Report on the Buffalo Opioid Intervention Court

Prepared for: The New York State 8th Judicial District

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EXECUTIVE SUMMARY

The Opioid Intervention Court (OIC) model is a judicial and public health response to three drug court defendants fatally overdosing before their 2nd court appearance in a single week in 2016, indicating that the traditional drug court model needed to be modified to save lives. Under the direction of Judge Craig D. Hannah and Drug Court Director Jeff Smith along with regional partners, the nation's first Opioid Intervention Court (OIC) was established in Buffalo, NY, in May 2017.

The OIC model is designed to get non-violent users into treatment within hours of their arrest instead of weeks. It requires daily check-ins with the judge, focuses on immediate linkages to Medication Assisted Treatment (MAT) and once stable, transfers participants to the traditional weekly drug courts. This OIC model is a catalyst for integrating criminal justice and health care to tackle the opioid overdose epidemic. The OIC is being emulated in problem-solving courts across the U.S.

As a result of the OIC, a high need population at risk of opioid overdose is receiving treatment and initiating recovery. Between May 2017 and September 2019, 522 people were enrolled in the OIC and only 6 died while enrolled (2.4%).

Most OIC candidates, screened in the jail, self-reported social determinants of health challenges, such as lack of medical insurance and stable housing – in addition to opioid use disorder. Nearly 2 of 3 people screened for OIC were willing to participate.

Among OIC enrollees, statistically significant differences were found with regard to Medication Assisted Treatment (MAT). OIC graduates were significantly more likely to have received MAT compared to non-completers. They were also more likely to have received MAT within the first week of OIC compared to non-completers. OIC graduates had a higher length of stay in the program compared to non-completers (250 days vs. 149 days).

Semi-structured interviews with OIC team members documented their commitment to the program and strong desire to help the clientele. Team members work together to implement a person-centered approach to treatment and recovery, while holding OIC participants accountable. The OIC and COURTS program address participant barriers through help with transportation and linkage to support services.

Results from the OIC participant survey report positive changes in social relationships, quality of life, and recovery progress. Nearly all participants responding to the survey (90%) were on MAT, and most (67%) anticipated continuation of MAT after graduation.

The OIC is an innovative program and a potentially successful model. It keeps people alive and continues to play an instrumental role in stemming the opioid overdose epidemic.

INTRODUCTION

In 2016, the opioid epidemic spiked in Erie County, New York with over 300 overdose deaths, up from 127 two years earlier.[1] Although Erie County comprises roughly 8% of the total population of Upstate New York, the area accounted for 16% of all opioid deaths and 10% of heroin overdose deaths throughout Upstate New York in 2016.

After three drug court defendants fatally overdosed before their second court appearance in a single week, it was clear that the traditional drug court model (with weekly appearances) needed to be modified. In response to this crisis, the 8th Judicial District of New York State established the nation's first Opioid Intervention Court (OIC) in Buffalo, New York. With a primary mission of saving lives, the OIC is designed to get non-violent users at risk of overdose fatality into treatment within hours of their arrest instead of weeks.

The Buffalo OIC is a judicially supervised triage program, where participants are immediately linked to Medication Assisted Treatment (MAT) and behavioral health treatment within hours of arrest. The OIC identifies those at overdose risk and works daily to provide the tools and insight to "jump start" their path to recovery. The OIC diverts offenders at arraignment and holds criminal charges in abeyance to enable participants to focus on initiating recovery from opioid use disorder (OUD).

Using a non-adversarial approach, the OIC promotes public safety, while protecting participants' due process. Formal partnerships have been forged with other problem-solving courts and new processes have been established to better serve individuals. In 2019 an interdisciplinary working group, which included Judge Craig Hannah and Jeff Smith, Project Director of New York's 8th Judicial District, documented the following essential elements of OICs[2] based on best practices developed in Buffalo:

- **Broad legal eligibility criteria:** Eligibility focuses on clinical criteria – risk of opioid overdose – regardless of criminogenic risk. In keeping with federal grant funding rules violent offenders are excluded.
- **Immediate screening and assessment for overdose risk:** Before arraignment, the Court Outreach Unit: Referral and Treatment Services (COURTS) staff screen all people brought into the holding facility for OUD and overdose risk using the Unified Court Management System (UCMS) NY Assessment Screening Tool. Individuals deemed at high opioid overdose risk are referred to the OIC.
- **Informed consent after consultation with defense counsel:** Those who screen positive and meet eligibility criteria consult with defense counsel (their own attorney or a public defender assigned to their case).
- **Suspension of prosecution or expedited plea during stabilization:** The Buffalo OIC uses a pre-plea model. While in the OIC, the person's criminal charges are put on hold while they concentrate on their recovery and stabilization.
- **Rapid clinical assessment and treatment engagement:** The on-site team of case managers administers a brief biopsychosocial screening to each OIC candidate to assess drug use, mental health, medical conditions, and social determinants of health needs (e.g., housing, transportation, etc.). They also ask about health insurance. Every effort is made to link participants to treatment within 24 hours. A unique aspect of the OIC is the mobile addictions unit: an unmarked van providing substance use treatment parked at the court building.

