

Project Court REACH:
Rigorous Evidence-based Approaches to Court-based
Health Promotion

**Syracuse CARE Court (Court for Addiction,
Recovery, and Education)**
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 in partnership with the New York State Unified Court System (UCS) between September 2020 and February 2021. The needs assessment was designed to assist the Syracuse City Court’s Court for Addiction, Recovery, and Education (CARE) 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 developing evidence-based treatments and 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 Onondaga County, the opioid overdose mortality rate more than doubled from 2009-2013 to 2014-2018, increasing from 12.0 to 27.7 per 100,000 members of the population aged 15-64. Onondaga's opioid overdose mortality rate is greater than NYS's (27.7 vs. 19.3, respectively), further highlighting the need for and importance of identifying individuals at risk for overdose and linking them with treatment within the county.

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 the Onondaga County opioid court, formally named Syracuse City Court for Addiction, Recovery, and Education (CARE), 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.

Strategic Planning Committee

Members of the CARE Court strategic planning committee who participated in technical assistance activities include:

- Lou Elliot, Onondaga County Bar Association Assigned Counsel Program, Juvenile Justice Coordinator
- Cindi Newtown, Onondaga County Assistant District Attorney
- Tim Zacholl, Case Manager, ACR Health Inc.
- Aris Dysert, Chemical Dependency Clinician, Conifer Park
- Ron Wood, Program Director, Helio Health
- Hon. Rory McMahan, Judge*
- Dan Schick, Court Coordinator, CARE*

*Hon. Rory McMahan was elected to a new position at the end of the needs assessment process and Hon. James H. Cecile is the new presiding judge of CARE Court as of January 2021. Additionally, Brigid Stone replaced Dan Schick as the court coordinator in January 2021. Neither Judge James H. Cecile nor Brigid Stone took part in the needs assessment process due to timing.

1. Administrative surveys

These surveys were completed by the Syracuse CARE Court coordinator, Dan Schick, and the partner treatment provider, ACR Health. The surveys included questions about opioid court operations, such as eligibility criteria, screening and assessment processes, stakeholder engagement, and treatment planning. The results of this survey informed the follow-up in-depth interviews.

2. In-depth interviews

After having reviewed data collected from the administration 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 opioid court enhancement. Seven 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 created a reference map and database of MOUD service providers within the Syracuse CARE Court's jurisdiction that may be leveraged to compensate for service gaps that exist in Onondaga 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 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 CARE Court's progress at a state level and will be utilized to track CARE Court's progress during the court's participation in Project Opioid Court REACH. This data will also be leveraged to help identify CARE Court's successes as well as areas for improvement.

The Project Opioid Court REACH TA team have been reviewing the UCMS data from CARE 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.

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 Syracuse CARE Court opened in the fall of 2019 and is modelled after the country's first Opioid Court in Buffalo. The mission of the program is to save lives by linking defendants at risk of overdose to evidence-based treatment within 24-48 hours after arrest. The CARE Court accepts a broad range of charges and suspends prosecution until participants have stabilized.

Before or at arraignment, the CARE Court coordinator or defense counsel interviews defendants using a brief screener to identify those at risk of overdose. The screener is followed by a referral to CARE Court and then a clinical assessment is administered by an onsite treatment professional. Based on the results, the individual is then referred to one of several treatment options in the community. Most CARE Court participants are prescribed buprenorphine; however, methadone and naltrexone are also available. New participants attend court every day for at least the first 30 days unless they are receiving treatment in an inpatient setting. After 30 days court hearings may be reduced. Once a participant has stabilized, and completed their treatment requirement, they may be eligible for graduation. There are no legal consequences for those who do not complete CARE Court, individuals may receive a disposition, may be returned to the regular docket, or may participate in a treatment court by entering a plea. Graduates often receive a more favorable disposition than they would have otherwise.

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 CARE Court accepts a broad range of charges but excludes domestic violence, sex crimes, and most violent felonies. There are exceptions made, most often with burglaries, and stakeholders indicated all charges are considered on a case-by-case basis. There is support from all stakeholders on the charges accepted into CARE Court.

Currently, CARE Court only accepts referrals from the city of Syracuse. Numerous stakeholders indicated they would like to open participation to the surrounding towns and villages in Onondaga county. The new judge and court coordinator have indicated this is a priority for them as well.

Recommendations:

- Create a process for referrals from towns and villages throughout the county by engaging with local police departments and local courts;
- Continuously review eligibility criteria and consider expansion to violent felonies where risk of overdose is indicated;
- Review accepted cases to ensure the program is accepting higher level charges, such as felonies and violent misdemeanors, in accordance with written eligibility.

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.

