

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

**Jefferson County - Watertown Opioid Court**

**NEEDS ASSESSMENT REPORT**



## Executive Summary

In response to the opioid crisis in New York State (NYS), the Unified Court System (UCS) developed a new treatment court model – the opioid intervention court – designed around 10 practice guidelines to address 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 10 participating counties, as framed by the *10 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) and the New York State Psychiatric Institute (NYSPI), Columbia University in partnership with UCS between January – May 2021. The needs assessment was designed to assist the Watertown Opioid Court (“opioid court”) in identifying its current strengths, resources, and challenges to support future planning for their opioid court. This report describes the needs assessment process, summarizes the information obtained during the needs assessment, outlines significant findings, and offers a summary of recommendations that will be addressed and refined during upcoming stakeholder 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 use 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, the Division of Translational Epidemiology, the 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; Grant Number U01DA050071) 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 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 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.<sup>1</sup> Despite such high rates of opioid use and OUD, screening for and use of evidence-based treatments for opioid use and OUD, including medication for OUD (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. Additionally, Centers for Disease Control and Prevention (CDC) provisional data indicate that overdose deaths rates in NYS increased 30% from October 2019 to October 2021, an historically high increase (CDC, 2021). In Jefferson County, the opioid overdose mortality rate increased from 2009-2013 to 2014-2018, from 13.3 to 19.3 per 100,000 members of the population aged 15-64. Though the opioid overdose mortality rate is increasing in Jefferson County, it is still lower than the NYS opioid overdose mortality rate (21.1 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, the New York State Unified Court System 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 developed the *10 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

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<sup>1</sup> 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

in a new court model that prioritizes linking court-involved adults who use opioids with lifesaving treatment, including MOUD. The 10 Essential Elements include: 1) broad legal eligibility, 2) immediate screening for risk of overdose, 3) informed consent after consultation with defense counsel, 4) suspension of prosecution or expedited plea, 5) rapid clinical assessment and treatment engagement, 6) recovery support services, 7) frequent judicial supervision and compliance monitoring, 8) intensive case management, 9) program completion and continuing care, and 10) performance evaluation and program improvement.

## II. METHODOLOGY

This needs assessment was informed by technical assistance (TA) activities conducted with Watertown Opioid Court during the Needs Assessment phase of Project 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.

### **Watertown Opioid Court Stakeholder Group**

Members of the Watertown Opioid Court stakeholder group who participated in technical assistance activities include:

- Hon. Anthony Neddo, Opioid Court Judge
- Jennifer Hudson Mosher, Opioid Court Coordinator
- Deborah Yuhas, Opioid Court Case Manager
- David Ladd, Assistant District Attorney
- Julie Hutchins, Public Defender
- Chief Charles Donoghue, Watertown Chief of Police
- Clarissa Godfrey, Probation
- Randi Forbes, Coordinator, Credo Community Center
- Jim Scordo, Executive Director (ret.), Credo Community Center
- Morgan McAleese, Opioid Court Clinician, Credo Community Center
- Erica Eichner, Peer, Credo Community Center

#### 1. Administrative surveys

These surveys were completed by the Watertown Opioid Court coordinator, Jennifer Hudson Mosher, and the partner treatment provider, Credo Community Center. Questions were asked related to 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. Eleven interviews were conducted in two 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 Watertown’s jurisdiction that may be leveraged to compensate for service gaps that exist in Jefferson 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

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 Watertown Opioid Court’s progress at a state level and will be utilized by researchers to track the Watertown Opioid Court’s progress during the court’s participation in Project Court REACH. This data will also be used to help identify the court’s successes and areas for improvement.

The Project Court REACH technical assistance team has been reviewing the UCMS data from the Watertown Opioid 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 *10 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 Watertown Opioid Court was established in the fall of 2019. The Opioid Court accepts a broad range of charges, including misdemeanor and felony cases. Participants who are using opioids may enter the Watertown Opioid Court and engage in stabilization services. Credo Community Center and Samaritan Medical Center are the primary treatment providers that the Opioid Court uses for participant referrals. To date, no participants have successfully completed the Opioid Court program.

## 1. Broad Legal Eligibility

According to the *10 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.<sup>2</sup>

The Watertown Opioid Court accepts a wide range of charges, including misdemeanor and felony cases. The only excluded types of cases are violent felonies and sexually motivated crimes. Stakeholders agreed that creating a written eligibility and bolstering the referral process would allow more people to enter the court and get connected to services.

The Opioid Court is located in the Watertown City courthouse, but additional cases can be brought to the Opioid Court from local town and village courts. Outreach from Judge Neddo to the town and village judges will begin again, now that local judges are beginning to have regular meetings once again. Including cases from local courts will allow for an increase in referrals and participants.

### Recommendations:

- Establish clear written legal eligibility criteria for potential entry into the Opioid Court;
- Consider ways to improve potential participant awareness of immediacy and availability of services related to participation in the Opioid Court;
- Create a mechanism for the transfer of cases from local town and village courts to the Opioid Court;
- Explore the use of an opioid court bench card for use by local town and village court judges; and
- Engage with law enforcement representatives to increase referrals.

