funded project (NIDA; U01 DA050071) designed to enhance the operations of 10 opioid courts in NYS by improving participants' access to evidence-based treatment and recovery supports, providing ongoing technical assistance and research evaluation to bring about the successful sustainment of the opioid intervention court. Project Opioid Court REACH is part of the national **HEAL** initiative, which stands for **Helping to End Addiction Long-term**, led by the National Institutes of Health (NIH). This initiative broadly aims to speed scientific solutions to stem the national opioid public health crisis.

JCOIN, which stands for the **Justice Community Innovation Network**, is the part of the HEAL initiative that focuses on all aspects of the criminal justice system—community supervision, jail, prison, and the courts. The overall goal of JCOIN is to improve access to high-quality care for people with opioid misuse and opioid use disorder in justice settings, whether detained or residing in the community. The centerpiece of the JCOIN approach is establishing partnerships with local and state justice systems and community-based treatment providers to

achieve this aim. Project Opioid Court REACH is one of 12 projects (and growing) across 16 states/territories in the JCOIN network, that aims to enhance opioid court operations and improve participants' access to recovery supports and treatment.

The Opioid Epidemic and the Opioid Intervention Court

In the context of a nationwide opioid epidemic, rates of opioid use, opioid use disorder (OUD), and overdose disproportionately affect those in the criminal justice system. In a nationally representative sample taken in 2016, 19.5% of individuals with an opioid use disorder who misused prescription pain relievers, and 42.5% of individuals who used heroin, reported recent contact with the criminal justice system¹. Yet despite such high rates of opioid use and OUD, screening for and use of evidence-based treatments for opioid use and OUD, including MOUD, is substantially underused in justice populations.

In New York state alone, approximately 3,224 opioid-related overdose deaths occurred in the general population in 2017, marking a tenfold increase in the state from 2010 to 2017. In Oneida County, the opioid overdose mortality rate more than quadrupled from 2009-2013 to 2014-2018, increasing from 7.5 to 29.6 per 100,000 members of the population aged 15-64. The opioid overdose mortality rate is increasing more rapidly in Oneida County than it is across the NYS, and is now significantly higher than the NYS opioid overdose mortality rate (19.3 per 100,000).

Courts are a critical point of intervention for justice system practitioners to identify opioid use, OUD, and overdose risk, and link defendants to treatment/MOUD in the community. Nationally, justice system practitioners are handling a spike in opioid-related arrests—police, probation officers, and court staff are being trained to administer overdose reversal medication, and jail staff are overseeing the involuntary opioid withdrawal of incarcerated people. Jurisdictions across the country have begun to create opioid intervention courts to address these acute challenges.

In 2016, UCS started the nation's first opioid court in Buffalo, New York, in response to the high rate of opioid-related deaths in Erie County. In 2019, Judge Janet DiFiore set a goal that New York would have an opioid court in every jurisdiction in order to provide the court system with another method for combatting the opioid epidemic. That same year, the Center for Court Innovation convened a national panel of treatment court experts to review New York state's opioid court guidelines and develop the *Ten Essential Elements of Opioid Intervention Courts* to assist jurisdictions nationwide in implementing the court. This guiding framework combines evidence-based practices from the treatment field with best practices from drug courts, resulting in a new court model that prioritizes linking court-involved adults who use opioids with life-saving treatment, including MOUD. The Ten Essential Elements include: 1) broad legal eligibility, 2) immediate screening for risk of overdose, 3) informed consent after consultation with defense counsel, 4) suspension of prosecution or expedited plea, 5) rapid clinical assessment and treatment engagement, 6) recovery support services, 7) frequent judicial supervision and compliance monitoring, 8) intensive case management, 9) program completion and continuing care, and 10) performance evaluation and program improvement.

¹ Winkelman, T. N., Chang, V. W., & Binswanger, I. A. (2018). Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. *JAMA Network Open*, 1(3). doi:10.1001/jamanetworkopen.2018.0558

II. METHODOLOGY

This needs assessment was informed by technical assistance (TA) activities conducted with the Oneida County HOPE Intervention Court, during the needs assessment phase of Project Opioid Court REACH. During the needs assessment phase, technical assistance providers conducted all activities virtually due to the COVID-19 pandemic. Each activity is outlined below.

HOPE Court Stakeholder Group

Members of the HOPE Court stakeholder group who have participated in technical assistance activities include:

- Hon. Greg Amoroso, Judge
- Tabatha Sellick, Coordinator
- Robert Fuller, Case Manager
- Paul Kelly, Prosecutor
- John Panzone, Defense Attorney
- Paige Capecelatro, Beacon Center
- Andrea LoParco, Insight House
- Pat Cady, Probation, Pre-trial Services
- Ambi Daniel, Peer Recovery Advocate, Center for Family and Life Recovery

1. Administrative surveys

These surveys were completed by the opioid court coordinator, and the partner treatment providers, Beacon Center and Insight House (which has recently merged with Helio Health). Questions were asked related to opioid court operations, such as eligibility criteria, the screening and assessment process, stakeholder engagement, and treatment planning. The results of this survey informed the follow-up interviews.

2. In-depth interviews

After having reviewed data collected from the administrative surveys, Center staff conducted in-depth follow-up interviews with key court stakeholders (e.g. judge, court administrator, defense, prosecution), to gather more information about areas for enhancement. Nine interviews were conducted. In setting forth these findings and recommendations, the confidentiality of interviewees has been preserved to the greatest extent possible.

3. MOUD Systems Mapping Exercise

Research staff have created a reference map of MOUD service providers within Oneida County HOPE Intervention Court's jurisdiction that may be leveraged to compensate for service gaps that exist in HOPE Court's treatment network. The map consists of data sourced from:

- SAMHSA Behavioral Health Provider Locator
- SAMHSA Buprenorphine Practitioner Locator
- Federally Qualified Health Center (FQHC) Registry
- OASAS Centers of Treatment Innovation (COTI) Registry

- OASAS Accredited Provider Directory
- OASAS Accredited MAT Provider Directory

4. UCMS Data Review

Opioid courts collect data around clearly defined, participant-level performance measures which should be entered into the Unified Court System Management Information System (UCMS) Treatment Services Module (TSM). The UCMS TSM is a platform for inputting, storing, and updating information about participants' progress through the opioid court, including information related to case status, screening results, court attendance, treatment activities, and drug testing results.

The information entered into the UCMS TSM is then used to monitor and track the HOPE Court's progress at a state level and will be utilized to track HOPE Court's progress during the court's participation in Project Opioid Court REACH. This data will also be leveraged to help identify HOPE Court's successes as well as areas for improvement.

The Project Opioid Court REACH TA team have been reviewing the UCMS data from HOPE Court to measure the court's performance outcomes to date. A summary of preliminary findings is included in Section 10 of this report. Additionally, supplementary information about the specific UCMS data fields used to measure each outcome and where they are located within UCMS is included in the Appendix of this report. According to UCMS, the court has enrolled 13 participants to date.

