

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

**Albany County Opioid 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 of Opioid Intervention Courts*, 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 November 2021 and January 2022. The needs assessment was designed to assist the Albany County Opioid 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 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 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, there were approximately 2,788 opioid-related overdose deaths reported from Sept 2020 to Sept 2021.¹ In Albany county, opioid overdose mortality rate more than doubled over 5 years, from 7.5 per 100,000 members of the population in 2014 to 16.0 in 2019.²

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 *Ten 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 Ten Essential Elements include: 1) broad legal eligibility, 2) immediate screening for risk of overdose, 3) informed consent after consultation

¹ Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2022.

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 the Albany County Opioid Court 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.

Albany County Opioid Court Stakeholder Group

Members of the Albany County Opioid Court stakeholder group who participated in technical assistance activities include:

- Victoria Broomhead, Court Coordinator, Albany County Court
- William Connors, Probation Director, Albany County Probation
- Brendan Cox, Director of Policing Strategies, Albany LEAD
- Candace Ellis, Executive Director, Catholic Charities
- Deputy Chief Foley, Deputy Chief of Police, Albany County Police Department
- Cheryl Fowler, Deputy Chief Assistant District Attorney, District Attorney's Office
- Dr. Stephen Giordano, Albany County Mental Health Commissioner, Albany County Commission of Mental Health
- Kimberly Green, MAT Treatment Provider, Albany County Sheriff's Office
- Jennie Huling, Co-Project Manager, Albany LEAD
- Kelly Lane, Grant Manager, Capital Behavioral Health Network
- Judge John Reilly, Judge, Albany County Court
- Kellie Roe, Executive Director, Second Chance Opportunities
- Tina Sodhi, Alt. Defense Attorney, Albany County
- Avery Sullivan, Assistant Public Defender, Albany County

1. Administrative surveys

The Albany County Opioid Court coordinator, Victoria Broomhead, completed a survey 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. Thirteen interviews were

conducted over the course of 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 Albany County Opioid Court's jurisdiction that may be leveraged to compensate for service gaps that exist in Albany County Opioid Court'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 testing results.

The information entered into the UCMS TSM is then used to monitor and track the Albany County Opioid Court's progress at a state level and will be utilized by researchers to track the Albany 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.

The Project Opioid Court REACH technical assistance team will be reviewing the UCMS data from the Albany County Opioid Court to measure your court's performance throughout the project. 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 *Ten 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

During the summer of 2021, Albany Drug Court stakeholders were approached by Office of Court Administration, Columbia University, and the Center for Court Innovation, to gauge interest in planning for an opioid court and to hear about Project Court REACH. Once the judge and coordinator accepted the opportunity to work on Project Court REACH, the Center moved forward with a stakeholder kickoff meeting and needs assessment phase. This report reflects assets, opportunities and resources that are available in the community and could be leveraged to support the planning and implementation of Albany's Opioid Court. Stakeholders would like the program to improve the court system's capacity to support individuals in the community who are struggling with opioid use disorder. They hope the program will improve collaboration with community treatment providers as well as programs like Law Enforcement Assisted Diversion (LEAD). As the court is still in the planning phase, this report reflects what the stakeholders hope to achieve.

1. Broad Legal Eligibility

According to the *Ten 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

Stakeholders agreed that eligibility will be focused on an individual's risk for overdose from opioids and other needs, rather than criminal charge. Stakeholders also noted the importance of creating written eligibility criteria, so everyone has a mutual understanding for identifying participants. This is a misdemeanor court and therefore felony charges will not be accepted at the outset. Other misdemeanor opioid courts in the state have found ways to accept felony cases, and this could be explored as an option in the future.

The Opioid Court will be located in the Albany City courthouse, but additional cases can be transferred from local town and village courts. Once the court is established, Judge Reilly can outreach to the town and village judges to inform them of the Opioid Court, supported by technical assistance activities, such as bench cards and referral instructions. Including cases from local courts will facilitate an increase in referrals and participants.

Recommendations:

- Establish clear written legal and clinical eligibility criteria for potential entry into the Opioid Court;

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

- Create a mechanism for the transfer of cases from local town and village courts to the Opioid Court;
- Explore the use of an Opioid Court bench card for use by local town and village court judges; and
- Engage with law enforcement representatives to assist with identification and referrals and clarify charges that are eligible for LEAD and Opioid Court.

