

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

**Nassau 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 Nassau 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 Nassau county, opioid overdose mortality rate more than doubled over 5 years, from 7.6 per 100,000 members of the population in 2014 to 16.6 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 with defense counsel, 4) suspension of prosecution or expedited plea, 5) rapid clinical

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

² New York State Department of Health. New York State Opioid Data Dashboard. Published January 2022. Accessed April 2022

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 Nassau 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.

Nassau County Opioid Court Stakeholder Group

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

- Hon. David Goodsell, Judge, Nassau County
- Rosemary Walker, Problem Solving Courts Project Director, Nassau County Court
- Michael Annibale, Assigned Counsel, Nassau County
- Joseph Cavallo, First Steps to Recovery
- Ron Clinton, First Steps to Recovery
- Susan Flemming, Assistant District Attorney
- Breanna Fred, Bridge Back to Life, Inc
- Carlin Klinger, Treatment, Counseling Services of Eastern District of New York
- Kristoffer C. Kuchynskas, Resource Coordinator, Nassau County Court
- Richard Remauro, Case Manager, Nassau County Court
- Laura Sauer, Case Manager, Nassau County Court

1. Administrative surveys

The Nassau County Problem Solving Courts Project Director 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 and Treatment Resources

Columbia University research staff have created a list of resources to identify MOUD service providers within Nassau County Opioid Court’s jurisdiction that may be leveraged to connect participants to appropriate treatment. The resource list can be found in Appendix 1.

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 Nassau County Opioid Court’s progress at a state level and will be utilized by researchers to track the Nassau 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 Nassau County Opioid Court to measure the 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

The Nassau County Opioid Court within OC Part 15 of the Nassau Criminal Court (OC Part 15) is comprised of a team of professionals and agencies that are committed to helping court participants stabilize and make positive changes in their lives. The Honorable David Goodsell presides over the court and the court accepts a broad range of charges. Court participants are linked with treatment and engage with the program for approximately six months to a year. Participants who are engaged in the program longer than a few months are required to take a plea. Participants are provided with intensive case management and referrals to both mental health and substance use treatment. Stakeholders would like the program to improve the court system’s capacity to support individuals in the community whom are struggling with opioid use and whom are at risk for overdose.

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.³

Nassau County Opioid Court in OC Part 15 (OC Part 15) accepts a broad range of charges including, in a few instances, violent felonies. OC Part 15 handles other cases but for purposes of this document it is referring only to those cases being considered as part of the new opioid court initiative. All cases except arson and sex offenses are considered on a case-by-case basis. OC Part 15 also accepts cases that have not been successful in other court programs such as LEAD (Law Enforcement Assisted Diversion) or treatment court. All stakeholders interviewed indicated support for the broad range of charges that are accepted into the program.

Recommendations:

- Memorialize written legal and clinical eligibility criteria for entry into OC Part 15 and disseminate to other legal stakeholders;
- Advertise the broad eligibility to attorneys and judges to encourage referrals; and
- Engage with law enforcement representatives to assist with early identification and referral.

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.⁴

There is currently no mechanism in place to screen for risk of overdose and identify OC Part 15 eligible cases early in the court process. Stakeholders all strongly support individuals receiving the services of OC Part 15 and would like to identify them earlier in the case processing. Referrals to OC Part 15 come from the District Attorney's office, as well as defense counsel, and other court parts. These referrals often happen after significant case processing time has elapsed and the cases are primarily identified due to an attorney's knowledge of the case and their belief that a person would benefit for OC Part 15 services. After a referral is made, OC Part 15 case managers use the UCMS treatment assessment and then refer the individual to a treatment provider for a more in-depth assessment. OC Part 15 does not currently conduct screening specifically for risk of overdose. There was support from stakeholders to formulate a plan to identify cases earlier in the process and provide a screen for risk of overdose. Notably, stakeholders remarked on the judge's engagement skills with participants at the outset, using motivational interviewing and approaching from a strengths-based perspective.

³ 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

⁴ Id

Recommendations:

- Implement use of the Court REACH risk of overdose screener at the earliest intercept possible;
- Develop formalized early identification, screening, and referral protocols with all stakeholders, to potentially include screening at arraignment; and
- Create a case process flow for all parties to understand where cases are referred from and how they enter the 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.⁵

Participants whom are referred to OC Part 15 have already consulted with their defense counsel about their potential participation. If earlier identification and referral processes are established, informed consent with defense counsel will be an important consideration. Each defense attorney interviewed had only a couple clients in OC Part 15, but all were supportive of the program and will be available for earlier consultation.

