



New York State Unified Court System

**THE FUTURE OF DRUG COURTS IN
NEW YORK STATE: A STRATEGIC PLAN**

January 1, 2017



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New York Statewide Drug Treatment Court Strategic Planning Project

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Respectfully submitted,

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Background

The drug treatment court model is one of the most effective criminal justice innovations of the past generation. Rigorous research has demonstrated that the model, when properly implemented, can break the cycle of addiction, arrest, and incarceration. Independent researchers have concluded that drug courts produce significant reductions in recidivism, and at least three studies have found that drug courts lead to significant reductions in “serious” drug use.¹ The National Institute of Justice’s Multi-Site Adult Drug Court Evaluation found that: 1) drug courts produce significant reductions in drug relapse, 2) drug courts produce significant reductions in criminal behavior, and 3) drug court participants experience benefits in other areas of their lives besides drug use and criminal behavior, such as improved physical and mental health, housing, employment, and education.²

Several studies have shown that drug courts can achieve substantial savings for criminal justice stakeholders. Cost-benefit analyses of drug courts have generally been positive—the most recent research in this area found that “the current adult drug court treatment regime produces about \$2.21 in benefits for every \$1 in costs.”³ Moreover, the rapid expansion of drug courts has been driven partly by the thousands of stories across the country of drug courts helping addicts reclaim their lives. Despite abundant research and consistently positive outcomes, states face significant challenges when they set out to incorporate drug courts into the permanent landscape of their justice systems and sustain effective drug court operations. New York is no exception.

New York’s first treatment court, the Rochester Drug Court, opened in 1995. Over the next 15 years, drug treatment courts flourished throughout the state. By 2010, New York operated 180 drug treatment courts (94 adult criminal, 55 family, 23 juvenile, 8 town and village). Between 2001 and 2010, the NYS Unified Court System supported a statewide management infrastructure for drug treatment courts, including a Statewide Drug Court Coordinator, three Regional Project Managers, a Technology Management Analyst, and at least one Coordinator for every drug treatment court in the state. The Unified Court System’s Office of Policy and Planning conducted three to four major statewide trainings per year and the Regional Project Managers provided on-site technical

¹ Shaffer, D.K. 2011. “Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review.” *Justice Quarterly* 28: 493-521. Mitchell, O., D.B. Wilson, A. Eggers, D.L. MacKenzie. 2012. “Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts.” *Journal of Criminal Justice* 40:60-71. Gutierrez, L. and G. Bourgon. 2009. *Drug Treatment Courts: A Quantitative Review of Study and Treatment Quality*. Ottawa, Ontario: Public Safety Canada.

² Shelli B. Rossman, John K. Roman, Janine M. Zweig, Michael Rempel, Christine H. Lindquist, *The Multi-Site Adult Drug Court Evaluation: Executive Summary*, Urban Institute, June 2011.

³ Avinash Singh Bhati, John K. Roman, Aaron Chalfin; *To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders*, Urban Institute, April 2008.

assistance to individual courts. In addition, the Unified Court System implemented a statewide drug court management information system—used by all of the state’s drug treatment courts—that collected comprehensive data about participant demographics, mandates to treatment and other services, and compliance. In partnership with the Center for Court Innovation, the Unified Court System produced a statewide evaluation of New York’s drug courts in 2003. The evaluation, which included both process and impact studies, documented positive outcomes in recidivism and retention in treatment for drug treatment courts.

Since 2010, however, the number of drug treatment courts in New York has declined to 146. This decline is largely attributable to the fiscal crisis of 2011, when the Unified Court System was compelled to lay off hundreds of court employees. Thirty-four courts were closed, and many of the remaining treatment courts saw significant staff reductions as a result of layoffs and redeployments. In some drug treatment courts, staff were required to begin performing traditional court functions in addition to their treatment court responsibilities. Other factors contributed as well—drug courts frequently have grant-funded staff and/or recent hires, and low enrollment in some treatment courts made it difficult to justify full-time coordinator positions.

The fiscal crisis of 2011, and the continuing fiscal austerity, has had other consequences for drug treatment courts, including a reduction of the Regional Project Manager staff to 1.5 FTE (down from three full-time positions), fewer in-state training events, drastically reduced travel to out-of-state trainings, and reduced drug testing capability. Moreover, cuts impact not only current court operations, but also the ability of drug treatment courts to sustain effective practices in the face of staff turnover or burnout. When new staff join a drug court team, or a team operates for years without ongoing training, the court tends to lose operational fidelity and fails to adopt new evidence-based practices recommended by more recent research. It is therefore important for state drug court administrators to develop a training strategy that promotes high-quality drug court operations by ensuring that drug court teams, and particularly new team members, receive comprehensive and ongoing training on the drug court model.

Finally, New York’s drug treatment courts may be experiencing an unintended consequence of their early success and rapid growth. Throughout the 1990s and early 2000s, the Unified Court System was in a position to support drug treatment courts with considerable financial resources, including support for coordinators and other court staff, drug testing, regular training, and technical assistance. Consequently, the state’s drug courts did not need partner agencies to invest significantly in program operations. Now that the Unified Court System can no longer provide the full range of support, both the Unified Court System and local drug courts will need to enhance and strengthen partnerships with key stakeholders, such as probation, treatment agencies, supportive service providers, and other involved public and private agencies.

The Need for a Strategic Plan

Drug courts seek to halt the revolving door of drug abuse and crime by linking addicted offenders to effective treatment and rigorous judicial monitoring. They bring together judges, prosecutors, defense attorneys, treatment providers, probation, and court staff in a collaborative effort to enforce compliance with court orders. Drug courts use a system of graduated rewards and sanctions to help substance abusers attain—and maintain—a drug-free life.

In 2014, the New York State Unified Court System set out to develop a statewide strategic plan for drug treatment courts. Led by the Unified Court System’s Office of Policy and Planning and assisted by the Center for Court Innovation, this effort was intended to create a comprehensive plan to guide the operation and coordination of the state’s drug treatment courts during the next several years.

The timing of this effort is purposeful. For many years, drug courts were an innovative, evolving approach to justice, and jurisdictions were experimenting with different ways to operate effective models. New York, like many other states, expanded its drug courts quickly and created a new infrastructure to manage them. More than 25 years after their founding, however, drug courts are no longer a new idea—they are now supported by a firm foundation of research, support among national and state-level policymakers, strong professional organizations, and a constituency of thousands of drug court practitioners around the country and abroad. But with this maturity comes a new set of challenges and emerging issues.

Today, thanks to growing evidence that drug courts have successfully proven to save money, benefit the court system, and reduce substance abuse and recidivism, there are over 2,300 drug courts in all 50 states. In fact, according to the National Association of Drug Court

Professional’s Chief of Science, Law and Policy, Doug Marlowe, Ph.D., J.D., “[m]ore research has been published on the effects of Drug Courts than virtually all other criminal justice programs combined. . . Scientists have put Drug Courts under the microscope and concluded that they are more effective than jails or prison, probation or treatment alone. These facts are no longer up for debate. Drug Courts reduce crime by up to 45% and have been found to save up to \$13,000 for every individual they serve. And we now know that 75% of those who complete Drug Court are never arrested again. In addition to reductions in crime and substance abuse, a 2009 study funded by the National Institute of Justice confirmed that Drug Courts also reduce family conflicts associated with domestic violence and child abuse.”

Drug courts are needed more than ever to confront a host of challenges involving drugs and crime. The entire country, and New York is no exception, is facing a heroin

epidemic among our youth, an alarming increase in the use of synthetic marijuana and other designer drugs, veterans returning from combat who are self-medicating their symptoms of Post-Traumatic Stress Disorder (PTSD) with alcohol and narcotics, and high rates of incarceration for nonviolent drug offenders. A statewide strategic plan for drug courts arms the court system to combat these myriad crises.

Heroin addiction and prescription opioid abuse are persistent national problems that reach deep into communities across New York and increasingly impact the lives and futures of our young adults. According to the Centers for Disease Control, nearly 15,000 people die every year of overdoses involving prescription painkillers nationwide. In 2014, there were more than 118,000 admissions into New York State certified treatment programs for heroin and prescription opioid abuse – a 17.8 percent increase over 2009. The largest increase in opioid admissions during that time was patients ages 18 to 34. In 2014, Governor Cuomo launched the “Combat Heroin & Prescription Drug Abuse Campaign” to inform and educate New Yorkers about the risks of heroin and prescription opioid use. Senator Charles Schumer said, “Heroin and prescription drugs are ravaging communities throughout New York. . . We must do everything in our power to prevent young people from falling victim to these horrible drugs, and I will continue to do everything I can to fight for funding that we need to address both the supply of these drugs and enhance treatment options that limit demand.”

Judges across the country are seeing recently returned soldiers in their criminal courtrooms. They are concerned that PTSD and brain injuries underlie drug and alcohol abuse that leads to arrests for everything from domestic violence to driving while under the influence. Judge Robert Russell, who presides over drug and mental health courts in Erie County (Buffalo, New York), recognized veterans and active-duty military personnel as a unique population with specific needs that required specialized services. Noting that veterans responded more positively to other veterans, he convened the first Veterans’ Treatment Court in the country. On December 16, 2014, President Obama signed into law the Fiscal Year 2015 Omnibus Appropriations bill, which increased the amount of federal funding available to drug courts, including Veterans’ Treatment Courts. It is hoped that this will ensure our returning veterans who suffer from substance use and mental health disorders receive the treatment they have earned.

A large percentage of criminal drug users have significant histories of trauma from exposure to personal and community violence; their involvement with the justice system can further exacerbate this trauma. Women and men with traumatic stress experiences are more likely to abuse substances and are more likely to exhibit symptoms that may affect treatment outcomes, such as depression and anxiety. Given this strong association, a key component to successful treatment outcomes requires addressing the trauma. A lack of trauma assessment and subsequent trauma-informed care when appropriate may

result in less comprehensive treatment, consequently decreasing rates of prolonged abstinence after substance abuse treatment completion.

Some 2.2 million people — nearly 1 in 100 adults — are in U.S. prisons, the highest incarceration rate of any Western nation. Speaking in July 2015 President Barack Obama called for serious reforms within the criminal justice system, stating, “we should invest in alternatives to prison like drug courts . . . which ultimately can save taxpayers thousands of dollars each year.” These efforts to reduce the non-violent prison population, have proven to be a rare point of bipartisan cooperation: leaders on both sides of the aisle have agreed it’s time to tackle America’s bloated prison system and to amend sentencing laws. Imprisonment of drug users for crimes they commit—often to support their addiction—contributes to rising prison costs. Without treatment, drug addiction and dependence and their attendant dangers persist after the prisoner’s release into the community. Not surprisingly, they return to drug use which returns them to the courts. Expanding alternative to incarceration programs, like drug courts, are a critical part of this reform.