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

Albany County launched a Law Enforcement Assisted Diversion (LEAD) program in 2016. LEAD is a community-based police diversion approach to address the needs of people involved in the criminal justice system related to substance use disorder, mental illness, and poverty. Through LEAD, police officers exercise discretionary authority at the point-of-contact to divert individuals to a community-based, harm reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the normal criminal justice system cycle, individuals are referred into a trauma-informed case-management program. The program is voluntary and individuals who participate receive a wide range of support services, often including transitional and permanent housing and/or substance use treatment.

LEAD representatives are interested in including a representative from the opioid court team to participate in LEAD operational meetings to discuss participant care. This would provide a warm handoff and early identification for participants that are appropriate for opioid court. In other jurisdictions around the state, law enforcement (who are not involved in LEAD) place a red flag in court documents for individuals they believe are using opioids, which alerts the judge to a potential opioid court referral. The Albany Police Department is open to handing out crisis cards developed by Project Court REACH with available resources, including the opioid court. There is a Neighborhood Engagement Unit in the Albany Police Department, which could also provide crisis cards to individuals in the community who may need services and supports.

Recommendations:

- Develop formalized early identification, screening and referral protocols with all stakeholders, to potentially include screening at arraignment;
- Create a case process flow for all parties to understand where cases are referred from and how they enter the court;
- Collaborate with Albany Police Department to flag participants for opioid court who are not appropriate for LEAD; and

³ Id

- Identify an opioid court team member to participate in LEAD operational workgroup meetings for identification of potential participants for opioid court.

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

Initial planning discussions with the Office of the Public Defenders for Albany County have indicated broad support for the opioid court program. Continued conversation on the details of the program and role of defense counsel is understood to be upcoming as planning continues. Stakeholders indicated that support comes with the hope that completion of the opioid court will lead to a more positive legal disposition or dismissal of charges. Stakeholders voiced some concern about the potential frequency of court appearances and the lack of clarity on completion criteria and implications. Defense attorneys interviewed stated they were familiar with treatment courts in general and had gone to training on the 10 Essential Elements of Opioid Courts.

Recommendations:

- Ensure opioid court entry process, when developed, includes informed consent from defense counsel, specifically when a participant is signing a speedy trial waiver; and
- Create a process to connect participants referred directly from law enforcement to defense counsel; and
- Ensure opioid court appearances and completion criteria are designed with defense counsel perspective.

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.⁵

The District Attorney's (DA) office in the City of Albany has participated in the planning discussions for the opioid court program. The DA's office is supportive of the many other problem-solving courts in Albany. Stakeholders voiced concern about the resources from the DA's office needed to support the opioid court. Additionally, there was concern around individual's ability to sign a voluntary waiver of speedy trial when potentially under the influence, although in the opioid court model, individuals are not be asked to sign this waiver without appropriate counsel.

⁴ Id.

⁵ Id.

There has not yet been consensus or written agreements on eligible charges accepted into the program, completion criteria, or case dispositions after successful completion. These conversations were ongoing at the time of this report.

Recommendations:

- Create and sign a Memorandum of Understanding (MOU) that delineates suspension of prosecution, completion criteria, and opioid court benefits such as better case disposition or drug court phase credit.

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

The opioid court coordinator will screen and refer participants to a treatment provider where they will receive a comprehensive clinical assessment from a licensed treatment professional. After consents are signed, information gathered about the individual's substance use and mental health history, along with additional needs will be determined, and level of care and supervision will be assigned. Preliminary conversations have identified Project COAST (Coordinated Opioid and Stimulant Treatment) as a resource for connecting participants to necessary treatment, prevention, and recovery services in the greater Albany area. Project COAST is a partnership between recovery providers, prevention services, and treatment providers that aims to provide 24/7 access to those in need across Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington counties. The Mental Health Commissioner has a long-standing relationship with the opioid court judge and coordinator and is an excellent resource to assist with connecting the opioid court to treatment providers and support services in the community.

Treatment plans, modality, and level of care will vary depending on individual need but can include a period of stabilization in a withdrawal management service, inpatient treatment, intensive outpatient treatment, and mutual aid. Stakeholders reported short wait times for access to medication for opioid use disorder (MOUD) induction other than methadone (which can have up to a month wait time). Through coordination of Project COAST, who has a robust partnership with multiple providers, and Catholic Charities, prescriptions to buprenorphine, are made in one to two days.

