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Peer-led court navigation for people who use drugs passing through courthouses: a hybrid type 1 cluster randomized controlled trial study protocol

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Study protocol

Keywords:

Posted Date: November 4th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11222965/v1

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Additional Declarations: No competing interests reported.

Abstract

Background: Courthouses bring together people at multiple stages of criminal legal system involvement, including many with substance use disorders and elevated overdose risk. Yet outside of specialty courts, courthouses remain underused as settings for voluntary connections to treatment and related services. Peer-led court navigation may offer low-threshold linkage, but evidence of its effectiveness and implementation is limited. The Preventing Overdose and Promoting Recovery Through Court Navigation (POPCORN) study evaluates CourtConnect, a manualized peer-led court navigation intervention.Methods: POPCORN is an effectiveness-implementation hybrid type 1 study conducted in two Indiana county courthouses. An Engagement Council and 30 formative interviews informed development of CourtConnect. In the pragmatic cluster randomized controlled trial, courthouse enrollment clusters of shifts are randomized to CourtConnect or an information-only condition, with 600 participants enrolled across the two sites. CourtConnect provides peer-led navigation for up to three months, while comparison participants receive a community resource guide without navigation or follow-up. The primary outcome is administratively documented substance use disorder treatment engagement within 90 days. Secondary outcomes are fatal or nonfatal overdose and incarceration within 12 months. Outcomes are measured through linked statewide administrative records. The implementation evaluation uses process, fidelity, and adaptation measures and qualitative interviews guided by the Consolidated Framework for Implementation Research.Discussion: POPCORN will provide rigorous evidence about whether voluntary peer-led court navigation improves treatment engagement and affects overdose and incarceration under routine courthouse conditions. The implementation findings will identify what supports or impedes delivery of the intervention and inform courts and community partners considering similar models.Trial Registration: The trial is registered at ClinicalTrials.gov (NCT07700407).

1. Background

Although courtrooms, dockets, and court programs have been studied, courthouses remain a distinct and understudied setting for behavioral health interventions. The Sequential Intercept Model identifies points across the criminal legal system (CLS) where people with behavioral health needs can be connected to services, with courthouses bringing together people at multiple stages within the CLS (Griffin, Munetz, Bonfine, & Kemp, 2015; Munetz & Griffin, 2006). Across the United States (US), state and local courts handle over 60 million cases annually, including 13 million criminal cases (Zeng, 2021, 2022). Thus, courthouses bring together a large population at multiple stages of civil and criminal legal involvement.

Substance use disorders (SUDs) and related health conditions are common among people who experience arrest or incarceration (Han, Williams, & Palamar, 2021; Magee et al., 2021; National Institute on Drug Abuse, 2020). People involved in the CLS also face elevated risk of overdose and other substance-related harms (Han, Williams, & Palamar, 2021; Larochelle et al., 2019; Magee et al., 2021; Shefner, Sloan, Sandler, & Anderson, 2020; Winkelman et al., 2016). Although substantial effort has

focused on expanding access to SUD treatment in correctional facilities and specialty treatment courts (Ducharme, Wiley, Mulford, Su, & Zur, 2021; Harris et al., 2023), courthouses have received less attention as places to facilitate connections to community-based care (Satcher et al., 2024).

Court navigation is one strategy for connecting people who pass through courthouses with needed services (Zottola, Morrissey, Massey, Hope, & Desmarais, 2023). Court navigators are generally civilian personnel who explain court procedures, help people locate legal and community resources, and support them as they move through court systems (Dunlap, 2014; Rhode, 2016; Sandefur & Clarke, 2016; Zorza & Udell, 2014). Preliminary research supports the feasibility of using court navigation to facilitate connections to behavioral health services. In a multistate pilot, court navigators regularly engaged people with prior overdose. Participants and practitioners viewed navigation as feasible, acceptable, and appropriate for connecting people to treatment and recovery support (Ray, Jensen, Desjardins, Haggerty, & Larson, 2025). As part of this multistate pilot, the Massachusetts project subsequently expanded into Project NORTH (Navigation, Outreach, Recovery, Treatment, and Hope), a statewide initiative administered by the Massachusetts Trial Court, that provides voluntary recovery support navigation that connects court users and their families to treatment and recovery support services.

Peer recovery specialists (PRS) may be especially well suited for this role. PRS-delivered services have been associated with reduced substance use, stronger social support, greater satisfaction with care, and improved treatment engagement (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; du Plessis, Whitaker, & Hurley, 2020; Eddie et al., 2019; Gormley et al., 2021; Reif et al., 2014; Sokol & Fisher, 2016). PRS are also being incorporated into drug courts, reentry programs, post-overdose outreach, and other CLS settings (Bassuk et al., 2016; du Plessis et al., 2020; Eddie et al., 2019; Gormley et al., 2021; Ray, McCarthy-Nickila, Richardson, & Maahs, 2023; Ray et al., 2021; Reif et al., 2014; Sokol & Fisher, 2016). Even so, peer-led court navigation has received little empirical study. Its effects on treatment engagement, overdose, and later CLS involvement remain unknown (Satcher et al., 2024).