III. FINDINGS AND RECOMMENDATIONS

The findings below are organized according to the themes laid out in the *Ten Essential Elements of Opioid Intervention Courts*. In setting forth these findings, the confidentiality of participants from whom the data was collected has been preserved to the greatest extent possible.

The Oneida County HOPE Intervention Court (HOPE Court) team is made up of professionals and agencies who are committed to helping court participants stabilize and make positive changes in their lives. The Honorable Gregory J. Amoroso resides over the court. While following the *Ten Essential Elements* of the Buffalo model in the planning process during the summer of 2020, the coordinator also connected with the Oswego intervention court for support and guidance. After the planning process, HOPE Court began accepting participants in September 2020. The court receives referrals from local town & village, city, or county court judges, attorneys, sheriff's offices, probation offices, and local police departments. HOPE Court accepts people who are at risk of overdose as determined by a three-question screening tool. Misdemeanor and non-violent felony charges are eligible. HOPE Court participants must reside in Oneida County. According to UCMS, the court has enrolled 13 participants to date.

1. Broad Legal Eligibility

According to the *Ten Essential Elements*, opioid courts should accept the broadest range of charges possible, and eligibility criteria should be based on the client's clinical needs and risk of overdose. As the goal of the program is to reduce the risk of overdose, opioid courts should strive to accept every clinically appropriate defendant.²

The HOPE Court accepts misdemeanors and non-violent felony offenses. This eligibility criteria is documented in the HOPE Court program manual (see appendix). The District Attorney's office stated they typically oppose violent crimes or crimes with victims entering HOPE Court but have made exceptions for charges such as second-degree burglary. The DA's office reported that as of this report they have only objected to one case referred to HOPE Court.

HOPE Court accepts referrals from the entire county including the towns and villages. It was reported that most referrals to HOPE Court come from Rome and Utica, the largest two cities in the county. The primary referral source was reported to be defense counsel from the public defender's office. With such a large catchment area, it was noted that there is not always buy-in from local city police forces, specifically the rank-and-file officers. Law enforcement is an essential stakeholder and a crucial early intercept for identification of those at risk of overdose who could benefit early intervention.

Recommendations:

- Review eligibility criteria and consider expansion to violent felonies where risk of overdose is indicated;
- Encourage more referrals from towns and villages throughout the county by engaging and educating local courts;
- Identify law enforcement members to invite to be stakeholders and participate on the HOPE Court team;
- Use supportive law enforcement members to engage and educate rank-and-file officers on the benefits of HOPE Court and risks of OUD.

2. Immediate Screening for Risk of Overdose

Opioid courts should use a specialized screening tool to identify individuals at risk of overdose. This screening should be universally applied and take place as soon as possible after arrest. Information obtained from the screening should be shared only with defense counsel until defense consents to the release of the information as a condition of entering the opioid court program.³

HOPE Court uses a screening tool for risk of overdose post-arraignment, generally within 24 hours after arraignment (see appendix). The tool is a modified version of the tool used in the

² Center for Court Innovation (2019) The Essential Elements of Opioid Intervention Courts. https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf

³ Id.

Oswego County opioid intervention court. The case manager or coordinator conducts the screening to identify the participant's overdose history, current opioid use, pending criminal charges, history of substance use disorder treatment, and willingness to enter substance use disorder treatment. Information obtained in the screening tool is restricted to the immediate HOPE Court team and not used in the pending prosecution or as an independent cause to initiate prosecution.

Due to the legislative changes of bail reform enacted in 2020, many potential participants are receiving desk appearance tickets (DATs). There is no outreach process in place for contacting these individuals to discuss the HOPE Court option between the issuance of a DAT and their first appearance in court, which can be up to 90 days later. To encourage participation, the program could consider developing a new early identification and referral process involving law enforcement, which technical assistance can support.

Ensuring appropriate participants are identified and referred to HOPE Court requires a legal examination of the entry process and a thorough understanding of opioid use disorder (OUD) and the use of medications for OUD (MOUD) in the court system. While court stakeholders reported supporting the use of MOUD and demonstrate a good knowledge of OUD, additional training on MOUD and the entry process for court staff and court-related justice agency partners (e.g. law enforcement, probation, and parole) in addition to the involvement of the certified peer advocate could serve to facilitate opioid court referrals from these partners.

Recommendations:

- Develop new early identification and referral processes with law enforcement and prosecution;
- Develop additional strategies to inform DAT recipients about the HOPE Court option and available services while they await their first court date;
- Consider expanding the role of the certified peer navigator from Center for Family Life and Recovery (CFLR) into the identification and screening process.

3. Informed Consent after Consultation with Defense Counsel

Potential opioid court participants should meet with their defense counsel prior to program entry. Defense counsel should be available for consultation as soon as possible after the screening is completed and inform the defendant of all possible options.⁴

The criminal division of the Oneida Public Defender's office is responsible for representing indigent criminal defendants in the 42 city, town, and village courts within the county. Identification and referral of HOPE Court participants primarily come from the public defender's office. It was reported that the attorneys from the public defender's office routinely ask clients about substance use and dependency and have knowledge of the different treatment court programs available. The public defender's office does not employ a risk of overdose tool to screen clients. Once defense counsel has determined a client may benefit from HOPE Court, a

⁴ Id.

referral is typically made at arraignment, and if not then, at their first appearance in the court of jurisdiction.

While the public defender's office handles a large majority of the cases that come through the county, it was noted that involvement of private defense attorneys could be an added benefit and expand the scope of referrals.

Once a participant has been screened and determined eligibility by the HOPE Court case manager, they are scheduled for their first appearance before Judge Amoroso. At this first appearance defense counsel is required to be present and all necessary consent and release forms are signed.

Recommendations:

- Work with the public defender's office to identify risk of overdose tools, with a focus on the screener that the court uses, that would be helpful in systematizing identification and referrals;
- Identify and invite private attorneys to join the stakeholder committee meetings.
- Provide onboarding training to new attorneys about HOPE court, OUD and risk of OD

4. Suspension of Prosecution or Expedited Plea

Opioid courts suspend the prosecution of the legal case while the participant is connected to treatment supports and on the path toward clinical stability. The model is premised on the prosecutors pausing the prosecution of the case for the duration of the participant's time in opioid court, allowing the participant, the court, and the treatment providers to prioritize clinical stabilization for the participant.⁵

A speedy trial waiver is executed for each participant entering HOPE Court and prosecution is deferred for the duration of the program. It was noted that discovery does still take place and is shared with defense counsel. Stakeholders indicated they plan to have participants return to traditional case processing once they complete HOPE Court, although, due to being a new program, no participants have completed HOPE Court as of this report. Depending on the circumstances of the case, this may mean a plea, entry into drug treatment court, or a return to traditional prosecution. It was stated that there may be benefits, such as a reevaluation of a plea or more positive case disposition, if a participant completes HOPE Court but that is not formalized in writing. Since the program is in the early months of operation, there was not a clear answer whether a participant would face a harsher or more severe sentence if they were unsuccessful in HOPE Court. It was noted that there have been specific conversations about violation of probation cases having more severe outcomes if a participant is terminated from HOPE Court.

