Project Court REACH

Rigorous Evidence-based Approaches to Court-based Health Promotion

Ontario County Opioid Stabilization Part

Needs Assessment Report

Columbia University Irving Medical Center

New York State Psychiatric Institute

Center for Court Innovation

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 with opioid use problems, and who are at risk for overdose. Opioid courts aim to lower the risk of overdose (OD), treat opioid use disorder (OUD), and reduce recidivism via rapid identification, screening, and linkage to treatment, 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 refine and evaluate the Opioid Intervention Court in ten participating counties, as framed by the ten Essential Elements, in order to inform and guide the scale-up of the opioid intervention court 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 in partnership with the New York State Unified Court System (UCS) between October 2020 and January 2021. The needs assessment was designed to assist the Ontario County Opioid Stabilization Part (OSP) 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.

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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 system.[1] 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 Ontario County, the opioid overdose mortality rate more than tripled from 2009-2013 to 2014-2018, increasing from 5 to 17.1 per 100,000 members of the population aged 15-64. Though the opioid overdose mortality rate is increasing more rapidly in Ontario County than it is across the NYS, it is still lower 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

[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

supervision and compliance monitoring, 8) intensive case management, 9) program completion and continuing care, and 10) performance evaluation and program improvement.

II. METHODOLOGY

This needs assessment was informed by technical assistance (TA) activities conducted with Ontario Opioid Stabilization Part (OSP) 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.

Ontario Opioid Stabilization Part Stakeholder Group

Members of the OSP stakeholder group who participated in technical assistance activities include:

- Honorable Jacqueline Sisson, Opioid Court Judge
- Betsey Lee, Opioid Court Coordinator
- Jeremiah King, Assistant District Attorney, District Attorney's Office – Ontario County
- Bradley Porter, Assistant Public Defender, Public Defender's Office – Ontario County
- Caitlin Meath, Case Manager
- Jason Briggs, Senior Director of Mental Health and In Community Services, FLACRA
- James Boggs, Correction Sargent, Ontario County Sheriff's Office
- Guy Morse, Forensic Peer Manager, FLACRA

1. Administrative surveys

These surveys were completed by the OSP coordinator, Betsey Lee, and the partner treatment provider, Jason Briggs. 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 these surveys informed the follow-up interviews.

2. In-depth Interviews

After reviewing the 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. Eight interviews were conducted in three months. In setting forth these findings and recommendations, the confidentiality of interviewees has been preserved to the greatest extent possible.

3. MOUD Systems Mapping Exercise

Columbia University research staff created a reference map and database of MOUD service providers within the OSP's jurisdiction that may be leveraged to compensate for service gaps that exist in Ontario county'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. This data is entered by coordinators and case managers 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 OSP's progress at a state level and will be utilized by researchers to track the OSP's progress during the court's participation in Project Opioid Court REACH. This data will also be used to help identify the court's successes and areas for improvement.

The Project Opioid Court REACH technical assistance team has been reviewing the UCMS data from the OSP 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.

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 Ontario Opioid Stabilization Part (OSP) opened in January of 2019. Fourteen participants have completed the program and nine have left the program without completing. Currently, there are no enrolled participants. In early 2020, bail reform and COVID-19 dramatically changed the operations of treatment courts in New York. Bail reform in New York State was implemented through the Bail Elimination Act, S2101-A in January 2020. This Act eliminated cash bail for many criminal offenses in New York State. Significantly more cases are now being written as Desk Appearance Tickets for appearances days or weeks after the criminal offense, extending the time before a participant is typically engaged by opioid court. Treatment courts across the state have reported reductions in referrals since 2019. COVID-19 may also have influenced this reduction in participation. Due to these changes, members of the Ontario court and the OSP saw a reduction of interested participants.

