



Office of Court
Drug Treatment Programs

The Second Year

Report to Chief Judge Judith S. Kaye
and Chief Administrative Judge
Jonathan L. Lippman

From Deputy Chief Administrative Judge
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This report documents the second-year achievements of the Office of Court Drug Treatment Programs (OCDTP), created in October 2000 by New York State Chief Judge Judith S. Kaye and New York State Chief Administrative Judge Jonathan L. Lippman, to develop effective ways for courts to confront the cycle of addiction and recidivism. Directed by Deputy Chief Administrative Judge Joseph J. Traficanti Jr. the OCDTP grew out of the findings of a blue ribbon panel, the New York State Commission on Drugs and the Courts, chaired by Robert B. Fiske, Jr. After reviewing the number and types of drug cases in New York State, evaluating the courts' response, and exploring innovative approaches to the handling of such cases, the Commission called for a statewide reform effort that would encourage courts to adopt the core principles of drug treatment courts, pilot courts that had achieved demonstrable success in promoting sobriety and reducing recidivism.

Designed to transform small-scale experiments in judicial problem solving into "business as usual" throughout the New York State court system, the OCDTP agenda includes the following:

- Making drug treatment available to nonviolent addicts in every jurisdiction in the state;**
- Developing a universal screening process for all criminal defendants;**
- Expanding court-based assessment and monitoring capacity;**
- Developing pilot programs for juveniles;**
- Designing "persistent misdemeanor" courts in New York City;**
- Improving the collection and coordination of data about addicted offenders and case outcomes;**
- Initiating statewide evaluation efforts;**
- Conducting a statewide education campaign;**

The OCDTP was charged with assembling an infrastructure to support the planning, implementation and operation of drug treatment courts in new jurisdictions and the institutionalization of the drug treatment court approach in jurisdictions where drug treatment courts currently thrive. These efforts have produced substantial results. The OCDTP has successfully put in place systems for training, technical assistance, technology and the evaluation

of drug treatment courts. In Year Two, spanning the period of October 2001 through September 2002, the following are some of the most significant new achievements:

- **Statewide Adaptation:** The number of drug treatment courts operating in New York State grew from 43 to 71 – a 65% increase.
- **Participants:** There were almost 4,000 new drug treatment court participants in Year Two – representing a 21% increase in annual intake in Year One and a 47% increase from the annual intake two years ago (prior to the establishment of the OCDTP).
- **Treatment Graduates:** The number of treatment court graduates increased by 38% Year Two, as compared with 18% growth in Year One; this number is poised to grow substantially in the future as new drug treatment courts mature.
- **Retention Rates:** The one-year retention rate for defendants in treatment exceeds the national average of 60% in eight out of ten New York State drug treatment courts studied - a key measure of program success.
- **Future Expansion:** Fifty-three new drug treatment courts plan to open in Year Three (October 2002 – September 2003), an additional 75% increase.

This report reviews these and other activities undertaken over the past year. It reviews data documenting the size and scope of expansion efforts to date, including information on the number and type of operating and planned drug treatment courts and the number of participants and graduates. It documents the characteristics of participants and the achievements of ten well-established New York State drug treatment courts. And, finally, it reviews projections for drug treatment court expansion in the coming year.

I. Statewide Infrastructure

In an effort to transform the New York Court System's response to addiction, the OCDTP has encouraged jurisdictions across the state to implement drug treatment courts with the goal of providing up to 12,000 nonviolent addicted offenders per year with court-mandated treatment. This unprecedented initiative has required the development of new systems –

technology, training, screening, evaluation – to support judges, attorneys and administrators on the ground. Key activities in this area are described below.

Training

Training was a focal point of OCDTP efforts in Year Two, in an effort to give judges, attorneys, clerks and other important stakeholders the tools they need to change practice in the courts. From October 2001 to September 2002, the OCDTP - in conjunction with the Center for Court Innovation, the New York State Unified Court System's independent research and development arm - conducted 5 drug treatment court workshops for 30 adult and family treatment court teams. Other workshop partners included the United States Department of Justice, the New York State Office of Children and Family Services, the New York State Office of Alcoholism and Substance Abuse Service, the National Drug treatment court Institute, the New York State Office of Managed Care, and Erie Community College. Participant evaluations of the workshops were very favorable. The overall median rating was 6.2, out of a possible 7, for the six trainings. Each workshop is described below.

New York State Adult Drug treatment court Workshop (Buffalo, NY - January 2002): The second New York State Adult Drug treatment court Workshop was held in January 2002 in Buffalo at Erie Community College (the first was held in August 2001). Teams from Auburn, Beacon, Herkimer, Ontario, Rochester and Schuyler counties participated. To encourage inter-agency partnership and communication, eight to ten representatives attended from each county – judges, attorneys, court staff, treatment providers, probation and law enforcement. The five-day workshop included presentations on key drug treatment court components, community mapping, targeting and eligibility, sanctions and incentives, confidentiality, graduation criteria, cultural

competence, and the psychopharmacology of addiction and relapse prevention. Experienced drug treatment court judges from around New York State served as facilitators. In addition, attendees visited the Buffalo City Drug Court.

