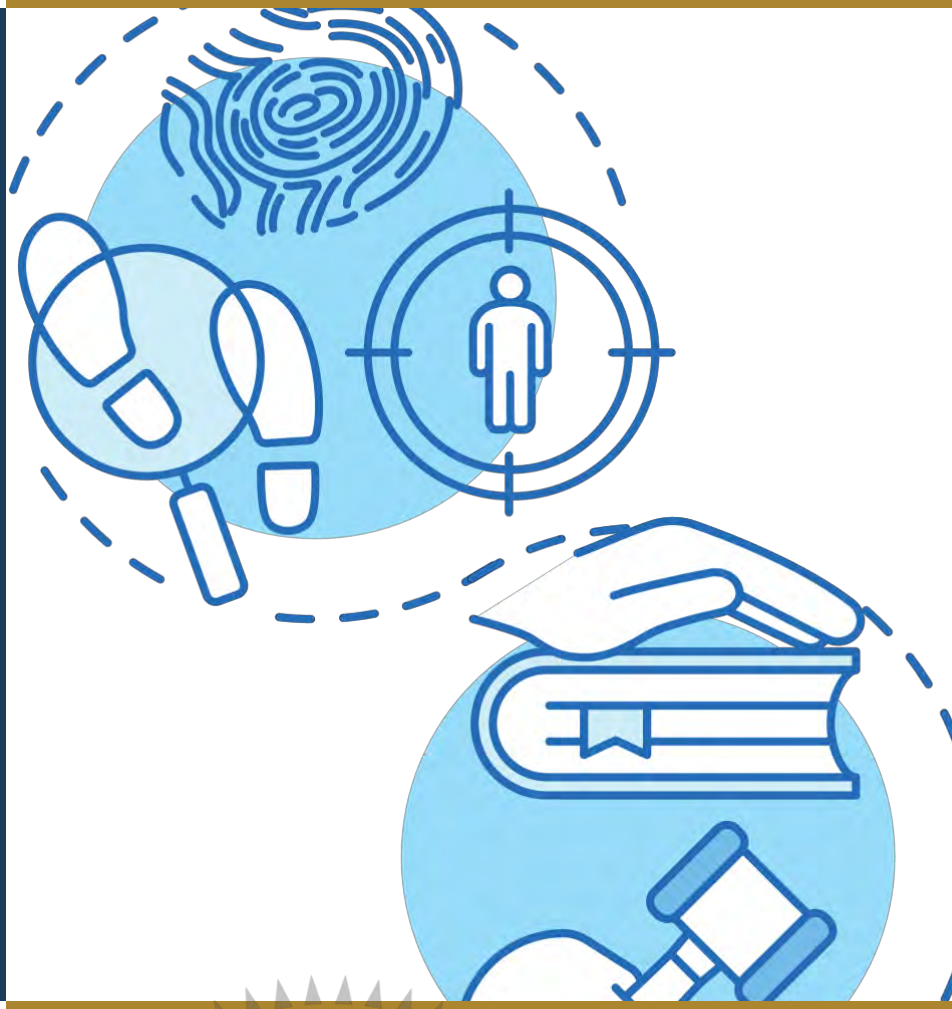
New England
Regional Judicial Opioid Initiative

ACTION RESEARCHER REPORT

Court Navigators Pilot Project



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The Regional Judicial Opioid Initiative

In April 2019, six Northeastern states—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont—established the New England Regional Judicial Opioid Initiative (NE RJOI), a multi-state collaborative aimed at developing regional solutions to the overdose epidemic from a court perspective while strengthening collaboration among stakeholders. Participants include chief justices, state courts, state criminal justice agencies, supervision agencies, state public health agencies, legislators, treatment providers, medical experts, and child welfare representatives. The National Center for State Courts (NCSC) provides project management for this collaborative initiative. To address data and research needs of the NE RJOI, a data action partner, Dr. Brad Ray with RTI International was tasked with informing pilot public health strategies.