- **Recovery support services:** The OIC draws on various community-based recovery support services. All regional MAT providers are linked with the OIC. An addiction peer from a major behavioral health agency is based in the court. The HOPE (Healthy Outcomes Partnership & Education) program further links participants to primary care health and mental health care, as well as recovery support services.
- **Frequent judicial supervision and compliance monitoring:** Participants are required to appear in court every day for 90 days. Here they meet one-on-one with the judge. They are also required to "check in" via text or phone message at 8 PM nightly with a court case manager. The judge discusses each case daily with the court coordinator, who is in close contact with the participants' treatment providers.
- **Intensive case management:** Case managers coordinate participants' treatment and services. If a participant experiences challenges with a type of treatment, the case manager may link them with a different treatment following provider recommendations.
- **Program completion and continuing care:** Participants are required to complete 90 days at minimum of treatment and supervision. When a participant achieves stability, as indicated by a negative urine toxicology and consistent adherence to court requirements, the judge may taper the participant's appearance to 3 days a week, 2 days, or even once a week toward the end of their OIC participation.
- **Performance evaluation and program improvement:** The OIC has worked closely with the evaluation team at the University at Buffalo Primary Care Research Institute (PCRI). The evaluation team produced internal reports from UCMS data to promote the continuous quality improvement of the OIC program.

As part of their grant award, the 8th Judicial District of New York engaged the Primary Care Research Institute (PCRI) to conduct an evaluation of the impacts of the OIC on participating individuals and court personnel. PCRI is a research and evaluation unit within the Department of Family Medicine at the University of Buffalo that focuses on the improvement of health care service delivery, patient care and medical education. The PCRI evaluation team conducted a mixed-methods evaluation that incorporated quantitative UCMS administrative and screening data, as well as qualitative data from semi-structured interviews with court personnel. An OIC participant satisfaction survey was also administered.

EVALUATION METHODS

Collaborating with the Buffalo City Drug Treatment Court (BTC) project team, the PCRI Evaluation Team developed and implemented a feasible and sustainable evaluation plan to assess areas of success and improvement within the OIC system. Data sources and evaluation components are detailed below:

a) Assessment screening. Utilizing the Unified Court Management System (UCMS) NY Assessment Screening Tool, the COURTS Program Case Manager provided the evaluation team with completed forms from individuals screened in jail. Screening data was manually entered into an Excel spreadsheet, and data analyses focused on demographics and characteristic comparisons of candidates who were willing or not willing to participate in the OIC.

b) Court system data. UCMS administrative data was extracted by the COURTS Program Case Manager and transmitted electronically to the evaluators. Data included individual demographics, episode status, appearance dates, completion status, program type, infractions, and Medication Assisted Treatment (MAT) participation. Statistical analysis, conducted with Stata, focused on time to MAT, MAT status, retention, and completion rates. Paired t-tests were conducted for both data sets to identify differences in means, while chi-square tests were used for differences in distributions. An alpha of 0.05 was used to assess statistical significance.

c) Court personnel interviews. Semi-structured interviews were conducted with select members of the BTC Opioid Intervention Program team. Questions focused on perceptions of how the court is functioning and areas for improvement. Interviews were digitally recorded and transcribed. A thematic inductive content analysis was used to identify major themes.

d) OIC participant survey. A brief survey was conducted during the summer of 2019 with a small sample of OIC participants enrolled in the Opioid Court for a minimum of 35 days. Participants were asked about their experiences in the OIC, satisfaction with the program, personal relationships and quality of life, as well as recovery progress. Following the completion of the survey, participants received a supermarket gift card for their time.

e) Weekly observations. The lead evaluator conducted weekly observations of the OIC. These observations enhanced her knowledge of the flow and functioning of the court, with a particular emphasis on interactions between the judge and OIC participants. Because the judge also saw criminal and juvenile diversion cases, the weekly observations enabled the evaluator to contextualize the OIC within the environment of the criminal justice system.

RESULTS

A. Assessment screening. Completed UCMS screening forms were summarized and analyzed for 295 people screened by the COURTS case manager between May 2017 and June 2019.

▪ **Demographics.** The majority of individuals were male (53.6%). Individuals screened for OIC were more likely to have problems with social determinants of health, such as transportation and housing. Less than one-quarter (23.4%) of the sample reported achieving a high school diploma or GED and less than 5% reported having medical insurance. Over half (54.2%) reported having an unsafe living and/or working environment.

▪ **Substance Use.** Nearly all of the individuals screened (95.3%) were using heroin and approximately 1 in 4 reported using cocaine or crack. Roughly 36% of individuals reported using multiple substances, and over one-third (34.2%) reported they were using substances too much or experienced an overdose. Surprisingly, although 25% of individuals reported they were currently in alcohol or drug (AOD) treatment, only 6% of the sample self-identified a need for alcohol or drug (AOD) treatment. Likewise, although 1 in 4 individuals reported having both a substance use disorder and mental health disorder, less than 1% self-identified a need for mental health treatment.

▪ **Justice Involvement.** Approximately 1 in 3 individuals screened for OIC were arrested for an alcohol- or drug-related crime. Over 10% of individuals had charges pending, while only 1% of individuals reported having a warrant from another judge.

