HOW TO IMPLEMENT AN OPIOID INTERVENTION COURT

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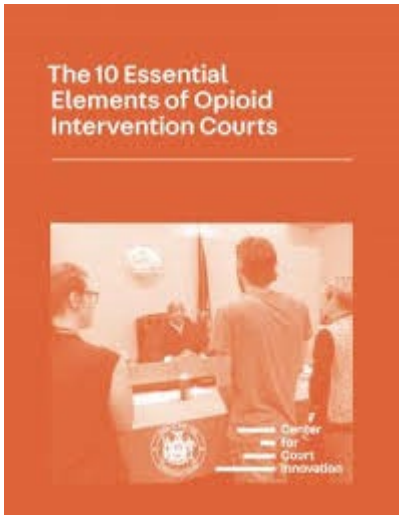
INTRODUCTION

The purpose of this manual is to assist courts and communities in exploring new and innovative ways to address the opioid epidemic that is devastating so many communities across the United States.

How to Implement an Opioid Intervention Court provides information focused on developing a swift response to opioid use in the form of an intervention for individuals involved in the criminal justice system, with the purpose of preventing overdoses and overdose deaths. This manual is not intended to be a comprehensive training in itself, but to provide the key steps involved in developing and implementing an opioid intervention court (OIC) and to provide resources for training and technical assistance.

In 2017, Buffalo, New York, developed the first court to specifically isolate and address opioid use disorder and the crimes associated with opioid addiction, using a triage model. Based on the experiences and outcomes in Buffalo over the past three years, as well as those of other operational OICs, this manual serves as an exploration and implementation guide for interested jurisdictions. Learning how other courts and communities have collaborated to identify the root of the problem, engaged in thoughtful planning, and successfully implemented programs can make the planning and transition process manageable.

The 10 Essential Elements of Opioid Intervention Courts provides a model grounded in research and practice.



Research into implementation science and treatment courts shows that when a new program is launched, agencies and teams are more likely to achieve their goals and objectives when the intended model is followed closely. Although the OIC is a completely new model, and new research findings are demonstrating its efficacy, decades of findings from treatment courts as well as research on opioid use disorder provide an important framework for OICs to consider. In addition, during the

summer of 2019, the Center for Court Innovation, in partnership with the original OIC in Buffalo and the Office of Policy and Planning of the New York Unified Court System, and through funding and support from the Bureau of Justice Assistance (BJA), convened a committee of experts in treatment courts, substance use disorder treatment, and medication-assisted treatment (MAT). This group worked together to develop *The 10 Essential Elements of Opioid Intervention Courts.*[1] This document acknowledges that while research on OICs is still in its infancy, given the significant positive findings from the recent rigorous evaluation of the Buffalo OIC[2] and the severe crisis that so many communities face, a clearly defined model grounded in research and practice is necessary for the field. To that end, *The 10 Essential Elements of Opioid Intervention Courts* identifies a series of practices necessary for implementation.

THE 10 ESSENTIAL ELEMENTS OF OPIOID INTERVENTION COURTS

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
10. Performance evaluation and program improvement

In this document, courts and communities are encouraged to fully explore the possibility of an OIC by learning more about the Buffalo model, lessons learned, and implementation requirements. This manual explores and highlights the material presented in *The 10 Essential Elements of Opioid Intervention Courts*. The following section details the Buffalo OIC operations for readers to gain insights into the practices and policies.

The Buffalo Opioid Intervention Court

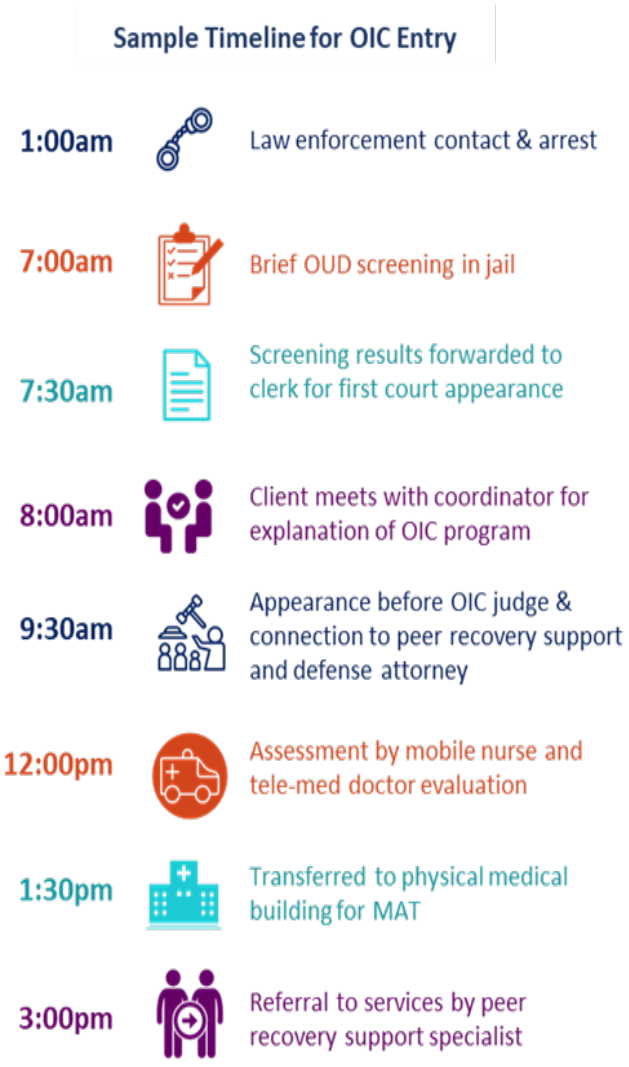
It is important to recognize that the OIC model explored in this manual is a distinct program and is not a traditional treatment court model. The first opioid intervention court was launched in Buffalo, New York, in May 2017. Unlike traditional drug courts that are longer term and focused on reducing recidivism, the Buffalo OIC is intended as a short term (90 to 120 day) intervention to prevent overdose

[1] https://www.courtinnovation.org/publications/10-elements-opioid-courts. The director of the Buffalo OIC (Jeff Smith) and the New York statewide treatment court coordinator (Dennis Reilly) were instrumental in the development of *The 10 Essential Elements of Opioid Intervention Courts*.

[2] https://npcresearch.com/wp-content/uploads/OIC-NY-Main-Report-June-2021-FINAL.pdf

death and initiate stabilization while the court is determining a participant's case disposition. The OIC serves as a medical and cognitive behavioral intervention option for courts and criminal justice officials that is initiated immediately after arrest with a distinct primary goal of saving lives. Although the OIC is not a treatment court, it was designed based on research from treatment courts and includes rapid access to evidence-based treatment services (e.g. MAT, cognitive behavioral therapies for substance use disorders), specialized peer support, intensive case management, and frequent (daily) court appearances that include individual conversations with a judge similar to court appearances in treatment courts.