This paper describes Preventing Overdose and Promoting Recovery Through Court Navigation (POPCORN), an effectiveness-implementation hybrid type 1 study of CourtConnect, which is a manualized peer-led court navigation intervention for people who use drugs and pass through county courthouses (Curran, Bauer, Mittman, Pyne, & Stetler, 2012). POPCORN began with a formative phase to adapt and specify a peer-led court navigation model for courthouse delivery, resulting in CourtConnect. The study has three objectives: (1) assess whether CourtConnect increases administratively documented SUD treatment engagement; (2) assess whether it reduces fatal or nonfatal overdose and incarceration through jail booking or prison entry; and (3) identify barriers and facilitators to its implementation in courthouse settings.

2. Methods and design

2.1 Study overview and setting

CourtConnect is the name of the peer-led court navigation intervention developed and being tested in the POPCORN study at two Indiana county courthouses. This approach is intended to evaluate CourtConnect under routine court navigation conditions. The effectiveness component uses a pragmatic, parallel-group cluster randomized trial (CRT). This is a cluster-randomized trial in which courthouse enrollment shifts serve as the unit of randomization. Courthouse enrollment shifts, rather than individual participants, are assigned in a 1:1 ratio to CourtConnect or an information-only condition. Each site will randomize and enroll 300 participants during a 12-month enrollment period, for a total sample of 600 participants. Outcomes will be obtained for 12 months after baseline through linked statewide administrative records. The implementation component uses process data, fidelity measures, adaptation records, and qualitative interviews to examine how CourtConnect is delivered and what affects implementation.

2.2 Intervention development and specification

Engagement Council. We established an eight-member Engagement Council with a mix of local and national members located across the US. Members have experience spanning court navigation, peer support in the CLS, and lived or living experience of substance use and CLS involvement. The Council includes PRS who have worked in the CLS, PRS with court navigation experience, and court navigators without a recovery background. The Council meets monthly with the research team. It has informed the formative sampling strategy, interview guide, interpretation of qualitative findings, intervention manual, training materials, and fidelity measures. The Council will remain involved during implementation and dissemination.

Formative qualitative interviews. Formative qualitative work was conducted to identify the needs CourtConnect should address and how the intervention could be delivered in a courthouse. From January through May 2026, we completed 30 semi-structured interviews with 10 national court navigation experts, 10 local legal practitioners, 7 local behavioral health or community service practitioners, and 3 community members. National experts were identified through a scan of court navigation programs, recommendations from the Engagement Council, and publicly available information. Local participants were identified with help from a site champion and community partners. Interviews examined unmet needs and barriers to SUD treatment among people who use drugs, reactions to the proposed intervention, tools and support needed by the PRS, and anticipated implementation barriers and facilitators. Local participants were also asked about county court processes and available community resources. Interviews lasted 45 to 60 minutes, were audio-recorded and transcribed verbatim, and participants received $50. Participants described untreated behavioral health needs as contributing to initial and continued court involvement. They also identified overdose risk and treatment interruptions as pressing health concerns. Difficulty navigating health and legal systems, delays in receiving services, and stigma informed three core functions of CourtConnect: improving understanding of health and legal systems, navigating barriers to services, and managing stigma related to behavioral health and CLS involvement. Participants also identified five features of

effective navigation: facilitating warm handoffs, providing flexibility, building rapport and communicating acceptance, sharing lived experience, and maintaining boundaries.

Intervention specification and manualization. The research team translated these findings into a manualized intervention using a functions-and-forms approach (Perez Jolles, Lengnick-Hall, & Mittman, 2019). Within this approach, functions define what CourtConnect is intended to accomplish, while forms describe how those functions are delivered. The three purposes identified through the formative interviews became the intervention's core functions, and the five navigation strategies informed its forms. Project NORTH materials and input from the Engagement Council also informed development of the intervention (Project NORTH, 2026). The resulting manual defines the PRS role and its boundaries and provides guidance for the initial courthouse session, needs assessment, goal setting, linkage facilitation, follow-up, documentation, and safety procedures. It standardizes CourtConnect's core functions while allowing the PRS to tailor delivery to participant priorities and local service conditions. Adaptations made during the trial will be documented using the Framework for Reporting Adaptations and Modifications to Evidence-Based Interventions (Wiltsey Stirman, Baumann, & Miller, 2019).