After reviewing local data sources, the NE RJOI decided to provide funding to develop court navigator programs and solicited community-based nonprofits to apply and employ court navigators. The navigators were tasked with a wide range of responsibilities centered around non-clinical services that engaged, educated, and supported people with substance use disorders. Job duties included identifying treatment and recovery support resources; clarifying recovery goals; assisting with health insurance enrollment; connecting individuals with housing and transportation resources; and providing overdose prevention education including access to naloxone, the opioid overdose antidote.

This report provides results of a mixed-methods implementation analysis of court navigator programs as an intervention aimed at supporting substance use disorders in three different state courthouses in the New England region. By using an implementation science framework to capture qualitative data on the court navigators' intervention processes while in tandem examining administrative data collected by court navigators on their interactions, the research team focused on better understanding the intervention processes and the possibilities for overdose prevention. Connecticut (Danielson Hartford County, 2021 population 896,854), Maine (Washington County, population 31,121), and Massachusetts (Barnstable County, population 232,411) developed court navigator programs with coordination through NE RJOI. Rhode Island also started a similar program but did not collect administrative information on court navigator practices and is not included in this report.

Background on the Overdose Epidemic

The United States is in the midst of an ongoing overdose epidemic that continues to be one of the most pressing public health problems facing the country. The epidemic is so extreme and pervasive there has been a decrease in the national life expectancy rates (Best et al., 2018; Harper et al., 2021; Hedegaard, 2020; Hermans et al., 2023). Across multiple waves—from prescription opioids to heroin to illicitly manufactured fentanyl, a synthetic opioid 50 to 100 times more powerful than heroin (Ciccarone, 2021)—overdose rates have continued to increase with recent trends suggesting mortality highest among Black, Indigenous, people of color, and adolescents (Furr-Holden et al., 2021; Phalen et al., 2018; Woolf et al., 2023). Research consistently suggests that involvement in the carceral churn process increases the risk of overdose and death (Brinkley-Rubinstein et al., 2018; Ray, Christian, et al., 2023; Victor et al., 2021), and while efforts to provide substance use and behavioral health treatment to court defendants have been widespread through problem-solving court approaches (Farago et al., 2023; Miller et al., 2020), there are countless missed opportunities to disseminate overdose prevention strategies among those at risk of overdose who are utilizing court facilities.

Background on Court Navigators

Research has adopted the term "carceral churn" to describe the process of incarceration and reentry back into communities with courthouse facilities utilized continually throughout this process (Clear et al., 2003). Over 13 million criminal cases were filed in state courts in 2021, an average of 36,000 criminal filings per day (Gibson et al., 2022), with approximately 11 million people booked into jail yearly (Zeng & Minton, 2021) and nearly three quarters detained and awaiting court interactions (Zeng, 2022). Persons with substance use disorders and those using illicit substances are significantly overrepresented among these court interactions (Han et al., 2021; Magee et al., 2021; Winkelman et al., 2016) in large part from the criminalization of substances at federal and state levels which is enforced through resources allocated specifically toward policing drug possession and distribution (Larochelle et al., 2019; Ray, Christian, et al., 2023; Shefner et al., 2020) which perpetuates the carceral churn.

Court navigators are a potential intervention to address these missed opportunities. These court navigators are civilians from community-based organizations who provide adjunctive services to persons engaging in official court matters on site at the courthouse and in some cases to the family, friends, and public passing through these facilities. The first mention of court navigators was in 2013 from a pilot program in New York that partnered with a nonprofit to assist

unrepresented people in obtaining housing (Dunlap, 2013; Sandefur & Clarke, 2016; Zorza & Udell, 2013). Over the next decade, papers and reports continued to reference court navigators as providing limited legal information (not legal advice) and emotional support, with the focus on housing (Ezer, 2017; Jackson et al., 2015; Rhode, 2015; Sen, 2019). Recent policy work has noted the need to better understand the basic referral and follow-up of court navigators (*A National Compendium of Court Navigation Programs, 2023*); however, descriptions of court navigator programs exist only in legal journals and reports, as there remains no empirical research on this intervention.