In recent years, research on the criminal justice system, and drug courts in particular, has established a host of evidence-based practices that promote improved outcomes for substance abusing offenders. The National Association of Drug Court Professionals has distilled this research into a set of best practice standards for adult drug courts. New York’s drug courts must work to incorporate these standards into their operations and develop performance measures and data management systems to ensure that these practices are being followed. In addition, the state’s drug courts face a significant training deficit, as the 2011 fiscal crisis virtually eliminated training for drug court staff. Without adequate training, drug court staff cannot stay abreast of emerging evidence-based practices, and new team members are ill-equipped to operate effectively in the drug court environment. The fiscal crisis also led to staffing reductions and a host of related challenges. Before 2011, the court system was able to support numerous drug court functions—case management, a comprehensive drug testing scheme, a coordinator in every drug court, to name a few. With diminished resources, drug courts must work to enhance partnerships at the local and state level and determine if changes in resource allocation among stakeholders could help drug courts operate more efficiently.

We need a strategic plan now to expand and enhance the drug court model’s solution-oriented approach for these individuals and problems. New York State faces particular challenges implementing effective drug courts because of its size and demographic diversity. Each county differs in regard to the prosecutor’s level of commitment to treatment alternatives, the availability of treatment providers and transportation, the ethnic and racial make-up of the population, and the type and extent of drug use. Despite these challenges, this Committee has developed a strategic plan that

sets forth a uniform state policy to ensure that drug courts can continue to work effectively.

To produce the plan, the Office of Policy and Planning worked closely with Judicial District representatives and the NYS Judicial Institute to create a statewide advisory committee, composed of 23 judicial and non-judicial staff from the Unified Court System. The Hon. JoAnn Ferdinand (ret.) and the Hon. John R. Schwartz (ret.) served as co-chairs. Judge Schwartz founded the state's first drug treatment court in Rochester in 1995. In 1996, Judge Ferdinand opened New York City's first drug treatment court in Brooklyn.

The committee co-chairs formed five sub-committees that included members of the larger advisory committee and outside experts or stakeholders where indicated and approved by the co-chairs. Each sub-committee was co-chaired by a judicial and non-judicial member of the advisory committee. The sub-committee structure was designed to examine five main subject areas:

- I. Fidelity to the Drug Treatment Court Model
- II. A Sustainable Training Strategy
- III. Data Collection and Evaluation
- IV. Strengthening Partnerships
- V. Staffing and Resource Management

Over the past year, the advisory committee, with the help of its sub-committees, formulated and recommended a strategic plan to guide the operation of drug treatment courts throughout New York State. The committee sought to recommend a statewide plan that adheres to research-informed practices, supports quality assurance, and promotes a productive relationship between the Judicial Districts, Counties, and the Office of Policy and Planning. The recommended plan reflects both the needs and preferences of the individual Judicial Districts and Counties with regard to the current fiscal constraints that impact the allocation of resources. The committee respectfully submits the plan to the Chief Administrative Judge for consideration.

Executive Summary

The criminal justice system is experiencing a whole new set of alcohol and drug use patterns that bring substance abusing individuals into our criminal courts. These trends run the gamut from a surging heroin epidemic to proliferation of synthetic marijuana to thousands of veterans increasingly turning to alcohol and other drugs to self-medicate their trauma. At the same time, policy makers from every facet of the justice system and from across the political spectrum are united in an effort to reduce the incarceration rate of non-violent offenders.

Recognizing the critical role that drug courts play in both reducing incarceration and recidivism, the New York court system convened a statewide advisory committee to examine its drug court operations and recommend strategies to enhance and strengthen these programs. The advisory committee, with a representative from every judicial district, created sub-committees to make recommendations in five areas: I) fidelity to the drug court model, II) developing a sustainable training strategy, III) data collection and evaluation, IV) strengthening partnerships, and V) staffing and resource management.

Each sub-committee made general findings and proposed goals for addressing those findings. The body of the report contains specific objectives for achieving those goals.

Goals

Goal: Adopt a clearly-defined fidelity review model for all drug courts in the state.

Adherence to the Ten Key Components and related evidence-based practices is critical to the effectiveness of drug courts. New York does not currently use a consistent fidelity review process to assess how well the state's drug courts are performing. A clearly-defined fidelity review model is needed to ensure that the state's drug courts are in the best possible position to reduce recidivism, promote sustained recovery, and operate in a cost-effective manner.

Goal: Establish protocols for the timing and substance of fidelity reviews.

Fidelity reviews should be conducted at regular intervals for each drug treatment court in New York State to assess each court's adherence to evidence-based practices as defined by the *Adult Drug Court Best Practice Standards*.

Goal: Develop a framework for implementing an appropriate data collection and management system to support the fidelity review process.

A data collection and management system is needed to support a statewide fidelity review process so that the results of the reviews can be stored, retrieved, analyzed, and compared over time.

Goal: Develop an online resource for drug courts to find current information about evidence-based practices.

In addition to undergoing regular fidelity reviews, drug courts benefit from having a single, convenient resource that provides current information on evidence-based practices. This kind of resource can help courts ensure that they are implementing evidence-based practices appropriately in between formal fidelity reviews.

Goal: Establish training requirements for drug court judges.

Knowledge of best practices can only be gleaned from education and training. New York does not currently require judges to undergo specific training before presiding over a drug treatment court.

Goal: Establish training guidelines for new drug court staff.

Training for non-judicial staff and partner agency representatives is critically important because of the unique, multi-disciplinary nature of drug court programs. New York, however, does not currently require specialized training for these practitioners before joining the drug court team.

Goal: Establish guidelines for the ongoing training of drug court teams.

New drug court practitioners are not alone in needing training. Experienced teams require ongoing training to maintain adherence to core principles, reinforce best practices, and learn about emerging research, issues, and solutions.

Goal: Establish a framework for coordinating and funding training opportunities.

Historically, drug court teams in New York have been responsible for finding training opportunities on their own. There is a need for greater coordination of statewide training opportunities.

Goal: Identify performance indicators that will enable courts and administrators to assess drug court operations, and facilitate effective data collection and management.

Quality assurance practices would allow individual drug treatment courts to assess their operations and facilitate monitoring of drug court performance at the district or state level.

Goal: Identify and implement a strategy for assessing cost/benefit outcomes.

The Unified Court System does not currently have a data collection strategy for assessing cost/benefit outcomes for New York's drug treatment courts. Cost/benefit analysis is an important tool for assessing overall effectiveness of statewide drug court operations.

Goal: Create a resource guide for accessing data elements typically required in grant applications.

New York does not currently maintain an accessible resource for drug courts to find data that is commonly required when applying for federal and state grants.

Goal: Work with partner agencies to integrate evidence-based practices into all stages of the drug treatment court process, from assessment to treatment.

Drug courts could be doing more to engage partner agencies and expand the use of evidence-based practices at all stages of the drug treatment court process.

Goal: Increase drug courts' capacity to communicate effectively with stakeholders about operational issues.

Stakeholders need more information about the operation of New York's drug treatment courts.

Goal: Establish a framework for local drug courts to convene stakeholder meetings on a regular basis.

Local drug courts can promote stronger partnerships by convening regular stakeholder meetings.

Goal: Improve strategies for communicating the success of drug courts.

There is substantial research demonstrating the success of drug courts. The court system should do more to communicate this success to state and local partners.

Goal: Improve stakeholder interest in drug treatment courts.

There is a widespread perception among drug court practitioners that the court system's focus on drug courts and the interest of partner agencies has declined in recent years, at the same time that national attention has increased.

Goal: Create strategies for drug courts to participate in the Medicaid Redesign process.

New York's ongoing Medicaid Redesign will significantly impact drug treatment courts. The Unified Court System should be involved in this process in order to maximize benefits to drug courts. Comprehensive reforms to the state's Medicaid system over the next two years will include sweeping changes to the delivery of behavioral health services.

Goal: Increase collaboration between drug courts and the Division of Veterans Affairs.

There is a need for greater collaboration between the Unified Court System and the Division of Veterans Affairs to support the development of Veterans Treatment Courts.

Goal: Establish best practices for case management and explore methods of supporting drug court case managers.

Limited staffing is a pressing resource challenge for drug treatment courts throughout New York State. In particular, case management staff are frequently handling high caseloads and reporting concerns about their ability to serve clients' needs effectively.

Goal: Create comprehensive statewide protocols for drug testing and enhance drug testing infrastructure.

In general, New York's drug treatment courts conduct random, frequent drug testing using accepted testing practices, but there are several specific areas where drug testing protocols should be improved.

Goal: Improve opportunities for case management services through stronger partner relationships and the use of technology.

New York's drug treatment courts use a variety of approaches to provide case management services to clients, and there are opportunities to increase efficiency in many instances.

Goal: Enhance supportive services through community partnerships, training, and staffing resources.

Many of New York's drug treatment courts lack adequate access to supportive services, particularly transportation, housing, mental health services, and residential treatment programs.

The advisory committee believes this plan lays out worthwhile and feasible goals. Implementing this plan would constitute a significant contribution to the system wide criminal justice reform movement and enhance opportunities for substance abusing, non-violent offenders to achieve and maintain meaningful lives.

Findings, Goals, and Objectives

This strategic plan is divided into five major topics areas which were developed by the Office of Policy and Planning following an examination of the Ten Key Components of drug courts.⁴ The first topic area focuses on ensuring overall fidelity to the drug court model. The next three topic areas consider specific components of the drug court model that lend themselves to state strategic planning: training, court evaluation, and interagency partnerships. The final topic area addresses drug court staffing and resource management, issues that are of central importance in light of New York State's ongoing fiscal constraints. Each topic area is explored below, starting with findings made by each sub-committee, followed by specific goals and objectives.

I. Fidelity to the Drug Treatment Court Model

Defining Drug Courts: The Key Components, authored in 1997 by the National Association of Drug Court Professionals and the Bureau of Justice Assistance, serves as a guide for the development and implementation of drug court programs throughout the country. Research has since confirmed that adherence to the Ten Key Components and related evidence-based practices reduces reoffending and produces significant cost savings. Importantly, though, research also suggests that drug courts that neglect to follow the Ten Key Components and other evidence-based practices actually tend to show worse results than regular case processing.⁵ A poorly-run drug court can result in higher recidivism, lower rates of treatment completion, and more drug use. Accordingly, court administrators are increasingly stressing the importance of operating with fidelity to the drug court model while recognizing the need to adapt to the unique political, operational, and resource landscapes of their jurisdictions.

Methodology

In light of the prevailing research, the Unified Court System formed an Ensuring Fidelity subcommittee to promote fidelity to the adult drug court model. The subcommittee comprised members from a variety of fields, including research, law, social work, and human services.

Over several meetings, the subcommittee explored various self-assessment tools that are commonly used in the field, examining materials from Texas Christian University, American University's Drug Court Clearinghouse, the National Drug Court Online

⁴ National Association of Drug Court Professionals. (1997). *Defining Drug Courts: The key components*. Washington, DC: Office of Justice Programs, U.S. Dept. of Justice.

⁵ Cissner, A. B., Rempel, M., Walker Franklin, A., Roman, J. K., Bieler, S., Cohen, R., & Cadoret, C. (2013). *A Statewide Evaluation of New York's Adult Drug Courts: Testing Which Policies Work Best*. New York, NY: Center for Court Innovation.

Learning System, and the Center for Court Innovation’s Drug Court Policy Survey from 2013-2014.

