



S Syracuse University
Maxwell School of
Citizenship & Public Affairs

Lerner Center for Public Health
Promotion & Population Health

**An Evaluation of New York State
Opioid Courts:
Fidelity to the 10 Essential
Elements of Opioid
Intervention Courts**

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About the Syracuse University Lerner Center for Public Health Promotion and Population Health

The Lerner Center for Public Health Promotion and Population Health in the Maxwell School of Citizenship and Public Affairs at Syracuse University aims to improve population and community health through research, education, outreach, and health promotion programming focused on the social, spatial, and structural determinants of physical, mental, and behavioral health and health disparities.

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I. EXECUTIVE SUMMARY

Access to Opioid Courts has expanded across New York State in response to the nationwide opioid epidemic. Syracuse University's Lerner Center for Public Health Promotion and Population Health conducted a fidelity evaluation to assess the integrated treatment, supervision, and supportive services models of a selection of 10 NYS Opioid Courts to understand how the courts identify potential participants, the intake process, how promptly participants enter the Opioid Court following a determination of their eligibility, the use of risk and needs assessments, which staff and key stakeholders are providing resources to the program, which evidence-based practices are delivered, the timing of those services, and how the courts monitor and respond to participants' compliance.

To conduct this assessment, we worked closely with New York State Office of Addiction Services and Supports (OASAS), New York State Unified Court System (NYS UCS), and the Center for Court Innovation (CCI) to inform our evaluation instruments. We developed fidelity scorecards to document each court's fidelity to the *10 Essential Elements of Opioid Intervention Courts (10 Essential Elements)*. To collect the data that we used to complete these scorecards, we conducted surveys and interviews with Opioid Court stakeholders including Court Coordinators, Judges, attorneys, peer specialists, and treatment providers from January 2021 to July 2022. This report details our methodology, summarizes our findings, and provides recommendations based on our findings.

We found that few Opioid Courts are operating with strong fidelity to most defined parameters of the *10 Essential Elements*. On average, Opioid Courts achieved fewer than half of the possible points on the scorecards, demonstrating low-to-moderate overall fidelity to the Essential Elements model. Courts demonstrated the strongest fidelity to Essential Elements 4 (suspension of prosecution during stabilization), 5 (rapid engagement in evidence-based treatment), and 6 (using recovery peers and family support navigators). They demonstrated the weakest fidelity to Essential Elements 2 (maintaining broad legal eligibility criteria) and 10 (performance evaluation and program improvements). We also found that when Courts were implementing Essential Elements, they were often doing so in different ways. For example, all Courts made efforts to move participants through the screening process as swiftly as possible, but due to COVID-19 and other relevant local conditions, how and when participants moved through the screening process varied.

Our findings also reveal that Opioid Courts have experienced substantial operational challenges and challenges with participant engagement and retention due to New York State's bail reform, the COVID-19 pandemic, resource constraints, and community support. Interviews with Judges and Court Coordinators suggested that Court personnel and associated stakeholders care deeply about participant success and in developing Opioid Court operations that meet individual's needs and reduce harm.

Based on our findings, we have three key recommendations:

- 1. Reevaluate the 10 Essential Elements so that they better reflect operational and resource constraints under which Courts are working.** The *10 Essential Elements* offer a set of best practices for Opioid Courts. Implementation across all Opioid Courts may be more likely if Essential Elements are more narrowly defined and take into consideration operational and resource constraints. When possible, the Essential Elements should include templates and suggested language for Opioid Courts to adopt when developing their own protocols (e.g., approved high-risk for overdose screening tool, a template for Transfer Protocol).
- 2. Dedicate additional personnel resources to Opioid Courts.** We found that when a Court was not implementing a particular Essential Element, it was often because stakeholders felt constrained by their Court's available resources. Additional resources may include hiring additional Court personnel, assigning Peers and Family Support Navigators to Courts without reliable access, and increased funding for transportation and telehealth services. Dedicating additional support may allow Courts to implement the Essential Elements with greater fidelity and improve participant outcomes.
- 3. Increase communication between court personnel, stakeholders, and the NYS OASAS, NYS Unified Court teams.** Increased communication may foster improved trust, establish shared guidelines for substance use disorder treatment and court participation, and improve staff morale, all of which may support Opioid Court effectiveness.

II. INTRODUCTION AND PROJECT OVERVIEW

In 2016 Buffalo, New York launched the first Opioid Court in the nation. Given the success of the Buffalo model, New York State Unified Court Systems (NYS UCS) called for the expansion of Opioid Courts across the state.¹ Opioid Courts aim to identify recently arrested individuals at risk of an opioid overdose and provide them with an opportunity to medically stabilize and receive access to evidence-based substance use treatment.² This supportive model differs from other court treatment models, like New York's Drug Treatment Courts, by prioritizing medical stabilization and saving lives.² Defendants who participate in Opioid Court are typically provided access to Medication-Assisted Treatment (MAT) and are referred to various community support services under judicial supervision. During their participation in Opioid Court, it is expected that a defendant's charges will remain pending and that they will not face immediate prosecution. Once stabilized, participants may be referred to other

¹ Kahn, L., Hoopsick, R., Horrigan-Maurer, C., Wozniak, M., Brimmer, M., & Foreshee, B. (2019). Report on the Buffalo Opioid Intervention Court, New York State Courts, Retrieved from

https://www.nycourts.gov/LegacyPDFS/courts/problem_solving/oc-OIC-Final-Report-11122019.pdf

² NPC Research. (2021, June). *Buffalo Opioid Intervention Court Final Evaluation Report - Summary*. NPC Research. Retrieved November 14, 2022, from <https://npcresearch.com/wp-content/uploads/OIC-NY-Main-Report-June-2021-FINAL.pdf>

problem-solving courts, pursue a disposition for their charges, or have their case resumed by the District Attorney's (DA) Office.

The [10 Essential Elements of Opioid Intervention Courts](#) outlines the fundamental components of the New York State Opioid Court model and serves as operating guidelines for newly developed Opioid Courts. While each Opioid Court faces their own unique challenges related to community support, resources, access, and more, the *10 Essential Elements* are a set of best practices put forth by UCS, and all Opioid Courts are encouraged to adhere to them.

In collaboration with NYS UCS, the Center for Court Innovation (CCI), and the New York State Office of Addiction Services and Supports (OASAS), the Lerner Center for Public Health Promotion and Population Health conducted an evaluation of 10 New York State Opioid Courts to **evaluate the fidelity with which these courts adhered to the 10 Essential Elements of Opioid Intervention Courts in their respective courts.**

This report provides an overview of our methods, findings, and recommendations stemming from our evaluation. This evaluation was approved by the Syracuse University Institutional Review Board.

III. METHODS

A. Court Selection

In collaboration with CCI and the NYS UCS, we identified 10 Opioid Courts to participate in the evaluation:

1. Canandaigua (est. 2019)
2. Elmira (est. 2019)
3. Nassau (established one version in 2018 but currently in the process of re-establishing the Court)
4. Queens (est. 2020)
5. Staten Island (est. 2019)
6. Suffolk (est. 2018)
7. Syracuse (est. 2019)
8. Troy (est. 2018)
9. Utica (est. 2020)
10. Watertown (est. 2019)

These 10 Courts were selected based on a) their willingness to participate in the study, b) their geographic and socioeconomic diversity, c) their participation in other research projects, and d) their caseload. Given that it was not possible to randomly select Courts for inclusion, the 10 Courts that participated are not necessarily representative of all NYS Opioid Courts. As a result, the findings from this evaluation should not be considered generalizable to NYS Opioid Courts overall.

During the selection process, Alexandra Punch (SU), Kim Kozlowski (NYS UCS), and Connie Wierzbicki (CCI), conducted phone calls with the potential sites to gauge their ability and willingness to participate in the evaluation. We provided each Court representative with information on the methods that would be used to conduct the evaluation, estimated time requirements during participation, and how the results would be reported to partner organizations and funders. Alexandra Punch also attended a NYS UCS sponsored training for Court Coordinators and Case Managers of Opioid Courts in Syracuse, NY. She presented information on the evaluation and answered questions from the audience. These conversations and interactions aided in recruitment of Courts for the evaluation.

B. Fidelity Scorecards

We evaluated each Court using a fidelity scorecard approach. Fidelity scorecards are instruments used to assess the implementation of intervention protocols.³ The *10 Essential Elements of Opioid Intervention Courts*, developed by a CCI working group, represents a standard set of protocols for newly developing Opioid Courts. The Lerner Center team developed ten scorecards, one for each essential element. We identified the measurable components of each essential element and assigned possible points. We determined possible points based on existing research and priorities communicated by partners. For example, we assigned *Essential Element 2: Broad Legal Eligibility Criteria* the most possible points of all Essential Elements. We concluded that broad legal eligibility is critical to participating in Opioid Court and is fundamental to NYS UCS's stated mission of saving lives. As part of this process, the team also identified the methods that would be necessary to collect the information needed to populate each scorecard. The final scorecards used in the evaluation were approved by the CCI and NYS UCS team. The scorecards are provided in Appendix A of this report.

C. Surveys

We used surveys as one tool to collect the information needed to populate the fidelity scorecards. We drafted surveys for six groups of stakeholders associated with each Opioid Court site: Opioid Court Judges, treatment providers, certified recovery peer advocates, Court Coordinators and case managers, defense counselors and public defenders, and DAs. We posed many of the same questions to different stakeholders to triangulate findings and increase reliability. The final survey instruments distributed to stakeholders were approved by the CCI and NYS UCS team. The CCI team provided the Lerner Center with contact information to distribute the survey links via email. The Lerner Center team electronically distributed the survey to stakeholders using the Qualtrics online survey platform. Surveys are included in Appendix B.

³ Mowbray, C. T., Holter, M. C., Teague, G. B., & Bybee, D. (2003). Fidelity Criteria: Development, Measurement, and Validation. *American Journal of Evaluation*, 24(3), 315-340.

D. Interviews

Some of the components of the scorecards required more nuanced explanations than can be obtained in surveys. To gain additional insights into the daily operations of each Court, we developed interview protocols for Opioid Court Judges and Court Coordinators. After each Judge or Court Coordinator completed their survey, a member of the Lerner Center team emailed them to schedule a Zoom interview. Interviews with Court employees typically lasted 30 to 45 minutes and were not recorded. Interview protocols are included in Appendix C.

E. Data Collection

We fielded the surveys and conducted interviews from January 21, 2021, to July 31, 2022. The Lerner Center team regularly updated Susan Sturges (NYS UCS), Colleen Gibbons (CCI), Sheila McCarthy (CCI), Kim Kozlowski (NYS UCS), and Dennis Reilly (NYS UCS) on stakeholder participation in the surveys and interviews and requested their assistance with encouraging stakeholders to respond.

Tables 1 and 2 below show which stakeholders completed the necessary surveys and interviews for each Court. Throughout the data collection phase, three Judges did not complete surveys, and five Judges did not complete interviews. Court Coordinators/Case Managers from all 10 sites completed surveys and interviews. Three DAs, five Defense Counselors, three Recovery Peers, and three treatment providers did not complete surveys. Alexandra Punch (SU) solicited surveys via email three times and interviews twice from missing stakeholders. Dennis Reilly (NYS UCS), Susan Sturges (NYS UCS), and Colleen Gibbons (CCI) solicited surveys and interviews an additional four times during the data collection period. Two Judges canceled their interview appointments twice and did not respond to emails requesting a reschedule. Incomplete participation may have impacted the findings we report below.

Table 1. Stakeholder Participation in Surveys

Court	Judge	Coordinator	Treatment Provider	Peer Recovery Specialist	Defense Attorney	District Attorney
Canandaigua	X	X				X
Utica	X	X	X	X	Partial	X
Elmira	X	X	X	X	X	X
Troy City	X	X	X	X	X	X
Nassau	X	X		X		Partial
Queens	Partial	X			X	X
Suffolk	Partial	X	X	X	X	
Syracuse	X	X	X	Partial	X	X
Staten Island	X	X	X	X		
Watertown		X	X	X		X

Note: X indicates completed survey.

Table 2. Stakeholder Participation in Interviews

Court	Judge	Coordinator
Canandaigua	X	X
Utica	X	X
Elmira	X	X
Troy City	X	X
Nassau		X
Queens		X
Suffolk		X
Syracuse	X	X
Staten Island		X
Watertown		X

Note: X indicates completed interview.

F. Scoring

Two reviewers from the Lerner Center team used the data collected from the surveys and interviews to independently evaluate each Court. After completing all 10 scorecards for a Court, the reviewers met to ensure the evaluations were consistent and determine a mutually agreed upon score.