An informal screening process is used at arraignments, typically by a public defender, to determine if an individual is eligible for the OSP. If the individual is eligible for and interested in OSP, the case is adjourned to that part, for the next day. The participant is then referred to a qualified treatment provider, typically the Finger Lakes Addiction Counselling and Recover Agency (FLACRA), for a comprehensive clinical assessment. Through the treatment provider, participants are offered MOUD services. Participants appear in court every weekday, with their appearance becoming less frequent as they progress in the program. Participants complete the program when they have met the requirements of their treatment plan and achieved clinical stability and a lengthy period of abstinence from all substances. The case is then returned to traditional case processing. The OSP has a strong stakeholder group, comprised of individuals who are interested in continuing the OSP.

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 OSP accepts a broad range of charges, including all misdemeanor cases and non-violent felonies. The District Attorney's office declines any case they feel is inappropriate. Currently, individuals with a parole or probation violation as their only criminal justice contact are not accepted into the OSP.

Stakeholders agreed that expanding program eligibility would allow more people to enter the court and get connected to services. Specifically, some stakeholders indicated interest in expanding the court eligibility to include individuals who are on probation, or in drug court, when that person needed additional intervention for an opioid use disorder. While the court has broad legal eligibility, stakeholders have found that there is limited interest in engaging with the court.

<u>Recommendations</u>:

- Review legal eligibility as a stakeholder team, ensure that there are agreed upon standards for cases that are accepted into OSP;
- Consider ways to improve potential participant awareness of immediacy and availability of services related to participation in OSP.
- Discuss plans for expanding court eligibility to include individuals on probation and participants of drug court;
- Create a written eligibility policy and share it with broader stakeholder group.

[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

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]

The OSP uses an informal screening process to identify potential participants. Screening is typically conducted by the public defender before arraignment for most defendants. In some cases, where the individual was still in custody, screening was conducted by a pretrial supervision or 'booking' officer, who then passed the information on to defense counsel. Since bail reform in 2020 and COVID-19 there has been a significant reduction in referrals. As of late 2020, there were no active participants.

The OSP's screening process is similar to the Buffalo Opioid Court approach but is more informal. There is no paperwork involved, but the questions are the same and based on Buffalo's. Screening is a brief conversation that asks the arrested individual if they use opioids or other drugs (prescribed or unprescribed), whether they have ever experienced an overdose, and whether they are interested in accessing treatment. If they answer yes to any of the questions, they were usually put on the next OSP calendar date, either the next morning (at 7:00am) or in the late afternoon (5:30pm). The brevity of the screening process helps to swiftly determine clinical eligibility and program suitability so that the court can immediately begin the assessment and referral process. Once the initial screening is complete, a case manager assigned to the court – typically a qualified treatment provider from FLACRA – conducts a longer clinical assessment and makes a level-of-care recommendation to the court (see 'Rapid Clinical Assessment and Treatment Engagement' below). The court coordinator also keeps track of those who are deemed ineligible.

Since bail reform was enacted in 2020, many of those who would have been screened at arraignment are receiving desk appearance tickets (DATs). There is no outreach process in place for contacting these individuals to discuss the OSP option between the issuance of a DAT and their first appearance in court, roughly 90 days later. To ensure this population remains aware of available services, FLACRA still routinely attends arraignments to conduct outreach in person. The OSP is also considering developing early identification processes involving law enforcement. One such strategy involves the use of 'mobile (road) patrol' alerts. Staff from FLACRA's Center for Treatment Innovation (COTI) team listens for new arrests involving drug-related charges and then connects with those individuals through the arresting officer. At the time of writing, this strategy had linked several people to FLACRA, but had not led to any OSP admissions.

<u>Recommendations</u>:

- Continue exploring early identification processes with law enforcement;

[3] Id.

- Increase buy-in and support from law enforcement and defense counsel through awareness and education efforts and via training on OUD and MOUD;
- Formalize the screening process and create written procedures.
- Develop additional strategies to keep potential participants informed of the OSP option and available services while they are awaiting their first court date;
- Explore opportunities to integrate community-based Certified Peers 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]

In Ontario, defense counsel is assigned at the Central Arraignment Part (CAP). Defense counselors have an opportunity to meet with their new client and conduct an initial interview. There is no formalized process for defense counsel to determine if their client is appropriate for OSP, it is a decision made individually by defense counsel. No formal training has been provided to defense attorneys who are assigned to individuals who enter OSP.