Data and Methods

The research team sought to describe the court navigator program implementation, and given the potential for variability in this intervention, used the Template for Intervention Description and Replication (TIDieR) to develop a semi-structured interview guide. The TIDieR is a checklist of key intervention features that influence efficacy and replicability that are often poorly described and leave decision-makers unclear of the intervention (Alvarez et al., 2016; Hoffman et al., 2013). These features include duration, dose or intensity, mode of delivery, and essential processes, and have been translated into the following checklist items: name, why, who, what, how, where, when, how well, and modifications (see http://www.equator-network.org/). Following this checklist, the team developed items specific to court navigation along with items that probed about the provision of naloxone and interviewed each of the navigators via a virtual video meeting. Responses to the semi-structured survey were coded across each of the court navigators by multiple co-authors, two of whom also conducted the interviews, to ensure accuracy across the checklist items.

Next, to understand the implementation outcomes from court navigation, administrative data collected from the National Center for State Courts was used to inform the research team's understanding of the intervention. These data elements only captured basic information on client characteristics, navigator referral and recommendations, and if follow-up contact was acceptable. The court navigators were tasked with completing data collection following each client encounter about who referred them for navigation and a checklist of recommendations or referrals they provided. The encounters in which the individual indicated they would allow follow-up included additional information about criminal-legal system involvement, treatment history, and overdose experiences. There were 436 cases in the administrative dataset occurring between January 26, 2022 and May 8, 2023. Variables were coded from administrative data with descriptive and bivariate analysis (chi-square) conducted in Stata.

Findings

Program Implementation

The intervention was referred to generically as a "court navigator program" (*name* [TIDieR checklist item]) in each of the sites except for Massachusetts where the program had an official name and is the pilot for a planned statewide rollout (Table 1). Despite the shared job responsibilities of the court navigators, each of the programs reported different program goals (*why*) that were associated with the employing agency (*who*). Court navigators in Connecticut, Maine, and Massachusetts came from behavioral health treatment organizations and had goals focused on reaching recovery or aiding those in early recovery. The background of the court navigators also varied with two reporting lived experience in recovery with substance use disorder and one reporting family members having criminal-legal systems involvement. Across each of the programs, court navigators noted benefits of lived experience, particularly knowledge of criminal-legal systems (even if not through formal training) which enabled them to translate legal terminology to clients to prepare them for an upcoming court appearance.

There was variability in the materials (*what*) but consistency in the delivery modality (*how*). All court navigators expressed a strong preference for face-to-face communication, with some referring to it as a critical component of the intervention. While all the navigators indicated they would communicate with a client on the phone, particularly as part of follow-up, the intervention was not necessarily developed for initial contacts to occur virtually. Additionally, while self-referral was acceptable, the preferred initial contact came from court staff and stakeholders. To increase referrals, the court navigators described spending time educating stakeholders within the court and with community partners.

Descriptions about the length of time spent on initial client encounters varied from 10 to 60 minutes, and the materials provided by court navigators were unique to each program. In Connecticut, the most urban of the sites, the court navigator provides physical resources such as pamphlets and flyers specific to the treatment and support services in the geographic area where people reside. They also provide referrals to a medical van that can provide materials to persons who are unhoused; however, they do not provide support outside of the courthouse or on legal matters. The Maine site was in a rural community, and while they have accumulated a binder of information on local resources for clients, there are few physical materials provided by the court navigator. Instead, they use personal connections within a small community to make referrals to recovery support services as residential treatment services were not available locally. The Massachusetts program is located in a suburban area and had state-defined eligibility criteria; thus, initial client interactions take longer as the court

navigator determines eligibility for "sober housing" that can be provided as part of the program. All court navigators expressed knowledge and proficiency in harm reduction, with some noting partnerships with local syringe service programs. In terms of naloxone distribution as part of the intervention, only Connecticut had the medication on hand to provide directly to clients during the initial interaction while others provided referrals to community agencies where the clients might be able to access it.

