A Comprehensive Review of the Holyoke Early Access to Treatment and Recovery (HEART) Initiative

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HEART Holyoke Early Access to Recovery & Treatment

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INTRODUCTION

The District Court in Holyoke, Massachusetts is among the first courts nationwide to provide court-involved populations with rapid access to medications for opioid use disorder (MOUD) and other evidence-based treatment during court appearances and afterwards. Founded by Presiding Justice William P. Hadley, the program is known as Holyoke Early Access to Recovery and Treatment (HEART). The HEART program is designed to use a multi-sectoral interdisciplinary public health approach to primarily serve a Latinx population living in communities of concentrated poverty. Soon after it was founded in March 2020, the HEART program was paused due to the COVID-19 pandemic. In the subsequent months, key partners worked together to re-design the HEART program to incorporate telemedicine and other COVID-19 mitigation policies, with the goal to re-launch the program in January 2021. A related development was that the HEART program received funds from the HEALing Communities Study (HCS) in Massachusetts, funded by the National Institutes of Health and led by Boston Medical Center (PI: Jeffrey Samet, MD; https://healingcommunitiesstudy.org/sites/massachusetts.html), to support the development of telemedicine capacity. Also, an internship program with the University of Massachusetts Amherst (UMass) was established in partnership with Elizabeth Evans, PhD, to enable UMass students to assist with HEART program development and implementation.

An initial task for the UMass student interns was to document the activities that were conducted to explore and prepare for the implementation of the HEART program, with a broader goal of creating resources to support program operation and evaluation. To accomplish this goal, UMass interns conducted semi-structured individual interviews with HEART program planners. Interviews were guided by interview prompts (see Appendix A), lasted about 30 minutes, conducted by Zoom, and were recorded and transcribed. The interns also documented information relevant to the planning of the HEART program through observation of weekly key partners meetings; review of reports and other documents; and review of material published in the local press regarding the program and delivery of MOUD to court populations within the region.

In this report first we describe the context and origins of the HEART program. Then we provide an overview of the HEART program goals and components, summarizing key program elements, the roles and responsibilities of involved partners, and current issues. We conclude by identifying potential next steps for HEART program development. It is important to acknowledge that this report reflects planning activities that had occurred or were underway as of the writing of this report. This report is intended to be a living document. Thus, as the HEART program is further developed and then implemented, we intend to revise this report to create an accurate and up-to-date resource.

I. BACKGROUND AND SIGNIFICANCE

1.1 Context and Origin

Opioid Epidemic

Over the past decade, opioid use in the United States has been characterized as an epidemic (Lyden & Binswanger, 2019) with particular consideration for hot spots where rates of opioid use disorder (OUD), non-fatal and fatal overdose, and premature avoidable death have significantly impacted the economic, political, and social terrain (Hagemeier, 2018). In addition to increased mortality risks, OUD is also associated with involvement with the criminal justice system, co-occurring mental health conditions, and comorbid physical health conditions (for example HIV, viral hepatitis C, and endocarditis) (Al-Tayyib, Koester, & Riggs, 2017; Cook et al., 2020; Hollingsworth, Ruhm, & Simon, 2017; Webster, 2017). These issues have detrimental impacts for people with OUD and also the communities that they reside in (Saloner et al., 2018).

In Massachusetts, the number of opioid overdose deaths increased by 118.6% from 2013 to 2016 (Massachusetts Department of Public Health, 2019). Most recently, opioid overdose deaths in Massachusetts decreased by 5% (Massachusetts Department of Public Health, 2019) and then plateaued (MDPH, 2020). Furthermore, in 2019 alone, there were 1,967 confirmed opioid-related overdose deaths (see Appendix B for more information on opioid-related overdoses in Massachusetts). In contrast to this statewide trend, however, in 2017 there was an increase in opioid overdose deaths in Holyoke and several of the other cities of Western Massachusetts (See Appendix B) (Massachusetts Department of Public Health, 2020a).

Holyoke, Massachusetts

The HEART Program is located in Holyoke, a city in need of public health interventions to address the opioid epidemic, particularly among Hispanic and Latinx populations. In 2015, an estimated 4.5% (n= 1,831) of Holyoke residents had opioid use disorder (OUD) (Smeltzer et al., 2020). From 2018 to 2019, the rate of fatal opioid overdose among Holyoke residents increased 12.5%, from 34.7 to 39.6/100,000 residents (Smeltzer et al., 2020). However, this increase in the overdose death rate was mostly attributable to deaths occurring among Hispanic/Latinx residents of Holyoke. For the Hispanic/Latinx group, the opioid overdose death rate increased 63.6%, from 19.4 deaths/100,000 residents in 2018 to 53.3 deaths/100,000 residents in 2019 (Smeltzer et al., 2020). In contrast, opioid overdose death rates decreased for other racial ethnic groups. Specifically, the opioid overdose death rate decreased by 50% among the non-Hispanic Black population, from 173.3 to 86.7 deaths/100,000 residents and it also decreased among the non-Hispanic White population, from 46.1 to 23.0 deaths/100,000 residents (Smeltzer et al., 2020). Data are consistent with other reports that have documented the 200% increase since 2018 in opioid overdose deaths among the Western Massachusetts Hispanic/Latinx population (Massachusetts Department of Public Health, 2020b).

Medications to Treat Opioid Use Disorder (MOUD) in Criminal Justice Settings

Court-involved individuals with opioid use disorder (OUD) are at high risk for overdose and other adverse health outcomes (Binswanger, Blatchford, Mueller, & Stern, 2013; National Institute on Drug Abuse, 2020; Pizzicato, Drake, Domer-Shank, Johnson, & Viner, 2018). A critical problem is that of people with OUD, 10% or less ever enter treatment and, of those who do, few remain engaged with treatment long enough to sustain its beneficial effects, a treatment-need gap that places individuals at greater risk for a return to opioid and other drug use (Evans et al., 2019). For example, one study reported that of those who disengage with treatment, about 43% return to drug use (Lagisetty et al., 2017).

A key strategy to address the opioid epidemic among court-involved populations is increased access to all FDA-approved medications to treat OUD (MOUD, i.e., buprenorphine, methadone, naltrexone) (Brinkley-Rubinstein et al., 2017; Malta et al., 2019). In 2019, Massachusetts became the first state to mandate the availability of MOUD for patients with opioid use disorder in county jail settings. A 2018 law (House Bill 4742 or "Chapter 208") established a 4-year pilot program to expand access to all forms of MOUD at five county Houses of Correction (HOCs, i.e. jails); two more county jails voluntarily joined this initiative. The law stipulates that MOUD must be continued in individuals receiving it prior to detention, and be initiated prior to release among sentenced individuals where appropriate. These jails must also facilitate continuation of MOUD in the community upon release. This initiative coincides with activities to increase access to MOUD in other criminal justice settings.

1.2 Promising Programs

We identified a few programs that have been implemented within criminal justice settings to address the opioid epidemic. Our intent was to identify programs that could serve as models for informing HEART program elements, benchmarks for monitoring program operation, and strategies for evaluating outcomes. We identified several programs being led by local police and county jails to conduct OUD screening, brief interventions and referral to treatment. A few notable examples are outlined in the **Opioid Programs Chart** (See Appendix C). In this section, we summarize each program and delineate key successes as reported by each program, highlighting information related to participant engagement and program outcomes.

Brockton & Gloucester, Massachusetts

Gloucester and Brockton have implemented programs to mitigate opioid overdoses. Located in eastern Massachusetts, Gloucester and Brockton are both urban neighborhoods that have seen devastating outcomes from the opioid epidemic (Massachusetts Department of Public Health, 2017). Programs were established in 2015 and 2016, respectively, to use the police station as a conduit location and recovery resource. People who use opioids or other drugs can go to the police station to be evaluated for treatment and linked to appropriate services (Brockton Area Prevention Collaborative, 2020; Gloucester Police Department, 2020). Individuals will not be arrested for any drug charges, unless they have a prior warrant, and they can choose which type of treatment they wish to engage in (outpatient,

inpatient, MOUD) while working with licensed clinicians (Brockton Area Prevention Collaborative, 2020; Gloucester Police Department, 2015).

As of 2020, 824 unique participants engaged with the Brockton program (Brockton Area Prevention Collaborative, 2020). One study reported that program participants in Gloucester benefited from immediate access to treatment (at six months, 37% of participants self-reported no longer using drugs). However, there were barriers to accessing long-term recovery programs (Schiff et al, 2017). Currently, both programs do not collect data to assess longer-term outcomes.

Buffalo, New York

The Buffalo Opioid Intervention Court (OIC) was established in response to the rising opioid overdose deaths in Erie County, New York. This court was reportedly the first of its kind in the United States: the goal of OIC is to enroll individuals into treatment *immediately* (within 24 hours of arrest) and to prevent death before their court appearance (Buffalo Opioid Intervention Court, n.d.; Lazzara, 2019). This goal originated from events in 2017, when in one week, three defendants overdosed and died before their second court appearance. Since the establishment of the Buffalo OIC, drug overdoses in the county have decreased by 38% over the two years (2016 to 2018). The OIC program differs from drug courts because it relies on immediate access to treatment, often prioritizing treatment over the judicial process (Lazzara, 2019).

The Buffalo OIC works to quickly connect eligible individuals with treatment and recovery. Within hours of arrest, prospective participants are connected to a treatment team. They are then screened and evaluated for treatment. Treatment options include MOUD, behavioral treatment, outpatient/inpatient treatment, and other alcohol/drug/mental health treatment (Buffalo Opioid Intervention Court, n.d.). There are several requirements for program participation, including: a daily check-in with the judge and treatment team for 90 days, an 8pm curfew- enforced by requiring participants to call the curfew line daily, and random drug testing. Random drug testing is used as a means to measure adherence to the treatment plan. If participants test positive for drugs, then their treatment plans will be intensified and/or medications altered. Cases are suspended while participants are in treatment. Post-completion many participants are referred to other courts such as drug court, veteran court, or mental health court and some have their cases dismissed (based upon judge's discretion). Conversely, those with serious felony charges are indicted and prosecuted (Lucas & Arnold, 2019).

Cumberland County, Pennsylvania

The Opioid Intervention Court (OIC) in Cumberland County, Pennsylvania was formed in February 2018 based on the OIC program in Buffalo, New York. Unlike other drug courts, this OIC program is a *voluntary* program for pre-trial individuals who have not yet been charged with a drug-related offense. Through Cumberland County's OIC, the Magisterial District Judge (MDJ) and Law Enforcement Officers (LEOs) initially identify possible program participants based on defendant charges and supplemental court-data. Next, the MDJ sets an OIC screening date for candidates based on their most recent sentence (jail, bail, or summons). If a candidate screens positive for OUD, they are subsequently given an acknowledgement form that outlines basic conditions of the program, from which they either select to pursue or decline the program. If a candidate decides to pursue the program, they agree to 30

days consecutive court appearances, frequent drug testing, daily treatment and recovery activity, engagement in a recovery plan, and a nightly curfew monitored by court-issued tracking devices. Individuals with a history of drug dealing charges or one or more felony crimes of violence are excluded from the program. Over the course of a one year observation period, the OIC reported that out of 93 admitted participants, 12 were continuing care at time of data collection, 38 had successfully completed the program, only four participants reoffended while in the program and one reoffended post-program, and no opioid overdose deaths were reported ("Opioid Intervention Court," 2018).

Summary

These programs are promising but have not yet been evaluated. A common experience is that programs appeared to have been developed and implemented swiftly in response to the opioid crisis, benefited from multi-sectoral collaborations, and exhibited short-term cessation of drug use among a sizable portion of participants. Studies are necessary to establish empirical evidence regarding successful program implementation processes and practices, the extent to which program participants use health and social services, participant outcomes and community impacts, and program costs. In the meantime, studies of other court-based interventions that refer individuals with OUD to treatment exhibit modest rates for treatment initiation, continued engaged and longer-term outcomes (Evans et al., 2014; "Opioid Intervention Court," 2018; Lucas & Arnold, 2019). An upcoming task for HEART program planners is to establish benchmarks for assessing program success.

There are some important ethical considerations that these programs may not have considered. Because the participants' engagement with treatment is tied to their judicial outcome (Buffalo OIC), there may be implications that the participant is being coerced into treatment (Mehta, 2017). It is important to be mindful of these ethical considerations: highlighting the importance of *voluntary* treatment access in our words and actions as we involve individuals in the treatment process.

II. THE HEART PROGRAM

2.1 Overview

Mission + Goals

The Holyoke Early Access to Recovery Treatment (HEART) program is designed to provide same-day access to medications and other treatment for opioid use disorder (OUD) for individuals who appear before the Holyoke District Court, and thereby reduce not-fatal and fatal opioid overdose events.

Leadership and partner engagement
The Holyoke District court will lead the program with input from key collaborators. Program planning and implementation will be discussed at weekly team meetings. A standing agenda item will be the discussion of factors that facilitate and impede program implementation and relevant action items. The group will also consider strategies for supporting cross-sectoral communication. The Holyoke District Court Community Advisory Committee will be convened on a quarterly basis to invite input, disseminate information, and cultivate buy-in and collaboration.