As described above, there is no formal screening process at arraignment to determine who is eligible for OSP. Most referrals to OSP come from defense counsel, after consultation with their clients about the program. Clear policies and procedures regarding defense counsel notification and involvement would be a valuable addition to the program. If a formal screening process is implemented, a process surrounding defense consultation and informed participant consent must also be created. As the court expands participation, this policy will allow all stakeholders to know how and when defense counsel will be involved in the process.

Currently, individuals who are given desk appearance tickets do not engage with defense counsel until their appearance at arraignments. Ideally, individuals who need services related to opioid use disorder would be connected to those services as early as possible. Currently, there is no process in place for those individuals to be screened or contacted prior to their first appearance in court.

<u>Recommendation</u>:

- Work with technical assistance providers to develop opioid court training and resources to help ensure the group of attorneys who are assigned OSP cases are trained on topics such as risk of overdose, availability of expedited clinical and health support, recovery support services;
- Explore procedures for ensuring defense counsel is notified and involved when someone is being considered for opioid court;
- Develop protocols for connecting people to treatment services prior to their first appearance in court.

[4] Id.

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]

In the OSP, prosecution is suspended when an individual enters the court, allowing the participant to focus on stabilization. If a participant is unsuccessful in OSP, there is no penalty, and the case is returned to its original posture. If a participant successfully completes OSP, the case is returned to the traditional case process. Depending on the circumstances of the case, this may mean a plea, entry into drug treatment court, or a return to traditional prosecution.

Stakeholders noted that there is no case related benefit to completion of OSP, the benefit is clinical intervention. There was interest among some stakeholders in discussing whether a more favorable disposition would be considered, though not promised, after completion of OSP. Some stakeholders believe that there is already favorable consideration given, while others believe OSP completion does not provide any case-related benefit. Stakeholders agree there is no formal benefit offered when participants enter OSP.

Recommendations:

- Formalize in writing that there is no penalty for a participant not being successful in OSP;
- Consider favorable case disposition on case-by-case basis and discuss how this will be implemented.
- Discuss how and when cases will be referred to a post-plea treatment court.

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]

After being screened as appropriate for OSP by defense, and accepting the OSP offer, participants receive a comprehensive clinical assessment from a licensed treatment professional. After consents are signed, information is gathered about the individual's substance use and mental health history, immediate medication and housing needs, HIV/Hep C treatments, health insurance, employment status, and other key demographics. The assessments and service referrals conducted at court are handled by FLACRA.

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, intensive

[5] Id.
[6] Id.

outpatient treatment (IOP), and mutual aid. It was reported that half of the participants are referred to inpatient treatment (between two and four months long), and half to IOP. For those participating in outpatient treatment, there is contact with the OSP staff every day, including weekends. This engagement can include individual or group sessions, court appearances, 12-step meetings, medical appointments, and meetings with Certified Peers from FLACRA.

The OSP aims to have participants admitted into detox for MOUD induction or inpatient treatment within 1-2 days of initial screening, if not the same day. Insurance navigators assist by ensuring that a participant's health coverage is activated upon release from custody. While referrals are always initiated during this early window, it was indicated that a lack of prescriber availability can cause delays. As a result, OSP participants can wait for up to a week or more to be inducted by an MOUD prescriber. Additionally, while it was noted that most OSP participants prefer buprenorphine, and naltrexone is readily available, methadone is less accessible. The nearest methadone clinic is in downtown Rochester, which is approximately forty-five minutes away.

The research team identified three potential MOUD provider agencies in Ontario county, along with the several providers in the FLACRA network [See Provider Map and Provider Database in the appendix]. Additionally, there are six buprenorphine-waivered providers in the county outside of these agencies who can prescribe buprenorphine from their offices. Several agencies and individual providers also have telehealth capacity. These agencies and providers, especially those in other areas of the county, could be connected to the OSP in order to increase capacity and reduce wait times.