The immediacy and quick pace of the court allows the stakeholders to swiftly intervene to save lives. The traditional treatment court system can take upward of 50 days from arrest to filing to assessment and entry into the program. Given the serious nature of opioid use disorder, the OIC measures intake in terms of hours. While many of the program features are similar to those of the traditional treatment court model (e.g., assessment, access to evidence-based treatment, judicial contact, case management), this model has a significant difference in the immediacy of the brief screening[3] completed in the jail the day of the arrest. If the defendant agrees to participate, they are brought before the judge for entry into the program within hours of arrest. Within the first 24 hours they are also evaluated by a nurse and doctor for assessment and administration of MAT. Numerous types of MAT are available for clients, including methadone, naltrexone, and buprenorphine. The sample timeline described here illustrates the immediacy and quick pace of the court, which allows the stakeholders to immediately intervene to save lives.



[3] See step 7 for information on the screening tool.

The creation of the Buffalo OIC was a collaborative effort between dozens of concerned stakeholders, including the judicial bench, treatment courts, hospitals, public health, public defense, law enforcement, prosecution, and treatment.

Mirroring other communities that were grappling with the opioid epidemic, rates of opioid addiction and deaths climbed dramatically in Buffalo between 2010 and 2014, and in 2015 there were over 200 deaths due to overdoses. This crisis prompted a response from county executives and resulted in Executive Order 014,[4] which established an Opioid Task Force. This task force was charged with examining the opioid crisis, including prescription practices, access to treatment services, MAT programs, police intervention, and distribution of naloxone (Narcan). During this time, various judicial officers and the treatment court coordinator convened to discuss how they could address this crisis through court intervention. Due to an existing strong collaborative relationship formed through other operational treatment courts, the stakeholders had a solid "baseline" of coordination and problem solving from which to launch. According to Buffalo OIC staff, the efficacy of having a treatment court and associated collaborative relationships already in place is an important lesson that other courts should consider when developing a program.

The Buffalo stakeholders set out to intentionally create a system that was different from the standard treatment court models available in the community.

The Buffalo OIC was built around the founding principle of saving lives, rather than a concern with reducing recidivism. Reducing recidivism, and adjudication of the individual's crime, could occur after the individual was stable and had been provided with the tools and support to prevent overdose and death. The court was developed to operate as a pre-plea track prior to treatment court, to serve those not eligible for standard treatment court, and to stabilize individuals prior to disposition. This wide-reaching scope allowed the court to expand the overall population served, as compared to a standard treatment court. As described in Table 1, the Buffalo OIC varies from the standard treatment court model in several important ways.

[4] http://www2.erie.gov/exec/index.php?q=executive-order-014

Table 1. Traditional treatment court practices compared to OIC practices

Activity	*Standard Treatment Court*	*Opioid Intervention Court*
Referral and entry	Can take 50+ days.	Immediate (within 24 hours) – focuses on clinical needs rather than legal eligibility of the case.
Screening and assessment	Days to weeks.	Within hours of arrest.
Court appearances/ status hearings	Weekly or biweekly appearances in front of a judge.	Daily (Monday through Friday) appearances in first 60 days; 3 times weekly after 60 days.
Evidence-based treatment	After assessment, evidence-based treatment may be provided within a few weeks.	MAT is offered/used within 24 to 48 hours of arrest (methadone, vivitrol, suboxone). Referrals to other evidence-based therapies are provided in addition to MAT.
Case management	Weekly contact with case manager and/or probation officer.	Daily contact with case manager.
Incentives and sanctions	Ongoing use of incentives and sanctions.	Extremely limited use of traditional incentives and sanctions (though positive regard from the judge, changes to the treatment plan, and the peer recovery support specialist and case manager are all effective in promoting participant engagement).
Curfew	Curfew typically used as sanction.	Nightly curfew calls conducted by case manager to monitor status and health.
Drug testing	Best practice is drug testing twice per week.	Drug testing for opioids (random while attending court daily).
Community support groups	AA/NA and other sober support.	Peer recovery support specialists are assigned to all participants within hours of arrest.
Legal status at entry	Pre- and post-disposition model.	Suspension of charge via prosecutor agreement.
Eligibility	Specific, targeted charges.	Broad range of eligible charges, ranging from misdemeanors to felonies.
Program completion	Graduation if conditions are completed.	If conditions are completed, participant is either transferred to a treatment court program, has charges dismissed, or receives a favorable disposition or full prosecution. Each case varies according to legal criteria and participant assessment.
Staffing meetings	Weekly staffing (before court) of cases on the docket among all team members.	No formal staffing. Case managers meet daily with judge briefly before court to review each case.

In the steps that follow, we will explore the various program components that must be considered and implemented in order to launch an OIC. The manual also provides links to training and other resources (including materials that can be modified as needed), to outline and assist the process of implementing an OIC as efficiently and effectively as possible.

CHECKLIST FOR IMPLEMENTING AN OPIOID INTERVENTION COURT

The following checklist provides the steps involved in implementing an opioid intervention court. This checklist also serves as a table of contents. Click (Ctrl + click) on each step to see more detailed information on the step, including recommended practices, examples, resources, and ideas for programs to consider for replication in your own jurisdiction.

Clicking on each step will take you to detailed information in the main manual.
Step 1: Identify an Individual(s) to Lead Planning and Implementation ☐ Judge (name) _____ Other stakeholder(s) (names) _____
Step 2: Engage in Training and Technical Assistance ☐ Look for training and TA options in your area ☐ Request training and TA from federally funded technical assistance providers ☐ Read recommended fact sheets and other written resources ☐ Schedule time to watch webinars available online

Step 3: Identify and Engage All Key Stakeholders

- ☐ Assigned judicial officer
- ☐ Presiding judge
- ☐ Backup OIC court judge
- ☐ Magistrates and commissioners
- ☐ Clerk staff
- ☐ Court administrator
- ☐ Bailiffs/court security
- ☐ Judge's secretary
- ☐ Defense attorney
- ☐ Local defense bar (entire bar)
- ☐ Public defender
- ☐ Prosecuting attorney's office
- ☐ Pretrial supervision
- ☐ Parole officers
- ☐ Law enforcement
- ☐ Current and potential treatment provider's counselors, supervisors
- ☐ MAT providers
- ☐ Housing assistance agencies
- ☐ Hospitals
- ☐ State courts office
- ☐ Educational assistance agencies
- ☐ Daycare assistance agencies
- ☐ Transportation assistance
- ☐ Clothing assistance agencies
- ☐ Child welfare
- ☐ Homeless shelters
- ☐ Job assistance agencies
- ☐ Housing assistance agencies
- ☐ Transitional housing organizations
- ☐ IT personnel
- ☐ Agencies that conduct drug testing
- ☐ Any other partners that would improve the quality or scope of services available
- ☐ Shelters
- ☐ Peer recovery support specialists and family support navigators
- ☐ State office of SAMHSA
- ☐ County or state public health department
- ☐ Employers, local businesses, local schools
- ☐ Faith communities
- ☐ Local chapters of AA/NA, other self-help groups
- ☐ Job assistance agencies