New York Medication for Addiction Treatment & Electronic Referrals (NY MATTERS) is present in Albany County and other opioid courts have partnered with them in their jurisdictions to improve access to MOUD. NY MATTERS is an electronic referral platform that connects patients to MOUD. They assist with medication vouchers, transportation, peer services and harm reduction strategies. The opioid court can utilize this resource to better serve participants.

⁶ Id.

The Project Court REACH research team has identified potential MOUD providers in Albany County, including Catholic Charities and Capital Behavioral Health Care Network who already have relationships with the opioid court. Albany county has multiple MOUD-providing agencies throughout the county along with additional buprenorphine-waivered providers [See Provider Map in Appendix].

Recommendations:

- Engage with the Commissioner of Mental Health to create additional pathways for participants in need of multiple coordinated services;
- Once Opioid Court is established, outreach to providers to educate them on the court's policies and procedures; and
- Engage NY MATTERS and request their representation in the opioid court stakeholder group to increase access to MOUD and support services.

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

Currently the opioid court does not have a dedicated Certified Recovery Peer Advocate (CRPA) but stakeholders are interested in incorporating one into the program or potentially contracting with Catholic Charities who currently provides case management and staff peers in other court parts in Albany. Stakeholders have also had preliminary conversations with agencies such as Project Safepoint who are currently providing peer services to neighboring jurisdictions.

Once identified, the CRPA could work directly with law enforcement to assist with early identification; connect with arrested individuals about the opioid court model and available services; and if accepted into the program, provide warm handoffs to licensed clinicians for assessment and referral. The CRPA would also ideally assist participants with transportation, depending on resources, bringing them to court or treatment appointments, linking them to community-based resources, recovery centers, and mutual aid groups.

Second Chance Opportunities is a not-for-profit in Albany dedicated to providing supportive services to people in recovery from substance use disorder. Second Chance Opportunities employs individuals in recovery, offers financial rehabilitation, recovery coaching, housing opportunities, medical referrals, and community engagement. Their advocacy group, Friends of Recovery-Albany County, advocates and engages with the community. Second Chance Opportunities is interested in partnering with the opioid court to provide these range of services.

⁷ Id.

Recommendations:

- Explore additional partnerships and funding opportunities to help support a full-time dedicated CRPA;
- Integrate the CRPA into the opioid court stakeholder group; and
- Include Second Chance Opportunities in the planning process and use them as a resource to engage with the recovery community.

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

The Albany Opioid Court team plans to hold court hearings weekly, and participants will be given the opportunity to engage with the coordinator and Judge, who will review progress and their care plan. The court team is currently on a hybrid court appearance model and should continue to provide multimodal access to court for participants to ensure they are able to attend court once a week and have additional virtual or in-person contact other times throughout the week.

The court does not have on-site drug testing, but this can be done by the Albany County Probation Department or through outside agencies, such as Project COAST. Responses to positive drug tests should be non-punitive and responsive to needs. Any changes to treatment plans should be made based on clinical discretion.

Recommendations:

- Delineate in an MOU the process for court hearings and team meetings;
- Discuss the process to respond to participants whom do not follow agreed upon treatment plans; and
- Develop a list of robust incentives to support participant engagement.

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

⁸ Id.

⁹ Id.

Albany is well-resourced and has many treatment providers throughout the community. The opioid court coordinator has relationships with an array of providers through the other problem-solving courts in the county. The coordinator will collaborate with substance use disorder (SUD) treatment providers, MOUD providers, and other community-based service providers to coordinate services and monitor participant progress. The opioid court team is interested in ways to include a dedicated case manager or other support for coordinating participant services, such as community-based case management or additional peer support.

Recommendations:

- Create a participant handbook to include program overview and expectations; and
- Explore potential funding opportunities and/or resources in the community to include a dedicated case manager for the opioid court.

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

There is strong interest by all stakeholders in coming to an agreement on formalizing the completion process. While all stakeholders are interested in determining what program completion looks like, the stakeholder group will need clarity on the difference between clinical and social goals, program completion, and clinical stability within the treatment setting and court.

Throughout the planning and early implementation phases, the opioid court team would benefit from holding regular stakeholder meetings to discuss program case flow and overall operations, including the development of an MOU. Technical assistance through Project Court REACH will help to facilitate these meetings.

Recommendations:

- Create a formal completion criteria checklist that includes elements of social stabilization to be addressed through case management;
- Once program completion is determined, court staff and the clinician should jointly work together to develop a continuing care plan with participants;
- Schedule stakeholder meetings to create and update policies and procedures, discuss case process flow, monitor outcomes and make changes as needed;

¹⁰ Id.