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

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 Syracuse CARE Court uses a brief screening tool to identify potential participants. Prior to the adoption of bail reform in January 2020, the tool was typically administered by the court coordinator at arraignment for most defendants. In cases where the individual was still in custody, the screener was administered by a Certified Peer Recovery Specialist (CRPA) or pretrial supervision officer, who then passed the information on to defense counsel. Since bail reform in 2020 and COVID-19 there has been a reduction in cases. As such staffing a full-time onsite CRPA could not be justified. Therefore, the tool has been mostly administered by defense counsel at arraignments. This streamlines the participants' informed consent provided that the public defenders understand how CARE Court operates.

Syracuse's brief screening tool is similar to the one used in the Buffalo Opioid Court. Presently there is no validated tool available. It asks individuals 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 are usually put on the CARE Court calendar for 1:30 that same day. If the individual is experiencing severe opioid withdrawal and is too sick to attend court, they remain in custody and are put over to the next CARE Court date, which is held every day. It is unclear if individuals are provided medication during this time. The screening tool's brevity 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 (either from ACR, Crouse Health, or Helio Health) 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 CARE Court option between the issuance of a DAT and their first appearance in court, currently about 90 days later. To encourage participation, the program is considering developing a new early identification process involving law enforcement, which technical assistance can support.

Ensuring appropriate participants are identified and referred to the CARE Court requires a legal examination of the entry process and a broad understanding of opioid use disorder (OUD) and MOUD in the court system. While court stakeholders supported the use of MOUD and demonstrated 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), could serve to facilitate opioid court referrals from these partners.

Recommendations:

- Develop new 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;
- Develop additional strategies to keep potential participants informed of the CARE Court option and available services while they are awaiting their first court date;
- Consider how to integrate the CRPA navigator 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 Onondaga County Bar Association Assigned Counsel Program, the chief defense organization of Onondaga County, is responsible for assigning council to staff treatment courts in the county including the CARE Court. A member from the Assigned Counsel program was present at the CARE Court planning meetings and reported that defense is supportive of the court. Participants in CARE Court consult with defense counsel prior to program entry, and often the initial referral to CARE Court comes from defense counsel at arraignment.

There are a group of attorneys who have volunteered to be assigned CARE Court cases. It was indicated that there is no specific training for volunteer assigned attorneys when they begin representing clients in CARE Court. Additionally, the majority of private defense attorneys who work with the Assigned Counsel Office are willing to administer the risk of overdose screening tool when applicable. Center staff did not interview any attorneys who directly represented participants in the CARE Court. This information could identify additional gaps in program operations.

Recommendations:

- The court coordinator should convene necessary stakeholders and work to create a process to connect referred participants from law enforcement to defense counsel;
- Work with technical assistance providers to develop opioid court training and resources to help ensure the group of attorneys who take CARE Court cases are trained on necessary topics related to risk of overdose etc.

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

⁴ Id.

⁵ Id.

The district attorney and defense representative from the Assigned Counsel Program indicated that prosecution is suspended during a participant's time in CARE Court. After a participant completes CARE Court, the case is returned to the traditional court process. 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 reported that if defense counsel requests a more favorable disposition of a case due to completion of CARE Court, it is typically received, although this process is not formalized.

It was indicated that in cases where CARE Court participants have been using drugs regularly or have absconded from the program and been re-arrested, the participant has been taken into custody until a residential treatment placement has been secured.

Recommendation:

- Formalize in writing that there is no penalty for a participant not being successful in CARE Court;
- Become informed on the constitutional implications of holding a participant in custody while they await treatment;
- Consider the health and overdose risks associated with jail stays;
- Consider the impact of jail stays on a participant's daily obligations such as childcare.

5. Rapid Clinical Assessment and Treatment Engagement

Opioid court clients should receive a comprehensive clinical assessment administered by a qualified treatment professional, and should rapidly engage in 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 the CARE Court by the coordinator, an assigned CRPA, pretrial service officer, or defense counsel, 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 or housing needs, HIV/Hep C treatments, health insurance, employment status, and other key demographics. The majority of assessments and service referrals are handled by ACR Health, a non-profit community health organization.

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 outpatient treatment, and mutual aid. It was reported that most participants are admitted into detox for MOUD induction or inpatient treatment, and typically within 1-2 days of initial screening, if not the same day. Participants who were already prescribed MOUD at the time of arrest or were initiated while in custody, are provided bridge prescriptions until they can be linked with a community provider. Participants in Syracuse CARE Court benefit from the range of individualized and comprehensive treatment options.

⁶ Id.

Stakeholders cited high-demand for treatment beds, the prevalence of co-occurring severe mental illness (SMI) and related difficulties/capacity in providing treatment for participants with SMI, and insurance-related issues as the primary barriers faced by those seeking treatment. The Syracuse CARE Court, however, has developed robust partnerships with ACR Health, Helio Health, Crouse, and Conifer Park. Having access to multiple providers, some of whom are open 24/7, has helped the CARE Court provide its participants relatively seamless access to a range of modalities and all three FDA-approved medications for opioid use disorder.