## 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.<sup>3</sup>

There is currently an informal screening process for entry into the Opioid Court. The Watertown Police Department will place a red flag in court documents for individuals they believe are using opioids, which alerts the judge to a potential opioid court referral. Generally, there is a conversation between the individual, the judge, attorneys, and court staff to determine if the

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<sup>2</sup> 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](https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf)

<sup>3</sup> Id

person should be screened. The lack of ability to have court staff, treatment providers, or litigants in person at the courthouse at the same time due to COVID-19 has made identification of potential participants more difficult, without a formal process in place.

Credo Community Center (Credo) recently created a position for an integrated criminal justice therapist, who is assigned to all Opioid Court participants. The dedicated therapist now sits in virtually on City Court hearings Tuesdays and Thursdays with the coordinator and case manager of the Opioid Court. Judge Neddo and attorneys refer people from City Court, but most Opioid Court participants have been referred from probation/pre-trial services. Opioid Court stakeholders are interested in creating a formalized screening process and warm handoff protocol with treatment now that all court staff are back in person in the courthouse.

Ensuring appropriate participants are identified and referred to Watertown Opioid Court requires a legal examination of the entry process and a thorough understanding of OUD. While stakeholders generally reported supporting the use of MOUD and demonstrated knowledge of OUD, additional training on MOUD and the entry process for court staff and court-related justice agency partners (i.e., law enforcement, probation, and parole) is recommended as there is still stigma in the community. Notably, Jefferson County Jail is being sued by the New York Civil Liberties Union over its discriminatory policy of denying prescribed medication to people with OUD.<sup>4</sup>

The Watertown Police Department is interested in exploring the possibility of handing out information about the Opioid Court and access to treatment. There is support for the Opioid Court from all stakeholders, including legal, clinical, and law enforcement perspectives, but there has not been an opportunity to review the case flow to ensure everyone understands the referral and identification process. Technical assistance can support stakeholders in understanding the court's operations.

#### Recommendations:

- Develop formalized early identification, screening and referral protocols with all stakeholders;
- Create a case process flow for all parties to understand where cases are referred from and how they enter the court; and
- Collaborate with Jefferson County Police Department to create informational handouts.

### **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.<sup>5</sup>

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<sup>4</sup> “Lawsuit: NY Jail’s Life-Threatening Ban on Methadone Treatment Is Discriminatory and Unconstitutional.” New York Civil Liberties Union, 5 Apr. 2021, <https://www.nyclu.org/en/press-releases/lawsuit-ny-jails-life-threatening-ban-methadone-treatment-discriminatory-and>.

<sup>5</sup> Id.

Stakeholders indicated that defense counsel has been involved in opioid court as representatives of clients, but not as stakeholders for policy and procedure planning. Interviews showed that defense counsel is willing and interesting in being full partners in the opioid court stakeholder group. The intention from the Opioid Court is to fully include defense counsel in future court planning.

Participants who have participated in the Watertown Opioid Court were given the opportunity to speak with their defense counsel before entering into the court. Currently, defense counsel is a small referral source for the Opioid Court, but more clarity around eligibility could expand referrals. There is no universal screening tool in use to determine who is eligible for the Opioid Court. Stakeholders were interested in considering a universal screening tool, but had concerns about how the information gathered would be shared. The information gathered by a screening tool should be shared only with defense counsel until entry into the Opioid Court. Upon agreement to enter Opioid Court, the screening information should be shared with other stakeholders, only as necessary to facilitate entry into the court. Prior to initiating use of a screening tool, an agreement should be reached, between all stakeholders, that the information will not be used against the participant in future prosecution.

#### Recommendations:

- Include defense counsel representation in the Watertown Opioid Court stakeholder group;
- Explore the use of a universal screening tool to identify eligible participants; and
- Create a MOU regarding permissible use of information gathered in the screening tool.

#### **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 participants.<sup>6</sup>

The Watertown Opioid Court allows for suspension of prosecution when participants enter the court. Suspending prosecution during their involvement in the Opioid Court allows the participants to focus on clinical and social stabilization. Stakeholders agreed that upon successful completion in the Opioid Court the case would be returned to its original posture, however there have been no successful completions as of the writing of this document. Stakeholders agreed that there is no penalty for individuals who participate in Opioid Court but are ultimately unsuccessful. An area of concern that was raised by stakeholders, was the length of time participants are in Opioid Court, without either successful or unsuccessful completion. As there have been no successful completions, many participants have remained in the Opioid Court for a significant period of time, ultimately being deemed unsuccessful.

Stakeholders were interested in having clear guidelines for what participants could expect after their participation in the Opioid Court. Identified areas of clarity included length of time in the

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<sup>6</sup> Id.

program, an understanding of how program completion is achieved, assurances that unsuccessful completion would not result in penalizing the participant in their outstanding case, and what will ultimately happen to participants' cases if they are successful in Opioid Court.

Recommendations:

- Create a framework for potential outcomes for cases that is agreed upon and understood by all stakeholders; and
- Ensure that participants who engage in Opioid Court, but who are ultimately unsuccessful, are not penalized for their participation.

## **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.<sup>7</sup>

In Watertown City Court, Opioid Court staff (coordinator and case manager) are present daily via Microsoft Teams or in person to review the calendar, observe proceedings, and identify individuals they believe should be referred to the Opioid Court. After being deemed appropriate for Opioid Court by the case manager, and accepting the Opioid Court 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 are handled by the court case manager and Credo.