2.3 Participants and recruitment

A research assistant (RA) will be positioned at a CourtConnect-branded table in the courthouse lobby on weekdays during court hours (Fig. 1a**)**. Individuals may approach the study table after seeing signs in or near the courthouse or learning about it through word of mouth (Fig. 1b). Judges, attorneys, court personnel, and other local stakeholders may also direct people to the study table. When someone approaches the table for assistance, the RA will describe the study and if the individual is interested, they will be asked to complete a brief screener which includes masking questions so that the exact eligibility criteria are not apparent. People who are ineligible or decline participation will still be offered a community resource guide (Fig. 1c).

Recruitment is open to eligible adults passing through the courthouse and is not limited to a specialty docket, case type, or stage of court involvement. Eligibility criteria are intentionally broad to ensure the sample reflects people for whom court navigation services can be useful. Participants must be at least 18 years old, reside in Indiana, be able to provide informed consent, and complete study procedures in English. They must also meet at least one of the following criteria: (1) use of heroin, fentanyl, methamphetamine, or cocaine during the past 12 months; (2) interest in resources or treatment for an SUD; or (3) an opioid-related overdose during the past 12 months. People who have been sentenced to incarceration in jail or prison for the next 12 months will be excluded. The study will not enroll people while they are incarcerated or if they are sentenced to be incarcerated.

<Figures 1a-c about here>

2.4 Enrollment baseline data collection and randomization

Eligible individuals who wish to participate will meet privately with the RA who reads the consent form aloud, answers questions, obtains written electronic consent, and offers the participant a paper consent

form copy (Fig. 2a). Participants provide their legal first and last names, date of birth, and last four digits of their Social Security Number as part of the consent process for administrative record linkage to measure study outcomes and to exclude repeat enrollment. Identifiers are stored separately from survey and analytic data. Participants confirmed as new enrollees complete a one-time baseline survey through computer-assisted personal interviewing in REDCap (Harris et al., 2009; Harris et al., 2019). The survey has selected JCOIN Common Data Elements that include demographics, drug use, CLS involvement, health care and SUD treatment use, mental and physical health, treatment motivation, self-efficacy, stigma, and court fines and fees (Fig. 2b).

Assignment occurs at the courthouse's enrollment-shift level. Before recruitment begins, the research team generates a schedule that assigns eligible shifts in a 1:1 ratio to CourtConnect or the information-only condition. Only members of the study team will know the randomized shift schedule – it will not be shared with any referral sources, including court staff, CLS stakeholders, or community service providers. Randomized shifts will be similar in length, times of day, and days of week such that weighted/stratified randomization will not be necessary. Everyone enrolled during a shift receives the condition assigned to that shift. Participants learn their condition only after completing the baseline survey. The trial is open label, and study staff are not masked to the scheduled condition. During CourtConnect shifts, the RA introduces enrolled participants to the PRS in a nearby private office. During information-only shifts, the RA delivers the comparison condition without involving the PRS. Enrollment does not occur if the RA is unavailable. If the PRS is unavailable during a CourtConnect shift, enrollment does not occur unless a trained backup PRS can deliver the intervention. Participants in both conditions receive $50 after completing the study activities scheduled for the enrollment day.

<Figures 2a-b about here>

2.5 Study conditions

CourtConnect intervention. CourtConnect connects participants with a PRS who provides information, referrals, and support for SUD treatment and related health, legal, and social needs. Navigation begins with an in-person courthouse session lasting approximately 20 to 30 minutes. Participants may receive up to eight contacts, including the initial session, over 3 months. Follow-up may occur by telephone, videoconference, or in person at the courthouse. During the initial session, the PRS uses a semi-structured guide to introduce CourtConnect, build rapport, complete a needs assessment, identify service priorities, and develop action steps and short- and long-term goals with the participant. When a referral is needed, the PRS facilitates a warm handoff whenever possible. The PRS may also contact providers to confirm appointment details and provide reminders one week before, one day before, and on the day of an appointment. If an appointment is canceled or missed, the PRS contacts the participant to reschedule and address barriers. During later contacts, the PRS reviews progress, revisits the needs assessment and goal plan, provides recovery support, and makes additional referrals as needed.