In the tables below, we present two average scores for each Essential Element. The first average excludes the Courts for which we do not have the required information (Average 1). The second average represents the average when assigning 0s to items for Courts that did not provide the necessary information to score the item (Average 2). As a result, Average 2 may be artificially low for some Courts on four of the 10 *Essential Elements* for which we were missing information. Opioid Courts with low scores resulting from incomplete stakeholder participation may have implemented all 10 *Essential Elements*, but we did not have sufficient data to evaluate them. Nonetheless, it is concerning that the stakeholders from these Courts did not reply to our multiple requests for participation, nor those from Susan Sturges (NYS UCS), Dennis Reilly (NYS UCS), or Colleen Gibbons (CCI).

IV. FINDINGS

A. Overview

We present findings in the aggregate to identify broad patterns. Although we include raw scores for each element in Table 3, we anonymize the scores. We also do not identify the interview respondents from whom we include quotes in this report. This approach follows the protocol approved by Syracuse University's Institutional Review Board.

Total fidelity scores ranged from 36 to 127 points out of 246 possible points. The average score (Average 1) was 111. On average, Opioid Courts exhibited the strongest fidelity to Essential Elements 4 (suspension of prosecution during stabilization), 5 (rapid engagement in evidence-based treatment),

and 6 (using recovery peers and family support navigators). Courts had the weakest fidelity to Essential Elements 2 (maintaining broad legal eligibility criteria) and 10 (performance evaluation and program improvements).

Table 3. Overall Scores and Scores on Specific Essential Elements by Court

COURT	ESSENTIAL ELEMENT										Total
	1	2	3	4	5	6	7	8	9	10	
1	10	23.5	1	22	*	10	12	6	5	0	89.5
2	22	31.5	2	16	19	10	8	7	5	4	124.5
3	2	0	1	24	20	8	5	6	3	4	73
4	4	*	*	*	*	6	8	7	7	4	36
5	14	5	0	10	*	10	7	9	3	12	70
6	18	*	*	*	24	10	7	6	2	0	67
7	20	13	1	12	21	12	3	8	4	8	102
8	16	27	2	18	21	8	13	8	5	4	122
9	26	22	1	18	19	8	6	9	4	0	113
10	32	16	1	24	24	10	8	7	5	0	127
Average 1¹	16.4	19.7	1.3	18	21.1	9.2	7.7	7.3	4.3	3.6	111.0
Average 2²	16.4	13.8	0.9	14.4	14.8	9.2	7.7	7.3	4.3	3.6	92.4
Max Pts. Possible³	34	100	2	24	24	12	14	12	8	16	246
Percentage of Total Pts. Achieved (%)⁴	48.2	19.7	65.0	75.0	87.9	76.7	55.0	60.8	53.8	37.5	45.1

Note: The order of courts presented in the table is randomized.

*We were unable to score this item because the necessary respondent from this court did not complete a survey or interview or provided incomplete survey responses.

¹Average 1 presents the average without including the element for Courts for whom we were missing information. This is the average we present in the text throughout the report.

²Average 2 presents the average assigning 0s to elements missing for Courts who did not complete the survey or interview necessary for us to capture the information.

³Indicates the maximum possible points for the specific Element.

⁴Calculated by dividing Average 1 by the Maximum Possible Points and multiplying by 100.

B. Summary of Findings for Each Essential Element

This section summarizes the findings for each of the 10 *Essential Elements*. When appropriate, we include quotes from respondent interviews to illustrate our findings.

1. Essential Element 1: Immediate Screening and Assessment

“Opioid Courts use a specialized overdose screening tool to identify defendants who are at high risk of overdose death. Appropriate staff from the court, pretrial services, or partner agencies use the tool to screen defendants as early as possible. Ideally, this is done before arraignment. Defendants at high risk for overdose are flagged for the opioid court and immediately receive biopsychosocial screening, which is used to route them to an appropriate treatment provider.”

Scoring for Essential Element 1 assessed whether the Courts had developed and use an overdose screening tool to screen recently arrested individuals for overdose risk as soon as possible. We also assessed whether defendants who were identified through the screening process are offered the opportunity to participate in Opioid Court. Finally, we scored whether, once a defendant agrees to participate, they receive a biopsychosocial exam and begin treatment immediately.

Essential Element 1 underscores the importance of immediately identifying defendants at risk of overdose and triaging them with time sensitive medical interventions. To assess each Court’s fidelity to this Essential Element, we used survey responses from DAs, Defense Counselors, Court Coordinators, and Treatment Providers.

On average, Opioid Courts received 16.4 out of 34 possible points (48.2%) (see Table 4). Only half of Courts affirmed that they have a screening tool developed to identify defendants at high risk of overdose. Additionally, half of Courts reported that less than 25% of all participants receive a biopsychosocial exam.

Findings from Essential Element 1 suggest that efforts should be made to ensure that an appropriate screening tool is developed and used at all Opioid Courts. In cases where a screening tool may exist, it is important that all stakeholders are aware of its availability and need for use. Consideration should be given to expediting Opioid Court participants toward medical stabilization given that only three Courts indicated their participants are connected to treatment within 24 hours of their participation in Opioid Court.

Table 4. Summary of Scores for Essential Element 1

Essential Element 1	Scores
Minimum	2
Maximum	32
Average	16.4
Total Possible Points	34

2. Essential Element 2: Broad Legal Eligibility Criteria

“Broad legal eligibility criteria Opioid courts should accept the broadest range of charges possible, including felony and misdemeanor charges. The opioid crisis has affected communities across the state and people from all walks of life, leading to an array of criminal activity that includes drug possession offenses, disorderly conduct, property crimes, identity theft, and more. To achieve maximum impact, opioid courts should be open to as many participants as possible. Note, however, that courts operating with federal grant funding are not permitted to use grant funds to serve violent offenders. Courts considering inclusion of domestic violence or family offense cases should create protocols to ensure victim safety and coordinate with domestic violence courts.”

Essential Element 2 assessed whether Courts have broad legal eligibility for accessing Opioid Court services, have a protocol for including participants charged with domestic violence, coordinate with domestic violence courts when defendants with domestic violence or family offense cases are participating, and have a protocol in place to ensure victim safety when defendants with domestic violence or family offense cases are participating.

We used survey responses from DAs and Defense Counselors. To assess if Courts adopted broad legal eligibility, we asked Defense Counselors and DAs to indicate whether 25 unique charges, ranging from drug possession to welfare fraud would be permitted in Opioid Court

Among those who responded, the average score on Essential Element 2 was 19.7 out of 100 possible points (19.7%) (see Table 5). This score was driven down by particularly low scores of 0 and 5 by two Courts. Scoring this Essential Element was challenging due to low survey participation among Defense Counselors (half did not complete the survey). This may reflect a larger issue of stakeholder buy-in among Defense Attorneys. Improving attorneys buy-in may lead to Courts adopting broader legal eligibility criteria. A Judge from a Court that has one of the broadest legal eligibility criteria revealed that *“all the attorneys work well together as it relates to Opioid Court, and the Sheriff is very positive and willing to engage.”*

Table 5. Summary of Scores for Essential Element 2

Essential Element 2	Scores
Minimum	0
Maximum	27
Average	19.7
Total Possible Points	100

Note: The average excludes two Courts with missing information on this element.

3. Essential Element 3: Universal Access and Transfer of Identified Cases

“Universal access and transfer of identified cases. Eligible individuals should have access to an opioid court regardless of where they are arrested or the court in which their charges are filed. Court administrators should work to develop transfer protocols that facilitate the transfer of cases to the opioid court, including cases originating in town and village courts.”

Scoring on Essential Element 3 assessed whether Opioid Courts are universally accessible to eligible defendants, regardless of where their charges were filed. This included having a protocol in place to facilitate the transfer of cases from town or village courts into Opioid Court. We used results from the DA and Defense Counselor surveys to score this Essential Element.

On average, Courts scored 1.3 out of 2 points (65%) (see Table 6). While six Courts indicated they provide universal access, only three indicated having a protocol in place for transferring cases. These findings reveal an opportunity for Courts to expand their access to neighboring communities and to develop and implement a protocol for transferring cases. Increasing access to Opioid Court by removing residential barriers should remain a top priority for Court personnel to ensure that defendants at high risk of overdose can engage in Opioid Court.

Table 6. Summary of Scores for Essential Element 3

Essential Element 3	Scores
Minimum	0
Maximum	2
Average	1.3
Total Possible Points	2

Note: The average excludes two Courts with missing information on this element.

4. Essential Element 4: Suspension of Prosecution During Stabilization

“Prosecutors should agree to suspend prosecution of the case during a defendant’s participation in an opioid court. Suspension of prosecution enables the court and the defendant to focus on the immediate need for stabilization through detoxification and treatment. The prosecution of the case is resumed if the participant fails to comply with the terms of the program or after the participant completes the program.”

Scoring on Essential Element 4 assessed whether defendants’ charges are suspended during their participation in Opioid Court, whether the DA resumes defendants’ criminal cases if they fail to comply with the terms of Opioid Court, and whether the charges are resumed if defendants complete Opioid Court program requirements. We used results from the DA and Defense Counselor surveys to score this Element.

On average, Courts scored 18 out of 24 points (75%) (see Table 7). Based on attorney surveys, all but one Court suspends defendants' charges during their participation in Opioid Court. However, there was considerable variation across the Courts in whether defendants' cases were resumed after their completion of Opioid Court requirements. We recommend that further clarification on expectations associated with suspending and resuming charges be communicated to DAs Offices for a more equitable experience across the state.

Table 7. Summary of Scores for Essential Element 4

Essential Element 4	Scores
Minimum	10
Maximum	24
Average	18
Total Possible Points	24

Note: The average excludes two Courts with missing information on this element.

5. Essential Element 5: Rapid Engagement in Evidence-Based Treatment

“The treatment provider uses a comprehensive clinical assessment to generate an individualized treatment plan for each participant. To develop a more complete picture of the participant’s needs, the treatment provider should also assess for mental health, trauma, and other issues. Treatment, which typically includes medication, commences without delay. All treatment should be evidence-based.”

Scoring for Essential Element 5 assessed whether Opioid Court participants receive a biopsychosocial exam, are assessed for trauma and mental health concerns, receive an individualized treatment plan, and are offered MAT.

We used results from the Treatment Provider survey to score this Element. On average, Courts scored 21.1 out of 24 points (88%), making this the Element with the strongest average fidelity (see Table 8). Only seven of the Courts participating in this evaluation had treatment providers who provided the information necessary to evaluate them on this Essential Element. Of those seven, five indicated that Opioid Court participants receive a biopsychosocial exam within 24 hours most of the time or all of the time. Additionally, all seven indicated that participants are assessed for mental health all of the time and six assess participants for trauma all of the time. All seven treatment providers indicated that they develop a personalized treatment plan for each participant, and six offer MAT as part of their treatment plans most of the time or all of the time. Overall, these data suggest that treatment providers are making substantial efforts to implement Essential Element 5 by providing participants with assessments and evidence-based treatments. However, providing these services more quickly may lead to participants experiencing stabilization sooner.

Interviews with Court Coordinators and Case Managers revealed that some Opioid Courts have struggled with getting participants into treatment without delay for various reasons. One Court

Coordinator explained that “often times the participants don’t drive, so ensuring that a participant is linked to a provider within a reasonable distance is important.”

Other barriers to immediate treatment include a lack of inpatient beds, delays from appearance ticket scheduling (due in part to NYS Bail Reform and COVID-19 temporarily shutting down the courts), and even hesitancy to work with certain treatment agencies. One Judge recounted a recent incident where a participant’s account of their treatment experience conflicted with what the treatment provider was telling the Judge. After the Judge looked further into the conflicting stories, they determined that the participant was being truthful, and that the treatment provider was not doing their job properly. With this new information, the Judge decided to stop using this treatment provider as the general option for referral.

We recommend that Opioid Court Judges and Court Coordinators work together to establish a directory of treatment providers with whom they feel confident. Judges and Court Coordinators should consider the distance of the treatment provider, their use of evidence-based treatments, the treatment provider’s capacity to take new patients, and the rapport or trust that the treatment provider has with the Court. We highly encourage the continued use of Certified Recovery Peers and the OASAS [Level of Care Determination platform](#) (LOCADTR).

Table 8. Summary of Scores for Essential Element 5

Essential Element 5	Scores
Minimum	19
Maximum	24
Average	21.1
Total Possible Points	24

Note: The average excludes three Courts with missing information on this element.

6. Essential Element 6: Utilize Recovery Advocates and Family Support Navigators

“Opioid courts partner with recovery advocates, usually specially trained peers, to help engage participants in the program, provide them with additional support, and connect them with recovery support services. Recovery advocates can significantly improve treatment retention and success. Family support navigators serve families impacted by substance use disorders.”