Treatment plans, modality, and level of care have been mostly intensive outpatient treatment or inpatient services, if needed. Stakeholders had differing understandings of how long it took, from initial referral, for a participant to have their MOUD induction. Some reported that it was within 1-2 days, others reported the wait time being over a week or longer. Due to Samaritan's lack of a prescribing physician, all participants requiring MOUD services have been referred to Credo. Unfortunately, there are no MOUD appointments on Fridays or the weekend at Credo. The participant is often responsible for scheduling appointments with the provider, and this process can be streamlined with support from technical assistance

The Project Court REACH research team has identified potential MOUD providers in Jefferson County, including the two agencies that are currently partnered with Watertown Opioid Court (Credo and Samaritan Health) [See Provider Map in Appendix]. Due to discrepancies around the wait time for appointments, Watertown Opioid Court may require implementing mobile and telehealth services along with provider outreach and MOUD capacity building with existing providers.

Recommendations:

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<sup>7</sup> Id.

- Provide court practitioners (judge, prosecutors, and defense) with ongoing training on the science of MOUD and best practices in legal settings;
- Administer NYS Treatment Screening Form to collect clinical information from participants;
- Consider participants' social circumstances and clinical preferences when making treatment decisions surrounding MOUD;
- Streamline the handoff to treatment by having court staff coordinate with the dedicated Credo therapist to schedule initial appointments for assessment and MOUD induction; and
- Develop partnerships with additional MOUD prescribers and treatment providers throughout the county to support rapid access to services.

## 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.<sup>8</sup>

All Credo stakeholders cited the importance of developing person-centered treatment plans with clients, addressing all aspects of recovery support, including harm reduction. Watertown Opioid Court now has a dedicated certified peer through Credo. The peer hopes to inspire and motivate people with her experience and confidential conversations with participants. Due to COVID-19 restrictions, the peer has faced some barriers, such as not being able to drive participants to appointments or look at apartments with them. The peer has participated in stakeholder meetings and advocates for participants when necessary. The dedicated peer from Credo is a woman, as are the other peers that work through the agency. If an Opioid Court participant wants to be placed with a peer of a different gender or if there is a conflict, the participant will be connected with a peer through Anchor Recovery Center of Northern New York (Anchor) or (Northern Regional Center for Independent Living (NRCIL).

Credo has a care manager on staff, who coordinates with outside providers, community resources and facilitates networking with participants. The care manager assists with general case management, housing referrals, as well as coordinating when a higher level of care is needed to ensure all medical and material needs are being met. If a participant is waiting for an appointment with a care manager, the peer helps to fill any gaps in service referrals and connections. While Credo provides robust recovery supports and will refer out for anything not on site, not all the stakeholders are aware of other recovery services in the community.

Watertown Opioid Court is part of a statewide initiative funded through the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP),

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<sup>8</sup> Id.

which provides training for staff to offer Moral Reconciliation Therapy-Opioid (MRT-O) and Interactive Journaling (IJ) to participants. MRT-O is a 12-week, specialized workbook program designed for opioid-focused court participants. The program focuses on two major goals: assisting participants to complete the first three months of treatment and to foster ongoing engagement in treatment after the initial three-month period. IJ is a goal-directed, client-centered model that aims to reduce substance use and substance related behaviors, such as recidivism, by guiding adults and youth with substance use disorder through a process of written self-reflection. These tailored tools provide an additional support for participants in Watertown Opioid Court. The coordinator, Jennifer Hudson-Mosher, and case manager, Deborah Yuhas, have been trained in these interventions and plans to start implementing them with participants. To date, participants have not yet begun these interventions, and the court will ensure integration with the participants existing treatment plan.

Recommendations:

- Convene stakeholder meetings to provide a forum to enhance communication and articulate roles and responsibilities of each team member, as well as available services;
- Expand collaboration with other agencies in the community providing recovery support services, such as Anchor and NRCIL; and
- Include recovery support services into participants continuing care plan.

## **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 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.<sup>9</sup>

Before the pandemic, Watertown Opioid Court participants appeared before the judge three times per week when they first entered the program and had reduced appearances as they moved closer to completion. This has been modified to one appearance per week due to COVID-19. At the time of writing, participants appear virtually in court once per week and check in with the case manager twice per week while attending outpatient services. As court services re-open to the public, participants will begin to make appearances in person.

Drug testing is facilitated by the coordinator and case manager at Watertown Opioid Court. This was suspended during COVID-19 while the courthouse was closed. Drug testing is random and usually done before scheduled appearances. Participants are also undergoing drug testing at their treatment facilities. Stakeholders report communication regarding participants' progress occurs frequently via email.

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<sup>9</sup> Id.

It was reported by all stakeholders that sanctions are not imposed in Watertown Opioid Court, but if a participant is considered at risk of overdose and requires a higher level of care, they will be held in jail while awaiting a treatment bed.