Family Treatment Court Training Workshop (White Plains, NY - March 2002): The first Family Treatment Court Training Workshop was held in March 2002 in White Plains. Teams from Nassau, Orange, Putnam, Queens, Rockland, Schoharie and Ulster counties attended. As with the adult drug treatment court workshop, each county was represented by a seven to ten member team, including judges, attorneys, treatment providers, court coordinators and case managers. The two-day training workshop focused on Adoption and Safe Families Act (ASFA) time frames, child protection, confidentiality, substance abuse treatment, children's health and approaches to multi-disciplinary collaboration.

Family Treatment Court Training Workshop (Syracuse, NY - May 2002): The second Family Treatment Court Training Workshop was held in May 2002 in Syracuse. Teams from Erie, Jefferson, Monroe, Otsego, Tompkins and Steuben counties attended this second workshop, which followed the same general design as the March workshop in White Plains.

Family Treatment Court Training Workshop (New York, NY - June 27 2002): A one-day workshop for the Manhattan and Suffolk County Family Treatment Courts was held on June 27 2002 in New York City. Twenty-eight Family Treatment Court team members attended the training. The first presentation by Leigh Goodmark of the American Bar Association Center on Children and the Law offered *Practical Strategies for Responding to Domestic Violence Situations in a Family Treatment Court Context*. The second session was run by staff from Project Return, who presented *Effective Approaches to Working with Mentally Ill Respondents in Family Treatment Court*.

New York State Adult and Family Treatment Court Workshop (Buffalo, NY - August 12 - 16, 2002): The third New York State Adult Drug treatment court Workshop was held in August 2002 in Buffalo. This five-day workshop focused on the challenges faced by jurisdictions simultaneously developing an Adult and Family Treatment Court. Teams from Chemung, Chenango, Columbia, Saratoga, Schoharie, Seneca and Yates counties attended sessions on community mapping, targeting and eligibility, sanctions and incentives, confidentiality, graduation criteria, the relationship between Family Court and Adoption and Safe Families Act, cultural competence, and the psychopharmacology of addiction and relapse prevention.

In September of 2002, Center for Court Innovation staff conducted a statewide survey of drug treatment courts to identify topics of greatest interest to New York State drug treatment court practitioners for future training. A fair amount of consistency emerged in the survey responses. The five highest-rated topics were: mental health; sanctions and incentives; vocational/educational needs; gender-based treatment; and relapse prevention. Two organizations have been selected to conduct this training series, which will be underwritten by a Congressional appropriation to the Center for Court Innovation. The trainings should occur by the end of 2003.

Universal Screening

The ability of courts to treat and monitor substance abusing offenders has been limited by a lack of consistent and effective mechanisms for screening and assessing defendants. It is difficult to place defendants in treatment without a means of determining who has a drug problem, and the extent of the problem. Even the few courts that do possess this capacity typically screen and assess only individuals charged with *drug offenses*. Consequently, the

referral process for drug-addicted offenders charged with *other non-violent crimes* (e.g., theft, trespass or prostitution) is either informal or non-existent.

The OCDTP has sought to eliminate these obstacles to treatment by creating the Enhanced Drug Screening Project, currently being piloted in Kings County. This Project will comprehensively screen every non-violent offender to determine eligibility for court-monitored substance abuse treatment. In Kings county, clerks will have the capacity to review, before arraignment, the charges and criminal history of approximately 80,000 defendants per year. If a paper review indicates the defendant is eligible, the court will order the defendant to appear at one of Brooklyn's three drug treatment courts: the Brooklyn Treatment Court; the new Screening and Treatment Enhancement Part (STEP); or the new Misdemeanor Brooklyn Treatment Court (MBTC). Cases will be arraigned for the following day for clinical assessment. At this point, a clinician will conduct a detailed psychosocial assessment, including a toxicology screen, to determine the presence and degree of substance abuse. Should the defendant prove eligible for court-monitored substance abuse treatment, the assigned drug treatment court will monitor treatment progress through frequent court appearances and case management. The goal is to increase access to court-mandated treatment and replace an existing assessment process that involves hundreds of defendants in over 40 different courtrooms countywide. STEP, MBTC and BTC expect to receive up to 6,500 defendants per year for chemical screening. After the centralized screening process is tested in Brooklyn, the plan is to adopt this model statewide.

Best Practice Series

With support from the United States Department of Justice's Bureau of Justice Assistance, the OCDTP and the Center for Court Innovation are creating a Best Practice Series

for New York State drug treatment courts. This series will include three user-friendly, how-to documents designed to aid drug treatment court practitioners across the state, and supplement in-person training. Content for the series is being overseen by a committee of 12 individuals representing various types of drug treatment courts. The topics will be: 1) New York State Drug Treatment Court Structure; 2) Treatment Practices in New York State Drug Treatment Courts; and 3) Continuing Care and New York State Drug Treatment Courts. The series should be completed by June 2003.