- Develop an MOU to formalize how time spent in opioid court will count towards treatment court participation (where applicable).

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 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 testing 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 court's progress during participants in the Project 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 Court REACH. Training and support around UCMS data entry will be incorporated into the county's technical assistance activities.

Appendix X includes an overview of the data fields project staff are collecting information from re your court's performance. During the Preparation Phase of the project, project staff will set up a call with the court coordinator, case manager, and whomever else may be involved in UCMS data entry to review these key fields together in more detail.

Recommendations:

- Work with Project Court REACH staff to identify areas and strategies around data entry, 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

There are numerous assets that can be leveraged to plan and implement the Albany Opioid Court. All stakeholders are generally willing to share information and devote time to ensure that the Opioid Court will achieve the goals of preventing overdose and stabilizing participants. With the Center's technical assistance, the court can move forward by implementing the recommendations made by Center staff in this report, through action planning and stakeholder meetings. The writers hope that this report will offer stakeholders useful information and concrete suggestions for the long-term success of the Albany Opioid Court.

¹¹ Id.

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

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https://web11.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=sh. Published January 2022. Accessed April 2022.

V. APPENDIX

1. Provider table
2. UCMS Data Overview: Fields of interest
3. Albany County provider map opioid burden

OPIOID COURT REACH: POTENTIAL MOUD PROVIDERS FOR ALBANY COUNTY

Treatment Provider	Treatment Type(s)	Medication/Services Offered	Insurance Information	Address	Telephone
Whitney M Young Jr Health Center	Outpatient, OTP	Buprenorphine, Naltrexone, Methadone	Medicare; Medicaid; Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid	10 Dewitt St. Albany, NY, 12207	518-463-3882
Addictions Care Center of Albany	Outpatient	Buprenorphine, Naltrexone	Federal, or any government funding for substance use treatment programs; Medicaid; Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid; SAMHSA funding/block grants	1044 Broadway	518-407-0556 x517
	Reintegration Residence- Men's and Women & Children's	Buprenorphine, Naltrexone		90 McCarty Avenue	518-626-5386
Stratton VA Medical Center	Inpatient, Outpatient	Buprenorphine, Naltrexone	Medicare; Medicaid; Federal military insurance (e.g., TRICARE); Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid	113 Holland Avenue	518-626-5386
St Peters Addiction Recovery Center (SPARC)	Inpatient	Buprenorphine	Medicare; Medicaid; Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid	3 Mercy Care Lane	518-45-6700
	Acute Care	Buprenorphine		315 South Manning Boulevard	518-452-6700
	Outpatient	Buprenorphine		55 Mohawk Street, Ste 100, Cohoes, NY, 12047	518-235-1100
	Outpatient Residential, Halfway House	Buprenorphine		64 2nd Avenue	518-449-5170
	Outpatient	Buprenorphine		845 Central Avenue	518-482-2455
Hope House	Outpatient	Buprenorphine, Naltrexone	Medicaid; Federal military insurance (e.g., TRICARE); Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid	747 Madison Avenue	518-427-8207
	Women's Recovery Program	Buprenorphine, Naltrexone		577 Livingston Avenue	518-486-8965

OPIOID COURT REACH: POTENTIAL MOUD PROVIDERS FOR ALBANY COUNTY

Promesa	OTP, Outpatient	Methadone, Buprenorphine, Naltrexone	Medicare; Medicaid; Federal military insurance (e.g., TRICARE); Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid	175th Central Avenue Albany NY	518-729-5659
Eleanor Young Clinic- 820 River Street Inc	Outpatient	Buprenorphine	Medicaid; Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid	134 Franklin St.	518-465-8034
Hospitality House	Men's Residential	Buprenorphine, Naltrexone	Federal, or any government funding for substance use treatment programs; Medicaid; Cash or self-payment	271 Central Avenue	518-434-6468
Senior Hope Counseling	Geriatric Outpatient Addictions Clinic	Buprenorphine	Federal, or any government funding for substance use treatment programs; Medicare; Medicaid; Federal military insurance (e.g., TRICARE); Private health insurance; Cash or self-payment; State-financed health insurance plan other than Medicaid; SAMHSA funding/block grants	650 Warren Street	518-489-7777

Additional Resources:

- **Buprenorphine-waivered provider locator:** <https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>
- **OASAS providers and programs:** https://webapps.oasas.ny.gov/providerDirectory/index.cfm?search_type=2
- **SAMHSA Behavioral health services locator:** <https://findtreatment.samhsa.gov/locator>

Appendix 3. UCMS Data Overview: Fields of interest

The fields that we are collecting information from are located within the Treatment/Service Module in UCMS. This is the module you utilize to create new episodes for your court participants and to document/track their progression through the opioid court.