Scoring for Essential Element 6 assessed whether Opioid Courts work with Recovery Peers and family support navigators. To assess this Element, we used results from the Court Coordinator survey. On average, Courts scored 9.2 out of 12 possible points (77%) (see Table 9). This Essential Element had the second highest average score among all Essential Elements. Nine of the 10 Courts reported working with Certified Recovery Peer Advocates most or all of the time. Three Courts indicated that family support navigators were available within the community, and four Courts are located in counties

without NYS OASAS funded family support navigators.⁴ This suggests that some Courts do not have access to critical recovery resources that aid in stabilization, and even when these resources are available, Court Coordinators may be unaware that they exist within their community.

One Court Coordinator emphasized the importance of recovery peers by stating “if you don’t have a peer, you don’t have Opioid Court.” Opioid Courts should work closely with NYS OASAS to ensure equitable access to peer and family services for all Opioid Court participants.

Table 9. Summary of Scores for Essential Element 6

Essential Element 6	Scores
Minimum	6
Maximum	12
Average	9.2
Total Possible Points	12

7. Essential Element 7: Frequent Judicial Supervision

“Opioid courts require participants to return to court frequently for supervision and monitoring. During court hearings, the opioid court judge utilizes evidence-based techniques, such as motivational interviewing, to engage participants in a strengths-based conversation about their progress. In addition, participants are drug tested at each court appearance, as well as randomly by the treatment provider, probation department, or other qualified agency.”

Scoring for Essential Element 7 assessed whether Opioid Courts mandate frequent court appearances and if participants are drug tested at each appearance. We also assessed whether participants are randomly drug tested by their treatment provider or other qualified agency. Finally, we assessed whether Judges use evidence-based techniques to engage participants in discussion about their progress. To assess this Element, we used results from the Court Coordinator survey, Judge interview and survey, and the Treatment Provider survey.

On average, Courts scored 7.7 out of 14 possible points (55%) (see Table 10). Half of the Opioid Courts require frequent court appearances. The frequency of court appearances has been substantially impacted by the COVID-19 pandemic. Courts were able to pivot quickly to virtual meetings. According to some Judges, virtual meetings “worked well for about 8 to 10 weeks.” After this time, participants started to realize they would not need to appear in court, and there was less accountability. Participants would begin to turn their cameras off so that the Judge was unable to see where they were or how they were doing. Judges noted concern over the lack of a recovery community resulting from participants inability to connect with each other and others who express concern for them, due to virtual appearances. Another Judge noted that many “participants have barriers to accessing technology used

⁴ Please see: <https://for-ny.org/family-support-navigators/>

for remote appearances.” According to Judges, virtual appearances were most appropriate for participants who were stable and further along in their treatment.

Judges may also consider a participant’s treatment engagement, access to transportation, and new charges when determining appearance schedules. For example, a Judge explained that if a participant receives new charges, related or not to opioid court, their next scheduled appearance will be moved up. Judges also coordinate with Court Coordinators who frequently check in with participants between appearances to identify participant needs for additional appearances. One Judge explained that they do not require daily appearances unless it is necessary for the participant since the Case Managers are so involved.

We also found limited drug testing at court appearances. Only three Courts indicated that they drug test participants at most court appearances, while four Courts indicated that they rarely or never drug test at appearances. Interviews with Opioid Court personnel suggest that this may be due to COVID-19 and NYS OASAS guidelines on frequency of drug screening. Prior to the pandemic, participants’ drug tests were randomized by a color-coding system where each day was a different color. However, during the pandemic, testing was only allowed in emergency situations or when patients need a recorded ‘clean date’. Court Coordinators also identified recent changes in NYS OASAS guidelines, which suggest drug screening should only occur when medically necessary. Some respondents indicated being confused about the relationship between NYS OASAS and the NYS UCS and the role OASAS plays in guiding drug testing requirements with one respondent stating: *“I do not feel we are given complete and accurate information on the relationship between the courts and OASAS. I feel things have become too harm reduction focused and the courts need more rigidity, not less. Testing is one place we should do that.”*

While no Court reported drug testing participants at every appearance, nine Courts indicated that participants receive random drug tests from their treatment provider or other qualified agency. Treatment providers are usually willing to share the test results with the Court if the participant has consented to sharing their results. If Courts rely solely on treatment providers to randomly drug test participants, they may face challenges with data sharing, participant confidentiality, and maintaining accurate updated records. We recommend that NYS UCS determine and clarify the necessity and parameters of drug screening as a component of Opioid Court participation.

Table 10. Summary of Scores for Essential Element 7

Essential Element 7	Scores
Minimum	3
Maximum	13
Average	7.7
Total Possible Points	14

8. Essential Element 8: Intensive Case Management

“Case managers employed by the opioid court or a partner agency help to ensure that participants have necessary support systems during the critical stabilization period. Case managers act as liaisons between the court, supervision, and service providers. In addition, they help to coordinate the ordering and timing of services.”

Scoring for Essential Element 8 assessed whether Court Coordinators engage Court participants with support systems throughout the program and whether they help to coordinate the ordering and timing of services between participants and support service agencies. To assess this Element, we used results from the Court Coordinator survey and interview. On average, courts scored 7.3 out of 12 possible points (61%) (see Table 11).

To assess whether Court Coordinators are engaging participants with support services, we asked Court Coordinators to indicate how frequently they refer participants to 17 various types of support services, ranging from recovery community organizations to child support services. All courts reported referring participants to most types of supports “some of the time” or “most of the time” (see Figure 1). Opioid Courts in larger counties were able to connect participants to a wider range of support services more frequently.

Court Coordinators cited transportation as a crucial support service necessary for participants. Some Court Coordinators reported lack of available transportation services as a major challenge for their Court. Other Courts have been able to address this challenge by working with local nonprofits to provide participants with bus passes to transport them to and from treatment and court appearances. Some Court Coordinators also noted that they need more mental health and housing services in their service area.

Overall, agencies responsible for the budgetary expenditures of the Opioid Courts should consider funding transportation to and from court to decrease barriers to attending treatment and court appearances and increase compliance with court and treatment requirements. We also recommend that Opioid Courts expand their provider network to include organizations that provide ancillary services, such as housing and mental health services. This would help ensure all social determinants of health are addressed while participants are engaged in Opioid Court.

Figure 1: Percentage of Courts Referring Participants to Service All, Most, or Some of the Time

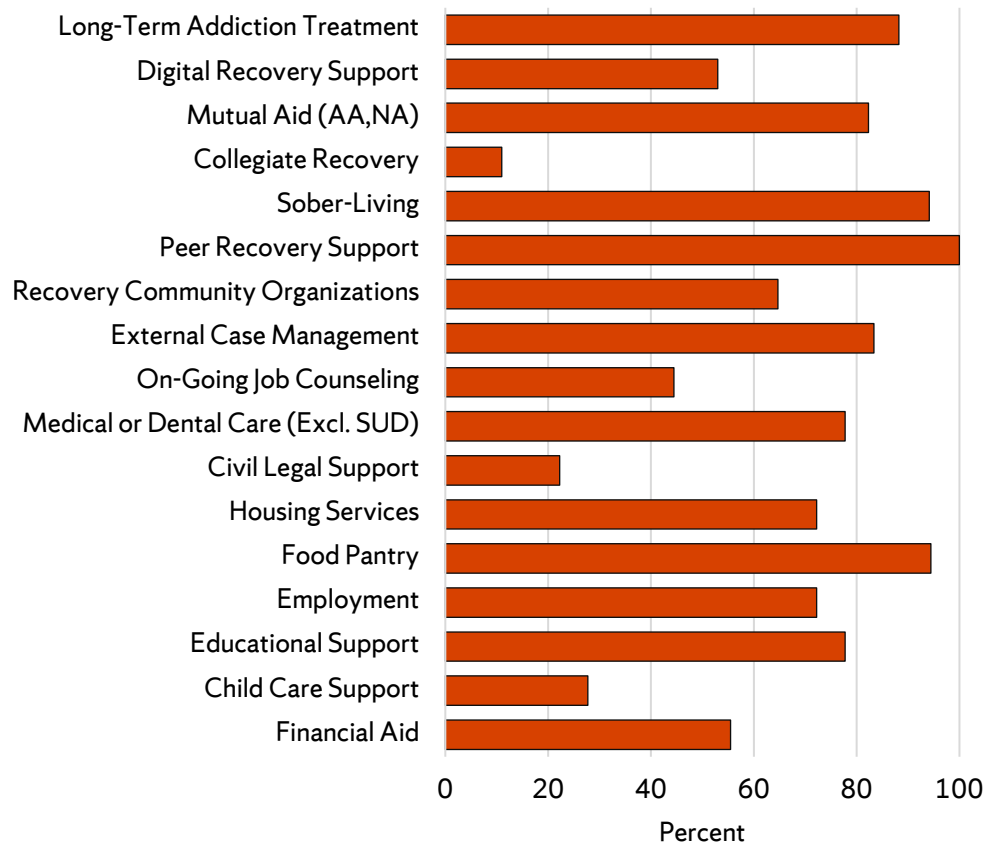


Table 11. Summary of Scores for Essential Element 8

Essential Element 8	Scores
Minimum	6
Maximum	9
Average	7.3
Total Possible Points	12

9. Essential Element 9: Opportunities for Continuing Care

“Opioid courts offer individuals at high risk for overdose death an opportunity to receive immediate treatment. This model can be extremely effective at stabilizing individuals with severe opioid use disorders and saving lives. Given the relatively short length of the program, however, participants typically will need continuing care after they leave the opioid court. Participants are therefore offered continuing care planning during the program. In many cases, this will involve referral to drug court or mental health court for longer-term treatment and supervision.”

Scoring for Essential Element 9 assessed whether eligible participants are referred to an appropriate problem-solving court (e.g., drug, mental health, veteran) for longer-term treatment and supervision and whether participants are referred to continuing care options beyond the scope of the courts based on identified needs and/or charges. To assess this Element, we used results from the Court Coordinator, Judge, DA, and Defense Counselor surveys.

On average, Courts scored 4.3 out of 8 possible points (54%) (see Table 12). Only one Court always refers eligible participants to another problem-solving court, while nine Courts do this some of the time, rarely, or never. This suggests that eligible participants are not regularly offered opportunities for continuing care under judicial supervision. Nine Courts offer participants referrals to continuing care options beyond the scope of the courts.

We recommend that Court Coordinators and Judges continue to seek opportunities to connect participants with local continuing care options beyond the scope of the courts. Additional resources may be needed to identify continuing care options available within their communities. While some Court Coordinators described having “enough” community support services, others noted that they are lacking access to timely mental health care services that can help support participant recovery beyond their participation in Opioid Court. It is important to note that access to continuing care options have been impacted by COVID-19, with several Court Coordinators noting that wait times to receive some services are longer than usual and that many services have shifted to virtual delivery.

Table 12. Summary of Scores for Essential Element 9

Essential Element 9	Scores
Minimum	2
Maximum	7
Average	4.3
Total Possible Points	8

10. Essential Element 10: Performance Evaluation and Program Improvements

“Opioid courts should collect data around clearly defined performance measures, such as: number of participants; length of time from arrest to screening, assessment, program entry, and treatment inception; number of participants utilizing medication-assisted treatment and other treatment modalities; frequency of drug testing and test results; frequency of court check-in hearings; number of contacts between participants and peer recovery advocates; and other measures. Courts should analyze this data on a regular basis to identify service gaps and make program improvements.”

Scoring for Essential Element 10 assessed if Courts collected data on defined performance measures, if courts frequently analyze the data that they collect to identify service gaps, and if they use the data to

make Opioid Court program improvements. To assess this Element, we used results from the Court Coordinator and DA surveys and Judge interview and survey.

On average, Courts scored 3.6 out of 16 possible points (38%) (see Table 13). Performance for this Element had a wide range of scores from 0 to 12 points. Only three Courts reported regularly collecting performance data, and only one Court indicated that they regularly analyze the data.

Interviews with Court personnel reveal that resource constraints have resulted in data collection and program evaluation being “*put on the backburner.*” Court employees expressed that, although they would like to look at various performance measures, they simply do not have the time (due to workload), or data review gets placed on the backburner because of competing priorities. Our findings also suggest that some Courts have struggled with inputting the data. One Court Coordinator noted a substantial backlog of data entry because data had not been consistently entered in their data collection system.

These results may reflect varying response rates to Essential Element 1 and 5. If courts are not reviewing their data on a regular basis, knowledge of assessments and rapid engagement into care may be flawed. Program evaluation must be an integral part of Opioid Courts to ensure that Courts are meeting the goal of assisting in the prevention of opioid overdose deaths.

We recommend that Court staff regularly input and analyze their program data. Further, the development of the new Opioid Court Dashboard may be a powerful resource to assist Courts in program evaluation. Courts may need further training and guidance on how this resource may be used to assist them in their roles within Opioid Court.

Table 13. Summary of Scores for Essential Element 10

Essential Element 10	Scores
Minimum	0
Maximum	12
Average	3.6
Total Possible Points	16

C. Challenges and Limitations

Despite our rigorous approach to this evaluation, we faced several challenges, and results should be considered in light of some limitations.