Universal Treatment Application

New York State has built a customized drug treatment court technology application that will eventually be used by all adult drug treatment courts in the state. Known as the Universal Treatment Application (UTA), it is a valuable resource for court operations, case management and research. A computer screen, accessible to all project staff, immediately provides up-to-date information regarding each defendant's background characteristics, treatment mandates, current program status, sanctions, attendance and toxicology results. For research purposes, the Universal Treatment Application facilitates a thorough documentation of participant performance in drug treatment courts throughout the state. New York State is the first state in the nation with a comprehensive database of this kind.

The Universal Treatment Application was built on the foundation created by a Management Information System (MIS) at the Brooklyn Treatment Court, one of New York's oldest drug treatment courts. As part of the statewide roll-out of the Universal Treatment Application, technologists conducted a thorough review of both systems and have modified the

Universal Treatment Application to incorporate the best features of the Brooklyn Treatment Court application. The final merger of the two systems will take place in 2003.

Over the two years of the OCDTP, the number of drug treatment courts utilizing the Universal Treatment Application has increased from 13 to 63, with another 9 courts planning to begin using the system in 2003. This case management system is installed prior to opening all new drug treatment courts, and all applicable staff are trained in its use. In addition, the Universal Treatment Application is offered to all outside partnering agencies submitting status reports of any kind to the court through remote access. This allows for a paperless system connecting treatment providers, probation, corrections and the court. Off-site partner agencies can, from their own offices, enter attendance, toxicology results and performance status on each of their clients instead of spending precious hours on the phone and faxing written reports to the court. While all parties can enter information, the right to review a client's file is restricted and password protected, helping to ensure Article 42 (confidentiality) compliance.

To ensure centralized quality control and technical support to each drug treatment court, an Advisory Board oversees the statewide expansion of the Universal Treatment Application. Change and enhancement requests from the field are made in writing to the board, which determines if they are technically feasible and appropriate.

Building on the model of the Universal Treatment Application, in January 2002 a separate Family Treatment Court Application (FTCA) was implemented to serve the unique operational and data collection needs of family treatment courts. The family treatment court version of the Universal Treatment Application contains expanded features that capture not only information on the respondent, but data regarding the respondent's children and other family members. In one screen, a judge has the ability to see a client's complete family history,

treatment history, and the status of the children. Also, to streamline the flow of court-based information, the FTCA has the capacity to access case data from the new Universal Case Management System recently implemented in family courts statewide, thereby eliminating duplication of data entry. Since January 2002, the FTCA has been implemented in 12 family treatment courts, and it is anticipated that 3 more will be operational in 2003.

Statewide Evaluation

In Spring 2003, a statewide evaluation of adult drug treatment courts in New York State will be completed. The two-year evaluation, conducted by researchers at the Center for Court Innovation in collaboration with the Unified Court System's Office of Special Projects, will focus on eleven of the largest and oldest New York State drug treatment courts and will include analyses of court policies, participant characteristics, types of treatment referrals, compliance during program participation, drug test results, use of sanctions in response to non-compliance, retention rates and factors that increase or decrease the probability of drug treatment court graduation. Also, for six of the adult courts - Brooklyn, Bronx, Queens, Suffolk, Syracuse, and Rochester - the evaluation will include analyses of re-offending over at least a three-year period following the initial arrest and over at least a one-year period following program completion. Recidivism rates will be compared between drug treatment court participants and a comparison group of similar defendants from each jurisdiction who did *not* enter the drug treatment court. The goal of these analyses will be to determine the extent to which adult drug treatment courts in New York State have a demonstrable impact on criminal behavior.

II. Expansion of Drug Treatment Courts in New York State

Year Two (October 2001 through September 2002) was a year of substantial expansion. There was a 65% increase in the number of drug treatment courts in operation, a 20% increase in the number of new participants (3,535 to 4,244) and a 38% increase in the number of graduates (3,983 to 5,502).

Expansion of Courts

Twenty-eight new drug treatment courts opened in Year Two, including 18 adult, 7 family, and 3 juvenile drug treatment courts. The total number of operational courts grew 31 to 43 in Year One, and from 43 to 71 in Year Two, representing a 129% increase over the first two years of the OCDTP.

Table 1 shows the number of courts that are currently operational, those that are planned for the next year, and those that are planned for subsequent years. By the end of 2003, OCDTP will have added a total of 53 courts. At this writing, a total of 166 drug treatment courts are either operational or in planning.

**Table 1. Drug Courts in New York State as of 9/30/02
Operational and Planning Status Breakdown**

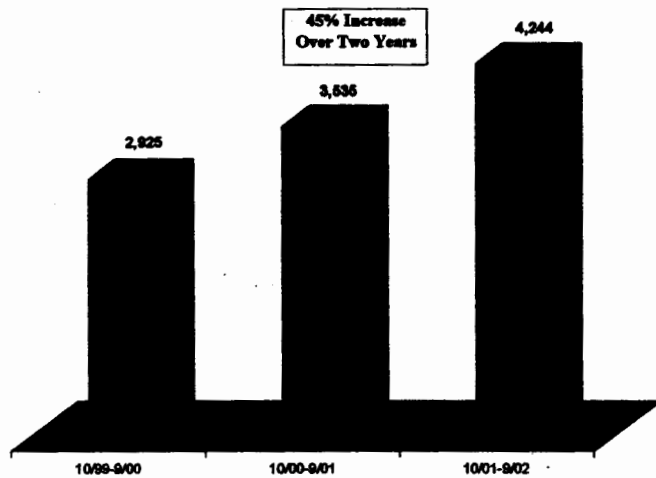
	Open as of 9/30/01	Opened 10/01-9/02	Plan to Open 10/02-9/03	Plan to Open After 9/03	TOTAL
# courts operating					
adult	35	18	34	17	104
family	7	7	17	25	56
juvenile	1	3	2	0	6
Total	43	28	53	42	166