▪ **Individuals willing to participate in OIC vs. those not willing to participate.** Nearly 2 in 3 people screened for OIC were willing to participate. When compared to individuals not willing to participate in the OIC system, those who were willing to participate were *more* likely to report use of both cocaine/crack and multiple substances. Additionally, those who were willing to participate in OIC were *less* likely to currently be in treatment than those who were unwilling to participate in OIC, and those willing to participate in OIC were *more* likely to have been arrested for an alcohol- or drug-related crime.

Figure 1. Key Differences between OIC participants and non-participants

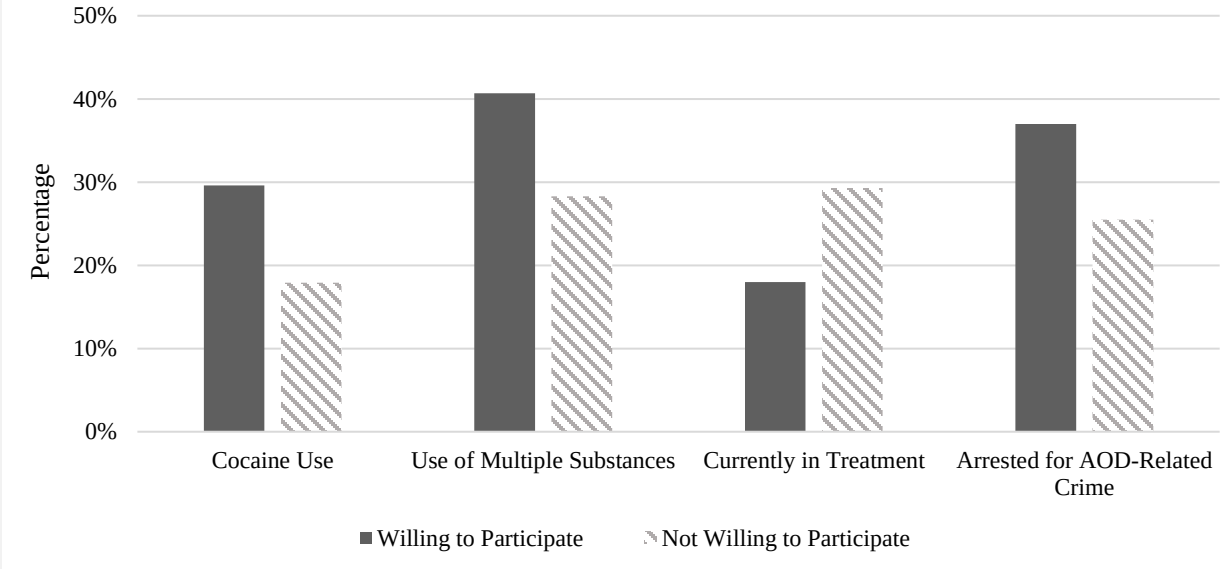


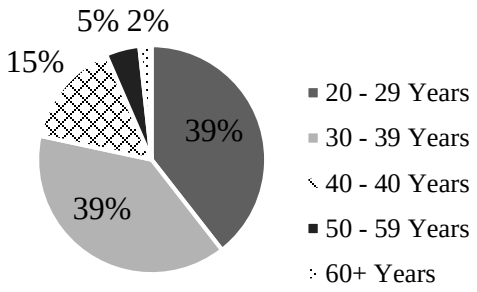
Table 1. Overall Characteristics of Individuals Screened for Opioid Intervention Court and Comparison by Willingness to Participate, May 2017 – July 2019

	Overall (*N* = 295) % (*n*) or mean (±SD)	**Willing to Participate (*n* = 189)** % (*n*) or mean (±SD)	**Not Willing to Participate (*n* = 106)** % (*n*) or mean (±SD)	**Statistical Significance[a]**
Age, years	33.5 (±10.1)	33.4 (±10.3)	33.6 (±9.8)	No significant difference
Gender Male Female	 53.6% (158) 30.9% (91)	 56.1% (106) 27.5% (52)	 49.1% (52) 36.8% (39)	No significant difference
HS Diploma or GED	23.4% (69)	24.9% (47)	20.8% (22)	No significant difference
Active Medical Insurance	4.8% (14)	6.4% (12)	1.9% (2)	No significant difference
Safe Living/Working Conditions	54.2% (160)	52.9% (100)	56.6% (60)	No significant difference
Heroin Use	95.3% (281)	96.3% (182)	93.4% (99)	No significant difference
Cocaine Use	25.4% (75)	29.6% (56)	17.9% (19)	***p* = 0.039**
Use of Multiple Substances	36.3% (107)	40.7% (77)	28.3% (30)	***p* = 0.033**
Reports Using Too Much or OD	34.2% (101)	38.1% (72)	27.4% (29)	No significant difference
Reports Need of AOD Treatment	6.1% (18)	6.9% (13)	4.7% (5)	No significant difference
Reports Need of MH Treatment	0.7% (2)	1.1% (2)	0.0% (0)	No significant difference
Dual Diagnosis	25.1% (74)	24.9% (47)	25.5% (27)	No significant difference
Currently in Treatment	22.0% (65)	18.0% (34)	29.3% (31)	***p* = 0.038**
Arrested for AOD-Related Crime	32.9% (97)	37.0% (70)	25.5% (27)	***p* = 0.028**
Warrant from another Judge	1.0% (3)	1.6% (3)	0.0% (0)	No significant difference
Pending Charges	10.2% (30)	10.6% (20)	9.4% (10)	No significant difference

[a]T-tests for differences in means, chi-square tests for differences in distributions

B. UCMS Administrative Data. UCMS data corresponding to 522 OIC participants between May 2017 and September 2019 were analyzed. The analysis described demographic characteristics of all participants, and compared OIC graduates and non-completers. Time to Medication Assisted Treatment (MAT), MAT status, and median days in OIC were compared between graduates and non-completers among closed cases.

