

**Project Opioid Court REACH**  
Rigorous Evidence-based Approaches to  
Court-based Health Promotion

**Queens County**  
**Queens Connect-O**

**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 10 practice guidelines to address 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 Opioid 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 10 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), Columbia University/New York State Psychiatric Institute (NYSPI), in partnership with the New York State Unified Court System (UCS) between September 2021 and January 2022. The needs assessment was designed to assist the Queens County Opioid Court (Queens Connect-O) 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 written 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 Opioid 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 adult 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 Opioid 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 Opioid Court REACH, HEAL and JCOIN**

**Project Opioid Court REACH** is a National Institute of Drug Abuse funded project (NIDA; U01DA050071) 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 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.<sup>1</sup> 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 2,956 opioid-related overdose deaths occurred in the general population in 2018. In Queens County, the opioid overdose mortality rate nearly doubled from 2009-2013 to 2014-2018, increasing from 6.3 to 10.9 per 100,000 members of the population aged 15-64.<sup>2</sup>

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 adult drug courts, resulting in a new court model that prioritizes linking court-involved adults who use opioids with lifesaving

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<sup>1</sup> 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

<sup>2</sup> New York State Department of Health. New York State Opioid Data Dashboard. [https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/opioid\\_dashboard/op\\_dashboard&p=sh](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=sh). Published January 2022. Accessed February 2022.

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.

## II. METHODOLOGY

This needs assessment was informed by technical assistance (TA) activities conducted with Queens County Opioid Court (Queens Connect-O) 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.

### **Queens Connect-O Stakeholder Group**

Members of the Queens Connect-O stakeholder group who participated in technical assistance activities include:

- Naima Aiken, Project Director at Queens Criminal Court, Queens Connect
- Angela Albertus, Executive Assistant District Attorney of the Criminal Practice and Policy Division, Queens County District Attorney's Office
- Elder Alcime, Behavioral Health Treatment Provider, Cornerstone Treatment Facility
- Shannon Castang-Feggins, Resource Coordinator, Queens Connect
- Donna Haase, Defense Attorney, Legal Aid Society
- Diana Salierno, Defense Attorney, Legal Aid Society
- Hon. Toko Serita, Judge, Queens Misdemeanor Treatment Court
- Dr. Carolann Slattery, Behavioral Health Treatment Provider, Samaritan Village
- Theresa Tobin, Chief of Interagency Operations, New York Police Department

#### 1. Administrative surveys

These surveys were completed by the Queens Connect-O project director, Naima Aiken, and the partner treatment provider, Cornerstone. 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. Eleven interviews were conducted over the course of five 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 Queens County's jurisdiction that may be leveraged to compensate for service gaps that exist in Queens Connect-O's treatment network. The map consists of data sourced from:

- SAMHSA Behavioral Health Provider Locator
- SAMHSA Buprenorphine Practitioner Locator
- Federally Qualified Health Center (FQHC) Registry
- 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 through the opioid court, including information related to case status, screening results, court attendance, treatment activities, and drug test results.

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

Once Queens County Opioid Court begins enrolling participants, the Project Opioid Court REACH technical assistance team will begin reviewing UCMS data to measure the court's performance outcomes. 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.

Queens Connect-Opioid (O) is a program within the Queens Misdemeanor Treatment Court (QMTC) that provides participants at risk of opioid overdose with rapid overdose intervention, which may include medications for opioid use disorder (MOUD). Queens Connect-O refers

eligible participants for clinical assessment, and immediate referral and appointment(s) for opioid-based treatment.

Under this no-plea diversion program, a participant's completion of six sessions and reduced risk of overdose will result in a dismissal of their case. This program is also designed to address the participant's needs in a holistic and comprehensive manner, and includes educational, vocational, and home health services related to any mental health or psychiatric conditions. Through a series of case management and clinical sessions, participants are exposed to resources available in their community to support and encourage the desire for treatment. Participation in any recommended treatment program, while encouraged, is not mandated.

## **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.<sup>3</sup>

Queens Connect-O accepts Penal Law 220.03 (Criminal Possession of a Controlled Substance in the 7<sup>th</sup> Degree), Penal Law 155.25 (Petit Larceny), and Penal Law 165.40 (Criminal Possession of Stolen Property in the 5<sup>th</sup> Degree). The Queens County District Attorney's Office has the discretion to admit other misdemeanor charges or individuals with open cases, open parole, or probation. Representatives from the Queens DA's Office review and consider an individual's criminal history before enrollment. To date, referrals for individuals on parole or probation have not been made to the Connect-O program. Additionally, stakeholders report that extensive criminal history is often a barrier to referral.

Currently, all participants who successfully complete the Connect-O program have their case end in dismissal. Expanding legal eligibility to include other dispositions, such as violations, may increase referrals and participation. Additionally, stakeholders can consider broadening the completion options to include transfer to longer term drug treatment court for more serious cases, which may allow for faster interventions for drug treatment court participants.