Recommendations:

- Provide increased judicial interaction with participants on a regular basis, either through teleservices or in-person appearances;
- Ensure the judge and rest of the team continue to receive trainings for application and use of motivational interviewing techniques;
- Examine the practice of using jail to hold participant until a treatment bed is available and work with community-based treatment providers on alternative measures that can be imposed to address the participants' current level of need; and
- Schedule stakeholder meetings to occur throughout the year to review procedures and program 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.<sup>10</sup>

The Watertown Opioid Court has a coordinator and case manager that meet with participants one to two times per week, depending on their need. There was more frequent contact with participants pre-pandemic. Now that staff are transitioning back to the courthouse, there will be opportunity for more in-person communication. Credo offers intensive case management with links to housing, education services, medical care, and vocational services. The case manager, clinician, and peer work together to help address any mental health, transitional housing, vocational, transportation, family, or primary health needs. It was reported by stakeholders that the court-based staff and treatment clinicians have daily contact and communication.

Recommendations:

- Consider increasing participant contact with court-based case manager early on in the program when individuals may need more support;
- Continue strong communication with the court and treatment provider; and
- Consider an MOU with other agencies in the community, such as transitional living services, to educate them on Opioid Court and assist with the service gaps.

## **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

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<sup>10</sup> Id.

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.<sup>11</sup>

Credo staff noted the importance of empathy and the need to build therapeutic relationships with participants. Once that type of relationship is established, participants would be more likely to continue any needed treatment and supports, regardless of the court requirements. Credo works on continuing care plans with participants, but it was noted that it has been hard to update/adapt when it is not clear when the court process will end.

At the time of writing, no participants had successfully completed the program. There are currently no guidelines for what program completion should look like but there is strong interest by all stakeholders in coming to an agreement on formalizing the process. While all stakeholders are interested in determining what program completion looks like, the stakeholder group will need clarity on the difference between goals, completion, and stability within the treatment setting and court.

#### Recommendations:

- Schedule ongoing stakeholder meetings to update policies and procedures, discuss case process flow, monitor outcomes, and make changes as needed;
- Create a formal completion criteria checklist that includes elements of social stabilization to be addressed through case management;
- Develop an MOU to formalize how time spent in Opioid Court will count towards treatment court participation (where applicable); and
- Once program completion is determined, court staff and the clinician should jointly work together to develop a continuing care plan with participants.

## **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.<sup>12</sup>

The UCMS TSM 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 progress at a state and local level. This data will be utilized to track the court’s progress during participants in the Project 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

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<sup>11</sup> Id.

<sup>12</sup> Id.

throughout the duration of Project 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 the county's technical assistance activities.

### **Referred to Opioid Court**

From 08/2019 through 03/2021, the Watertown Opioid Court accepted 18 referrals for potential participants. Of these 18 potential participants, n=16 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 2 out of the court's 18 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 18 potential participants referred to the court, UCMS data document that n=16 were offered and accepted the opportunity to participate in the opioid court.

### **Treatment Initiation**

Out of the 18 potential participants referred to the court, there is treatment initiation information available for n=15 individuals, of whom n=12 are recorded as having been linked to MOUD. It is likely that a larger proportion of opioid court participants are linked to treatment, and more specifically MOUD, during their court participation but are not undocumented as such in UCMS.