The research team identified 17 potential MOUD providers in Onondaga county, including the four agencies that are currently partnered with the Syracuse CARE Court [See Provider Map and Provider Database, Appendix 1]. Despite this robust treatment accessibility in the Syracuse region, the rest of the county does not have as easy access to MOUD providers and expanding capacity of the Syracuse CARE Court beyond the city may require leveraging mobile and telehealth services along with provider outreach and MOUD capacity building.

Recommendations:

- Provide court practitioners (judge, prosecutors, and defense) with ongoing training on the science of MOUD and best practices in legal settings;
- Encourage mutual aid and/or recovery community engagement with caution as not all groups support the use of MOUD; evidence-based treatment options that support MOUD should be emphasized;
- Develop partnerships with MOUD prescribers and treatment providers throughout the county to support expansion of referrals.

6. Recovery Support Services

Opioid courts should offer participants a broad range of evidence-based recovery support services. This includes using CRPAs 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 CRPAs have been providing supportive services for the CARE Court process since its inception. A CRPA from Helio Health's Center of Treatment Innovation (COTI) team was a part of the CARE Court's planning phase and launch. Prior to COVID-19, CRPAs were active in the court setting in several ways. The CRPA spoke to arrested individuals about available treatment and service options and then provided warm handoffs to licensed clinicians for assessment and referral. CRPAs also assisted participants with transportation, bringing them to court or treatment appointments, linking them to community-based resources, recovery centers, and mutual aid groups. At the time of writing, the CARE Court did not have any dedicated family service navigators assigned, however, CRPAs did assist with childcare and family needs where possible.

⁷ Id.

After bail reform, to help address reduced participation, CRPAs at the courthouse engaged with individuals released with DATs and attempted to refer them to services. Unfortunately, few referrals were generated this way. Today, Helio Health's CRPAs are no longer staffed at the courthouse and are only engaged with the CARE Court when ACR Health reaches out with a direct referral. Helio Health's COTI program currently provides CRPA services with the Jamesville Correctional and Madison County Correction facilities, as well as with local parole and probation offices.

The Syracuse CARE Court stakeholders agreed that expanding access to supportive transitional housing is an ongoing need. Employment and training opportunities for participants were also identified as services worth expanding. Most interviewees noted, however, that because the CARE Court is intended to be a brief intervention focused on physiological stabilization, providing vocational-focused services are more within the scope and capacity of the local treatment court or voluntary aftercare.

Recommendations:

- Continue to develop partnerships with the robust treatment and recovery supportive services in the community;
- Develop a strategic plan to expand partnerships with transitional and supportive housing in the community;
- Expand continuing care opportunities to include more vocational options for graduating participants, more formalized access to employment, job training and preparation, resume-writing, education and GED 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

CARE Court participants appear in front of the judge daily when they first enter the program and have reduced appearances as they move closer to graduation. This has been modified due to COVID-19. Participants now appear virtually in court three times a week and then check-in with their case manager on the two days they do not appear in court.

The judicial assignment for CARE Court was modified during the writing of this report and the new presiding judge has indicated his support for the program and participation in the Project Court REACH initiative.

⁸ Id.

Drug testing is facilitated by the coordinator and it is conducted at CARE Court. This was suspended during COVID-19 while the courthouse was closed. The drug testing is random and does not adhere to any schedule. Most participants are also being drug tested at their treatment facilities. Stakeholders reported that communication about participants' progress happens frequently over email.

It was reported by all stakeholders that sanctions are not imposed in CARE Court but if a participant is considered a "danger to themselves" or is awaiting a treatment bed they will hold them in jail.

Recommendations:

- Allow virtual appearances to supplement in-person court appearances for those who have barriers such as transportation, mobility, or childcare even after COVID-19 restrictions are lifted;
- Ensure the judge is trained in, and applying, motivational interviewing techniques;
- Change the practice of using jail to hold a participant until a treatment bed is available due to its harmful effects and work with community and treatment providers on alternatives to this method;
- 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

Case management for the Syracuse CARE Court is primarily administered by ACR Health staff. They coordinate between the court, the treatment provider, the waived physician, 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, usually from ACR, 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 (from either ACR, Helio Health, or Crouse) relay information to the court about a participant's attendance, treatment engagement, and general progress. Case managers and CRPAs work together to help address any transitional housing, vocational, transportation, family, or primary health needs. Communication between the case manager and the CARE Court 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:

- 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 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

CARE Court participants complete the program when they have met the requirements of their treatment plan and achieved clinical stability. 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 participants are in the program anywhere from three to six months, sometimes up to a year, depending on the factors listed above.