Program eligibility

Adults (age 18 or older) with an opioid problem who interact with the Holyoke District Court - including both pretrial and trial populations – are eligible to participate in the HEART Program. Participants will typically come before the court through these routes, as detailed in **HEART Participant Workflow** (See Appendix D):

- Arrested for a charge and brought in for an arraignment
- Summons from the police for a scheduled arraignment
- Show-cause hearing where it is deemed beneficial for the person to enter OUD treatment
- Screened for Section 35 Civil Commitment but deemed ineligible

Expected characteristics of program participants

The program is expected to disproportionately serve Hispanic/Latinx populations who are living in poverty. It is important to note that Holyoke District Court typically handles minor criminal offenses, all violations of city and town ordinances and bylaws, and felonies punishable by a sentence of no more than five years (Allen, 2017; Commonwealth of Massachusetts, 2020). Prior to the onset of the COVID-19 pandemic, the HEART program was expected to serve about 50 people per week, comprised mostly of people with non-violent offenses, “community quality of life” cases, and dual-diagnosis persons. In recent months, however, the COVID-19 pandemic has resulted in an influx of more serious felony offense cases into the court and a decrease in the number of minor offense cases. As the court currently operates at 60% capacity, it is unclear how this dynamic will change the type and numbers of people who are eligible to participate in the HEART program.

Hours of operation

The HEART Program will operate live and in-person at the Holyoke District Court on a weekly schedule, ideally 10am-1pm, three days per week (Monday, Wednesday, and Friday). Court appearances for prospective HEART program participants will be scheduled to occur on these days.

COVID-19 mitigation

The UMass interns will use a COVID-19 mitigation checklist to ensure physical safety for all parties involved. Protocols were approved by the UMass Institutional Review Board and are detailed in the **COVID-19 Mitigation Checklist** (See Appendix D).

2.2. Participant Flow and Activities

Outreach

Prospective participants will be informed of the HEART program though several outreach efforts. Communications will be designed with an understanding of the value of participant empowerment and autonomy when making healthcare decisions (Cimino, Mendoza, Nochajski, & Farrell, 2017). Prospective participants will be provided with several opportunities to consider program participation. As first contact, the court will mail a **HEART Program Letter** about the program to prospective participants prior to their court appearance (See Appendix E). The mailer will specify the potential benefits and risks of participation and make it clear that participation is voluntary and that the decision to participate or not participate in the HEART program will not affect the initiation or revocation of any order staying their criminal proceedings. Additionally, prospective participants who have been charged with a violation of a municipal ordinance, or by-law or a misdemeanor offense, will be notified that the successful completion of an assigned SUD treatment program may result in a dismissal of criminal charges (See Appendix C for more detailed information about the aforementioned drug diversion statues). When in court, prospective participants will be told about the program verbally by the judge, the relevant attorneys, court staff, and the UMass interns. **HEART Program Fliers** will be posted in the areas of the court where they can be seen by prospective program participants (See Appendix D).

Initial engagement at court

During the court appearance, individuals who are interested in the HEART Program will meet with a UMass intern in a space that is designed to permit a private but safe conversation via telemedicine equipment. Interactions will be monitored by court staff for safety. The UMass intern will provide information and troubleshoot any technological difficulties that may arise while using the telemedicine equipment in the court. The UMass interns will also use a detailed checklist for each participant to track interactions and next steps, **HEART Program Participant Checklist** (See Appendix D).

The UMass intern will explain the purpose of the HEART program and next steps in-person, using a **Summary of the Program** document (See Appendix E). The interns will give the individual a copy to keep.

- *If the person is not interested in learning more*, the UMass intern will provide information on local resources and let the individual know they can change their mind at any time.
- *If the person is interested in learning more*, the UMass intern will proceed to the next step.

Linkage to Recovery Coach

The UMass intern will use the telemedicine computer to connect the participant via Zoom with an off-site recovery coach from Hope for Holyoke (HFH). The purpose of the recovery coach is to maintain a consistent, relatable, and supportive connection while the participant enters and engages with OUD treatment. HFH recovery coach will discuss options and identify next steps. Prospective participants will be provided with head phones to be able to have a private conversation with the recovery coach.

Screening and Assessment by Clinician

The UMass intern will use the telemedicine computer to connect the participant via Zoom to a clinician from the Hampden County Sheriff's Department. The clinician will conduct a screening and brief assessment for treatment, and develop a treatment plan. Prospective participants will be provided with head phones to be able to have a private conversation with the clinician. Depending on the preferences of the individual, the Recovery Coach will be invited to join this conversation as well.

- *If the clinician determines that the participant does not have OUD*, the participant will leave the court with local resources for naloxone access.
- *If the clinician determines that the participant does have OUD*, the clinician will discuss treatment options and next steps.

Linkage to Treatment Services

Based on the next steps as identified by the clinician during screening and assessment, the UMass intern will use the telemedicine computer to connect the participant via Zoom to the identified treatment provider. Possible treatment providers include Holyoke Health Center, Behavioral Health Network, and other local agencies. A goal will be to achieve same day access to treatment. Depending on the preferences of the individual, the Recovery Coach will be invited to join this conversation as well.

MassHealth eligibility and enrollment/activation

If the participant does not have health insurance, the UMass intern will give the individual a **MassHealth Handout** (See Appendix F).

Naloxone information

The UMass intern will provide every individual with information about naloxone. See **Naloxone Handout** (See Appendix F). The handout contains information about several local agencies that provide free, accessible naloxone.

Check-out

Before the participant leaves the court, the UMass intern will ensure that the participant has a written set of next steps for treatment and recovery, including:

- Treatment program contact information and directions
- Recovery coach contact information
- Next steps for MassHealth, if applicable
- Next steps for accessing naloxone and other resources
- Transportation options, if applicable

Program monitoring and evaluation

Partners agree on the need to develop capacity to monitor the operation of the HEART program and related program outcomes. Process measures of interest include the following - Of adults seen by the Holyoke District Court: % screened for OUD; % positive for OUD; % received brief intervention; % assessed; % referred to MOUD in the community; % entered MOUD in the community. The primary outcome of interest is engagement with MOUD or other treatment in the community after initial referral (30-days, 60-days, 90-days). Secondary outcomes of interest (as measured 90 days after initial referral) include: opioid use; overdose events since referral – non-fatal and fatal; mortality; recidivism (arrests, incarcerations, violations, arraignments); mental health; and social functioning (housing, employment, other). Documenting the contextual factors that impact program implementation and outcomes are also important. How to monitor and evaluate the program is a topic of ongoing discussion.

2.3. Key Partners

Roles and Responsibilities

Partners representing a diverse set of institutions and roles are involved in the development of the HEART program (see Appendix G). We provide a summary of each agency and the related roles and responsibilities.

Boston Medical Center (BMC) - An organization that received a substantial grant to help combat opioid overdose: underneath the HEALing Communities Study (HCS). The funds were distributed among various test sites. Holyoke is one of its test sites. This grant has provided funding for the HEART program.

Behavioral Health Network (BHN) - A local health center with treatment providers available to the HEART program participants.

Holyoke Health Center (HHC) - A local health center with treatment providers available to the HEART program participants. The HHC also provides services to address housing, health insurance, primary care, and other specialized health clinics.

Tammi Kozuch - Tammi Kozuch is a director at Holyoke Health Center. She is also lead of the MOUD sub-committee on HEALing study

Yadira Haddock - Yadira Haddock is the program manager for recovery coaches at the Holyoke Health Center. She is responsible for training recovery coaches that may interact with HEART program participants.

Maria Quinn - Maria Quinn is a registered nurse at Holyoke Medical Center. She is also a member of the HEALing study and a back-up MAT provider for Holyoke Health Center.

Holyoke District Court (HDC) - One of the 65 District courts in Massachusetts presiding in Holyoke, MA and serving the Holyoke community. The court hears criminal, civil, housing, juvenile, mental health, and other related cases. HDC is the site of the HEART program.

Hon. William P. Hadley, First Justice - Judge Hadley is the presiding judge of the Holyoke District Court. He founded the HEART program.

Manuel A. Moutinho, Clerk-Magistrate - Clerk Magistrate Manuel is the clerk at the Holyoke District Court. He oversees show case hearings and may recruit participants for the HEART program.

Holyoke Police Department (HPD) - A local law enforcement agency. HPD is responsible for arresting potential participants and/or summoning them.

Hampden County Sheriff's Department - A local Correctional agency. Responsible for providing clinicians for HEART program initial telehealth screening as well as a voluntary entry point into a comprehensive community stabilization center, called the All Inclusive Support Services program (formerly known as the After Incarceration Support Systems program).

Sally J. Van Wright, *EdD, LICSW, LADC I*- Sally directs the AISS program, including supervision for the team of clinicians provided to the HEART program.

Margaret O'Connell is both Lead Counselor and Crisis Counselor at the AISS program, a multi-service hub at 736 State Street, Springfield, MA.

Jen Sordi - Jen Sordi works for the Hampden County Sheriff's Department, where she oversees re-entering and transitional services for the department, including the clinicians provided to the HEART program.

Hope for Holyoke (HFH) - An organization providing recovery coaches for participants of the HEART program.

Debbie Flynn-Gonzalez- Debbie Flynn-Gonzalez is the program director for HFH.

University of Massachusetts Amherst Interns - Team of public health undergraduate and graduate students assisting in the development, implementation, and evaluation of the HEART program.

Elizabeth Evans, PhD - Dr. Evans is an Associate Professor at the University of Massachusetts. She is the Internship Advisor for the HEART Program.

Amelia Bailey, BA - Amelia Bailey is a graduate student at the University of Massachusetts Amherst. She is the lead intern for the HEART Program.

Samantha Hano - Samantha Hano is an undergraduate student at the University of Massachusetts Amherst. She is an associate intern for the HEART Program.

Kene Orakwue - Kene Orakwue is an undergraduate student and MPH candidate at the University of Massachusetts Amherst. She is an associate intern for the HEART Program.

Current Challenges, Program Planning Facilitators, and Anticipated Benefits

During the program planning phase, key partners focused on resolving the expected challenges of implementing in the court new processes to conduct synchronous screenings, treatment assessments, and linkages to community-based MOUD and other services. Topics included: defining new collaborative roles and responsibilities, scheduling and work flow, physical space, security, and COVID-19 mitigation protocols; coordination and information exchange between the court and treatment providers; technical infrastructure and identifying which telemedicine services are reimbursable and can be provided virtually; processes to assess participant flow and program success while abiding by participant privacy and data confidentiality regulations; and engagement of disproportionately affected populations with varying levels of treatment readiness, distrust of public institutions, Spanish language preferences, and unaddressed social determinants of health.

Partners also shared that program planning was facilitated by the ability of court staff to act as program champions and achieve common understanding of program goals, cross-sector buy-in regarding the need for innovative solutions to address the opioid epidemic, and regular communication among key partners.

Anticipated HEART program benefits, as identified by partners, included increased access to and use of MOUD and other needed healthcare; fewer overdose events and avoidable premature deaths; and strengthened collaboration between the criminal justice system, healthcare, and community-based agencies.

2.4. Logic Model

A logic model is a graphic depiction, or "road-map," of relationships among the resources, activities, outputs, and outcomes/impacts of a program between a program's activities and its intended effects, in implicit 'if-then' relationships. A logic model helps clarify the boundary between "what" the program is doing and "so what"—the changes that are intended to result from strong implementation of the "what."

We created a **Logic Model** to portray the planned *inputs* and *activities* that are needed to operate the HEART Program (See Appendix H). Initial inputs to the program, as listed: multisectoral collaborative of local organizations, funding, telehealth connection, and partner buy-in. From these inputs, the following activities will occur: addiction advisory meetings, program fliers, local media marketing, offer participation in program (to eligible persons), connect participants with clinician for screening, connect participants with OUD treatment, and connect participants with a recovery coach. From the relationships and latter impacts of these activities, we are intending that the following outputs and outcomes will occur.

The program goals are illustrated in four steps that occur over time. First, *outputs* are intended to happen as the program occurs. The initial outputs will be evident: number of participants screened for OUD, number of participants enrolled in OUD treatment, number of participants connected with a recovery coach, and the rate of short-term participant retention. After successful program completion, intended *outcomes* will positively benefit the participants in the program, over a

significant period of time. Initially, we hope the outcomes will be: increase in knowledge about OUD treatment process among participants, increase in participant access to naloxone, increase in the number of persons in OUD treatment, and increase in community awareness of program goals. It is important to note, these outcomes are intended for the community of Holyoke, where the intervention will occur. Overtime, we are expecting intermediate outcomes, listed as: increase in number of persons in OUD recovery and increase in participant retention rate between follow-up.

Lastly, the end goals for this program are illustrated in the *long-term impacts*. The long-term impacts are more systemic, large-scale changes that the program anticipates seeing after individual and community success due to the HEART Program. Our intended long-term impacts, listed as: decrease in opioid use, decrease in opioid-related deaths, decrease in recidivism, and decrease in community stigma surrounding OUD.