Recommendations:

- Ensure OC Part 15 entry process, when formalized, includes informed consent from defense counsel, specifically when a participant is signing a speedy trial waiver;
- Engage with defense bar throughout the continued development of OC Part 15; 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.⁶

OC Part 15 operates using numerous avenues for participation. In some instances, prosecution is suspended for a short duration while a participant begins engagement with OC Part 15 and treatment. It was reported that this suspension of prosecution is then followed either by a plea deal and contract with OC Part 15 for intensive programming for more than a year. While prosecution is suspended, defense has been amenable to clients connecting with treatment and preliminarily engaging with OC Part 15 while discovery motions are being organized. Other avenues to participation include joining OC Part 15 after participation in drug court, or other problem-solving court, as a second chance option.

⁵ Id.

⁶ Id.

To incentivize the broadest number of participants and achieve the goal of immediate connection to treatment for all those at risk of overdose, OC Part 15 can identify a process for delineating between participants who could benefit from short term triage engagement and those who are high risk and high need and appropriate for longer term intervention. This will allow for participants who are at risk of overdose but have charges, risk levels, or cases that would not be accepted or appropriate for long term supervision to still receive the benefits of immediate connection to MOUD (medications for opioid use disorder).

Recommendations:

- Create a track within OC Part 15 to triage for those at immediate risk of overdose but whom may not be appropriate for longer and more intensive treatment due to legal charges or risk score. This track should be 90 days or less and would allow for suspension of prosecution and connection to treatment for the duration of participation;
- Create and sign a Memorandum of Understanding (MOU) that delineates when there will be suspension of prosecution, the different methods of completing OC Part 15, criteria for said completion, and completion benefits such as better case disposition.

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.⁷

OC Part 15 treatment court staff are connected with numerous treatment providers in Nassau County. If OC Part 15 participants do not need detox, they are typically referred to Counseling Service of Eastern District New York (CSEDNY) and are often assessed within one to two days. At this first appointment, CSEDNY will do a substance use disorder, biopsychosocial, and medical assessment.

Treatment providers from First Steps to Recovery and Bridge Back to Life Center, Inc. can provide immediate access to detox and MOUD. Once a participant is referred to either of these providers they are able to provide treatment services immediately and can provide a bridge prescription when necessary. They both provide all forms of MOUD except for outpatient access to methadone. First Steps to Recovery also have certified peers on staff who serve as the first point of contact for all individuals accessing treatment from their agency. It was reported that First Steps to Recovery and the court system have a collaborative relationship, and both mutually respect the roles each play. Bridge Back to Life noted that once you are engaged with the court system, it can be hard to delineate between treatment court programs.

Recommendations:

- Continue to work alongside treatment providers to maintain referral pathways;

⁷ Id.

- Provide information via a one-pager, policies and procedures, or memorandum of understanding (MOU) to treatment providers on the differences between OC Part 15 from other treatment court programs in Nassau and the specific focus on risk of overdose.

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.⁸

While OC Part 15 does not currently have a dedicated peer for their court, certified peers are available through First Steps to Recovery, Bridge Back to Life Center, Inc and CSEDNY. This service provides additional support and improves participant engagement in the program. Previously Nassau's treatment courts had a dedicated full-time peer working with participants in their treatment courts and hope to have that role filled sometime in the near future.

The treatment providers connected with OC Part 15 offer evidence-based therapy in all groups and individual counseling sessions. In addition to offering peer services, providers offer physicals, family involvement support, case management, and referrals to other services as needed.

Nassau County's OC Part 15 is part of a statewide initiative funded through the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP), which provides training for staff to offer Moral Reconciliation Therapy-Opioid (MRT-O) and Interactive Journaling (IJ) to participants. MRT-O is a 12-week, specialized workbook program designed for opioid-focused court participants. The program focuses on two major goals: assisting participants to complete the first three months of treatment and to foster ongoing engagement in treatment after the initial three-month period. IJ is a goal-directed, client-centered model that aims to reduce substance use and substance related behaviors, such as recidivism, by guiding adults and youth with substance use disorder through a process of written self-reflection. These tailored tools provide an additional support for participants in OC Part 15. One of the case managers has been trained in these interventions and plans to start implementing them with participants.

Recommendations:

- Continue to maintain strong partnerships with the treatment and recovery supportive services in the community;
- Ensure every participant in OC Part 15 is offered the support of a certified peer;
- Include recovery support services into participants continuing care plan.

⁸ Id.

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.⁹

Participants in OC Part 15 typically appear in court once a week. This can be modified given a participant's individual needs. All stakeholders spoke very highly of Judge Goodsell, his communication style with participants, use of motivational interviewing, and understanding of substance use disorder. A primary factor for many legal stakeholders to refer their clients to OC Part 15 is how Judge Goodsell engages positively with participants. The response to noncompliance for continued substance use was also cited as evidence-based and non-punitive.

Stakeholders noted they do not meet regularly for staffing meetings and have not met officially to determine policies and procedures for OC Part 15.