⁵ Id.

Recommendation:

- Formalize in writing that there is no penalty for participants who are not successful in HOPE Court;
- Consider favorable case disposition on case-by-case basis.

5. Rapid Clinical Assessment and Treatment Engagement

Opioid court clients should receive a comprehensive clinical assessment administered by a qualified treatment professional and should be offered individualized, evidence-based treatment services, ideally within 24 hours of arrest. Treatment providers should develop treatment plans collaboratively with the client.⁶

HOPE Court rapidly screens, assesses, and connects participants with treatment, generally within 24 hours of entry to the court. After the initial screening, a pre-entry mini-assessment (see appendix) is completed by court staff (the case manager or coordinator). Depending on the results of the assessment, the participant will sign an expectation agreement and speedy trial waiver and be referred to treatment. Treatment plans, modality, and level of care vary depending on individual need, but can include a period of stabilization in a withdrawal management service, inpatient treatment, or outpatient treatment. At program entry, each new participant receives an admission assessment appointment at an OASAS-approved program (either Beacon or Helio Health). HOPE Court participants are required to be engaged in either inpatient or outpatient substance use disorder treatment during the duration of participation. There is a dedicated CASAC who was hired through a county grant from the Beacon Center available to assess individuals within 24 hours after arraignment. Since the clinician is from Beacon, that often becomes the default agency for individuals to receive outpatient services.

Participants access services at either Beacon or Helio Health dependent on individual circumstances. Three nonprofits in the community have recently merged—Helio Health, Central New York Services, and Insight House—and now operate as Helio Health to provide substance use, mental health, and housing health services. At the start of the interview process, Insight House had not yet merged and was not able to offer as wide an array of services. This is another reason most participants were primarily referred to Beacon Center. The newly combined resources open an opportunity to serve more HOPE Court participants and address the issue of access to a detox bed or inpatient treatment, which was previously not always immediately available when needed.

At the time of the writing of this report, the HOPE Court team was assessing individuals within 24 hours for eligibility for the court and scheduling a treatment provider assessment appointment, except when someone was referred on a Friday in which case they might not be seen until Monday. When a participant was referred on a Friday, the coordinator and case manager have made themselves available as much as possible to virtually interact the same day with the participant for screening and mini-assessment, and report back to the team with a plan. Due to logistics of where the coordinator, case manager and participant have been located, same day report back was not always feasible. The court team was also working on having additional

⁶ Id.

support to make immediate treatment connections on Fridays if the court is available to screen and do an intake assessment for the court. There are not always treatment provider assessment appointments available on the weekends.

Overall, MOUD is accepted and used by the HOPE Court team and the community, however, methadone was reported to be heavily stigmatized. Some inpatient treatment agencies will not accept individuals on methadone, sometimes limiting HOPE Court from making changes to different levels of care. There are also some restrictions set up by partner agencies on the dosage amount and an individual may be required to taper. The local jail does not provide methadone. All participants are advised by the HOPE court team to explore MOUD options with the staff at the designated treatment provider. Fortunately, all three forms of MOUD (methadone, buprenorphine, naltrexone) are available to participants in HOPE Court through Beacon and Helio Health. They can choose to be on any type of MOUD after consulting with medical staff and there are no restrictions from the court. At the time of the interview with the coordinator, all current participants were on some form of MOUD.

The research team identified 11 potential MOUD provider agencies in Oneida county, including the two agencies currently partnered with the HOPE Court [See Provider Map and Provider Database in the appendix]. Additionally, there are 10 buprenorphine-waivered providers in the county outside of these agencies who can prescribe buprenorphine from their offices. Many agencies and individual providers also have telehealth capacity. The HOPE Court has sufficient capacity through partnerships with Beacon Center and Helio Health, and should there be a need to develop further capacity, additional agencies or providers could be leveraged to support.

Recommendation:

- Provide court practitioners (judge, prosecutors, and defense) with ongoing training on the science of MOUD and best practices in legal settings;
- Consider adding additional personnel from Helio Health to conduct assessments immediately upon referral.

6. Recovery Support Services

Opioid courts should offer participants a broad range of evidence-based recovery support services. This includes using peer recovery advocates to help participants engage in the program and offer them additional guidance and encouragement. In addition, courts should leverage partner agencies and volunteers to assist participants with social stability, such as general medical needs, trauma-related care, housing, transportation, and other supports. Where available, opioid intervention courts should partner with family support navigators, who can help address the impact of opioids on the entire family.⁷

Certified Peers are available to HOPE Court participants through Beacon Center, Helio Health, and Center for Family Life and Recovery (CFLR). This service provides additional support and improves participant engagement in the program. While the participants are offered a peer through the treatment partners, there is not currently a dedicated peer for HOPE Court.

⁷ Id.

Stakeholders reported interest in having peers be a formal part of the team and in them participating in stakeholder meetings.

The treatment providers connected with HOPE Court offer evidence-based therapy in all groups and individual counseling sessions. In addition to offering peer services, providers offer physicals, family involvement support, case management, and referrals to other services as needed. It was reported that the court team is also setting up partnerships with mental health services. The court would like to partner with a mental health provider that can rapidly accept participants, as currently, it can take weeks to get HOPE Court participants to access mental health treatment.

HOPE Court is part of a statewide initiative funded through the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP), which provides training for staff to offer Moral Reconciliation Therapy-Opioid (MRT-O) and Interactive Journaling (IJ) to participants. MRT-O is a 12-week, specialized workbook program designed for opioid-focused court participants. The program is open-ended, meaning clients can begin participation at any time, and the format is flexible to allow for individual, group, or client-driven delivery. The program focuses on two major goals: assisting participants to complete the first three months of treatment and to foster ongoing engagement in treatment after the initial three-month period. IJ is a goal-directed, client-centered model that aims to reduce substance use and substance related behaviors, such as recidivism, by guiding adults and youth with substance use disorder through a process of written self-reflection. These tailored tools provide an additional support for participants in HOPE Court. Thus far, three participants are involved in these initiatives.

Recommendations:

- Expand collaboration with CFLR since they offer family and peer support, without being connected to a treatment provider;
- Continue to maintain robust partnerships with the treatment and recovery supportive services in the community;
- Improve partnerships with mental health providers in order to streamline the intake process for assessments to these services.