First, interpretation of findings may be limited due to incomplete participation from Opioid Court stakeholders. Judges were the least likely to complete requested interviews, and Defense Counselors and Treatment Providers were the least likely to complete requested surveys. Missing data from Defense Counselors and Treatment Providers impacted scoring Essential Elements 2, 3, 4 and 5.

Second, in addition to challenges with getting information from some stakeholders, we also found that some stakeholders within the same Opioid Court responded differently to the same survey questions. In cases where responses differed, we considered the job duties of the stakeholders, time in that

position, and other contextual factors provided during interviews to determine how to score conflicting responses. Conflicting responses among Opioid Court staff suggests that some Courts have unclear policies, expectations, or best practices. We also recognize that some inconsistencies may be due to staff turnover or staff repositioning. Some staff did not work for an Opioid Court prior to the COVID-19 pandemic and may not have the historical knowledge to accurately describe Court operations.

Third, the COVID-19 pandemic created numerous challenges. CCI and NYS UCS requested that we pause data collection until January 2021 to allow courts to recommence and find stability following mandated closures due to COVID-19. This meant that some surveys and interviews from within the same courts were conducted several months apart. This may have affected the validity and reliability of findings. The COVID-19 pandemic also created challenges in conducting the evaluation. Several of the sites experienced substantial disruption in participant enrollment and daily court operations due to the pandemic. These disruptions included the closure of several courts from March 2020 to June 2020, inability to meet in person at court, requiring some courts to create infrastructure to facilitate secure telecommunication, closure and decreased census among partnering treatment providers, staff illness, and longer periods of time between arrest and appearance. While interviews with Judges and Court Coordinators revealed that Opioid Courts adapted quickly to the changing circumstances caused by COVID-19, for example by adopting flexible appearance schedules and using virtual meeting platforms for court appearances, the pandemic likely had a notable impact on participants' experiences with drug testing and building recovery capital.

Fourth, in 2020, New York State enacted amended Bail Reform legislation. The law expanded the list of offenses that are considered "qualified offenses" for receiving bail. This resulted in more individuals arrested for an alleged crime being released rather than remaining in jail awaiting appearance before a Judge. The amendment decreased participation in Opioid Courts and delayed the assessment of individuals who may be eligible for Opioid Court participation. Since bail reform was enacted, defendants are often given appearance tickets and scheduled for their first court appearance several weeks after their arrest. During that time, defendants may receive new charges and remain at high risk of overdose. One Judge explained that DAs have begun to make deals to decrease the number of appearances, which is the only reason some people are entering Opioid Court.

Finally, we found that several Courts have shifted away from using the title 'Opioid Court' and have adopted names like the Hope Court or Care Court. Many Courts frequently accept participants who use substances other than opioids. These changes may reflect disagreements among Opioid Court staff in how to best address opioid use disorders within the judicial system.

VI. SUMMARY and RECOMMENDATIONS

Overall, our evaluation determined **Opioid Courts have achieved low-to-moderate fidelity with most of the 10 Essential Elements of Opioid Intervention Courts**. However, our discussions with stakeholders involved with the implementation of Opioid Courts suggest that they are mission-driven and care deeply about the outcomes of Court participants. Interviews with Judges and Court Coordinators emphasized their desire to serve more individuals and to provide opportunities for

medical stabilization and access to treatment. We found that each Court operates within its own parameters, often due to a lack of personnel resources, funding, and supportive service availability and conflicting guidelines on substance use treatment services. Below, we summarize our main takeaway findings and provide recommendations.

1. Essential Elements

We assessed each court on the fidelity of their implementation of the *10 Essential Elements of an Opioid Intervention Court*. Our findings show that none of the 10 courts were meeting all the criteria within the *10 Essential Elements*. We understand through numerous discussions with NYS UCS and individual court personnel that providing each element to the fullest extent is not required. However, lack of consistency in implementing these elements may lead to inequities in participant experiences and outcomes across and within courts. As such, **we recommend refining the 10 Essential Elements for Opioid Intervention Courts to include more structured guidelines for individual court implementation based on the realities of court funding, essential procedures (as mandated by NYS Unified Court System), and personnel resources.**

By refining the *10 Essential Elements* to what is critical for Opioid Court operationalization, the experience of court participants and outcomes may become more standardized across the state. For example, many courts indicated that they do not have transfer protocols in place, and they therefore were not fully implementing Essential Element 3. The *10 Essential Elements* can be revised to include recommended language for a transfer protocol that all new and existing NYS Opioid Courts can adopt. Providing a template for the transfer protocol will increase access to otherwise eligible participants and support the court's lifesaving efforts.

2. Resource Constraints

Major themes during our data collection were a lack of personnel resources, supportive services, and inconsistencies in key stakeholder support. Court personnel indicated a strong desire to serve as many eligible participants as possible. However, respondents from each Court opined that, aside from limitations on participant numbers due to COVID-19 and NYS Bail Reform, they did not feel they had enough staff to meet participants' needs or to include all eligible defendants into the program. Many Court staff indicated working in multiple different problem-solving courts or holding multiple roles within the court system. As such, there was consensus that program outcomes, staff morale, and ability to input and review data would improve with more staff resources. These concerns were most pronounced among Judges, Coordinator/Case Managers, Recovery Peers, and treatment providers. The lack of resources within Court and treatment settings appear to be related to the fidelity with which each Court was able to implement each Essential Element. **Additional resources may include hiring more Court Coordinators and ensuring each Opioid Court has a dedicated Certified Recovery Peer Specialist and Family Support Navigator.**

Dedicating additional resources may provide Opioid Court personnel the additional time necessary to connect participants with community support services and conduct program evaluations. Both

community support services and Opioid Court program evaluation are critical for achieving Opioid Courts' mission to save lives.

3. Trust Building

Our results indicate a need for increased trust between Opioid Court stakeholders and oversight agencies. Respondents articulated receiving conflicting information and messaging from NYS OASAS, NYS UCS, treatment providers, and their individual understanding of the purpose of a problem-solving drug court. Notably, respondents stated that **working with Opioid Court defendants under a harm reduction model of care is in direct conflict with the mission of problem-solving drug courts.**

Respondents claimed they are receiving conflicting information from NYS UCS personnel and NYS OASAS on acceptable behavior and monitoring of court participants, often leading to confusion and inability to hold participants accountable for their behavior (e.g., due to lack of drug screening and virtual court visits). While many respondents appreciated the ability to implement court procedures based on individual resources and needs, **increased communication between court personnel on shared guidelines for substance use disorder treatment and court participation may increase court effectiveness and staff morale.**

Many respondents also communicated frustrations with DA Offices and Defense Counselors. Several sites had strained relationships with DAs and Defense Counselors, claiming that some DA jurisdictions had their own systems in place for diverting people at risk of overdose out of the traditional court process, hindering the ability of the Opioid Court to receive participants. Others noted Defense Counselors' hesitation in encouraging participants to engage in Opioid Court. Some of this hesitation by Defense Counselors was linked to Bail Reform, while others linked it to the defendant's "risk" with engaging in the Court so intensely, especially if the defendant was not facing multiple or serious charges. Other respondents noted that Defense Counselors, law enforcement, and appearance Judges did not fully understand the purpose and availability of Opioid Courts, often leading to a lack of referrals. This demonstrates a lack of trust and communication among legal stakeholders of the courts and the mission of Opioid Courts. However, it should be noted that respondents from many Opioid Court sites articulated very positive relationships with their local DA's office, citing a strong willingness to work together to ensure the Court's efficacy.

In sum, the findings from our evaluation of NYS Opioid Courts suggest that **the 10 Essential Elements are a useful but underused tool for successfully administering Opioid Court.** While all Courts are encouraged to implement all the Essential Elements, we found that some Courts had greater success in doing so than others. On average, Opioid Courts have the greatest challenges with implementing broad legal eligibility criteria and performance evaluation and improvement and have the greatest success in working with Certified Recovery Peer Specialists and family support navigators, rapidly engaging participants in evidence-based treatments, and suspending charges during the stabilization period. We recommend that steps be taken to revise and refine the *10 Essential Elements*, dedicate additional resources to address resource constraints, and increase inter-agency communication so that Opioid Courts can more effectively assist in the medical stabilization and lifesaving interventions for participants.

V. APPENDIX A - ESSENTIAL ELEMENTS SCORECARDS

Essential Element 1: Immediate Screening and Assessment

Opioid Courts use a specialized overdose screening tool to identify defendants who are at high risk of overdose death. Appropriate staff from the court, pretrial services, or partner agencies use the tool to screen defendants as early as possible. Ideally, this is done before arraignment. Defendants at high risk for overdose are flagged for the opioid court and immediately receive biopsychosocial screening, which is used to route them to an appropriate treatment provider.

Measurable Components:

1. Screening tool to assess overdose risk of defendants has been developed
 - Yes (2 point)
 - No (0 points)
 - Unsure (0 points)

2. Defendants are screened by court, pretrial services, or partner agencies prior to or immediately after arraignment.
 - 90-100% screened prior to or immediately following arraignment (same day) (8 points)
 - 60-89% screened prior to immediately following arraignment (same day) (6 points)
 - 25-59% screened prior to or immediately following arraignment (same day) (4 points)
 - 1-24% screened prior to or immediately following arraignment (same day) (2 points)
 - None are screened prior to or immediately following arraignment (same day) (0 points)

3. Most (80%) flagged defendants whose charges are appropriate for opioid court are offered an opportunity to participate in opioid court before, during, or immediately after arraignment
 - All of the time (8 points)
 - Most of the time (6 points)
 - Some of the time (4 points)
 - Rarely (2 points)
 - Never (0 points)

4. What percentage of defendants at high risk of overdose referred for a biopsychosocial assessment after opting into Opioid Court?
 - 90-100% (8 points)
 - 60-89% (6 points)

- 25-59% (4 points)
 - 1-24% (0 points)
 - None receive a biopsychosocial prior to treatment (0 points)
5. Of those who want it and are medically eligible, during what timeframe are defendants started on Medication Assisted Therapy after commencing participation with Opioid Court
- Within 24 hours or less (8 points)
 - Within 48 hours or less (6 points)
 - Within 72 hours or less (4 points)
 - Greater than 72 hours (0 points)

Method: DA Survey, Defense Survey, Court Coordinator Survey, and Treatment Provider Survey

Score: /34

Essential Element 2: Broad Legal Eligibility Criteria

Broad legal eligibility criteria Opioid Courts should accept the broadest range of charges possible, including felony and misdemeanor charges. The opioid crisis has affected communities across the state and people from all walks of life, leading to an array of criminal activity that includes drug possession offenses, disorderly conduct, property crimes, identity theft, and more. To achieve maximum impact, Opioid Courts should be open to as many participants as possible. Note, however, that courts operating with federal grant funding are not permitted to use grant funds to serve violent offenders. Courts considering inclusion of domestic violence or family offense cases should create protocols to ensure victim safety and coordinate with domestic violence courts.

Measurable Components:

1. Legal eligibility is broadly defined by the court

This item was scored using the following criteria: Each charge that was accepted into Opioid Court could earn 4 possible points. For example, if the respondent indicated that the charge was “always” eligible, the Court received 4 points. If the charge was only eligible for first time offenses, the Court received 1 point. With 25 charges, the Court could earn up to 100 points. The average score between the DA and Defense Counsel are used to determine the final score. If either the DA or Defense Counsel did not provide a response, their response was averaged at 0 points.

Items 2-4 will be assessed but will not be included in scoring

2. Opioid Court has a protocol for including participants charged with domestic violence
 - Yes
 - No
 - Unsure
3. Opioid Court coordinates with domestic violence court when defendants with domestic violence or family offense cases are participating
 - Always
 - Most of the time
 - Some of the time
 - Rarely
 - Never
 - Unsure
4. Opioid Court has protocols in place to ensure victim safety when defendants with domestic violence or family offense cases are participating

- Yes
- No
- Unsure

Methods: DA Survey, Defense Survey, and Inclusionary/Exclusionary criteria policy

Score: /100

Essential Element 3: Universal Access and Transfer of Identified Cases

Universal access and transfer of identified cases. Eligible individuals should have access to an opioid court regardless of where they are arrested or the court in which their charges are filed. Court administrators should work to develop transfer protocols that facilitate the transfer of cases to the opioid court, including cases originating in town and village courts.

1. There is universal access to Opioid Court regardless of the place of arrest or court in which charges are filed
 - Yes (1 point)
 - No (0 points)
 - Unsure (0 points)

2. There are transfer protocols in place for participants charged in the local town or village courts
 - Yes (1 point)
 - No (0 points)
 - Unsure (0 points)

Methods: DA survey and Defense Survey

Score: /2

Essential Element 4: Suspension of Prosecution During Stabilization

Prosecutors should agree to suspend prosecution of the case during a defendant's participation in an opioid court. Suspension of prosecution enables the court and the defendant to focus on the immediate need for stabilization through detoxification and treatment. The prosecution of the case is resumed if the participant fails to comply with the terms of the program or after the participant completes the program.