In addition, the subcommittee explored existing fidelity review models. Lengthy interviews were conducted with representatives from other states who were involved in implementing their state’s fidelity review process. The subcommittee looked closely at the peer review models used in Idaho and Washington.

Findings, Goals, and Objectives

The Ensuring Fidelity subcommittee identified a number of essential steps for institutionalizing a fidelity review process for New York State drug courts.

FINDING #1: New York does not currently use a consistent fidelity review process to assess how well the state’s drug courts are adhering to the Key Components and related evidence-based practices. A clearly-defined fidelity review model is needed to ensure that the state’s drug courts are in the best possible position to reduce recidivism, promote sustained recovery, and operate in a cost-effective manner.

Goal #1: Adopt a clearly-defined fidelity review model for all drug courts in the state. The Office of Policy and Planning will lead the development of a consistent fidelity review model to be used by drug courts throughout the state. This model will set clear requirements for the composition of fidelity review teams, the review process to be used, performance standards to be measured, frequency of fidelity reviews, and other key factors. In developing the fidelity review model, the Office of Policy and Planning will work in consultation with Judicial District administrators, the Center for Court Innovation, and drug court professionals across the state.

Objective 1A: Adopt the Idaho peer review model as the foundation for New York’s fidelity review process. The Idaho peer review model will serve as the basis for New York’s fidelity review process. This approach, which incorporates both qualitative and quantitative measures, was developed in collaboration with researchers and drug court experts at the Center for Court Innovation. In brief, the peer review process includes an online survey completed by the drug court team, review of the survey results with the team, onsite interviews with team members, court observation, and a written report. The Idaho approach also includes an education/training component to help drug courts address areas of deficiency and improve their adherence to evidence-based practices.

In preparation for implementing a peer review process, the Office of Policy and Planning will use data generated from a 2014 Center for Court Innovation survey of 86 local drug courts to provide drug courts around the state with an in-depth portrait of how they measure on an array of evidence-based practices. Researchers will compose a “report card” that provides concrete feedback to each court along the following domains: target population; risk-needs assessment and treatment matching; legal leverage;

sanctions and incentives; immediacy of court response; staff skills; treatment resources and modalities; and interagency collaboration. For simplicity of interpretation, the report card would include a numeric score for each domain. Results of the report card may also be used to facilitate the planning of the initial peer review process and to inform the development of the semiannual online survey to sustain peer review and best practices over time.

Objective 1B: Form a committee to guide the design and implementation of the fidelity review model. The Office of Court Administration will form a dedicated committee composed of judges, non-judicial staff, court administrators, and others to guide the design and implementation of the fidelity review model. This committee will assist the Office of Court Administration in making key decisions about the composition of fidelity review teams, the specific review process to be used, the timing of reviews, and the performance standards to be measured.

One central issue for the committee to consider is the composition of the fidelity review teams. The Idaho approach utilized a team of peers—drug court practitioners from within the state—to conduct the fidelity reviews. These peers would travel to other drug courts in their state and assess the work of their colleagues. Other states have also adopted this peer review approach. The makeup of the fidelity review teams, and other important implementation decisions, will be determined at a later time with the help of the committee.

The committee will also consider whether the fidelity review process should culminate in a formal certification of drug courts. Currently, the National Association of Drug Court Professionals and the Bureau of Justice Assistance are considering the creation of a national “accreditation” system, in which independent experts would review drug courts across the country and determine whether they meet a set of minimum standards needed to receive accreditation. The implementation committee will monitor these ongoing efforts, determine how they might impact New York’s drug courts, and help decide whether or not New York should create its own certification system. Any future certification effort in New York will be aspirational in nature, encouraging drug courts to meet minimum standards, but not be tied to punitive consequences for courts that do not achieve certification. Rather, any deficit in program operations would generate enhanced training and technical assistance.

FINDING #2: Fidelity reviews should be conducted at regular intervals for each drug treatment court in New York State and should assess each court’s adherence to evidence-based practices as defined by the Adult Drug Court Best Practice Standards.
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Goal #2: Establish protocols for the timing and substance of fidelity reviews. The Office of Policy and Planning will establish written protocols setting forth the required

frequency of fidelity reviews and the performance standards by which courts are to be evaluated.

Objective 2A: Each adult drug court in New York State will be required to undergo a fidelity review every three years. Drug courts, like many complex programs, can drift from their core mission and experience fluctuations in quality control as team members turn over and new habits form. A drug court that is performing well at the time of an initial fidelity review may not perform at the same level several years later. Therefore, ongoing fidelity review is an essential tool for promoting consistency and effective operations. To promote continuous fidelity to best practices, the Office of Policy and Planning will require each adult drug court in New York State to undergo a full fidelity review every three years. This interval balances the need for a rigorous review process with the practical considerations of holding down costs, ensuring that the process is feasible, and minimizing disruption of local drug court operations.

Objective 2B: Fidelity reviews will examine each drug court's adherence to the Adult Drug Court Best Practice Standards. Fidelity reviews will focus on each drug court's compliance with the *Adult Drug Court Best Practice Standards*, which were promulgated by the National Association of Drug Court Professionals in 2014-2015.⁶ These standards were compiled by a committee of researchers and drug court experts from around the country who reviewed the most recent research in the field and developed a consensus around evidence-based practices that all drug courts should strive to follow. The standards address target population; historically disadvantaged groups; roles and responsibilities of the judge; incentives, sanctions, and therapeutic adjustments; substance abuse treatment; enhanced treatment and supportive services; drug and alcohol testing; multidisciplinary team; census and caseloads; and monitoring and evaluation.

Objective 2C: Interim fidelity reviews will be conducted within 120 days of a change of judge. The judge is in many ways the leader of the drug court, and research consistently indicates that the judge has the most influence on participant success. As a result, a change in judge is an important moment of transition for any drug court. As a new judge takes the bench, the culture of the drug court is certain to change in reflection of the new judge's style, personality, and familiarity with the drug court model. And while a new judge can often infuse the drug court with new energy and inspire the drug court to redouble its commitment to best practices, there is also the potential that a change in judge can interrupt that court's operations. In fact, research indicates that drug courts typically have less impact on recidivism during a judge's first year in the court, as the judge is often still learning the model and becoming familiar with best practices. For all of these reasons, drug courts will receive an interim fidelity review following the

⁶ "Adult Drug Court Best Practice Standards, Volumes 1 & 2." National Association for Drug Court Professionals. 2015. <http://www.nadcp.org/Standards>

assignment of a new judge. The substance and form of such a review will be developed by the committee.

Objective 2D: The fidelity review process will involve follow-up training and support for courts to address areas of deficiency. An effective fidelity review process will not only identify specific areas where drug courts should improve but also provide courts with the additional training and support they need to make the recommended improvements. For example, a court that is not utilizing an evidence-based risk-need assessment appropriately will receive enhanced training in risk-need-responsivity theory and the effective use of screening and assessment tools. Likewise, a court that is not following recommended practices for drug testing will receive additional training on testing practices and may also require additional resources to facilitate effective testing. The Unified Court System will provide follow-up support, in the form of training and resources, to help courts address their areas of deficiency.

FINDING #3: A data collection and management system is needed to support any statewide fidelity review process, so that the results of the reviews can be stored, retrieved, analyzed, and compared over time.

Goal #3: Develop a framework for implementing an appropriate data collections and management system to support the fidelity review process. A statewide fidelity review process is a major commitment, especially for a large state with nearly 150 drug courts. Managing this process will require a data collection system capable of tracking the fidelity reviews as they are conducted, storing the wealth of court-specific data collected during the reviews, and generating meaningful reports about statewide trends and progress over time. The Office of Policy and Planning will lead the development of a data management system that meets the unique needs of the fidelity review process.

Objective 3A: To support an ongoing fidelity review process, the Office of Policy and Planning will coordinate the development of a statewide data collection and management system to track fidelity reviews and retain the data collected during the reviews. Without a suitable data management system, the Unified Court System would have no effective mechanism to track which courts have received fidelity reviews, ensure that fidelity reviews are conducted on schedule, collect and analyze the results of the reviews, ensure that deficiencies identified in the reviews are addressed and improved, and recognize trends in drug court performance over time. Under these circumstances, a statewide fidelity review process would be of limited value and would likely become disorganized and unmanageable. The Office of Policy and Planning will therefore lead the development of a data management system that can support the implementation of a statewide fidelity review process. The Division of Technology, the Center for Court Innovation, and the implementation committee will assist in this task.

FINDING #4: In addition to undergoing regular fidelity reviews, drug courts benefit from having a single, convenient resource that provides current information on evidence-based practices. This kind of resource can help courts ensure that they are implementing evidence-based practices appropriately in between formal fidelity reviews.

Goal #4: Develop an online resource for drug courts to find current information about evidence-based practices. Currently, SAMHSA’s National Registry of Evidence-based Programs and Practices is the only resource that drug courts can turn to for a complete listing of evidence-based practices.⁷ This resource, however, only offers information about mental health and substance abuse interventions. It does not address many of the evidence-based practices that are central to the drug court model, such as ongoing judicial monitoring, graduated incentives and sanctions, team staffing meetings, randomized drug testing, and other critically important practices that drug courts must employ to be effective.

Objective 4A: The Office of Policy and Planning will lead the development of an online resource that serves as a guide to evidence-based practices for New York State drug courts. A well-maintained website will offer New York’s drug court practitioners a valuable resource for learning about evidence-based practices and ensuring that their court operations continue to adhere to the drug court model. The Office of Policy and Planning will develop this resource in collaboration with the Division of Technology and the Center for Court Innovation. The website will incorporate the Checklist of Evidence-Based Drug Court Treatment Practices, developed by the American University School of Public Affairs, the Adult Drug Court Best Practice Standards, developed by the National Association of Drug Court Professionals, and other relevant publications and research studies. The Office of Policy and Planning will be responsible for maintaining and updating the website on an ongoing basis.

⁷ <http://www.nrepp.samhsa.gov/>

II. Developing a Sustainable Training Strategy

Drug treatment court programs are no longer novel in New York; they have been integrated into the workflow and institutional culture of courts across the state. As these courts mature and the original judges and staff move on, however, there is a natural tendency for drug court programs to drift away from established core principles and practices. In addition, long standing drug courts may not be aware of the latest research on evidence-based practices, new drug testing technologies, and other evolving areas of practice. For these reasons, drug treatment courts need periodic “refreshers” or “course corrections” in the form of ongoing training.

Methodology

To address the need for ongoing training, the Unified Court System formed a Sustainable Training Strategy subcommittee to examine current training practices in New York’s drug treatment courts and to examine ways to support and expand training and professional development programs.

The Sustainable Training Strategy subcommittee met several times by phone and video conference to examine the current state of professional development for drug court professionals in New York. Members of the subcommittee conducted informal focus group meetings with their respective drug court teams, including representatives of probation, treatment, prosecution, and defense, in order to gather information about the practitioners’ experience with available professional development opportunities. Some practitioners also attended a meeting of the subcommittee to provide additional feedback.