III. NEXT STEPS

The HEART Program entails organizational and systems-level changes that are aimed at achieving better health and health equity for a population of underserved residents in Holyoke. The core elements of the program have been developed, with discussions underway now to detail additional components. In this section we identify potential next steps for HEART program development.

3.1. Public health and health equity as guiding principles

Opioid intervention programs for criminal justice involved individuals have neglected to consider social determinants of health when designing program practices (Sugarman et al., 2020). Co-occurring mental health conditions, prior involvement with the criminal justice system, and severe addiction histories are among the factors that have been associated with poorer treatment outcomes (Evans et al., 2011). At the same time, the consequences of addiction disproportionately affect people who identify as Hispanic/Latinx (Substance Abuse and Mental Health Services Administration, 2020). For the HEART Program, it may be useful to consider health equity concepts to be among the core values of the program. For example, the HEART Program may be better able to serve the Hispanic/Latinx population via the use of multisectoral community partners, faith-based organizations, Spanish-language advertisement, and recovery coaches from diverse backgrounds (Substance Abuse and Mental Health Services Administration, 2020). As another example, extant research (for example Falletta, 2018; Morse, Silverstein, Thomas, Bedel, & Cerulli, 2015) suggests that pregnant and parenting mothers may be uncertain regarding how HEART program participation could jeopardize child custody or housing arrangements which could, in turn, function as barriers to program participation. The issues underscore the need going forward to gather perceptions of the HEART program from prospective program participants. Another important next step is to create capacity to use data about program implementation, operation, and outcomes to identify disparities in health outcomes and understand how the social determinants of health impact outcomes.

3.2. Systems-level collaboration and implementation science

The HEART Program can be conceptualized as the adaptation and implementation of an innovation. Thus, concepts provided by the *Diffusion of Innovations in Health Service Delivery and Organization* (Greenhalgh et al., 2004) can help to identify the factors that determine whether and how information generated from the PHD Warehouse can have positive public health impacts. In *Diffusion of Innovations,* Greenhalgh and colleagues (2004) consider the nature of innovations within healthcare settings. In their work, they draw on concepts from Diffusion of Innovations Theory (Rogers, 1995) and other relevant research to identify the set of behaviors, routines, and ways of working that enable

an innovation to improve health outcomes and yield other beneficial impacts. In the nearly two decades since *Diffusion of Innovations* was published, it has been used to understand the nature of innovations in a wide range of health-related fields. Today, it is recognized as a foundational text for fostering the implementation of health services research findings into practice (Damschroder et al., 2009).

There are several overarching principles of the *Diffusion of Innovations* conceptual framework that distinguish it. First, innovation is conceptualized as a *process*, rather than an event or a fixed state. A critical implication is that as an innovation moves through the different stages of adoption and implementation, it generates different capacities and concerns. This means, for example, that at each stage of an innovation's life span, it requires different resources, skills, and other inputs to operate, it is characterized by different strengths and limitations, and there is variation in its outcomes and impacts. Second, the success of an innovation is determined by a set of *complex interactions*. Therefore, by its nature, the success of an innovation is dynamic, changing depending on its stage of implementation and the ways in which several factors operating at different levels of influence combine to facilitate or impede implementation. Third, the innovation is made up of three general components: (1) the innovation, (2) the intended adopters, and (3) a particular context. These components, and the concepts included within them, interact at different levels of influence to determine the extent to which an innovation is successful.

More broadly, the HEART Program may also be understood as an innovation that depends on multiple criminal justice, health, policy, and social services systems that together function as an "*open system*." An open system framework is useful in examining how organizations respond to a changing external environment and the dynamics of collaboration. The "open systems" perspective, derived from biology, builds on the principle that organizations, like organisms, are open to environmental influences rather than being isolated from them, or "closed," as in a mechanical system (Katz & Kahn, 1966; von Bertalanffy, 1956, 1968). As an open system, we expect that the HEART Program will continually strive to strategically adapt to changes within its external environment. It draws on the environment for inputs such as funding, expertise, partner support, and data. These inputs are "transformed" through the creation and maintenance of the program. Symmetrically, the HEART Program will create outputs such as monitoring data and outcome data that affect, or are used by, the larger environment. The environment, however, is not simply passive in this exchange. Changes and stresses in parts of the environment occurring outside the program, like the introduction of COVID-19, or the influence of fentanyl flooding the illicit drug market (Springer et al., 2019), or the passage of laws to enable access to retail marijuana (Carliner et al., 2017), may create demands and constraints that affect the program's internal processes. Similarly, the outputs from the program may have significant effects for the outside environment that cause it to react in ways that again affect the program (feedback loops).

Finally, the provision of MOUD and other addiction treatment is known to pose specific challenges when implemented in criminal justice settings (Friedmann et al., 2015; Mitchell et al., 2016; Taxman & Belenko, 2012). The effectiveness of the HEART Program is likely to depend on the organizational capacity and culture of the systems to implement and sustain it. For example, transformative leadership, community partnerships, staffing, and funding have been identified as key contextual influencers of MOUD implementation and sustainment in criminal justice settings (Evans et al., 2019; Ferguson et al., 2019; Guerrero et al., 2018). The current project offers the opportunity to understand contextual factors that facilitate and impede delivery of a court-based program to connect individuals

to MOUD and other healthcare, community care coordination, and best practice strategies that optimize the program outcomes.

3.3. Conclusion

The District Court in Holyoke, Massachusetts is among the first courts nationwide to aim to provide court-involved populations with rapid access to medications for opioid use disorder (MOUD) and other evidence-based treatment during court appearances and afterwards. The program, known as Holyoke Early Access to Recovery and Treatment (HEART), uses a multi-sectoral interdisciplinary public health approach to primarily serve a Latinx population living in communities of concentrated poverty. Soon after it was founded in March 2020, the HEART program was adapted to utilize telemedicine, telecourts, and COVID-19 mitigation policies. In this report, we documented the activities that were conducted to explore and prepare for the implementation of the HEART program, with a broader goal of creating resources to support program operation and evaluation. As the HEART program is further developed and then implemented, we intend to revise this report to create an accurate and up-to-date resource.

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REFERENCES

Allen, G. (2017, May). The Massachusetts Court System. Retrieved October 10, 2020, from https://www.masslegalhelp.org/housing/lt1-chapter-14-mass-court-system

Al-Tayyib, A. A., Koester, S., & Riggs, P. (2017). Prescription opioids prior to injection drug use: Comparisons and public health implications. *Addictive behaviors*, *65*, 224–228. https://doi.org/10.1016/j.addbeh.2016.08.016

Bertalanffy, L. von. (1956). A biologist looks at human nature. *Scientific Monthly, 82*, 33–41.

Brinkley-Rubinstein, L., Zaller, N., Martino, S., Cloud, D. H., McCauley, E., Heise, A., & Seal, D. (2018). Criminal justice continuum for opioid users at risk of overdose. *Addictive behaviors*, *86*, 104–110. https://doi.org/10.1016/j.addbeh.2018.02.024

Brockton Area Prevention Collaborative. (2020). The Champion Plan. Retrieved from *Buffalo Opioid Intervention Court* [Brochure]. (n.d.). NY.

Carliner, H., Brown, Q. L., Sarvet, A. L., & Hasin, D. S. (2017). Cannabis use, attitudes, and legal status in the U.S.: A review. *Preventive medicine, 104*, 13–23. https://doi.org/10.1016/j.ypmed.2017.07.008

Centers for Disease Control and Prevention. (2019). *Multiple Cause of Death 1999-2018 on CDC WONDER Online Database*. National Center for Health Statistics.

Cimino, A. N., Mendoza, N., Nochajski, T. H., & Farrell, M. G. (2017). Examining the Relationship between Psychological Functioning, Childhood Trauma, and Types of Perceived Coercion Among Drug Court Enrollees: Results from A Pilot Study. *Cogent psychology*, *4*(1), 1320859. https://doi.org/10.1080/23311908.2017.1320859

Commonwealth of Massachusetts. (2020). *District Court.* Mass.gov. https://www.mass.gov/orgs/district-court

Cook, C. C., Rankin, J. S., Roberts, H. G., Ailawadi, G., Slaughter, M., Wei, L. M., & Badhwar, V. (2020). The opioid epidemic and intravenous drug-associated endocarditis: A path forward. *The Journal of thoracic and cardiovascular surgery*, *159*(4), 1273–1278.

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation science: IS, 4*, 50. https://doi.org/10.1186/1748-5908-4-50

Friedmann, P.D., Wilson, D., Knudsen, H.K., Ducharme, L.J., Welsh, W.N., Frisman, L., ... Vocci, F.J. (2015). Effect of an organizational linkage intervention on staff perceptions of medication- assisted treatment and referral intentions in community corrections. *Journal of Substance Abuse Treatment, 50*, 50-58. doi: 10.1016/j.jsat.2014.10.001.

Evans, E., Anglin, M.D., Urada, D., and Yang, J. (2012). Promising practices for delivery of court-supervised substance abuse treatment: Perspectives from six high-performing California countries

operating Proposition 36. Eval Program Plann. 34(2): 124–134. doi:10.1016/j.evalprogplan.2010.09.001

Evans, E., & Hser, YI. (2019). The natural history, clinical course, and long-term recovery from opioid use disorders. In Kelly and Wakeman (editors), *Treating Opioid Addiction*. Humana Press, Springer International. DOI: 10.1007/978-3-030-16257-3_9.

Evans, E., Huang, D., & Hser, Y.I. (2011). High-risk offenders participating in court-supervised substance abuse treatment: characteristics, treatment received, and factors associated with recidivism. *J Behav Health Serv Res., 38*(4):510-525. doi:10.1007/s11414-011-9241-3

Evans, E., Li, L., Urada, D., & Anglin, M.D. (2014). Comparative effectiveness of California's Proposition 36 and drug court programs before and after propensity score matching. *Crime & Delinquency, 60*(6):909-938. PMCID: 3025310.

Falletta, L., Hamilton, K., Fischbein, R., Aultman, J., Kinney, B., & Kenne, D. (2018). Perceptions of child protective services among pregnant or recently pregnant, opioid-using women in substance abuse treatment. *Child abuse & neglect*, *79*, 125–135. https://doi.org/10.1016/j.chiabu.2018.01.026

Ferguson, W.J., Clarke, J., Koutoujian P, et al. (2019) Advancing the implementation and sustainment of Medication Assisted Treatment for Opioid Use Disorders in prisons and jails. *Health and Justice*. In press.

Gloucester Police Department. (2015). Volunteer ANGEL Program. Retrieved from https://paariusa.org/wp-content/uploads/sites/46/2015/08/Angel-program-policy-Aug-7-2015.pdf

Gloucester Police Department. (2020). For Addicts and their Friends, Families, and Caregivers. Retrieved from https://gloucesterpd.com/addicts/

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *The Milbank quarterly, 82*(4), 581–629. https://doi.org/10.1111/j.0887-378X.2004.00325.x

Guerrero, E.G., Frimpong, J., Kong, Y., Fenwick, K., & Aarons, G.A. (2018). Advancing theory on the multilevel role of leadership in the implementation of evidence-based health care practices. *Health Care Management Review*. doi: 10.1097/HMR.0000000000000213.

Hagemeier N. E. (2018). Introduction to the opioid epidemic: the economic burden on the healthcare system and impact on quality of life. *The American journal of managed care*, *24*(10 Suppl), S200–S206.

Hano, S. (2020). HEART Program Flyer #2 [Digital image]. Retrieved November 23, 2020.

Hano, S. (n.d.). [Key Findings of Innovative Opioid Overdose Court Programs]. Unpublished raw data.

Hano, S., Bailey, A., BA, & Orakwue, K. (2020). HEART Program Participant Workflow [Digital image]. Retrieved November 23, 2020.

Hasin, D. S., O'Brien, C. P., Auriacombe, M., Borges, G., Bucholz, K., Budney, A., Compton, W. M., Crowley, T., Ling, W., Petry, N. M., Schuckit, M., & Grant, B. F. (2013). DSM-5 criteria for substance

use disorders: recommendations and rationale. The American journal of psychiatry, 170(8), 834–851. https://doi.org/10.1176/appi.ajp.2013.12060782

HEART Program Collaborators. (2020). HEART Program *COVID-19 Mitigation Checklist* [Docx].

HEART Program Collaborators. (2020). HEART Program Interview Prompt [Docx].

HEART Program Collaborators. (2020). HEART Program Key Partner Chart [Digital image].

HEART Program Collaborators. (2020). HEART Program Logic Model [Digital image].

HEART Program Collaborators. (2020). HEART Program Naloxone Handout [Docx].

HEART Program Collaborators. (2020). HEART Program Participant Checklist [Docx].

HEART Program Collaborators. (2020). HEART Program Participant Letter [Docx].

HEART Program Collaborators. (2020). HEART Program Participant Workflow [Digital image].

HEART Program Collaborators. (2020). HEART Program *Summary Handout* [Docx].

