

Project Court REACH

Rigorous Evidence-based Approaches to
Court-based Health Promotion

Chemung County

**HOPE (Heroin Overdose Prevention Effort)
Court**

NEEDS ASSESSMENT REPORT



Executive Summary

In response to the opioid crisis in New York State (NYS), the Unified Court System (UCS) developed a new treatment court model – the Opioid Intervention Court—designed around ten practice guidelines to address the gaps in existing drug treatment courts as they pertain to the management of those with opioid use problems, and who are at risk for overdose. Opioid courts aim to lower the risk of overdose (OD), treat opioid use disorder (OUD), and reduce recidivism via rapid identification, screening, and linkage to treatment, including medications for OUD (MOUD). Project Court REACH (Rigorous Evidence-Based Approaches to Court-based Health Promotion), an implementation intervention, will use evidence-based implementation strategies to refine and evaluate the Opioid Intervention Court in ten participating counties, as framed by the *10 Essential Elements*, in order to inform and guide the scale-up of the opioid intervention court across NYS.

As part of the technical assistance (TA) activities offered through Project Court REACH, a needs assessment has been conducted with participating counties. This report details the results of a needs assessment conducted by the Center for Court Innovation (the Center), the New York State Psychiatric Institute (NYSPI), Columbia University in partnership with the New York State Unified Court System (UCS) between May and August 2021. The needs assessment was designed to assist the HOPE Court in identifying its' current strengths, resources, and challenges to support future planning for their opioid court. This report describes the needs assessment process, summarizes the information obtained during the needs assessment, outlines significant findings, and offers a summary of recommendations that will be addressed and refined during upcoming strategic planning meetings.

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I. BACKGROUND

This report was conducted by the Center for Court Innovation (the Center), in collaboration with researchers at Columbia University/New York State Psychiatric Institute, and is a result of the first phase of the technical assistance activities of Project Court REACH (Rigorous, Evidence-based Approaches to Court-based Health Promotion).

Center for Court Innovation

The Center promotes new thinking about how the justice system can respond more effectively to issues like substance use, intimate partner violence, mental illness, and juvenile delinquency. The Center achieves its mission through a combination of operating programs, original research, and expert assistance. For over two decades, the organization has been intensively engaged in designing and implementing problem-solving courts, and each year, it responds to hundreds of requests for training and technical assistance and hosts hundreds more visitors at its operating programs in New York and New Jersey. Its staff includes former prosecutors, defense counsel, probation officials, senior administrators of major criminal justice agencies, social workers, technology experts, researchers, victim advocates, and mediators. The National Training and Technical Assistance team at the Center provides training and technical assistance to statewide treatment court systems, helping state-level treatment court coordinators and other officials enhance the operation of drug courts and other treatment courts throughout their state.

Columbia University/New York State Psychiatric Institute

Columbia University and the New York State Psychiatric Institute have conducted cutting-edge research into clinical practice for over 50 years, with an eye toward improving access to mental health and substance abuse services for vulnerable populations. A multidisciplinary team of researchers lending their expertise to Project Court REACH includes staff from the Division of Substance Use Disorders, Division of Translational Epidemiology, Mailman School of Public Health, the Center for the Promotion of Mental Health in Juvenile Justice, and the Implementation Science and Outcomes Core, HIV Center for Clinical and Behavioral studies.

Project Court REACH, HEAL and JCOIN

Project Court REACH is a National Institute of Drug Abuse funded project (NIDA; U01 DA050071) designed to enhance the operations of 10 opioid courts in NYS by improving participants' access to evidence-based treatment and recovery supports, providing ongoing technical assistance and research evaluation to bring about the successful sustainment of the opioid intervention court. Project Opioid Court REACH is part of the national **HEAL** initiative, which stands for **Helping to End Addiction Long-term**, led by the National Institutes of Health (NIH). This initiative broadly aims to speed scientific solutions to stem the national opioid public health crisis.

JCOIN, which stands for the **Justice Community Innovation Network**, is the part of the HEAL initiative that focuses on all aspects of the criminal justice system—community supervision, jail, prison, and the courts. The overall goal of JCOIN is to improve access to high-quality care for people with opioid misuse and opioid use disorder in justice settings, whether detained or residing in the community. The centerpiece of the JCOIN approach is establishing partnerships with local and state justice systems and community-based treatment providers to

achieve this aim. Project Opioid Court REACH is one of 12 projects (and growing) across 16 states/territories in the JCOIN network, that aims to enhance opioid court operations and improve participants' access to recovery supports and treatment.

The Opioid Epidemic and the Opioid Intervention Court

In the context of a nationwide opioid epidemic, rates of opioid use, opioid use disorder (OUD), and overdose disproportionately affect those in the criminal justice system. In a nationally representative sample taken in 2016, 19.5% of individuals with an opioid use disorder who misused prescription pain relievers, and 42.5% of individuals who used heroin, reported recent contact with the criminal justice system.¹ Yet despite such high rates of opioid use and OUD, screening for and use of evidence-based treatments for opioid use and OUD, including MOUD, is substantially underused in justice populations.