Findings, Goals, and Objectives

The Sustainable Training Strategy subcommittee identified a number of strategies for enhancing New York’s approach to training new drug court practitioners and supporting the ongoing professional development of more experienced drug court teams.

FINDING #1: New York does not currently require judges to undergo specific training before presiding over a drug treatment court.

Goal #1: Establish training requirements for drug court judges. Drug courts present a unique set of challenges and considerations, and it is imperative that new judges are well-versed in drug treatment court principles and operations. Unlike regular criminal courts, drug treatment courts involve close court supervision of substance abuse treatment and other services, the management of a multi-disciplinary team, drug testing, enhanced compliance monitoring, a system of graduated incentives and sanctions, and other unique features. It is important for judges to understand these nuances before leading the court.

Although new judges receive general training at the New York State Judicial Institute, there is a lack of targeted training related to the drug court model. The Office of Court Administration and Judicial District administrators will work to establish judicial training requirements and ensure that all judges receive the required training before presiding in a drug court.

Objective 1A: The Office of Policy and Planning will lead the development of a training curriculum for all new drug court judges in the state. The Office of Policy and Planning will work with district offices, the Center for Court Innovation, and others to develop a comprehensive training curriculum for new drug court judges. The training will provide instruction in the following fundamental topics: (1) the 10 key components of drug courts; (2) constitutional issues in drug courts; (3) ethics and federal confidentiality laws; (4) incentives and sanctions; (5) the role of the drug court judge; (6) the physical and psychological aspects of addiction; (7) strategies for effective treatment; (8) treatment modalities, including medication-assisted treatment; and (9) drug testing practices. Other topics may be included as the Office of Policy and Planning deems appropriate. The goal of the training curriculum will be to ensure that new drug court judges are familiar with the core principles and practices of effective drug treatment courts and that they are equipped with the knowledge and skills they need to lead the court effectively. New judges will also be provided with a copy of *The Drug Court Judicial Benchbook*, a publication of the National Drug Court Institute.

Objective 1B: The Office of Court Administration will require all newly-assigned drug court judges to complete the training program before presiding over a drug court. The Office of Court Administration will issue appropriate directives requiring that all judges complete the comprehensive training program before presiding over a drug court. Judicial District administrators will be charged with ensuring that this requirement is followed and that all newly-assigned drug court judges complete the training.

Objective 1C: When in-person training is not feasible, other forms of training, including distance learning and self-paced learning, will be used as alternatives. Barriers such as distance, scheduling, and court staffing requirements can make it difficult for new judges to attend in-person training sessions before taking the bench. When in-person training is not feasible, judges will utilize training resources available online, such as training videos, webinars, and publications. The content of all such training materials will be reviewed and approved by the Office of Policy and Planning. Any online training option must cover all of the topics and substantive content included in the curriculum designed and approved by the Office of Policy and Planning. The National Drug Court Online Learning System (www.drugcourtonline.org) is the leading online training resource for drug court practitioners and includes lessons covering all of the major curriculum topics listed in Objective 1A. See *Appendix A* for a description of this and other online training resources.

Objective 1D: Judicial District administrators will assign an experienced mentor judge to offer guidance and support to each new drug court judge. Although classroom-style training is critically important for new drug court judges, it is not sufficient by itself to prepare judges for the experience of presiding over a drug court, leading a drug court team, interacting directly with clients, and other unique aspects of drug courts. Therefore, district offices will assign a judicial mentor to each newly-assigned drug court judge. Mentors should be experienced drug court judges who can provide guidance and support to new judges. Ideally, mentors should be selected on the basis of their personal motivation to support new drug court judges and ability to model effective drug court practices.

Objective 1E: The Office of Court Administration will require new drug court judges to observe a drug court in action before taking the bench. To further supplement classroom-style training, all new drug court judges will be required to observe a drug court presided over by an experienced drug court judge. Observation should include team staffing meetings and court hearings. Observation can provide new judges with a real-world context for the concepts covered in training. In addition, new judges should take the opportunity to ask questions of the sitting drug court judge and court staff to learn from their experiences.

FINDING #2: Training for non-judicial staff and partner agency representatives is critically important because of the unique, multi-disciplinary nature of drug court programs. New York, however, does not currently require specialized training for these practitioners before joining the drug court team.

Goal #2: Establish training guidelines for new drug court staff. Training for non-judicial team members is as important as training for judges. Drug court staff must develop an adequate understanding of addiction, treatment, and recovery to serve court participants effectively and collaborate with treatment providers. Likewise, treatment providers and other community-based partners must learn about the justice system, the drug court's special requirements, and how working with the court can impact their delivery of services. To achieve these aims, the Office of Court Administration and the Judicial District administrators will work to establish training requirements for non-judicial staff and partner agencies and ensure that all such practitioners receive the required training before joining a drug court team.

Objective 2A: The Office of Policy and Planning will lead the development of a training curriculum for all non-judicial drug court staff and partner agency representatives. The Office of Policy and Planning will work with Judicial District administrators, the Center for Court Innovation, and others to develop a comprehensive training curriculum for drug court team members. At a minimum, this training will cover the following topics: (1) the 10 key components of drug courts; (2) the roles and

responsibilities of different team members; (3) ethics and federal confidentiality laws; (4) incentives and sanctions; (5) the physical and psychological aspects of addiction; (6) strategies for effective treatment; (7) treatment modalities, including medication-assisted treatment; and (8) drug testing practices. Other topics may be included as the Office of Policy and Planning deems appropriate.

Objective 2B: The Office of Court Administration and Judicial District administrators will require all non-judicial staff and partner agency representatives to complete the training program before joining a drug court team. The Office of Court Administration will issue appropriate directives requiring that all newly-assigned non-judicial staff and partner agency representatives complete the comprehensive training program before joining a drug court team. District offices will be charged with ensuring that this requirement is followed and that all newly-assigned team members complete the training.

Individual drug courts will execute memoranda of understanding with the appropriate prosecutor's offices, defense counsel, probation departments, and any other partner agencies that explain the training requirements each team member must complete before joining the drug court team. To the extent necessary, Judicial District administrators will offer support to the drug courts in their respective districts to secure the necessary MOUs with partner agencies.

Objective 2C: When in-person training is not feasible, other forms of training, including distance learning and self-paced learning, will be used as alternatives. The same barriers that can make it difficult for judges to attend in-person training apply as well to other team members. Therefore, when in-person training is not feasible, team members will utilize training resources available online, such as training videos, webinars, and publications. The content of all such training materials will be reviewed and approved by the Office of Policy and Planning. Any online training option must cover all of the topics and substantive content included in the curriculum designed and approved by the Office of Policy and Planning. The National Drug Court Online Learning System (www.drugcourtonline.org) is the leading online training resource for drug court practitioners and includes lessons covering all of the major curriculum topics listed in Objective 2A. See Appendix A for a description of several online training resources.

Objective 2D: Judicial District administrators will require all new drug court team members to attend a drug court conference during their first year. In addition to receiving specialized training prior to working in a drug court, all drug court practitioners will be required to attend a drug court conference during their first year on the team. Conferences help practitioners stay current on the latest research and practice guidelines. In addition, conferences enable practitioners to interact with others in the field and learn from each other's experiences. The largest drug court conference is the National

Association of Drug Court Professionals Annual Training Conference. This comprehensive conference covers an array of topics and features many tracks, including drug court implementation, family drug courts, juvenile drug courts, mental health courts, cultural proficiency, co-occurring disorders, alcohol and drug treatment, legal and ethical issues, incentives and sanctions and many more topics. There are many other national and regional drug court conferences offered every year, each featuring educational sessions as well as important opportunities to network with other practitioners.

In years when New York holds a statewide drug court conference, new team members will be strongly encouraged to attend that event as an alternative to, or in addition to, the national conference.

Objective 2E: Judicial District administrators will require all new team members to observe another drug treatment court within six months of joining a drug court team. As drug treatment court practitioners gain experience in their court, it is valuable to see how other drug courts operate. Observing another drug court will help team members gain new insights into the drug court model and their own practices through observation and comparison. Team members should also take the opportunity to ask questions and engage in open discussions with their counterparts in the other drug court to broaden their understanding of different practices.

<p>FINDING #3: New drug court practitioners are not alone in needing training. Experienced teams require ongoing training to maintain adherence to core principles, reinforce best practices, and learn about emerging research, issues, and solutions.</p>
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Goal #3: Establish guidelines for the ongoing training of drug court teams.

Existing drug court teams should receive ongoing training. Without ongoing training, drug courts risk straying from best practices and falling behind as new research guides improvements to the drug court model. Therefore, all established drug court teams will be required to participate in regular training, both to reinforce fundamental concepts and practices and to learn about new developments in the field.

Objective 3A: The Unified Court System will issue a statement of policy in support of ongoing training for drug treatment courts. To convey the state's commitment to ongoing training for drug treatment court professionals, the Chief Judge, Chief Administrative Judge, and the Chief of Policy and Planning will issue a joint statement, addressed to district offices, endorsing drug treatment courts as a central component of the court system and directing district offices to support ongoing training programs for these courts.

Objective 3B: The Office of Policy and Planning will lead the development of a series of live trainings at the district level for established drug court teams to receive ongoing training. Live training remains the most effective way to train drug court professionals

and should be used as often as possible. However, it is also clear that live training can be prohibitively expensive, especially when providing training to all of the state’s treatment courts. The Unified Court System will therefore institute a system of district-level trainings. This approach will offer drug court teams the training they need while limiting the total number of live trainings to be delivered. These cluster trainings should not be used in lieu of a statewide training, but rather should supplement the statewide training and provide more focused, intensive training content. The development of district-level trainings will be led by the Office of Policy and Planning, with support from the Center for Court Innovation.

Objective 3C: Judicial District administrators will urge drug courts to utilize online training resources to supplement live training events. Although drug court teams should have the opportunity to participate in live trainings whenever possible, online training resources serve as a valuable supplement to in-person events. District offices will urge drug courts to designate regularly scheduled times for drug court teams to access online training. Moreover, courts should consider incentivizing online training by making attendance for live training opportunities contingent upon completing a minimum number of online training hours. See *Appendix A* for a description of several online training resources.

Objective 3D: Judicial District Administrators will encourage all drug court teams to attend the statewide conferences hosted by the New York State Association of Drug Treatment Court Professionals. New York’s statewide drug court conference provides a unique opportunity for the staff in drug courts throughout the state to come together to learn from each other, hear directly from Unified Court System leaders, and receive training on topics—like state drug laws, treatment protocols, and drug court policies, that are unique to New York’s drug courts. The statewide conference also offers practitioners a much-needed opportunity to learn how their colleagues manage the challenges faced by all drug court practitioners, share innovative solutions, and support each other in the important work they do for the court system. District offices will encourage teams to attend these conferences and will make appropriate accommodations to facilitate teams’ attendance.

Objective 3E: The Office of Policy and Planning will develop a catalog of advanced training resources. The Office of Policy and Planning, in collaboration with the Center for Court Innovation, will develop a catalog of advanced training resources on a range of specific topics pertinent to drug court practitioners, including conferences, training events, online content, publications, and other resources. This catalog will be made available online.