Herscher, M., Fine, M., Navalurkar, R., Hirt, L., & Wang, L. (2020). Diagnosis and Management of Opioid Use Disorder in Hospitalized Patients. *The Medical clinics of North America*, *104*(4), 695–708. https://doi.org/10.1016/j.mcna.2020.03.003

Hollingsworth, A., Ruhm, C. J., & Simon, K. (2017). Macroeconomic conditions and opioid abuse. *Journal of health economics*, *56*, 222–233. https://doi.org/10.1016/j.jhealeco.2017.07.009 http://opioidoverdoseprevention.org/champion-plan/

Holyoke District Court § G.L. Chapter 277, § 70C: Offenses Ineligible for Decriminalization (Judge William P. Hadley 2018).

Holyoke District Court § M.G.L. Chapter 111E, § 10 (Judge William P. Hadley 2020).

Holyoke District Court § M.G.L. Chapter 276A: Diversion Programs (Judge William P. Hadley 2020).

JCOIN Justice Community Opioid Innovation Network (Rep.). (2020). Retrieved September 30, 2020, from National Institute of Health website.

Justice Community Opioid Innovation Network. (2020). *Justice Community Opioid Innovation Network.* https://heal.nih.gov/research/research-to-practice/jcoin

Katz, D., & Kahn, R.L. (1966). *The social psychology of organizations.* Wiley.

Lagisetty, P., Klasa, K., Bush, C., Heisler, M., Chopra, V., & Bohnert, A. (2017). Primary care models for treating opioid use disorders: What actually works? A systematic review. *PloS one*, *12*(10), e0186315. https://doi.org/10.1371/journal.pone.0186315

Lazzara, G. (2019, October 30). *Do Opioid Intervention Courts work? UB study will provide the answer*. http://www.buffalo.edu/news/releases/2019/10/051.html

Lucas, D., & Arnold, A. (2019). *Court Responses to the Opioid Epidemic: Happening Now*. Center for Court Innovation. https://www.courtinnovation.org/sites/default/files/media/document/2019/Handout_HappeningNowOpioid_07172019.pdf

Lyden, J., & Binswanger, I. A. (2019). The United States opioid epidemic. *Seminars in perinatology*, *43*(3), 123–131. https://doi.org/10.1053/j.semperi.2019.01.001

Malta, M., Varatharajan, T., Russell, C., Pang, M., Bonato, S., & Fischer, B. (2019). Opioid-related treatment, interventions, and outcomes among incarcerated persons: A systemic review. *PLoS Med, 16*(12): e1003002. https://doi.org/10.1371/journal.pmed.1003002

Martin, C. E., Terplan, M., & Krans, E. E. (2019). Pain, Opioids, and Pregnancy: Historical Context and Medical Management. *Clinics in perinatology*, *46*(4), 833–847. https://doi.org/10.1016/j.clp.2019.08.013

Massachusetts Department of Public Health. (2017). Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011 – 2015. Retrieved from https://www.mass.gov/doc/data-brief-chapter-55-opioid-overdose-study-august-2017/download

Massachusetts Department of Public Health. (2019). Fatal Opioid-related Overdoses among MA Residents. *Registry of Vital Records and Statistics*. Retrieved from https://www.mass.gov/doc/dph-opioid-related-overdose-deaths-among-ma-residents-may-2019/download

Massachusetts Department of Public Health. (2020). Number of Opioid-Related Overdose Deaths, All Intents by City/Town 2014-2018. *Registry of Vital Records and Statistics*. Retrieved from https://www.mass.gov/doc/opioid-related-overdose-deaths-by-citytown-february-2020/download

Massachusetts Department of Public Health. (2020). Opioid-Related Overdose Deaths, All Intents, MA Residents – Demographic Data Highlights. *Registry of Vital Records and Statistics*. Retrieved from https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-february-2020/download

Mitchell, S.G., Willet J., Monico, L.B., James, A., Rudes, D.S., Viglione, J. ... Friedmann, P.D. (2016). Community correctional agents' views of medication-assisted treatment: Examining their influence on treatment referrals and community supervision practices. *Substance Abuse, 37*(1), 127-133. doi: 10.1080/08897077.2015.1129389.

Morse, D. S., Silverstein, J., Thomas, K., Bedel, P., & Cerulli, C. (2015). Finding the loopholes: a cross-sectional qualitative study of systemic barriers to treatment access for women drug court participants. *Health & justice*, *3*, 12. https://doi.org/10.1186/s40352-015-0026-2

National Institute on Drug Abuse. (2020, June 16). *Criminal Justice DrugFacts*. https://www.drugabuse.gov/publications/drugfacts/criminal-justice

Opioid Intervention Court: Cumberland County, Pennsylvania (Presentation). (2018). County of Cumberland. https://www.ccpa.net/4698/Opioid-Intervention-Court

Pizzicato, L.N., Drake, R., Domer-Shank. R., Johnson, C.C., & Viner. K.M. (2018). Beyond the walls: Risk factors for overdose mortality following release from the Philadelphia Department of Prisons. *Drug and Alcohol Dependence, 189*, 108-115. doi: 10.1016/j.drugalcdep.2018.04.034.

Rogers E.M. (1995) Diffusion of Innovations: Modifications of a Model for Telecommunications. *Schriftenreihe des Wissenschaftlichen Instituts für Kommunikationsdienste, 17*, https://doi.org/10.1007/978-3-642-79868-9_2

Saloner, B., McGinty, E. E., Beletsky, L., Bluthenthal, R., Beyrer, C., Botticelli, M., & Sherman, S. G. (2018). A Public Health Strategy for the Opioid Crisis. *Public health reports (Washington, D.C.: 1974)*, *133*(1_suppl), 24S–34S. https://doi.org/10.1177/0033354918793627

Schiff, D. M., Drainoni, M. L., Weinstein, Z. M., Chan, L., Bair-Merritt, M., & Rosenbloom, D. (2017). A police-led addiction treatment referral program in Gloucester, MA: Implementation and participants' experiences. *Journal of substance abuse treatment*, *82*, 41–47. https://doi.org/10.1016/j.jsat.2017.09.003

Smeltzer, R., Birru, J., Carpenter, J., & Santapario, S. (2020). *HEALing Communities Study Community Profile: Holyoke, Massachusetts* (Version 2.0, pp. 1-20, Rep.). The National Institute on Drug Abuse (NIDA).

Springer, Y. P., Gladden, R. M., O'Donnell, J., & Seth, P. (2019). Notes from the Field: Fentanyl Drug Submissions - United States, 2010-2017. *MMWR. Morbidity and mortality weekly report, 68*(2), 41–43. https://doi.org/10.15585/mmwr.mm6802a4

Substance Abuse and Mental Health Services Administration. (2020). The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration.

Sugarman, O. K., Bachhuber, M. A., Wennerstrom, A., Bruno, T., & Springgate, B. F. (2020). Interventions for incarcerated adults with opioid use disorder in the United States: A systematic review with a focus on social determinants of health v1 (protocols.io.69zhh76) [Abstract]. *PLOS ONE*. doi:10.17504/protocols.io.69zhh76

Taxman, F.S., Belenko, S. (2012). *Implementing evidence-based practices in community corrections and addiction treatment.* New York: Springer. doi: 10.1007/978-1-4614-0412-5

Webster L. R. (2017). Risk Factors for Opioid-Use Disorder and Overdose. *Anesthesia and analgesia*, *125*(5), 1741–1748. https://doi.org/10.1213/ANE.0000000000002496

APPENDICES

Appendix A: Interview Materials

Figure 1a. Interview Questions Outline (*HEART Program Interview Outline*, n.d.)

Intended Interview Outline:

- Brief introduction (name, major, hometown) → "We are the UMass Interns"
- Thank individual for agreeing to meet with you
- Ask if you can record the Zoom meeting for intern reference (emphasize that the recording will not be shown to anyone outside of the intern group)
- Explain the purpose of the interview
    - Gain a comprehensive understanding of the Key Players in this initiative
    - Gain a comprehensive understanding of the interconnectedness of program
    - ***Figure out how we can better serve you and the community***
- Proceed with questions:

  Role in Program

  1) What do you know about the HEART program? What is your intended role in this program?
     a. What drew you to the program?
     b. What is one goal you have for the immediate/distant future (in relation to the HEART program)?

  Barriers and Facilitators

  2) What do you expect to be barriers and/or challenges to the implementation of the HEART program?
  3) What are some resources that would be helpful for your smooth integration into the program?
  4) What do you expect to work well and/or be facilitators of the program?
  5) What do you think indicators of program success will look like?

  Personal Questions (*Time Permitting*)

  6) What is your position at _____?
     a. What does your day-to-day responsibilities look like?
     b. If I wanted to pursue a career path similar to yours, what are the necessary steps I need to take in my undergraduate/graduate career?
  7) What drew you to this job position? Have you always been interested in community/public health?
  8) Do you have any questions for me?
- Once again, thank individual for agreeing to meet with you
    - Express your excitement to begin working with them
- Goodbyes

Appendix B: Opioid Overdose Demographics

Figure 1b. Massachusetts Opioid Overdose Demographics (*Opioid-Related Overdose Deaths among Massachusetts Residents*, 2020)

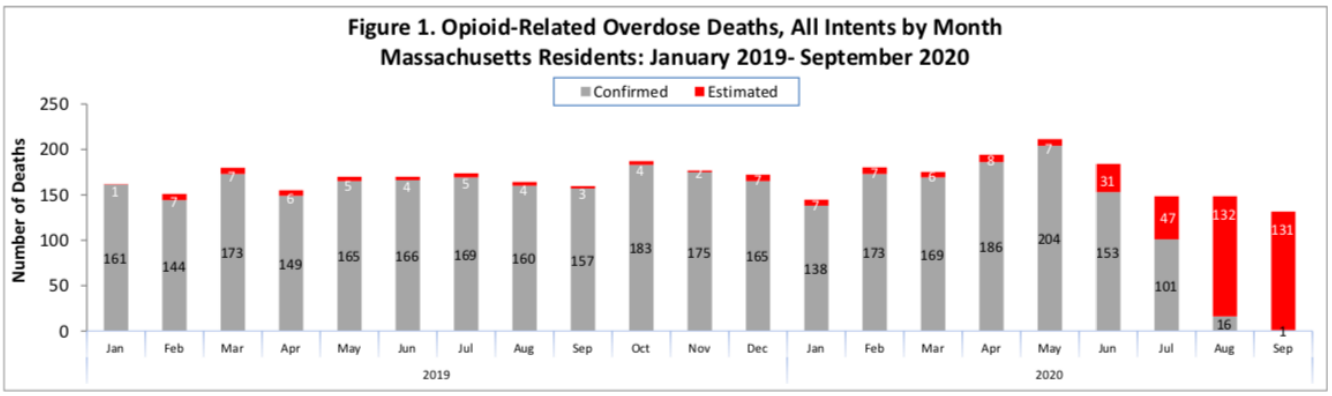


Figure 1b. shows the month-by-month estimates for fatal opioid-related overdoses for all intents from January 2019 through September 2020. In 2019, there were 1,967 confirmed opioid-related overdose deaths and DPH estimates that there will be an additional 39 to 68 deaths. In the first nine months of 2020, there were 1,141 confirmed opioid-related overdose deaths. Preliminary data during this period indicate that there were 1,517 confirmed and estimated opioid- related overdose deaths, an estimated 33 more deaths compared with the first nine months of 2019.

Figure 2b. Hampden County Opioid Overdose Demographics (*Number of Opioid-Related Overdose Deaths: All Intents by County*, 2020)

County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total 2010-2019
Barnstable	20	19	24	43	53	67	81	67	71	73	518
Berkshire	4	9	16	22	29	32	35	30	41	38	256
Bristol	78	82	95	115	145	170	243	240	221	262	1,651
Dukes	0	0	0	1	5	7	3	2	4	3	25
Essex	49	57	93	119	205	234	274	307	276	284	1,898
Franklin	6	6	8	10	11	18	14	9	22	17	121
Hampden	48	45	59	69	64	98	129	113	209	201	1,035
Hampshire	12	10	11	30	26	16	36	28	38	39	246
Middlesex	91	130	118	152	272	339	401	356	326	302	2,487
Nantucket	1	0	0	0	1	1	2	3	1	2	11
Norfolk	58	64	70	82	125	163	213	168	172	132	1,247
Plymouth	38	67	57	86	109	173	189	205	153	177	1,254
Suffolk	63	85	90	110	144	199	239	257	216	222	1,625
Worcester	79	82	91	115	161	221	243	266	283	267	1,808
Total Deaths	**547**	**656**	**733**	**954**	**1,351**	**1,738**	**2,102**	**2,051**	**2,033**	**2,020**	**14,185**

Figure 2b. shows the number of Opioid-Related Overdose Deaths by County, among all Massachusetts Residents. Hamden County, the county in which the Holyoke District Court is located, is outlined in purple.

