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Improving Access to Medications for Opioid Use Disorder in Drug Courts Through Inter-Agency Collaborations: Study Protocol

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ABSTRACT

Background: Drug courts are a diversionary alternative for people with substance use disorders involved in the criminal legal system. Drug courts mandate and monitor substance use disorder treatment provided by community treatment agencies. Up to 80% of drug court clients have opioid use disorder (OUD), yet medications for OUD (MOUD), the gold standard treatment, are underutilized by drug court clients, partially due to limited collaborations between drug courts and local MOUD agencies. The Clinical Organization and Legal Organizations Alliance Building (COLAAB) intervention was designed to increase the number and quality of drug court-MOUD agency collaborations. COLAAB is a six-month intervention involving structured monthly meetings between court team members and local MOUD agency representatives, facilitation from an academic liaison, development of resource guides, and tours of drug courts and MOUD clinics.

Design/Methods: We will evaluate COLAAB using a hybrid type II stepped-wedge cluster randomized controlled trial in 16 adult drug courts (8 in Massachusetts and 8 in Florida), with court team members and MOUD agency representatives as study participants. We will randomly assign courts to five clusters (1-2 courts per state per cluster) and initiate COLAAB in staggered six-month intervals. COLAAB implementation outcomes (COLAAB adoption, acceptability, appropriateness, feasibility, fidelity, cost) will be assessed using surveys, interviews, and observations. Organizational outcomes (e.g., number of collaborations, interorganizational collaboration quality, intention to refer) will be assessed using pre-post surveys and interviews. Finally, we will explore COLAAB's effects on MOUD referrals and initiation using pre-post survey and administrative data.

Conclusion: COLAAB could improve collaboration between courts and local MOUD agencies, thereby improving drug court client MOUD access. If COLAAB is proven effective, research findings will inform widespread dissemination of an implementation toolkit.

KEY WORDS: drug court, medications for opioid use disorder, collaboration, linkage, methadone, buprenorphine, Clinical Organization and Legal Organizations Alliance Building (COLAAB)

1. INTRODUCTION

Drug courts, also known as "recovery courts, are a diversionary alternative for individuals with substance use disorders (SUD) involved in the criminal legal system. In 2022, there were over 130,000 drug court clients in the US (Devall et al., 2023). Unlike traditional criminal courts, drug courts employ non-adversarial approaches intended to address substance use disorders (SUDs). Drug court participants (hereinafter "court clients") typically live in the community, participate in regular hearings with a judge, attend mandated SUD treatment, receive wrap around services (e.g., assistance with finding employment), and participate in random drug screenings. Drug courts are led by judges who oversee a multidisciplinary team that may include representatives from partnering criminal legal agencies (e.g., probation, jail), court administrators, defense attorneys, peer support specialists, and representatives from local community-based SUD treatment agencies. Successful court program completion may result in dismissal or expungement of charges, avoiding incarceration, and/or eligibility for record expungement.

Although drug court clients have may have a range of SUDs, opioid use disorder (OUD) is especially common, affecting up to 80% of clients (Devall et al., 2023). Medications for opioid use disorder (MOUD), especially methadone and buprenorphine, significantly reduce morbidity and mortality among people with OUD (Evans et al., 2022; Santo et al., 2021; Sordo et al., 2017; Wakeman et al., 2020). MOUD is also associated with improved outcomes among people with OUD in the criminal legal system, including lower rates of recidivism as compared to incarceration (Evans et al., 2022; Friedmann et al., 2025; Sordo et al., 2017).

Unfortunately, as few as 14% of drug court clients with OUD receive MOUD. (Farago et al., 2023; Krawczyk et al., 2017; Douglas B. Marlowe et al., 2022). This longstanding MOUD implementation gap reflects multiple barriers, including limited knowledge of MOUD and negative attitudes toward MOUD among court team members (Andraka-Christou, 2017; Andraka-Christou et al., 2019; Matusow et al., 2013), historic court-level prohibitions on MOUD utilization (Andraka-Christou et al., 2021; Matusow et al., 2013), few community-based MOUD treatment agencies (especially in rural areas), distrust of local MOUD agencies (Ahmed et al., 2022; Csete & Catania, 2013; Pivovarova et al., 2023), and lack of court collaborations with local MOUD agencies (Andraka-Christou & Atkins, 2021; Andraka-Christou et al., 2025). Prior efforts to increase MOUD use among drug court clients have primarily focused on the following: drug court team member education about MOUD efficacy, grant funding requirements that mandate courts allow MOUD utilization, and broad dissemination of voluntary best practice standards (All Rise, 2026; Andraka-Christou et al., 2025).