In New York State alone, approximately 3,224 opioid-related overdose deaths occurred in the general population in 2017, marking a tenfold increase in the state from 2010 to 2017. In Chemung County, the opioid overdose mortality rate increased from 2001-2014 to 2015-2019, increasing from 15.1 to 18.9 per 100,000 members of the population aged 15-64. Though the opioid overdose mortality rate is increasing in Chemung County, it is lower than the NYS and U.S. opioid overdose mortality rates from 2015-2019 (21.1 per 100,000 and 20.2 per 100,000, respectively).

Courts are a critical point of intervention for justice system practitioners to identify opioid use, OUD, and overdose risk, and link defendants to treatment/MOUD in the community. Nationally, justice system practitioners are handling a spike in opioid-related arrests—police, probation officers, and court staff are being trained to administer overdose reversal medication, and jail staff are overseeing the involuntary opioid withdrawal of incarcerated people. Jurisdictions across the country have begun to create opioid intervention courts to address these acute challenges.

In 2016, UCS started the nation's first opioid court in Buffalo, New York, in response to the high rate of opioid-related deaths in Erie County. In 2019, Judge Janet DiFiore set a goal that New York would have an opioid court in every jurisdiction in order to provide the court system with another method for combatting the opioid epidemic. That same year, the Center for Court Innovation convened a national panel of treatment court experts to review New York state's opioid court guidelines and develop the *10 Essential Elements of Opioid Intervention Courts* to assist jurisdictions nationwide in implementing the court. This guiding framework combines evidence-based practices from the treatment field with best practices from drug courts, resulting in a new court model that prioritizes linking court-involved adults who use opioids with lifesaving treatment, including MOUD. The 10 Essential Elements include: 1) broad legal eligibility, 2) immediate screening for risk of overdose, 3) informed consent after consultation with defense counsel, 4) suspension of prosecution or expedited plea, 5) rapid clinical assessment and treatment engagement, 6) recovery support services, 7) frequent judicial supervision and compliance monitoring, 8) intensive case management, 9) program completion and continuing care, and 10) performance evaluation and program improvement.

¹ Winkelman, T. N., Chang, V. W., & Binswanger, I. A. (2018). Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. *JAMA Network Open*, 1(3). doi:10.1001/jamanetworkopen.2018.0558

II. METHODOLOGY

This needs assessment was informed by technical assistance (TA) activities conducted with the Chemung County HOPE Court (Heroin Overdose Prevention Effort) during the Needs Assessment phase of Project Opioid Court REACH. During the Needs Assessment phase, technical assistance providers conducted all activities virtually due to the COVID-19 pandemic. Each activity is outlined below.

HOPE Court Stakeholder Group

Members of the HOPE Court stakeholder group who participated in technical assistance activities include:

- Hon. Steven Forrest, Presiding Judge, HOPE Court
- Desiree Rogers, Court Coordinator, HOPE Court
- Mackenzie Stutzman, Acting Head Public Defender, Chemung County
- Joseph Murphy, Assistant District Attorney, Chemung County
- Josh Wilburn, Case Manager HOPE Court, CASA Trinity
- Hannah Ervay, Certified Peer, HOPE Court, CASA Trinity
- Kristen Zepp, Site Supervisor Adult Clinic, Chemung Family Services
- Captain Kris Thorne, Elmira Police Department
- John Brennan, Esq., Public Advocate
- Casey Johnson, Chief Clerk, Elmira City Court

1. Administrative surveys

These surveys were completed by the HOPE Court coordinator, Desiree Rogers, and the partner treatment provider, CASA Trinity. Questions were asked related to opioid court operations, such as eligibility criteria, the screening and assessment process, stakeholder engagement, and treatment planning. The results of these surveys informed the follow-up interviews.

2. In-depth interviews

After reviewing the data collected from the administrative surveys, Center staff conducted in-depth follow-up interviews with key court stakeholders (e.g., judge, court administrator, defense, prosecution), to gather more information about areas for enhancement. Ten interviews were conducted in three months. In setting forth these findings and recommendations, the confidentiality of interviewees has been preserved to the greatest extent possible.

3. MOUD Systems Mapping Exercise

Columbia University research staff created a reference map and database of MOUD service providers within Chemung County's jurisdiction that may be leveraged to compensate for service gaps that exist in HOPE Court's treatment network. The map consists of data sourced from:

- SAMHSA Behavioral Health Provider Locator

- SAMHSA Buprenorphine Practitioner Locator
- OASAS Centers of Treatment Innovation (COTI) Registry
- OASAS Accredited Provider Directory
- OASAS Accredited MAT Provider Directory

4. UCMS data

Opioid courts collect data around clearly defined, participant-level performance measures. This data is entered by coordinators and case managers into the Unified Court System Management Information System (UCMS) Treatment Services Module (TSM). The UCMS TSM is a platform for inputting, storing, and updating information about participants' progress throughout their time in opioid court, including information related to case status, screening results, court attendance, treatment activities, and drug testing results.

The information entered into the UCMS TSM is then used to monitor and track the HOPE Court's progress at a state level and will be utilized by researchers to track the HOPE Court's progress during the court's participation in Project Opioid Court REACH. These data will also be used to help identify the court's successes and areas for improvement.

The Project Opioid Court REACH technical assistance team has been reviewing the UCMS data from the HOPE Court to measure the court's performance outcomes to date. A summary of preliminary findings is included in Section 10 of this report. Additionally, supplementary information about the specific UCMS data fields used to measure each outcome and where they are located within UCMS is included in the Appendix of this report.