Expansion of Participants

One of the primary goals of the OCDTP is to expand the drug treatment court approach to new populations. In Year Two, the number of *new* participants in New York State drug treatment courts increased from 3,535 to 4,244 – a 20% increase in statewide intake from Year

One, and a 45% increase over the last two years (See Figure 1 and Table 2). This increase primarily reflects the introduction and expansion of family and juvenile treatment courts. The number of new participants in family treatment courts increased by 154%, in Year Two and the number of new participants in juvenile treatment courts increased by 319%. The 11% increase in adult treatment court participants reflects both the introduction

Figure 1. Increase in Participant Intake Across New York State Drug Treatment Courts 10/99 - 9/02



of several new adult courts as well as an increase in participant intake in several previously existing courts. For example, the Manhattan Felony Treatment Court showed a 145% increase, the Suffolk Treatment Court had a 39% increase, and Syracuse City showed a 26% increase during Year Two. Appendix A provides court-by-court details, displaying the number of new participants in every single New York State drug treatment court in the year before the OCDTP was established, in Year One of the OCDTP and in Year Two of the OCDTP.

Table 2. Increase in New Participant Intake Across New York State, 10/01-9/02

	New Participants 10/00 – 9/01	New Participants 10/01 – 9/02	Percentage Increase in Intake
Adult	3,339	3,701	11%
Family	169	430	154%
Juvenile	27	113	319%
Total	3,535	4,244	20%

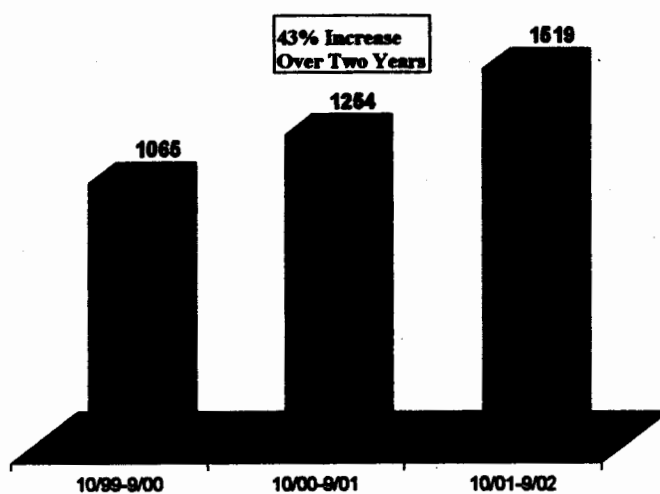
By the end of Year Two (October 2001 through September 2002), 16,137 participants had entered a drug treatment court program in New York State. Appendix B displays court-by-court specifics on the number of participants in each court, with breakdowns for the number of open cases, cases on warrant, graduates and failures. Of the 16,137 participants who have entered

a drug court to date, 14,960 (92.7%) were from an adult court. Of the remaining 1,177 drug court participants, 1,027 (6.4%) were from a family court, and 150 (.9%) were from a juvenile court. Well over half (61%) of the participants to ever enter a New York State drug treatment court either have graduated or are still engaged in treatment.

Expansion of Graduates

The number of graduates in adult drug treatment courts (individuals who have successfully completed drug treatment court mandates) has also increased statewide - from 3,983 as of September 30, 2001 to 5,298 as of September 30, 2002 (see Appendix B for the total number of graduates as of September 30, 2002, the end of year Two, in each individual court). As shown in Figure 2, over just the past year, the number of new graduates increased from 1,254 to 1,519, or by 21%. When compared to the numbers of new graduates during the year prior to the establishment of the OCDTP, we can see that the number of new graduates increased by 43% over the last two years.