Few interventions, however, have been designed to increase the number or quality of interorganizational collaboration between drug courts and local MOUD agencies (Pivovarova et al., 2026; Pivovarova et al., 2023). Drug courts rarely provide treatment directly, so drug court-MOUD agency collaborations are necessary for treatment delivery. Such collaborations also facilitate timely referrals from courts to MOUD agencies, potentially decreasing delays in

treatment, and facilitate communication between treatment agencies and courts, making it easier for court staff to ask questions and monitor treatment adherence. Importantly, research indicates that court team members are more willing to refer clients to local MOUD agencies with whom they have an existing collaboration (Andraka-Christou et al., 2025; Clark et al., 2026).

Clinical Organization and Legal Organizations Alliance Building (COLAAB) was developed to strengthen interorganizational collaboration between drug courts and community-based MOUD providers (Pivovarova et al., 2026) and adapted from an organizational linkage intervention designed to improve MOUD referrals from community corrections agencies (Friedmann et al., 2013; Friedmann et al., 2015; Mitchell et al., 2016). COLAAB was tailored to drug courts by examining implementation barriers and facilitators to collaboration and referral and then creating a "bundle" of evidence-informed implementation strategies (Curran et al., 2012; Byron J. Powell et al., 2015) to address the barriers. Such strategies included building a coalition, academic facilitation, promoting network weaving, educational outreach, engaging community resources, enabling relay of information, facilitating interpersonal discussions, and conducting local consensus discussions.

COLAAB was successfully piloted in three Massachusetts drug courts, demonstrating acceptability, appropriateness, and feasibility (Pivovarova et al., 2026). Qualitative findings indicated increased awareness of local MOUD agencies, improved understanding of referral processes, better communication, and greater access to identifiable contacts within MOUD agencies. Court team members also reported increased knowledge of MOUD options and fewer misconceptions about MOUD. These preliminary findings support further evaluation of COLAAB in a larger and more diverse sample of drug courts.

In the present study, we will conduct a hybrid type II stepped-wedge cluster randomized controlled trial (RCT) to evaluate the implementation of COLAAB, examine its effects on organizational outcomes (e.g., number and quality of interorganizational collaborations), and explore effects on clinical outcomes (e.g., MOUD initiation) (Curran et al., 2012; Hemming et al., 2018; Li et al., 2021). We will involve 16 adult drug courts from two states.

2. METHODS

2.1 Intervention summary

COLAAB is a manualized, six-month intervention that includes several key components. First, an academic liaison coordinates and facilitates meetings between court team members and local MOUD agency representatives (hereinafter collectively "COLAAB participants"). Other community agency representatives (e.g., local jail staff) may also participate if requested by the court. Second, approximately two months before implementation, the liaison and a court team leader (e.g., court coordinator) hold a virtual pre-implementation meeting to identify current collaborations, collaboration gaps, and desired partners and scheduling preferences. Information from the pre-implementation meeting is then used by the academic liaison for selection and invitation of local MOUD agency representatives to participate in COLAAB with the drug court.

Fourth, the academic liaison facilitates five semi-structured meetings (in person unless only virtual is feasible) at the courthouse with COLAAB participants. Meetings focus on identifying shared goals, addressing and preventing challenges in court-MOUD agency collaborations, and agreeing to shared communication and referral processes. Meetings are semi-structured, enabling topics of discussion that are tailored to the needs of COLAAB participants. Fifth, court team members tour MOUD agencies, and MOUD agency representatives attend a court hearing. Sixth, the academic liaison iteratively develops a resource guide for COLAAB participants, including but not limited to information release forms, contact information, and mutually developed and agreed to communication and referral processes. Finally, standardized educational materials about MOUD (e.g., from national healthcare organizations) are provided to court team members.

In preparation for the RCT, in 2026 we conducted focus groups and interviews with a convenience sample of court team members and MOUD agency representatives, as well as consultation with an advisory board, to guide modifications to the original intervention, informed by the Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS) (Miller et al., 2021). Modifications included allowing for hybrid meetings if in person meetings are not feasible and refinement of discussion topics to reflect preferences and needs of Massachusetts and Florida courts.