III. FINDINGS AND RECOMMENDATIONS

The findings below are organized according to the themes laid out in the *10 Essential Elements of Opioid Intervention Courts*. In setting forth these findings, the confidentiality of participants from whom the data was collected has been preserved to the greatest extent possible

The Chemung County HOPE (Heroin Overdose Prevention Effort) Court offers treatment and recovery support services for individuals at risk of overdose that are criminal justice system involved. The court receives referrals from arraignments, drug court, and probation. Most stakeholders were involved in the initial development of the program and attended training together. The court has written policies and procedures. The court is partnered with multiple treatment providers that offer a range of services, including MOUD. The court does not have written completion criteria and makes completion decisions on a case-by-case basis.

1. Broad Legal Eligibility

According to the *10 Essential Elements*, opioid courts should accept the broadest range of charges possible, and eligibility criteria should be based on the client's clinical needs and risk of

overdose. As the goal of the program is to reduce the risk of overdose, opioid courts should strive to accept every clinically appropriate defendant.²

HOPE Court accepts referrals from numerous sources, including from arraignments, court-based pre-trial services, drug court, treatment providers, probation, and defense counsel. Notably, HOPE Court's practice of accepting referrals from drug court and probation is an innovative method to serve more individuals at risk of overdose in the legal system, rather than just in a pre-plea context. All stakeholders collaborated to develop the court's policies and procedures at the outset of the court's development. HOPE Court accepts participants with most misdemeanor and felony charges, except violent felonies. The team reviews referrals twice a week, although referral numbers have been notably low since the beginning of the pandemic. The clinical team administers the risk of overdose tool to determine clinical eligibility for the program.

The court should continue to accept a wide range of charges and referrals from multiple sources. The court can work with the new ADA to consider accepting violent felony cases on a case-by-case basis. The court should also continue to work with Elmira Police and town and village courts to encourage referrals at the point of arrest/ticketing. It was noted that police officers are willing to hand out referral cards to individuals they encounter and ticket or arrest. This process can be developed and facilitated with the help of technical assistance from Project Court REACH.

Recommendations:

- Continue accepting a broad range of charges into HOPE Court;
- Continue accepting referrals from multiple sources;
- Strengthen working partnership with town and village courts to facilitate more referrals; and
- Create process for Elmira PD and other police departments to make referrals to HOPE court at the point of arrest.

2. Immediate Screening for Risk of Overdose

Opioid courts should use a specialized screening tool to identify individuals at risk of overdose. This screening should be universally applied and take place as soon as possible after arrest. Information obtained from the screening should be shared only with defense counsel until defense consents to the release of the information as a condition of entering the opioid court program.³

Currently, the HOPE Court case manager(s) are responsible for administering the screening tool for risk of overdose. The tool is administered at the time of referral, which can be at different timepoints depending on the case, for example, post-arraignment, or post-plea if the referral is coming from drug court. Defense counsel is notified about participation and the suspension of the case in pre-plea cases.

² Center for Court Innovation (2019) *The Essential Elements of Opioid Intervention Courts*. https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf

³ Id

HOPE Court can serve more individuals through improving communication with police officers that encounter individuals at risk of overdose. After making the referral at the point of arrest, case managers or the certified peer can be made available to administer the risk of overdose tool. Currently, few if any referrals have come from first responding officers.

Recommendations:

- Facilitate HOPE Court referrals from first responding police officers;
- Develop written referral process for officers; develop plan to conduct legal and clinical screenings; and
- Create educational materials and strategy, including trainings, to encourage officers to make HOPE Court referrals.

3. Informed Consent after Consultation with Defense Counsel

Potential opioid court participants should meet with their defense counsel prior to program entry. Defense counsel should be available for consultation as soon as possible after the screening is completed and inform the defendant of all possible options.⁴

The Public Defender's Office and the Assigned Counsel's Office have been collaborative partners with HOPE Court since its inception. Both offices were involved in the planning of the court, have been trained with the team on best practices, and are involved in stakeholder meetings. Defense counsel is also present at opioid court appearances and helps facilitate referrals and the suspension of the case.

It was noted that defense counsel does not have a formal screening process separate from HOPE Court's process, and they work with the arraignment court judge and case manager to help make a referral.

Recommendations:

- Continue active collaboration with Public Defender's Office and Assigned Counsel's Office;
- Send attorneys in both offices Project Court REACH's CLE training modules to further educate about opioid court; and
- Re-start (due to the pandemic) regular HOPE Court meetings to improve communication among all parties.

4. Suspension of Prosecution or Expedited Plea

Opioid courts suspend the prosecution of the legal case while the participant is connected to treatment supports and on the path toward clinical stability. The model is premised on the prosecutors pausing the prosecution of the case for the duration of the participant's time in

⁴ Id.

opioid court, allowing the participant, the court, and the treatment providers to prioritize clinical stabilization for the participant.⁵

In HOPE Court, if a participant enters at the time of arrest or arraignment, prosecution is suspended while an individual focuses on clinical stabilization. The prosecutor and defense counsel are in communication during HOPE Court participation. The former prosecutor assigned to HOPE Court reported also being a part of the drug court team but noted that there was not as frequent communication regarding HOPE Court clients as with drug court clients. Additionally, it was noted that ADAs do not currently identify potential participants or refer them to HOPE Court, and he was unsure of all eligible charges. With a new ADA in place, the court can benefit from increasing the level of knowledge and awareness of court protocols with the District Attorney's office, and ensuring the procedures work from their perspective.