Step 4: Observe or Learn from an Opioid Intervention Court

- ☐ Arrange for key (or all) team members to visit
- ☐ Interview team members from the program you are visiting
- ☐ Observe a court session as part of your visit
- ☐ If observation is not feasible, arrange for a conference call with key court personnel from an operational court
- ☐ If observation or a conference call is not feasible, arrange to watch the video (see Resources in the detailed information on this step)

Step 5: Develop a Formal Communication Plan and Initiate Collaborative Planning

- ☐ Develop a written communication protocol that describes what information is communicated and when
- ☐ Convene a planning team
- ☐ Begin preliminary discussions about the implications for the OIC for each stakeholder
- ☐ Consider changes to job duties and whether this change will impact the home agency
- ☐ Consider suggestions from all stakeholders about how to implement changes that will work for each respective team member and their agency
- ☐ Consider concessions that may need to be made in rearranging court schedules or staffing, or in adding to team member duties

Step 6: Assess Available Services via Community Mapping and Identify the Target Population

- ☐ Perform community mapping to determine services available in your community or nearby (include telehealth options)
- ☐ Review existing court and treatment programs to determine if there are options that already serve individuals that suffer from opioid use disorder
- ☐ Collect data from varied sources to narrow in on an appropriate target population
- ☐ Partner with peer recovery specialists, or if currently unavailable, work with state/county licensing officials to build program

Step 7: Develop a Detailed Process for Screening, Assessment, and Court Entry

- ☐ Identify early-entry referral sources (police deflection programs, prosecutor diversion programs, community referrals, etc.)
- ☐ Determine existing screening tools already in use:
  - ☐ Do you have an existing screening tool that screens for opioid use disorder?
  - ☐ Do you need to select a new tool for screening?
  - ☐ Tools to consider: RODS, SBIRT, or create a set of initial screening questions
- ☐ Determine roles and responsibilities for the entry process:
  - ☐ Who will be responsible for administering the screening tool?
  - ☐ Who will be responsible for a more thorough assessment once the defendant has entered the program?
  - ☐ Where will the screening take place?
  - ☐ What assessment tool will be used and how will the data be tracked?
  - ☐ What formal training procedures are in place for both the screener and assessment?
  - ☐ Who is identifying potential clients?

Step 8: Develop an Opioid Court Docket and Process for Intensive Monitoring

- ☐ Based on the established process for referrals to the court, develop memorandums of understanding (MOUs) between prosecutor and public defense regarding suspension or diversion of filing
- ☐ Determine schedule for court and whether a staffing process is necessary.
  - ☐ What is the judge's capacity to hold frequent judicial sessions/monitoring?
  - ☐ What is the availability of other team members?
  - ☐ What is the availability of the court facilities (e.g., what times of day)?
  - ☐ How long do the court sessions need to be, based on the number of participants?
  - ☐ Can the court operate during other standard first appearance dockets (if structured as a pre-plea program)?
  - ☐ Is there availability to complete random drug testing when the client appears for court or at the treatment facility?
  - ☐ Can a level of federal confidentiality laws be recognized for OIC participants in the open courtroom?

Step 9: Outline Case Management and Coordination

- ☐ Develop role descriptions for the case manager and coordinator (depending on which positions are utilized)
- ☐ Provide necessary training to each position to support their work functions
- ☐ Ensure that staff can expeditiously enter data into systems
- ☐ Develop supervision expectations (e.g., curfew, check-ins)
- ☐ Develop a standard report forms for court and stakeholders

Step 10: Develop a Treatment Referral and Engagement System

- ☐ Educate treatment providers about the rapid engagement model and shift in focus to medical stability
- ☐ Determine what training is needed for local treatment professionals
- ☐ Establish an agreement between the court and treatment provider, including details for service provision
- ☐ Explore a "mobile treatment" option for the court
- ☐ If peer recovery support specialists are not available within provider networks, explore the possibility of creating positions and obtaining certifications
- ☐ If appropriate treatment is not available locally, consider alternative options (e.g., simple cognitive behavioral interventions focused on stages of change and engagement)
- ☐ Establish an agreement between the court and treatment provider that clearly delineates the treatment options that are available for OIC clients and the specific duties of the treatment provider
- ☐ Educate providers on funding opportunities such as state funds or SAMHSA or BJA grants to help them build treatment capacity or enhance quality

Step #11: Create Program Data Collection and Documentation Process

- ☐ Develop the following documentation:
  - ☐ A policies and procedures manual
  - ☐ Written eligibility criteria and the associated referral and intake processes (this information may be incorporated into the policies and procedures manual)
  - ☐ An MOU between all team members and other key stakeholders, describing roles, duties, and expectations for what and how communication occurs (this document may be appended to the policies and procedures manual)
  - ☐ A collaborative care plan template for developing individualized participant case plans that include treatment, supervision, and case management plans and goals
- ☐ Create data collection procedures (when, by whom, and how often and in what system(s)) that include the collection of new data points outlined in *The 10 Essential Elements*
- ☐ Agree upon variables to be collected and monitored
- ☐ Create the ability to track data down to the hour (time stamped)

MANUAL FOR HOW TO IMPLEMENT AN OPIOID INTERVENTION COURT

Step 1: Identify an Individual to Lead Planning and Implementation

It is crucial to have an individual who takes the lead in planning and implementing this kind of change. Leadership frames the need of the epidemic and the impact on courts and families. For this reason, it is important that the leader of this kind of effort be in a position of authority to promote or compel change. Although much of the work will be shared among the stakeholders, a good leader should provide guidance and advocacy that empowers the team to make decisions and also lends credibility to the process. In most cases, a judicial officer is in a position of authority to take the lead in making what is likely a significant change to established court processes. However, depending on the jurisdiction, other stakeholders may assume this leadership role. In Buffalo, the judge and director of the treatment courts were a driving force in the development of the program. For individuals to play a key leadership role in the creation of the OIC, they *must* understand opioid use disorder, the extent of the problem in the community, and evidence-based treatment (including MAT) and be able to articulate the importance of such practices to build buy-in and support.