Figure 2. OIC Participant Age



▪ **Demographics.** There were 522 participants in the OIC program between May 2017 and September 2019. Over 75% of individuals were between the ages of 20-39 years old, with the average age of participants at 34 years old. Individuals were also predominantly male (65.3%), and non-Hispanic white (65.1%). There were no significant differences between those who graduated and those who did not on the basis of age, gender, or race/ethnicity.

Figure 3. OIC Participant Race/Ethnicity

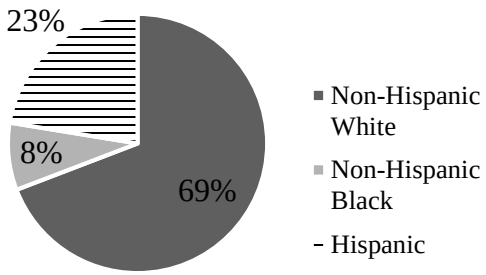


Figure 4. OIC Participant Gender

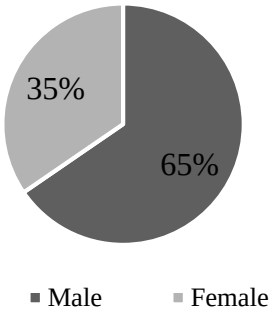


Table 2. Demographic Characteristics of Closed OIC Cases by Status, May 2017– Sept. 2019

Characteristic	All Closed Cases (*N* = 384) % (*n*) or mean (±SD)	Graduated (*n* = 129) % (*n*) or mean (±SD)	Did Not Graduate (*n* = 255) % (*n*) or mean (±SD)	Statistical Significance[a]
Age, years	34.1 (±9.4)	33.1 (±9.1)	34.6 (±9.5)	No significant difference
Gender				
Male	65.3% (341)	72.9% (94)	63.5% (162)	No significant difference
Female	34.5% (180)	27.1% (35)	36.5% (93)	
Race/Ethnicity				
Non-Hispanic White	65.1% (340)	69.8% (90)	59.6% (152)	
Non-Hispanic Black	7.9% (41)	8.5% (11)	9.0% (23)	No significant difference
Hispanic	21.1% (110)	14.7% (19)	25.9% (66)	

[a] T-tests for differences in means, chi-square tests for differences in distributions.

▪ **Medication Assisted Treatment.** Engagement characteristics were compared between OIC graduates and non-completers. During the first few months of the OIC, many participants were referred to inpatient treatment. Then, in alignment with current medical best practice standards for treating opioid use disorder[3], the OIC prioritized rapid access to outpatient MAT. To present an accurate analysis of current OIC procedure, we narrowed the timeframe to January 2018 through September 2019. During this selected timeframe, the median number of days in OIC was 175 days (approximately 6 months). However, OIC graduates spent significantly *more* time in the program than those who did not complete the program (250 days vs. 149 days).

In addition, approximately half of all participants received MAT during their time in OIC. However, those who graduated were significantly *more* likely to have received MAT than those who did not graduate (72.7% vs. 42.6%). OIC graduates were also significantly *more* likely to receive MAT within the first week of OIC compared to non-completers (median days to MAT: 6 days vs. 11 days). The majority of the individuals on MAT received buprenorphine, which was consistent between those who did and did not graduate. Although not statistically significant, individuals who graduated were *less* likely to have received methadone and *more* likely to have received naltrexone compared to non-completers.

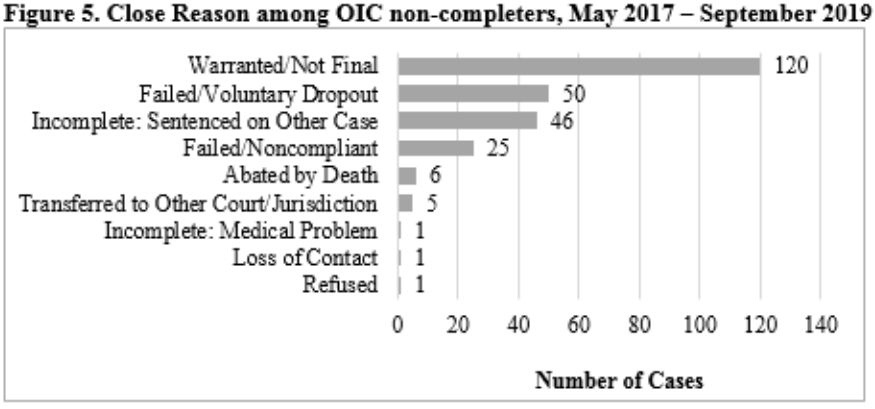
Table 3. Engagement Characteristics of Closed OIC Cases by Status, Jan. 2018 – Sept. 2019