7. Frequent Judicial Supervision and Compliance Monitoring

Opioid court participants should have frequent interactions with the judge during the duration of their participation in the program. The judge should use motivational interviewing to engage participants in strengths-based conversations about their progress. Participants should undergo frequent, random drug testing using evidence-based drug testing protocols. During the 90-day stabilization period, however, the court should avoid imposing punitive sanctions for positive drug tests. Rather, in response to positive drug tests, the court should work with treatment partners to adjust the participant's treatment plan to achieve clinical stabilization.⁸

⁸ Id.

HOPE Court participants appear in front of the judge three times a week and are required to check-in with the case manager on the two days they do not appear in court. Stakeholders agreed that this frequency was appropriate for the team's capacity and was working well for participants. This practice has been modified due to COVID-19. Participants now appear in-person at their first court appearance and then virtually for all subsequent court appearances and check ins.

Participants enrolled in HOPE Court are drug tested at the treatment agency providing them services. Depending on which agency they are engaged with, they are either tested randomly or at set times two to three times a week. It was reported that sanctions are not imposed for a positive drug test. Instead, treatment adjustments are made.

Recommendations:

- Allow virtual appearances to supplement in-person court appearances for those who have barriers such as transportation, mobility, or childcare after COVID-19 restrictions are lifted;
- Ensure the judge, as well as the rest of the team, are trained in, and applying, motivational interviewing techniques;
- Schedule quarterly stakeholder meetings to review court operations.

8. Intensive Case Management

Opioid court case managers should help to coordinate services and ensure that participants have the necessary support in place during the stabilization period. Case managers act as liaisons between the court, supervision agencies, and service providers.⁹

In HOPE Court, the court-based case manager has scheduled check-ins with all participants on the two days a week they are not in court, allowing the participants to have some type of contact either virtually by video or phone with the judge and/or court staff Monday through Friday. The treatment providers connected with HOPE Court offer intensive case management with links to housing, education services, medical care, and vocational services.

Interviewees reported the HOPE Court staff have strong relationships with their treatment providers. The case managers and clinicians work together to help address any transitional housing, vocational, transportation, family, or primary health needs. Communication between staff at Beacon Center and Helio Health and the court case manager was reported by several parties to be streamlined and consistent.

Recommendation:

- Continue offering robust case management and coordinated communication between all stakeholders.

⁹ Id.

9. Program Completion and Continuing Care

Each opioid court should have clear completion criteria. Criteria should include a requirement that participants to complete a minimum of 90 days of treatment and supervision. After this period, eligible participants should be assessed for possible enrollment in longer-term programs, like a treatment court, where they can continue to receive evidence-based treatment and achieve long-term recovery. In situations where the participant's legal case will be resolved at the conclusion of the 90-day stabilization period—for example, through dismissal of charges or a plea agreement with no ongoing court involvement—participants should be offered continuing care planning before they leave the program.¹⁰

According to UCMS, since HOPE Court began accepting participants in September 2020 (and as of the time of this report), three participants failed and two were transferred to another court/jurisdiction). The HOPE coordinator created a formal continuing care plan (see appendix) to be completed with participants that will identify ongoing services. Each participant will be advised to continue SUD treatment, recovery support systems of care and other behavioral health services offered through the treatment provider.

While communication is consistent between all stakeholders, and staffing meetings are held before every court appearance, it was reported that the stakeholder group does not hold operations meetings for stakeholders to collectively discuss the court process and procedures. The coordinator has ongoing meetings set up with all the stakeholders individually, but not with the team as a group. The coordinator has done a phenomenal job of planning the HOPE Court during the pandemic with all operations happening remotely. However, HOPE Court would benefit from holding regular stakeholder meetings to discuss program improvements, changes in criteria, case process flow and operations overall. Technical assistance through Project Court REACH will help to facilitate these meetings.

Recommendation:

- Create a formal completion criteria checklist that includes elements of social stabilization to be addressed through case management;
- Schedule stakeholder meetings to update policies and procedures, discuss case process flow, monitor outcomes and make changes as needed;
- Develop an MOU to formalize how time spent in HOPE Court will count towards treatment court participation (where applicable).

10. Performance Evaluation and Program Improvement

Opioid courts should collect data around clearly defined, participant-level performance measures. Courts should collect this data continuously and meet at least annually as a team to analyze this data, ideally with the help of a qualified research partner. This will allow the court to identify service gaps and make program improvements.¹¹

¹⁰ Id.

The UCMS dashboard is a platform for inputting, storing and updating information about participants' progress through the opioid court, including information about case status, screening results, court attendance, treatment activities, and drug testing results. Information entered into the UCMS dashboard is then used to monitor and track court progress at a state level. This data will also be utilized to track the court's progress during participation in Project Opioid Court REACH. The data within UCMS will be leveraged to evaluate participation outcomes, including court completion and treatment linkage and retention, and to identify areas for practice improvement throughout the duration of Project Opioid Court REACH.

The data within UCMS will be leveraged to evaluate participation outcomes, including court completion and treatment linkage and retention, and to identify areas for practice improvement throughout the duration of Project Opioid Court REACH. Using Oneida County's opioid court UCMS data from 09/2020 through 03/2021, a preliminary analysis of the court's participation outcomes to date are described below and depicted in Figure 1. Moving forward, training and support around UCMS data entry will be incorporated into Oneida county's technical assistance activities.

Referred to Opioid Court

From 09/2020 through 03/2021, the Oneida HOPE court accepted 19 referrals for potential participants. Of these 19 potential participants, we can confirm that n=13 became official participants using your UCMS data.

Screened

All treatment courts are required to administer the NYS Treatment Court Assessment or the NYS Problem-Solving Court Assessment to potential participants. This Assessment includes critical information about potential participants' drug use and their personal background (arrest history, housing, employment, family, etc.). Within UCMS, there is no assessment information available for any your court's 19 potential participants. It is likely that these assessments are being conducted [with results captured in a different data platform], but not linked to potential participants' cases in UCMS.

Participation Acceptance

Out of the 19 potential participants referred to the HOPE court, n=13 are documented as having been offered and having accepted the opportunity to participate.

Treatment Initiation

Currently, there is treatment initiation information available for n=18 individuals out of the n=19 potential participants in UCMS, of whom n=7 are recorded as having been linked to MOUD. Oneida County HOPE court is doing a good job of recording treatment initiation to-date, although, it is likely that more participants are linked with MOUD than is currently reported.