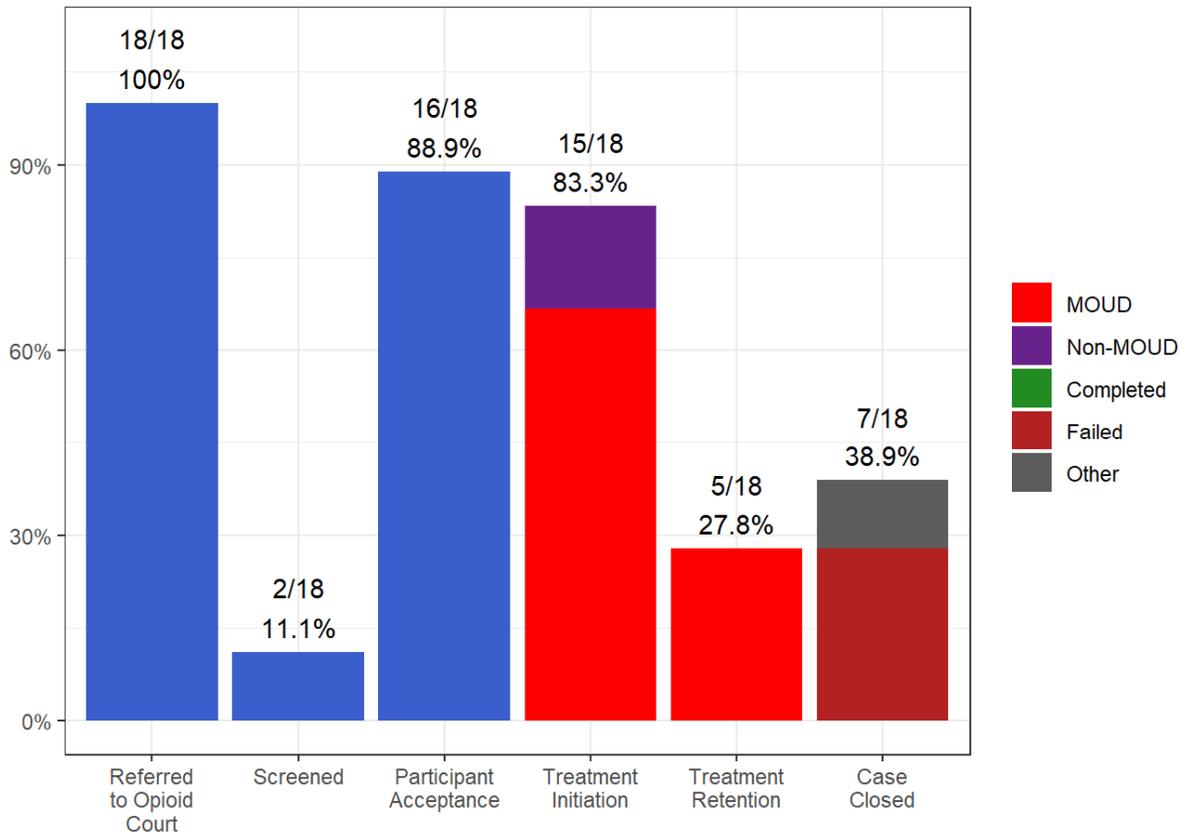
### **Treatment Retention**

Beyond treatment initiation, it is important that court participants engage with the treatment system throughout their opioid court participation. According to the data entered into UCMS, n=5 participants successfully completed at least one treatment program during their court participation.

### **Case Closed**

There is information on case closure in UCMS for n=7 individuals out of the n=18 potential court participants. It is assumed that the remaining participants are still active cases. Among the 7 individuals with an opioid court close reason, 0 are listed as having completed/graduated (0%), five are listed as having failed (71%), and two are listed as loss of contact (29%).

**Figure 1. Watertown Opioid Court Participation Outcomes using UCMS Data (n=18)**



**Recommendations:**

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

**IV. CONCLUSION**

The Watertown Opioid Court 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 Watertown 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](https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf)

“Lawsuit: NY Jail’s Life-Threatening Ban on Methadone Treatment Is Discriminatory and Unconstitutional.” New York Civil Liberties Union, 5 Apr. 2021, <https://www.nyclu.org/en/press-releases/lawsuit-ny-jails-life-threatening-ban-methadone-treatment-discriminatory-and>.

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. Opioid Burden Provider Map
2. Population Provider Map
3. UCMS Data Overview: Fields of interest
4. Potential Provider Table
5. Sequential Intercept Map