Resources

- TED talk on the role of the judge in the Buffalo OIC: https://www.ted.com/talks/hon_judge_craig_d_hannah_a_court_of_compassion_an_inside_look_at_buffalo_s_opioid_court
- The role of the judge as described in *The Drug Court Judicial Benchbook*, prepared by the National Drug Court Institute (NDCI), may also be helpful in conceptualizing the work required to lead this kind of effort. Chapter 3, on the role of the judge, has a section on the judge as a leader, including in implementing the treatment court process and in regular updates and changes to the process: https://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf

Step 2: Engage in Training and Technical Assistance

All key team members and stakeholders should be trained in the traditional treatment court model and receive training on opioid use disorder, medication-assisted treatment, and peer recovery support prior to implementation. This training should include the traditional topic areas of treatment court models, but also how best to adjust the model to address the needs of those addicted to opioids. As a team builds the OIC (detailed in the steps below), the training can run concurrent to the planning and development of the program.

- Substance use disorder/ opioid use disorder
- Medication-assisted treatment
- Substance use disorder treatment
- Peer recovery support
- Behavior modification
- Trauma
- Drug and alcohol testing
- Supervision and home visits
- Screening and assessment
- Drug trends and inclusion of synthetic opioids in other drugs of choice

Resources

- Reading: *The 10 Essential Elements of Opioid Intervention Courts*: https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf
- Training on the OIC model is available from the Center for Court Innovation or the Office of Policy and Planning of the New York Unified Court System. To request a training, contact Dennis Reilly at dreilly@nycourts.gov.
- The National Drug Court Institute provides training on medication-assisted treatment both in person and online. Access to these trainings can be found at the following links:
  - ✓ In-person request: https://www.ndci.org/resources/training/on-demand (username required).
  - ✓ Webinar: https://www.ndci.org/resource/training/medication-assisted-treatment/online-course/
- Excellent resources for treatment court-related topics including trauma, substance use disorder treatment, drug and alcohol testing, etc. can be found at www.treatmentcourtsonline.org.

Step 3: Identify and Engage All Key Stakeholders

Courts must consider the broad implications of OIC implementation and include all entities that may be affected by the implementation, both during the planning process and after launching the program. Multiple stakeholders of the Buffalo OIC advised that it was critical to have diverse and wide-reaching agencies and team members involved. In addition, many Buffalo OIC members stated that it was necessary to have other operational treatment courts in place due to the collaborative spirit and trust that must be built to operate those programs. This foundation of trust and collaboration then lends itself well to the OIC design and implementation. In addition, because an OIC is intended to be a relatively brief program to provide a swift response to stabilize individuals engaged in dangerous opioid use and is not a traditional treatment court, many individuals who participate in the intervention court need the additional structure and services available in a treatment court. Having a treatment court available to participants after exit from the OIC is key to their continued health. At a minimum, programs should consider the following individuals or agencies:

- ☐ Assigned judicial officer and backup judge
- ☐ Presiding judge
- ☐ Magistrates and commissioners
- ☐ Clerk staff
- ☐ Court administrator
- ☐ Bailiffs/court security
- ☐ Judge's secretary
- ☐ Local defense bar (entire bar)
- ☐ Public defender
- ☐ Prosecuting attorney's office
- ☐ Pretrial supervision and probation officers (district, regional, state, county, and city)
- ☐ Parole officers
- ☐ Law enforcement (elected sheriff, police chief, local police department, and any other law enforcement agencies, tribal police, etc.)
- ☐ Current and potential treatment provider's counselors, supervisors/directors and any new or existing treatment providers
- ☐ MAT providers
- ☐ Hospitals
- ☐ State courts office
- ☐ Shelters
- ☐ Peer recovery support specialists and family navigators
- ☐ State office of SAMHSA
- ☐ County or state public health department
- ☐ Employers, local businesses, local schools
- ☐ Faith communities
- ☐ Local chapters of AA/NA, other self-help groups
- ☐ Job assistance agencies
- ☐ Housing assistance agencies
- ☐ Educational assistance agencies
- ☐ Daycare assistance agencies
- ☐ Transportation assistance
- ☐ Clothing assistance agencies
- ☐ Child welfare
- ☐ Job assistance agencies
- ☐ Housing assistance agencies
- ☐ Transitional housing organizations
- ☐ IT personnel
- ☐ Agencies that conduct drug testing
- ☐ Any other partners that would improve the quality or scope of services available

Step 4: Observe or Learn from an Opioid Intervention Court

Although at the time this manual was being written there were very few OICs, if it can be arranged, we highly encourage observing an OIC program in action as a part of the planning process. Programs often struggle with conceptualizing how this model can operate within their jurisdiction. Logistical issues such as developing rapid treatment responses, reorganizing court calendars to support frequent court appearances, and provision of effective and intensive case management must be considered. Before any implementation begins, stakeholders should visit an OIC and spend time talking to OIC staff about their roles on how they went about implementing and maintaining their program. If this is not an option, courts are encouraged to schedule a conference call with key staff from an identified OIC.

It is beneficial to talk with team members about how they do their work, challenges and successes, and potential issues a program may face.

This exchange of information also serves as a valuable opportunity for team members to have discussions with individuals who share their staff role on an OIC. Programs should decide whether to have all staff visit or just the critical stakeholders (judge, coordinator, probation, and treatment). At a minimum, courts are encouraged to watch the available video about the Buffalo OIC that was produced by the Center for Court Innovation (see "Resources" below).

Resources

- Buffalo has implemented an OIC and welcomes visitors. Contact Dennis Reilly (dreilly@nycourts.gov) or Kimberly Kozlowski (kkozlows@nycourts.gov) at the New York State Office of Court Administration for information on how to arrange a visit or to connect with staff for questions. You may also contact information@npcresearch.com for additional assistance with contacting an OIC or for other training.
- NDCI and NPC Research can provide a review of your current program practices and provide hands-on assistance with planning, implementation, and program evaluation. Contact information@npcresearch.com or go to https://www.ndci.org/resources/training/on-demand (username required).
- Video of the Essential Elements of Opioid Intervention Courts: www.treatmentcourts.org (https://nycourts-assets.s3.amazonaws.com/Courses/Adult/Adult%20lessons/Buffalo%20Opioid/Bufffalo%20Opioid%20Court%20-%20Intro.mp4)

Step 5: Develop a Formal Communication Plan and Initiate Collaborative Planning

Successfully implementing an OIC requires involvement of all program partners throughout the process. The Buffalo OIC stakeholders emphasize that ongoing and direct communication is essential to implementing this approach effectively, and that ideally, the court already has established treatment court models in place. If other problem-solving courts exist, it will be easier to build trust and to troubleshoot the daily operational and client needs that will inevitably arise. Leaving out stakeholders may result in substantial delays or additional obstacles to implementation. Lessons learned (highlighted under "Considerations" below) emphasize the delicate nature of the planning and constant communication needed to avoid misunderstandings. A formal process should be developed that ensures that all stakeholders understand the importance of participation.

How the OIC is implemented and organized will depend heavily on the size of the local jurisdiction, program population/capacity, and resources available.