FINDING #4: Historically, drug court teams in New York have been responsible for finding training opportunities on their own. There is a need for greater coordination of statewide training opportunities.

Goal #4: Establish a framework for coordinating and funding training opportunities. Currently, drug court teams identify training opportunities on their own. Judges, court coordinators, and other team members typically find a training that looks appropriate, and they register for the training directly with the host organization. The Unified Court System has not played a major role in coordinating training activities. Likewise, there has been no statewide system for tracking team members' training over time. To support a commitment to ongoing training, the Unified Court System will take steps to better coordinate and monitor training for drug court teams.

Objective 4A: The Office of Policy and Planning will develop a framework to enable Judicial District Administrators to coordinate training for drug courts. The Office of Policy and Planning will work with district offices to develop an efficient system for coordinating training for drug courts. With this system in place, district offices will coordinate the announcement of training opportunities, registration of attendees, and maintenance of training records. District offices will charge specific staff with responsibility for disseminating notices of training opportunities to drug court teams, estimating travel expenses for out-of-town trainings, coordinating travel to trainings, and maintaining records of all training received. District offices will also be responsible for exploring opportunities for cross-training between partner-agencies. The Unified Court System will consider setting minimum training requirements for experienced drug court teams, with compliance to be monitored at the district level.

Objective 4B: The Unified Court System will budget for and cover all training expenses for drug court teams. The robust training approach recommended in this strategic plan is likely to come with a significant financial cost. However, well-trained drug treatment courts are a highly effective and efficient use of court system resources and have been shown to save money compared to conventional case processing. In recognition of drug courts' important role in the court system and the fiscal value they offer, the Unified Court System will make the administrative and financial commitment necessary to provide drug court teams with the ongoing training they need. Covered expenses will include travel costs, registration fees, lodging, and meals.

III. Data Collection and Evaluation

Effective data collection and management systems are critically important for drug courts, as they support both quality assurance and rigorous independent evaluation. Data facilitates ongoing monitoring of court volume, participant demographics, utilization of evidence-based practices, and fidelity to the drug court model. Effective data collection also enables researchers to measure participant performance and compare it with control groups. Research results help practitioners and policymakers understand the impact of drug court programs and highlight areas for operational improvement.

New York's management information systems have frequently succeeded in serving these purposes. However, recent developments underscore the need to re-examine the overall data collection and management strategy for the state's drug treatment courts. First, the technology landscape is undergoing major changes as the court system integrates all statewide treatment applications into the new Unified Case Management System. A new Treatment Service Module will replace the Universal Treatment Application, the statewide management information system currently used by all adult drug courts. Changes to the state's management information systems must take into consideration the unique needs of drug courts and other problem-solving courts. Second, the Unified Court System—like other courts around the country—is placing increasing emphasis on the use of evidence-based practices. Establishing performance indicators and data collection systems that measure adherence to these practices will ensure improved outcomes for drug treatment courts.

Methodology

The Unified Court System formed a Data Collection and Management sub-committee to develop a quality improvement protocol and determine what kinds of data collection and management functionality are needed at the local, district, and state levels. This multi-disciplinary sub-committee included a judge, a court administrator, a drug court coordinator, a management analyst from the Office of Policy and Planning, and the Center for Court Innovation's director of research.

The sub-committee first sought to identify the types of data drug courts need to effectively evaluate current operations. It then examined whether that data is currently being collected by the Universal Treatment Application and whether it will be collected in the new Treatment Service Module. In addition, the sub-committee analyzed a set of quantitative performance measures developed in 2007 by the Office of Policy and Planning and the Center for Court Innovation and considered which of those measures are currently being tracked in the Universal Treatment Application and which will be tracked in the Treatment Service Module. The sub-committee also reviewed recent survey data collected by the Center for Court Innovation and examined the ability of individual courts to access data to assist with the ongoing evaluation of operations.

Finally, the sub-committee explored strategies to assess whether New York’s drug treatment courts produce cost savings at both the court system level and from a systems-wide perspective.

Findings, Goals, and Objectives

The Data Collection and Management sub-committee identified a number of important strategies for improving data collection and management.

FINDING #1: The Unified Court System does not currently have quality assurance practices in place to allow individual drug treatment courts to assess their operations or facilitate monitoring of drug court performance at the district or state level.

Goal #1: Identify performance indicators that will enable courts to assess drug court operations, and facilitate effective data collection and management. A clearly defined set of performance indicators, as well as a method for collecting and managing data, is needed to enable effective self-assessment, review and monitoring.

Objective 1A: Develop a survey for measuring standardized drug court performance indicators. The Office of Policy and Planning will conduct a review of the most appropriate performance indicators for measuring drug court operations and embed them into an easily accessible electronic survey. The first set of performance indicators will include qualitative measures to be tracked by local drug court staff. Possible indicators include: eligibility criteria, legal and clinical assessments, risk-need assessments, legal leverage, program length, sanctions and incentives, drug testing frequency and results, treatment modalities, medication assisted treatment, cognitive behavioral interventions, trauma screening and services, and exit interviews. The second set of performance indicators will involve data that is routinely captured by Unified Court System databases. The Office of Policy and Planning will produce reports containing this information at regular intervals. Possible indicators include: drug of choice, length of time between admission and graduation, retention rates, and percentages of top charges admitted to the drug courts categorized by felony, misdemeanor, drug, and non-drug.

Objective 1B: Conduct a review of data management systems to determine which data is currently being collected and what data will be collected under new technologies being implemented by the Unified Court System. Many key performance indicators are already being collected in the Universal Treatment Application and will continue to be collected in the new Treatment Service Module. The Office of Policy and Planning will work with the Division of Technology and the Center for Court Innovation to confirm that the new system will be configured to track all necessary drug court data. In addition, the Office of Policy and Planning will ensure that key performance indicators that cannot be collected by the case management systems are available to local drug court coordinators. For example, the Office of Policy and Planning will calculate retention rates for each drug

court and provide this information to the court coordinators. These performance indicators will support the assessment of drug court operations at the local, district, and state level, and the Office of Policy and Planning will ensure that they can easily be measured on a regular basis.

Objective 1C: Train all drug court staff to use the new Treatment Service Module. The Office of Policy and Planning will work closely with the Division of Technology to ensure that the Treatment Service Module serves the needs of drug courts and that all appropriate staff are trained to use the new system effectively. Ensuring that the Treatment Service Module facilitates quality assurance efforts and independent evaluations is a priority for the Unified Court System.

Goal #2: Provide drug courts with a mechanism to track and analyze performance indicators on a regular basis. Drug court staff need access to data about how their program is performing in order to make adjustments and enhancements where needed. Ongoing access to data alerts drug court staff to new drug use trends, shrinking admissions, lower than acceptable retention rates, gaps in treatment and supportive services, and a host of other measures related to compliance and outcomes. Regular feedback can also help to inform all drug court staff of which practices are working and where there are deficits. Real data can take the “guesswork” out of drug court management and promote informed decision-making.

Objective 2A: The Office of Policy and Planning will provide drug courts with access to the performance indicator survey and set a regular schedule for completion. The performance indicator survey developed by the Office of Policy and Planning will provide drug courts with a convenient tool for measuring their performance. The survey will be made available to drug courts electronically. The Office of Policy and Planning will require that the surveys be completed at regular intervals, likely every six months. This schedule will balance the need for ongoing assessment with the need to minimize the administrative burden placed on local drug court teams.

Objective 2B: The Office of Policy and Planning will ensure that Judicial District administrators and other appropriate personnel receive a composite report for all drug courts in their jurisdictions on a regular basis. Office of Policy and Planning will review the completed surveys, paying special attention to significant changes in admissions, retention rates, drugs of choice, and any other performance indicators that seem at odds with accepted evidence-based practices.

Objective 2C: The Office of Policy and Planning will use the survey results and composite reports to identify and address statewide training and technical assistance needs. The drug court field is dynamic, with ever-changing drug use trends, new treatment approaches, emerging evidence-based practices, and new legislation. For example, the heroin epidemic is threatening communities across the state, dramatically

increasing the number of heroin addicted drug court participants. Drug courts are increasingly implementing evidence-based practices, such as risk-need-responsivity assessments and criminal thinking interventions. The state legislature recently passed a law promoting the use of medication-assisted treatment. These are just a few of the changes drug courts are experiencing on a statewide level. The Office of Policy and Planning will work with district offices and the Center for Court Innovation to identify emerging concerns and address them through targeted training and technical assistance.

FINDING #3: The Unified Court System does not currently have a data collection strategy for assessing cost/benefit outcomes for New York’s drug treatment courts.

Goal #3: Identify and implement a strategy for assessing cost/benefit outcomes.

National research has found that drug treatment courts produce significant savings through reductions in the cost of case processing, victimization, healthcare utilization, and prison operations.⁸ By implementing robust data collection strategies, the Unified Court System can demonstrate significant savings from drug court operations and advocate for increased state funding to support these courts. Moreover, data can help the Unified Court System identify opportunities to improve cost saving practices. The Office of Policy and Planning will lead the development of a strategy for assessing cost/benefit outcomes. In developing this strategy, the Office of Policy and Planning will work with the Division of Technology and the Center for Court Innovation to integrate any needed data collection and management tools into the new Treatment Service Module.

Objective 3A: Evaluate the suitability of the existing NPC Research tool to meet the data collection and analysis needs of New York drug courts. NPC Research, a national leader in cost/benefit analysis of drug treatment courts, has developed an online tool called the Drug Court Cost Analysis Tool (DCCAT), which allows drug courts to evaluate program costs and benefits. DCCAT includes an analytic tool that produces reports about program operations and outcomes. This tool features an “automatic comparison group” that compares drug court participants to similar offenders who did not participate in a drug court. Michigan’s drug courts have used this system to great effect for several years. New York’s Division of Technology has expressed support for incorporating this tool into the Treatment Service Module. The estimated cost of developing and implementing the tool is \$70,000. The Office of Policy and Planning will evaluate this tool and work with the Division of Technology to determine if it is an appropriate strategy for New York’s drug courts.

⁸ Bhati, A.S., Roman, J.K., & Chaflin, A. (2008) *To treat or not to treat: Evidence on the prospects of expanding treatment to drug-involved offenders*. Washington, DC: The Urban Institute. Carey, S.M., Finigan, M., Crumpton, D., & Waller, M. (2006). California Drug Courts: Outcomes, costs and promising practices: An overview of phase II in a statewide study. *Journal of Psychoactive Drugs, SARC Supplement 3*, 345-356. Finigan, M., Carey, S.M., & Cox, A. (2007) *The impact of a mature Drug Court over 10 years of operation: Recidivism and costs*. Portland, OR: NPC Research. Available at www.npcresearch.com

FINDING #4: Federal and state grant solicitations typically require a considerable amount of data regarding state and local drug trends, criminal charges, sentencing patterns, demographics of the target population, substance and alcohol treatment services and outcomes, etc. New York drug courts do not have an easily accessible resource that contains sources for data that is commonly required when applying for federal and state grants.