As participants progress through the program, court check-ins are gradually stepped down. As a participant approached completion, they typically attend court only once per week. Participants with higher-level offenses, or facing longer sentences, often move on to a post plea treatment court. There is no formal system for applying the time spent in CARE Court against treatment court participation, but it is a consideration. Participants with minor first offenses, misdemeanors, or lower-level felonies are typically granted adjournments in contemplation of dismissal (ACD). These participants move on to “compliance court” which involves monthly appearances, normally for six months. If a person experiences a legal or treatment setback during this phase, the ACD can be opened back up and the CARE Court process resumes. In cases where the setback is more serious – a new charge, abscondment, or a prolonged return to use, CARE Court fully resets. Otherwise, participants will resume until stabilization has been re-established.

There is an informal understanding that graduates facing misdemeanor, or low-level felony, charges, receive a more positive disposition (often dismissal) than they would otherwise. Higher-level offenses, such as burglaries, may be reduced to misdemeanors with probation. There are no legal consequences for participants who do not successfully complete the program. These participants are typically referred to drug court, otherwise cases are returned to regular case processing.

Continuing care (also known as aftercare or recovery management) is encouraged but cannot be required beyond monthly court appearances in cases where they are continuing in compliance court. To help maintain their early recovery, the CARE Court urges participants to remain connected with the program on a voluntary basis, check in with their CRPA, and engage with the broader recovery community (e.g., Helio Health Recovery Center). The judge also encourages

¹⁰ Id.

but cannot require graduates to attend mutual aid groups (e.g., 12-Step groups like Alcoholics Anonymous, Narcotics Anonymous, SMART, etc.) and seek out a sponsor.

Recommendations:

- 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 CARE 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

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 the CARE 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. Using CARE Court UCMS data from 01/2019 through 10/2020, a preliminary analysis of the court's participation outcomes to date are described below and depicted in Figure 1. The research team estimates that missing data might influence the accuracy of the estimates below. Thus, training and support around UCMS data entry will be incorporated into the county's technical assistance activities.

Referred to Opioid Court

From 01/2019 through 10/2020, the Onondaga CARE Court accepted 99 referrals for **potential** participants. It is likely that not all of these individuals were (or will be) either offered to participate in CARE Court or accepted the court's offer to participate. However, current data contained within UCMS make it difficult to discern which participants were accepted into the court after referral.

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

¹¹ Id.

background (arrest history, housing, employment, family, etc.). Currently, there is no screening information for any of the 99 potential participants within UCMS; 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 99 potential participants referred to CARE Court, n=30 were offered and accepted the opportunity to participate in the court. None of these 30 individuals have a close date or close reason, indicating that they are **current** participants of the opioid court. The other 69 individuals in CARE Court dataset are missing information that indicates that they agreed to participate in opioid court therefore, it is unclear exactly which individuals who were referred to CARE Court were, or are, CARE Court participants.

Treatment Initiation

Currently, there is treatment initiation information available for n= 23 individuals out of the n=99 potential participants in UCMS, most of whom are recorded as having been linked to MOUD. It is likely that a larger proportion of CARE participants are linked to treatment, and more specifically MOUD, during their court participation but this is undocumented in UCMS data.