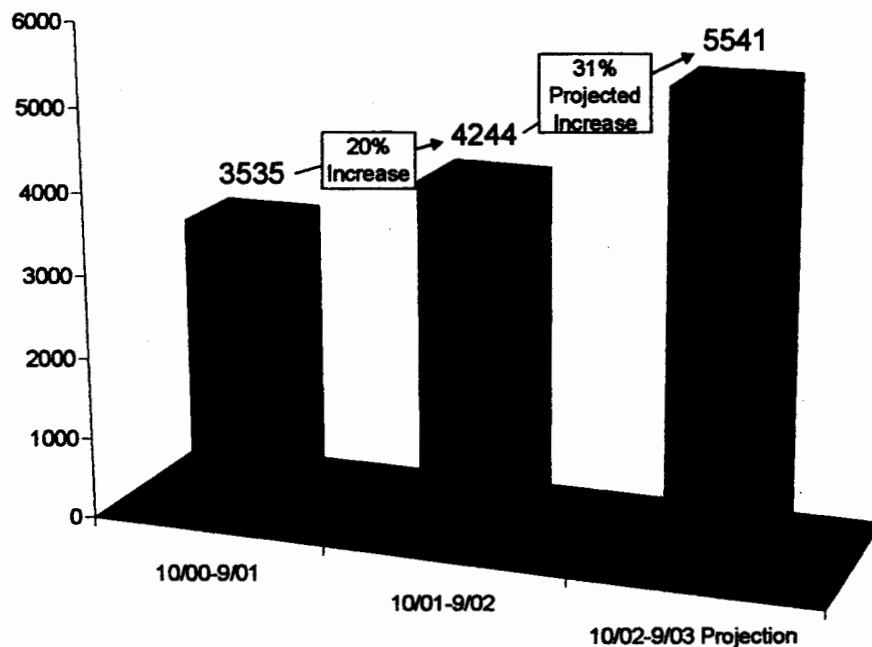
Figure 2. Increase in Number of Graduates Across New York State Adult Treatment Courts 10/99-9/02



Projections

In the first two years of OCDTP, there was substantial growth in the number of drug treatment courts, the number of participants and the number of graduates. The upcoming year promises even more growth. It is expected that statewide intake will increase by 31% (an additional 1,297 new participants) during Year Three of the initiative (October 2002 through September 2003) for a total of 5,541 participants. Currently, 53 new drug treatment courts are slated to open next year – 34 adult, 17 family and 2 juvenile drug treatment courts. Figure 3 shows the projected increase in annual intake for Year Three (31%), and compares it to the increase during Year Two (20%) – a 57% total increase over the last two years.¹

Figure 3. Projected Increase in Drug Treatment Court Participants in New York State 10/02 - 9/03



¹ These projections are based on several core assumptions: stability for drug treatment courts operating for at least three years; the average statewide increase in intake for courts operating fewer than three years; and average non-annualized intake levels (based on last year's new courts) for courts about to open. Lastly, we assumed that a smaller percentage of courts would actually open than is planned, due to a similar pattern over the last year.

III. Statewide Research Results

New York is the first state in the country to have developed a statewide drug treatment court research capacity. The Universal Treatment Application (as well as the adapted version for use by Family Treatment Courts) will eventually be used by all drug treatment courts throughout the state and will facilitate comprehensive analyses of participant characteristics, compliance, judicial rewards and sanctions, treatment referrals, retention and graduation rates, and criminal recidivism.

Over the past year, statewide research has focused on ten of the larger New York State adult drug treatment courts. These included four New York City courts (Brooklyn, Bronx, Queens and Manhattan Felony), one New York City suburban court (Suffolk), two upstate urban courts (Syracuse and Rochester) and three upstate semi-rural courts (Tonawanda, Lackawanna and Ithaca).

This section provides a snapshot of major findings on these drug treatment courts through September 2002. Key findings include:

- **One-Year Retention:** The one-year retention rate exceeds the national average of 60% in eight of ten courts studied, and exceeds 70% in five of those ten courts.
- **Long-Term Retention:** Two-year and three-year retention rates remain high; three-year retention rates exceed 50% in seven of the ten courts studied, suggesting that ultimate graduation rates in those courts will exceed the 48% national average.
- **Target Population:** Each New York State court treats a population facing uniquely different substance abuse problems; participants face severe socioeconomic disadvantages posing a substantial challenge to rehabilitation efforts and highlighting the importance of supplemental vocational, educational and employment services.
- **Treatment Availability:** Treatment slots are available, and few participants experience a significant delay in entering treatment.
- **Sanctions and Rewards:** All courts have implemented a diverse menu of intermediate judicial sanctions to encourage compliance (e.g., essay, jury box, increased monitoring or temporary jail stay).

Retention Rates

Retention rates are a key measure of program success. A one-year retention rate indicates the percentage of participants who, exactly one year after entering drug treatment court, had either graduated or remained active in the program. A leading drug treatment court researcher, Steven Belenko of the National Center on Addiction and Substance Abuse, estimates that drug treatment courts nationwide have an average one-year retention rate of 60%. New York State drug treatment courts compare favorably with this 60% national standard. As Table 3 demonstrates, eight of ten statewide drug treatment courts have one-year retention rates exceeding 60%, and five have one-year rates exceeding 70%. Variations among these courts may stem from factors such as differences in the level of addiction severity and socioeconomic disadvantage facing the average participant.