2.2 Conceptual model

See Figure 1 for our conceptual model. We hypothesize that COLAAB will increase the number and quality of collaborations (i.e., the primary organizational outcomes) via the following mechanisms: decreased stigma toward MOUD and MOUD agencies, increased trust between courts and agencies, increasing awareness of local treatment agencies, and decreased logistical barriers to referrals and communication.

During preliminary interviews with court team members and MOUD providers, we identified potential barriers to COLAAB implementation. To address these barriers, we will use a bundle of COLAAB implementation strategies (e.g., a manual, involving champions) to ensure adoption, fidelity, acceptability, appropriateness, and feasibility of COLAAB (i.e., the primary implementation outcomes). We will also examine cost of the intervention.

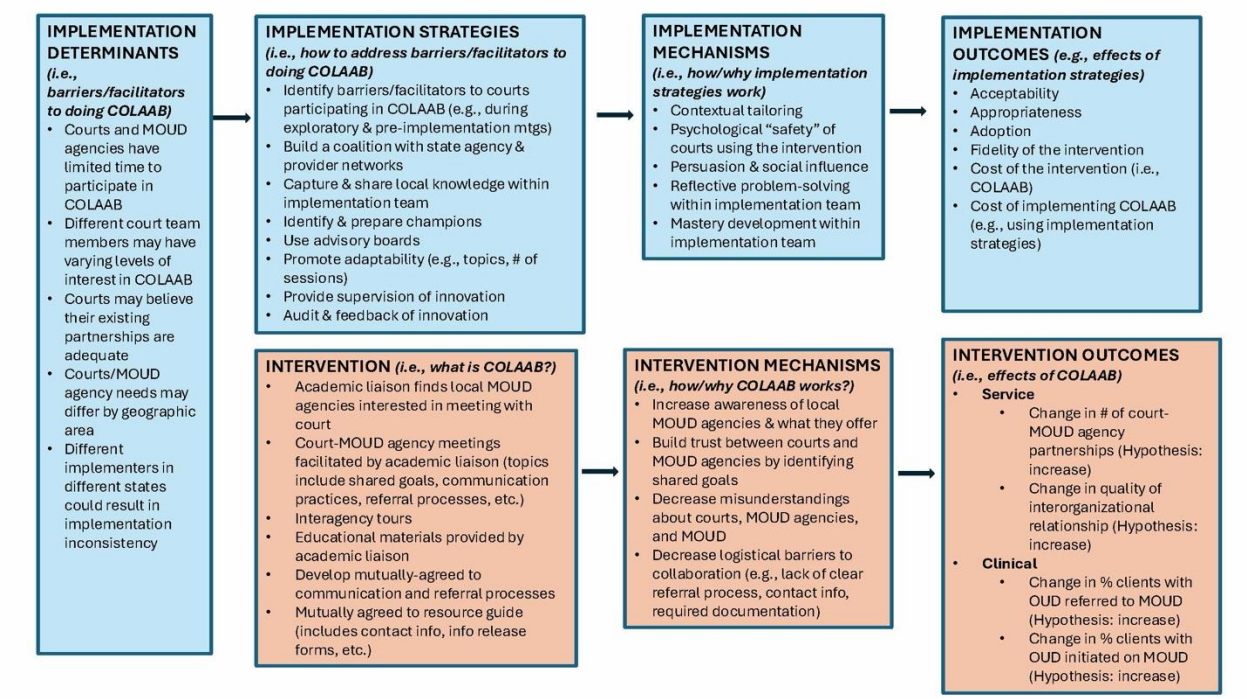


Figure 1: Conceptual model

2.3 Stepped-wedge process

We will conduct a hybrid type II stepped-wedge cluster randomized controlled trial of COLAAB (Curran et al., 2012; Hemming et al., 2018) in 16 courts across two states, using mixed methods data collection and analysis. All participating courts will eventually receive the COLAAB intervention, but timing of the intervention will vary depending on the cluster (four in total) to which they are assigned. For the stepped-wedge design, courts will be randomized into pairs (two from each state) to a starting month of COLAAB. We will use the approach of Carter and Hood to closely match Massachusetts and Florida courts by predetermined criteria in a covariate-adaptive approach to provide a better balance between the two states during the entire implementation period (Carter & Hood, 2008). Clusters will be randomly assigned to crossover time points separated by six months. The full randomization sequence will be performed prior to the initiation of COLAAB.