Goal #4: Create a resource guide for accessing data elements typically required in grant applications. Since 1995, New York’s drug courts have benefitted from a stream of federal and state grant funding for both individual courts and statewide enhancements. Grant funding is a competitive process, requiring high quality applications in response to annual solicitations from the various agencies. A central component of most grant applications is a review of current drug court data.

Objective 4A: The Office of Policy and Planning will work with the Division of Grants and Program Development to develop a resource guide for accessing data elements that are commonly required in grant applications. The Office of Policy and Planning will develop and disseminate a resource guide for accessing data required by grant solicitations. The resource guide will include a comprehensive list of common data elements and indicate specifically where such data can be found.

In addition, the Office of Policy and Planning will create an electronic reporting function to allow drug courts to access common data elements quickly and easily. Some of this data is already collected by existing systems. For data that is not already collected, the Office of Policy and Planning will work with Division of Grants and Program Development staff to determine where important data can be found. Examples of outside data sources include the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health, the National Center for Health Statistics/Centers for Disease Control, the United States Census Bureau, and the Office of Justice Program’s Crime Solutions.

IV. Strengthening Partnerships

Strong partnerships between drug courts and partner agencies benefit all parties by facilitating the efficient use of each entity's resources, promoting better understanding of each partner's role and responsibilities, and encouraging stakeholder agencies to develop a shared mission. Strengthening partnerships can also result in increased cost savings for partner agencies. *Defining Drug Courts: The Key Components* explains that "forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness."

Methodology

To ensure that New York's drug courts are maintaining effective partnerships at the state and local levels, the Unified Court System formed a Partnership subcommittee. Members conducted a review of existing collaboration efforts and formulated strategies for strengthening and enhancing partnerships with relevant stakeholders, agencies, and legislators.

The multidisciplinary subcommittee interviewed 12 representatives from the following agencies and disciplines:

- New York State Unified Court System, Office of Policy & Planning
- New York State Office of Alcoholism & Substance Abuse Services
- New York State Office of Probation & Correctional Alternatives
- New York State Division of Veterans' Affairs
- New York City Department of Health & Mental Hygiene
- Syracuse Behavioral Healthcare (a leading treatment provider)
- Criminal defense attorneys
- Prosecutors from New York City and Upstate New York
- State legislator

The interviews were designed to determine each stakeholder's level of familiarity with the drug court model and how closely each stakeholder currently works with drug courts. Stakeholders were asked to identify any successes or challenges they have experienced in their interactions with New York's drug courts. Finally, each stakeholder was asked about interest in participating in a statewide dialogue about drug treatment courts.

Findings, Goals, and Objectives

The Strengthening Partnerships subcommittee identified several areas where better communication and stronger partnerships could enhance drug court operations and

generate greater support for drug courts among legislators, statewide partners, local stakeholders, and community members.

FINDING #1: Drug courts should be doing more to engage partner agencies and expand the use of evidence-based practices at all stages of the drug treatment court process.

Goal #1: Work with partner agencies to integrate evidence-based practices into all stages of the drug treatment court process, from assessment to treatment. As discussed in other sections of this report, the justice system is increasingly committed to the use of evidence-based practices. Research consistently demonstrates the importance of using limited resources in ways that are supported by evidence and achieve the greatest impact. In particular, research supports the idea that courts should focus intensive services and supervision on high-risk, high-need defendants. Fortunately, interviews with key partner agencies indicate that they share this commitment to focusing on high-risk, high-need populations and support the goal of coordinating more closely with drug courts.

Objective 1A: The Office of Policy and Planning will examine the feasibility of expanding the use of the COMPAS risk/need assessment tool to all drug treatment courts in the state. There are several evidence-based risk-need assessment tools available to help courts and partner agencies identify high-risk offenders. The COMPAS tool is the most commonly used risk-need assessment in New York State. All probation departments outside New York City are already utilizing the COMPAS, along with the NYS Division of Parole and numerous alternative-to-incarceration agencies throughout the state. In addition, the Unified Court System is currently piloting the COMPAS in three upstate drug courts and intends to expand the COMPAS to nine more courts in the coming years.

The Office of Policy and Planning will work with the Office of Probation and Correctional Alternatives to examine the suitability of the COMPAS for creating supervision and service plans for drug court participants and any challenges associated with COMPAS implementation. If the results are favorable, the Unified Court System will consider implementing the COMPAS in all drug courts in the state. In the event that the COMPAS is not deemed suitable for New York's drug courts, the Office of Policy and Planning will work with the Center for Court Innovation and others to identify and implement a more suitable tool.

Objective 1B: The Office of Policy and Planning will work with key stakeholders at the state level to explore strategies for incorporating cognitive behavioral interventions into all drug courts. New York's Office of Probation and Correctional Alternatives is currently incorporating Motivational Interviewing in 41 departments around the state, along with cognitive behavioral interventions such as Thinking for Change, Moral Reconciliation Therapy, and Aggression Replacement Training. Moreover, all of these evidence-based interventions are becoming integral to drug treatment court programs.

Collaboration is necessary to ensure that drug treatment court participants receive appropriate interventions while avoiding duplication of services. The Office of Policy and Planning will work in partnership with the Office of Probation and Correctional Alternatives, the Office of Alcoholism and Substance Abuse Services, and other state-level partners to ensure that these interventions are properly incorporated into all drug court programs. In addition, the Office of Policy and Planning will work with Judicial District administrators to identify which entity in a given jurisdiction is best positioned to deliver specific interventions and what training strategy would promote uniform access to these interventions by the drug treatment court population.

Objective 1C: In collaboration with partner agencies, the Office of Policy and Planning will ensure that drug courts throughout the state receive additional training on the use of Medication-Assisted Treatment. OASAS and local treatment providers strongly support the use of Medication-Assisted Treatment when clinically recommended and in combination with behavioral therapies. In addition, the U.S. Department of Justice has begun limiting federal funding for drug courts that deny participants Medicated-Assisted Treatment. The court system is currently working with the Legal Action Center to develop a resource tool for drug courts seeking to incorporate an effective Medication-Assisted Treatment program into their operations. The document will provide guidance on how drug courts can effectively monitor participants who are receiving these medications. The Unified Court System will review this document, disseminate it widely, and urge drug court administrators to implement its recommendations.

FINDING #2: Stakeholders need more information about the operation of New York’s drug treatment courts.

Goal #2: Increase drug courts’ capacity to communicate effectively with stakeholders about operational issues. Stakeholder agencies consistently indicated that they need access to greater information about the types of treatment courts available, eligibility criteria, supervision structure, and number of participants served. Stakeholders also want to learn more about the clinical components of the drug treatment court process, particularly regarding assessment and referral.

Objective 2A: The Unified Court System will establish more formal communication strategies with stakeholders. To promote greater information sharing, the Office of Court Administration will convene a standing committee of key statewide partner agencies and/or a series of smaller, more targeted work groups. The Office of Court Administration will also consider producing regular drug treatment court reports and disseminating these reports to partner agencies. The reports might include statewide drug court data, information about court practices, emerging trends, and implementation of evidence-based practices. The work of the committee and/or work groups will also support cross-training efforts to ensure that all stakeholders are adequately informed

about the practices, goals, and ethical considerations of the diverse disciplines involved in drug treatment courts.

FINDING #3: Local drug courts can promote stronger partnerships by convening regular stakeholder meetings.

Goal #3: Establish a framework for local drug courts to convene stakeholder meetings on a regular basis. Regardless of whether a permanent statewide committee is created, individual drug courts benefit from convening local stakeholder meetings on a regular basis, such as quarterly or biannually. These meetings can focus on concrete issues and challenges facing local partners and can produce specific, actionable solutions.

Objective 3A: Local drug courts will convene stakeholder meetings at least twice each year. Regular meetings of local stakeholders help to maintain focus on the goals of the drug court program, monitor outcomes, allocate resources, and identify deficits. By convening key partners regularly, drug courts can strengthen relationships and address local challenges in a timely manner. The Office of Policy and Planning will work with Judicial District administrators to encourage and support local stakeholder meetings.

FINDING #4: The court system can do more to communicate the success of drug courts to state and local partners.

Goal #4: Improve strategies for communicating the success of drug courts. At both the state and local level, the court system should do more to broadcast the success of drug courts to partner agencies, elected officials, and the public. More and better messaging is critical to achieve sustained interest and investment in drug courts. For example, it appears that most state legislators are not familiar with drug courts or their effectiveness at reducing recidivism and saving money.

Objective 4A: The Office of Court Administration will develop written materials and an increased presence on social media to communicate with partners more effectively. The Office of Court Administration will disseminate written and electronic information which highlights how drug courts produce reductions in recidivism and drug use, create cost benefits, re-unite families, and increase employment. These documents and electronic communications will reflect positive outcomes at both the state and local level. In addition, the court system will explore social media engagement using the New York Association of Drug Treatment Court Professionals' Facebook page and Twitter account. If used effectively, these tools can promote more widespread awareness of drug treatment courts.

The sub-committee looked at informational materials produced both by individual drug courts and state systems within and outside of New York. A review of these materials sought to capture all of the topic areas covered in the different documents (*Appendix B*). Sub-committee members then created templates for different formats,

including a trifold; single page fact sheet; and Frequently Asked Questions. The intended audience will inform which format will most effectively communicate program information and the positive outcomes achieved by New York’s drug treatment courts. They should highlight not only reductions in recidivism but focus on the benefits for the special populations served by our treatment courts, e.g. veterans, DWI offenders, those with co-occurring disorders. The sub-committee also reviewed the legislative packet the National Association of Drug Court Professionals has developed for advocacy with Congress. The Office of Policy and Planning should produce templates of informational documents for individual drug courts to disseminate at the local level along with materials that reflect statewide benefits.

FINDING #5: There is a widespread perception among drug court practitioners that the court system’s focus on drug courts and the interest of partner agencies has declined in recent years at the same time that national attention has increased.

Goal #5: Improve stakeholder interest in drug treatment courts. The perception that drug courts have lost “momentum” in New York likely results from a combination of factors, including staff reductions in the Office of Policy and Planning and drastic budget cuts in 2011 that resulted in numerous layoffs of drug treatment court staff. In addition, the court system was forced to suspend virtually all drug court training and, until 2015, was unable to provide support for the annual training conference hosted by the New York Association of Drug Treatment Court Professionals. The Unified Court System can generate renewed interest and focus on New York’s drug courts by increasing communication and collaboration with key partner agencies.

Objective 5A: The Chief Administrative Judge will emphasize the benefits of drug treatment courts when communicating with the state legislature’s Finance Committee. Studies have confirmed the cost-saving nature of drug courts—research has shown that mandating drug-addicted offenders to treatment instead of incarceration produced resource savings of \$5,144 per offender.⁹ Highlighting the cost savings associated with drug courts will strengthen the relationships between the Legislature and drug courts and enable the Office of Policy and Planning to generate more support for drug courts at the state level.

Objective 5B: Individual drug courts will conduct outreach to their state representatives and local legislators. Local drug courts can generate support for their programs by inviting legislators to graduation ceremonies and by disseminating written materials which document their court’s successful outcomes for litigants and the community at large.