Measurable Components:

1. Defendant's charges are suspended while participating in Opioid Court
 - All of the time (8 points)
 - Most of the time (6 points)
 - Some of the time (4 point)
 - Rarely (2 points)
 - Never (0 point)

2. The DA resumes a defendant's criminal case if they fail to comply with the terms of Opioid Court
 - All of the time (8 points)
 - Most of the time (6 points)
 - Some of the time (4 point)
 - Rarely (2 points)
 - Never (0 point)

3. The DA resumes a defendant's case after completion of Opioid Court program requirements
 - All of the time (8 points)
 - Most of the time (6 points)
 - Some of the time (4 point)
 - Rarely (2 points)
 - Never (0 point)

Methods: DA Survey and Defense Survey

Score: /24

Essential Element 5: Rapid Engagement in Evidence-Based Treatment

The treatment provider uses a comprehensive clinical assessment to generate an individualized treatment plan for each participant. To develop a more complete picture of the participant's needs, the treatment provider should also assess for mental health, trauma, and other issues. Treatment, which typically includes medication, commences without delay. All treatment should be evidence-based.

Measurable Components:

1. Participants receive a comprehensive biopsychosocial clinical assessment prior to receiving a treatment plan.

- 90- 100% (4 points)
- 60-89% (3 points)
- 25-59% (2 points)
- 1-24% (1 point)
- None are assessed prior to treatment (0 points)

2. Each participant is assessed for mental health

- Yes (4 points)
- No (0 points)

3. Each participant is assessed for trauma

- Yes (4 points)
- No (0 points)

4. Treatment plan is individualized for each participant

- 90- 100% (4 points)
- 60-89% (3 points)
- 25-59% (2 points)
- 1-24% (1 point)
- None are given an individualized treatment plan (0 points)

5. Treatment plans offer optional MAT

- All of the time (8 points)
- Most of the time (6 points)
- Some of the time (4 points)

- Rarely (1 points)
- Never (0 points)

Methods: Treatment Provider Survey

Score: /24

Essential Element 6: Utilize Recovery Advocates and Family Support Navigators

Opioid Courts partner with recovery advocates, usually specially trained peers, to help engage participants in the program, provide them with additional support, and connect them with recovery support services. Recovery advocates can significantly improve treatment retention and success. Family support navigators serve families impacted by substance use disorders.

Measurable Components:

1. Opioid Court involves Certified Recovery Peer Advocate(s)
 - All of the time (10 points)
 - Most of the time (8 points)
 - Some of the time (6 points)
 - Rarely (2 points)
 - Never (0 points)

2. Family support navigators are available in the community to support families that are affected by substance use disorders
 - Yes (2 points)
 - No (0 points)
 - Unsure (0 points)

Methods: Court Coordinator Survey

Score: /12

Essential Element 7: Frequent Judicial Supervision

Opioid Courts require participants to return to court frequently for supervision and monitoring. During court hearings, the opioid court Judge utilizes evidence-based techniques, such as motivational interviewing, to engage participants in a strengths-based conversation about their progress. In addition, participants are drug tested at each court appearance, as well as randomly by the treatment provider, probation department, or other qualified agency.

Measurable Components:

1. Opioid court participants are required to appear in court frequently, as prescribed by the Judge.

- Yes (4 points)
- No (0 points)

2. The Judge uses evidence-based techniques (such as motivational interviewing) to engage participants in a conversation about their progress.

- Yes (2 points)
- No (0 points)

3. Participants are drug tested at each court appearance.

- All of the time (4 points)
- Most of the time (3 points)
- Some of the time (2 points)
- Rarely (1 point)
- Never (0 points)

4. Participants are drug tested randomly by their treatment provider, probation department, or other qualified agency.

- All of the time (4 points)
- Most of the time (3 points)
- Some of the time (2 points)
- Rarely (1 point)
- Never (0 points)

Methods: Judge Interview and Survey, Court Coordinator Survey, and Treatment Provider Survey

Score: /14

Essential Element 8: Intensive Case Management

Case managers employed by the opioid court or a partner agency help to ensure that participants have necessary support systems during the critical stabilization period. Case managers act as liaisons between the court, supervision, and service providers. In addition, they help to coordinate the ordering and timing of services.

Measurable Components:

1. Case managers engage court participants with support systems throughout the program

- All of the time (8 points)
- Most of the time (6 points)
- Some of the time (4 points)
- Rarely (2 points)
- Never (0 points)

2. Case managers help to coordinate the ordering and timing of services between participants and support service agencies

- All of the time (4 points)
- Most of the time (3 points)
- Some of the time (2 points)
- Rarely (1 point)
- Never (0 points)

Methods: Court Coordinator Survey and interview

Score: /12

Essential Element 9: Opportunities for Continuing Care

Opioid Courts offer individuals at high risk for overdose death an opportunity to receive immediate treatment. This model can be extremely effective at stabilizing individuals with severe opioid use disorders and saving lives. Given the relatively short length of the program, however, participants typically will need continuing care after they leave the opioid court. Participants are therefore offered continuing care planning during the program. In many cases, this will involve referral to drug court or mental health court for longer-term treatment and supervision.

Measurable Components:

1. Participants are referred to an appropriate problem-solving court (e.g., drug, mental health, veteran) for longer-term treatment and supervision when eligible.

- All of the time (4 points)
- Most of the time (3 points)
- Some of the time (2 points)
- Rarely (1 points)
- Never (0 points)

2. Participants are offered a referral to continuing care options (which may include problem-solving court or other services designed to encourage treatment engagement or recovery) beyond the scope of the courts based on identified needs and/or charges.

- All of the time (4 points)
- Most of the time (3 points)
- Some of the time (2 points)
- Rarely (1 points)
- Never (0 points)

Methods: Court Coordinator Survey, Judge Survey, DA Survey, and Defense Survey

Score: /8

Essential Element 10: Performance Evaluation and Program Improvements

Opioid Courts should collect data around clearly defined performance measures, such as: number of participants; length of time from arrest to screening, assessment, program entry, and treatment inception; number of participants utilizing medication-assisted treatment and other treatment modalities; frequency of drug testing and test results; frequency of court check-in hearings; number of contacts between participants and peer recovery advocates; and other measures. Courts should analyze this data on a regular basis to identify service gaps and make program improvements.

Measurable Components:

1. The court collects data on the above defined performance measures

- Yes (4 points)
- No (0 points)

2. On average, how frequently does the courts analyze data?

- Once a week (4 points)
- Once a month (4 points)
- Once a quarter (4 points)
- Annually (2 points)
- Less frequently than annually or never (0 points)

3. Court uses data to identify service gaps

- Once a week (4 points)
- Once a month (4 points)
- Once a quarter (4 points)
- Annually (2 points)
- Less frequently than annually or never (0 points)

4. Court uses data to make program improvements

- Once a week (4 points)
- Once a month (4 points)
- Once a quarter (4 points)
- Annually (2 points)
- Less frequently than annually or never (0 points)

Methods: Judge Interview and Survey, DA Survey, and Court Coordinator Survey

Score: /16

Total Score: /246

VI. APPENDIX B - SURVEYS

Court Coordinator Survey

Are you at least 18 years old?

1. Yes
2. No (skip to end of survey)

Did anyone coerce you to participate in this survey?

1. Yes (skip to end of survey)
2. No

Do you consent to participate in this survey?

1. Yes
2. No (skip to end of survey)

COVID-19 has likely changed the way your Opioid Court has operated. Please respond to the following questions to reflect the current characteristics of your Opioid Court.

1. To which court are you assigned?
 1. Auburn City
 2. Binghamton City
 3. Bronx
 4. Brooklyn Misd.
 5. Buffalo City
 6. Canandaigua
 7. Chenango
 8. Dunkirk
 9. Elmira City
 10. Glens Falls
 11. Ithaca Community Treatment Court
 12. Midtown Community New York
 13. Red Hook Community Justice Center
 14. Kings Supreme - BTC
 15. Kingston City
 16. Montgomery
 17. Nassau District
 18. Newburgh City
 19. Niagara Falls City

20. Oswego
21. Otsego County - Supreme
22. Queens Criminal
23. Rochester City / Monroe
24. Staten Island Tx
25. Suffolk District
26. Syracuse City
27. Troy City
28. Utica City
29. Watertown City

2. What is your job title?
 1. Project Director 1
 2. Project Director 2
 3. Resource Coordinator 1
 4. Resource Coordinator 2
 5. Resource Coordinator 3

3. How long have you been in your current position?
 1. 0 to 6 months
 2. 6 months to 1 year
 3. Longer than 1 year

4. Please select which of the following Opioid Court treatment training sessions organized by the Unified Court System you attended?
 1. In-person combined Moral Reconciliation Therapy (MRT) and Interactive Journaling in Syracuse, NY
 2. On-line Moral Reconciliation Therapy (MRT) training
 3. On-line Interactive Journaling training
 4. I did not attend a training

5. Which of the following job duties are related to your position within the Opioid Court? (Check all that apply)
 1. Supervise the operations of problem-solving parts and/or courts.
 2. Prepare statistical reports and analyze data.
 3. Meet regularly with members of the judiciary, court staff, litigant's attorneys, victim advocates, the defense bar and/or the district attorney's office to discuss policy issues or individual case issues.
 4. Participate in case conferences with the problem-solving part's team.
 5. Work with staff regarding daily calendaring, adjournments and case flow.
 6. Assess staff skills and recommend areas for training.

7. Assign, monitor, direct, and review the work of Case Managers and Resource Coordinators.
8. Review case files and participant progress in order to evaluate the performance of subordinates.
9. Screen and approve all intervention, counseling, psychotherapeutic and treatment plans.
10. Supervise the completion and submission of required reports and compliance-related paperwork.
11. Supervise and ensures up-to-date computer records and all other record-keeping.
12. Conduct agency site visits.
13. Review and update program forms and documents as needed.
14. Act as a liaison in meetings with community organizations, government agencies and/or other organizations involved with the specialized part's programs.
15. Conduct orientations for participants.
16. Conduct psychosocial evaluations and prepare reports.
17. Contact social service and/or providers and supported housing providers to arrange services for participants.
18. Present participants' progress updates in the courtroom during participants' court appearances.
19. Ensure that participants provide unadulterated samples for the purposes of conducting court-mandated drug testing.
20. Conduct court-mandated drug testing, by use of specialized equipment
21. Facilitate life skills workshops for participants.
22. Meet with attorneys and their clients.
23. Review case files and client progress in order to make recommendations to the Judge.
24. Manage clinical issues in partnership with treatment provider that arise during a participant's case proceedings.
25. Meet with participants on a one-on-one basis to determine progress and additional need for services.
26. Participate in ongoing program planning and quality assurance.
27. Apply for grants.
28. Monitor and prepare timely and accurate reports in accordance with grant funding requirements.
29. Prepare the annual budget for the unit and monitor expenditures.
30. Other (Please Specify)

The next set of questions asks about frequency of referral to various support services.

6. How often do you refer participants to financial aid resources for ongoing care/supports (e.g., scholarships to treatment, beds in sober living, grants for recovery identity)?
 1. All of the time
 2. Most of the time
 3. Some of the time

4. Rarely
 5. Never
 6. Service does not exist in this area
 7. Unsure if service exists in this area
7. How often do you refer participants to childcare support services?
1. All of the time
 2. Most of the time
 3. Some of the time
 4. Rarely
 5. Never
 6. Service does not exist in this area
 7. Unsure if service exists in this area
8. How often do you refer participants to education support services (e.g., GED, Trade/Community College, University)?
1. All of the time
 2. Most of the time
 3. Some of the time
 4. Rarely
 5. Never
 6. Service does not exist in this area
 7. Unsure if service exists in this area
9. How often do you refer participants to employment support services (e.g., job placement, technical training)?
1. All of the time
 2. Most of the time
 3. Some of the time
 4. Rarely
 5. Never
 6. Service does not exist in this area
 7. Unsure if service exists in this area
10. How often do you refer participants to food support services (e.g., Food Pantry, SNAP)?
1. All of the time
 2. Most of the time
 3. Some of the time
 4. Rarely
 5. Never
 6. Service does not exist in this area
 7. Unsure if service exists in this area

11. How often do you refer participants to housing support or Section 8?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

12. How often do you refer participants to civil legal support services?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

13. How often do you refer participants to medical or dental care?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

14. How often do you refer participants to on-going job counseling?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

15. How often do you refer participants to ongoing external case management through an agency (e.g., Health Homes Case Management)?