2.4 Study participants and recruitment

Sixteen adult drug courts will participate: eight in Massachusetts and eight in Florida. The two states' differing geographic, policy, healthcare, and organizational contexts will enhance the generalizability of our findings and allow for examination of the role of the external context on outcomes.

2.3.1 Court team member recruitment

Any adult drug court in Massachusetts or Florida will be eligible to participate. We will use the following recruitment approaches: emails from the relevant Office of the State Court Administrator to court administrators across the state; and emails or phone calls from research staff to court administrators using publicly available contact information, prioritizing any courts that participated during formative research and indicated an interest in RCT participation. After the initial recruitment message is sent, we will invite the court administrator to participate in a brief phone call during which we will describe the study process and study goals, as well as answer any questions about study participation.

While any court team members may participate, for the court to be enrolled, at least one court team member with authority to make collaboration decisions (e.g., a judge, court administrator) must participate. Based on our pilot study (Pivovarova et al., 2026), we anticipate approximately six team members per court will participate (n=96).

2.3.2 MOUD agency representative recruitment

Once a court team has agreed to participate in COLAAB and the pre-implementation meeting with the court administrator has been completed (see Section 2.1), we will recruit representatives for community-based agencies located in the geographic area. We will prioritize MOUD agencies that accept Medicaid or sliding scale payments, address an MOUD gap in the drug court, or are preferred by the drug court.

MOUD agencies meeting the above criteria will be identified by scanning publicly available databases of providers (e.g., SAMHSA website, state department of health website), as well as by using contact information from pre-existing relationships between the research team and local MOUD agencies or between the court and local MOUD agencies. Once a MOUD agency is identified, research staff will email and call the agency to describe our study and identify representatives to participate in COLAAB.

Inclusion criteria for MOUD agencies will include operating within the same geographic area as a court in our study and having at least one clinician with the appropriate license to offer at least one form of MOUD (i.e., methadone, buprenorphine, naltrexone.) Based on our pilot study, we anticipate two agencies per court will participate in COLAAB (n=32). Based on our pilot study, we anticipate enrolling at least two representatives from each MOUD agency (n=64).

2.5 Data collection

Data will be collected using mixed method approaches, as described below. Court team members who are government employees will not be given a financial incentive for data collection, as such incentives are prohibited by government policy. MOUD agency representatives will be given $25 for completion of each survey and $50 for interview completion.

2.4.1 Survey

All COLAAB participants will complete an individual online survey via REDCap (Harris et al., 2009) at Time 1 and Time 2. The Time 1 and Time 1 surveys will take approximately 30 minutes for court team members to complete and 15 minutes for agency representatives to complete.

All COLAAB participants will be asked background questions (e.g., profession), demographic questions (e.g., age, gender, race), and items to assess acceptability, feasibility, and appropriateness of COLAAB (Likert) (Weiner et al., 2017).

Court team members will be prompted to list all known MOUD treatment agencies in their geographic area (text), including type of MOUD offered (categorical; i.e., to assess awareness of the local MOUD agency landscape) and whether a collaboration exists with each provider (binary). Similarly, MOUD agency representatives will be asked to list any local drug courts and whether a collaboration exists. Collaboration will be defined to include informal arrangements and formal legal agreements. For any collaboration identified by a COLAAB participant, we will assess perceived court-agency collaboration quality using Likert subscales of the Interorganizational Collaboration Scale (Brewster et al., 2019).

Court team members will also be asked about their attitudes toward MOUD (ordinal, using JCOIN Core Measures) (Justice Community Overdose Innovation Network, 2026), attitudes toward MOUD agency representatives (ordinal, based on a modified version of the Trust in Medical Professionals Survey) (Hall et al., 2002), willingness to refer court clients to local MOUD agencies (Likert), and training received on MOUD (Likert).

Additionally, court administrators only will also be asked to indicate the total number of court clients (count), the number of court clients with OUD (count), and the number of court clients currently receiving each type of MOUD (count).

2.4.2 Observational

At each COLAAB meeting or tour, a researcher will manually complete a fidelity checklist with the following items: 1) meeting date, time, location, and modality, 2) meeting participants, 3) topics discussed, including essential topics and non-essential topics, 4) educational materials disseminated, 5) tours and court observations completed, and 6) any sharing or updating of the resource guide.