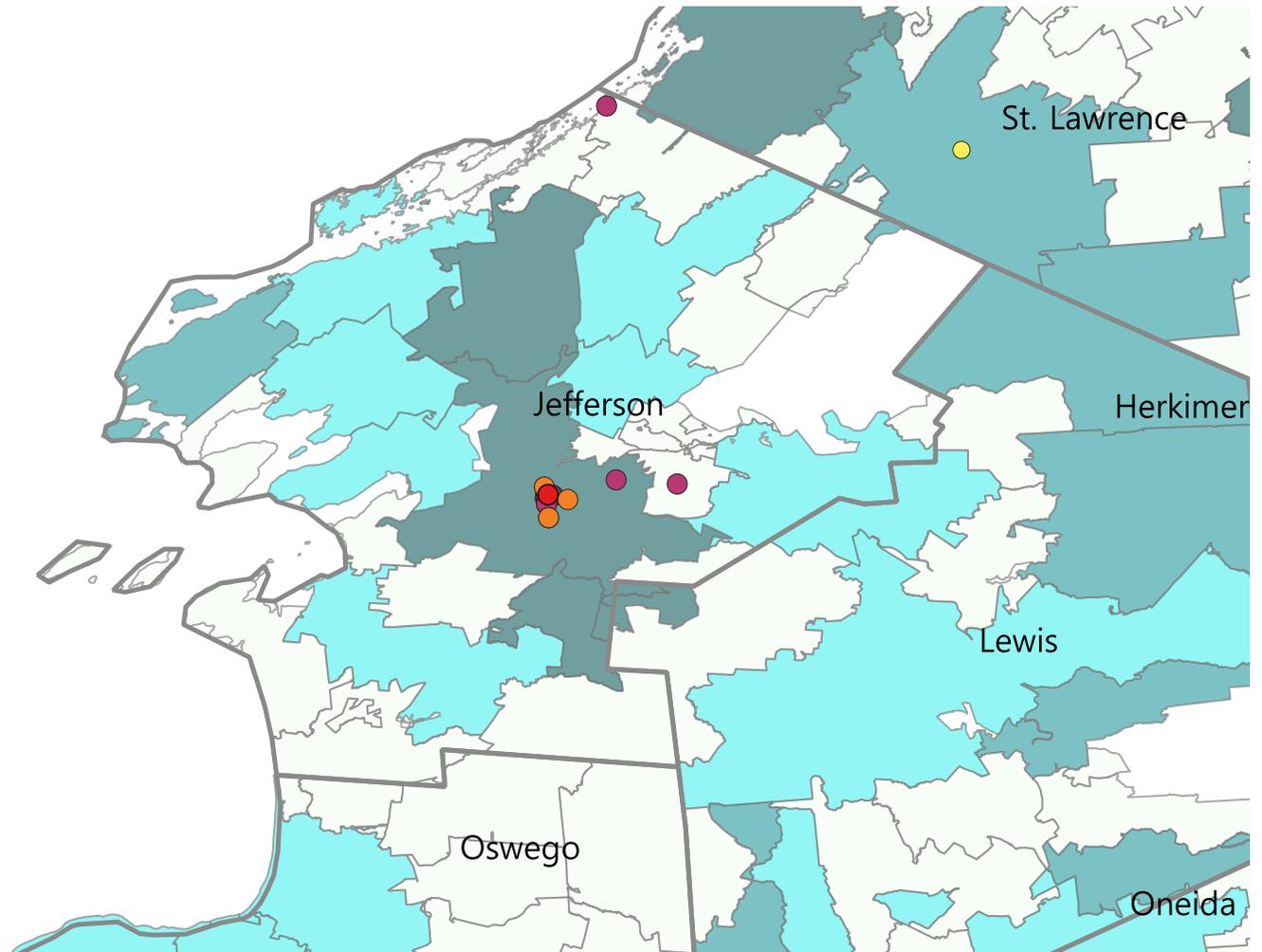
# Jefferson County Provider Map

## Legend

- County Court
- Opioid Court Partner Agencies
- MOUD/MAT Prescribing Agencies
- Buprenorphine-Waivered Providers

## Opioid Burden per 100,000 (2018)

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





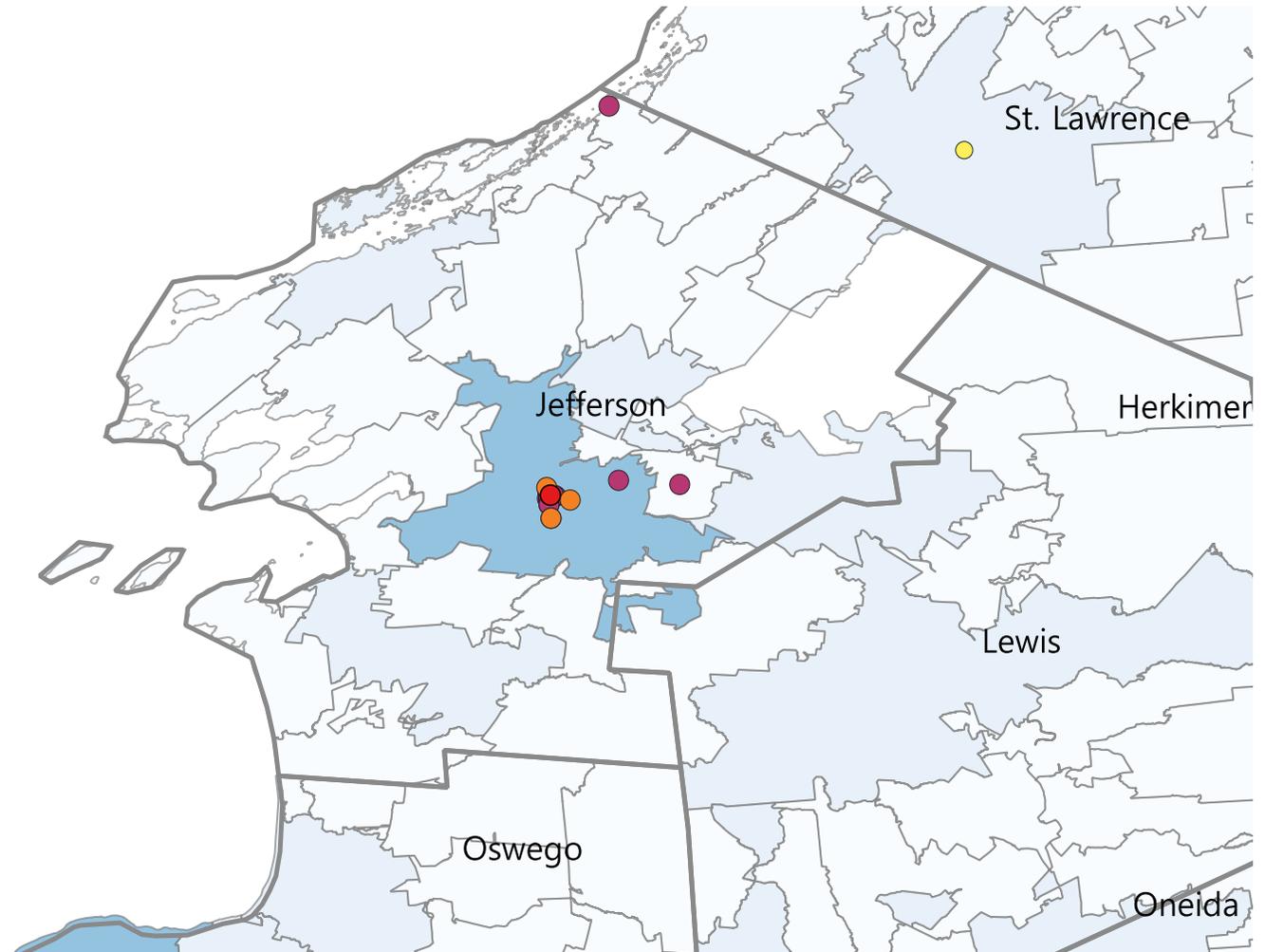
# Jefferson County Provider Map

## Legend

- County Court
- Opioid Court Partner Agencies
- MOUD/MAT Prescribing Agencies
- Buprenorphine-Waivered Providers