⁹ Testing the Cost Savings of Judicial Diversion, conducted by the Center for Court Innovation and NPC Research.

Objective 5C: Court leadership will engage in ongoing dialogue with the NYS Office of Alcoholism and Substance Abuse Services, the NYS Division of Criminal Justice Services, and the NYS Office of Mental Health. Engagement with these key partners may be part of a more inclusive statewide steering committee and/or a more individualized, one-on-one process. Strengthening these partnerships, especially with agencies that oversee treatment services, is integral to the ongoing success of drug courts, both in terms of cost savings and individual outcomes.

FINDING #6: New York’s ongoing Medicaid Redesign will significantly impact drug treatment courts. The Unified Court System should be involved in this process in order to maximize benefits to drug courts. Comprehensive reforms to the state’s Medicaid system over the next two years will include sweeping changes to the delivery of behavioral health services.

Goal #6: Create strategies for drug courts to participate in the Medicaid Redesign process. When fully implemented, Medicaid Redesign will significantly impact drug court programs, particularly the referral process. Historically, drug courts have over-utilized residential treatment, especially in New York City where criminogenic factors frequently trump clinical assessment. The redesign process will likely affect this relationship, and it is imperative that drug courts are familiar with the changes and are able to adapt. It is critically important that the courts and OASAS work closely together as Medicaid Redesign is implemented.

Objective 6A: Drug courts will work with OASAS at the local and state level to ensure that judges and staff are fully informed about Medicaid Redesign. Medicaid Redesign features significant changes to services that will directly impact drug courts. For example, there will be a transition away from the clinic model toward a rehab model. This will allow Medicaid to reimburse for services conducted outside of the treatment facility, such as in courts, schools, or at home. This particular change has the potential to enhance the treatment landscape by making services available to more people, and illustrates why drug court staff throughout the state will need intensive training on the implications of Medicaid Redesign. The Office of Policy and Planning will work with OASAS and individual drug courts to ensure that staff receive the necessary training.

Another key component of Medicaid Redesign is increased reliance on OASAS Health Homes. A Health Home is a care management service model whereby all of an individual’s caregivers communicate with one another so that the entirety of a patient's needs is addressed in a comprehensive manner. Health Homes are designed to serve population groups who have complex medical, behavioral, and long term health care needs that drive a high volume of high cost services, including inpatient and long term institutional care. There is a shared need for the Department of Criminal Justice Services and New York’s drug treatment courts to determine how to integrate with the Health

Homes. Undoubtedly, the Health Home population and the drug treatment court population will intersect. The Office of Policy and Planning will work with OASAS to ensure that drug court staff are properly trained on Health Homes and that drug court treatment planning protocols are well integrated with local Health Homes.

Objective 6B: The Unified Court System will assess the LOCADTR 3.0 tool and consider incorporating it into the screening and assessment process conducted by local drug courts. Part of Medicaid Redesign is the development and implementation of a mandatory “level of care” tool called the Level of Care for Alcohol and Drug Treatment Referral-3 (LOCADTR 3.0). It is a clinical level of care tool that assesses the intensity and need for services for an individual with a substance use disorder. With this tool, OASAS hopes to avoid overuse and misuse of residential treatment by some drug treatment courts. The LOCADTR 3.0 should also eliminate the wasteful practice of requiring individuals to fail at a lower level of care before placing them in a more intensive modality. Although courts will still retain the authority to order residential treatment pursuant to NYS Social Services Law, OASAS will continue to engage in an intensive education strategy to move judges away from referrals to residential treatment that are not clinically indicated. The Office of Policy and Planning will work with OASAS to train drug treatment court practitioners on implementation of the LOCADTR 3.0 tool.

FINDING #7: There is a need for greater collaboration between the Unified Court System and the Division of Veterans Affairs to support the development of Veterans Treatment Courts.

Goal #7: Increase collaboration between drug courts and the Division of Veterans Affairs. The New York State Division of Veterans’ Affairs (DVA) is the state agency charged with representing New York State’s 900,000 veterans and their family members. Some of the counselors from the DVA sit on Veterans Treatment Court teams, serving as experts in connecting veterans to services. These state employees are typically invited to sit on the teams in lieu of representatives from the federal Veterans Justice Outreach, who are often unavailable due to geographical constraints. DVA representatives connect veterans to healthcare, housing support, and mental health services. They also represent veterans in benefits claims.

Due to a number of factors, including availability of resources, there is a lack of standardization among Veterans Treatment Court practices and procedures. For example, some VTCs exclude veterans with a dishonorable discharge, and some VTCs do not have mentors on their teams. Consistent standards regarding recruitment, management, and integration of mentors will serve to make the “Veterans Treatment Court” label more meaningful and will enhance the performance of the courts.

Objective 7A: The Office of Policy and Planning will collaborate with the DVA and New York's drug courts to create a coordinated strategy for the development, operation, and support of VTCs. The Office of Policy and Planning will work with the DVA to set standards for Veterans Treatment Courts. Standards will reflect the appropriate balance between the need for consistency and the importance of maintaining judicial discretion. The standards will not be rigid but rather, will recognize the vast differences in resources and services available to a jurisdiction. Standards will ensure that VTCs adhere to core principles of the drug treatment court model. Finally, the standards will address issues surrounding the recruitment, training, and support of peer mentors in VTCs.

V. Staffing and Resource Management

In the wake of the 2011 fiscal crisis and the resulting layoffs, New York’s drug treatment courts have been adjusting to a “new normal” of reduced financial support, staffing, and resources. These constraints are not expected to ease substantially in the foreseeable future. Therefore, drug treatment courts will be required to utilize their resources more efficiently and leverage the resources of partner agencies more effectively in order to maintain their high level of performance.

With these challenges in mind, the Unified Court System formed a Staffing and Resources subcommittee to examine the ways that drug treatment courts are currently utilizing their resources and explore strategies for enhancing resource management to support effective drug court operations.

Methodology

The Staffing and Resources subcommittee developed a standardized survey consisting of 32 questions, which were divided into four topic areas: staffing, drug testing, case management, and supportive services. The survey was distributed to drug treatment court staff throughout the state. Forty-one completed surveys were received and analyzed. The respondents represented a diverse range of courts, including upstate and downstate courts, courts from large cities, small cities, and rural areas, and courts with large and small caseloads.

Based on the initial survey responses, the subcommittee identified seven drug treatment courts that demonstrated successful resource-sharing partnerships with outside agencies. Subcommittee members then contacted each of the seven drug courts and conducted open-ended interviews exploring how each court successfully engaged with partner agencies to utilize resources as effectively as possible.

Findings, Goals, and Objectives

The Staffing and Resources subcommittee gathered a wealth of information from drug treatment courts throughout the state and identified a number of promising strategies for maximizing the use of limited resources.

FINDING #1: Limited staffing is a pressing resource challenge for drug treatment courts throughout New York State. In particular, case management staff are frequently handling high caseloads and are reporting concerns about their ability to serve clients’ needs effectively.

Goal #1: Establish best practices for case management and explore methods of supporting drug court case managers. Drug treatment courts rely heavily on court staff (typically case managers) to perform many tasks that are integral to drug court operations. Case managers are the key link between the court, client, and service

providers. Quality case management is central to identifying clients' needs, linking them with appropriate services, assessing the quality of services being delivered to clients, and monitoring clients' compliance. Case managers also conduct assessments, advocate for the participants with outside agencies, administer drug tests, and provide regular reports to the court.

Across the state, there are wide variations in case managers' average caseload size. The average staff to participant ratio for the state as a whole was approximately 1:53. Ascertaining exact ratios is complicated by the fact that some case managers work in more than one drug court, some have been assigned additional non-drug court duties, and case management can mean very different work assignments depending on the court.

When court staff are faced with challenging caseloads, they may not be able to provide each client with the level of attention and support they need. Drug court clients require intensive case management and monitoring, and it is crucial that case managers are able to spend adequate time with each client. In addition, high caseloads increase the potential for staff burnout, which can further impair staff members' ability to deliver effective services and can contribute to frequent staff turnover and an overall weakening of the drug court team.

With these concerns in mind, the Office of Policy and Planning will work with the Judicial District administrators, the Center for Court Innovation, and others to establish best practices for case management and explore methods of supporting drug court case managers.

Objective 1A: The Office of Court Administration will establish recommended staff-to-participant ratios for drug court case managers. Given current fiscal constraints, it is unlikely that drug treatment courts will be able to hire a significant number of new staff. Nonetheless, the Unified Court System recognizes the importance of maintaining staff-to-participant ratios that enable case managers to deliver effective services and avoid burnout. The Office of Policy and Planning will therefore establish recommended staff-to-participant ratios for drug court case managers. These recommendations will be developed in consultation with the regional drug court administrators, the Center for Court Innovation, and others with case management expertise. Moreover, they may take into account factors such as an individual case manager's level of experience, recognizing that new case managers may require lower caseloads as they learn to balance demands of serving numerous clients. In addition, the ratios will take into account the demands of an individual case manager's other duties, such as running groups, managing staff, coordinating resources, and developing programming.

Objective 1B: Judicial District administrators will support local drug courts in meeting recommended staff-to-participant ratios. District offices will work with local drug court administrators to ensure that case managers' caseloads do not exceed the

recommended staff-to-participant ratios. Before considering the hiring of new staff, district offices will explore creative strategies for re-deploying existing staff to better support drug treatment courts. When opportunities do arise to hire additional staff, court administrators will carefully consider the staffing needs of drug treatment courts.

Objective 1C: Actively pursue partnerships with outside agencies, such as probation or treatment providers, that can provide case management support. Judicial District administrators will assist local drug court administrators in developing partnerships with probation, treatment providers, and other partner agencies that can provide case management support for drug court clients. In some counties, probation staff may be able to take on a more active case management role and increase their participation in drug court team meetings. Likewise, local non-profit agencies that provide case management may be able to support the drug court, particularly if the court is referring them clients for billable services. With enhanced case management support from outside partners, court staff will be able to perform more of a supervisory function and less direct case management.

Objective 1D: Seek grant funding from federal, state, local, and private sources to support additional case management staff. Judicial District administrators will actively pursue grant funding from federal, state, local, and private sources to hire additional case management staff in situations where staff caseloads are a significant concern. Although grant funding is typically a temporary solution and carries its own set of challenges, it can play an important role in addressing pressing caseload challenges. The Bureau of Justice Assistance, the Center for Substance Abuse Treatment, and other federal agencies offer annual funding opportunities that can be used to support court and/or treatment staff. The state Division of Criminal Justice Services and county governments frequently receive federal criminal justice funding that they pass on to specific programs. Private foundations, ranging from large national organizations to smaller local community foundations, can also provide modest funding to support drug court initiatives. Drug treatment courts should not be deterred from pursuing grant funding out of concerns about long-term sustainability—even temporary programs and short-term staffing increases help drug court clients for as long as they are available.

FINDING #2: In general, New York’s drug treatment courts conduct random, frequent drug testing using accepted testing practices, but there are several specific areas where drug testing protocols should be improved.