Figure 3b. Holyoke, MA Opioid Overdose Demographics (*Number of Opioid-Related Overdose Deaths: All Intents by City/Town*, 2020)

City/Town of Residence	Year of Death				
	2015	2016	2017	2018	2019
Hinsdale	1	2	0	0	1
Holbrook	4	7	4	8	4
Holden	4	5	1	3	1
Holland	1	0	0	0	0
Holliston	5	1	3	1	1
Holyoke	6	11	13	14	16
Hopedale	0	1	2	1	0
Hopkinton	4	0	3	3	1

Figure 3b. shows the number of confirmed opioid-related overdose deaths for all intents by city/town of residence for the decedent, among MA residents, 2015-2019. For 2017 to 2019, additional cases are still being confirmed by the Office of the Chief Medical Examiner. This report will be updated quarterly, and all new confirmed cases will be included in the table below with previously confirmed cases. Holyoke, MA is outlined in purple.

Appendix C: Drug Diversion Statues

Figure 1c. M.G.L. Chapter 111E, § 10 (*M.G.L. Chapter 111E*, 2020)

M.G.L. CHAPTER 111E, § 10

Under Chapter 111E, when an individual who is charged with a drug offense comes to court, the judge must inform the individual that he or she is entitled to request a determination whether the individual is a drug dependent person who would benefit from treatment, and that if the individual wishes to exercise this right he or she must make a request in writing within five days. Several terms are defined in the statute.

A **"drug offense"** is defined as a violation of G.L. c. 90, § 21 or § 24 (1); G.L. c. 90B, § 8; G.L. c. 131; c. 94C; or c. 131, § 62. The statute, however, also states that it does not apply to a person charged with violating G.L. c. 94C §§ 32-32G, generally, distribution of or possession with the intent to distribute controlled substances.

A **"drug dependent person"** is defined as a person who is unable to function effectively and whose inability to do so causes, or results from the use of a drug, other than alcohol and other than from a medically prescribed drug taken as medically needed.

An **"addiction specialist"** can be a licensed psychologist or psychiatrist; a licensed independent social worker; a licensed mental health counselor, a nurse specialist, or a licensed alcohol and drug counselor who can evaluate whether an individual is a drug dependent person.

The term **"facility"** is defined as any public or private place that is not part of or located at a penal institution and which is not operated by the federal government providing services especially designed for the treatment of drug dependent persons.

"Treatment" means services and programs for the care and rehabilitation of drug dependent persons, including, but not limited to, medical, psychiatric, psychological, vocational, educational, and recreational services and programs.

How the Process is Initiated (G.L. c. 111E, §10 ¶1-4)

If a defendant files a written request for an examination within five days, a judge may determine if the defendant is a drug dependent person who would benefit from treatment with or without an examination by an addiction specialist. If the judge does not make the determination on his or her own, the judge can appoint an addiction specialist to conduct the examination at an appropriate location designated by the court. The court proceeding "shall be stayed" while the request is under consideration.

The addiction specialist is required to provide a written report to the court within five days after the completion of the examination stating the facts upon which the findings are based and the reasons. Nothing stated during the examination, or any finding of the specialist can be admitted against the defendant in any court proceeding. A defendant may request a hearing before a judge to contest a finding by a treatment specialist that he or she is not a drug dependent person who would benefit from treatment.

Court may vacate the stay if there are non-drug offenses (G.L. c. 111E, §10 ¶5-6, 8, 23)
If the defendant is also charged with a violation of law other than a drug offense, the order staying the proceedings may be vacated by the Court on the report of the addiction specialist, and the criminal proceedings will proceed without an assignment or any further stay. If this happens, the judge may consider the report on disposition of the charges, and may place a defendant on probation with terms that include treatment at a facility. If a determination is made by a judge without an examination, then the judge will inform the defendant that he or she may request assignment to a drug treatment facility. A judge will consider the addiction specialist's report (if one has been submitted), the past criminal record of the defendant, the availability of adequate and appropriate treatment at a facility, and the nature of the offense. A judge "may stay the court proceedings" to make an assignment to a treatment facility.

If it is the defendant's first drug offense (G.L. c. 111E, §10 ¶7, 9, 11)
If the defendant is being charged for the first time with a drug offense that does not involve the sale or manufacture of drugs and has no continuances outstanding, Chapter 111E states that the defendant SHALL be assigned to a drug treatment facility on request. (Persons who have been previously arrested for drug offenses in which the case has been terminated favorably to the defendant are to be considered as first drug offenders.)

Effect of an Assignment to a Facility (G.L. c. 111E, §10 ¶5, 14)
If an assignment to a treatment facility is made, the judge must advise the defendant of the consequences of the assignment and that if he or she is assigned, the court proceedings will be stayed for the term of the assignment. The defendant must consent to the assignment in writing and sign a written waiver of the right to a speedy trial while the stay is in effect. If the defendant requests assignment and the Court agrees, the Court may stay the proceedings and assign the defendant to a drug treatment facility if a judge determines that adequate and appropriate treatment is available at the facility. A written order of assignment will be issued.

Length of Treatment & Supervision (G.L. c. 111E, §10 ¶7)
The order must specify the period of assignment, which cannot exceed 18 months or the period of time equal to the maximum sentence the defendant could have received if he or she were found guilty on every count, whichever is shorter. During any stay a judge can place the defendant in the care of a probation officer until he or she is accepted at a facility. The administrator of the facility providing treatment must provide the court with quarterly written reports on the progress being made by the defendant in treatment and a final report stating whether the defendant successfully completed the treatment program.

Premature Termination and Completion of Treatment (G.L. c. 111E, §10 ¶21-22)
When a defendant is discharged or when the defendant prematurely terminates treatment, whichever occurs first, the administrator of the facility must notify the court in writing of the termination and give the reasons. A subsequent arrest on any type of criminal charge provides may also cause an immediate revocation of a stay of the criminal proceedings. If the defendant successfully completes the term of treatment ordered by the court, the charges will be dismissed. If the defendant does not entirely complete the term of treatment that was ordered, then, based on the report from the program administrator, and any other relevant evidence, the Court may take such action as it deems appropriate, including dismissal of the charges or revocation of the order staying the criminal proceedings.

Figure 2c. M.G.L. Chapter 276A (Diversion Programs) (*M.G.L. Chapter 276A*, 2020)

M. G. L. Chapter 276A (DIVERSION PROGRAMS)

Chapter 276A allows a judge to divert eligible individuals facing criminal charges in the District Court to programs of community supervision and services, including but not limited to programs for substance use disorder treatment and "other rehabilitative services designed to protect the public and benefit the individual." (G.L. c. 276A, § 2) Under this statute, upon successful completion of a program, the criminal charges can be dismissed.

How the Process is Initiated

Probation officers are required to screen each defendant for eligibility for diversion to a program and to report the results to the judge at arraignment. (G.L. c. 276A, § 3) The statute excludes individuals charged with:

- ► offenses that cannot be continued without a finding or filed;
- ► offenses punishable by more than five years of incarceration;
- ► offenses with a minimum mandatory sentence of incarceration; and
- ► offenses that are ineligible for decriminalization under G.L. c. 277, § 70C, except for

G.L. c. 265 § 13 A (a) (simple assault and battery) and G.L. c. 268, § 13A or 13C (generally, interfering with a court proceeding). Individuals charged with these offenses are eligible for diversion. (G.L. c. 276A, § 4(b))

If preliminarily determined to be eligible, the defendant may be offered a continuance at arraignment to secure a final determination as to eligibility for diversion to a program. If the defendant accepts, the case can be continued for 14 days for assessment by a program director. (G.L. c. 276A, § 3, ¶ 2) [The statute contains other provisions applicable only to veterans or persons on active duty. A veteran or person on active duty, for example, may be afforded a 30- day continuance pursuant to G.L. c. 276A, § 3, ¶ 3).]

Judicial Discretion

The statute authorizes a judge, in his or her discretion, to allow a defendant who does not meet all the requirements of the statute due to prior convictions, other outstanding cases, appeals, etc., to have a 14-day continuance for an assessment for diversion. In arriving at a decision in these circumstances the opinion of the prosecution should be taken into consideration. Such a continuance may be granted upon the judge's own initiative or upon request by the defendant. (G.L. c. 276A § 3, ¶ 5)

The Assessment and Determination

An assessment is "a thorough and complete measurement of the needs of an individual in, but not limited to, the following areas: education, vocational training, job placement, mental and physical health, family and social services, and an analysis of the defendant's commitment to participate in a program of community supervision and services." (G.L. c. 276A, § 1)

Upon the expiration of the 14-day continuance, the program director must submit a written report of the assessment to the court. The report must include a recommendation as to whether the defendant

would benefit from diversion, and if so, a plan for services. (G.L. c. 276A, § 5, ¶1) After the judge receives the report and provides an opportunity for a recommendation from the prosecutor (and any victim), the judge makes a final determination on eligibility for diversion. (G.L. c. 276A, § 5, ¶2)

Next Step

If the judge determines the defendant is eligible, and the defendant agrees to abide by the plan for services, the criminal proceedings can be stayed for 90 days. (G.L. c. 276A, § 5, ¶2) Even if a defendant is ineligible for diversion because he or she fails to satisfy all provisions of section 2 of the statute, a judge may, on the basis of the report from the program, grant a stay of proceedings. (G.L. c. 276A, § 5, ¶ 3)

Before any stay is ordered, however, the defendant must consent to the terms and conditions of the program in writing and must make a knowing waiver of his or her speedy trial rights in writing, with the advice of counsel. (G.L. c. 276A, § 5, ¶ 4)

No request for assessment, or any statements made in the course of an assessment, or anything done in fulfilling the requirements of a program are admissible in criminal proceedings. No such information can be disclosed to the prosecutor or other law enforcement officer in connection to the pending criminal charges. (G.L. c. 276A, § 5, ¶ 4)

Progress and Evaluation

During a stay, the director of a program must submit reports to the court on the progress of the defendant and must report any violations of program conditions. (G.L. c. 276A, § 6, ¶ 1) If there is a violation, or a new offense, a judge may require the defendant to appear in court. If the judge determines after hearing that there has been a violation, or a subsequent offense, the stay may be terminated and the criminal case may proceed. There is no right of appeal from this decision. (G.L. c. 276A, § 6, ¶ 2)

At the end of the 90-day stay, the program director must issue a report. (G.L. c. 276A, § 7, ¶ 1) If the report states that the defendant has successfully completed the program, the judge may dismiss the charges. If the program director recommends an extension of the stay, the judge may take such action as he or she deems appropriate, including dismissal of the charges, extension of the stay, or resumption of the criminal proceedings. (G.L. c. 276A, § 7, ¶ 2)

Other Programs

Chapter 276A does not limit a prosecutor from accepting a defendant into a pretrial diversion program operated by the District Attorney, nor does it authorize a judge to compel the prosecution to accept a defendant into such a program. (G.L. c. 276A, § 12)

Figure 3c. Offenses Ineligible for Decriminalization under G.L. c. 277, § 70C[1] (G.L. Chapter 277, 2018)

Offenses Ineligible for Decriminalization under G.L. c. 277, § 70C[1]

"Upon oral motion by the commonwealth or the defendant at arraignment or pretrial conference, or upon the court's own motion at any time, the court may, unless the commonwealth objects in writing, stating the reasons for such objection, treat a violation of a municipal ordinance, or by-law or a misdemeanor offense as a civil infraction," EXCEPT for the following offenses:

G.L. c.90, § 24 G.L. c.90, § 24G G.L. c.90, § 24L	OUI-Liquor or .08% Blood Alcohol OUI-Drugs Leaving the Scene of Personal Injury or Property Damage Racing a Motor Vehicle Negligent or Reckless Operation Use of a Motor Vehicle Without Authority False Statement in Application for License or Registration Motor Vehicle Homicide OUI with Serious Injury
G.L. c.90B, § 8 G.L. c.90B, § 8A G.L. c.90B, § 8B	OUI Boat Negligent/Night Use of Water Skis/Surfboard Leaving the Scene of Motorboat Accident Leaving the Scene of Personal Injury or Property Damage by Boat Unsafe Operation of Boat Use Boat Without Authority OUI Boat with Serious Injury Homicide by Boat
G.L. c. 119, § 34 G.L. c. 119, § 36 G.L. c. 119, § 39 G.L. c. 119, § 51A G.L. c. 119, § 51F G.L. c. 119, § 55 G.L. c. 119, § 63 G.L. c. 119, § 63A	Transportation of Children in Patrol Wagons Import Child Without DCF Permit Abandonment of Infant Under Age of 10 Mandated Reporter Failure to Report Child Abuse / Frivolous Report of Child Abuse Unlawful Disclosure of Child Abuse Registry Information Failure to Appear Parent of Delinquent Child Contributing to the Delinquency of a Minor Aid Child to Violate Juvenile Court Order
G.L. c. 119A	Child Support Enforcement
G.L. c. 209	(there are currently no criminal offenses in this chapter)
G.L. c.209A	Violation of Abuse Restraining Order
G.L. c.265	Crimes against the Person
G.L. c. 266, § 25	Larceny from a Person
G.L. c. 268, § 1-3 G.L. c. 268, § 6 G.L. c. 268, § 6A G.L. c. 268, § 6B G.L. c. 268, § 8B G.L. c. 268, § 13 G.L. c. 268, § 13A G.L. c. 268, § 13B G.L. c. 268, § 13C G.L. c. 268, § 14 G.L. c. 268, § 14B G.L. c. 268, § 15 G.L. c. 268, § 15A G.L. c. 268, § 16 G.L. c. 268, § 17	Perjury Offenses False Statement to Specified State Agencies False Report by Public Employee False Return by Process Server Compel Person to Decline Civil Service Appointment Bribing Juror, Master or Arbitrator Picketing Court, Judge or Juror Intimidating or Harassing Witness, Juror, Court Official, Prosecutor or Police Disrupting Court Proceedings Juror, Master or Arbitrator Accept Bribe Employer Discharge Witness Aiding Felon or Convict to Escape Escape from Municipal Lockup Escape from Penal Institution or Court Aiding Escape from Officer

[1] These offenses are also ineligible for adult diversion pursuant to G.L. c. 276A, except for assault and battery in violation of G.L. c. 265, § 13A(a), picketing a court, judge or juror in violation of G.L. c. 268, § 13C; and disrupting a court proceeding in violation of G.L. c. 268, § 13C). G.L. c. 276A, § 4.