The court navigators all reported standard weekday work hours (*when*), though the intensity and location (*where*) of the client encounters varied. In Massachusetts, the court navigator had an office in the courthouse while court navigators in Connecticut and Maine shared conference room space. Some court navigators also held informal spaces, such as a table inside the main area of the courthouse and incorporated non-stigmatizing signage to encourage self-referral. All reported the program had been implemented as planned (*how well*) and had observed actual impact by following up with clients who had successfully engaged or re-engaged in behavioral health treatment or recovery support services. However, they noted several adjustments (*modifications*) that occurred during implementation. For example, Maine modified its staff to include a peer support specialist with lived experience to better connect with clients. The Massachusetts program changed its eligibility criteria to exclude those who were on probation as the navigators had limited capacity and noted clients on supervised release were often not in the early stage of recovery which was the focus of their program.

Table 1. Court navigator program characteristics by state

	Connecticut	Maine	Massachusetts
Program Name	Court Support Navigator	Recovery Support Navigator	Project North
Goal	Guide people toward needed resources	Keep people safe and alive until they reach recovery Decrease number of overdoses and overdose-related death	Help people in early recovery stabilize
Agency Type	Community Health Resources	Mental Health Services	Court Navigation Services
Resources	Distribute flyers regarding naloxone administration Naloxone carried on hand for direct application if needed Provide clothing resources for the unhoused	Transportation services Assistance with securing housing and treatment Naloxone provided through referral	Assistance with accessing recovery housing Naloxone provided through referral
Modality	Face-to-face and via phone during business hours (9:00am-5:00pm, Monday-Friday).	Face-to-face and via phone during business hours (8:00am-5:00pm, Monday-Friday) Some crisis referrals on weekends	Face-to-face during business hours (8:30am-4:30pm, Monday-Friday)
Where	Conference room at courthouse	Conference room at courthouse or agency office.	Dedicated office within courthouse and table in lobby.
Modifications	Updated intake forms to assess client needs and collect basic information Network with probation and family court to receive referrals	Shift in navigator provider from clinician to peer specialist	Adjusted eligibility criteria Clients must maintain contact with court navigators to remain in housing Networked with judges and criminal legal practitioners to increase referrals

Implementation Outcomes

The research team examined administrative court navigator data from 436 client encounters with most clients in Connecticut (51.6%; n=225) followed by Massachusetts (34.4%; n=150) and Maine (14.0%; n=61). Court navigators asked all clients about their referral source and recommended appropriate services, often providing referrals for multiple services (Table 2). In Connecticut and Maine, most clients were self-referrals; whereas court staff were the primary referral sources in Massachusetts. Probation officers were the most likely court staff to provide referrals in Connecticut and Massachusetts which may have been influenced by the inclusion of pretrial services within the probation department.

Follow-up frequency varied widely between sites. In Massachusetts, where court navigators only serve clients with active cases, nearly all the clients agreed to follow-ups (98.7%). However, in Connecticut and Maine, only about half of clients agreed to be contacted for follow-up (46.2% and 62.3%, respectively), likely because court navigator programming was available to everyone entering the courthouse and did not require a long-term commitment.