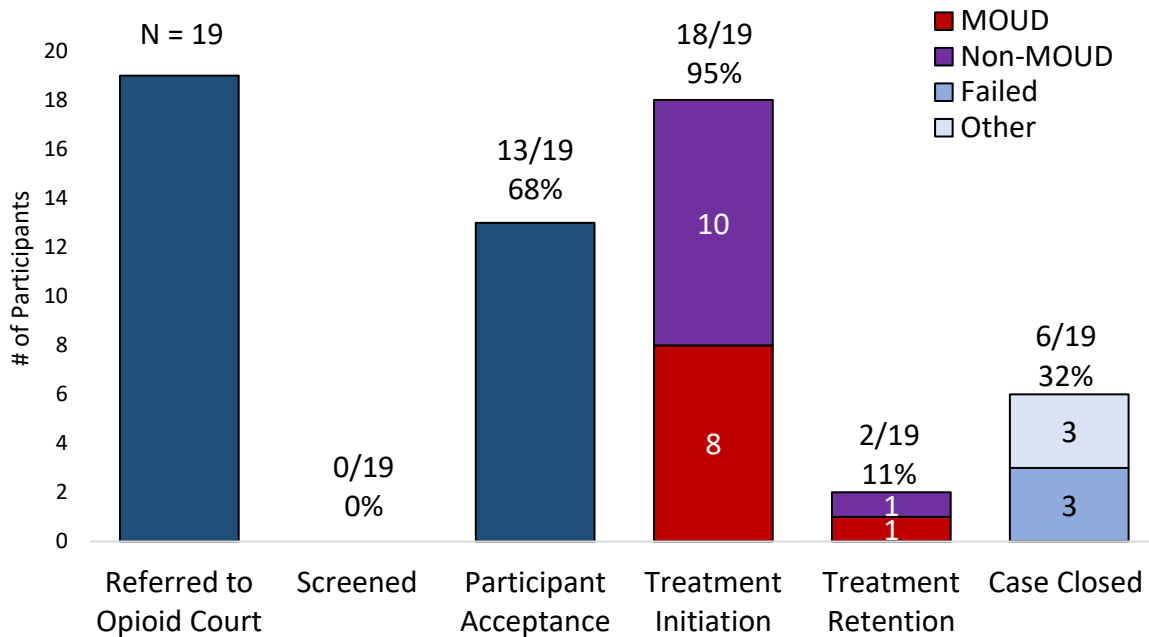
Treatment Retention

Beyond treatment initiation, it is important that court participants engage with the treatment system throughout their HOPE court participation. Using UCMS data, n=2 participants successfully completed at least one treatment program during their court participation.

Case Closed

There is information on case closure for n=6 individuals out of the n=19 potential court participants; 3 are listed as failed, 2 are listed as transferred to another court/jurisdiction, and 1 is listed as refused. It is assumed that the remaining 13 participants are still active cases.

Figure 1. Oneida HOPE Court Participation Outcomes using UCMS Data (n=19)



Recommendation:

- Work with Project Court REACH staff to identify areas and strategies for data entry improvement, including the use of the Opioid Court dashboard;
- Implement recommendations from this report with the help of technical assistance from Project Court REACH.

IV. CONCLUSION

After completing this needs assessment, it is apparent that Oneida's HOPE Court has numerous assets that can be leveraged to enhance the practices of their court. Owing to the dedicated and highly motivated team, this court was able to plan and begin accepting participants during COVID-19, which is a commendable accomplishment an incredible feat. It is apparent that the court team wants participants to succeed and that they are open to refining their process. There is generally a willingness by all stakeholders to share information and devote time to ensuring that the opioid court achieves its goals of preventing overdose and stabilizing participants.

References

- (1) Winkelman, T. N., Chang, V. W., & Binswanger, I. A. (2018). Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. *JAMA Network Open*, 1(3). doi:10.1001/jamanetworkopen.2018.0558

V. APPENDIX

1. SIM map
2. Provider table
3. Oneida County provider map opioid burden
4. Oneida County provider map population
5. HOPE court referral form
6. HOPE court pre-entry form
7. HOPE court participant expectations

Intercept 0
Hospital, Crisis, Respite, Peer, & Community Services

Intercept 1
Law Enforcement & Emergency Services

Intercept 2
Initial Detention & Initial Court Hearings

Intercept 3
Jails & Courts

COMMUNITY

Crisis Phone Lines
Mental Health hotline- 1-888-299-1188

911 Dispatch

Law Enforcement
Oneida City Police Department
Oneida County Sheriff's Office
Oneida County Probation Department
Oneida Indian Nation Police
Sherill Police Department
Rome Police Department

Emergency Departments/ Walk-In Urgent Care

MOUD provider
HELIO health, Beacon Center
McPike Addiction Treatment Services
Rome Memorial Clinic

Crisis Stabilization

Peer Support Services
Center for Family Life & Recovery, Inc.

Respite Services

Residential Services
HELIO Health
Johnson Park Center
Rescue Mission Utica

Detox Services
HELIO Health

Housing Services

Veterans' Services

Hospitals
Oneida Health Hospital
Rome Memorial Hospital
Community Memorial Hospital
St. Luke's Campus – Mohawk Valley Health System
Crouse Hospital

Arrest

Citations

Initial Detention

Arraignment
Oneida County Court
Utica City Court
Rome City Court

Pre-Prosecution Diversion
District Attorney's (DA) Office

Courts
Utica City Court
Rome City Court
Sherrill City Court

Specialty Courts
Oneida Drug Treatment Court
HOPE Oneida County Intervention Court
Human Trafficking Intervention Court
Oneida County Mental Health Court

Jail
Oneida County Correctional Facility
Madison County Jail

Behavioral Health
Beacon Center
Insight House/merged with HELIO health

Recovery Supports
Center for Family Life & Recovery, Inc.

Housing/Shelter

OPIOID COURT REACH: POTENTIAL MAT PROVIDERS FOR ONEIDA COUNTY

Treatment Provider	Treatment Type(s)	Medication/Services Offered	Insurance Information	Address	Telephone
Beacon Center (Opioid Court partner, OASAS accredited)	Outpatient, OTP	Buprenorphine, Naltrexone, Methadone	Private insurance, self-pay, Medicaid, other state-financed insurance	1508 Genesee Street #1, Utica, NY 13502	(315) 366-4100
Helio Health (Opioid Court partner, OASAS accredited)	Outpatient, Residential	Buprenorphine, Naltrexone	Treats all, regardless of ability to pay	500 Whitesboro Street, Utica, NY 13502; 1213 Court Street Suite 100, Utica, NY 13502	(315) 724-5168
Johnson Park Center – JCTOD Outreach (OASAS accredited)	Residential	Buprenorphine	Cash/Self-pay, private insurance	26 Johnson Park, Utica, NY 13501	(315) 734-9608
Rescue Mission of Utica (OASAS accredited)	Residential	Options for Medically Assisted Withdrawal	Payment Assistance and sliding scale	210 Lansing Street, Utica, NY 13501	(315) 735-1645 x 2161
St. Elizabeth Medical Center	Inpatient	?	Medicaid, private insurance, self-pay, military insurance. Financing and financial aid available. Sliding scale	2209 Genesee Street, Utica, NY 13501	(315) 801-8221
Faxton Saint Lukes Healthcare (MVHS)	Inpatient	?	Medicaid, state-funded insurance besides Medicaid, Medicare, private insurance, military insurance (e.g TRICARE), self-pay	1656 Champlin Avenue, Utica, NY 13502	(315) 624-6000
McPike Addiction Treatment Center (OASAS accredited)	Residential	Buprenorphine, Naltrexone, detox	Medicaid, funded through government, private insurance, self-pay. Payment assistance available. Sliding scale	1213 Court Street, Utica, NY 13502	(315) 738-4600