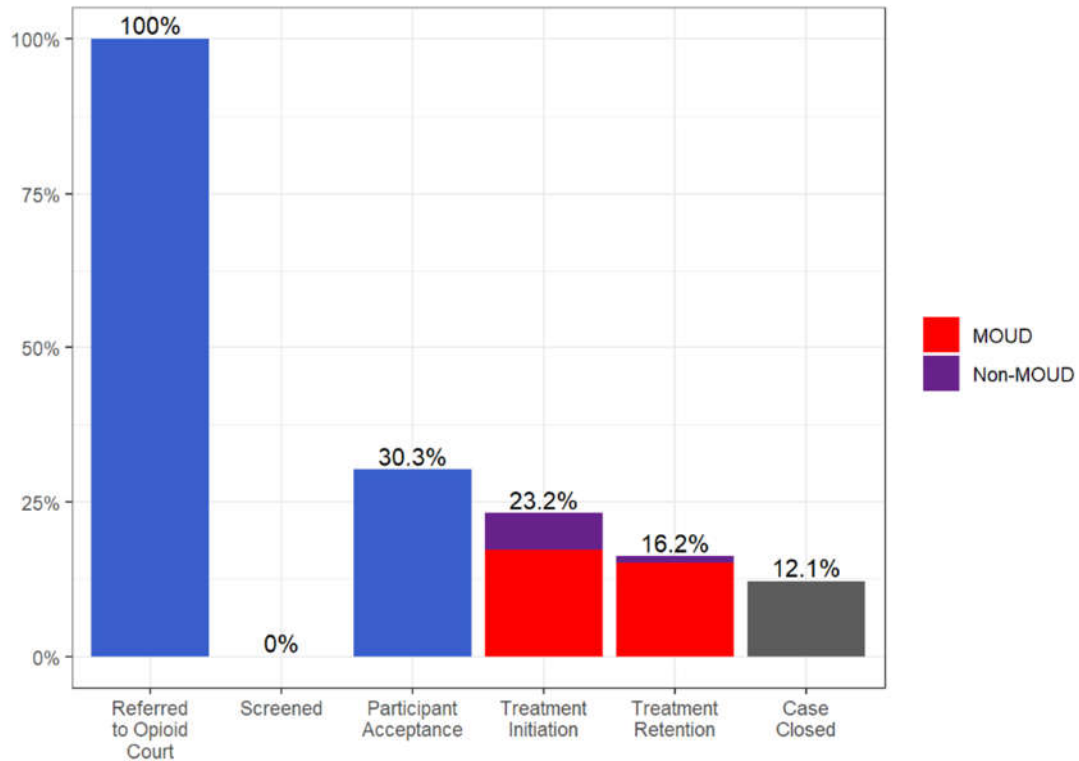
Treatment Retention

Beyond treatment initiation, it is important that court participants engage with the treatment system throughout their CARE Court participation. Using UCMS data, n=16 participants successfully completed at least one treatment program during their court participation.

Case Closed

There is information on case closure (e.g. completed opioid court, voluntarily dropped out, case was transferred, etc.) for n=12 individuals out of the n=99 potential court participants. While some of the remaining participants may still be active cases, it is likely that a large proportion of these cases are closed and missing case closure information in UCMS.

Figure 1. Onondaga CARE Court Participation Outcomes using UCMS Data (n=99)



Continuous data collection and entry will allow the court to accurately measure and track its performance in relationship to its identified goals and benchmarks, helping to identify areas for improvement and guiding the court’s progress towards achieving its goals. It will also ensure that, when this court’s UCMS data is reviewed by the project team and the state, its performance is accurately reflected within the data.

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

After completing this needs assessment, it is apparent that the Syracuse City CARE Court has numerous assets that can be leveraged to enhance the practices of their court. 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. The court will receive technical assistance from the Center for Court Innovation to assist them in implementing the recommendations made by Center staff in this report, specifically to identify additional referral pathways, review use of jail holds, and educate and train volunteer assigned defense

attorneys. The writers of this needs assessment hope that this report will offer the stakeholders useful information and concrete suggestions for the long-term enhancement of the opioid court.

References

Center for Court Innovation (2019) The 10 Essential Elements of Opioid Intervention Courts. https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf

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

Appendix:

1. Onondaga Opioid Burden Provider Map
2. Onondaga Population Provider Map
2. Sequential Intercept Map: Onondaga County

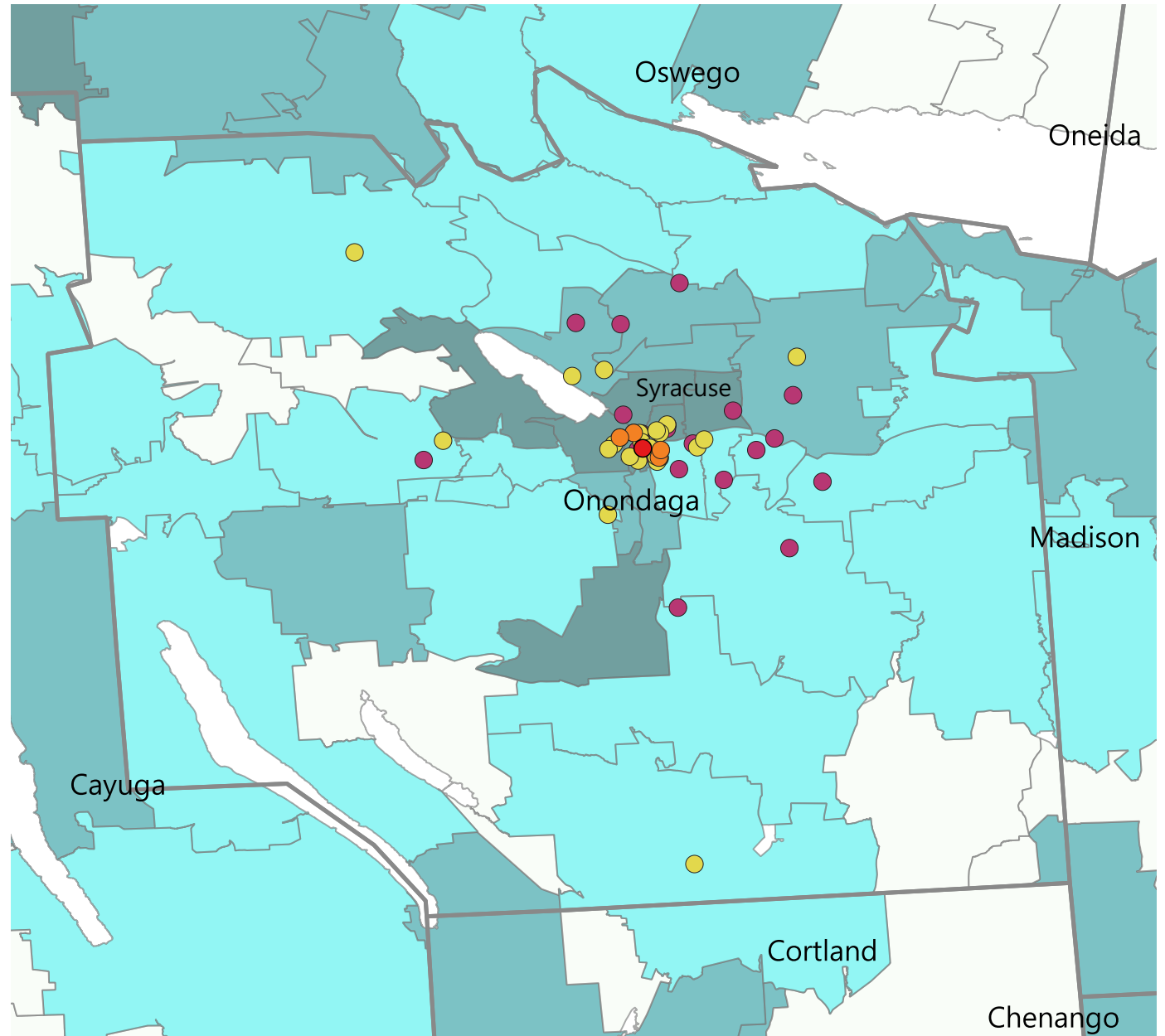
Onondaga Provider Map

Legend

- County Court
- Opioid Court Partner Agencies
- MAT Prescribing Agencies
- Buprenorphine-waivered Physicians