Smaller programs with limited resources may look quite different, but the end goal is to save lives through immediate assessment and administration of MAT, use of peer recovery support specialists, daily case management, and intensive judicial oversight.

Stakeholders should have preliminary discussions about the implications of the OIC model for each staff member who will spend significant time and resources working with OIC participants. This includes any changes to job duties, intensity of the population, and how the operation of the court will affect the staff member's agency. In order to get the needed services and supports in place, the Buffalo OIC noted that stakeholders had to make various concessions (e.g., suspension of legal charges and reductions in wait times for appointments and services) to reach the goal of saving lives. "Considerations," below, provides a list of potential concessions or considerations the planning teams are encouraged to consider.

All stakeholders must understand that the planning process can take time but should move along expeditiously given the serious nature of the opioid epidemic. Many issues will not have an immediate solution, and most will need to be researched and discussed further as the program matures.

Considerations

Judges may need to:

- Rearrange their court calendars or dockets
- Receive training in opioid use disorder, motivational interviewing, and other key topics
- Perform outreach and negotiations for key stakeholder support and for resources in the community
- Lead the exploration and implementation of the program

Prosecutors may need to:

- Agree to suspend charges to allow for participation in a pre-plea program
- Expedite the plea process in post-plea models to facilitate resolution of the case within days of the arrest

Defense attorneys may need to:

- Allow earlier access to potential participants for screening, assessment and services, and pre-arraignment

Law enforcement may need to:

- Agree to identify and refer individuals to the OIC
- Agree to rapidly return those OIC clients arrested on a warrant back to the OIC for a treatment response rather than incarceration

Pretrial services and court case managers may need to:

- Rearrange or reassign significant portions of probation officer caseloads in order to provide daily case management

Treatment providers and recovery peer specialists may need to:

- Adjust their work schedules to meet the needs of court and clients
- Attend court (or establish a court-based duty station) to allow for immediate connection with potential clients
- Receive specialized training in opioid use disorder and MAT
- Receive specialized training in working in criminal justice environments
- Address the supervision and support needs of court-based clinicians and peers

All stakeholders may need to:

- Accept that planning and decision-making will take time
- Understand that every aspect of the Buffalo model may not be feasible for their court

Step 6: Assess Available Services via Community Mapping and Identify the Target Population

It is important to assess both the potential participant population and the services that are available or can be made available in the community to ensure that available program services will fit the population to be served. This is an iterative process in which available services will be discovered and the population in need of services will be identified and then, based on the services available and needs of the population, additional services may need to be developed to match population needs, or the target population may need to be adjusted to fit available services until appropriate services become available.

Essential Elements of Opioid Intervention Courts

#1: Broad legal eligibility.

#6: Recovery support services

To begin this process, programs will need to explore where they will focus their efforts. Performing a community mapping exercise will help the planning team determine existing treatment and other services in the community, identify other nontraditional assets, and establish the availability of appropriate services.

It is important to set aside ample time to conduct the community mapping exercise, and for the judge and program coordinator to take an active role in the process.

Inviting all stakeholders (outlined in step 3) to participate will ensure a depth and richness to the end product. The central task with community mapping is to inventory (list) all agencies, organizations, and associations that exist in the area, and then determine what services are offered. This can be done by reviewing various publications, health resource guides, websites, United Way 211 resource guides, and social media. If resources are available, jurisdictions may also survey key stakeholders about services, either via phone, in scheduled in-person interviews, or in a group setting.

Once available resources and assets are established, stakeholders should analyze the data available to further define the target population. Law enforcement agencies, jails, or the courts may have statistics available on the number and percentage of individuals who are arrested or booked or who have case filings with opioid-related charges. The local jail may also conduct a brief medical screen upon admission that could provide key information in determining the extent of opioid use in the population of criminal justice-involved individuals. The planning team can work with local jail officials to determine what percentage of the population presents with opioid use disorder through their medical screen.

Local hospitals and public health departments are also important sources of data that explain the prevalence of opioid use disorder and needs of potential participants. Stakeholders in Buffalo revealed that having deep and strong commitment from the local hospitals and public health system, as well as the countywide Opioid Task Force, allowed them to build a comprehensive system that focused on prevention, training in and use of naloxone, partnerships with local hospitals to monitor overdoses and deaths, and creation of the court response reviewed in this manual. This work also allowed them to build a Sequential Intercept Model to ensure that police deflection programs, prosecutor-led diversion programs, and treatment courts can share information to ensure that individuals in the criminal justice system receive early intervention at every step in the process.

Further, local statutes, political considerations, or funding issues may affect (or even limit) the types of treatment and how the program can be established. As was stated above, programs will need to complete community mapping exercises to identify existing services, resources, and programs. Once the community mapping exercise is completed, the planning team must consider the referral process and evaluate whether existing services should be adjusted or if additional training for practitioners is needed.

Community Mapping Resources

- Community Tool Box, Chapter 3, Section 8: https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main
- Asset Mapping, UCLA Center for Health Policy Research: https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf
- Introduction to Community Asset Mapping, Center for Court Innovation: https://www.courtinnovation.org/sites/default/files/documents/asset_mapping.pdf

Lessons Learned from the Buffalo OIC

Lesson 1: For an OIC to be implemented successfully, it may be essential that other traditional treatment courts exist in the jurisdiction. The reasons, per experts in Buffalo, are numerous:

- Jurisdictions that have treatment courts have created layers of collaboration across multiple services. This shared history, trust, and learned experience of collaboration are necessary for the creation of an OIC.
- Treatment courts have established relationships with the community of treatment and recovery supportive service providers who can provide a continuum of care for those participants who do not move into a treatment court.
- Jurisdictions should have an option to move select clients into another treatment court for continued structure and services once they have stabilized under the OIC.
- Having this trust facilitates the commitment of resources needed for the OIC team to meet daily after initial implementation to perform a daily analysis of operations and troubleshoot problem areas.

Step 7: Develop a Detailed Process for Screening, Assessment, and Court Entry

In the traditional treatment court model, using validated screening and assessment tools is a best practice standard. Specifically, research shows that courts that employ validated assessment tools to determine candidates' eligibility for the program have significantly better outcomes than drug courts that do not use validated tools.

Essential Elements of Opioid Intervention Courts

#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

For the Buffalo OIC, the court wanted to create a brief screening tool that could be used to flag potential participants immediately after booking. The screening tool used is called the Rapid Opioid Dependence Screen (RODS), developed by a physician specifically for the OIC. Information on screening tools is included in "Resources" below.

For the OIC model, brief screening (such as RODS or SBIRT) should be taking place within hours of an arrest, as compared to days or weeks later in the traditional model.