PRS training supervision and fidelity. The PRS is employed and clinically supervised by an Indiana Recovery Community Organization and holds the state's Certified Peer Support Professional credential,

which requires personal experience of recovery and training in peer roles, ethics, recovery, and navigation of health and human services (Indiana Family and Social Services Administration, 2026). Before intervention implementation, the PRS completed 40 hours of study-specific training led by the investigative team (e.g., research ethics and confidentiality, intervention manual, motivational enhancement techniques, referral and documentation procedures, court processes and legal terminology, participant and staff safety) which includes role playing. The PRS meets weekly with a peer supervisor for clinical supervision and monthly with the Engagement Council. The Study Director and Project Coordinator conduct site visits during the trial to conduct direct observation of CourtConnect sessions. Fidelity measures assess adherence and competence. Session summary forms will include the Peer Recovery Coach Checklist (Byrne, Mericle, & Litwin, 2023), and a referral tracker documents referrals, follow-up, and service connections. Quarterly questionnaires and midpoint and endpoint interviews with the PRS and peer supervisor will assess additional elements, including maintaining boundaries and using lived experience purposefully.

Information-only comparison. Participants assigned to the information-only condition receive a printed guide to health and social services in the community (Fig. 1c). The RA reviews the guide with each participant, which includes crisis and mental health services, SUD treatment and recovery support, housing and shelter, food, medical and dental care, legal services, and financial, transportation, employment, family, and domestic violence resources. The research team reviews the guide throughout enrollment to keep its listings current. The RA does not make direct referrals, contact providers, or provide navigation, and no follow-up appointments are scheduled. Participants may return to the study table for another copy of the guide. This condition is designed to isolate the added effect of peer-led court navigation beyond information sharing.

2.6 Outcomes and data sources

Primary and secondary outcomes will be measured through linked state administrative records rather than participant follow-up surveys. Identifiers collected at enrollment will be used to link survey data with health and criminal legal data. The Indiana Management Performance Hub will conduct record linkage in a secure environment and make deidentified analytic data available to the research team for analysis in this environment. Records will cover the 90 days before baseline and 12 months after baseline. The pre-baseline period will distinguish treatment initiation from continued treatment engagement. The 12-month follow-up period will support assessment of treatment, overdose, and incarceration while reducing participant burden.

Primary effectiveness outcome. The primary outcome is administratively documented SUD treatment engagement within 90 days after baseline. Treatment engagement is defined as one or more linked administrative records indicating receipt of an SUD treatment service, including a Medicaid claim for SUD treatment or a prescription drug monitoring program record showing dispensation of a medication used to treat SUD. For participants without administratively documented SUD treatment during the 90 days before baseline, a post-baseline treatment record will be classified as treatment initiation. For participants with documented SUD treatment during the 90 days before baseline, a post-baseline

treatment record will be classified as continued treatment engagement. Among participants whose records are successfully linked, the absence of a treatment record will be classified as not having administratively documented treatment engagement; it will not necessarily indicate that no treatment was received. Failed record linkage will be treated as missing outcome data. The participant-level outcome is binary and will be summarized as the number and proportion of participants in each condition with administratively documented treatment engagement.

Secondary effectiveness outcomes. The first secondary outcome is fatal or nonfatal overdose during the 12 months after baseline. Fatal and nonfatal overdose will be measured using statewide vital records and emergency medical records and hospital emergency departments. A participant will be classified as having experienced an overdose if records show a fatal overdose or an encounter for a nonfatal overdose during follow-up. The second secondary outcome is incarceration through jail booking or prison entry during the 12 months after baseline. A participant will be classified as having experienced incarceration if statewide criminal legal records show a booking into a jail facility or entry into the state prison system during follow-up. Both secondary outcomes are participant-level binary indicators and will be summarized as the number and proportion of participants in each condition with the outcome.

Implementation and process measures. The implementation evaluation is guided by the Consolidated Framework for Implementation Research (CFIR), a framework used to identify factors that may help or hinder implementation. CFIR organizes these factors across five domains: the intervention itself, the external environment, the organizational setting, the individuals involved, and the implementation process (Damschroder et al., 2009; Damschroder, Reardon, Opra Widerquist, & Lowery, 2022).

Process measures will describe recruitment, enrollment, CourtConnect contacts, needs identified, referrals, service connections, participant follow-up, fidelity, and adaptations. Baseline survey measures will describe the trial sample and support prespecified exploratory analyses of variation in intervention effects. Qualitative methods will examine barriers and facilitators to CourtConnect implementation. Formative interviews used CFIR-informed questions to identify anticipated determinants. The PRS, court practitioners, and community service providers will be interviewed during and after implementation to identify factors that affected delivery. CourtConnect participants who did and did not complete a follow-up contact will also be invited to a qualitative interview after their 12-month follow-up period. These interviews will examine experiences with CourtConnect and barriers and facilitators to continued engagement.

2.7 Statistical analysis

The primary analysis will follow the intent-to-treat principle and retain participants in the condition assigned to their enrollment shift. Baseline characteristics will be summarized by condition to describe the sample and assess the magnitude of any chance imbalance. Baseline significance testing and post-randomization propensity-score weighting will not be used to determine the primary model. The primary outcome will be analyzed with a logistic generalized linear mixed model that includes a random intercept for cluster randomized enrollment shift nested within courthouse and a fixed effect for courthouse site.