Opioid Burden per 100,000

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



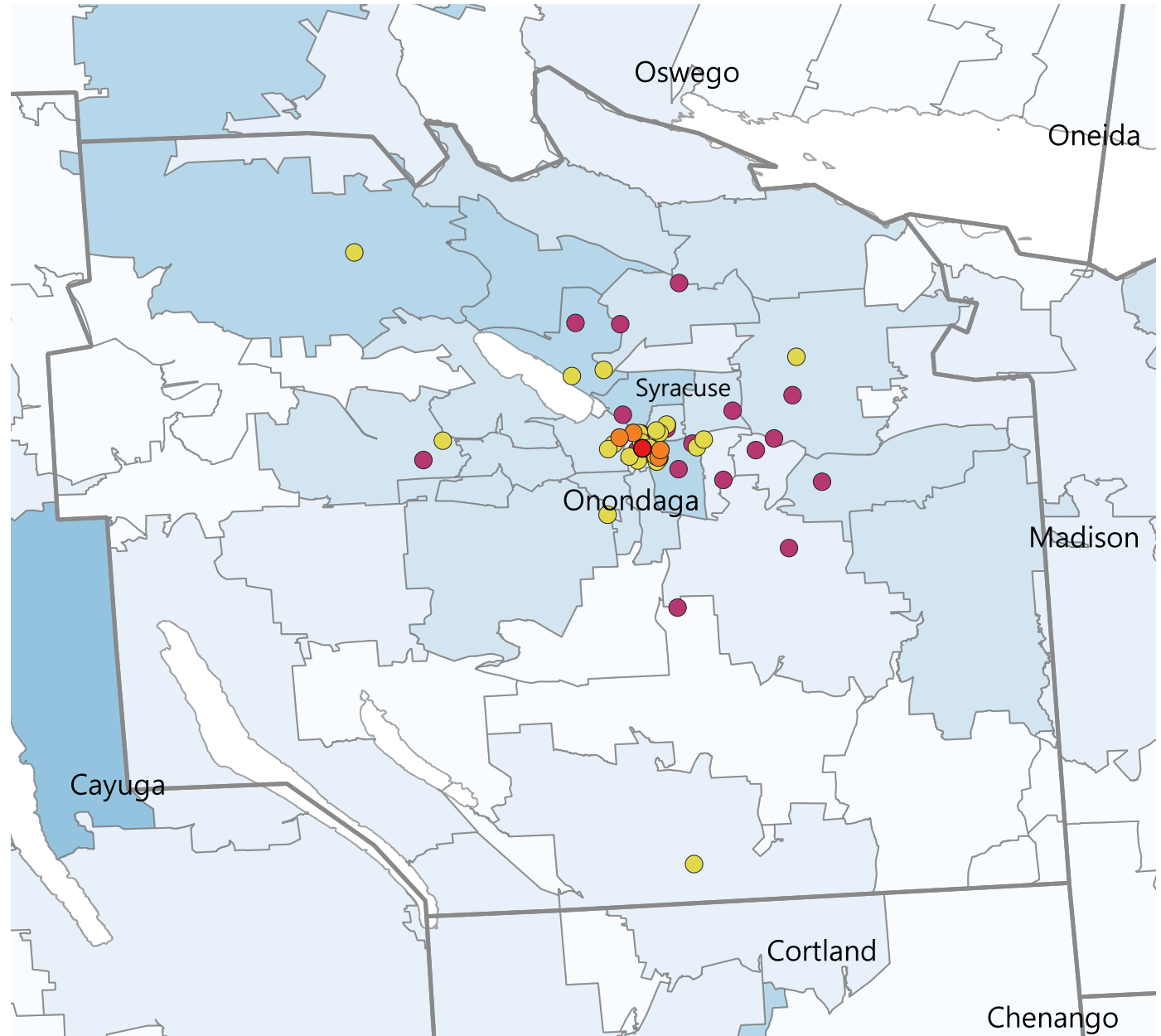
Onondaga Provider Map

Legend

- County Court
- Court Partner Agencies
- MAT Prescribing Agencies
- Buprenorphine-waivered Physicians

Population

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



OPIOID COURT REACH: POTENTIAL MAT PROVIDERS FOR ONONDAGA COUNTY

Treatment Provider	Treatment Type(s)	Medication/Services Offered	Telehealth Capacity	Insurance Information	Address	Telephone
Helio Health Inc. (Opioid Court Partner, COTI, OASAS accredited)	Inpatient, Outpatient,	Methadone, Suboxone	Available	Aetna, BCBSWNY, Beacon, CDPHP, Cigna, Excellus, Fidelis, Indian Health Services, Lifetime Benefit Solutions, Molina, Optum/UHC, Wellcare, MVP Health Care	329 North Salina St. Syracuse, NY 13202	315-471-1564
Conifer Park (Opioid Court Partner, OASAS accredited)	Inpatient, Outpatient, DRP, Detox	Inpatient, Outpatient, DRP, Detox	?	Most private insurance, Medicaid, "self-pay agreement"	526 Old Liverpool Road, Liverpool, NY 13088	800-989-6446
ACR Health (Opioid Court Partner)					627 West Genesee Street Syracuse, NY 13204	315-475-2430
Crouse Health (Opioid Court Partner, OASAS accredited)	Inpatient, Outpatient	Methadone, Buprenorphine, Naltrexone	Available	Most private insurance, Medicare and Medicaid are accepted. A sliding fee scale is available for those without insurance.	736 Irving Avenue, Syracuse NY 13210	315-470-8304
Syracuse Community Health Center (FQHC, OASAS accredited)	Outpatient	?	?	Sliding Scale	819 S Salina St Syracuse, NY 13202-3527	315-476-7921
CNY Services (OASAS accredited)	Outpatient – Dual Recovery Program (DRP), Personalized Recovery Oriented Services (PROS)	Suboxone, Naltrexone	Available	Most private insurance, Medicare and Medicaid are accepted. A sliding fee scale is available for those without insurance.	321 W. Onondaga Street Syracuse, NY 13202	315-478-0610
St. Joseph's Hospital – Behavioral Health Dept.	Outpatient, Inpatient, Residential	?	Available	Listed on Website link	101 Union Ave 6th Floor, Syracuse, New York 13202	315-448-5491

OPIOID COURT REACH: POTENTIAL MAT PROVIDERS FOR ONONDAGA COUNTY

Treatment Provider	Treatment Type(s)	Medication/Services Offered	Telehealth Capacity	Insurance Information	Address	Telephone #
Syracuse Recovery Services LLC (OASAS accredited)	Outpatient	Suboxone, Naltrexone	?	Accepts most major health plans and networks	319 E. Water St. Syracuse NY 13202	315-475-1771
Tully Hill Treatment and Recovery (OASAS accredited)	Inpatient, Outpatient	Suboxone, Naltrexone, Detox	Yes	Accepts most major health plans and networks, Medicaid for Outpatient	5821 Route 80, Tully NY, 13159	315-696-8509
Forensic Consultants Ltd. (OASAS accredited)	Outpatient	?	?	?	2112 Erie Blvd East - Suite 200	315-472-1212
Syracuse VA Hospital	Outpatient	?	Available	Eligible if veteran	800 Irving Avenue Syracuse, NY 13210	315-425-4400
Center for Addiction and Pain Management	Outpatient	?	?	?	105 Spring St, Fayetteville, NY 13066	315-632-4246
Upstate University Hospital	Outpatient, Specialty Buprenorphine maintenance for pregnant women	Detoxification, Buprenorphine maintenance	?	?	600 East Genesee Street, Syracuse, NY 13202	315-464-3141
Liberty Resources	Outpatient (DRP)	?	Available	Accepts most major health plans and networks	1045 James Street Syracuse, NY 13203	315-472-4471
Family Care Medical Group, PC (OASAS accredited)	Outpatient	?	?	?	1001 W Fayette St. Syracuse, NY 13204	315-472-1488
Compassionate Family Medicine	Outpatient	Suboxone	Available	Sliding Scale	311 Green Street, Syracuse, NY 13203	315-425-1431
MyCare Syracuse Family Practice (Laura Martin, DO)	Outpatient	Detox	Available	Accepts most major health plans and networks	1304 Buckley Rd, Syracuse, NY 13212	315-671-5790