Characteristic	All Closed Cases ($N = 206$) % (n) or median	Graduated ($n = 44$) % (n) or median	Did Not Graduate ($n = 162$) % (n) or median	Statistical Significance[a]
Median Days in OIC	175 days	250 days	149 days	$p < 0.01$
MAT Yes No	 51.0% (105) 49.0% (101)	 72.7% (32) 27.3% (12)	 42.6% (69) 57.4% (93)	$p < 0.001$
Median Days to MAT	8 days	6 days	11 days	$p < 0.05$
MAT Type[b] Buprenorphine Methadone Naltrexone	 55.5% (56) 36.6% (37) 5.9% (6)	 56.3% (18) 28.1% (9) 12.5% (4)	 55.1% (38) 40.6% (28) 2.9% (2)	No significant difference

[a] T-tests for differences in means, chi-square tests for differences in distributions
[b] First MAT type among those who received MAT during episode

▪ **OIC discontinuation.** Among the 255 individuals who did not graduate from OIC, the majority had a close reason of Warranted/Not Final (47.1%), followed by Failed/Voluntary Dropout (19.6%), Incomplete: Sentenced on Other Case (18.0%), and Failed/ Noncompliant (9.8%). A smaller number of cases were closed for the following reasons: Transferred to Other Court/Jurisdiction (2.0%), Incomplete: Medical Problem (0.4%), Loss of

Figure 5. Close Reason among OIC non-completers, May 2017 – September 2019



Contact (0.4%), and Refused (0.4%). Importantly, only 6 cases (2.4%) had a close reason of Abated by Death.

C. Interviews with OIC Team Members. Semi-structured interviews were conducted with court personnel members of the OIC team, including case managers, prosecutors, court guards, and the presiding judge.[i] Informal conversations with other court personnel were excluded from the evaluation.

▪ **Personal reasons and motivations for working in OIC.** OIC team members described their education, professional backgrounds, and career trajectory leading to the Opioid Intervention Court. Their educational training included law, social work, and human services. Prior to their OIC assignment, many worked in drug courts or treatment organizations serving people with substance use disorders.

Several team members requested their OIC assignment due to the program's approach to drug use and treatment, as well as the contact they have with the clientele. A court guard asked to be assigned to the OIC initially to "give it a try," but soon found he "embraced it, because I realized, I was like, 'Wow, this is like working in healthcare … because I feel like I'm really making a difference, and I'm really, really helping people.'"

▪ **Unique aspects of OIC.** Team members commented at length about the OIC's unique features, including: i) a commitment to a person-center approach, ii) reduction of the justice burden, iii) participant accountability, iv) supportive program policies, v) honesty, vi) individualized care plans, and vii) collaboration.

i) A Person-Centered Approach: Team members consistently underscored the court's commitment to implementing a person-centered program supporting recovery and the value of creating stronger relationships. An OIC case manager stated, "I feel like I have a stronger relationship with the participant[s], because I see them every day." An assistant district attorney further explained:

> *They're not criminal defendants, they're participants, whereas, it's my understanding that every other specialty court here, that they still are, have that tag line as a defendant.*

ii) Reduction of the Justice Burden: OIC team members also talked about how the OIC "freezes" participants' criminal charges to enable them to focus solely on their recovery. Mitigating the burden of justice involvement while promoting recovery allows individuals to adapt to recovery and focus on their individualized treatment plans.

iii) Participant Accountability: Court team members highlighted the courts' promotion of routine and accountability, specifically early in the recovery process. Participants are encouraged to help one another, and adhere to the accountability regimen both in and out of the courtroom. Accountability is emphasized through the court's close monitoring program, which includes daily check-ins at court where participants directly approach the judge and discuss milestones, setbacks, and day-to-day aspects of their recovery. The judge described his role as similar to that of a parent, instilling good habits, and sometimes handling each participant in a distinct, but most effective manner:

> *You want the best out of all the participants or defendants in front of you. You just want to deter the negative behavior and promote positive behavior.*

[i] To protect the identity of personnel interviewed, we are not disclosing details of how many people from each category were interviewed.

Team members also emphasized the importance of the nightly, 8 PM check-in with the case manager for reinforcing accountability outside of the courtroom. One case manager stated:

There are some late callers that I don't get those because they call too late. So then in the morning I'll catch those people because we always tell them it's better to call late than to not call at all.

iv) Supportive Program Policies: Team members described supportive activities related to recovery which are core to the program. The court's limited use of sanctions, rather than sending a participant to jail for using heroin, aligns with the chronic illness model, defining relapse as a part of recovery. The judge stated:

To me, use, and not that I'm saying that it's right to use, but use shouldn't be the emphasis of a sanction, I think it's the behavior. We really don't sanction use, we sanction negative behavior, because we want them to get on a right path.

The limited use of sanctions minimizes the potential for relapse and overdose resulting from interruption in MAT during incarceration:

I really believe our job is to help people, it's not to hurt them, and locking people up when they're sick is hurting them tremendously.

v) Honesty: The judge and team members emphasized the importance of honesty on the part of participants to promote an atmosphere of trust wherein participants can speak candidly to the judge without fear of being sent to jail. A team member remarked:

The honesty factor is reinforced, you know, as long as someone is being open with the challenges…the program is designed to work for people that are willing to be honest and to continue.

vi) Individualized Care Plans: Team members further emphasized the use of person-centered care plans, which include speedy linkages to MAT through a local mobile team, promotion of self-help groups, and connections to behavioral and medical healthcare. A case manager commented, "Being able to link to treatment right away I think is the ….greatest benefit that the program has."