Below, in Table 1, we have listed some of the project outcomes we are measuring using your county's data, and which UCMS field(s) map onto 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 • Test date³ • Drug name³ • Result³ • Therapeutic indicator³
	MOUD initiation	Participant initiates MOUD services	<ul style="list-style-type: none"> • Start date² • Completion date² • Completion reason² • Modality² • Episode designation¹ • Designation start date¹

			<ul style="list-style-type: none"> • Test date³ • Drug name³ • Result³ • Therapeutic indicator³
	Treatment completion	Participant completes treatment	<ul style="list-style-type: none"> • Modality² • Completion date² • Completion reason² • Close date¹ • Close reason¹
	Retention	Participant is retained in and completes opioid court	<ul style="list-style-type: none"> • Close date¹ • Close reason¹

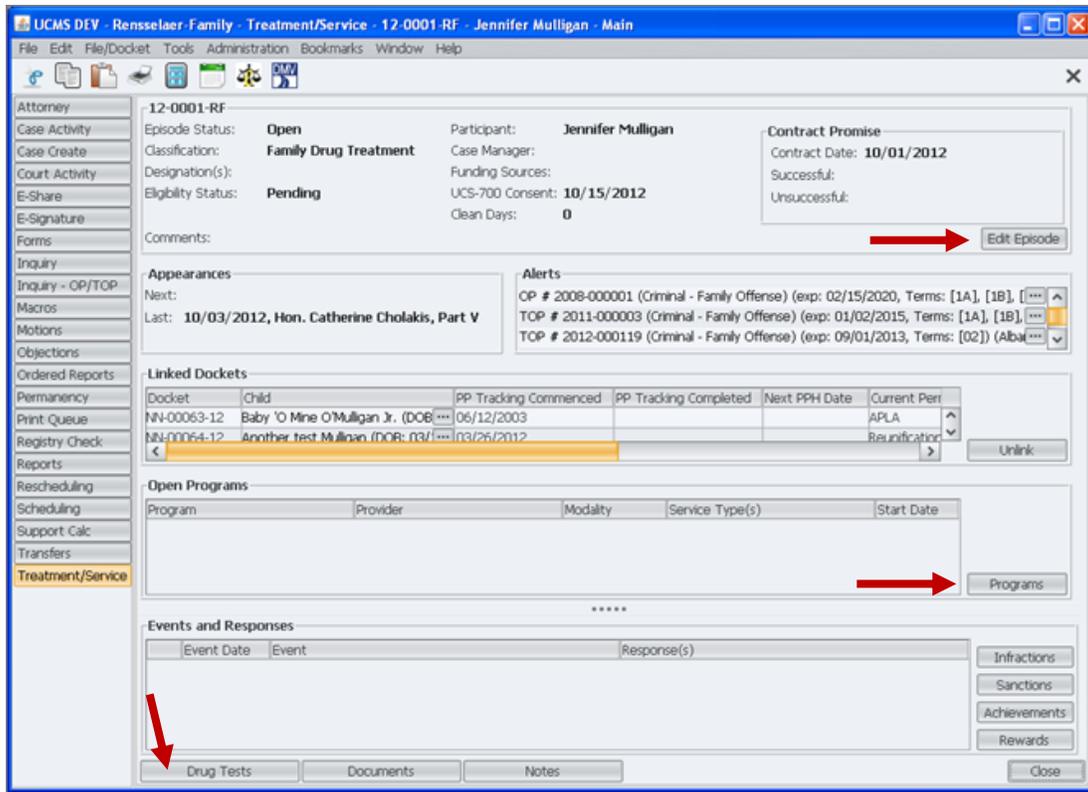
¹ UCMS Location: Treatment/Service Module, Edit Episode

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





Albany County Provider Map

Legend

- ★ County Court
- MOUD/MAT Prescribing Agencies
- Buprenorphine-waivered providers

- Opioid Burden per 100,000
- Data Suppressed (numbers too small)
 - Q1 & Q2: 0 - 242
 - Q3: 242 - 388
 - Q4: 388 - 2721