1. All of the time
2. Most of the time

3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

The next set of questions asks about frequency of referral to various community-based recovery supports.

16. How often do you refer participants to recovery community organizations (e.g., Cuse Recovery, NYRCC, ROcovery)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

17. How often do you refer participants to Peer-based Recovery Support Services (e.g., Peer recovery coaching, peer mentoring)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

18. How often do you refer participants to sober-living recovery supports (e.g., Halfway homes, Oxford House, Salvation Army)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

19. How often do you refer participants to collegiate recovery programs (e.g., Orange Recovery Community, Lighthouse at SUNY Purchase)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

20. How often do you refer participants to mutual-aid organizations (e.g., NA, AA, SMART, Refuge Recovery)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

21. How often do you refer participants to digital recovery support options/apps (e.g., In the Rooms, SoberGRID, MAP)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

22. How often do you refer participants to Long-term Addiction Treatment (e.g., Inpatient/Outpatient)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Service does not exist in this area
7. Unsure if service exists in this area

23. How often do Opioid Court participants have access to a Certified Recovery Peer Advocate during their court appearances?

1. All of the time

2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

24. How often are Certified Recovery Peer Advocates involved with participants' treatment programs outside of court appearances?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

25. Who employs the peer(s)?

1. NYS Unified Court System
2. Treatment Provider
3. Other (Please Specify)

26. Are Family Support Navigators available within your community to support the families of Opioid Court participants?

1. Yes
2. No
3. I don't know

27. How often are treatment provider representatives present during Opioid Court appearances?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

28. How often do you use a standard procedure for referring someone to treatment?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

29. Of those who want it, and are medically eligible, during what time frame are most patients started on Medication Assisted Treatment (MAT)?

1. Within 24 hours or less
2. Within 48 or less
3. Within 72 or less
4. Greater than 72 hours

30. Are there bridge clinics for Medication Assisted Treatment (MAT) available to this court when beds are limited? (By bridge clinic, we mean a medical clinic that provides short term MAT while a participant awaits admittance to treatment)

1. Yes
2. No
3. I don't know

31. What are the names of the bridge clinics that you use?

32. What types of Medication Assisted Treatment (MAT) are available in your community?

1. Methadone
2. Buprenorphine
3. Naltrexone
4. Other (Please specify)
5. I don't know

33. On average, what percentage of Opioid Court participants are prescribed Methadone?

Text entry
I don't know

34. On average, what percentage of Opioid Court participants are prescribed Buprenorphine?

Text entry
I don't know

35. On average, what percentage of Opioid Court participants are prescribed Naltrexone?

Text entry
I don't know

36. On average what percentage of Opioid Court participants refuse Medication Assisted Treatment?

Text entry
I don't know

37. How often are participants drug tested at their Opioid Court appearances?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

38. How often are all participants randomly drug tested by the court, treatment provider, probation department, or other qualified agency?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

39. How often are participants who have eligible charges, and who have completed Opioid Court requirements, approved to participate in other problem-solving courts, such as Drug Court or Mental Health Court?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

40. How often are your clients referred to continuing care options beyond the scope of the courts based on identified needs/or charges? (Examples: in-patient treatment, job skills training, mental health counseling)

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

41. How often do you review performance measure reports about Opioid Court participants, including client-level data, program outcomes, and/or compliance rates?

1. Weekly

2. Monthly
3. Quarterly
4. Annually
5. Less frequently than annually or Never

42. How often do you use performance measure reports about Opioid Court participants to identify service gaps?

1. Weekly
2. Monthly
3. Quarterly
4. Annually
5. Less frequently than annually or Never

43. How often do you use performance measure reports about Opioid Court participants to make program improvements?

1. Weekly
2. Monthly
3. Quarterly
4. Annually
5. Less frequently than annually or Never

44. Rate your level of agreement with the following statement: I have the opportunity to be involved in making Opioid Court program improvements through the use of performance data and reports.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
6. I don't know

45. Rate your level of agreement with the following statement: This court has enough personnel to effectively deliver high-quality services to participants.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
6. I don't know

46. What is your sex?

1. Male

2. Female
3. Nonbinary
4. Other (Please Specify)

47. What is your age?

48. What is your race/ethnicity? Select all that apply.

1. White
2. Black or African American
3. American Indian or Native Alaskan
4. Hispanic, Latino, or Spanish origin
5. Asian or Asian American
6. Native Hawaiian or Other Pacific Islander
7. Other (Please Specify)
8. I don't know

Judge Survey

COVID-19 has likely changed the way your Opioid Court has operated. Please respond to the following questions to reflect the current characteristics of your Opioid Court.

1. In which court are you assigned to preside over Opioid Court?

1. Auburn City
2. Binghamton City
3. Bronx
4. Brooklyn Misd.
5. Buffalo City
6. Canandaigua
7. Chenango
8. Dunkirk
9. Elmira City
10. Glens Falls
11. Ithaca Community Treatment Court
12. Midtown Community New York
13. Red Hook Community Justice Center
14. Kings Supreme - BTC
15. Kingston City
16. Montgomery
17. Nassau District
18. Newburgh City
19. Niagara Falls City
20. Oswego
21. Otsego County - Supreme
22. Queens Criminal
23. Rochester City / Monroe
24. Staten Island Tx
25. Suffolk District
26. Syracuse City
27. Troy City
28. Utica City
29. Watertown City

2. How many years have you been on the bench?

3. What month and year did your Opioid Court become operational?

4. On average, how many Opioid Court cases do you preside over each month?

5. What other courts/parts do you preside over?

1. Criminal Court
2. Drug Court

3. Veterans Court
4. Family Court
5. Domestic Violence Court
6. Mental Health Court
7. Sex Offense Court
8. Adolescent Diversion Parts
9. Human Trafficking Court
10. Community Court
11. Other (Please Specify)

6. Approximately what percentage of your Opioid Court caseload would you say is comprised of Opioid Court reoffenders?

7. Do you use of Motivational Interviewing (MI) or other evidence-based interaction techniques?

1. Yes
2. No

8. How often does this court partner with local agencies to provide transportation services to substance use treatment facilities?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

9. Which of the following behaviors would result in a participant's removal from Opioid Court participation? (Select all that apply)

1. Positive toxicology screen
2. Missed treatment session
3. Failure to appear before the Judge
4. New charge eligible for Opioid Court participation
5. New charge not eligible for Opioid Court participation
6. Other: Please Specify
7. None of them

10. How often are participants who have eligible charges, and who have completed Opioid Court requirements, referred to participate in other problem-solving courts, such as Drug Court or Mental Health Court?

1. All of the time
2. Most of the time
3. Some of the time

4. Rarely
5. Never
6. I don't know

11. How often are participants drug tested at their Opioid Court appearances?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

12. How often do you review performance measure reports about Opioid Court participants, including client-level data, program outcomes, and/or compliance rates?

1. Weekly
2. Monthly
3. Quarterly
4. Annually
5. Less frequently than annually or Never

13. How often do you use performance measure reports about Opioid Court participants to identify service gaps?

1. Weekly
2. Monthly
3. Quarterly
4. Annually
5. Less frequently than annually or Never

14. How often do you use performance measure reports about Opioid Court participants to make program improvements?

1. Weekly
2. Monthly
3. Quarterly
4. Annually
5. Less frequently than annually or Never

15. Rate your level of agreement with the following statement: I have the opportunity to be involved in making Opioid Court program improvements through the use of performance data and reports.

1. Strongly Agree
2. Agree
3. Neutral

4. Disagree
5. Strongly Disagree

16. What is your sex?

1. Male
2. Female
3. Nonbinary
4. Other (Please Specify)

17. What is your age?

18. What is your race/ethnicity? Select all that apply.

1. White
2. Black or African American
3. American Indian or Native Alaskan
4. Hispanic, Latino, or Spanish origin
5. Asian or Asian American
6. Native Hawaiian or Other Pacific Islander
7. Other (Please Specify)
8. I don't know

DA Survey

COVID-19 has likely changed the way your Opioid Court has operated. Please respond to the following questions to reflect the current characteristics of your Opioid Court.

1. What is your role?

1. District Attorney
2. Assistant District Attorney

2. How long have you been in your current position?

1. 0 to 6 months
2. 6 months to 1 year
3. Longer than 1 year

3. How many years have you been practicing law?

4. In which court do you work?

1. Auburn City
2. Binghamton City
3. Bronx
4. Brooklyn Misd.
5. Buffalo City
6. Canandaigua
7. Chenango
8. Dunkirk
9. Elmira City
10. Glens Falls
11. Ithaca Community Treatment Court
12. Midtown Community New York
13. Red Hook Community Justice Center
14. Kings Supreme - BTC
15. Kingston City
16. Montgomery
17. Nassau District
18. Newburgh City
19. Niagara Falls City
20. Oswego
21. Otsego County - Supreme
22. Queens Criminal
23. Rochester City / Monroe
24. Staten Island Tx
25. Suffolk District
26. Syracuse City

27. Troy City
28. Utica City
29. Watertown City

5. How many years have you been a practicing lawyer in your current county?

6. Has a screening tool to assess defendants' overdose risk been developed in your jurisdiction?

1. Yes
2. No
3. I don't know

7. What percentage of participants are screened for risk of overdose by court, pretrial services, or partner agencies prior to or immediately after arraignment?

1. 90-100% of participants are screened prior to or immediately following arraignment (same day)
2. 60-89% of participants are screened prior to immediately following arraignment (same day)
3. 25-59% of participants are screened prior to or immediately following arraignment (same day)
4. 1-24% of participants are screened prior to or immediately following arraignment (same day)
5. None are screened prior to or immediately following arraignment (same day)
6. I don't know

8. How often are flagged defendants whose charges are eligible for Opioid Court offered an opportunity to participate in Opioid Court before or during arraignment?

7. All of the time
8. Most of the time
9. Some of the time
10. Rarely
11. Never
12. I don't know

9. Please indicate which of the following charges you consider to be eligible for Opioid Court. Select all columns that apply.

First time offense refers to the first occasion of the specific charge

Repeat offense refers to multiple occasions for one charge

To complete this chart, please think about which charges your office will accept for Opioid Court

	Felony charge is eligible	Misdemeanor charge is eligible	First Time Offense charge is eligible	Repeat Offense charge is eligible	This charge is not eligible because it is considered too minor for admission to problem solving court	Never Eligible
Drug Possession						
Driving While intoxicated						
Intent to Distribute						
Manufacture Drugs						
Public Intoxication						
Property Crime						
Identity Theft						
Domestic Violence						
Homicide						
Manslaughter						
Robbery						

Burglary, nonviolent						
Burglary, violent						
Larceny						
Arson						
Assault, 1st degree						
Assault, 2nd degree						
Assault, 3rd degree						
Possession of a firearm						
Possession of a weapon						
Endangering the Welfare of a Child						
Welfare Fraud						
Forgery						
Rape, violent						
Rape						

10. Do you have a written eligibility/ exclusionary policy for Opioid Court participation?

1. Yes
2. No
3. I don't know

11. Please upload a copy of your eligibility policy for Opioid Court participation. If you are unable to upload the policy, please email the policy document to Alex Punch at aepunch@syr.edu.

12. Rate your level of agreement with the following statement: I have broad discretion within my position to determine who is eligible for Opioid Court.

6. Strongly Agree
7. Agree
8. Neutral
9. Disagree
10. Strongly Disagree

13. Other than the type of charge, is there anything else that would make someone ineligible for Opioid Court (e.g., citizenship status, intellectual disability, number of convictions).

1. No
2. Yes (Please Specify)

14. Do eligible participants have access to your Opioid Court regardless of place of arrest or court in which their charges are filed?

1. Yes
2. No
3. I don't know

15. Is there a transfer protocol in place for defendants charged in nearby local town or village courts?

1. Yes
2. No
3. I don't know

16. Please upload a copy of your transfer policy for Opioid Court participation. If you are unable to upload the policy, please email the policy document to Alex Punch at aepunch@syr.edu.

17. How often do you suspend a defendant's charges during their participation in Opioid Court?

1. All of the time
2. Most of the time
3. Some of the time

4. Rarely
5. Never

18. How often do you resume a defendant's case when they fail to comply with Opioid Court requirements?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

19. How often do you resume a case after a defendant completes Opioid Court requirements?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

20. How often does Opioid Court completion result in a favorable disposition for a defendant?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

21. Which of the following behaviors would result in a participant's removal from Opioid Court participation? (Check all that apply)

1. Positive toxicology screen
2. Missed treatment session
3. Failure to appear before the Judge
4. New charge eligible for Opioid Court participation
5. New charge not eligible for Opioid Court participation
6. Other: Please Specify
7. None of them

22. Does your office have a protocol for including participants charged with domestic violence/family offense in Opioid Court?