Another case manager explained how the program provides treatment options for participants and will defer to the providers for what is best for the participant. "Whatever the providers want to do with them ….because each individual is so different." Most importantly, many services, including linkage to MAT, are offered in one place and are closely affiliated with the OIC.

Treatment plans are also designed to promote functionality by allowing participants freedom of choice in treatment and medical providers (within the limitations of their respective insurance), as well as the expectation of treatment adherence in light of new responsibilities participants may face, such as employment, newly establish familial responsibilities, and independent living**.**

vii) Collaboration: The team members mentioned working together to address each participant's individualized treatment and recovery needs. The judge confers at least once a day with the court coordinator about each case:

[The coordinator] and I meet, I wouldn't say we meet every day because we might meet four times a day, but supposedly we meet every day, and we discuss every participant. We talk about their progress, prognosis, any needs they have.

▪ **Challenges and barriers faced by OIC participants.** Team members identified challenges and barriers OIC participants face affecting their involvement in the court. Participants often struggle to obtain reliable transportation and may experience difficulties reporting to court every day or arriving on time. Additionally, due to their struggles with substance use, they may have limited financial and social supports. A team member explained:

They burned a lot of bridges. A lot of times, their family members don't want to give them money because they're like, "Oh, I need it for the bus," and their family members don't really believe that because of their history.

Additionally, participants struggle with the "treatment burden" related to opioid court.[ii] Presenting to the court daily, attending treatment and self-help groups, and rebuilding relationships with friends and family can negatively affect a participant's ability to maintain employment. This is underscored by the difficulty to maintain reliable transportation.

Team members also observed that many participants experience isolation, especially when they begin the OIC program. Many have had to remove themselves from social networks that do not promote recovery ("negative social capital"), while also trying to rebuild relationships with people who support their recovery.

▪ **How OIC addresses participant barriers.** OIC team members gave examples of how OIC and the COURTS program help participants overcome barriers to participation. Case managers help participants obtain transportation, such as bus passes or Medicaid transportation, if the person is eligible:

Getting to court is the hardest part. We expect many of them to come every day, that's expensive. Bus pass is $75 a month, or if you go daily, it's $5 a day. If they have Medicaid, they're eligible for a bus pass, and I put that, I call that in for people.

Additionally, the COURTS program on the fourth floor of the Buffalo City Court Building, provides services such as insurance navigation, access to social services, and linkages to treatment programs. The judge, often in consultation with the court coordinator, also determines whether flexibility in court appearances is merited, once a participant is deemed stable. This involves reducing the number of appearances per week and enabling participants to engage in other aspects of recovery such as employment or job-seeking, education and training, or related activities.

▪ **OIC Challenges.** Team members commented on difficulties they have observed with the OIC program. The challenges they identified are common to substance use treatment interventions. Participants' readiness to change and commitment to treatment plans can be problematic.

[ii] The term "treatment burden" refers to the "work" patients undertake to manage a chronic condition: multiple appointments, dealing with healthcare and social services systems, as well as personal self-care regimens. We believe that this concept can also be applied to justice-involved clients in problem-solving courts who must adhere to the regimen of court appointments, substance use treatment, self-help appointments, and other justice -related tasks.

I would just say getting them to commit and see the importance of going to treatment. A lot of them try to make the excuse that they're not going or don't want to go, or the bus, but it's literally a seven-minute walk, so they can't really use that excuse.

Court staff can become discouraged and frustrated when they provide multiple opportunities for recovery which participants do not pursue. Over time, opportunities for these participants may become limited and court staff may wonder what a fair endpoint for an individual might be. "It's hard for me sometimes to see someone get so many chances, but I certainly understand that is part of the treatment process," stated an Assistant District Attorney. Despite a broad array of linkages and opportunities provided by court staff, participants may encounter barriers beyond the scope of the court, such as insurance and program regulations preventing them from accessing resources.

Finally, court staff expressed concerns about the termination of monitoring when participants complete the OIC program, and whether adherence to MAT and other aspects of participants' recovery will be sustained over time. One staff member reflected, "I feel once we complete them, they don't know what to do with themselves anymore…because we're their new normal."

▪ **Recommendations.** In light of their experiences with the OIC, team members offered recommendations for improving the Opioid Intervention Court. These included:

- Having a "face-to-face" check in during the weekends for OIC participants, especially those who are newly enrolled and beginning their recovery.
- Activities or supports to engage OIC participants if they are not working or enrolled in school. This would address the problem of "empty time" and help develop new interests.
- A separate calendar just for the OIC participants without having other cases (criminal, diversion) mixed in. This could alleviate long wait times to see the judge, often for a few minutes of conversation when all is going well.
- A peer support or other group to keep participants engaged after completion of OIC. This might help sustain their recovery.

***D. OIC Participant Survey*.** During the summer of 2019, a self-report survey was administered to 18 participants enrolled in the OIC for at least 35 days. The evaluators engaged a medical student research assistant to administer the survey. The student sat in court each day and became a familiar face to the OIC participants. He invited eligible participants to complete the survey after they appeared before the judge, and also noted why participants accepted or declined the invitation. A number of participants told him they were motivated to complete the survey out of a desire to help the court, irrespective of the $10 gift card.