The model will also include baseline SUD treatment status because that status determines whether a qualifying record represents initiation or continued engagement. We will report the intervention odds ratio, model-based arm-specific probabilities, the risk difference, and 95% confidence intervals.

The two secondary binary outcomes will be analyzed using the same framework. Exploratory analyses will examine time to first treatment record, overdose, jail booking, or prison entry with survival models that account for shift clustering. Numbers of overdose and incarceration events will be examined with negative binomial models when event counts support that analysis. Benjamini-Hochberg adjustments will be applied across secondary outcome tests. Prespecified exploratory interaction models will assess whether intervention effects vary by baseline opioid use and referral pathway. Analyses based on receipt of PRS follow-up will be identified as exploratory because follow-up occurs after randomization.

The design target of 600 participants was evaluated using 90% power, a two-sided type I error rate of 0.05, equal allocation, and a treatment-engagement rate of 0.50 in the information-only condition. Prior studies of post-overdose response programs reported linkage rates from 23% to 81% (Bailey, Harrington, & Evans, 2023; Langabeer et al., 2020; Scott et al., 2020; White, Perrone, Watts, & Malm, 2021; Yatsco, Champagne-Langabeer, Holder, Stotts, & Langabeer, 2020). A 0.50 comparison rate was selected because it gives the largest binomial variance. Under an individual-level calculation, 600 participants provide 90% power to detect an odds ratio of 1.7, which corresponds to treatment-engagement rates of 0.50 and 0.63. Assignment occurs by shift, so actual precision will also depend on observed shift sizes and intrashelf correlation. These quantities and the effective sample size will be reported with trial results.

Item-level missingness in the interviewer-administered baseline survey is expected to be limited. Missing baseline covariates and survey measures will be handled with likelihood-based estimation or multiple imputation when appropriate under a missing-at-random assumption. Administrative outcome data will be coded according to source-specific observability rules: when a participant is known to be observable in the relevant data source during the outcome window—for example, through confirmed Medicaid enrollment for claims-based treatment outcomes—the absence of a qualifying record will be classified as absence of the event; data will be treated as missing only when outcome observability cannot be established. Sensitivity analyses will compare the primary analysis with complete-linked-record analyses and analyses weighted for the estimated probability of successful linkage. A preliminary linkage will be completed during enrollment to assess transfer, integration, linkage rates, and completeness before final outcome analysis.

Process and fidelity measures will be summarized by site and implementation period. Qualitative interviews will be analyzed using a structured codebook informed by CFIR, with inductive codes added for findings not captured by the framework. Analytic matrices will compare barriers and facilitators across respondent groups, sites, and stages of implementation. Qualitative findings will be interpreted with process, fidelity, and adaptation data.

2.8 Ethics and trial oversight

Following full-board review, the XXXXXXXX Institutional Review Board approved the study under STUDYXXXXXXXX in September 2026 and serves as the single IRB for all engaged study partners. Formative interview participants provided informed consent. Trial participants provide written informed consent before identifiers or baseline data are collected and before their records are linked to administrative data. Participants in subsequent qualitative interviews provide verbal informed consent. The study is conducted in accordance with the Declaration of Helsinki and is protected by an NIH Certificate of Confidentiality. The trial was registered with ClinicalTrials.gov July 2026 (XXXXXXXX). No independent data monitoring committee is planned. Instead, the Principal Investigator, Study Director, and Project Coordinator monitor recruitment, protocol adherence, participant safety, and data quality under the study quality management plan. Study staff follow approved procedures for overdose response, participant distress, and courthouse safety. Substantive protocol changes are submitted to the IRB, communicated to study partners, and reflected in the trial registration when required. The Engagement Council supports interpretation and translation of the findings, which are disseminated through peer-reviewed manuscripts, conference presentations, and materials for court practitioners, community partners, and policymakers.

3. Discussion

POPCORN is among the first randomized evaluations of peer-led court navigation delivered broadly within county courthouses rather than specialty court settings.

Unlike drug courts and other specialty models, which serve selected dockets and rely on ongoing judicial supervision, CourtConnect is available to eligible adults regardless of docket, case type, or stage of court involvement (Brown, 2010; Kearley & Gottfredson, 2020; Rempel, Green, & Kralstein, 2012; Wilson, Mitchell, & MacKenzie, 2006; Wittouck, Dekkers, De Ruyver, Vanderplasschen, & Vander Laenen, 2013). The intervention places a PRS alongside existing court processes without requiring court personnel to assume a treatment role. POPCORN will provide evidence about whether this approach improves treatment engagement and affects overdose and incarceration under routine courthouse conditions (Lovins, Brusman Lovins, & Latessa, 2022; Lovins, Cullen, Latessa, & Jonson, 2018)..