G.L. c. 268, § 18 G.L. c. 268, § 19 G.L. c. 268, § 20 G.L. c. 268, § 23 G.L. c. 268, § 28, 31 G.L. c. 268, § 36	Permit Prisoner to Escape Permit Escape from Penal Institution Negligently Permit Prisoner to Escape Fail or Delay Service of Warrant Deliver Contraband to Prisoner Compound or Conceal Felony
G.L. c. 268A	State Ethics Act offenses

G.L. c. 269, § 10 G.L. c. 269, § 10A G.L. c. 269, § 10C G.L. c. 269, § 10D G.L. c. 269, § 10E G.L. c. 269, § 11B G.L. c. 269, § 11C G.L. c. 269, § 11E G.L. c. 269, § 12 G.L. c. 269, § 12A G.L. c. 269, § 12B G.L. c. 269, § 12D G.L. c. 269, § 12E	Firearms & Dangerous Weapons violations Sell, Use or Possess a Silencer Use Tear Gas or Mace in Crime Use Body Armor in Felony Trafficking in Firearms Possess Firearm with Defaced Serial No. during Felony Deface Firearm Serial No. Receive Firearm with Defaced Serial No. Manufacturer Firearm Serial No. Violation Make or Sell Certain Dangerous Weapons Sell or Give a BB Gun or Air Rifle to Minor Discharge BB Gun or Air Rifle on Way Minor Discharge BB Gun or Air Rifle Carry Rifle or Shotgun on Way Discharge Firearm within 500 ft. of Building
G.L. c. 272, § 1 G.L. c. 272, § 2 G.L. c. 272, § 3 G.L. c. 272, § 4 G.L. c. 272, § 4A G.L. c. 272, § 4B G.L. c. 272, § 6 G.L. c. 272, § 7 G.L. c. 272, § 8 G.L. c. 272, § 12 G.L. c. 272, § 13 G.L. c. 272, § 16 G.L. c. 272, § 28 G.L. c. 272, § 29A G.L. c. 272, § 29B	Abduct Person under 16 for Marriage Abduct Person for Prostitution Drug for Sexual Intercourse Induce Chaste Minor to Sexual Intercourse Induce Minor to Prostitution Derive Support from Minor Prostitute Maintain House of Prostitution Derive Support from Prostitute Solicit for Prostitution Procure for Prostitution Detain or Drug Person in Brothel Open and Gross Lewdness Obscene Matter to Minor Pose or Exhibit Child in Nude or Sexual Act Distribute Material of Child in Nude or Sexual Act

AODC Rev. 11/6/18

Appendix D: Innovative Court Programs

Figure 1d. Key Findings of Innovative Opioid Overdose Court Programs (Hano, n.d.)

Program Name	Description	Study Population	Main Finding	Source
The Champion Plan **(Brockton, MA)**	• Persons with a **substance use disorder seek help at police department** • They will be met with a **recovery coach** (Gandara Center) • They can **choose what level of treatment** they want from detox to MAT • The recovery coach will work with the person to decide which level of treatment they want while they are in a private office; once there is availability, they will be **transferred to the treatment center via Brewster Ambulance** • The **recovery coach will then continue to follow-up** with the person after: 72 hours; 1 week; 3 months; 6 months; 9 months; 1 year; 16 months; 20 months; 2 years	largely homeless; male; between ages 25 to 29; using opioids	February 29, 2016 – December 31, 2019 • there were **824 unique participants** that produced 1,329 intakes • *No clear long-term data on the program*	http://opioidoverdoseprevention.org/champion-plan/
Opioid Epidemic Task Force: REAP **(Cheektowaga, Erie Country, NY)**	• Persons with a **substance use disorder seek help at a REAP police department** • They will be met with an "Angel" volunteer will guide them to treatment • They will contact treatment facilities to find placement (in both inpatient and outpatient treatment centers) • Will be **evaluated by local health services** facility	Out of 19 committed program participants, 9 used Methadone as a treatment option, 8 used Suboxone, 1 went to Inpatient Detox, 1 went to Inpatient Rehab	September 1, 2017 – May 1, 2018 • **37 clients total** identified through ODMAP after overdose and direct referrals from law enforcement officers in Cheektowaga • **19** in treatment at the **60 day follow up** point • **8** flat out **refused treatment offers**, we will continue to follow up with them **every 30 days** • **2** actively **working with peer** to identify program to meet individual needs – work schedule, school schedule	https://www2.erie.gov/health/index.php?q=opioid-epidemic-task-force-reap http://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/brochureREAP.pdf

			• **7** are working with the peer currently, have not turned down treatment but are **not yet ready to commit**	
Angel Policing Program **(Gloucester, MA)**	• Persons with a **substance use disorder seek help at police department** • They will be met with an **officer** that will connect them with an "Angel" volunteer that will guide them to treatment • They will contact treatment facilities to find placement • Will be **evaluated by local health services** facility • **Transportation is provided through Beauport Ambulance** if needed	50% of program participants had prior drug-related arrests; 11.8% resided in Gloucester; 24.8% lived in the surrounding county; 16.8% were homeless; 5.6% were from states other than Massachusetts	June 1, 2015 – May 1, 2016 • **376 patients** entered the Gloucester police- led "angel" program during its first year • **4%** of individuals **opted out** of treatment • **10%** of individuals returned to the GPD for **additional assistance** after initial intake meeting • In **94.5%** of instances, **direct placement was offered**; in **5.5%,** the **person was not placed** or had missing placement information • **Follow-up telephone calls** reached **57%** of participants in the first 9 months of the program; in **85%** of responses, **participation in the police-reported treatment program was confirmed**.	https://glouce sterpd.com/a ddicts/ https://paariu sa.org/wp-content/uploa ds/sites/46/2 015/08/Ange l-program-policy-Aug-7-2015.pdf
Proposition 36 Program **(CA)**	• Adults convicted of **nonviolent drug possession offenses** can choose to receive drug treatment in the community **in lieu of incarceration** • To qualify for admission to drug treatment under Prop 36, eligibility determination is made based on the **person's current offense and past criminal history** • Participants who opt in complete a **treatment assessment** and then enter the **assigned treatment**	Mean age of 35.6 years; 25.6% of participants were female, 74.4% were male; 44.7% were Caucasian, 13.4% were African American; 33.3% were employed; 11.2% were homeless	• In its first seven years, Prop. 36 graduated **84,000 participants** • **85.6%** of participants received treatment in an **outpatient setting**, and **13.5%** received treatment in an **inpatient setting** • Mean # of treatment days = **118.1** • **Treatment completion rate of 36.1%** • Recidivism rate at the 12 month mark after	https://www. ncbi.nlm.nih. gov/pmc/arti cles/PMC420 3433/

			treatment admission was **48.0%** • **Decrease in primary drug use** after successful completion of program was **–29.5%**	
Opioid Intervention Court **(Cumberland County, PA)**	• Opioid Court based on the **Buffalo model** • **Law Enforcement Officer (LEO)** and **Magisterial District Judge (MDJ)** identify defendants based on charges • **MDJ sets Opioid Intervention court screening bail condition** (either Jail, Bail, or Summons) • Possible candidate is given **acknowledgement form** that outlines **basic conditions of the program**, from which they either **select to pursue the program with a private attorney** or **select to decline the program** • Texas Christian University conducts a **urine drug screening to determine if participant has OUD** • OIC Program consists of **30 days consecutive court appearances, frequent drug testing, daily treatment/recovery activity** (self-help group meeting, RASE recover group 1X week, other counseling), **engagement in RASE recovery plan, and nightly curfew** (8:00pm-8:00am)	All participants were Pre-plea (adult defendant with pending misdemeanor or felony charge(s)); Cumberland County residents only; Substantiated OUD present; Individuals w/ history of drug dealing charges or felony crime of violence were excluded from program	February 1, 2019 – March 6, 2019 • **93 participants** admitted into the program • **12 active participants** at time of data collection • **12 participants continuing care** at time of data collection • **38 participants successfully completed program** • **4 participants** reoffended while **IN** program; **1** reoffended **post-program** • **0 Deaths reported**	https://www.ccpa.net/4698/Opioid-Intervention-Court

Appendix E: HEART Program Implementation Tools

Figure 1e. HEART Participant Workflow (HEART Program Participant Workflow, 2020)

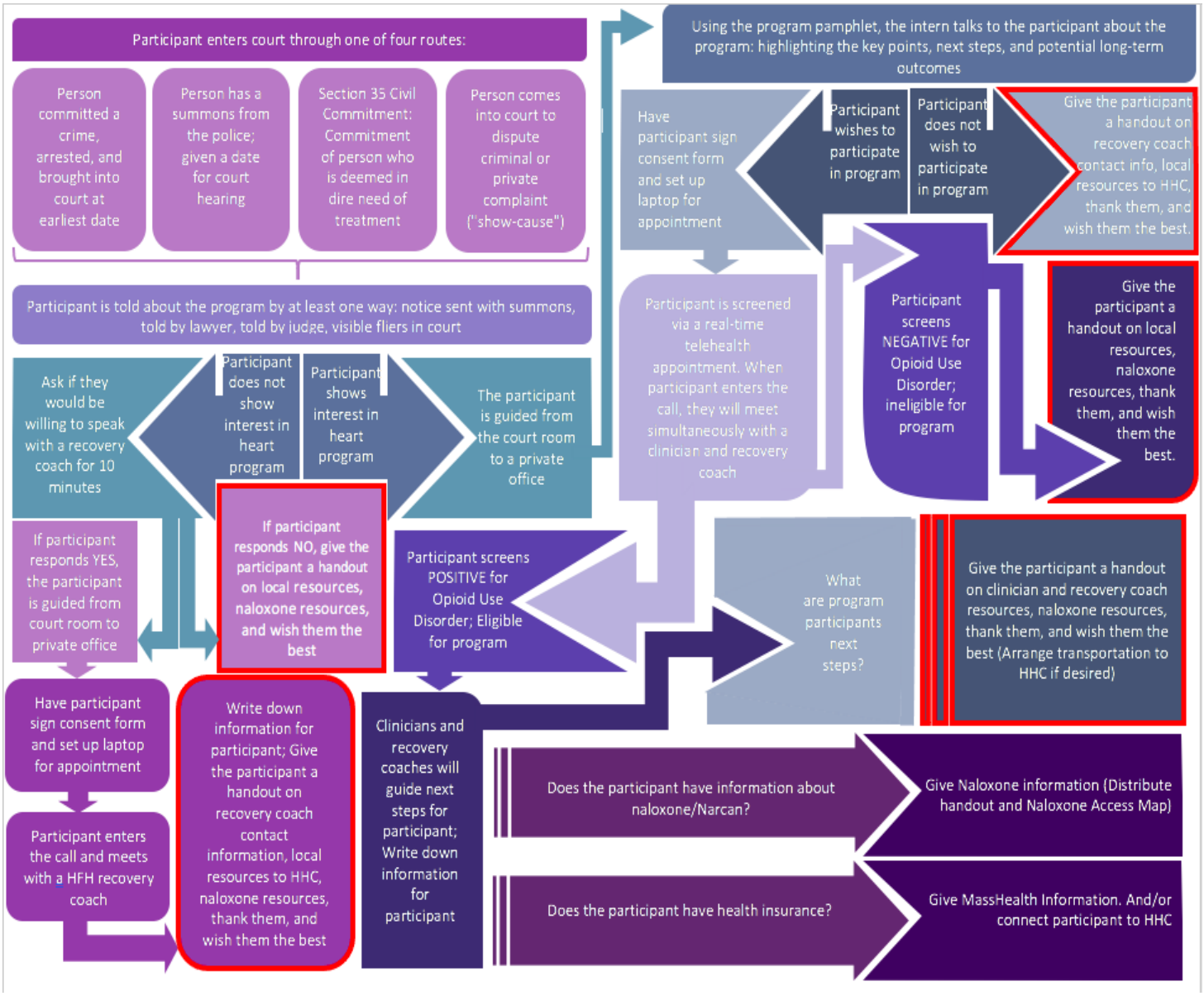


Figure 2e. COVID-19 Mitigation Checklist (*HEART Program COVID-19 Mitigation Checklist*, n.d.)