Once individuals are determined to be eligible and the OIC program has been explained to them (following due process), if they express interest in participating, a more extensive drug and alcohol assessment is completed. The brief screening tool used by the Buffalo OIC determines the likelihood of opioid use disorder and overdose but does not provide enough information to determine supervision level or treatment level of care. A full assessment must be completed after the client opts in to the program.

Another critical step in planning an OIC is establishing the details of when the screening and assessment tools will be used and who will be responsible for administering them. In Buffalo, the screening tool is completed in the jail within hours of arrest. Two program staff arrive each morning and begin interviews in the jail at 7 a.m. Potential participants are asked a set of questions from a bio-psycho-social screen. If the individual answers yes to any of six targeted questions, the case receives a "blue sheet" with key information on the individual, including the screening results and legal information, that is then handed to the clerk's office so that the individual can be added to the OIC morning docket (which runs five days per week) for the first appearance.

To create the screening and assessment process, key stakeholders must discuss and outline answers to the following questions:

- When and where are potential participants identified? (Examples may include local jails, court arraignment dockets, etc.). The Buffalo OIC uses a "hub" model, in which referrals from surrounding towns are screened by police, local defense counsel, or local judges and referred to the OIC for early intervention.
- Who is identifying these potential participants? (Examples may include jail staff, arresting officers, pretrial staff, case managers, local defense bar, program coordinator reviewing daily arrest/jail logs, etc.)
- Who will administer the screening and/or assessment tools? (Examples may include police, program coordinator, pretrial service officers, case managers, treatment providers, etc.)
- What formal training procedures are in place, or must be put in place, for any individual that administers the screenings or assessments?

Another important step in the entry process for the OIC is to ensure that legal counsel is available immediately. As outlined in *The 10 Essential Elements of Opioid Intervention Courts,* "Every person who screens positive for risk of opioid overdose and who also meets the jurisdiction's legal eligibility criteria should be offered the opportunity to enter the opioid intervention court after consultation with defense counsel."

Defense counsel should be on hand to advise clients as soon as possible (the same day) after overdose screening.

Defendants who agree to participate in the OIC should have their cases transferred without delay. Planning teams must meet with their local office of public defense to discuss the balance of legal and constitutional rights of clients vs. the rapid engagement into treatment and monitoring needed to save lives.

Resources

Resources for selecting screening and assessment tools:

- For information on screening and assessments used by the Buffalo OIC, contact the director, Jeff Smith, at jdsmith@nycourts.org
- For information on the Rapid Opioid Dependence Screen (RODS): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4435561/.

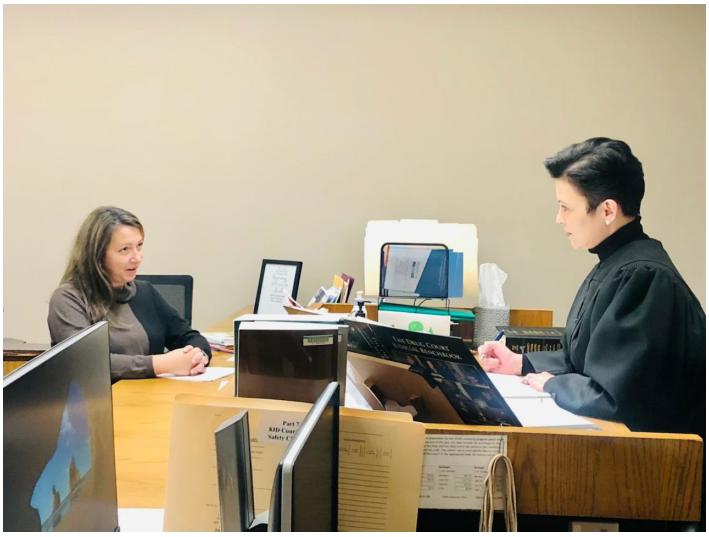
  The RODS tool itself can be found at https://npcresearch.com/wp-content/uploads/RODS-Validation-INSTRUMENT-JCHC-072513.pdf.
- Website: American Society of Addition Medicine (ASAM) website with validated screening tools: https://www.asam.org/education/live-online-cme/fundamentals-program/additional-resources/screening-assessment-for-substance-use-disorders/screening-assessment-tools
- Website: American Psychiatric Association website with psychiatric diagnostic assessments: https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures
- Webinar: Know Who They Are and What They Need: Screening and Assessment for Co-Occurring Disorders: https://www.ndci.org/know-who-they-are-and-what-they-need-screening-and-assessment-for-co-occurring-disorders
- Fact Sheet: Selecting and Using Risk and Need Assessments: https://www.ndci.org/resources/selecting-and-using-risk-and-need-assessments
- Detailed information on these assessments and other assessments validated for a variety of populations can be found in the Substance Use Screening & Assessment Instruments Database at http://lib.adai.washington.edu/instruments and in the NADCP *Adult Drug Court Best Practice Standards* (Volume I, Standard V and Appendix A): http://www.nadcp.org/Standards

Step 8: Develop an Opioid Court Docket and Process for Intensive Monitoring

Intensive monitoring by the court is crucial to keep participants engaged in services and to monitor participant health. The result of the data review and community mapping process, as well as a review of current workloads, should drive decisions about how best to structure the court sessions.

Essential Elements of Opioid Intervention Courts
#7: Frequent judicial supervision and compliance monitoring

Those eligible for the OIC are often in a state of crisis and need to be brought before the judge immediately for their first appearance.



As is stated in *The 10 Essential Elements of Opioid Intervention Courts,* "Opioid intervention courts should require participants to return to court frequently for supervision and monitoring (e.g., the Buffalo OIC requires daily court appearances). The judge should use evidence-based techniques, like motivational interviewing, to engage participants in strengths-based conversations about their progress."

There are several considerations when restructuring dockets or building the process to absorb this program. Judge availability and jurisdictional issues will heavily dictate what type of schedule is possible for the OIC. In Buffalo, the active (ongoing) OIC clients are advised to appear in court daily, between 9 a.m. and 12 p.m. This intensive monitoring with the judge is intended to, along with other program supports, communicate to the participant that the court is paying attention and cares what happens to them, as well as to decrease free time when the participant may overdose. Participants must sign in upon entering the courtroom. The sign-in sheet is checked regularly by court staff, and files are pulled for the judge to review. Once a case is called, the individual, along with the public defender, prosecutor, and case manager, all approach the bench. This group stands directly in front of the judge, and the check-in is carried out in a more private and caring manner.

In addition, intensive monitoring includes frequent random drug testing to track participants' use to help determine ongoing service needs.