Conducting the trial in working courthouses creates several practical challenges. Potential participants may have hearings, meetings with attorneys, transportation constraints, or other reasons to leave quickly such as previous negative experiences in the courthouse. Courthouse volume, available space, and staff availability may also vary across days and sites. The brief baseline survey is intended to reduce participant burden and preserve time for the initial CourtConnect session. Shift-level assignment supports delivery of both conditions within the same setting, while private meeting space and separation of the RA and PRS roles help protect confidentiality and maintain the distinction between research and navigation. Even with these procedures, courthouse disruptions and differences between sites may affect recruitment and intervention delivery. Process measures and qualitative interviews will help explain how these conditions influence implementation.

The study has several strengths. Shift-level randomization reduces the risk that the PRS will provide intervention activities to comparison participants during the same enrollment period. The information-only condition controls for receipt of a verified resource guide and contact with research staff, allowing the trial to estimate the added effect of peer-led court navigation. Linked statewide records reduce reliance on repeated participant surveys and allow outcomes to be assessed for 12 months after enrollment. Pre-baseline records also allow the primary outcome to distinguish treatment initiation from continued engagement. Finally, the hybrid type 1 design combines effectiveness estimates with process, fidelity, adaptation, and qualitative data. This approach will help explain variation in delivery and whether the core intervention can be maintained while responding to participant needs and local service conditions.

The design also has limitations. Participants and study staff cannot be masked after condition assignment. Randomization by shift may create chance differences between conditions and reduce statistical precision when multiple participants enroll during the same shift. Again, only members of the study team will know the randomized shift schedule – it will not be shared with any referral sources, including court staff, CLS stakeholders, or community service providers. Administrative outcomes depend on successful linkage and the completeness of participating data systems. Services received outside those systems and events occurring outside Indiana may not be observed. The administrative outcomes also do not capture every potential benefit of navigation, including greater understanding of available services or reduced practical barriers. Recruitment during staffed courthouse shifts may miss people who attend at other times or cannot remain long enough to enroll. The English-language eligibility requirement and two-site Indiana setting may further limit generalizability. In addition, the information-only condition may itself increase service use and reduce the observed difference between conditions.

POPCORN will move the evidence on peer-led court navigation beyond feasibility by testing CourtConnect under routine courthouse conditions. Whether the trial finds positive, null, or mixed effects, its effectiveness and implementation findings will inform courts and community partners considering voluntary peer-led navigation for people who use drugs.

Declarations

Author Contribution

BR is the principal investigator. CAG, BK, SJT, APA, BHL, DPW, and MCA are co-investigators. CEM drafted the manuscript. BR and CAG reviewed and contributed to multiple sections. All authors read and approved of the final manuscript.

Acknowledgement

We are grateful to the members of the Engagement Council for their expertise and continued guidance (Dr. Garland Gerber, Northeastern University; Jessica McCarthy-Nickila, University of Minnesota Duluth;

Judy Bazinet, Project NORTH, Massachusetts Trial Court; Dr. Samantha Zottola, Policy Research Associates; Katie Surma, Jasper County Courts, Indiana; Dedrick Battle, Alliance Health, North Carolina; Brenda Hernandez, Living in Transition Effectively [LITE] Recovery; Debra Stanley, Imani Unidad; Jennings Tennery, Overdose Lifeline; and Vanessa Phillips, peer recovery consultant with the Indiana Supreme Court) and our local site partners in Indiana.

Data Availability

After project completion, deidentified quantitative data and supporting documentation will be archived through the National Addiction and HIV Data Archive Program. Deidentified qualitative data will be archived through the Qualitative Data Repository when consistent with consent and disclosure protections. Raw state administrative files obtained under data use agreements will not be shared. Deidentified derived variables may be shared as permitted by those agreements.

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Figures



Figure 1

Figure 1a. Staffed CourtConnect Table.



Figure 2

Figure 1b. CourtConnect Recruitment Poster.