OPIOID COURT REACH: POTENTIAL MAT PROVIDERS FOR ONEIDA COUNTY

Treatment Provider	Treatment Type(s)	Medication/Services Offered	Insurance Information	Address	Telephone
Catholic Charities / Diocese of Syracuse	Residential	Methadone-assisted treatment	Self-pay, private insurance, Medicaid or other state-funded insurance, military insurance (e.g. TRICARE). Sliding scale	1505 Whitesboro Street, Utica, NY 12502	(315) 632-4246
Syracuse VAMC: Rome Outpatient Clinic	Outpatient	?	?	125 Brookley Road Building 510, Rome, NY 13441	(315) 334-7100
Rome Memorial Clinic (OASAS accredited)	Outpatient, dual focus	Suboxone, Naltrexone	Not available	264 W Dominick Street, Rome, NY 13440	(315) 334-4701
Beacon Center – Rome (OASAS accredited)	OTP	Buprenorphine, Naltrexone, Methadone	Private insurance, self-pay, Medicaid, other state-financed insurance	303 West Liberty Street, Suite A, Rome, NY 13440	(315) 425-1431

Appendix 3. UCMS Data Overview: Fields of interest

Data about court and participant outcomes are being collected from the Treatment/Service Module in UCMS. This is the module used to create new episodes for opioid court participants and to document/track their progression through the opioid court.

Below, Table 1 lists the project outcomes and the UCMS field(s) that are being used to measure them.

Table 1. Project Opioid Court REACH Outcomes and Associated UCMS Fields

	Outcome	Description	UCMS Field
COURT OUTCOMES	Opioid court case creation	Individual is referred to opioid court and accepted as a potential participant, episode is created	<ul style="list-style-type: none"> • Create date¹
	Screened by opioid court	Potential participant received the NYS Treatment Court Assessment or NYS Problem Solving Court Assessment	<ul style="list-style-type: none"> • Assessment date¹
	Opioid court participation date	Date that the participant agreed to participate in opioid court	<ul style="list-style-type: none"> • Contract date¹ • Participation date¹
	Opioid court case close date	Date that the participant's opioid court case was closed	<ul style="list-style-type: none"> • Close date¹
	Opioid court close reason	Reason why the participant's opioid court case was closed	<ul style="list-style-type: none"> • Close reason¹
TREATMENT OUTCOMES	Treatment initiation	Participant initiates treatment services	<ul style="list-style-type: none"> • Start date² • Completion date² • Completion reason² • Modality²
	MOUD initiation	Participant initiates MOUD services	<ul style="list-style-type: none"> • Start date² • Completion date² • Completion reason² • Modality²
	Treatment completion	Participant completes treatment	<ul style="list-style-type: none"> • Modality² • Completion date² • Completion reason²
	MOUD completion	Participant completes MOUD	<ul style="list-style-type: none"> • Modality² • Completion date² • Completion reason²

	MOUD compliance	Drug tests for MOUD (specifically where it is indicated that the person is receiving MOUD as part of their treatment regimen)	<ul style="list-style-type: none"> • Test date³ • Drug name³ • Result³ • Therapeutic indicator³
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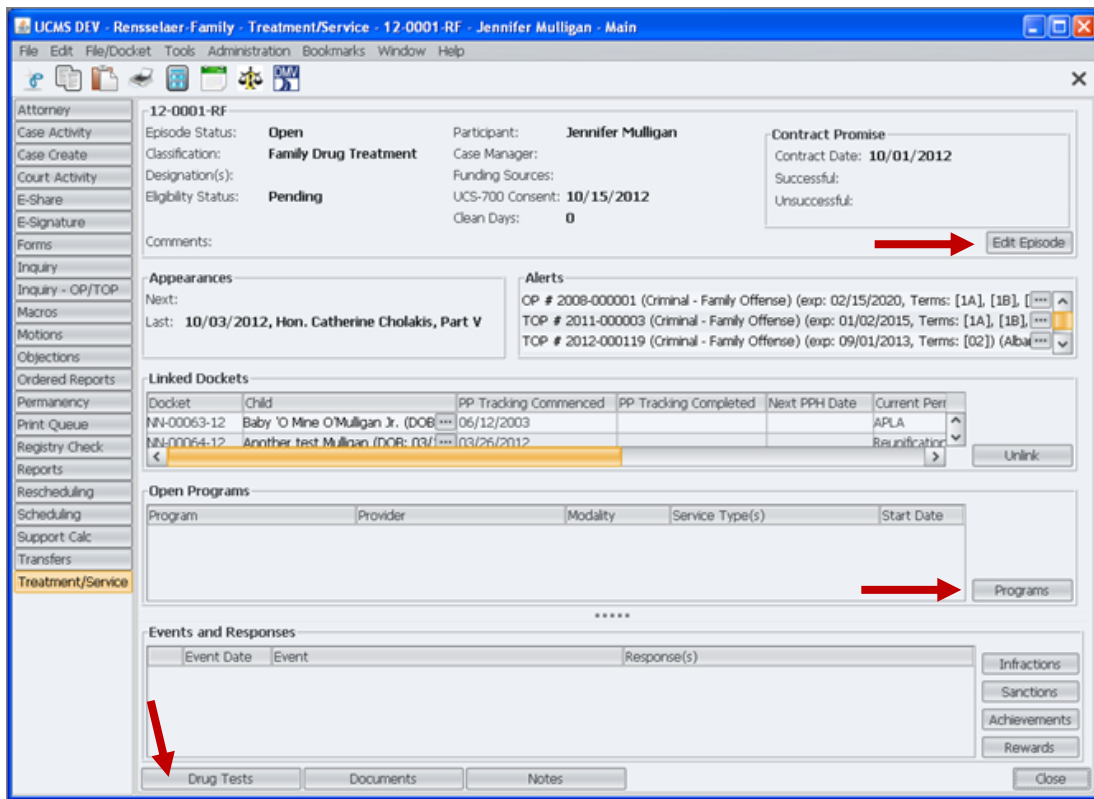
¹ UCMS Location: Treatment/Service Module, Edit Episode

² UCMS Location: Treatment/Service Module, Programs

³ UCMS Location: Treatment/Service Module, Drug Tests

Figure 2 depicts the location where the fields listed in Table 1 (above) should be entered into the UCMS.