UMass Intern Participant Engagement COVID-19 Checklist
Holyoke District Court: Holyoke Early Access to Recovery & Treatment

Participant name_____ Participant Case Number_____
Participant DOB_____
Intern name_____ Engagement Date_____

Prior to meeting participant

☐Extract relevant data from the participant's records beforehand to keep engagement as brief as possible.

☐ If engagement can be done virtually, arrange to do so. If in-person, use masks at all times. If the participant will be within 6 feet, use a face shield or plexiglass barrier (plexiglass barrier will be available in the conference room).

☐Have several tissues/paper towels handy for opening doors, touching light switches, etc., then dispose of them. ☐Have extra mask for participant and hand sanitizer where possible.

☐Sanitize engagement space with disinfectant where possible – wait 3 minutes before wiping.

☐Wash hands for 20 seconds with soap and water or sanitize hands where possible prior to greeting participant.

Upon meeting participant

Script: "*I'm glad to meet you._____[participant name]. I'm _____ and I'm here to_____....*
Before we proceed, for our safety:

- *Please wear a mask (*thank person if wearing a mask, or have person put on a mask if not*), and clean your hands (offer hand sanitizer where possible and use yourself).*
- *Were you asked questions about COVID-19 when you entered the court today?*

☐ **Yes:** Checking off this box indicates that the participant was seen in the Holyoke District Court and was screened for COVID-19 prior to interaction with the HEART program. Proceed to engagement.

☐ **No:** Proceed to checklist questions below.

	□Yes	□No
1. Do you have a fever, chills, or feel feverish today?		
2. Are you experiencing new or worsened respiratory symptoms, such as runny nose, nasal congestion, cough, sore throat or shortness of breath that is not related to known seasonal allergies?	□Yes	□No
3. Have you had any new occurrences of any of the following symptoms: loss of sense of taste or smell, muscle aches, diarrhea, nausea, vomiting, fatigue, repeated shaking with chills, or a rash?	□Yes	□No
4. In the past 14 days, have you been in close contact with someone who is confirmed as having COVID-19?	□Yes	□No
5. In the past 14 days, have you traveled outside of Massachusetts? 6. (Select 'yes' only if travel to higher-risk states per https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states-)	□Yes	□No

IF YES TO ANY OF THESE QUESTIONS, POLITELY SUSPEND ENGAGEMENT, AND CONTACT YOUR INTERN SUPERVISOR.

☐If no to **all** of these questions, proceed to engagement.

After completing each engagement

☐Sanitize space with disinfectant where possible – wait 3 minutes before wiping.

☐Wash or sanitize hands after each engagement.

☐ Face shield and mask do not need to be changed between engagements. When removing the face shield and mask, wash or sanitize hands first, use the elastics without touching the front, then wash or sanitize hands again.

☐Use tissues or paper towels to turn off light switches, open doors, etc., then dispose of them.

Figure 3e. HEART Program Fliers (HEART Program Flyer #2, 2020)

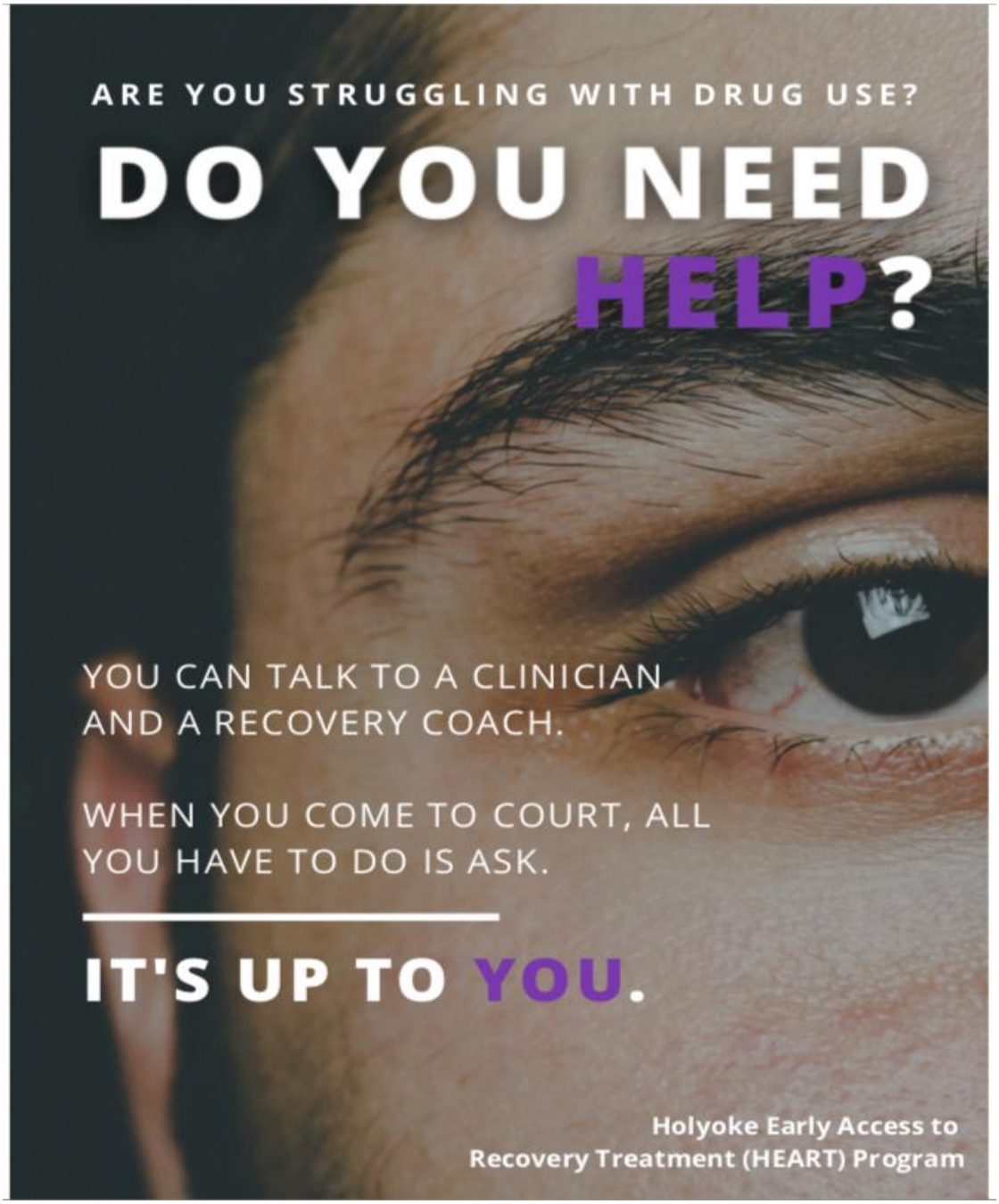


Figure 4e. HEART Program Participant Letter (*HEART Program Participant Letter*, n.d.)

Commonwealth of Massachusetts

Trial Court – District Court Department

Holyoke Division

You have received a notice to appear in the Holyoke District Court. We know that people who come to court for criminal matters are often dealing with substance use disorders and various forms of addiction, and early on, little is done to help them address these issues.

If you are coming to court because it has been alleged that you committed a crime, including possessing a small quantity of drugs; committing a non-violent crime that might be drug-related, such as shoplifting, misdemeanor larceny, trespass, or disorderly conduct; or if it is alleged that you committed some other offense, and you think you may have a substance use disorder, now there is an opportunity for you to get help right away.

When you appear in court, you will have the opportunity to speak with a trained addiction recovery coach and/or a substance abuse clinician. All you have to do is ask. If you wish, you can request a clinical assessment from a clinician. On that same day you come to court a treatment plan can even be developed to meet your individual needs and you can immediately be referred to a provider in the community.

You may wish to discuss this with an attorney and/or with other people you trust before coming to court for your scheduled hearing. Participation is entirely voluntary, and any information you provide to a coach or a clinician will be confidential. It cannot be disclosed to anyone without your permission. It will never be used against you in court, and you will not be penalized in any way if you decide that this is not for you.

At the same time, if you have a drug problem; if you need help; and if you are willing to accept help, early access to recovery and treatment can begin when you come to the Holyoke District Court. Please think about it.

Figure 5e. HEART Program Participant Checklist (*HEART Program Participant Checklist*, n.d.)

Name: _____ **Date:**_____ **Intern:**_____

Participant Checklist

☐	**Method of participant entrance to court (select one):** **□ Arrested for a charge and brought in for an arraignment** **□ Summons from the police for a scheduled arraignment** **□ Show-cause hearing where it is deemed beneficial for the person to enter OUD treatment** **□ Screened for Section 35 Civil Commitment but deemed ineligible** **□ Other:** _____
☐	**How was the HEART Initiative communicated to participant?** □ HEART Initiative Flyers □ In-person communication from Judge Hadley □ In-person communication from defense attorneys and/or other court staff □ Other: _____

☐	**Program is explained to the participant:** □ Option to meet with recovery coach from Hope for Holyoke (HFH) □ Telehealth appointment with clinician from Hampden County Sherriff's Department (HCSD) to screen for OUD □ Linkage to treatment services via communication with treatment provider (Holyoke Health Center or Behavioral Health Network) □ Linkage to MassHealth (if necessary) □ Linkage to Naloxone resources □ Provision of necessary transportation to treatment □ Time commitment required *and Summary of the Program is given*
☐	**Participant decides on program participation:** □ *Accepts* program participation ***[Proceed to next box]*** □ *Rejects* program participation: □ Remind the participant of their future opportunity to participate in the HEART Program □ Distribute local resources on Naloxone and contact information for the following organizations: Holyoke Health Center, Hope for Holyoke, and Holyoke District Court ***[end of checklist]***
☐	**Set up the telehealth screening:** □ Sanitize the keyboard and computer □ Start the computer □ Give the participant a handout on video connection *Zoom link? □ Log into video connection for the recovery coach meeting *standing Zoom link? □ Log into video connection for clinician screening *standing Zoom link or Telephone Call? □ Wait on the other side of the room (behind plexiglass) until screening has ended □ Inspect computer for any physical damage □ Turn off computer
☐	**The participant screening results** □ Has opioid use disorder □ Does not have opioid use disorder: □ Distribute local resources on Naloxone and contact information for the following organizations: Holyoke Health Center, Hope for Holyoke, and Holyoke District Court ***[end of checklist]***

☐	**Make sure the participant understands next steps from the clinician** □ Write down the following information for participant: □ Recovery coach contact information □ Information on next appointment date/approximate day or time they will hear from the clinician □ Clinicians intended treatment plan □ Local agency participant is assigned to □ Holyoke Health Center □ Behavioral Health Network □ Other: _____ □ Treatment program contact information
☐	**Does the participant need health insurance?** □ ***Yes:*** Complete the following □ provide the participant with handout on MassHealth □ link participant with MassHealth Navigator over Telehealth □ ***No***
☐	**Does the participant need Naloxone (Narcan) resources?** □ ***Yes:*** Distribute the following documents □ Naloxone Access Map □ Handout on Naloxone use □ ***No***
☐	**Does the participant have any additional questions?**

Participant information

Gender	
Ethnicity	
Race	
Zip code	
Previous OUD treatment?	
Have you been to prison?	

Appendix F: HEART Program Summary

Figure 1f. Summary of the Program (*HEART Program Summary,* n.d.)

HOLYOKE EARLY ACCESS TO TREATMENT & RECOVERY

WHAT IS THE PROGRAM?

- **Anyone** who enters the court can **choose** to be connected with **immediate** help for opioid use disorder
- Get connected with ***any*** type of treatment for opioid use disorder
- Get connected with **peer support for recovery**
- Get connected with **naloxone** (Narcan)

HOW DOES IT WORK?

- On the date of your court appearance, you can choose to meet with an intern who will directly connect you with a clinician over a video call
- From there, you and the clinician will have a conversation to help link you to health services
- The interns are there to support you with any questions or concerns you have

WHAT ELSE SHOULD I KNOW?