Table 3. Drug Court Retention Rates

	Brook- lyn	Bronx	Man- hattan	Queens	Suffolk	Syra- cuse	Roch- ester	Tona- wanda	Lacka- wanna	Ithaca	AVG VALUE*
Program Status											
After One Year	1871	624	184	584	591	584	2458	233	89	177	7395
Graduated	4%	1%	2%	3%	6%	16%	2%	49%	9%	9%	6%
Open	59%	71%	72%	77%	64%	41%	47%	34%	58%	55%	56%
Warranted	16%	9%	8%	6%	6%	10%	9%	6%	9%	3%	10%
Failed	21%	18%	18%	13%	23%	33%	42%	12%	24%	34%	28%
<i>One-Year Retention Rate</i>	63%	72%	74%	80%	70%	57%	49%	83%	67%	64%	62%
After Two Years	1599	467	161	434	471	337	2006	162	113	150	5900
Graduated	33%	34%	35%	60%	58%	39%	19%	65%	43%	29%	34%
Open	23%	27%	32%	13%	4%	8%	17%	13%	14%	21%	18%
Warranted	11%	6%	7%	4%	3%	6%	5%	7%	4%	1%	7%
Failed	33%	42%	26%	23%	35%	47%	58%	15%	39%	49%	42%
<i>Two-Year Retention Rate</i>	56%	61%	67%	73%	62%	47%	36%	78%	57%	50%	52%
After Three Years	1318	247	114	222	368	247	1498	112	104	100	4330
Graduated	44%	44%	49%	66%	62%	41%	27%	73%	51%	46%	42%
Open	8%	9%	6%	2%	1%	2%	6%	3%	5%	3%	6%
Warranted	8%	2%	5%	3%	1%	3%	3%	5%	4%	0%	4%
Failed	40%	45%	40%	29%	36%	54%	64%	19%	40%	51%	48%
<i>Three-Year Retention Rate</i>	52%	53%	55%	68%	63%	43%	33%	76%	56%	49%	47%

* The average for all ten courts is computed by giving equal weight to each participant in the analysis. Hence, drug courts with more participants will have a proportionately greater impact on the average.

Table 3 also gives two-year and three-year retention rates for the same ten courts. Since some participants fail drug treatment court after the first year, these retention rates are always lower than the one-year rates. Nonetheless, the two-year rates exceeded 50% in eight of the ten courts; and the three-year rates exceeded 50% in seven of the ten courts. Assuming most, if not all, participants have either graduated or failed by the three-year point, this compares most favorably with the 48% national average graduation rate estimated by the Congressional General Accounting Office (GAO).²

Additionally, all of the drug treatment courts studied in New York State retain more participants than programs treating persons on a voluntary basis. Research shows that only half of all participants enrolling in outpatient drug-free programs nationwide were still in treatment after just three months, as compared with retention rates of well over 50% after a much longer time period of one year in all but one of the ten drug treatment courts sampled in Table 3.

Participant Profile

For drug treatment courts to have the maximum ability to promote sobriety and reduce recidivism, they must understand and address the multiple problems of participants. Information about background characteristics can help drug treatment courts strategize about how to make a difference in the lives of specific groups of participants. For example, information about substance abuse history (e.g., duration of drug use and primary drug of choice) is essential for developing an appropriate treatment plan. Drug treatment courts serving a severely addicted

² The *graduation rate* of each drug treatment court should be approximately equal to the three-year retention rate, since nearly all participants have reached their final status (graduation or failure) by three years after intake. Assuming that the final graduation rate is 1% lower than the three-year retention rate, eight of the ten courts studied would match or exceed the 48% national drug treatment court graduation rate.

population require more residential treatment than those serving a less severely addicted population, where outpatient services are an appropriate modality.

Table 4 provides a demographic, socioeconomic, substance abuse history and criminal justice profile of all participants in ten New York State adult drug treatment courts. It shows that addicted offenders all began experimenting with drugs early – generally around age 15 or 16, long before they entered drug treatment court. The median age at court entry ranged from a low of 23 to a high of 34.

Looking at these ten courts, the overwhelming majority of drug treatment court participants are male. Female participants comprise no more than 40% of the total in any of the ten courts. Participants in New York City drug treatment courts, in general, are substantially more likely than elsewhere to be non-Caucasian; over 80% of participants in all four New York City courts are black or Hispanic. While none of the New York City courts have more than 11% Caucasian participants, in each of the six courts analyzed outside of New York City, at least 29% of participants are Caucasian.

In addition to problems with addiction, participants in drug treatment courts throughout the state also face severe socioeconomic challenges. For example, the percentage who have been homeless at some time exceeds 20% in seven of the nine courts with available data. Fewer than half of participants were employed or in school at the time of intake in seven of the nine courts with available data. This point is underlined by the finding that fewer than 50% of participants in nine of the ten courts had a high school degree at intake.