Based on practices in Buffalo, consider the following:

- Will the court operate pre- or post-plea? Immediacy is key; therefore in most jurisdictions a pre-plea model is crucial and a post-plea model is not feasible.
- Can the designated OIC judge also serve as the first appearance judge?
- Can the OIC operate within a pre-plea appearance docket, with the clients intermingled with the standard first appearance docket individuals, or can there be a special docket just for OIC participants that includes the first appearance?
- Can the charges be temporarily suspended by the prosecutor to allow for immediate participation?
- Is there availability to complete random drug testing when the client appears for court, and can the court avoid punitive measures for continued use? (Can the court focus on changes in the treatment plan as a response to ongoing use?)
- Can a level of privacy be provided for OIC participants in the open courtroom?

Lessons Learned from the Buffalo OIC

***Lesson 2**:* Much like the treatment court model, the judge matters. As was stated by one Buffalo OIC stakeholder, "These individuals 'get well' for the judge." The daily contact, and caring approach, anchored in an understanding of opioid use disorder creates an atmosphere of hope.

Clients also find connection and support through other team members, including the peer support specialists, case manager, and various clinicians. The critical factor is the hiring and utilization of caring and engaged staff.

Step 9: Outline Case Management and Coordination

In the Buffalo OIC, the program case manager and coordinator are active and busy positions. It is important to ensure that proper resources are dedicated to support these positions, and that their job duties are clearly defined.

Essential Elements of Opioid Intervention Courts

#8: Intensive case management

The role of both the case manager and coordinator varies compared to their roles in the traditional treatment court model. Although it may not be feasible for courts to employ both positions, for the Buffalo OIC, both positions are necessary due to the large caseload and the focus on collaborative care. In the Buffalo OIC, the coordinator has some case management duties and has an active role in the screening process, court operations, and activities outside of the court. The coordinator's main duties include:

- Meets with all defendants (after their initial jail screening) to determine appropriate fit for the program
- Reviews the conditions of the program with potential clients
- If detox is needed, arranges a bed
- Prepares reports to the court on daily treatment progress and client needs
- Connects clients with peer support specialists in the courtroom
- Enters data and client notes in the statewide database system

As is presented in *The 10 Essential Elements of Opioid Intervention Courts,* case managers play an important role in ensuring that participants are connected with necessary supports during the period of stabilization, and that they act as a liaison between the court, all involved agencies, and peer recovery support. In the Buffalo OIC, the case manager has a wide range of duties, including:

- Conducts nightly 8 p.m. curfew checks (remotely – using cell phones and GPS)
- Assists clients with transportation (bus passes)
- Connects clients to needed services, which can vary daily
- Assists clients with addressing medical needs (outside of MAT)
- Provides backup to the coordinator if they are out of the office or unavailable
- Conducts daily data entry to track client progress and needs

It is important that key stakeholders be educated about the expectations of the OIC, so that they can support the program and have an understanding of the workload. Besides training, roles and responsibilities should be fully detailed in the OIC policies and procedures manual.

Lessons Learned from the Buffalo OIC

Lesson 3: The coordinator and case manager must embrace patience, acknowledge that individuals are at varied states of engagement, and understand that the client base is significantly different than the standard treatment court client. It is important to appreciate that the practice of strict accountability of treatment court may not transfer well to this population, particularly during this stabilization period. Participants frequently abscond and must be found and brought back to court as an expected part of the process. As a case manager or coordinator, one must adopt a medical approach with appropriate expectations of participants' ability to adhere to the program requirements during the stabilization period.

Step 10: Develop a Treatment Referral and Engagement System

Developing a treatment referral and engagement procedure is one the most critical steps in implementing the OIC model. The treatment providers' ability or willingness to adapt to the changes required for this rapid engagement process may be one of the most challenging issues a program faces. The planning and decisions related to this issue may take time and must be transparent. The process must involve any treatment providers currently working with the court, as well as potentially other treatment providers that serve the local area. Two key ingredients are essential for this step to be successful: treatment that is easily accessible by participants, and peer support.

Essential Elements of Opioid Intervention Courts

#5: Rapid clinical assessment and treatment engagement

#6: Recovery support services

#9: Program completion and continuing care

Easily accessible treatment. The program must work to develop treatment capacity that is available on demand (particularly MAT providers), and providers should either be co-located with the court or have direct transportation to the treatment facility that allows for a "warm handoff."

In the Buffalo OIC, the treatment provider that performs the initial assessments and referrals as well as some outpatient treatment is a "mobile team." This mobile team operates out of a treatment van that arrives in front of the courthouse each morning. A nurse, treatment counselor, and peer recovery support specialist are all available via the van service (see accompanying photos). They do not carry MAT in the van, but can conduct assessments of potential clients in the van, and they have access to a physician, via telemedicine using video within the van, for consultation.

Peer support. A key ingredient for engagement and referral to treatment is a peer recovery support specialist. This individual is present in court each day and approaches clients as a peer to help determine their current support service needs (e.g., housing, food) and to encourage them to engage in other court services and substance use disorder treatment. This can include locating a sober housing option/bed, securing food, or connecting them to their prescribing doctor to address MAT needs. When participants come to court the first day, the peer recovery support specialist will walk the individual down to the mobile treatment van for the initial assessment.

The program coordinator and case manager work closely with the peer recovery support specialist to ensure that no one goes without connection to services.

All stakeholders in Buffalo agree that the use of a mobile treatment service has proven to be highly beneficial to the program and clients. While this may not be an option in all communities, developing the competency and capacity of treatment providers to work with the OIC is critical. This can include:

- Educating treatment providers (including MAT providers and substance use disorder treatment providers) about the rapid engagement model, and the focus on medical stability. Also, educating treatment providers in providing care to criminal justice-involved individuals.
- Working with the local public health department and state funding agencies to ensure that providers can offer a continuum of care, including physician-supervised MAT.
- If peer recovery support specialists are not available within provider networks, exploring the possibility of creating positions and obtaining certification (see the links in "Resources" below).
- If appropriate treatment is not available locally, considering alternative options, including obtaining training for local treatment professionals in early intervention models, online treatment, the MRT Opioid model by Correctional Counseling, Interactive Journaling by the Change Companies, motivational interviewing, or referrals to private practices or more distant providers (and assistance with transportation).
- Developing an agreement between the court and treatment provider that establishes and clearly delineates the treatment options that are available for OIC clients. It should also outline the duties of the treatment provider on the team, including any attendance at court and staffing, and exactly what kind of communication is shared with the team and when.
- Educating providers on funding opportunities such as state funds or SAMHSA or BJA grants to help them build treatment capacity and enhance quality.

Finally, all Buffalo stakeholders stated repeatedly that a successful practice in the OIC was that no client was without support. The stakeholders termed this a "continual warm handoff." In other words, the case manager, coordinator, peer recovery support specialist, treatment provider, and MAT physician work closely together to ensure that every client has continual and needed support. This includes a warm handoff from the OIC to the appropriate treatment court for participants eligible for those programs after completing the OIC, as well as support for continuing care for those whose cases are dismissed or who are otherwise not eligible to continue services in the treatment court.