1. Yes
2. No
3. I don't know

23. How often does your Opioid Court coordinate with the Domestic Violence Court when defendants from domestic violence/family offense cases are participating in Opioid Court?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

24. Does your office have a protocol for ensuring victim safety when defendants with domestic violence/family offense cases are participating in Opioid Court?

1. Yes
2. No
3. I don't know

25. How often are participants who have eligible charges, and who have completed Opioid Court requirements, referred to participate in other problem-solving courts, such as Drug Court or Mental Health Court?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

26. How often are the Opioid Court participants which whom you are familiar referred to continuing care options beyond the scope of the courts based on identified needs/or charges? (Examples: in-patient treatment, job skills training, mental health counseling)

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

27. How often do you review performance measure reports about Opioid Court participants, including client-level data, program outcomes, and/or compliance rates?

1. Weekly

2. Monthly
3. Quarterly
4. Annually
5. Less frequently than annually or never

28. Rate your level of agreement with the following statement: I have the opportunity to be involved in making Opioid Court program improvements through the use of performance data and reports.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
6. I don't know

29. What is your sex?

1. Male
2. Female
3. Nonbinary
4. Other (Please Specify)

30. What is your age?

31. What is your race/ethnicity? Select all that apply.

1. White
2. Black or African American
3. American Indian or Native Alaskan
4. Hispanic, Latino, or Spanish origin
5. Asian or Asian American
6. Native Hawaiian or Other Pacific Islander
7. Other (Please Specify)
8. I don't know

Defense Counsellor Survey

1. What is your role?
 1. Public Defender
 2. Private Defense Counsel
 3. Assigned Counsel/18b

2. How long have you been in your current position?
 1. 0 to 6 months
 2. 6 months to 1 year
 3. Longer than 1 year

3. How many years have you been practicing law?

4. In which county, or counties, do you work? (Please select all that apply)
 1. Bronx
 2. Broome
 3. Cayuga
 4. Chautauqua
 5. Chemung
 6. Chenango
 7. Erie
 8. Jefferson
 9. Kings
 10. Monroe
 11. Montgomery
 12. Nassau
 13. New York
 14. Niagara
 15. Oneida
 16. Onondaga
 17. Ontario
 18. Orange
 19. Oswego
 20. Otsego
 21. Queens
 22. Rensselaer
 23. Richmond
 24. Suffolk
 25. Tompkins
 26. Ulster

27. Warren

5. How many years have you been a practicing lawyer in your current county?

The next series of questions will ask you about your experience defending clients who are participating in Opioid Court. COVID-19 has likely changed the way the Opioid Court in your area is currently operating. Please respond to the following questions to reflect the current characteristics of the Opioid Court in which you have clients participating.

6. On average, how many Opioid Court clients do you have per month?

7. Has a screening tool to assess defendants' overdose risk been developed in your jurisdiction?

1. Yes
2. No
3. I don't know

8. What percentage of your clients are screened for risk of overdose by court, pretrial services, or partner agencies prior to or immediately after arraignment?

1. 90-100% of participants are screened prior to or immediately following arraignment (same day)
2. 60-89% of participants are screened prior to immediately following arraignment (same day)
3. 25-59% of participants are screened prior to or immediately following arraignment (same day)
4. 1-24% of participants are screened prior to or immediately following arraignment (same day)
5. None are screened prior to or immediately following arraignment (same day)
6. I don't know

9. How often are flagged defendants (who are your clients) whose charges are eligible for Opioid Court, offered an opportunity to participate in Opioid Court before or during arraignment?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

10. Rate your agreement with the following statement: When they are eligible, I encourage my clients to participate in Opioid Court.

1. Strongly Agree

- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly Disagree
- 6. I don't know

11. Please indicate for which of the following charges you would expect your clients to be eligible for Opioid Court. Select all columns that apply.

First time offense refers to the first occasion of the specific charge

Repeat offense refers to multiple occasions for one charge

	Felony charge is eligible	Misdemeanor charge is eligible	First Time Offense charge is eligible	Repeat Offense charge is eligible	This charge is not eligible because it is considered too minor for admission to problem solving court	Never Eligible
Drug Possession						
Driving While intoxicated						
Intent to Distribute						
Manufacture Drugs						
Public Intoxication						
Property Crime						
Identity Theft						
Domestic Violence						
Homicide						
Manslaughter						

Robbery						
Burglary, nonviolent						
Burglary, violent						
Larceny						
Arson						
Assault, 1st degree						
Assault, 2nd degree						
Assault, 3rd degree						
Possession of a firearm						
Possession of a weapon						
Endangering the Welfare of a Child						
Welfare Fraud						
Forgery						
Rape, violent						
Rape						

12. Are you aware of any written eligibility/exclusionary policies used by a District Attorney's (within your geographic area) office for Opioid Court participation?

1. Yes
2. No

13. Other than type of charge, are you aware of anything else that would make a client ineligible for Opioid Court (e.g., citizenship status, intellectual disability, number of convictions)?

1. Yes (Please specify)
2. No

14. Do eligible clients have access to an Opioid Court regardless of place of arrest or court where their charges are filed?

1. Yes
2. No
3. I don't know

15. Is there a transfer protocol in place for clients charged in nearby local town or village courts?

1. Yes
2. No
3. I don't know

The next series of questions asks specifically about your clients who participate in Opioid Court.

16. How often does the District Attorney's office suspend your clients' prosecution during their participation in Opioid Court?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

17. When a client is in Opioid Court, how often do you continue to negotiate with the District Attorney's office regarding their pending charges?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

18. How often are your clients' cases resumed when they fail to comply with Opioid Court requirements?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

19. How often are your clients' cases resumed after they complete Opioid Court requirements?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

20. How often does Opioid Court completion result in a favorable disposition for your clients?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

21. Which of the following behaviors would result in a participant's removal from Opioid Court participation? (Check all that apply)

1. Positive toxicology screen
2. Missed treatment session
3. Failure to appear before the Judge
4. New charge eligible for Opioid Court participation
5. New charge not eligible for Opioid Court participation
6. Other: Please Specify
7. None of them

22. How often are your clients who have eligible charges, and who have completed Opioid Court requirements, referred to participate in other problem-solving courts, such as Drug Court or Mental Health Court?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely

5. Never
6. I don't know

23. How often are your clients referred to continuing care options beyond the scope of the courts based on identified needs/or charges? (Examples: in-patient treatment, job skills training, mental health counseling)

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

The next series of questions asks about your involvement in decision making related to Opioid Courts.

24. Are you given access to performance measure reports about Opioid Court participants, including client-level data, program outcomes, and/or compliance rates?

1. Yes
2. No

25. Was a Defense Counsel representative present at meetings to develop the Opioid Court in your county?

1. Yes
2. No
3. I don't know

26. Rate your level of agreement with the following statement: I have the opportunity to be involved in making Opioid Court program improvements through the use of performance data and reports.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
6. I don't know

The next group of questions asks for basic demographic information.

27. What is your sex?

1. Male
2. Female
3. Nonbinary
4. Other (Please specify)

28. What is your age?

29. What is your race/ethnicity? (Select all that apply)

1. White
2. Black or African American
3. American Indian or Native Alaskan
4. Hispanic, Latino, or Spanish origin
5. Asian or Asian American
6. Native Hawaiian or Other Pacific Islander
7. Other (Please Specify)
8. I don't know

Treatment Provider Survey

COVID-19 has likely changed the way Opioid Courts in NYS operate. Please respond to the following questions to reflect the current characteristics of the Opioid Court(s) where clients you serve participate.

1. In which Opioid Court do the *majority* of your patients participate?
 1. Auburn City
 2. Binghamton City
 3. Bronx
 4. Brooklyn Misd.
 5. Buffalo City
 6. Canandaigua
 7. Chenango
 8. Dunkirk
 9. Elmira City
 10. Glens Falls
 11. Ithaca Community Treatment Court
 12. Midtown Community New York
 13. Red Hook Community Justice Center
 14. Kings Supreme - BTC
 15. Kingston City
 16. Montgomery
 17. Nassau District
 18. Newburgh City
 19. Niagara Falls City
 20. Oswego
 21. Otsego County - Supreme
 22. Queens Criminal
 23. Rochester City / Monroe
 24. Staten Island Tx
 25. Suffolk District
 26. Syracuse City
 27. Troy City
 28. Utica City
 29. Watertown City

Please answer all questions based on your response to Q1

2. How long have you been a treatment provider for patients in Opioid Court?
 1. 0 to 6 months
 2. 6 months to 1 year
 3. Longer than 1 year

3. How many years have you been a treatment provider for individuals with opioid addiction or dependence?
4. Please select the option that best characterizes your employment.
 1. I am a full-time treatment provider for individuals with opioid addiction or dependence
 2. I am a full-time treatment provider for individuals with a broad range of substance use disorders
 3. I am a part-time treatment provider for individuals with opioid addiction or dependence
 4. I am a part-time treatment provider for individuals with a broad range of substance use disorders
5. Please select the option that best characterizes your employer.
 1. I am employed at an OASAS licensed substance use treatment facility
 2. I am employed at New York State Drug User Health Hub
 3. I am employed at a non-OASAS licensed substance use treatment facility
 4. I am employed at a private physician's office
 5. Other (Please Specify):

The next series of questions will ask you about your experience treating patients who are participating in Opioid Court. COVID-19 has likely changed the way the Opioid Court in your area is currently operating. Please respond to the following questions to reflect the current characteristics of the Opioid Court in which you have clients participating.

6. On average, how many Opioid Court participants do you have as patients per month
7. What percentage of patients are screened for risk of overdose by court, pretrial services, or partner agencies prior to or immediately after arraignment? (Partner agency may include your organization)
 1. 90-100% screened prior to or immediately following arraignment (same day)
 2. 60-89% screened prior to immediately following arraignment (same day)
 3. 25-59% screened prior to or immediately following arraignment (same day)
 4. 1-24% screened prior to or immediately following arraignment (same day)
 5. None are screened prior to or immediately following arraignment (same day)
8. What percentage of patients receive a biopsychosocial assessment prior to being referred to you for treatment?
 1. 90-100% are assessed prior to treatment referral
 2. 60-89% are assessed prior to treatment referral
 3. 25-59% are assessed prior to treatment referral
 4. 1-24% are assessed prior to treatment referral

5. None are assessed prior to treatment referral

9. What percentage of your Opioid Court patients receive an individualized treatment plan?

1. 90-100% are given an individualized treatment plan
2. 60-89% are given an individualized treatment plan
3. 25-59% are given an individualized treatment plan
4. 1-24% are given an individualized treatment plan
5. None are given an individualized treatment plan
6. I do not know

10. Are all patients assessed for mental health?

1. Yes
2. No
3. I don't know

11. Are all patients assessed for trauma?

1. Yes
2. No
3. I don't know

12. Does your program consistently offer your patients Medication Assisted Treatment (MAT)?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I do not know

13. Of those who want it, and are medically eligible, during what time frame are most patients started on Medication Assisted Treatment (MAT)?

1. Within 24 hours or less
2. Within 48 or less
3. Within 72 or less
4. Greater than 72 hours

14. What types of Medication Assisted Treatment does your program provide?

1. Buprenorphine (Suboxone, Sublocade, ZubSolv)
2. Naltrexone (Vivitrol)

3. Methadone
 4. Other (Please Specify)
15. Once an Opioid Court patient is referred to you for treatment, when does your program typically begin their treatment (Not including MAT)?
1. Within 12 hours
 2. Greater than 12 hours but less than 24 hours
 3. Greater than 24 hours but less than 48 hours
 4. Greater than 48 hours but less than 72 hours
 5. Greater than 72 hours
16. On average, what percentage of Opioid Court participants are prescribed Methadone?
17. On average, what percentage of Opioid Court participants are prescribed Buprenorphine?
18. On average, what percentage of Opioid Court participants are prescribed Naltrexone?
19. On average what percentage of Opioid Court participants refuse Medication Assisted Treatment?
20. Please select all the treatments that your program uses when providing treatment to patients with opioid addiction or dependency.
1. Moral Reconciliation Therapy-Opioid (MRT-O)
 2. Interactive Journaling (IJ)
 3. Cognitive behavioral therapy (other than MRT-O and IJ)
 4. Twelve Step Facilitation (TSF)
 5. Mindfulness Based Treatment (MBRS)
 6. Eye Movement Rapid Desensitization (EMRD)
 7. Trauma-informed Therapy
 8. Group Therapy
 9. Rational Emotional Response Behavioral Treatment (REBT)
 10. Pharmacotherapy (MAT-Methadone, Agonists, Partial Agonists)
 11. Other (Please specify)
 12. None of the above
21. Does your treatment facility employ Certified Peer Recovery Specialists that work with Opioid Court patients?
1. Yes
 2. No
 3. I don't know
22. How frequently does your treatment facility provide Peer support at Opioid Court appearances?