OPIOID COURT REACH: POTENTIAL MAT PROVIDERS FOR ONONDAGA COUNTY



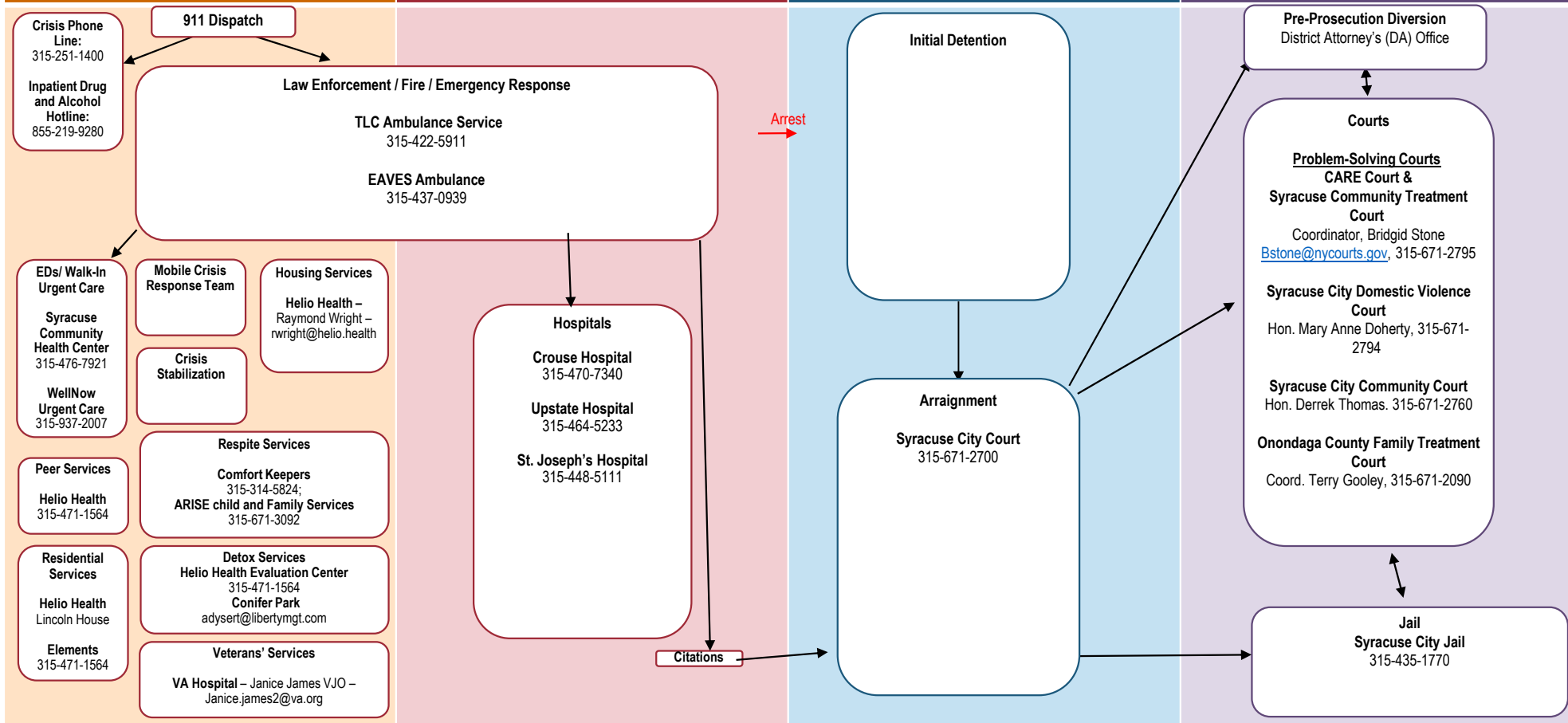
Intercept 0
Hospital, Crisis, Respite, Peer, & Community Services

Intercept 1
Law Enforcement & Emergency Services

Intercept 2
Initial Detention & Initial Court Hearings

Intercept 3
Jails & Courts

COMMUNITY



Behavioral Health
Helio Health – 315-471-1564, St Joseph’s CPEP – 315-448-5111;
Brownell Center 315-472-4471; MOUD Providers: ACR Health Alessandra Miller
amiller@acrhealth.org

Recovery Supports
Helio Health Recovery Center <https://www.intherooms.com/home/>

Housing/Shelter