## Population

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



### Appendix 3. UCMS Data Overview: Fields of interest

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

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

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

	Outcome	Description	UCMS Field
<b>COURT OUTCOMES</b>	Opioid court case creation	Individual is referred to opioid court and accepted as a potential participant, episode is created	<ul style="list-style-type: none"> <li>• Create date<sup>1</sup></li> </ul>
	Screened by opioid court	Potential participant received the NYS Treatment Court Assessment or NYS Problem Solving Court Assessment	<ul style="list-style-type: none"> <li>• Assessment date<sup>1</sup></li> </ul>
	Opioid court participation date	Date that the participant agreed to participate in opioid court	<ul style="list-style-type: none"> <li>• Contract date<sup>1</sup></li> <li>• Participation date<sup>1</sup></li> </ul>
	Opioid court case close date	Date that the participant's opioid court case was closed	<ul style="list-style-type: none"> <li>• Close date<sup>1</sup></li> </ul>
	Opioid court close reason	Reason why the participant's opioid court case was closed	<ul style="list-style-type: none"> <li>• Close reason<sup>1</sup></li> </ul>
<b>TREATMENT OUTCOMES</b>	Treatment initiation	Participant initiates treatment services	<ul style="list-style-type: none"> <li>• Start date<sup>2</sup></li> <li>• Completion date<sup>2</sup></li> <li>• Completion reason<sup>2</sup></li> <li>• Modality<sup>2</sup></li> </ul>
	MOUD initiation	Participant initiates MOUD services	<ul style="list-style-type: none"> <li>• Start date<sup>2</sup></li> <li>• Completion date<sup>2</sup></li> <li>• Completion reason<sup>2</sup></li> <li>• Modality<sup>2</sup></li> </ul>
	Treatment completion	Participant completes treatment	<ul style="list-style-type: none"> <li>• Modality<sup>2</sup></li> <li>• Completion date<sup>2</sup></li> <li>• Completion reason<sup>2</sup></li> </ul>
	MOUD completion	Participant completes MOUD	<ul style="list-style-type: none"> <li>• Modality<sup>2</sup></li> <li>• Completion date<sup>2</sup></li> <li>• Completion reason<sup>2</sup></li> </ul>

	MOUD compliance	Drug tests for MOUD (specifically where it is indicated that the person is receiving MOUD as part of their treatment regimen)	<ul style="list-style-type: none"> <li>• Test date<sup>3</sup></li> <li>• Drug name<sup>3</sup></li> <li>• Result<sup>3</sup></li> <li>• Therapeutic indicator<sup>3</sup></li> </ul>
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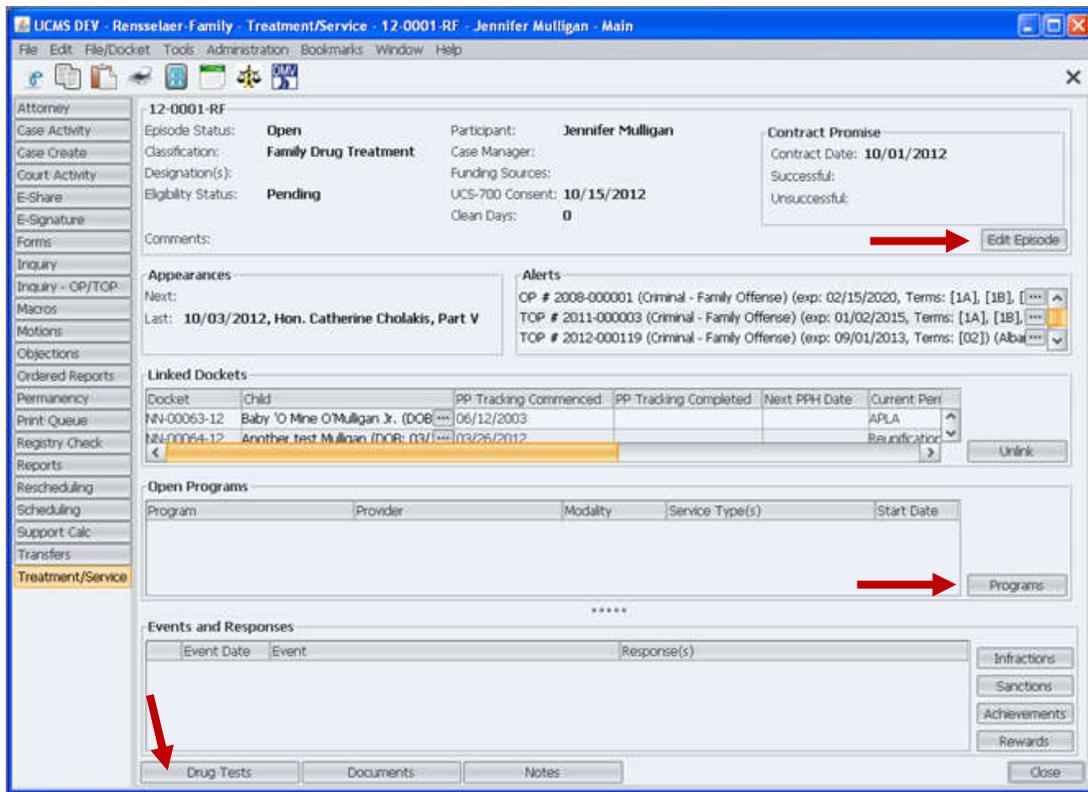
<sup>1</sup> UCMS Location: Treatment/Service Module, Edit Episode