The three jurisdictions referred clients to a range of resources, including treatment (residential and outpatient), harm reduction services, sober housing assistance, and transportation resources. Some programs seemed to focus on referrals to specific services; for example, Massachusetts and Maine both leveraged peer support and self-help group resources referring 60.7% and 50.8% of clients, respectively, to these services. This could reflect the importance of peer support, particularly because navigators had lived experience, as well as what resources were readily available in the counties. Of the three jurisdictions, Maine provided the greatest number of referrals to transportation assistance (29.5%) which is likely due to the rural context of the program and demonstrates how court navigator programs can be tailored to local needs. Connecticut provided the fewest referrals to clients proportionally to the other two jurisdictions, perhaps reflecting its structure and placement within the courthouse and indicating challenges of a higher caseload. However, Connecticut was the only program with naloxone on hand, suggesting that referrals to naloxone could be undercounted if the medication is distributed directly.

Table 2. Baseline information on referral source and court navigator recommendations (N=436)

	Connecticut N=225		Massachusetts N=150		Maine N=61	
	N	%	N	%	N	%
Referral Source						
Attorney	21	9.33%	17	11.33%	2	3.28%
Court Clinician	1	0.44%	3	2.00%	0	0.00%
Court Staff	49	21.78%	72	48.00%	12	19.67%
Self-refer	143	63.56%	45	30.00%	28	45.90%
Other	11	4.89%	13	8.67%	19	31.15%
Referrals by Court Staff						
Clerk/Clerk's office	16	7.11%	0	0.00%	1	1.64%
Judge	0	0.00%	10	6.67%	5	8.20%
Pre-trial officer	1	0.44%	0	0.00%	4	6.56%
Probation Officer	18	8.00%	61	40.67%	1	1.64%
Other	14	6.22%	1	0.67%	1	1.64%
Recommendation and/ or Referral						
Residential	42	18.67%	41	27.33%	15	24.59%
Outpatient	45	20.00%	50	33.33%	18	29.51%
Intensive Outpatient	14	6.22%	49	32.67%	12	19.67%
Co-Occurring Disorders Treatment	5	2.22%	52	34.67%	19	31.15%
Opioid Treatment	33	14.67%	21	14.00%	16	26.23%
Community Mental Health/Psychiatry	30	13.33%	72	48.00%	19	31.15%
Case Management	17	7.56%	67	44.67%	20	32.79%
Self-Help Groups/ Peer Support	31	13.78%	91	60.67%	31	50.82%
Naloxone Distribution	18	8.00%	38	25.33%	17	27.87%
Harm Reduction/ Syringe Exchange	6	2.67%	36	24.00%	8	13.11%
Sober Housing	37	16.44%	91	60.67%	16	26.23%
Transportation Assistance	35	15.56%	27	18.00%	18	29.51%
May we follow up with you to check-in?						
Yes	104	46.22%	148	98.67%	38	62.30%
No	121	53.78%	2	1.33%	23	37.70%

Court navigators collected follow-up information on 249 clients who agreed to be contacted, constituting 57.1% of all participants. The majority of follow-ups were in Massachusetts (45.4%; n=113) followed by Connecticut (40.2%; n=100) and Maine (14.5%; n=36). Among this subsample, 34.5% (n=86) were employed, 30.5% (n=76) were in stable housing, and 52.2% (n=130) had transportation. In terms of criminal legal system involvement, 51.0% (n=127) of clients were on probation or parole and 66.7% (n=166) had been arrested in the prior six months. As shown in Table 3, client characteristics varied across the three sites. For example, clients in Connecticut were most likely to be employed and have reliable transportation, while those in Massachusetts and Maine were less likely to be rearrested in the prior six months. Clients in Massachusetts and Maine were also more likely to report stable housing than those in Connecticut; however, participants in Maine were far more likely to have some form of housing (even if they reported long-term concerns).