To collect data on cost of the intervention, researchers will also maintain a log of activities involved in executing COLAAB (as opposed to researching COLAAB), such as time spent communicating with enrolled participants, travel to meetings, preparation for meetings, and meeting facilitation. Other costs, such as supplies and mileage, will also be tracked.

2.4.3 Qualitative

After implementation, we will conduct post-implementation semi-structured virtual individual interviews with court administrators and MOUD agency representatives. Topics will be informed by the Exploration Preparation Implementation and Sustainment (EPIS) framework (Moullin et

al., 2019) and will focus on barriers and facilitators to participating in COLAAB. Interviews will assess COLAAB's acceptability, appropriateness, feasibility, and cost of participation (e.g., time spent preparing for and travelling to COLAAB meetings). Interviews will also explore perceived effects, if any, on organizational outcomes (e.g., collaboration quality, number of collaborations) and MOUD outcomes (e.g., referrals to MOUD agencies). Each interview will last approximately one hour. All data will be audio recorded and professionally transcribed.

2.4.4 Administrative secondary

We will obtain deidentified, archival data from the relevant Office of the State Courts Administrator and/or local court administrator. These will include MOUD utilization and demographic information for court clients measured each month for 2 years and six months (12 months prior to Time 1 and 12 months after Time 2). Files may include court or probation notes, intake questionnaires, and treatment agency documents.

2.5 Data analysis

2.5.1 Qualitative

We will use a modified version of iterative categorization (Neale, 2016) to analyze qualitative data. This mixed deductive-inductive analysis involves the following steps. First, we will create a preliminary codebook in Dedoose ("Dedoose," 2026) qualitative software based on EPIS domains, as well as implementation outcomes of interest (Proctor et al., 2011; Proctor et al., 2009), organizational outcomes of interest, and MOUD utilization outcomes of interest.

Second, two researchers will independently code 25% of the transcripts and meet to negotiate discrepancies in coding application. They will then test for interrater agreement using tools in Dedoose software. If Cohen's kappa < 0.75, then the two researchers will code the next 25% of transcripts independently with meetings to negotiate discrepancies, followed by another inter-rater reliability test. If agreement is good, then the two raters will each code half of the remaining transcripts independently; otherwise, the previous process will be repeated.

Third, we will export coded excerpts into an Excel sheet, and a researcher will summarize each excerpt with respect to the code of interest. Fourth, a senior qualitative researcher will review excerpt summaries for each code and create a code-level summary, noting differences across types of participants (i.e., court team members versus MOUD agency representatives), as well as between courts. Finally, the code-level summary for each code will be shared with the entire research team, who will meet to identify and discuss overarching themes.

2.5.2 Quantitative

Quantitative data will be analyzed using the latest version of STATA, SAS, or R. Before starting analyses, data will be examined for missing data, distributional assumptions, and outliers.

2.5.2.1 Adoption, acceptability, appropriateness, feasibility, & fidelity

Based on our pilot study, we will consider a court to have "adopted" COLAAB if at least three court team members, including at least one court team member with decision-making authority over collaborations and at least one MOUD agency representative, have attended a minimum of two-thirds of the meetings and tours.

A fidelity score will be created for each court based on the number of indicators checked over six months of COLAAB. We will model this score as a count variable using a Poisson or negative binomial model with court characteristics as predictors (e.g., rural/urban, number of clients, percentage of clients with OUD.) Scores for acceptability, appropriateness, and feasibility will be computed as appropriate for each instrument used to collect information in these domains. We will model these scores as GEE hierarchical linear models with appropriate link functions to accommodate differing types of outcomes. As predictors, we will use court characteristics as listed above. We will use similar GEE models to compare acceptability, appropriateness, and feasibility between MOUD agency representatives and court team members.

We will use a time-driven activity-based costing approach to measure intervention cost (Kaplan & Anderson, 2004). This approach considers the time spent "doing" the intervention activities (i.e., not including research time) and other non-time-based costs (e.g., food.) Descriptive statistics will be used to describe COLAAB costs by court.

2.5.2.2 Organizational outcome measures

We hypothesize that COLAAB will increase the number and quality of collaborations between courts and MOUD agencies. We further hypothesize that for court team members, COLAAB will (a) increase the number of local MOUD agencies of whom they are aware, (b) increase willingness to refer clients to local MOUD agencies, (c) decrease stigma toward MOUD, and (d) decrease stigma toward MOUD agency representatives.