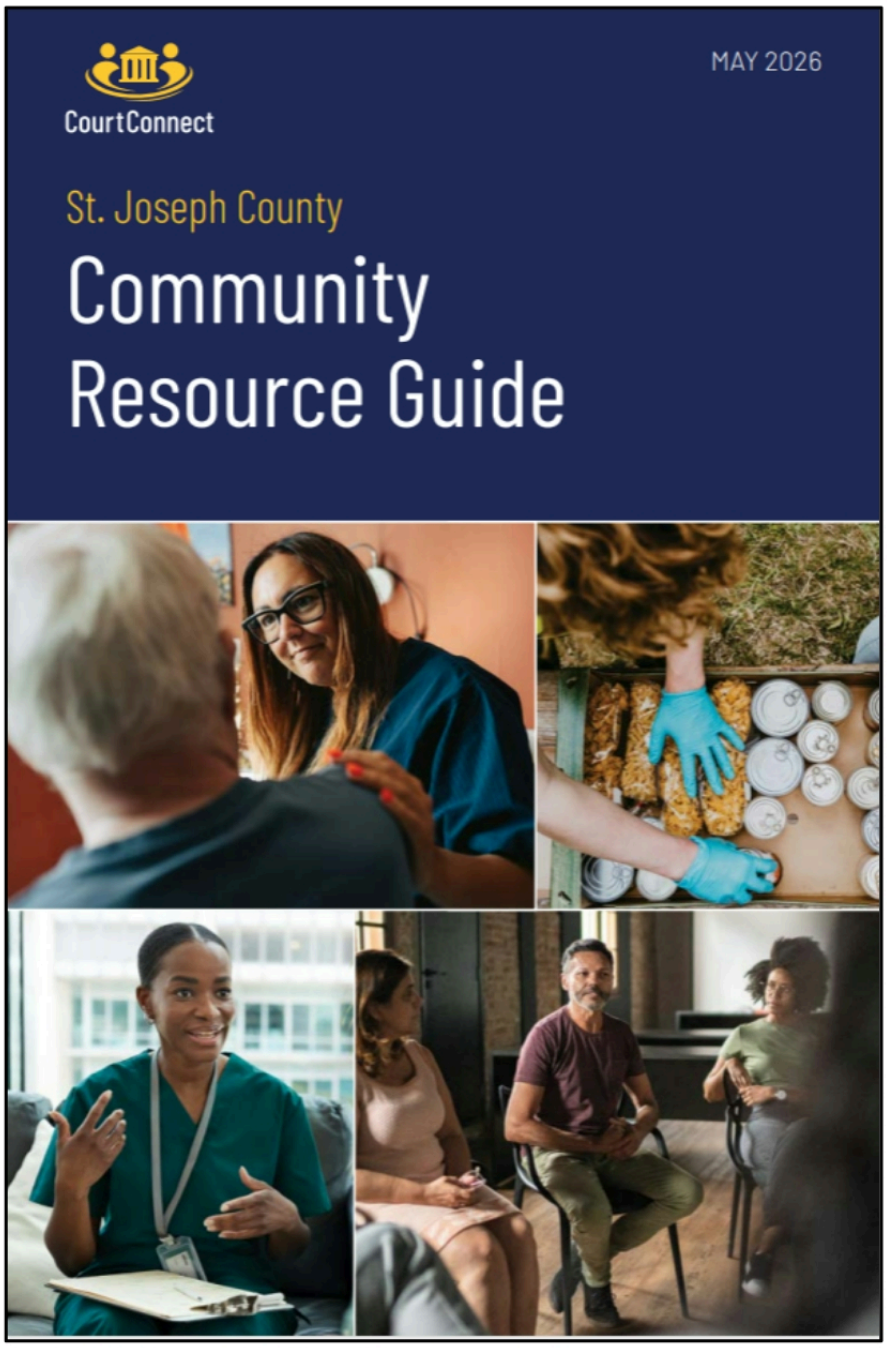


Figure 3

Figure 1c. CourtConnect Resource Guide.