Recommendations:

- Continue to identify and partner with additional MOUD prescribers and treatment providers throughout the county (including telehealth options) to reduce wait times;
- Ensure that wait times are not contributing to participants remaining in custody, especially while in withdrawal, as they wait for an inpatient treatment bed (i.e., "bed-to-bed" treatment plans);
- Continue to provide court practitioners (judge, prosecutors, and defense) with training on the science of OUD and best practices for MOUD utilization in legal settings;
- Collaborate with local healthcare providers and develop a strategy to make methadone more available to Ontario County residents; explore ways to expand access to managed take-home doses.

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]

One or more Certified Peers from the COTI wing of FLACRA have been providing supportive services for the OSP since inception. A Certified Peer was a part of the OSP planning phase and launch. Prior to bail reform and COVID-19, Certified Peers were active in the court setting in several ways. The Certified Peer spoke to incarcerated individuals about available treatment services and provided warm handoffs between the court and detox or inpatient programs after referral. Certified Peers also assisted participants with transportation, bringing participants to court or treatment appointments, linking them to community-based resources and mutual aid groups. Ontario County also has a recovery community center (FLACRA's "Connected: Rounded Recovery") that offers a range of activities (sports and recreation, yoga, open mic nights, craft-making, and more) and mutual aid groups to OSP and treatment court participants. At the time of writing, the OSP did not have any dedicated family service navigators, however, Certified Peers do assist with childcare and family needs when needed. After bail reform, COTI staff continued to attend arraignments to ensure individuals with drug or SUD-related charges were apprised of recovery supports in the community. Ontario County has a recovery community center, which according to several stakeholders, interfaces with OSP and treatment court participants.

Most interviewees noted that because the OSP is designed to be a brief intervention focused on clinical stabilization, providing vocational-focused services are more within the scope and capacity of the local treatment court or continuing care. However, employment and training opportunities were identified as a something readily available to interested OSP participants. FLACRA has a robust Vocational Education department, and in December of 2020, the agency was approved through Workforce Development to provide Certified Peer training. The OSP's primary supportive service challenge relates to housing. According to several stakeholders, the county only has sober units connected to supported living buildings, but they have long waitlists, and other limitations. For example, it was indicated that full-time students do not qualify for OASAS-certified housing.

Recommendations:

- Continue to leverage the FLACRA and COTI partnership for linkages to recovery supportive services in the community;
- Develop a strategic plan to expand sober living and other supportive housing options;
- Continue to leverage the vocational, educational, and peer training opportunities provided by FLACRA.

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

[9] Id.

frequent, random drug testing using evidence-based drug testing protocols. During the 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 work towards clinical stabilization.[8]

The OSP had a court calendar called five days a week when the court was operating fully in person. Participants were required to appear every weekday. Participant appearances would be reduced during their time in the program, ending with appearance once a week. This process has not been modified due to COVID-19, as there are currently no participants.

The treatment provider FLACRA conducts weekly drug tests for OSP participants. Drug testing also occurred at the courthouse, pre-COVID-19. Positive drug tests are responded to by clinical intervention, rather than judicial sanctions. When a participant failed to appear in court, efforts were made to locate them and bring them to court the next day, prior to a warrant being issued.

Recommendation:

- Engage in discussions with the stakeholder group to find ways to increase enrollment in the OSP.
- Consider whether remote appearances for participants would be beneficial to OSP.

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]

Case management for the OSP is primarily administered by FLACRA staff. They coordinate between the court, the treatment provider, the waivered physician, Certified Peers, and recovery support service providers. The case manager role was part of the opioid court's planning phase and is now well-integrated into program operations. A case manager from FLACRA, conducts the clinical assessment after initial screening and then, depending on needs and level of care, makes the first set of referrals. From there, assigned case managers relay information to the court about a participant's attendance, treatment engagement, and general progress. Case managers and Certified Peers work together to help address any transitional housing, vocational, transportation, family, or primary health needs. Communication between the case manager and the OSP coordinator was reported to be streamlined and consistent. Prior to COVID-19, information was passed along in person or by email. Today, communication is almost entirely virtual.