While there exists clear written legal eligibility guidelines, there was not a unified understanding of which cases are eligible for Queens Connect-O or the criteria that would make a case legally eligible among the interviewees. Clarity on which cases will be accepted may increase referrals to the program.

### Recommendations:

- Consider automatic transfer for agreed eligible charges without the need for the District Attorney's review;
- Explore increasing legal eligibility to additional misdemeanor charges;

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<sup>3</sup> 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](https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf)



- Examine inclusion of individuals on parole and probation who are at risk of overdose into the program;
- Discuss inclusion of cases with alternative dispositions for successful completion, as well as a no-disposition approach; and
- Increase clarity for stakeholders on legal eligibility and what requirements must be reached for the Queens District Attorney's Office to use discretion to admit.

## **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.<sup>4</sup>

Queens Connect-O has not yet had participants go through the program since its inception. Referrals come from the District Attorney's office, as well as defense counsel, or other court staff, like court officers, typically during arraignments. While the program has well-defined eligibility criteria, the referral and screening process is less well defined. Stakeholders reported not having a full understanding of how cases could be referred to the program. Notably, law enforcement representatives do not make referrals, and indicated that they are awaiting the start of the Heroin Overdose Prevention and Education (HOPE) program in select precincts in Queens County to provide services for this population. The HOPE program will provide an earlier intervention point, in which law enforcement officers refer individuals they encounter in the field directly to treatment services.

Once referred, Queens Connect-O uses a screening for risk of overdose that was developed based on the tool used in the Bronx OAR (Overdose Avoidance Recovery) program. This screening is conducted by the court coordinator who is also the Program Director. Currently, peers are not involved in screening. After this initial screen, case managers at the court administer the UCMS screener, and then a full clinical assessment is done by treatment providers after a referral is made.

### Recommendations:

- Create a streamlined identification and referral pathway for both legal and clinical eligibility, that includes identification by peers and court staff at arraignment;
- Raise awareness about clinical eligibility to larger stakeholder group in the county;
- Educate stakeholders on variety of programs and options in the county; and
- Use risk of overdose screener developed by Project Opioid Court REACH.

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<sup>4</sup> Id

### **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.<sup>5</sup>

For this Needs Assessment Report, Project Opioid Court REACH staff interviewed representatives from the Queens Legal Aid Society (LAS), but were not able to connect with representatives from the Queens Defenders' office. Potential participants are given access to defense counsel and are able to discuss their options fully before enrolling in Queens Connect-O.

Several diversionary courts and programs exist within the Queens court system. This includes the Treatment Readiness Program at the Queens Community Justice Center, which serves the same population (although to date, that program has also not received referrals; this program receives referrals from the District Attorney's Office, includes three treatment sessions, and the case disposition is discretionary with the District Attorney's Office). Due to the impressive number of programs available, it was reported that there can be confusion around which programs clients are eligible for and how to make referrals. Stakeholders were interested in expanding education opportunities to increase knowledge of the programs within the defense community.

#### Recommendations:

- Increase clarity of which programs are appropriate for which clients;
- Provide education about Opioid Use Disorder and the Queens Connect-O program for attorneys; and
- Identify gaps in referral process and streamline the referral process for defense attorneys.

### **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 opioid court, allowing the participant, the court, and the treatment providers to prioritize clinical stabilization for the participant.<sup>6</sup>

The Queens District Attorney's Office currently suspends prosecution of a case while the participant engages in stabilization through Queens Connect-O. Discovery and CPL 30.30 speedy trial time are suspended during this participation. Cases are dismissed upon successful completion of the program. The Queens District Attorney's Office is the primary decider on which cases will be permitted to enter diversionary programs.

As stated, many diversionary courts and program exist within the Queens court system. Due to the impressive number of programs available, including through the District Attorney's Office and LAS, it was reported that there can be confusion around which programs clients are eligible

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<sup>5</sup> Id.

<sup>6</sup> Id.

for and how to make referrals. Clarity on which cases would be eligible for each program will be beneficial to all the diversionary programs. Stakeholders reported needing clarity at arraignments as to which cases should be directed to the Queens Connect-O calendar. Additionally, it was noted that there is concern cases will end in a worse disposition if participants are not successful in completing the program.

Recommendations:

- Identify outcomes for unsuccessful completion;
- Ensure that participants who engage in Queens Connect-O, but who are ultimately unsuccessful, are not penalized for their participation, formalized in a Memorandum of Understanding;
- Provide ongoing education about Opioid Use Disorder and the Queens Connect-O program for Assistant District Attorneys; and
- Create a plan to expedite referral of cases from District Attorney's Office.

## **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.<sup>7</sup>

Queens Connect-O is supported by two treatment providers, Samaritan Village and Cornerstone Fresh Meadows. These two providers offer a full range of clinical treatment options, including detox services, inpatient and outpatient treatment, as well as medications for opioid use disorder (MOUD). Although Queens Connect-O is connected with a full range of clinical options, participants are not required to complete a full clinical treatment plan in order to complete the Queens Connect-O program. The providers have long-standing relationships with treatment courts in Queens County and attend all stakeholder meetings. The providers have peers on staff as well as mental health services available. These peers do not yet have a defined role in the court.