Table 3. Socio-economic factors and criminal legal system involvement among clients allowing follow-up (N=249)

	Connecticut N=100		Massachusetts N=113		Maine N=36	
	N	%	N	%	N	%
Current Employment Status						
Employed	44	44.00%	28	24.78%	14	38.89%
Unemployed	56	56.00%	85	75.22%	22	61.11%
Reliability of Living Situation						
Steady	28	28.00%	39	34.51%	9	25.00%
Steady, but worried	62	62.00%	20	17.70%	12	33.33%
No steady place	10	10.00%	54	47.79%	15	41.67%
Access to Reliable Transportation						
Yes	86	86.00%	31	27.43%	13	36.11%
No	14	14.00%	82	72.57%	23	63.89%
Currently on Probation/Parole						
Yes	43	43.00%	70	61.95%	14	38.89%
No	57	57.00%	43	38.05%	22	61.11%
Arrest in Prior 6-months						
Yes	82	82.00%	71	62.83%	13	36.11%
No	18	18.00%	42	37.17%	23	63.89%

Table 4 displays the responses to behavioral health items. Rather than look at variations by state, the focus was on overall court navigator clientele. More than two thirds of clients (68. 3%) were previously in mental health treatment. Over half (50.6%; n=126) of the clients reported it was considerably or extremely important to receive treatment that day. In terms of overdose, more than one third (35.7%) reported an overdose event in their lifetime with an average of 1.8 overdose events (SD=5.63; Range 0-40). Nearly all of these (93.3%) were opioid-related as naloxone was administered by emergency medical services at the last overdose event for over half (59.6%) of the clients and from a bystander in the remaining 33.7% of cases (Table 4). Using the information on service recommendations from court navigators (Table 2), the team examined whether those clients with a history of overdose were more likely to be referred to a syringe service program or location for naloxone distribution. Among the follow-up subsample (n=249), only 11.7% were referred to a syringe service program and 18.1% were referred for naloxone distribution. Those who reported a prior overdose were significantly more likely to be referred to a syringe service program (18.0% vs. 8.1%; $\chi 2 = 5.39$, Cramer's V=.15, p=.020) and significantly more likely to be referred to naloxone (29.2% vs 11.9%; $\chi 2 = 11.61$, Cramer's V=.22, p=.001). While this demonstrates an understanding of the importance of these resources for clients with a prior overdose, less than one third of clients with a prior overdose received referrals to one or both harm reduction resources (29.2%; n=26).

Table 4. Behavioral health and overdose background among clients allowing follow-up (N=249)

	N	%
Prior Treatment		
Yes	170	68.27%
No	79	31.73%
How important is it for you to get substance use treatment today?		
Not at all	51	20.48%
Slight	22	8.84%
Moderate	50	20.08%
Considerable	31	12.45%
Extreme	95	38.15%
Have you ever overdosed in your lifetime?		
Yes	89	35.74%
No	160	64.26%

	N	%
If you have overdosed, was Naloxone (Narcan) administered?		
Yes - by EMS	53	59.55%
Yes - by someone else	30	33.71%
No	6	6.74%
Lifetime overdoses	**Mean**	**SD**
	1.82	5.63

Conclusions

Based on the research team's review of relevant literature, the NE RJOI's pilot program is the first time court navigators have been implemented to support those with substance use disorders. An exploratory mixed-methods analysis was conducted on the three courthouses in the New England region to understand the effects of this pilot programming. The team used an implementation science framework to guide qualitative data collection which focused on detailing the key features that would influence replicability of the court navigator program. While there were some consistencies in the working conditions of the court navigators, programs varied because of the organization within which the navigator was employed. This was reflected in the quantitative analysis which demonstrated variability in follow-up rates and the types of community-based support services recommended to clients.

For example, the Massachusetts program was unique in terms of funding support from the state but also in the formality of determining eligibility for the housing services tied to court navigation, a service consistent with the original goals of court navigation that resulted in a higher number of follow-ups given the selection process. Similarly, Connecticut offered information and medication distribution services, as well as resources for unhoused individuals, in a manner consistent with its urban environment. Alternatively, Maine offered greater transportation service referrals compared to the other jurisdictions, which likely reflected the needs of individuals residing in a rural county. The quantitative findings also demonstrated high needs for behavioral health services with a particular need to combat opioid overdoses. Even with significantly higher referrals to syringe service programs or naloxone for those with a history of prior overdoses, most clients with prior overdoses were not connected to harm reduction services, demonstrating a gap and opportunity for other treatment.