Recommendations:

- Engage new ADA in Project Court REACH;
- Encourage ADAs to identify potential participants and refer them to HOPE Court; and
- Raise level of awareness of policies and procedures for HOPE Court.

5. Rapid Clinical Assessment and Treatment Engagement

Opioid court clients should receive a comprehensive clinical assessment administered by a qualified treatment professional, and should be offered individualized, evidence-based treatment services, ideally within 24 hours of arrest. Treatment providers should develop treatment plans collaboratively with the client.⁶

HOPE Court works closely with its partner treatment agency, CASA Trinity. Case managers from CASA Trinity are involved in both the screening and assessment process, and also manage the participants' treatment plans. Certified peers from Trinity are also linked with participants and provide ongoing support, including overdose prevention training. Most HOPE Court participants are linked with MOUD at Trinity. While Trinity has been a supportive partner to the court, the SOR funding that has been available is ending in September 2021 and the court will need to find alternative funding for these positions.

In addition to substance use disorder treatment at Trinity, participants are also linked to mental health services at Chemung Family Services. While Chemung Family Services is well-integrated into drug court operations, it was noted that more can be done to integrate communication for HOPE Court participants. This can look like regular updates on HOPE Court participant progress from Chemung Family Services to the court.

The Project Court REACH research team has identified potential MOUD providers in Chemung County, including CASA Trinity (the agency that is currently partnered with HOPE Court), Arnot Health, and additional buprenorphine-waivered providers [See Provider Map and Database in Appendix]. Should treatment needs expand past current capacity, leveraging COTI services as

⁵ Id.

⁶ Id.

well as mobile and telehealth services with existing providers and partnering with additional providers may be an option.

Recommendations:

- Continue collaborative development of treatment plans with participants;
- Strengthen communication between mental health service providers and the court; and
- Explore additional funding options for peer(s) and case manager(s).

6. Recovery Support Services

Opioid courts should offer participants a broad range of evidence-based recovery support services. This includes using peer recovery advocates to help participants engage in the program and offer them additional guidance and encouragement. In addition, courts should leverage partner agencies and volunteers to assist participants with social stability, such as general medical needs, trauma-related care, housing, transportation, and other supports. Where available, opioid intervention courts should partner with family support navigators, who can help address the impact of opioids on the entire family.⁷

HOPE Court has a strong team in place which attempts to provide participants with as many services that are available to them in Chemung County. The Certified Recovery Peer Advocate has been involved in the HOPE Court since the planning stages and willingly provides support and advocacy beyond what is required of her role. The peer will also work with individuals who are not yet formally involved in HOPE Court and who may never join HOPE Court. It was noted that the peer can be available to facilitate referrals to HOPE Court in collaboration with Elmira Police. The peer can help facilitate a warm handoff to treatment if Elmira officers contact her at the time of an arrest for someone they believe is at risk of overdose.

Recommendation:

- Incorporate peer into referral process by facilitating communication between Elmira Police and the peer for a warm handoff to treatment.

7. Frequent Judicial Supervision and Compliance Monitoring

Opioid court participants should have frequent interactions with the judge during the duration of their participation in the program. The judge should use motivational interviewing to engage participants in strengths-based conversations about their progress. Participants should undergo frequent, random drug testing using evidence-based drug testing protocols. During the stabilization period, however, the court should avoid imposing punitive sanctions for positive drug tests. Rather, in response to positive drug tests, the court should work with treatment partners to adjust the participant's treatment plan to work towards clinical stabilization.⁸

HOPE Court participants engage with the judge regularly. HOPE Court meets twice weekly, and participants have the opportunity to interact with the judge during scheduled court appearances,

⁷ Id.

⁸ Id.

which have been tele-visits during COVID. Participants who are completing in-patient treatment have a weekly check-in.

The court does not have on-site drug testing. All testing takes place at the program sites. Currently, the treatment provider does not schedule drug testing; participants are only drug tested if the clinician requests it. Responses to positive drug tests are non-punitive, with the treatment team working to adjust participants' treatment plans and provide additional supports.

Recommendation:

- Continue to utilize tele-visits to engage with participants completing in-patient treatment even after court appearances return to in-person.

8. Intensive Case Management

Opioid court case managers should help to coordinate services and ensure that participants have the necessary support in place during the stabilization period. Case managers act as liaisons between the court, supervision agencies, and service providers.⁹

The case managers are actively and directly involved in HOPE Court. Employed by CASA Trinity, the case manager assists with referrals, completes screenings and evaluations, sits in arraignments, engages with the court coordinator and the rest of the stakeholder team, connects with court participants on a regular basis, enforces and supports therapeutic recommendations, and has a strong working relationship with the peer advocate. The case manager does a curfew check each night with all participants who are not completing in-patient treatment. The case manager is also responsible for communicating participant progress with the rest of the stakeholder team.

Recommendation:

- Continue to foster strong relationships with local treatment agencies who support the harm reduction model.