Recommendations:

[8] Id.
[9] Id.

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

9. Program Completion and Continuing Care

Each opioid court should have clear completion criteria. Criteria should include a requirement that participants 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 while the resolution of their criminal charges is pending. 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]

OSP participants complete the program when they have met the requirements of their treatment plan and achieved clinical stability and a lengthy period of abstinence from all substances. Given that treatment plans are individualized, this time frame can vary depending on the length and level of care, the occurrence of any treatment or legal setbacks, and overall program compliance (attendance, engagement, etc.). Stakeholders reported that no formal criteria have been set out, but most of those who completed were in the program for about 90 days, depending on the factors listed above.

As participants progress through the program, court check-ins are gradually stepped down. As a participant approaches completion, they typically attended court only once per week. Participants with higher-level offenses, or facing longer sentences, typically move on to the post-plea treatment court. There is no formal system for applying the time spent in OSP against treatment court participation, but the treatment court team will take it into consideration. There are no negative legal consequences for participants who do not successfully complete OSP. These participants are either referred to the treatment court or returned for regular case processing.

Continuing care (also known as aftercare or recovery management) is encouraged but is not mandated. To help maintain their early recovery, the OSP urges participants to remain connected with the program on a voluntary basis, check in with their Certified Peer, and engage with the broader recovery community (e.g., FLACRA, Connected: Rounded Recovery). The judge also encourages but does not require graduates to attend mutual aid groups (e.g., 12-Step groups like Alcoholics Anonymous, Narcotics Anonymous, SMART, etc.) and seek out a sponsor.

<u>Recommendations</u>:

- Create a formal completion criteria checklist that could include elements of social stabilization to be addressed through case management;
- Participants and case managers should develop a comprehensive, voluntary continuing care plan to support recovery after program completion;
- Develop an MOU to formalize how time spent in OSP will count towards treatment court participation (where applicable).

[10] Id.

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. These practices allow the court to identify service gaps and make program improvements.[11]

The UCMS Treatment Services Module is a platform for inputting, storing, and updating information about participants' progress through 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 aggregated in the Opioid Court dashboard to monitor and track the OSP progress at a state and local level. This data will be utilized to track the court's progress during participants in the 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 your opioid court's UCMS data from 05/2019 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 your county's technical assistance activities.

Referred to Opioid Court
From 05/2019 through 03/2021, the Ontario Opioid Stabilization Part (OSP) accepted 31 referrals for potential participants. Of these 31 potential participants, n=22 became official participants based on 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 assessment information for 7 out of your court's 31 potential participants. It is likely that these assessments are being conducted (with results captured in a different data platform) but are not being linked to potential participants' cases in UCMS.

Participation Acceptance
Out of the 31 potential participants referred to the court, UCMS data document that n=22 were offered and accepted the opportunity to participate in the OSP.

Treatment Initiation
Out of the 31 potential participants referred to the court, there is treatment initiation information available for n=24 individuals, of whom n=11 are recorded as having been linked to MOUD. It is