- You can ask any questions
- You can leave at any point
- The process should take 30 to 45 minutes
- This will all take place at the Holyoke District Court
- **None of the health information will be shared with the district court or the police**
- **If you don't want to participate, you do not have to**

Peer recovery support

- Hope for Holyoke
- (413) 561 - 1020
- 100 Suffolk Street

Treatment services

- Holyoke Health Center
- (413) 420 - 1730
- 230 Maple Street

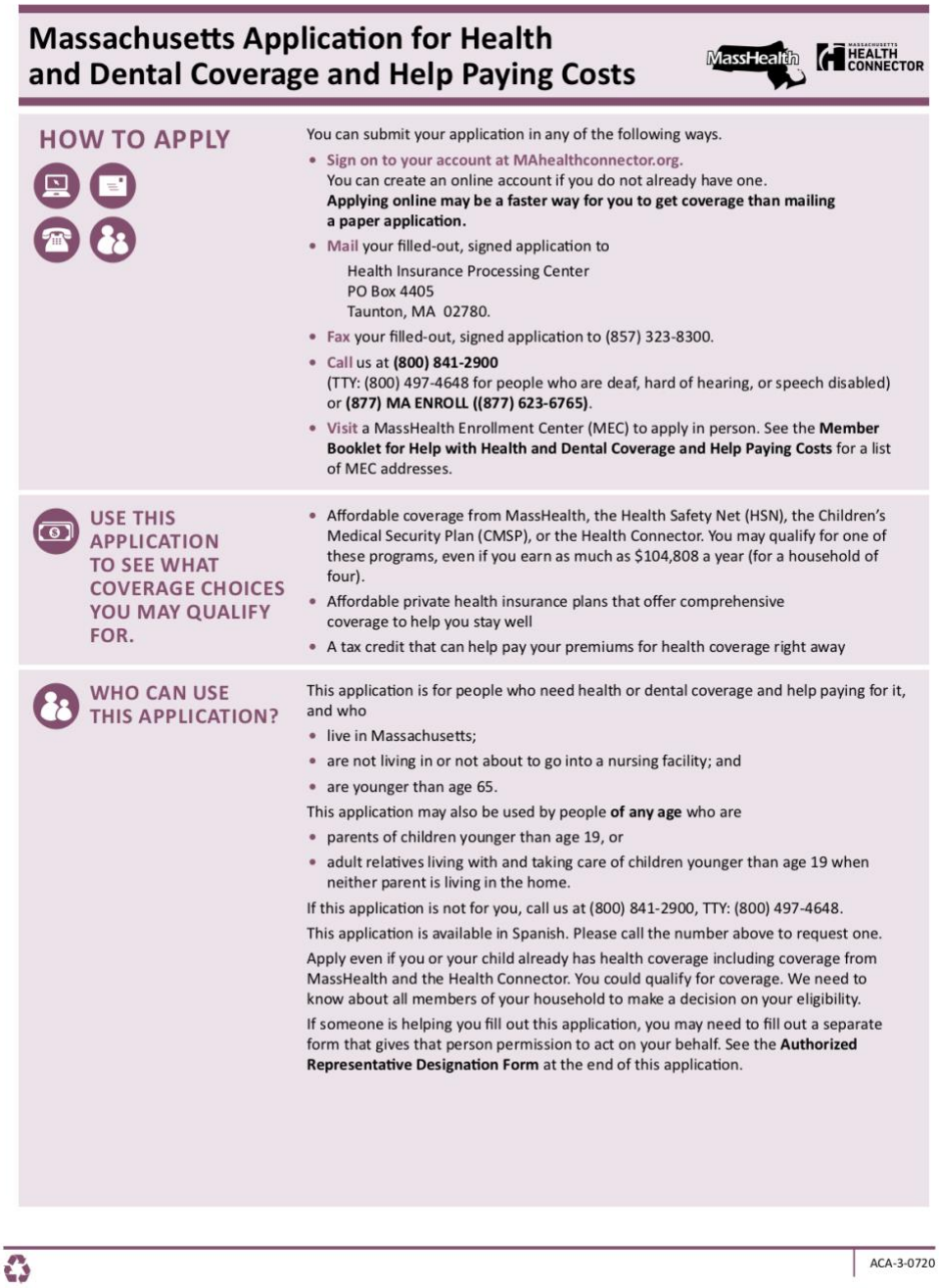
Naloxone/Narcan

- Tapestry: Overdose Prevention
- (413) 315 - 3732
- 306 Race Street

HEART Holyoke Early Access to Recovery & Treatment

Appendix G: HEART Participant Resources

Figure 1g. MassHealth Informational Handout (*HEART Program MassHealth Informational Handout*, n.d.)



Massachusetts Application for Health and Dental Coverage and Help Paying Costs

MassHealth | Massachusetts Health Connector

HOW TO APPLY

You can submit your application in any of the following ways.

- Sign on to your account at MAhealthconnector.org.
  You can create an online account if you do not already have one.
  Applying online may be a faster way for you to get coverage than mailing a paper application.
- Mail your filled-out, signed application to
  Health Insurance Processing Center
  PO Box 4405
  Taunton, MA 02780.
- Fax your filled-out, signed application to (857) 323-8300.
- Call us at **(800) 841-2900**
  (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or **(877) MA ENROLL ((877) 623-6765)**.
- Visit a MassHealth Enrollment Center (MEC) to apply in person. See the **Member Booklet for Help with Health and Dental Coverage and Help Paying Costs** for a list of MEC addresses.

USE THIS APPLICATION TO SEE WHAT COVERAGE CHOICES YOU MAY QUALIFY FOR.

- Affordable coverage from MassHealth, the Health Safety Net (HSN), the Children's Medical Security Plan (CMSP), or the Health Connector. You may qualify for one of these programs, even if you earn as much as $104,808 a year (for a household of four).
- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A tax credit that can help pay your premiums for health coverage right away

WHO CAN USE THIS APPLICATION?

This application is for people who need health or dental coverage and help paying for it, and who

- live in Massachusetts;
- are not living in or not about to go into a nursing facility; and
- are younger than age 65.

This application may also be used by people **of any age** who are

- parents of children younger than age 19, or
- adult relatives living with and taking care of children younger than age 19 when neither parent is living in the home.

If this application is not for you, call us at (800) 841-2900, TTY: (800) 497-4648.

This application is available in Spanish. Please call the number above to request one.

Apply even if you or your child already has health coverage including coverage from MassHealth and the Health Connector. You could qualify for coverage. We need to know about all members of your household to make a decision on your eligibility.

If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See the **Authorized Representative Designation Form** at the end of this application.

ACA-3-0720

WHAT YOU MAY NEED TO APPLY

- Social security numbers, if you have them, for every household member who is applying
- Federal tax returns, if you file
- Information about citizenship/national status or immigration status
- Employer and income information for everyone in your household (for example, from paystubs or wage statements)
- Information about any job-related or other health insurance that you are currently enrolled in or have access to

WHY DO WE ASK FOR THIS INFORMATION?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We will keep all the information you provide private and secure, as required by law.** To view the Health Connector's Privacy Policy, go to MAhealthconnector.org. To view the MassHealth Privacy Policy see the Member Booklet or go to www.mass.gov/service-details/masshealth-member-privacy-information.

WHAT HAPPENS NEXT?

You will get instructions on the next steps to complete your eligibility process. If you're eligible for MassHealth and have to enroll in a health plan, we will notify you. Then, you can choose a plan by going to www.mass.gov//eohhs/how-to/planenrollment. Filling out this application does not mean you have to buy health coverage. If you need help choosing a health plan, you can learn much more by going to MassHealthChoices.com.

GET HELP WITH THIS APPLICATION

Phone: please call us for help with this application or if you need interpreter services. **(800) 841-2900**, TTY: (800) 497-4648.

GENERAL INSTRUCTIONS

- Please **print clearly and answer all questions completely**. There are a few sections where you may be instructed to skip some questions. Other than those exceptions, blank or incomplete answers will slow down the processing of your application.
- You can download pages for additional persons at www.mass.gov/masshealth. Be sure to tell us how each person is related to each other person. We need this information to determine eligibility.
- It is not necessary to send blank pages for Step 2 if you do not have that many people in your household. Please make sure that you indicate in Section 1 the number of people applying, and send all other sections even if they are blank or partially blank.
- MassHealth or the Massachusetts Health Connector will send a Request for Information notice if we need any additional information or proof to make an eligibility decision. If we send a Request for Information notice, the individual has 90 days to send the requested proof. MassHealth may provide provisional benefits during this 90-day period to eligible applicants under age 21 and to those individuals who self-attest to pregnancy, HIV positive status, or breast or cervical cancer. MassHealth benefits may not be provided to an individual age 21 or older until all income in the MAGI household is verified, unless that person is pregnant, has HIV, or is in active treatment for breast or cervical cancer.
- In order to get any benefits you are entitled to as quickly as possible, you may include any documentation you have that verifies all household income.

To find resources and information related to the coronavirus for MassHealth applicant and members, go to **www.mass.gov/coronavirus-disease-covid-19-and-masshealth.**

Figure 2g. Naloxone Handout (*HEART Program Naloxone Handout*, n.d.)

What is naloxone?

Naloxone (commonly referred to as *Narcan*) is an FDA-approved drug to reverse opioid overdose.

Forms of naloxone commonly used:

Narcan is the most user friendly and commonly used form of naloxone.

Where to get naloxone?

Access naloxone for free at these locations:
Tapestry 413 – 315 –3732
Hope for Holyoke 413 – 561 – 1020
Holyoke Health Center, Center for Recovery & Support
413 – 420 – 1730

How to get naloxone from a pharmacy?

Go directly to a pharmacy and ask for naloxone (no prescription needed)

- If you have MassHealth, naloxone is cost-free **you can only access naloxone three times per year on MassHealth, through a pharmacy*
- If you have other insurance, your co-pay may vary

NALOXONE (NARCAN) ACCESS MAP

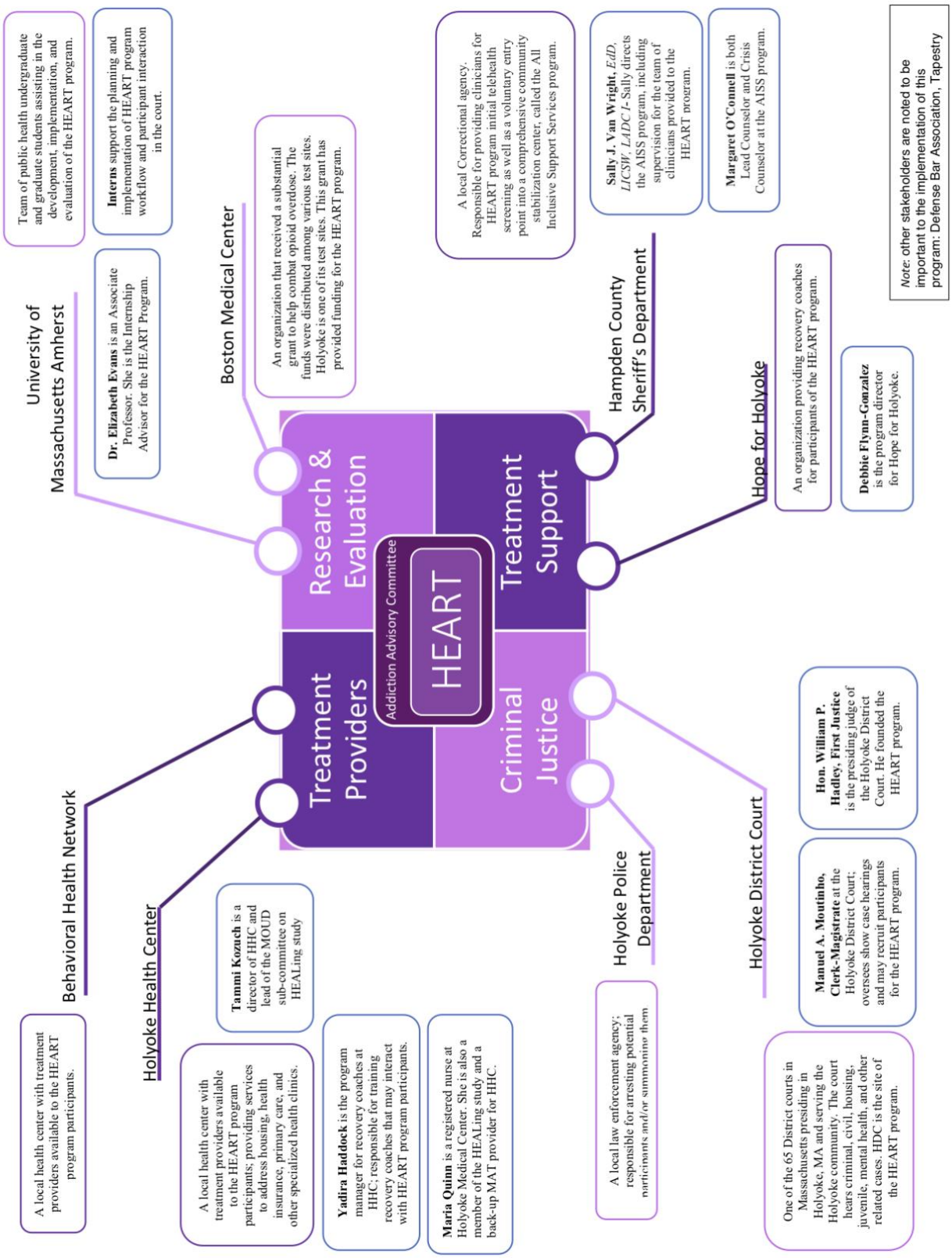
HEART Program

Laws and Regulations:

- **Good Samaritan Law:** If you administer naloxone to someone who is overdosing, you (and the person overdosing) will not be charged with a drug-possession crime

Appendix H: Key Partner Chart

Figure 1h. Key Partner Chart (*HEART Key Partner Chart*, n.d.)



Appendix I: Logic Model

Figure 1i. Logic Model (*HEART Program Logic Model*, n.d.)