The OIC survey included questions on demographics, satisfaction with the program, quality of life, social supports, financial resources, and recovery capital.[4] Recovery capital refers to the range of resources that people can draw on to initiate and overcome substance disorder, including physical capital (e.g., property and other material possessions), social capital (e.g., networks and social supports), human capital (e.g. educational attainment and health), and cultural capital (e.g., values, beliefs, and attitudes associated with social conformity and deviance). The "Brief Assessment of Recovery Capital" (BARC-10) was used to examine OIC participants' ability to access recovery capital.[5]

▪ **Demographics.** OIC survey respondents were predominantly white (82.4%), and male (83.3%). The mean age was 32.8 years, with all but two participants under the age of 45.

Most survey respondents completed high school or attained a GED (78%), and some had postsecondary education or training (33%).

Roughly half of all survey respondents were working either part-time (27.8%) or full-time (22.2%). Less than a quarter (22%) were renting their living accommodations, and a majority (61%) were living rent-free in someone else's residence.

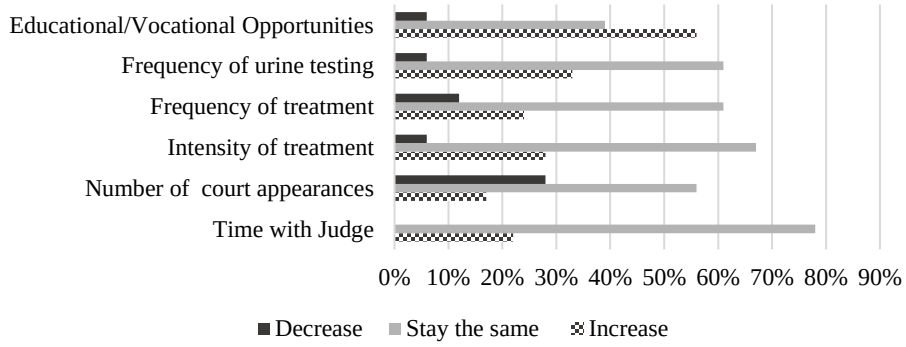
Transportation posed a barrier to many participants. In response to the question, "How difficult is it for you to get transportation to Buffalo Opioid Intervention Court program?" nearly half (44.4%) indicated "somewhat" or "very difficult." Less than half (44%) had a valid driver's license and even fewer (17%) drove themselves to OIC. The majority (78%) of participants took public transportation (bus or subway) to court.

Table 4. Demographic characteristics of Participant Survey Respondents

Characteristic	% (N) or Mean (± SD)
Age, years	32.8 (± 8.4)
Gender	
Male	83% (15)
Female	17% (3)
Race/ethnicity	
White	82.4% (14)
Black	17.6% (3)
Hispanic (Puerto Rican)	6%(1)
Education level	
8th grade or less	6% (1)
Some high school	17% (3)
High school diploma/GED	44% (8)
Some college or training after school	22% (4)
Bachelor's Degree	11% (2)
Current Employment Status	
Unable to work	17% (3)
Unemployed	33% (6)
Part-time	28% (5)
Full-time (35+ hours/week)	22% (4)
Current living situation	
Living with someone else & not paying rent	61% (11)
Renting	22% (4)
Supportive living	11% (2)
Other	5.6% (1)
Current relationship status	
Single	72% (13)
Married	0
Living as if married	17% (3)
Separated	6% (1)
Divorced	6% (1)

▪ **Satisfaction with the OIC program.** All 18 participants responded positively to their overall experience with the OIC. The majority (83%) felt well-informed before engaging with the OIC. When asked to assess the importance of various aspects of the OIC program in their decision to enter the program, OIC participants rated the following components as important: (a) judge monitoring progress; (b) court appearance frequency; (c) treatment intensity; (d) urine testing frequency; (e) Medication Assisted Treatment (MAT); and (f) self-help meetings. Results were mixed with regard to the mandatory evening check-ins: only 55.6% of the sample rated these as important.

Figure 6. OIC Participant Rating of Program Components by Importance

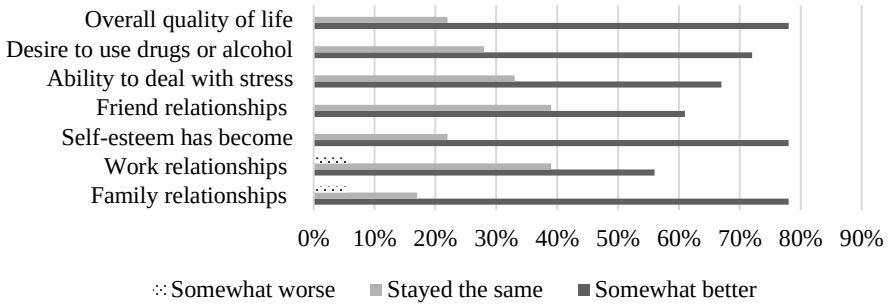


Nearly all (90%) respondents self-reported that they were participating in MAT. When asked whether they plan to continue MAT upon completion with OIC, roughly half (47%) responded "absolutely" and another 20% responded "probably."

Participants were further asked, "What changes in the Buffalo Opioid Intervention Court program do you suggest?" The majority recommended that key components of the OIC remain the same or increase, with a request for more educational and vocational opportunities.