Figure 2. UCMS Treatment/Service Module





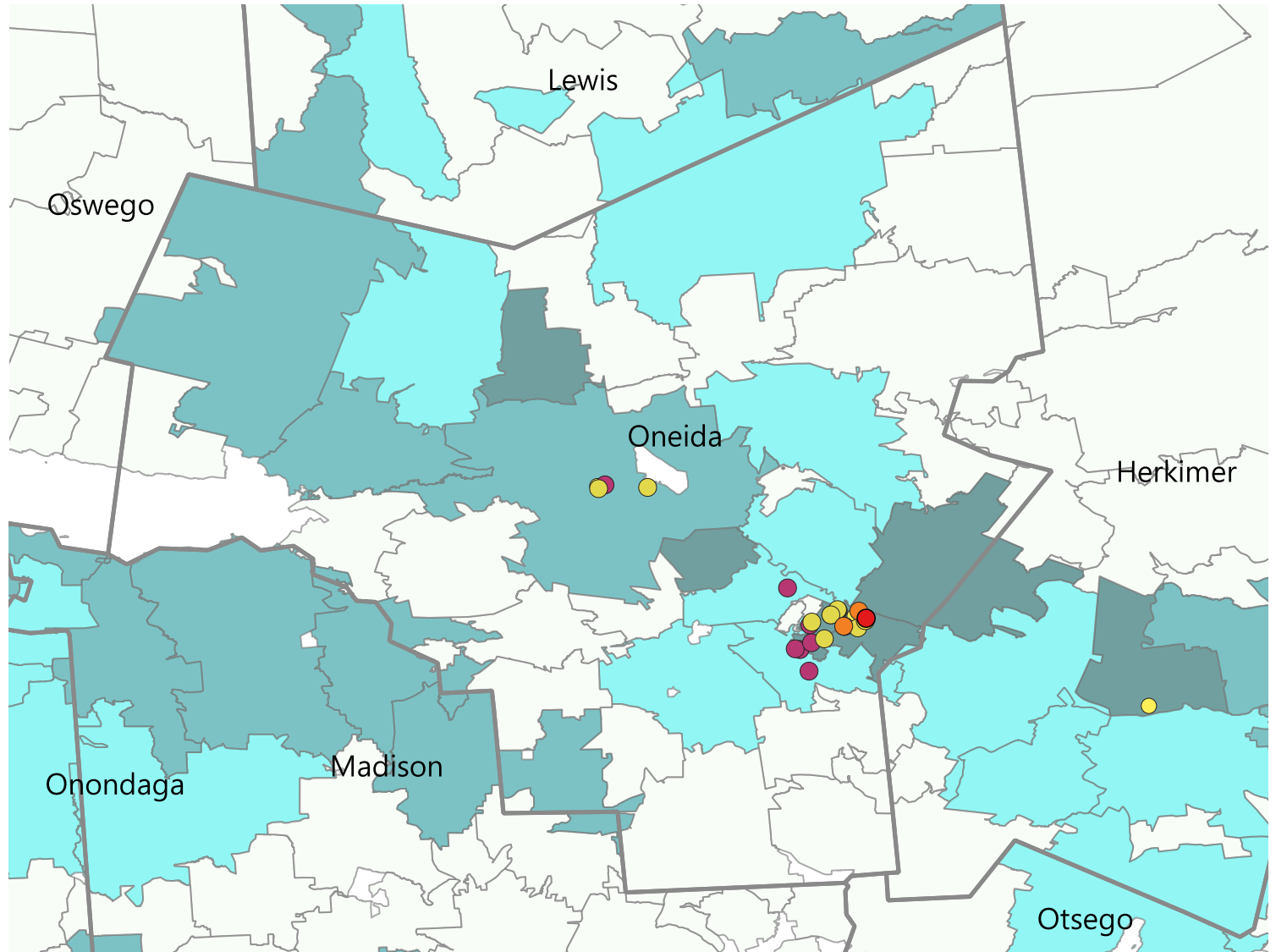
Oneida County Provider Map

Legend

- Court
- Opioid Court Partners
- MOUD/MAT Prescribing Agencies
- Buprenorphine-waivered Providers

Opioid Burden per 100,000

- Data suppressed (too small)
- Q1 & Q2: 0 - 242
- Q3: 242 - 388
- Q4: 388 - 2721