1. Daily
2. More than once a week
3. More than twice a week
4. Only as requested by the court/ Judge
5. Only when we have a patient making a court appearance
6. I don't know

23. Do you conduct randomized drug tests for your patients that are involved in Opioid Court?

1. All participants are randomly drug tested
2. Most participants are randomly drug tested
3. Some participants are randomly drug tested
4. Few participants are randomly drug tested
5. No participants are randomly drug tested.

24. Does your program have a standard protocol in place for providing random drug testing to Opioid Court patients?

1. Yes
2. No
3. I don't know

25. What substances do you test Opioid Court patients for when conducting a random drug test?
Please select all that apply.

1. Opioids
2. Marijuana
3. Amphetamines
4. Cocaine
5. Steroids
6. Barbiturates
7. Benzodiazepines
8. Other (Please Specify)
9. None of the above

26. How often does your treatment facility communicate the results of an Opioid Court patient's random drug test results to the court?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

6. I don't know

27. How often does your treatment facility coordinate the timing of services with Opioid Court case managers or court coordinators?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

28. How often does your treatment facility coordinate with Opioid Court case managers to determine the needs of patients for continuing care?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

The next series of questions asks about your facility's involvement in decision making related to Opioid Courts.

29. Are treatment providers represented at the meetings to develop the Opioid Court in your service area?

1. Yes
2. No
3. I don't know

30. Rate your level of agreement with the following statement: My treatment facility has the opportunity to be involved in making Opioid Court program improvements.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
6. I don't know

The next group of questions asks for basic demographic information.

31. What is your sex?

1. Male
2. Female
3. Nonbinary
4. Other (Please Specify)

32. What is your age?

33. What is your race/ethnicity? Select all that apply.

1. White
2. Black or African American
3. American Indian or Native Alaskan
4. Hispanic, Latino, or Spanish origin
5. Asian or Asian American
6. Native Hawaiian or Other Pacific Islander
7. Other (Please Specify)

Peer Survey

COVID-19 has likely changed the way your Opioid Court has operated. Please respond to the following questions to reflect the current characteristics of your Opioid Court.

1. In which Opioid Court do the majority of your clients participate?

1. Auburn City
2. Binghamton City
3. Bronx
4. Brooklyn Misd.
5. Buffalo City
6. Canandaigua
7. Chenango
8. Dunkirk
9. Elmira City
10. Glens Falls
11. Ithaca Community Treatment Court
12. Midtown Community New York
13. Red Hook Community Justice Center
14. Kings Supreme - BTC
15. Kingston City
16. Montgomery
17. Nassau District
18. Newburgh City
19. Niagara Falls City
20. Oswego
21. Otsego County - Supreme
22. Queens Criminal
23. Rochester City / Monroe
24. Staten Island Tx
25. Suffolk District
26. Syracuse City
27. Troy City
28. Utica City
29. Watertown City

Please answer all questions based on the Opioid Court where a majority of your clients participate.

2. How long have you been a Certified Peer Recovery Advocate for clients in Opioid Court?

1. 0 to 6 months
2. 6 months to 1 year
3. Longer than 1 year

3. How many years have you been a Certified Peer Recovery Advocate for individuals with opioid addiction or dependence?
4. Please select the option that best characterizes your employment.
 1. I am a full-time Certified Peer Recovery Advocate for individuals with opioid addiction or dependence
 2. I am a full-time Certified Peer Recovery Advocate for individuals with a broad range of substance use disorders
 3. I am a part-time Certified Peer Recovery Advocate for individuals with opioid addiction or dependence
 4. I am a part-time Certified Peer Recovery Advocate for individuals with a broad range of substance use disorders
 5. I volunteer as a Certified Peer Recovery Advocate
5. Please select the option that best characterizes your employer.
 1. I am employed at an OASAS licensed substance use treatment facility
 2. I am employed at New York State Drug User Health Hub
 3. I am employed at a non-OASAS licensed substance use treatment facility
 4. I am employed at a private physician's office
 5. I am employed at a New York State Opioid Court
 6. Other (Please Specify):
 7. I am not employed as a Certified Peer Recovery Advocate, I volunteer

The next series of questions will ask you about your experience treating patients who are participating in Opioid Court. COVID-19 has likely changed the way the Opioid Court in your area is currently operating. Please respond to the following questions to reflect the current characteristics of the Opioid Court in which you have clients participating.

6. On average, how many Opioid Court participants do you have as clients *per month*?
7. Are your clients offered Medication Assisted Treatment (MAT) by their treatment provider?
 1. All of the time
 2. Most of the time
 3. Some of the time
 4. Rarely
 5. Never
 6. I do not know
8. Of those who want it, and are medically eligible, during what time frame are most clients started on Medication Assisted Treatment (MAT)?

1. Within 24 hours or less
2. Within 48 or less
3. Within 72 or less
4. Greater than 72 hours
5. I do not know

9. What types of Medication Assisted Treatment are your clients typically offered? Select all that apply.

1. Buprenorphine (Suboxone, Sublocade, ZubSolv)
2. Naltrexone (Vivtrol)
3. Methadone
4. Other (Please Specify)

10. Once an Opioid Court connects you with a participant, when do they typically begin their treatment (treatment beyond the scope of MAT such as counselling)?

1. Within 12 hours
2. Greater than 12 hours but less than 24 hours
3. Greater than 24 hours but less than 48 hours
4. Greater than 48 hours but less than 72 hours
5. Greater than 72 hours
6. I do not know

11. How often do you provide non-clinical crisis support to clients after incarceration?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

12. How often do you provide clients with education on various modes of recovery?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

13. How often do accompany clients to medical appointments?

1. All of the time

2. Most of the time
3. Some of the time
4. Rarely
5. Never

14. How often do you make your clients aware of other existing recovery support services?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

15. How often do you connect clients to other formal recovery support services?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

16. How often do you assist clients with applying for housing benefits?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

17. How often do you assist clients with applying for food security benefits?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

18. How often do you assist clients with applying for medical benefits?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

19. How frequently do you attend Opioid Court appearances with your clients?

1. Daily
2. More than once a week
3. More than twice a week
4. Only as requested by the court/ Judge
5. Only when we have a patient making a court appearance

20. Do your clients receive a drug test at each Opioid Court appearance?

1. Yes
2. No
3. I don't know

21. How often do your clients' treatment facilities communicate the results of a random drug test to the court?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. I don't know

22. How often do you coordinate the timing of services for your clients with Opioid Court Case Managers or Court Coordinators?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

23. How often do you coordinate the timing of services for your clients with treatment providers?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

24. How often do you coordinate with Opioid Court Case Managers or Court Coordinators to determine the needs of clients for continuing care?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

25. How often do you coordinate with Family Support Navigators to assist clients and their families with recovery?

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never

The next series of questions asks about your facility's involvement in decision making related to Opioid Courts.

26. Were you or another Certified Peer Recovery Advocate represented at the meetings to develop the Opioid Court in your service area?

1. Yes
2. No
3. I don't know

27. Rate your level of agreement with the following statement: As a Certified Peer Recovery Advocate, I have the opportunity to be involved in making Opioid Court program improvements.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree
6. I don't know

The next group of questions asks for basic demographic information.

28. What is your sex?

1. Male
2. Female
3. Nonbinary
4. Other (Please Specify)

29. What is your age?

30. What is your race/ethnicity? Select all that apply.

1. White
2. Black or African American
3. American Indian or Native Alaskan
4. Hispanic, Latino, or Spanish origin
5. Asian or Asian American
6. Native Hawaiian or Other Pacific Islander
7. Other (Please Specify)

VII. APPENDIX C - INTERVIEW PROTOCOLS

The New York Opioid Court Treatment Enhancement Project: Fidelity Evaluation Structured Interview Protocol - Court Coordinator

Note to Interviewer: Interviews will be conducted via zoom and will not be audio recorded. Therefore, you should take adequate notes under each question so that any member of the research team could reasonably complete the fidelity scorecard items that are associated with these interview questions. For consistency, it is important that you ask all participants the same questions.

Opening the Interview

My name is [NAME] a member of the Lerner Center research team. Thank you for agreeing to this follow-up interview. The information you provide today is important to our efforts to better understand the operation of Opioid Courts in New York State and the role of court coordinators in implementing Opioid Court policies. Most interviews take 30-45 minutes. Some people like to talk longer, and that's ok.

Consent

We sent you the consent information about this study over email when we scheduled this interview.

Did you receive a copy of the consent script to retain for your personal records?

Yes No

I am required to read you the full the consent form now. [\[READ FULL CONSENT FORM\]](#)

Do you have any questions about the consent form?

Yes No

I want to remind you that your participation in this study is voluntary, and you may withdraw at any time. You may choose not to participate at all, or you may refuse to answer certain questions without penalty. The data collected will be used for grant reporting, research, and publication purposes and cannot be shared with anyone who is not part of the research team.

Are you at least 18 years old?

Yes No (end interview)

Did anyone coerce you to participate in this interview?

Yes (end interview) No

Do you consent to participate in this interview?

Yes No (end interview)

Interview Script

Great! Thank you. This interview will consist of some open-ended questions. There are no right or wrong answers. In general, we are interested in how your role as a court coordinator has shaped the operations of Opioid Court. You can ask for clarification or examples or for the question to be repeated at any time. If you do not want to answer a question, simply say “pass.”

1. Can you walk me through the coordination between court supervision and/or pretrial supervision, getting participants into treatment, recovery-oriented systems of care, and medication assisted therapy (MAT)? We are interested in understanding how the coordination of all these services take place.
 2. Can you please describe the standard routine of referring a participant to treatment?
 3. You indicated that it takes (x amount of time) to be started on Medication Assisted Treatment. Can you talk about why it takes (x amount of time)? What leads to the delay in getting participants started on MAT?
 4. You indicated on the survey that you refer participants to community support services. Can you please describe some examples of when you have done this and what sources you have used for referral?
 5. Who conducts the random drug tests for participants?
 - A. How are the random drug tests coordinated and what is your involvement?
 - B. How are these tests randomized?
 - C. What is the scope of the random drug tests, in other words, what drugs are participants tested for?
 6. You indicated on the survey that you use court data to make program improvements. Can you describe some examples of how you have used data in your court to make program improvements?
 7. Are there data that you think would be helpful in making targeted improvements, but these data are not available or otherwise not collected? Are there ways that COVID-19 has impacted your court's operations?
 8. Is there anything else that you would like to share with us about your experiences working in Opioid Court?
-

The New York Opioid Court Treatment Enhancement Project: Fidelity Evaluation Structured Interview Protocol - Opioid Court Judge

Note to Interviewer: Interviews will be conducted via zoom and will not be audio recorded. Therefore, you should take adequate notes under each question so that any member of the research team could reasonably complete the fidelity scorecard items that are associated with these interview questions. For consistency, it is important that you ask all participants the same questions.

Opening the Interview

My name is [NAME] a member of the Lerner Center research team. Thank you for agreeing to this follow-up interview. The information you provide today is important to our efforts to better understand the operation of Opioid Courts in New York State and the role of the Judge in implementing Opioid Court policies. Most interviews take 30-45 minutes. Some people like to talk longer, and that's ok.

Consent

We sent you the consent information about this study over email when we scheduled this interview.

Did you receive a copy of the consent script to retain for your personal records?

Yes No

I am required to read you the full the consent form now. [\[READ FULL CONSENT FORM\]](#)

Do you have any questions about the consent form?

Yes No

I want to remind you that your participation in this study is voluntary, and you may withdraw at any time. You may choose not to participate at all, or you may refuse to answer certain questions without penalty. The data collected will be used for grant reporting, research, and publication purposes and cannot be shared with anyone who is not part of the research team.

Are you at least 18 years old?

Yes No (end interview)

Did anyone coerce you to participate in this interview?

Yes (end interview) No

Do you consent to participate in this interview?

Yes No (end interview)

Structured Interview Script

Great! Thank you. This interview will consist of some open-ended questions. There are no right or wrong answers. In general, we are interested in how your role as a Judge has shaped the operations of Opioid Court. You can ask for clarification or examples or for the question to be repeated at any time. If you do not want to answer a question, simply say “pass.”

1. Please describe the process of determining appearance schedules for Opioid Court participants, such as transportation, stage in progress, etc.

- On average, how often do you ask them to appear?

2. What kinds of data do the court collect and what is your involvement in the collection process?

3. Please provide an example of when you used court collected data to make a targeted program improvement to opioid court.

4. Please discuss the type of stakeholders that were present during the development of your Opioid Court? This includes sheriff/police, treatment/harm reduction providers, probation, housing and social services support, DA's office, defense counsel, pre-trial release, corrections, court staff. Can you describe their attitudes and level of involvement in the planning and development of the court?

5. In what ways has COVID impacted the operation of your opioid court?

6. Is there anything else that you would like to share with us about your experience in working in Opioid Court?