▪ **Social relationships and Quality of Life.** Survey respondents endorsed important changes in their social relationships and quality of life. Over 70% reported improvements in family relationships, self-esteem, overall quality of life, and reduction in desire to use drugs or alcohol. Over half noted improvements in ability to deal with stress, friend relationships and work relationships.

Figure 7. Quality of Relationships and Life



▪ **Recovery Capital.** The majority of participants (83%) agreed "there more important things to me in life than using substances," and reported they were making good progress in their recovery journey. Most responded they were happy with their life, had enough energy to complete tasks, and viewed their life as fulfilling without the need for drugs or alcohol. The majority also indicated that their living spaces are supportive of recovery, and they take full responsibility for their actions. These responses suggest OIC participants are accessing social supports and are satisfied with their recover progress.

Table 5. Brief Assessment of Recovery Capital

Recovery capital component	Disagree	Somewhat Disagree	Somewhat Agree	Agree
There are more important things to me in life than using substances	17% (3)	0%	0%	83% (15)
In general I am happy with my life	0%	0%	22% (4)	78% (14)
I have enough energy to complete the tasks I set for myself	0%	0%0%	18% (3)	78% (14)
I am proud of the community I live in and feel a part of it	17% (3)	0%	33% (6)	50% (9)
I get lots of support from friends	0%	6% (1)	39% (7)	39% (9)
I regard my life as challenging and fulfilling without the need for using drugs or alcohol	0%	0%	28% (5)	72% (13)
My living spaces help to drive my recovery journey	0%	0%	28% (5)	72% (13)
I take full responsibility for my actions	0%	6% (1)	17% (3)	78% (14)
I am happy dealing with a range of professional people	0%	6% (1)	22% (14)	72% (13)
I am making good progress on my recovery journey	0%	0%	17% (3)	83% (15)

Fewer respondents reported receiving "lots of support from friends" and felt part of their community. These responses may reflect the transitions participants were experiencing with social networks and community re-engagement.

CONCLUSION

As a result of the Opioid Intervention Court, a high need population at risk of opioid overdose is receiving treatment and initiating recovery. Between May 2017 and September 2019, 522 people were enrolled in the OIC. Only 6 people died while enrolled (2.4%).

The majority of people screened in jail for OIC face social determinants of health challenges, as evidenced by lack of medical insurance and stable housing. All were using opioids as their drug of choice, with a significant proportion also using crack cocaine or poly-substances.

Among the 522 OIC enrollees, no relationship was found between completion rates and demographic characteristics (age, gender, race/ethnicity). However, statistically significant differences were found with regard to Medication Assisted Treatment (MAT). OIC graduates were significantly more likely to have received MAT compared to non-completers. They were also more likely to have received MAT within the first week of OIC compared to non-completers. OIC graduates also had a higher length of stay in the program compared to non-completers (250 days vs. 149 days). This is consistent with previous findings documenting an association between increased drug court program length and greater positive outcomes.[6,7]

Semi-structured interviews with OIC team members documented their commitment to the program and strong desire to help the clientele. Team members work together to implement a person-centered approach to treatment and recovery, while holding OIC participants accountable. The OIC and COURTS program address participant barriers through help with transportation and linkage to support services. OIC team members provided recommendations on ways to enhance participant accountability and sustain recovery through the program and beyond.

OIC participants responded positively to the program, indicating that the OIC was helpful in initiating recovery. Nearly all participants (90%) were on MAT, and most (67%) anticipated continuation of MAT after graduation. Respondents further reported positive changes in their social relationships, quality of life and progress in their recovery.

Next Steps: To further evaluate and disseminate the OIC model, the evaluation team, together with a nationally-recognized psychiatric epidemiologist, will conduct a CDC-funded rigorous evaluation. This evaluation will compare the OIC to a traditional drug treatment court (tDTC) and determine what happens to participants a year out, comparing outcomes of the OIC study group to the tDTC comparison group. The project will assess the comparative public health impact within the two groups in terms of: (1) treatment, (2) health, (3) recovery, and (4) justice outcomes.

References:

1. NYS Department of Health. *New York State- County Opioid Quarterly Report for Counties Outside of New York City.* October 2016.
2. Center for Court Innovation. The 10 Essential Elements of Opioid Intervention Courts. 2019.
3. Kampman K, Jarvis M. ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opiod Use. 2015.
4. Kahn LS, Vest BM, Kulak JA, Berdine DE, Granfield R. Barriers and facilitators to recovery capital among justice-involved community members. *Journal of Offender Rehabilitation.* 2019;58(6):544-565.
5. Vilsaint CL, Kelly JF, Bergman BG, Groshkova T, Best D, White W. Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug Alcohol Depen.* 2017.
6. Shannon LM, Jones AJ, Newell J, Nichols E. Examining Predisposing Factors and Program Performance Indicators Associated With Program Completion: A Comparison of Opioid and Non-Opioid-Preferring Participants in Drug Court. *Int J Offender Ther Comp Criminol.* 2019;0(0):0306624X19866130.
7. Carey S, Mackin JR, Finigan MW. What Works? The 10 Key Components of Drug Court: Research-Based BEST Practices. *Best Practices in Drug Courts.*8(1):6.