Using GEE hierarchical linear models as described above, we will analyze individual court team member scores on the interorganizational collaboration scale clustered within court. As an additional predictor in this GEE model, we will include an indicator for pre-post COLAAB to determine the change as a result of COLAAB participation for the following outcome variables: awareness of local MOUD agencies, stigma toward MOUD, stigma toward MOUD agency representatives, number of MOUD agency collaborators, and willingness to refer clients to MOUD agencies. We will also test for differences between court team members and MOUD agency representatives by site for items completed by both types of COLAAB participants. Appropriate interaction terms will be included in any of the above models, but given the relatively small sample sizes for certain of these analyses, it is likely that any interaction terms will have very low power. Alternative approaches and other analytic details of these models will be included in the study's Statistical Analysis Plan, to be developed early in the study.

2.5.2.3 MOUD service outcomes (exploratory)

We will provide descriptive statistics per court for each month over 2.5 years (12 months prior to Time 1 and 12 months after Time 2) for the following: proportion of clients with OUD referred to MOUD and proportion of clients with OUD initiated onto MOUD. We will then fit a three-phase interrupted time series (ITS) GEE model for: (1) the rate of referrals to MOUD over time before Time 1, (2) the change in the slope of the rate of monthly referrals after Time 2, and (3) the "immediate" change in the rate during the transition to COLAAB (Time 1 – Time 2). The baseline slope will be tested against a null slope of zero; whereas the intervention and posttest periods will be tested against the baseline slopes. Because each court will have a different time frame for the transition, we will standardize the times so that each court transitions to COLAAB at the same relative time.

2.5.3 Mixed Methods Integration

We will use a convergent parallel mixed methods design to triangulate our findings when we have qualitative and quantitative information about the same type of outcome (e.g., stigma toward MOUD) (Guetterman et al., 2015). We will give equal weight to qualitative and quantitative data, assessing whether the data converge to support the same conclusion. We will also use qualitative findings to provide context for quantitative findings. We will use a joint display, presenting quantitative results side-by-side with qualitative findings for each type of outcome. Each row will be devoted to a different outcome (e.g., MOUD stigma). One column will depict qualitative themes; a second column will include key quantitative findings; and the third column will identify overarching findings across the quantitative and qualitative data, including the extent to which they converge or diverge.

3. DISCUSSION

MOUD is a lifesaving treatment for those with OUD (Santo et al., 2021) but continues to be underused by drug court clients (D. B. Marlowe et al., 2022). A large body of research has examined negative attitudes among court team members toward MOUD (Ahmed et al., 2022; Andraka-Christou, 2017; Andraka-Christou & Atkins, 2020; Andraka-Christou et al., 2019), and interventions have been developed to address these attitudes, including educational programming and dissemination of best practice standards (All Rise, 2026; Andraka-Christou et al., 2023). Similarly, grant funding and court certification conditions have evolved to disincentivize bans on MOUD in drug courts (Andraka-Christou et al., 2025). Comparatively little attention, however, has been paid to drug court-MOUD agency collaborations (Pivovarova et al., 2023), despite recent research suggesting such collaborations are a key facilitator for MOUD referrals (Andraka-Christou et al., 2025; Clark et al., 2026).

COLAAB was developed using evidence-based implementation strategies (B. J. Powell et al., 2015) to increase the number and quality of court-MOUD agency collaborations (Pivovarova et al., 2026). Our pilot work suggests COLAAB is (a) feasible, acceptable, and appropriate for court team members and MOUD agency representatives and (b) may positively affect the number and quality of collaborations (Pivovarova et al., 2026). We will now test COLAAB

implementation and effects on organizational outcomes in a hybrid type II randomized controlled trial using a stepped wedge design in two states.

If COLAAAB improves organizational outcomes, it could be expanded nationwide. We will create an implementation toolkit at the conclusion of the study to facilitate COLAAB implementation more broadly outside of Florida and Massachusetts.

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5. ABBREVIATIONS

COLAAB: Clinical Organization and Legal Organizations Alliance Building

EPIS: exploration preparation implementation and sustainment

FRAME-IS: framework for reporting adaptations and modifications to evidence-based implementation strategies

JCOIN: Justice Community Overdose Innovation Network

MOUDs: medications for opioid use disorder

OUD: opioid use disorder

RCT: randomized controlled trial

SAMHSA: Substance Abuse and Mental Health Services Administration

SAS: statistical analysis system

SUD: substance use disorder