The primary drug of choice for participants in each court is a critical measure of addiction severity and treatment need. Table 4 shows that downstate courts tend to face a greater heroin problem than other courts – a problem typically associated with a greater need for

Table 4. Participant Profile

	Brook- lyn	Bronx	Manhat- tan	Queens	Suffolk	Syra- cuse	Roch- ester	Lacka- wanna	Ithaca	Tona- wanda
Number of Participants	1990	722	412	674	351	758	2783	200	215	296
DEMOGRAPHICS										
A. Median Age at Entry	34	29	28	23	29	30	32	30	30	26
B. Median Age of First Drug Use	15	16	15	15	15	15		15	16	15
C. Male	60%	72%	73%	83%	69%	68%	66%	80%	70%	85%
D. Race/Ethnicity										
Black	51%	49%	57%	52%	16%	61%	56%	19%	32%	5% ^a
Hispanic/Latino	40%	47%	36%	32%	6%	7%	2%	13%	5%	1% ^a
Caucasian	8%	2%	5%	11%	75%	29%	42%	65%	56%	90% ^a
Asian/Pacific Islander/Other	1%	2%	2%	5%	3%	2%	0%	4%	8%	4% ^a
SOCIOECONOMIC STATUS										
E. Ever Homeless	27%	38%	30%	6% ³	35%	34%		23%	41%	14% ^a
F. High School Degree/GED	41%	30%	24%	39%	53%	33%	39% ^a	42%	40%	45% ^a
G. Employed/In School	16%	33%	24%	51%	35%	25%		46%	47%	70% ^a
DRUG USE/TREATMENT HISTORY										
H. Primary Drug of Choice										
Heroin	38%	21%	19%	6%	20%	6%	9% ^a	11%	9%	2%
Cocaine	7%	12%	14%	20%	14%	14%	50% ^a	14%	8%	1%
Crack	33%	22%	21%	8%	28%	33%	3% ^a	26%	24%	4%
Marijuana	14%	41%	44%	56%	11%	32%	25% ^a	32%	28%	36%
Alcohol	5%	3%	1%	9%	2%	14%	14% ^a	13%	31%	55%
Other	4%	2%	2%	1%	24%	2%	-	6%	-	2%
Cocaine/Crack/Heroin	78%	55%	53%	34%	62%	53%	61%	51%	41%	7%
I. Previously In Drug Treatment	51%	55%	39%	51%	71%	68%	94% ^a	59% ^a	86%	69%
CRIMINAL HISTORY										
J. Priors										
Any Convictions	71%	40%	29%	19%	53%	68%	62%	42%	56%	32%
Any Misdemeanor Conviction(s)	39%	39%	28%	19%	51%	65%	58%	38%	54%	30%
Any Felony Conviction(s)	21%	2%	4%	-	18%	28%	30%	13%	22%	10%
K. Charge										
Drug Sales - Felony	90%	95%		68%	-	3%	3%	1% ^a	-	5%
Drug Possession - Felony	10%	4%		32%	17%	10%	10%	12% ^a	-	3%
Drug Possession - Misdemeanor	-	-		-	47%	28%	23%	33% ^a	25%	10%
Other Drug Charge	-	-		-	3%	1%	4%	8% ^a	15% ⁶	25% ⁶
Property Offense	-	-		-	17%	26%	33%	28% ^a	38%	19%
Other	-	-		-	15%	33%	16%	18% ^a	22%	38%

^a 36-49.9% missing cases

residential treatment. Upstate courts tend to see greater alcohol use. Crack and cocaine appear to be prevalent in all courts except Tonawanda. The majority of drug treatment court participants everywhere except Manhattan have had prior drug treatment episodes, indicating high levels of addiction.

In general, the New York State drug treatment court population has had extensive involvement in criminal behavior. Participants in the New York City courts are generally less likely to have had prior convictions before entering the drug treatment court. This difference is even more striking when only prior felony charges are considered. With the exception of Brooklyn, participants in the New York City courts are much less likely to have had a prior felony conviction than participants in most non-New York City courts. This is primarily the result of policy decisions in the Bronx, Queens and Manhattan not to accept participants with prior felony convictions.

Drug treatment court participants enter the court on a variety of charges, not all of which are drug-related. The single most prevalent non-drug charge category is made up of a variety of property crimes. As with prior convictions, there is a substantial difference between the New York City courts studied, which accept only felony *drug* charges, and the remaining six courts, which accept a wider variety. Notably, within New York City, separate misdemeanor drug treatment courts also exist in Manhattan and Queens and are in planning in Brooklyn. Results for these newer courts will be analyzed in subsequent years.

Availability of Substance Abuse Treatment

Although a key question raised by Judge Kaye's Commission on Drugs and the Courts was whether sufficient treatment capacity existed to serve the anticipated increase in treatment

demand, so far participants have been able to enter treatment rapidly. A critical measure of capacity is the *time* it takes to locate an appropriate first placement. Table 5 shows that all ten targeted courts place their participants quickly. The top of the table gives the time to first placement from the date of drug treatment court *intake* – the date of first actual contact with the court – for new participants entering from October 2001 through September 2002. The median time from contact to first placement was less than 1 month in nine of ten courts. Also, the bottom of Table 5 suggests that the time between first contact and first placement is often extended by a delay between initial contact and formal program entry, rather than a delay in finding a treatment slot. No court has faced a significant delay in finding treatment slots, once participant status is established. The median time from the formal beginning of participation to placement is less than 5 days in eight of ten courts and is less than two weeks in nine of ten.