Goal #2: Create comprehensive statewide protocols for drug testing and enhance the drug testing infrastructure. Drug treatment courts in New York generally maintain effective drug screening procedures, including frequent, random, and observed testing using standard methods. In addition, courts typically collaborate with treatment partners and other agencies, such as probation, to conduct additional drug testing outside the court

setting. Nonetheless, the subcommittee identified several specific areas where drug testing protocols could be improved or made more consistent.

Objective 2A: The Office of Policy and Planning will lead the development of clear, comprehensive protocols for drug testing that apply to all drug treatment courts in New York State. Although drug courts are generally using appropriate drug testing procedures, a single set of statewide protocols is needed to promote consistency across the state and to provide a set of standards by which a court's drug testing practices can be assessed. New York operates nearly 150 drug courts across the state. These courts vary considerably in caseload, staffing, access to treatment and social services, drug use patterns, and other important factors. Comprehensive drug testing protocols will ensure that all of these different courts employ the best possible testing practices.

The Office of Policy and Planning will work in consultation with Judicial District administrators, the New York State Office of Alcoholism and Substance Abuse Services, the Center for Court Innovation, and others to develop statewide protocols that follow evidence-based practices, adhere to legal and regulatory requirements, protect the health and safety of staff, and can be implemented successfully throughout the state.

In developing statewide protocols, the Office of Policy and Planning will utilize *Guidelines for Toxicology Testing in Treatment Court Settings* (Appendix C), a detailed set of drug testing considerations developed by the Staffing and Resources subcommittee with input from the New York State Office of Alcoholism and Substance Abuse Services and practitioners from drug courts around the state. In addition, the Office of Policy and Planning will consider National Association of Drug Court Professionals' *Adult Drug Court Best Practice Standards*¹⁰, Paul Cary's *The Fundamentals of Drug Testing*¹¹, and Missouri's *Treatment Court Collector Standards* (Appendix D).

The protocols will address, at a minimum, the following topics: frequency of testing, types of testing, randomization of testing, duration of testing, breadth of testing, witnessed collection, validity of specimens, accuracy and reliability of testing, rapid results, coordination of testing and information sharing with partner agencies, and participant contracts. In addition, the protocols will address several specific issues raised by the New York State drug court practitioners surveyed for this report. These issues are outlined in Objectives 2B-2E below.

Objective 2B: Ensure that drug treatment courts have access to sanitary restroom facilities and all appropriate protective equipment for drug testing purposes. Sanitary facilities and appropriate protective equipment are basic requirements of any drug testing

¹⁰<http://www.nadcp.org/Standards>

¹¹ Paul Cary, M.S., *Chapter 6: The Fundamentals of Drug Testing*, in *The Drug Court Judicial Bench* Book 113, 113-138 (Douglas B. Marlowe, J.D., Ph.D. & Judge William G. Meyer (Ret.) eds., Nat'l Drug Court Inst. 2011)

program and will be provided in all drug courts in New York State. In addition, Judicial District administrators will work with local drug court administrators to ensure that drug courts have access to sanitary restroom facilities and appropriate protective equipment.

Objective 2C: Increase the availability of weekend drug testing and in-home drug testing. Although drug courts in New York typically employ frequent and randomized drug testing, many courts do not have the capacity to test clients at home or on weekends. Developing this capacity would significantly strengthen drug testing programs and enhance drug courts' ability to monitor clients' compliance. Judicial District staff will work with local drug court administrators and relevant partner agencies to develop the capacity for in-home and weekend testing wherever feasible.

Objective 2D: Equip drug courts with a variety of testing technologies, including technologies needed to test for new and emerging drugs. Drug court clients continue to find new substances such as synthetic marijuana and other designer drugs that elude standard testing methods. Likewise, some commonly abused substances, including PCP, MDMA, and psilocybin, may not be detected using a standard panel. In response, new technologies are regularly being developed to test for new substances and enhance courts' ability to monitor clients. Saliva swabs, EtG testing (for alcohol metabolites), and SCRAM bracelets are just a few examples. In weighing the costs and benefits of various testing methods and technologies, courts must consider the kinds of drugs frequently used by their drug court participants and whether additional testing practices and tools would significantly improve the court's monitoring ability and promote participant compliance. District offices will work with local drug court administrators to provide staff with the most robust set of testing technologies.

Objective 2E: Ensure that drug courts have access to both male and female staff who can observe drug tests. Most drug courts have a significant number of both male and female clients, all of whom must submit to drug testing. Because testing must be observed by same-gender staff, however, drug courts with all-female or all-male staff are unable to test many of their clients. Some courts try to get help from court officers or others in the courthouse to provide same-gender observation. Nonetheless, this issue remains a frequent hurdle. District offices will work with local drug court administrators to identify both male and female staff, and/or individuals from the court or partner agencies, who can reliably observe drug tests during court hours.

FINDING #3: New York's drug treatment courts use a variety of approaches to provide case management services to clients, and there are opportunities to increase efficiency in many instances.

Goal #3: Improve opportunities for case management services through stronger partner relationships and the use of technology.

Objective 3A: Establish clear expectations with partner agencies regarding service delivery, compliance monitoring, and reporting to the court. Partner agencies can play an essential client case management role in most drug courts. Even if the court has adequate case management staff of its own, clients typically spend significantly more time engaging with their treatment providers, probation officers, and other service agencies than they do with the court itself. As a result, these partner agencies frequently support and supplement the drug court's case management efforts. In doing so, however, it is important that the drug court and the partner agencies establish clearly-defined roles, responsibilities, and expectations regarding the services to be delivered, the compliance monitoring methods to be used, and the kinds of reporting required. In particular, courts and partner agencies must work together whenever possible to reduce duplication of client assessments and other services. Judicial District administrators will assist local drug court administrators in developing and maintaining clear expectations with partner agencies regarding service delivery, compliance monitoring, and reporting to the court.

Objective 3B: Invite partner agencies to observe team staffing meetings and court sessions. One common barrier to effective collaboration between drug courts and community-based partners is a lack of understanding about the justice system, legal requirements, and court procedures. For example, substance abuse treatment counselors, employment services providers, and other partners may not participate in drug court staffing meetings and may have very little contact with the justice system. To promote stronger partnerships and avoid potential conflicts, drug courts should identify relevant practitioners from partner agencies and invite them to visit court, observe staffing sessions, meet with court staff, and discuss the court's operations. District offices will support local drug court administrators in hosting appropriate visitors to drug courts.

Objective 3C: Send court staff to visit partner agencies and learn about the services provided. In addition to inviting partner agencies to visit court, drug court staff should visit partner agencies—particularly treatment providers—to better understand their partners' service environment, day-to-day operations, and operational challenges. Judicial District staff will support drug court staff in conducting appropriate visits to partner agencies.

Objective 3D: Ensure that case managers have adequate technology to record and retrieve case management information both in the courthouse and off site. Several drug courts reported that they could perform their case management functions more efficiently if staff had reliable internet and computer access throughout the courthouse, in jails, and in other settings where client screening, assessment, and case management activities take place. Some courts specifically mentioned that it would be helpful if staff were equipped with tablets, smartphones, or other portable technology to record and retrieve case management information more easily. Judicial District administrators will work with

local drug court administrators to explore appropriate technology solutions that could help staff perform their jobs more efficiently while keeping sensitive information secure.

FINDING #4: Many of New York’s drug treatment courts lack adequate access to supportive services, particularly transportation, housing, mental health services, and residential treatment programs.

Goal #4: Enhance supportive services through community partnerships, training and staffing resources. A common theme among drug courts throughout New York State is lack of access to needed treatment and supportive services. Although some challenges, like transportation, were more pronounced in rural areas, drug courts everywhere cited problems finding safe and stable housing for clients, mental health services, and residential treatment. In some instances, clients face long waiting lists to access services, while in other cases the needed services do not exist. To address these concerns, the Unified Court System will explore new funding, training, and staffing opportunities as described in the following objectives.

Objective 4A: Partner with community-based providers to pursue funding for needed services. Drug courts, and drug court judges in particular, can play a special role as a convener of community stakeholders. When facing limited access to services, drug court judges and staff will call together key partners to identify service gaps, explore the causes for the gaps, and develop strategies for building new service capacity. Sometimes, new services can be created simply by redeploying existing resources. In other cases, the court and partner agencies may work together to request additional funding for needed services from local government or collaborate on grant proposals to obtain funding. Judicial District administrators will assist local drug court administrators in identifying service gaps and addressing them through resource redeployment or proposals for new funding.

Objective 4B: Provide court staff with training in understanding and meeting the mental health needs of drug court clients. Drug courts reported that staff generally do not receive adequate training in mental health issues and how to help clients address their mental health needs. Considering that a significant percentage of drug court clients have co-occurring mental health disorders, and that untreated mental health issues can undermine substance abuse treatment and recovery, it is important for drug courts to ensure that staff receive training in this area. The Office of Policy and Planning will work with Judicial District administrators to ensure that drug court judges, case managers, and other staff working directly with clients receive ongoing mental health training from qualified professionals at local partner agencies or from other sources.

Objective 4C: Explore the possibility of creating a health care navigator position to assist clients with accessing treatment and other health-related services. Drug court staff report that finding client health care services and helping clients figure out how to pay for these services is an ongoing challenge. Drug court clients frequently have chronic

medical issue like conditions like diabetes, dental care needs, and physical injuries that require attention. Moreover, a significant number of drug court clients are pregnant or parenting infants and therefore have special health care needs. To help clients address these issues, district offices will work local drug court administrators to look for ways to partner with local healthcare navigator programs created under the Affordable Care Act to work directly with clients on finding health care providers and paying for medical care. If no healthcare navigator program exists locally, Judicial District and local drug court administrators should consider creating such positions or training existing case managers to serve as healthcare navigators.

Conclusion

The committee is pleased to present this comprehensive strategic plan for the enhancement of drug treatment courts during the next several years. Since New York opened its first drug court in Rochester in 1995, the state court system has transformed this small-scale experiment in judicial problem-solving into a firmly established approach to non-violent substance abusing offenders. Over the past 20 years, New York State has played a leadership role in the creation and expansion of drug courts. Our drug treatment courts were among the first implemented in the country. With the creation of the Office of Court Drug Treatment Programs in 2001, New York was one of the first state court systems to institutionalize these courts. Drug courts are now an integral part of the New York Court system.

Drug courts are the most studied criminal justice innovation in recent history. Rigorous research has conclusively demonstrated that they reduce recidivism, drug use, and the need for expensive social services. They save lives and families. They also save money for the criminal justice, healthcare, and correctional systems.

Given the resurgence of heroin use, particularly among our youth, the growth of prescription drug abuse, veterans returning from war with substance abuse problems, the proliferation of synthetic marijuana and other designer drugs, criminal courts must be ready to employ strategies that resolve these cases, not just process them. Drug courts can play a critical role in addressing the complex issues presented by the latest players in the world of drugs, alcohol, and crime. As this plan makes clear, it is essential that drug courts are provided with the support, training, and guidance to understand and meet these new challenges. We believe the Unified Court System can achieve the goals of this plan by continuing and enhancing its commitment to a strong and effective drug court system in New York State.

- This report is the culmination of many meetings that occurred over 2015 and 2016.