Treatment providers were not aware of any current or former cases related to Queens Connect-O, but indicated their availability and willingness to accept participants once they are referred to treatment. Treatment providers also relayed that in some cases, they do not have the full picture of a client's court-involvement, and sometimes receive disparate information about whether someone's treatment is mandated or voluntary.

Recommendations:

- Once screening and referral procedures are in place, inform treatment partners about policies and procedures of the court, and maintain one point-of-contact for referrals to improve the exchange of information flow between providers and the court;

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<sup>7</sup> Id.

- Utilize mobile vans that are available by treatment providers for immediate transport to treatment; and
- Continue to include treatment partners in all stakeholder meetings.

## **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.<sup>8</sup>

Participants of Queens Connect-O are required to complete six sessions aimed at addressing a person’s clinical and social needs. Sessions three through six include assessments for home health services, vocational and educational services, community resources and aftercare planning. These sessions are provided by court case managers in tandem with Treatment Alternatives for Safer Communities (TASC) staff. The program design aims to provide triaged, but holistic, care to participants, by addressing needs beyond a person’s substance use disorder. Stakeholders reported that this population’s needs extend beyond their risk of overdose, and include other social needs, that the program is designed to address. However, the program has not yet seen the benefits of this thoughtful design, as it has not enrolled many participants.

### Recommendations:

- Implement six session design once participants are enrolled in the program;
- Involve both treatment provider-based peers and TASC peers to support participants’ completion of the program; and
- Ensure services are coordinated among various providers through ongoing communication.

## **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.<sup>9</sup>

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<sup>8</sup> Id.

<sup>9</sup> Id.

Queens Connect-O benefits from the leadership of Judge Toko Serita who has significant experience in treatment courts. Judicial interaction with participants in the program is limited due to COVID-19 and the short length of the program.

Drug testing is not conducted by the court and is not determinate in successful completion of Queens Connect-O.

Stakeholders noted that other Judges, particularly at arraignments, would benefit from understanding which cases are appropriate for referral to Queens Connect-O. A number of opioid courts in New York State use an opioid court bench card at arraignments to increase referrals and streamline the process. The Center will share this template with the stakeholders.

Recommendations:

- Provide bench cards to arraignment court judges; and
- Schedule stakeholder meetings to occur throughout the year to review procedures and program operations.

## **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.<sup>10</sup>

Queens Connect-O benefits from a dedicated court-based case manager who has experience working with other problem-solving treatment courts in the county. The case manager is available to conduct assessments and provide ongoing case management to support participants completing the required six sessions of the program. While the case manager is available for participants, it was again reported that identification and referral pathways need to be strengthened for the program to begin accepting cases.

Recommendations:

- Utilize case managers for identification and screening at arraignments;
- Utilize intensive case management once participants are enrolled in the program; and
- Coordinate services across providers and agencies to ensure continuity of care.

## **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

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<sup>10</sup> Id.

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.<sup>11</sup>

Queens Connect-O currently has delineated program completion criteria, aimed at achieving clinical stabilization, which are to complete the following six sessions:

- Session 1: Assessment and Emergency Treatment Referral – develop treatment plan
- Session 2: Clinical Services Referral
- Session 3: Home Health Services for assessed chronic medical and mental health needs
- Session 4: Vocation and/or Educational Services screening by TASC vocational counselor
- Session 5: Treatment Options and Community Resources
- Session 6: Final Case Management Session and Future Treatment Plan

Once these six sessions are deemed complete (although the procedures document does not explain how to complete each session), participants' cases are dismissed and sealed by the DA's Office. While this agreement is certainly favorable for participants, stakeholders can consider whether a dismiss and seal model may limit the types of cases that are accepted into the program. Opioid courts ought to focus on clinical need over legal eligibility, and Queens Connect-O can consider broadening its completion options to include transfer to longer term drug treatment court for more serious cases, or alternate case dispositions as noted above, so that more individuals can receive these stabilization services.

#### Recommendations:

- Consider broadening options for program completion to include more serious cases that the DA's office would not agree to be dismissed and sealed;
- Develop a more detailed guide for session completion; and
- Create and implement a plan for continuing care for participants after program completion.

## **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.<sup>12</sup>

The UCMS TSM 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 test results.

Information entered into the UCMS dashboard is then aggregated in the Opioid Court dashboard to monitor and track progress at a state and local level. This data will be utilized to track the

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<sup>11</sup> Id.

<sup>12</sup> Id.

court's progress during participants' time in the Project Opioid Court REACH. To date, because the program has had no participants, there is no data entered into UCMS.

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.

Recommendations:

- Work with Project Opioid 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 Opioid Court REACH.

#### **IV. CONCLUSION**

Queens Connect-O is a pre-plea stabilization program that has not yet begun to receive significant referrals. Limiting legal eligibility and a dispositional approach may impede access to services for those at high risk of overdose with other charges. The program as currently designed does not allow for sufficient participation rates. All 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](https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf)

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