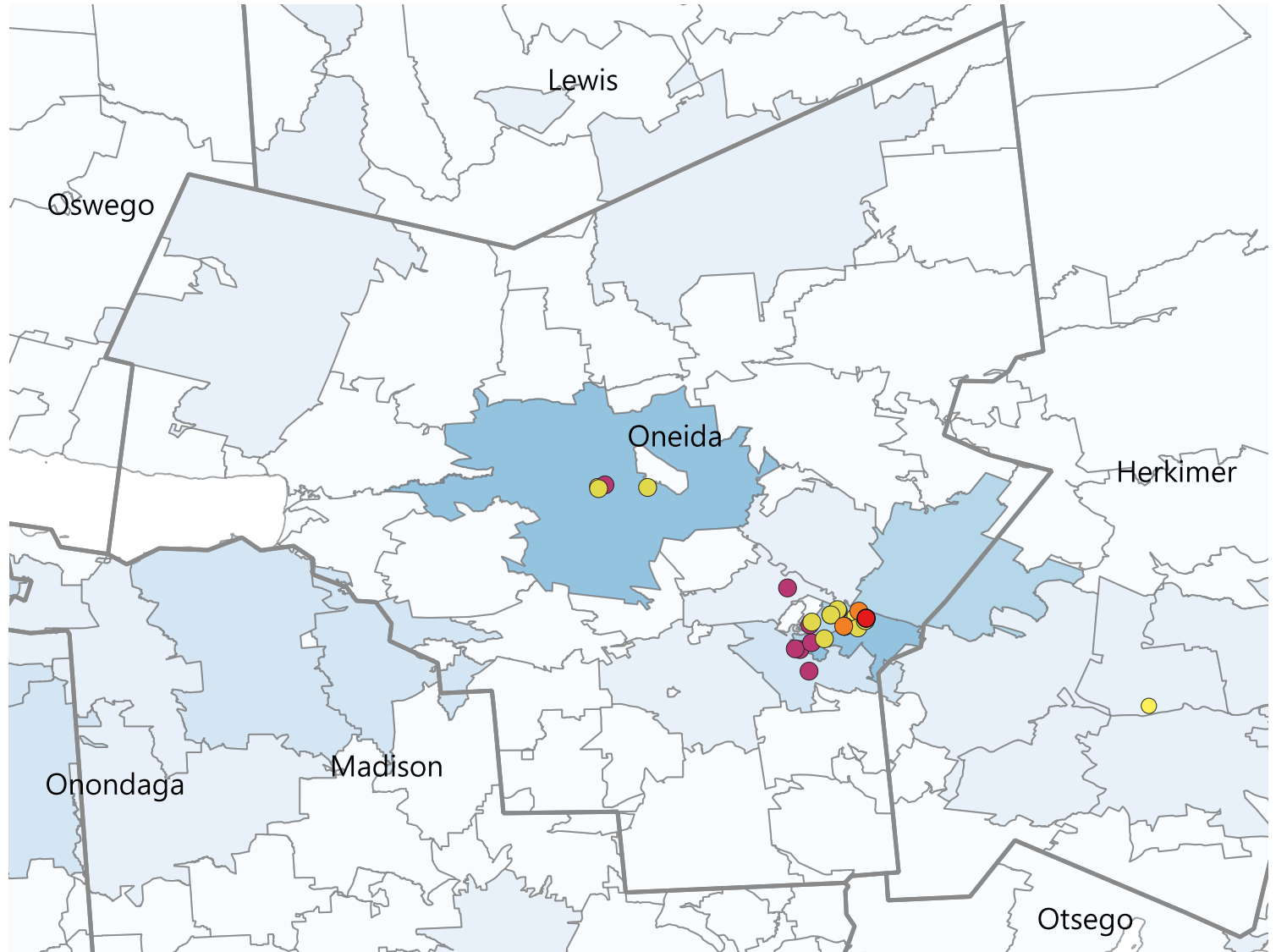
Oneida County Provider Map

Legend

- Court
- Opioid Court Partner Agencies
- MOUD/MAT Prescribing Agencies
- Buprenorphine-waivered Providers

Population

- 0 - 4262
- 4262 - 11511
- 11511 - 21736
- 21736 - 34318
- 34318 - 49692
- 49692 - 66725
- 66725 - 85776
- 85776 - 114647





**ONEIDA COUNTY OPIOID
INTERVENTION COURT**

Utica: 411 Oriskany St. West
Utica, New York 13502

Rome: 100 West Court St.
Rome, New York 13440

Hon. Gregory Amoroso
Treatment Court Judge

Tabatha Sellick
Resource Coordinator II
(315) 997-1082

Robert Fuller
Case Manager I
(680) 214-7679

COURT/ATTORNEY REFERRAL FORM

Date: _____

Defendant=s Name: _____
First M.I. Last

Address: _____

Phone: _____ DOB: _____ Sex: _____

Arrest Date: _____

Charge(s): _____

Court Control Number: _____ NYSID Number: _____

Court: _____ Judge _____

Attorney: _____ Next Court Date: _____

Defendant=s Status (i.e. Bail, Incarcerated, ROR): _____

Is the defendant currently using opiates? (Pain Pills/ Heroin) YES or NO

Is the defendant willing to participate in treatment for substance abuse? YES or NO

Has the defendant ever experienced a non-fatal overdose due to opiates? YES or NO

Judge's Signature

Date

Defendant needs to engage in referral process within five business days or it will be considered closed

Please fax form to 315-266-4756

Oneida County H.O.P.E Intervention Court
Pre-Entry Form

Name: _____ Today's Date: _____

Address: _____

Phone number: _____

Who do you live with? _____

Do you have health insurance? Yes No

 If yes, what do you have? _____

Do you have reliable transportation? Yes No

DRUG HISTORY

Primary drug of choice (how much/ how often/ date of last use):

Secondary drug of choice (how much/ how often/ date of last use):

Other substances used this year: _____

Oneida County H.O.P.E Intervention Court Pre-Entry Form

OPIOID USE

Have you ever experienced a non-fatal overdose from opiates:

In your lifetime In the past year In the past month Never

Have you ever been administered naloxone or Narcan? Yes No

Do you and/or your family/friends have access to naloxone or Narcan to reverse an overdose? Yes No

Are you currently using heroin? Yes No

Are you currently using prescription opioids non-medically? Yes No

Do you have a history of intravenous opioid use? Yes No

Are you currently experiencing opioid withdrawals? Yes No

Restless/ Irritability Nausea/ Vomiting Muscle aches
 Rhinorrhea Sweating Diarrhea Excessive Yawning
 Fever Insomnia Excessive eye tearing

Have you ever been prescribed Methadone, Suboxone or Vivitrol? Yes No

SUBSTANCE USE DISORDER TREATMENT HISTORY (* sign consent releases)

Where: _____ When: _____

Outpatient Detox Inpatient Halfway House Residential

Successful Completion Yes No

Where: _____ When: _____

Outpatient Detox Inpatient Halfway House Residential

Oneida County H.O.P.E Intervention Court Pre-Entry Form

Successful Completion Yes No

MENTAL HEALTH

Do you have a mental health diagnosis? Yes No

If yes, what is your current diagnosis? _____

Are you currently going to mental health therapy? Yes No

If yes, where? _____

Are you currently being prescribed any mental health medications? Yes No

List psychiatric medication:

MEDICAL

Do you have a primary care provider? Yes No

Are you on any medications? Yes No

If yes, what? _____

LEGAL

Current pending legal charges: _____

Court(s): _____

Oneida County H.O.P.E Intervention Court
Pre-Entry Form

Attorney: _____

Do you have any warrants? Yes No

Are you on probation? Yes No

Probation Officer's Name: _____



H.O.P.E
ONEIDA COUNTY
INTERVENTION COURT

Utica: 411 Oriskany St. West
Utica, New York 13502

Rome: 100 West Court St.
Rome, New York 13440

Hon. Gregory Amoroso
Treatment Court Judge

Tabatha Sellick
Resource Coordinator II
(315) 997-1082

Robert Fuller
Case Managers I
(680) 214-7679

Participant Expectations

1. Oneida County Opioid Intervention Court is held on:
Monday, Wednesday & Thursday:
Rome: 8:30 AM- 9:00 AM
Utica: 12:15 PM - 1:00 PM
Your attendance is expected
2. If you are going to be late or absent from court, you are expected to call Robert Fuller, H.O.P.E Court case manager at (680) 214 -7679 before court begins.
3. Participant agrees to meet or report to the treatment provider(s) as required and will follow their clinical recommendations.
4. Participant is expected to engage in random testing for drug use and understands that failure to provide a urine sample can be considered by the court to be the equivalent of a positive test result. Any substance use is expected be reported prior to the drug screen results.
5. When applies, participant is expected to follow pre-trial release or probation terms and contact probation department as scheduled.
6. Participant understands that if he/she misses any court dates or fails to comply with expectations he/she may be released from the program. As a result, pretrial release could be revoked and referring court notified.
7. Participant is expected to explore medication assisted treatment and will chose the best option for themselves after discussing with treatment provider medical staff.

Participant's Signature

Date