9. Program Completion and Continuing Care

Each opioid court should have clear completion criteria. Criteria should include a requirement that participants complete a minimum of 90 days of treatment and supervision. After this period, eligible participants should be assessed for possible enrollment in longer-term programs, like a treatment court, where they can continue to receive evidence-based treatment and achieve long term recovery while the resolution of their criminal charges is pending. In situations where the participant's legal case will be resolved at the conclusion of the 90-day stabilization period—for example, through dismissal of charges or a plea agreement with no ongoing court involvement—participants should be offered continuing care planning before they leave the program.¹⁰

Seven individuals have successfully completed HOPE Court; 22 participants have been terminated. Due to the innovative structure which allows HOPE Court to accept referrals from

⁹ Id.

¹⁰ Id.

probation, these figures may be perceived as showing a disproportionate lack of success for HOPE Court participants.

Continuing care is provided on an individual basis for participants as they leave HOPE Court. Some participants may stay on the case manager's caseload or may move to service provision from local treatment providers. Next steps for treatment appear to be individualized due to criminal charge and each participant's treatment need.

Although COVID-19 is partially to blame for some of the unusual completion timelines for participants in HOPE Court, participants should at the outset be provided the proposed timeline and steps for completion. Having these established procedures will also clarify from the outset the requirements of defense attorneys, which may assist in recruitment. Establishing clear program completion criteria through updated policies and procedures will formalize the process for pre-plea and probation-referred participants, including providing guidelines for handling compliance issues among participants and will allow for legal cases to proceed in a timely fashion.

Recommendation:

- Amend policies & procedures manual to provide program completion criteria, including program length and successful completion requirements.

10. Performance Evaluation and Program Improvement

Opioid courts should collect data around clearly defined, participant-level performance measures. Courts should collect this data continuously and meet at least annually as a team to analyze this data, ideally with the help of a qualified research partner. These practices allow the court to identify service gaps and make program improvements.¹¹

The UCMS Treatment Services Module is a platform for inputting, storing, and updating information about participants' progress through opioid court, including information about case status, screening results, court attendance, treatment activities, and drug testing results. Information entered into the UCMS dashboard is then aggregated in the Opioid Court dashboard to monitor and track the HOPE Court's progress at a state and local level. This data will be utilized to track the court's progress during participants' time in the Project Opioid Court REACH.

The data within UCMS will be leveraged to evaluate participation outcomes, including court completion and treatment linkage and retention, and to identify areas for practice improvement throughout the duration of Project Opioid Court REACH. Using your opioid court's UCMS data from 10/07/2019 to present, a preliminary analysis of the court's participation outcomes to date are described below and depicted in Figure 1. Moving forward, training and support around UCMS data entry will be incorporated into your county's technical assistance activities.

Data collection is ongoing in the HOPE Court; this process can be strengthened with the development of more robust data collection practices. Currently, treatment providers collect data

¹¹ Id.

that is shared with Chemung County's Commissioner for Mental Health Services and the peer has indicated that she would track more data if provided technological tools (such as a tablet) in the field.

Referred to Opioid Court

From 10/07/19 to present, Chemung County's HOPE Court accepted 35 referrals for potential participants. Of these 35 potential participants, n=28 became official participants based on UCMS data (80%).

Screened

All treatment courts are required to administer the NYS Treatment Court Assessment or the NYS Problem-Solving Court Assessment to potential participants. This assessment includes critical information about potential participants' drug use and their personal background (arrest history, housing, employment, family, etc.). Within UCMS, there is assessment information for n=18 out of your court's 35 potential participants (51%). It is likely that more of these assessments are being conducted (with results captured in a different data platform) but are not being linked to potential participants' cases in UCMS.

Participation Acceptance

Out of the 35 potential participants referred to the court, UCMS data document that n=28 were offered and accepted the opportunity to participate in the HOPE Court (80%).

Please note, because contract date and/or participation date are largely missing, we had to use other variables to determine which cases represented "true" participants. For example, beyond those that had contract and/or participation date, we also included as participants all cases that included closed reasons equal to graduated or failed or that had treatment information. If we had only used contract date and/or participation date to determine the number of participants, we would have estimated that your court has had 19 participants to date.