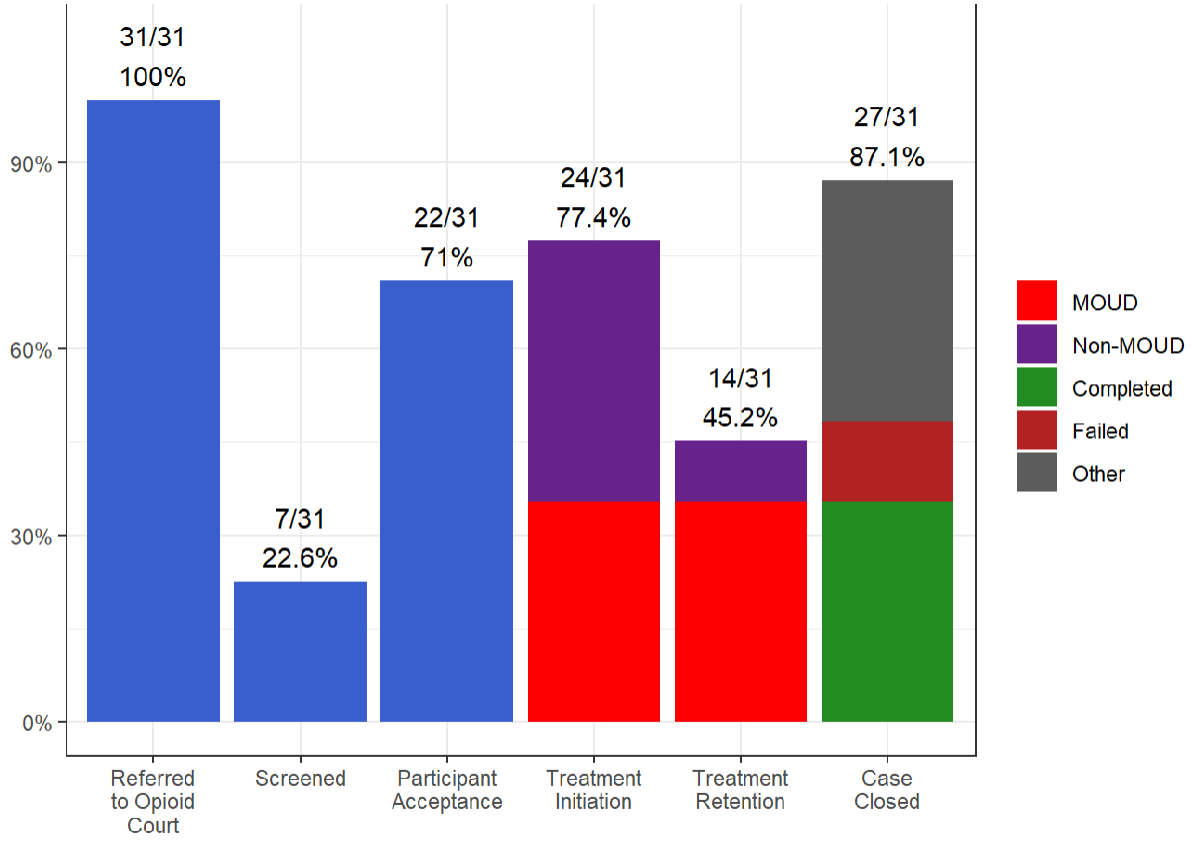
[11] Id.

likely that a larger proportion of OSP participants are linked to treatment, and more specifically MOUD, during their court participation but are not undocumented as such in UCMS.

Treatment Retention
Beyond treatment initiation, it is important that court participants engage with the treatment system throughout their OSP participation. According to the data entered into UCMS, n=14 participants successfully completed at least one treatment program during their court participation.

Case Closed
There is information on case closure in UCMS for n=27 individuals out of the n=31 potential court participants. It is assumed that the remaining four participants are still active cases. Among the 27 individuals with an opioid court close reason: 11 are listed as having completed/graduated (41%), four are listed as having failed (15%), one is listed as refused (4%), one is listed as abated by death (4%), and the other 10 (37%) are listed as incomplete cases (three loss of contact, seven transferred to other court or jurisdiction).

Figure 1. Ontario OSP Participation Outcomes using UCMS Data (n=31)



Recommendations:

- 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

The OSP has numerous assets that can be leveraged to enhance the practices of their court. All stakeholders are generally willing to share information and devote time to ensure that the opioid court achieves its goals of preventing overdose and stabilizing participants. With the Center's technical assistance, the court can make improvements by implementing the recommendations made by Center staff in this report, specifically to expand eligibility to increase participation, increase early identification, increase communication between stakeholders, and partner with additional MOUD providers. The writers hope that this report will offer stakeholders useful information and concrete suggestions for the long-term enhancement of the OSP.

References

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