

Opioid Court Screen

****This survey is to be completed by a court staff****

Court Staff Should read the following to the individual being screened:

“This screen will help us determine your eligibility for [OPIOID COURT PROGRAM TITLE], a voluntary program that connects people who use opioids or other drugs and might be at risk of overdose with services, like peer support, treatment, and/or medications. We will ask you a few questions to see if you might be a good fit for the program.”

NYSID

Gender

- Female
 Male
 Prefer not to answer

Ethnicity

- Hispanic/Latinx
 Non Hispanic/Latinx

Race

- African American/Black
 Asian
 More than one race
 Native American
 White
 Other

Age (in years)

Where is this screening being conducted?

- Jail
 Courthouse
 Other _____

Was this individual previously referred to you for potential participation in the opioid court?

- Yes
 No

Source of Referral

- Law Enforcement
 Defense
 DA
 Treatment
 Probation
 Parole
 Other Court (eg. town and village court or other treatment courts)
 Pre-trial Services
 Self-referral
 Other

Referral source if 'other'

Reason for Referral	<input type="radio"/> Reported using opioids, methamphetamine, and/or cocaine in the past 12 months <input type="radio"/> Reported using opioids, methamphetamine, and/or cocaine monthly or more frequently <input type="radio"/> Reported experiencing overdose <input type="radio"/> Other _____
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1. In the past 12 months, have you used opioids (for example heroin, oxycodone, prescribed or non-prescribed methadone, suboxone, or vivitrol, etc.), cocaine, and/or methamphetamine?	<input type="radio"/> Yes <input type="radio"/> No
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1b. Of the substances that you just said you used, thinking of the one you use the most, how frequently do you use it?	<input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily
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2. Have you ever experienced an overdose?	<input type="radio"/> Yes <input type="radio"/> No
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3. Have you ever witnessed an overdose?	<input type="radio"/> Yes <input type="radio"/> No
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4. Have you ever lost consciousness or blacked out from using?	<input type="radio"/> Yes <input type="radio"/> No
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5. Have you been released from jail, prison, or residential treatment in the last six weeks?	<input type="radio"/> Yes <input type="radio"/> No
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6. Are you currently accessing treatment for opioid use (e.g., medications, counseling)?	<input type="radio"/> Yes <input type="radio"/> No
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7. Would you be interested in accessing treatment for opioid use (e.g., medications, counseling)?	<input type="radio"/> Yes <input type="radio"/> No
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Is individual eligible for the Opioid Court?

Individual is ELIGIBLE for the Opioid Court

This individual should receive a referral for MOUD

This individual is NOT ELIGIBLE for the Opioid Court

Do you want to override screening results?

- Yes
- No

Please explain your decision

- Yes
- No