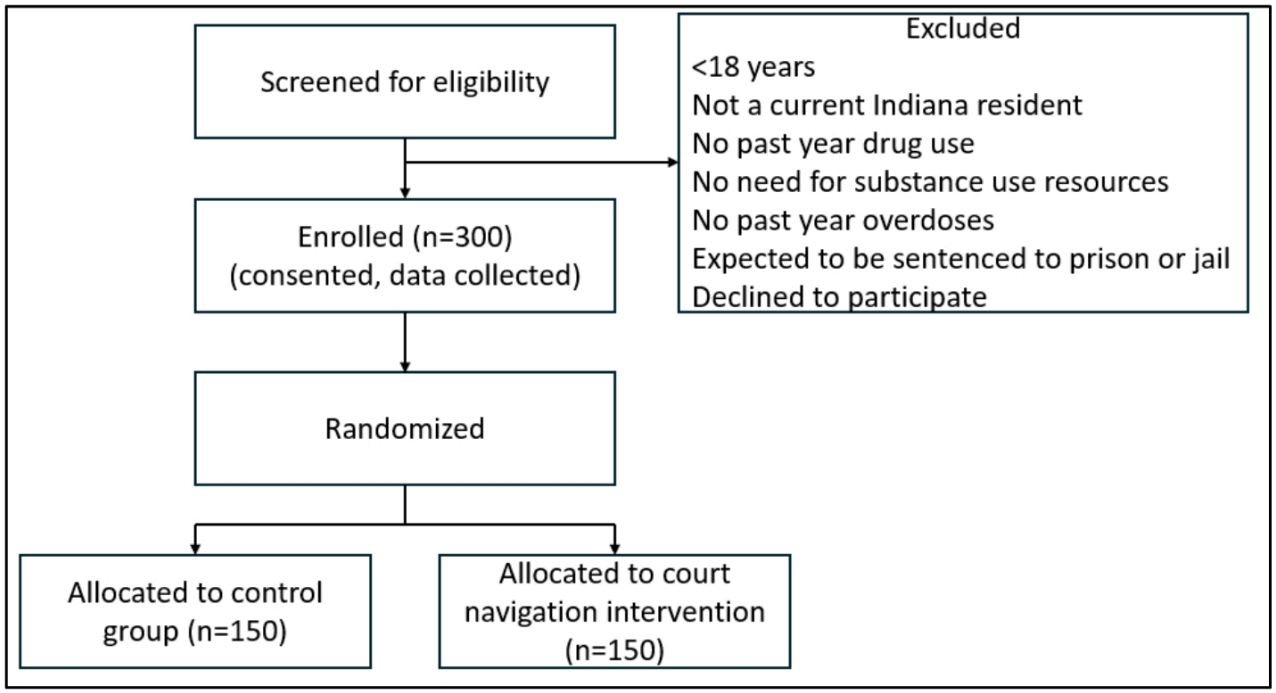


Figure 4

Figure 2a. Planned Enrollment Flow Chart.

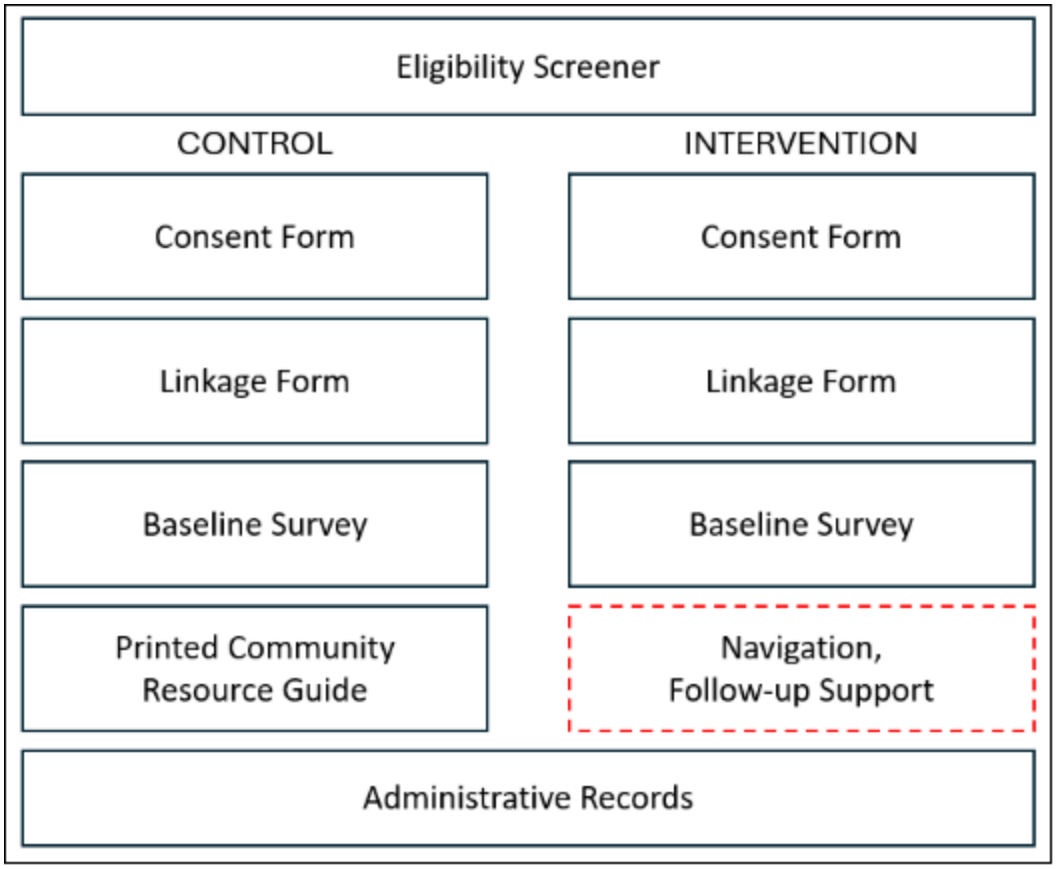


Figure 5

Figure 2b. Enrollment and Data Collection Procedures.