Resources

- National Certified Peer Recovery Support Specialist certification: https://www.naadac.org/ncprss
- Certified Recovery Peer Advocate, a project of Alcoholism and Substance Abuse Providers of New York State (ASAP): http://www.asapnys.org/ny-certification-board/certified-recovery-peer-advocate-crpa/
- Fact sheet on what to require from treatment providers when writing an RFP, helpful for describing the qualifications and services needed: https://www.ndci.org/wp-content/uploads/2016/11/request_for_proposals_rfp_questions_for_drug_court_treatment_providers.pdf
- Further examples can be found at https://www.crimesolutions.gov/Programs.aspx (this site provides a list of evidence-based practices for a variety of population types. You can search on treatment modality or on population including age, gender, race/ethnicity, etc.)

Step 11: Create a Program Documentation and Data Collection Process

Create written materials that reflect the agreed-upon practices and partnerships of the OIC.

Essential Elements of Opioid Intervention Courts

#10: Performance evaluation and program improvement

Written documentation should include:

- A policies and procedures manual.
- Eligibility criteria and the associated referral and intake processes (this information may be incorporated into the policies and procedures manual).
- An MOU between all OIC staff members and their associated agencies and other key stakeholders, describing roles, duties, and expectations for what and how communication occurs (this document may be appended to the policies and procedures manual).
- An integrated case plan template for developing individualized participant care plans that include treatment, supervision, and case management plans and goals.

As stated in *The 10 Essential Elements of Opioid Intervention Courts*, the program should collect data on clearly defined measures and have the ability to track data down to the hour (time stamped) if possible. Data to collect includes:

- Date of OIC-eligible arrest
- Screening date and time
- Dates and times when various medical and treatment assessments were completed
- Participant entry date
- Participant exit date
- Assignment to peer recovery support specialists, and dates, times, and nature of contacts
- Dates and times of contacts with case manager
- Dates medication was prescribed and types of medication
- Dates and frequency of drug tests
- Dates of referral to treatment
- Dates of contacts with mobile treatment (if applicable)
- Dates of entry to and exit from substance use treatment and other services
- Dates of court check-in with judge
- Dates of warrants
- Dates of rearrests
- Dates of death during the program

Resources

Contact information@npcresearch.com for more information on:

- Sample key stakeholder MOUs
- Sample policies and procedures manual
- Options for collecting data and efficient data collection processes

Other Considerations

Have a Participant Transition Plan

Transitioning current participants is very important. The Buffalo OIC is an intentional short-term intervention aimed at medical stabilization that provides a service for approximately 90 days. Once a participant has completed their time in the program and the prosecutor and defense attorney have consulted with the case manager, treatment providers, and program coordinator, the case can either be transferred to another treatment court (adult drug court, mental health court, veterans court) for engagement, or the charge can be disposed, or full prosecution may ensue. Regardless of the disposition of the case, the OIC should strive to support a continuing care plan to encourage ongoing treatment and support beyond the stabilization phase. Program policies regarding this transfer, and necessary documentation, should be created before the launch of the program.

Pursue Funding Opportunities

The Buffalo OIC is a resource-intensive practice. As a community considers implementing this model, resources will be needed for staff time and key stakeholder time required to plan and implement the program. Funds to pay for staff training (as described in step 2) should also be considered. Jurisdictions will also need to work closely with their state-level drug and alcohol administrators, county funders, and public health departments to seek or coordinate existing streams of funding for treatment, peer recovery support, and MAT. Options for funding and other resources are provided in “Resources” below.

Resources

Some resources and funding opportunities for implementing an OIC include:

- Grant funding for program enhancements can be available from federal and state sources as well as foundations:
  - U.S. Department of Health and Human Services, Substance and Mental Health Services Administration (SAMHSA): https://www.samhsa.gov/grants
  - U.S. Department of Justice, Bureau of Justice Assistance (BJA): https://www.bja.gov/ProgramDetails.aspx?Program_ID=58
  - National Drug Court Institute (NDCI) (for BJA-funded technical assistance): https://www.ndci.org/resources/training/ta
  - Center for Court Innovation (for BJA-funded technical assistance): http://www.courtinnovation.org/expert-assistance/drug-court-assistance
  - Centers for Disease Control Opioid Rapid Response Teams: https://www.cdc.gov/opioids/public-safety/index.html
  - National Institutes of Health Justice Community Opioid Innovation Network (JCOIN): https://heal.nih.gov/research/research-to-practice/jcoin
- Community outreach and partnerships can also be an excellent source of sustainable funding. Make connections in the community with business leaders, the faith community, and service providers. Develop and maintain a community advisory committee formed of leaders and providers and enlist their help in seeking out funding opportunities.
- A social innovation, or Pay for Success (PFS), model is a strategy to pilot a program to determine whether it produces the desired outcomes and cost savings stakeholders believe it can achieve. PFS uses private dollars to invest in the startup and early operations of a program that seeks to address a complex social issue. For more information on PFS to determine if this option is appropriate for your OIC, contact the National Association of Drug Court Professionals or visit:
  - Social Finance: http://socialfinance.org
  - Nonprofit Finance Fund: http://www.payforsuccess.org
  - Urban Institute: http://pfs.urban.org

Conclusion

The idea of implementing an OIC may feel overwhelming for courts. Change can be difficult to manage, and the OIC model may require significant modifications to current court and treatment practices. However, the Buffalo court and other courts that have implemented the OIC process have enjoyed improved outcomes, including substantially reduced overdose deaths and significantly faster access to and engagement in treatment services.[5]

The implementation of an OIC requires several significant process changes that affect many local agencies and departments. A foundation of trust is essential.

Collaborating, informing affected individuals and agencies, developing MOUs, and training are required when significant changes like this occur. However, stakeholders in Buffalo noted that the longstanding local practices provided in the standard treatment courts created an environment of trust and collaboration that provided a foundation for moving this model forward.

Despite the best intentions, new or unexpected concerns will likely arise during implementation. However, the more stakeholders are involved, the more the work can be distributed, potentially reducing the burden on any one individual or agency. For example, leadership can create subcommittees to develop specific elements of the program, such as creation of a participant handbook and policy manual, new service provision, and changes to court hearing times.

This manual is intended to guide jurisdictions in addressing the significant issue of opioid use disorder that plagues many communities. While research on OICs is still in its infancy, many lessons have been learned, and strong practices have been built from the treatment court model that can be applied to other jurisdictions. Courts are encouraged to use the practices put forward in this manual to prevent overdose deaths, and to offer individuals that are suffering from opioid use disorder the supports and services they need to regain their health and stability.

[5] See the Buffalo OIC evaluation results at https://npcresearch.com/wp-content/uploads/OIC-NY-Main-Report-June-2021-FINAL.pdf