Recommendations:

- Begin having regular operation meetings with treatment and legal stakeholders; 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.¹⁰

Nassau has a dedicated team of staff working throughout their treatment courts. The OC Part 15 court team has regularly scheduled check-ins with participants. Additionally, the court team has relationships with multiple providers across the county providing intensive case management with links to housing, education services, medical care, and vocational services. The court staff and clinicians work together to help address any mental health, transitional housing, vocational, transportation, family, or primary health needs. If a participant needs additional support or services that are not provided at the treatment facility, the clinician will coordinate with the court staff to refer out to make sure all needs are met. It was reported by stakeholders that the court-based staff and treatment clinicians have daily contact and communication. Providers interviewed reported that the OC Part 15 team are easy to work and collaborate with and are in consistent communication.

Recommendations:

⁹ Id.

¹⁰ Id.

- Continue offering robust case management and coordinated communication between all stakeholders.

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.¹¹

Treatment providers interviewed expressed the importance of continuity of care and that often individuals stay connected after the court program has completed. One provider noted they are moving away from “treatment plans” and transitioning to “treatment goals” and will collaborate with the court to include court goals. Providers emphasized how important it is for people to stay engaged after completion with their court program and noted the varying degree of ongoing support, including connection with a peer, individual or group therapy, mutual aid community group or medication management.

There are currently no guidelines for what program completion should look like for participants using opioids in OC Part 15, outside of individualized contracts for participants. There is a strong interest by 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 goals, completion, and stability within the treatment setting and court.

Recommendations:

- Create a formal completion criteria checklist that includes elements of social stabilization to be addressed through case management and treatment;
- 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;
- Develop an MOU to formalize how time spent in OC Part 15 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

¹¹ Id.

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.¹²

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.

Referred to Opioid Court

From 03/2019 through 02/2022, the Nassau County Opioid Court in OC Part 15 received and accepted 48 referrals for potential participants.

Received NYS Assessment

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 37 (77%) out of your court's 48 potential participants.

Enrolled in Opioid Court

Out of the 48 potential participants referred to the court, UCMS data document that n=43 (90%) were offered and accepted the opportunity to participate in the opioid court (as indicated by the case having a contract or participation date in UCMS).

Initiated Treatment

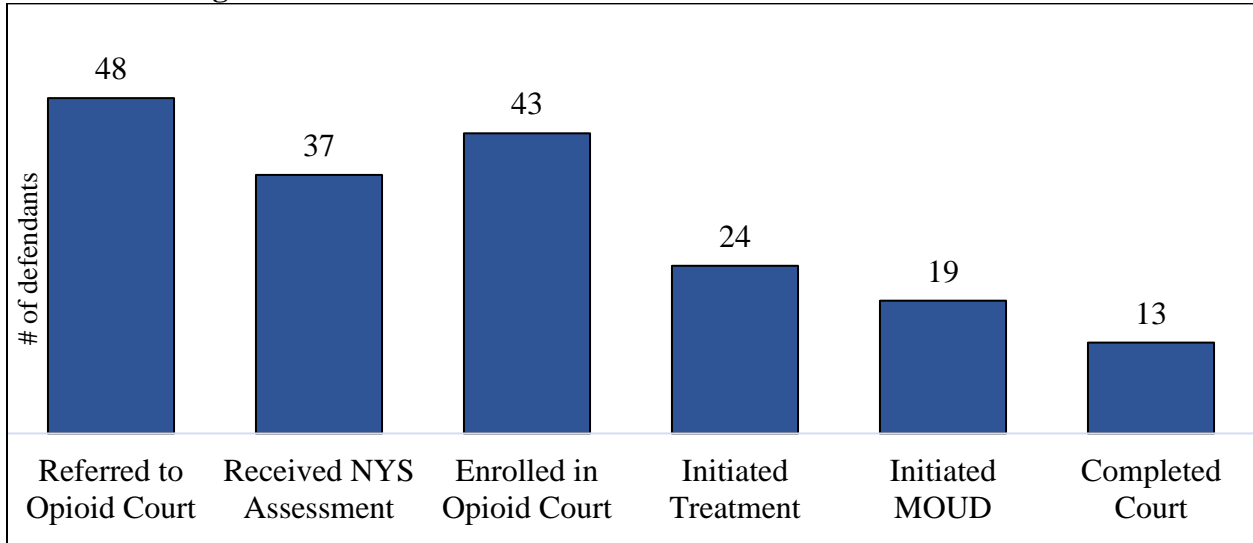
Out of the 48 potential participants referred to the court, there is treatment initiation information available for n=24 individuals (50%), of whom n=19 (40%) are recorded as having been linked to MOUD. It is likely that a larger proportion of opioid court participants are linked to treatment, and more specifically MOUD, during their court participation but are not documented as such in UCMS.