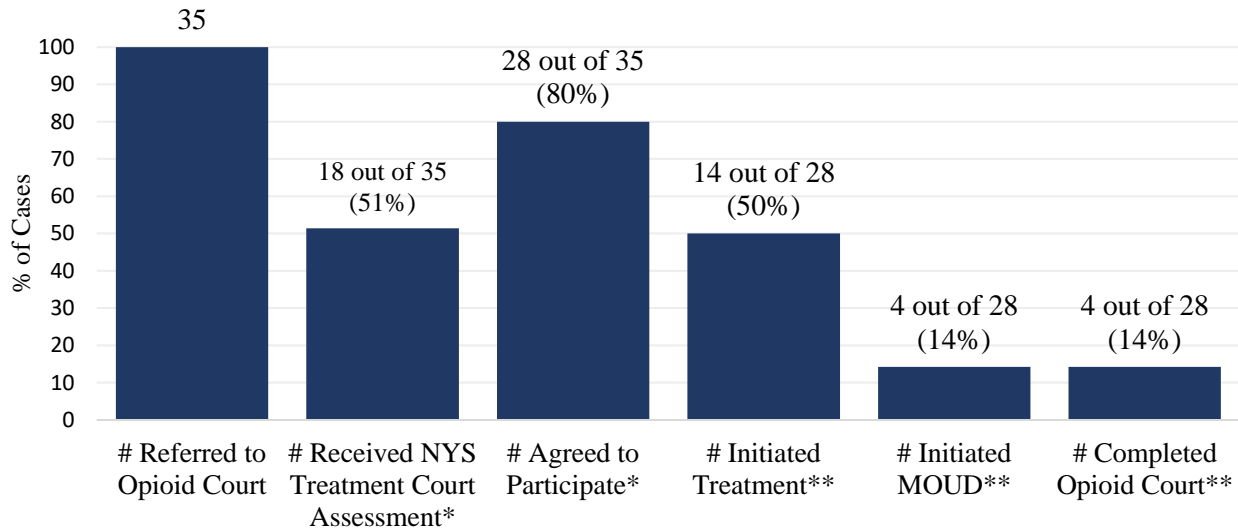
Treatment Initiation/MOUD Initiation

Out of the 28 participants accepted into the court, there is treatment initiation information available for n=14 individuals (50%), of whom n=4 are recorded as having been linked to MOUD (14%). It is likely that a larger proportion of HOPE Court participants are linked to treatment, and more specifically MOUD, during their court participation but are not documented as such in UCMS.

Program Completion

Of the 28 participants accepted into the court, n=4 successfully complete court. Another n=14 failed or dropped out of court and n=10 have other close reasons (including loss of contact, transferred to other court/jurisdiction, etc.).

Figure 1. Chemung HOPE Court Participation Outcomes using UCMS data (n=35)



* Indicates the denominator includes all cases that were referred

** Indicates the denominator includes all cases that became participants

Recommendations:

- Work with Project Court REACH staff to identify areas and strategies for data entry improvement, including the use of the Opioid Court dashboard; and
- Implement recommendations from this report with the help of technical assistance from Project Court REACH.

IV. CONCLUSION

Chemung County’s HOPE Court generally presents an integrated team that utilizes its available resources to provide stabilization and support to participants. The stakeholders are engaged and actively involved in building a court in alignment with the Essential Elements and have been clear about ways in which the technical assistance team can offer support and suggestions for enhancing the current process. The recommendations identified in this report were made with the expectation that the Center for Court Innovation will provide technical assistance and support for implementation.

References

Center for Court Innovation (2019) The 10 Essential Elements of Opioid Intervention Courts. https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf

Winkelman, T. N., Chang, V. W., & Binswanger, I. A. (2018). Health, Polysubstance Use, and Criminal Justice Involvement Among Adults with Varying Levels of Opioid Use. *JAMA Network Open*, 1(3). doi:10.1001/jamanetworkopen.2018.0558