Like other efforts to address the overdose epidemic among criminal-legal system-involved populations, court navigation remains largely focused on recovery support

services for those with substance use disorders. However, treatment alone cannot prevent overdose deaths, and the federal government has modified its approach toward overdose prevention to include evidence-based harm reduction strategies. These strategies aim to address the negative effects of substance use by meeting people where they are, even when they are not interested, ready, or able to stop use (Szalavitz, 2021). Funding for harm reduction services and supplies include expanded naloxone distribution and access to evidence-based medications for opioid use disorder. Additionally, given the proliferation of fentanyl throughout the illicit drug supply, including simulants and pressed pills (Bell & Hadland, 2023; Park et al., 2020), fentanyl testing strips—small strips of paper that detect the presence of fentanyl in pills, powder, or injectables—have also emerged as an evidence-based overdose prevention strategy (Campbell, 2021; Cristiano, 2022; Reed et al., 2022).

While the majority of police departments provide naloxone to officers for use in the field (Ray, Richardson, et al., 2023) and some jails are now dispensing free naloxone to detainees through vending machines (*Naloxone Vending Machine Implementation Report*, 2022), there is a dearth of these efforts in court settings. This is due in part to the conflict that arises when focusing on harm reduction versus interpreting legal codes; however, our study suggests that court navigators interact with a population that is at high risk of overdose and, at a minimum, all of them should be trained in naloxone and provided with a supply to distribute directly to those they encounter. Beyond this, they could provide fentanyl testing strips, warnings about new harms associated with the drug market, referrals to syringe service programs or low barrier medications for opioid use disorder, and motivational interviewing for strategies around safer use practices (Childs et al., 2021).

Court navigators have emerged as a civilian workforce employed by local community organizations and afforded access to courthouses that can provide resources to those passing through these facilities. For many defendants, their initial court appearance is the first opportunity for release into the community, so courthouses are an ideal overdose prevention touchpoint for engaging those with substance use disorders in community-based treatment and services. This study demonstrates the innovative use of court navigators in providing resources and recommendations pertaining to substance use disorder and filling an especially important gap in these settings. This report also documents the need and opportunity for court navigators to move beyond recovery supports to include overdose prevention strategies.

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Appendix: Court Navigator Interview Guide

1. What is the official name of your court navigator program? [PROBE ALWAYS]: Is that the name you, your agency, and the court use?

2. What type of agency are you affiliated with and how long have you been a court navigator?

3. Is face-to-face the primary way you provide court navigation; or are there other modalities that you're using, like virtual or phone?

4. Can you describe the physical setting where you provide court navigation? For example, where are you located inside the courthouse and how do potential clients identify you? [PROBE ALWAYS]: Did you have any barriers obtaining that space?

5. Can you describe the physical and informational materials that you provide to clients through court navigation? [PROBE ALWAYS]: What about any specific procedures or activities that you engage in as a court navigator?

6. How often do you provide court navigation? [PROBE ALWAYS]: Are there any trends such as specific time periods or populations that are more likely to seek court navigation services?

7. Do you ever provide court navigation services to the same persons? [PROBE IF NEEDED]: How frequently does this occur and do the navigation procedures differ at all?

8. What do you see as the primary goal of the court navigator program?

9. Do you believe the court navigation program has occurred as intended? If so, what is an indicator of quality court navigation? [PROBE IF NEEDED]: What do you think the most impactful part of the program is for participants?

10. What are the essential elements of a successful court navigator program, those things that you believe are critically necessary to court navigation rather than something more optional?

11. How have your court navigation practice or procedures been modified since the program started?

12. Can you tell me about your educational background and any training that you received specific to the court navigator program; and what kind of training, qualifications, or experiences you see as essential for court navigators?