Completed Court

There is information on case closure in UCMS for n=40 (83%) individuals out of the n=48 potential court participants. It is assumed that the remaining 8 participants are still active cases. Among the 40 individuals with an opioid court close reason: 20 are listed as having completed/graduated (50%), 2 are listed as having failed (5%), 10 are listed as Ineligible or Refused (25%), 7 are listed as transferred to other court/jurisdiction (18%), and 1 is listed as loss of contact (3%).

¹² Id.

Figure 1. Nassau County Opioid Court Participation Outcomes using UCMS Data (n=48) 03/2019* through 02/2022



*Based on the earliest create_date of opioid court participants in UCMS.

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 enhance the Nassau Opioid Court in OC Part 15. All stakeholders are generally willing to share information and devote time to ensure that the court will achieve the goals of preventing overdose and stabilizing participants. With the Center’s technical assistance through Project Court REACH, the court can move forward by implementing the recommendations 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 Nassau Opioid Court.

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

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

New York State Department of Health. New York State Opioid Data Dashboard.

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. Nassau County provider map opioid burden

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

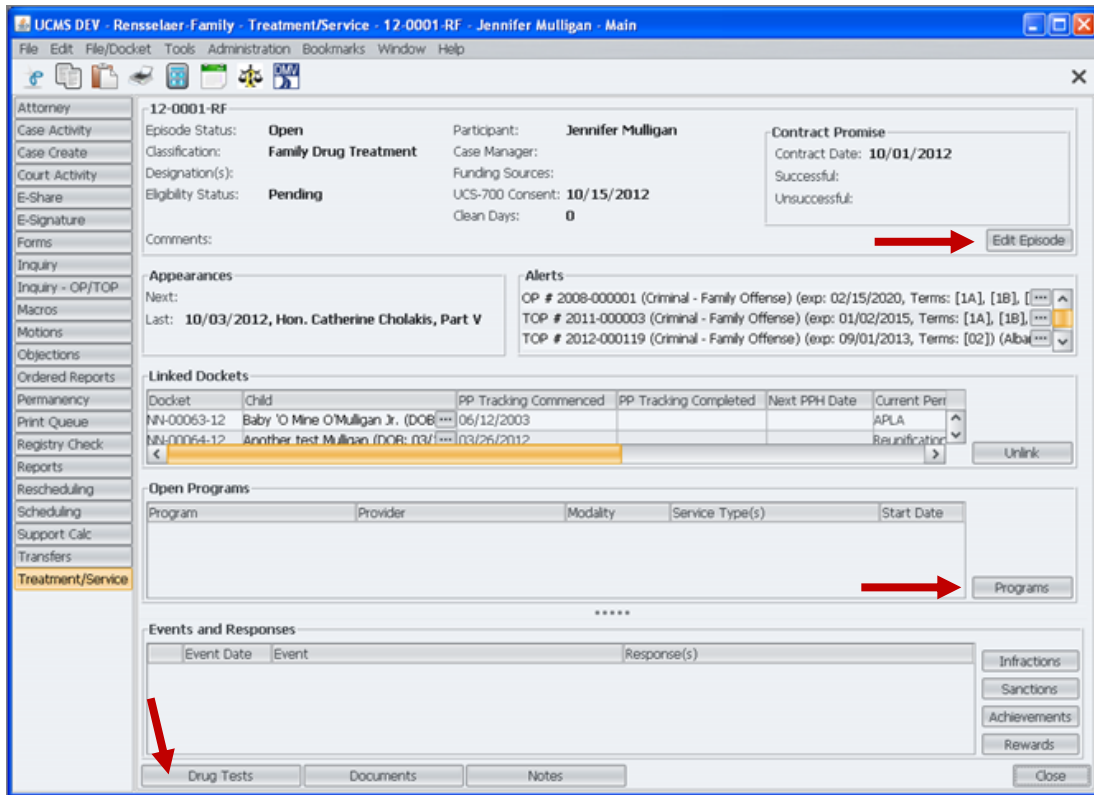
¹ UCMS Location: Treatment/Service Module, Edit Episode

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



OPIOID COURT REACH: MOUD RESOURCES FOR NASSAU COUNTY

Nassau County has many medications for opioid use disorder (MOUD) and other substance use treatment providers available. The following resources can assist in connecting participants to appropriate treatment:

- **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>
- **Buprenorphine-waivered provider locator:**
<https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>
- **Center of Treatment Innovation:** <https://findtreatment.samhsa.gov/locator>
 - COTIs are OASAS certified providers focused on engaging people in treatment through mobile clinic services — bring treatment staff into un/underserved areas; expanding tele-practice sites; and enhanced peer outreach and engagement within the community.
 - [Center Nassau Guidance](#)