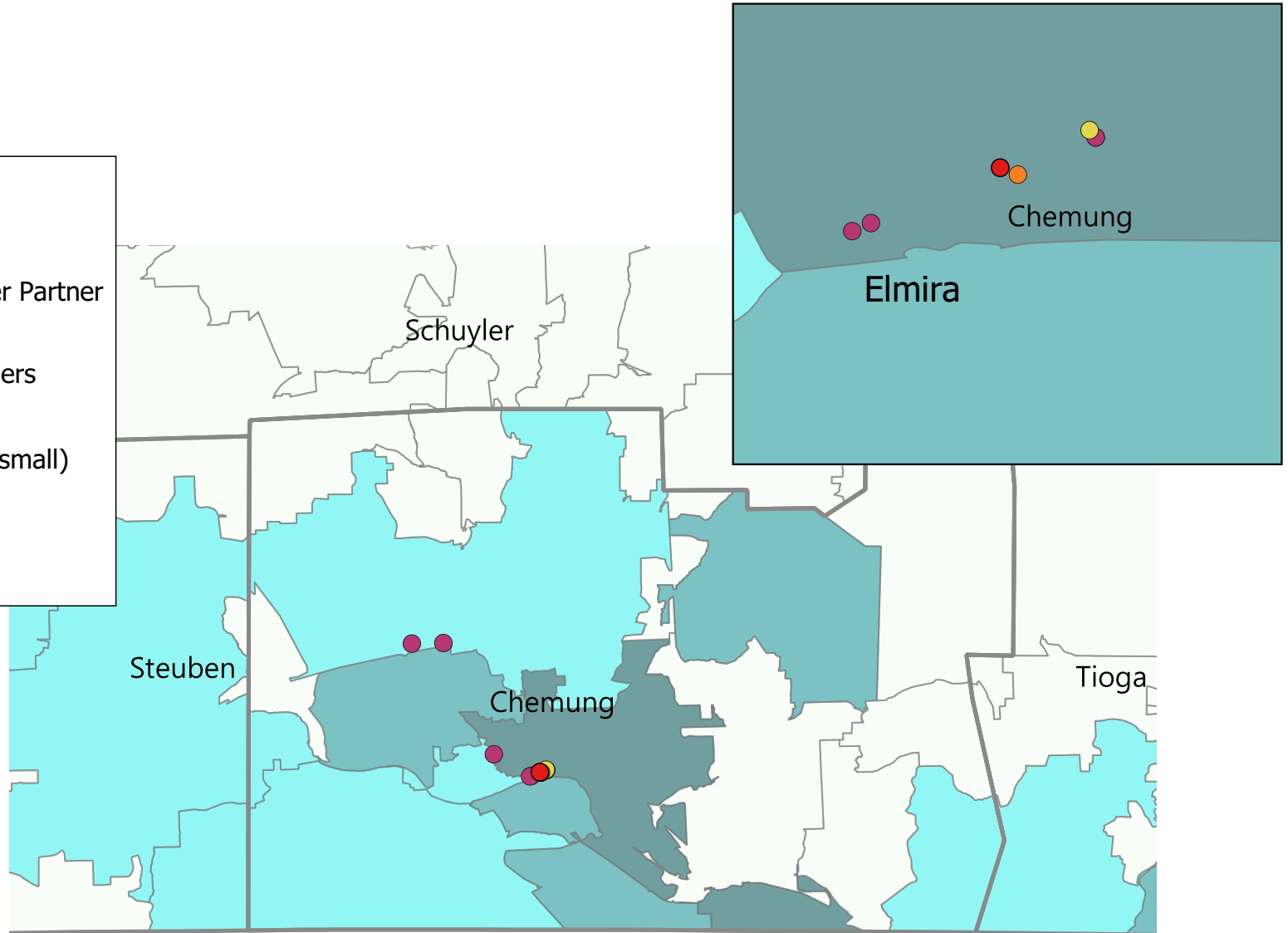
Chemung County Provider Map

Legend

- County Court
- Opioid Court Treatment Provider Partner
- MOUD/MAT Prescribing Agency
- Buprenorphine-Waivered Providers

Opioid Burden per 100,000 (2018)

- Data suppressed (numbers too small)
- Q1 & Q2: 0 - 242
- Q3: 242 - 388
- Q4: 388 - 2721





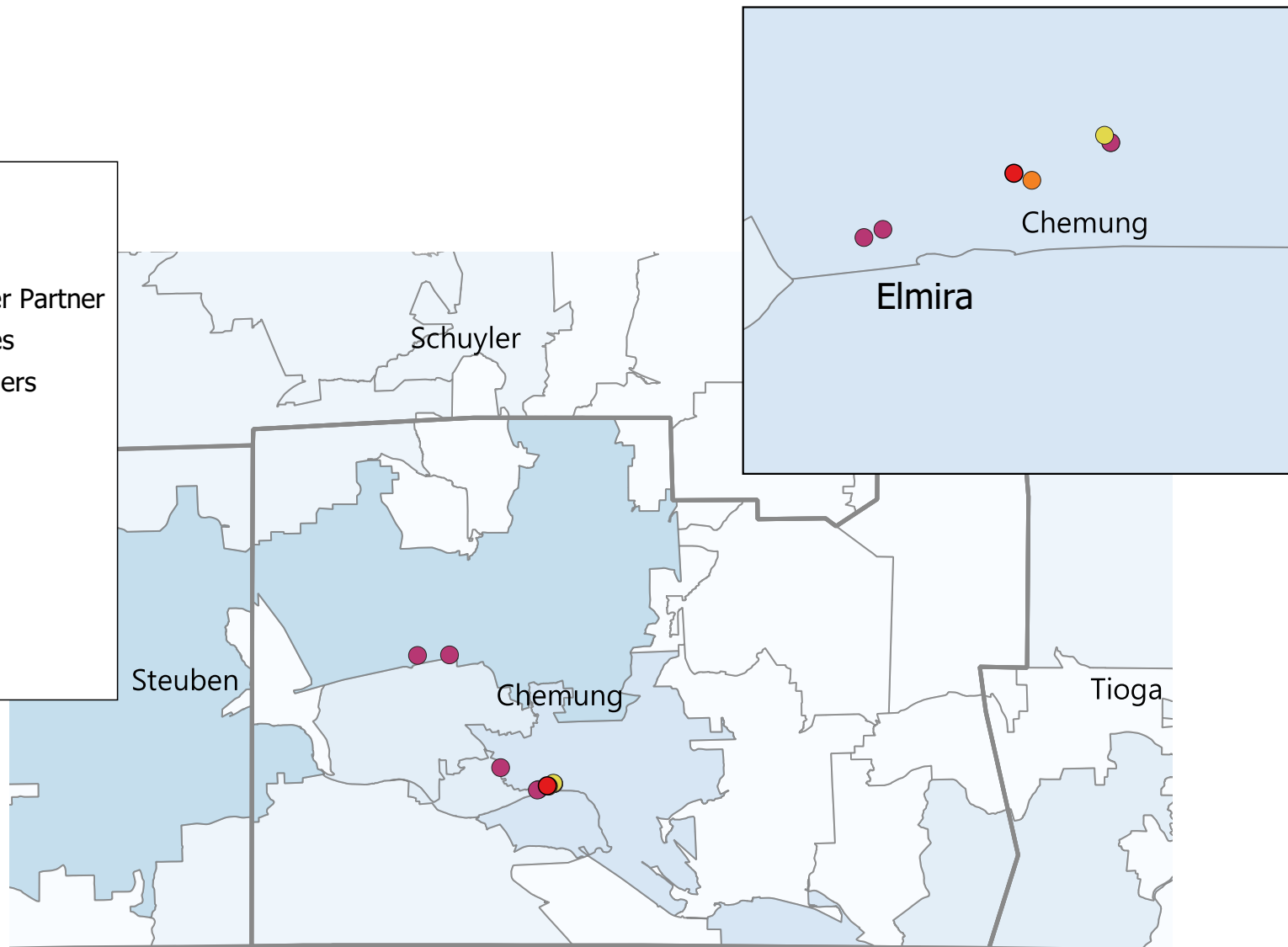
Chemung County Provider Map

Legend

- County Court
- Opioid Court Treatment Provider Partner
- MOUD/MAT Prescribing Agencies
- Buprenorphine-Waivered Providers