<sup>2</sup> UCMS Location: Treatment/Service Module, Programs

<sup>3</sup> UCMS Location: Treatment/Service Module, Drug Tests

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

**Figure 2. UCMS Treatment/Service Module**



Treatment Provider	Treatment Type(s)	Medications/ Services Offered	Telehealth Capacity	Insurance Information	Address	Telephone	Website
<b>Opioid Court Partners</b>							
Credo Community Center (COTI)	Outpatient, OTP	Methadone, Buprenorphine , Naltrexone	Available	State or federal funding; Medicare; Medicaid; Private health insurance; Cash or self-payment	595 W Main Street Watertown, NY 13601	315-788-1530	<a href="http://credocc.com">http://credocc.com</a>
Samaritan Medical Center Addiction Services	Outpatient	Buprenorphine , Methadone, Naltrexone	Available	"	1575 Washington Street Watertown, NY 13601	315-779-5074	<a href="https://samaritanhealth.com/service/behavioral-health/addiction-services/">https://samaritanhealth.com/service/behavioral-health/addiction-services/</a>
Credo Community center, Womens Residence	Residential	Buprenorphine , Naltrexone	Available	"	1130 State Street , Watertown, NY 13601	315-779-1772 x27	<a href="http://www.credocommunitycenter.com/">http://www.credocommunitycenter.com/</a>
<b>Buprenorphine-Waivered Physicians</b>							
Cassandra Alexandria Jackson, NP	North Country Family Health	Buprenorphine			238 Arsenal Street, Watertown, NY	315-782-9450	
Dr. April L. Roberts, D.O.		Buprenorphine			200 Mullin Street, Watertown, NY, 13601	800-794-9566	
Dr. Jon A. Emerton, M.D.		Buprenorphine			161 Clinton Street, Suite 111, Watertown, NY, 13601	315-788-4880	
Chika Francess Egorho, NP & Kourtney Kristine Darrow, NP		Buprenorphine			167 Polk Street, Watertown, NY, 13601	315-782-7445	
Dr. Scott Franklin Ulberg	Community Clinic of Jefferson County	Buprenorphine			211 J B WISE PL, WATERTOWN, NY, 13601	315-464-3105	

Dr. Charles Moehs, M.D. & Dr. Jon A. Emerton, M.D.		Buprenorphine			428 Washington Street, Watertown, NY, 13601	315-405-8038	
Dr. Benjamin Rudd, MD & Dr. Mario F Victoria, MD	Samaritan Medical Center	Buprenorphine			830 Washington Street, Watertown, NY, 13601	315-786-7300	
Dr. Ryan Edward Tyler, MD	Samaritan Medical Practice	Buprenorphine			1575 Washington Street Watertown, NY 13601	315-779-5074	
Mylene Manongson g Jumalon, NP		Buprenorphine			26561 State Route 3, Watertown, NY, 13601	315-955-4493	
Chelsea Sue Lockerbie		Buprenorphine			29729 Andrews Road, Black River, NY, 13612	315-767-9978	
Terri A Barr, NP		Buprenorphine			26101 Kring Pt Road Lot 17, Redwood, NY, 13679	315-569-9786	

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

**Intercept 1**  
Law Enforcement & Emergency Services

**Intercept 2**  
Initial Detention & Initial Court Hearings

**Intercept 3**  
Jails & Courts

COMMUNITY

**Crisis Phone Lines**  
Jefferson County  
Crisis Services  
(315)782-2327

911 Dispatch

**Law Enforcement**

Watertown Police Department, (315) 782-2233  
Jefferson County Sheriff's Office, (315)-786-2700

Arrest

**Initial Detention**

Jefferson County Correctional Facility, (315) 786-2688

**Pre-Prosecution Diversion**

District Attorney's (DA) Office, (315) 785-3053

**Courts**

Jefferson County Supreme Court, 315-221-5818  
Jefferson County Court, 315-785-3044  
Watertown City Court, 315-785-7785

See website for additional town and village courts  
<https://co.jefferson.ny.us/jefferson-county-courts-contact-information>

**Specialty Courts**

Jefferson County Drug Court

**Jail**

Jefferson County Correctional Facility, (315) 786-2688  
Watertown Correctional Facility, (315)-782-7490

**Emergency Departments/ Walk-In Urgent Care**

**Mobile Crisis Response Team**  
Mobile Crisis Services (315)-788-0970

**Peer Support Services**  
Jefferson County Warmline 315-788-0970

**Crisis Stabilization**

**Residential Services**  
Credo Community Center 315-788-1530.

**Respite Services**

**Housing Services**

**Detox Services**

**Veterans' Services**  
Jefferson County Veterans Services Office (315)785-3086

**Hospitals**

**Arraignment**

Watertown City Court, 315-785-7785

**Citations**

Behavioral Health

Recovery Supports

Housing/Shelter