Population

- 0 - 2560
- 2560 - 6468
- 6468 - 11362
- 11362 - 17356
- 17356 - 24181
- 24181 - 31125



MOUD Providers in Chemung County | Project Opioid Court REACH

Treatment Provider	Treatment Type(s)	Medications/ Services Offered	Telehealth Capacity	Insurance Information	Address	Telephone	Website
Opioid Court Partner + COTI							
CASA Trinity Inc Chemung County	Outpatient	Buprenorphine, Vivitrol	Available	Federal, ; Medicaid; Military; Private; Cash or self-payment; State-financed; sliding scale	150 Lake Street Elmira, NY 14901	607-737-5215	https://www.casa-trinity.org/branch-location.php?Elmira-NY-3
Prescribing Agencies							
Arnot Health Saint Joseph's Hospital - New Dawn STARS	Inpatient	Buprenorphine, Naltrexone	Available	Medicare; Medicaid; Private health insurance; Cash or self-payment	555 Saint Joseph's Boulevard Unit C1 Elmira, NY 14901	607-733-6541	https://www.arnothealth.org/offices/st-josephs-hospita
Buprenorphine-Waivered Physicians							
Saeed Anwar-Guthrie Medical Group		Buprenorphine			31 Arnot Road, Horseheads, New York, 14845	607-795-5100	
Dr. Venna Garyali M.D.		Buprenorphine			100 North Main Street, Elmira, New York, 14901	607-936-1771	
Christopher Mu PA		Buprenorphine			100 John Roemmelt avenue, Horseheads, New York, 14845	607-737-4100	
Dr. Atinuke Ogunlade-Addams MD-Tinu Addams Medical		Buprenorphine			206 West Water St. Elmira, NY, 14901	607-733-0660	
Andrey Takhtovich, MD- family resident Arnot Ogden Medical Center		Buprenorphine			200 Madison Avenue, Suite 2B, Elmira, NY, 14901	607-732-1310	
Timothy Baxter-Arnot Ogden Medical Center		Buprenorphine			200 Madison Avenue, Suite 2E, Elmira, NY, 14901	607-795-8035	
Daniel Anthony Louie, MD		Buprenorphine			600 Roe Avenue, Elmira, NY, 14905	607-737-4100	

Appendix 3. UCMS Data Overview: Fields of interest

Data about court and participant outcomes are being collected from the Treatment/Service Module in UCMS. This is the module used to create new episodes for opioid court participants and to document/track their progression through the opioid court.

Below, Table 1 lists the project outcomes and the UCMS field(s) that are being used to measure them.

Table 1. Project Opioid Court REACH Outcomes and Associated UCMS Fields

	Outcome	Description	UCMS Field
COURT OUTCOMES	Opioid court case creation	Individual is referred to opioid court and accepted as a potential participant, episode is created	<ul style="list-style-type: none"> • Create date¹
	Screened by opioid court	Potential participant received the NYS Treatment Court Assessment or NYS Problem Solving Court Assessment	<ul style="list-style-type: none"> • Assessment date¹
	Opioid court participation date	Date that the participant agreed to participate in opioid court	<ul style="list-style-type: none"> • Contract date¹ • Participation date¹
	Opioid court case close date	Date that the participant's opioid court case was closed	<ul style="list-style-type: none"> • Close date¹
	Opioid court close reason	Reason why the participant's opioid court case was closed	<ul style="list-style-type: none"> • Close reason¹
TREATMENT OUTCOMES	Treatment initiation	Participant initiates treatment services	<ul style="list-style-type: none"> • Start date² • Completion date² • Completion reason² • Modality² • Episode Designation¹ • Designation Date¹
	MOUD initiation	Participant initiates MOUD services	<ul style="list-style-type: none"> • Start date² • Completion date² • Completion reason² • Modality²
	Treatment completion	Participant completes treatment	<ul style="list-style-type: none"> • Modality² • Completion date² • Completion reason²

	MOUD completion	Participant completes MOUD	<ul style="list-style-type: none"> • Modality² • Completion date² • Completion reason²
	MOUD compliance	Drug tests for MOUD (specifically where it is indicated that the person is receiving MOUD as part of their treatment regimen)	<ul style="list-style-type: none"> • Test date³ • Drug name³ • Result³ • Therapeutic indicator³

¹ UCMS Location: Treatment/Service Module, Edit Episode

² UCMS Location: Treatment/Service Module, Programs

³ UCMS Location: Treatment/Service Module, Drug Tests

Figure 2 depicts the location where the fields listed in Table 1 (above) should be entered into the UCMS.

Figure 2. UCMS Treatment/Service Module