**Table 5. Time to First Treatment Placement:
New Participants, October 2001 - September 2002**

	Brook- lyn	Bronx	Man- hattan	Queens	Suf- folk	Syra- cuse	Roch- ester	Tona- wanda	Lacka- wanna	Itha- ca
# Participants	172	132	216	146	156	227	188	62	22	31
Time from <i>Intake Date</i> to First Placement in Treatment^a										
Within two weeks	44%	75%	32%	7%	62%	30%	21%	74%	64%	61%
In two to four weeks	30%	14%	35%	44%	21%	22%	18%	11%	32%	26%
In more than four weeks	26%	11%	33%	49%	17%	48%	61%	15%	4%	13%
<i>Median Days - Intake Date to First Placement in Treatment</i>	16	5	20	28	12	26	40	7	9	14
Time from <i>Date Became Participant</i> to First Placement in Treatment^b										
Prior to formal participant status	2%	7%	36%	15%	6%	43%	3%	18%	68%	42%
Within two weeks	61%	89%	58%	72%	79%	29%	21%	59%	27%	42%
In two to four weeks	24%	2%	4%	8%	7%	13%	19%	10%	5%	9%
In more than four weeks	13%	2%	2%	5%	8%	15%	57%	13%	0%	7%
<i>Median days, Participation Date to First Placement in Treatment</i>	10	1	0	3	4	3	34	4	-14	1

^a Intake date is the date of first contact with the drug court. In some courts (e.g., Brooklyn and Bronx), this occurs within 1 or 2 business days of the arrest date. In other courts, this may occur somewhat later.

^b The date that drug court participation formally begins is the date that a participant signs a contract and/or pleads guilty to a drug court-eligible offense, thereby formally agreeing to become a drug court participant. Courts vary in the amount of time that passes between initial intake and formal participant status. For this reason, in many courts a significant percentage of participants are placed in treatment before formal participation status is established.

Each participant is placed in an appropriate treatment modality. Depending on the results of an in-depth clinical assessment, participants may be placed in *long-term residential* treatment (usually one year or longer), *short-term inpatient rehabilitation* (usually one month), *intensive outpatient* (usually five days/week), *outpatient* (usually three days/week, sometimes half-days or evenings) and *methadone*. Additionally, participants experiencing severe withdrawal symptoms may be placed in detoxification facilities, involving a 3-10 day stay in an intensive hospital setting. Table 6 shows that no more than 10% of new participants received an initial referral to a detoxification facility. Placement in the most intensive modality – residential treatment – was used most frequently in courts in the New York City area. Overall, most drug treatment court participants in New York State are first placed in outpatient treatment, although it is common to upgrade the modality to residential if clinically indicated by continued relapse.

**Table 6. First Treatment Modality:
New Participants, October 2001 - September 2002**

	Brook- lyn	Bronx	Man- hattan	Queens	Suf- folk	Syra- cuse	Roch- ester	Tona- wanda	Lacka- wanna	Ith- aca
# Participants Placed	178	132	219	146	156	241	224	68	33	36
Initial Referral to Detox	18 10%	2 2%	6 3%	1 1%	5 3%	5 2%	5 2%	0 0%	0 0%	0 0%
First Treatment Modality										
Long-term residential ¹	100 56%	13 10%	122 56%	29 20%	15 10%	7 3%	9 4%	2 3%	1 3%	2 4%
Short-term Inpatient	14 8%	3 2%	6 3%	7 5%	38 25%	76 32%	26 12%	8 12%	2 6%	3 6%
Intensive Outpatient	21 12%	100 76%	42 19%	50 34%	28 18%	53 22%	93 42%	3 4%	1 3%	0 0%
Outpatient	39 22%	16 12%	47 21%	60 41%	73 47%	104 43%	89 40%	55 81%	28 85%	42 89%
Methadone	3 2%	0 0%	2 1%	0 0%	1 1%	1 0%	5 2%	0 0%	1 3%	0 0%
Total Placed	177 100%	132 100%	219 100%	146 100%	155 100%	241 100%	222 100%	68 100%	33 100%	47 100%

Judicial Supervision

One of the key components of successful drug treatment courts identified by the National Association of Drug treatment court Professionals is the use of a “coordinated strategy” to govern “responses to participants’ compliance”³, commonly referred to as a schedule of graduated sanctions. These sanctions can include writing an essay, spending several days observing drug treatment court from the jury box, more frequent case management visits or court appearances, upgrading to a more intensive treatment modality, hours of community service or a short jail stay. Graduated sanctions have provided an invaluable alternative to the extremes of either: 1) doing nothing; or 2) immediately failing and incarcerating participants after one or two setbacks. Table 7 displays the most common judicial sanctions in six drug treatment courts. Overall, in accordance with the drug treatment court model, each court has implemented a system of judicial sanctions tailored to its own unique policies and participants.

**Table 7. Judicial Monitoring
Sanctions Imposed in Response to Participant Non-Compliance**

	Brooklyn	Queens	Suffolk	Syracuse	Lackawana	Ithaca
SANCTION TYPE						
1. Essay	2%	16%	0%	2%	3%	2%
2. Jury Box	6%	6%	0%	38%	5%	1%
3. Court Monitoring	2%	13%	7%	3%	4%	2%
4. Treatment Increase	19%	17%	18%	1%	15%	7%
5. Jail	64%	28%	34%	40%	13%	24%
<i>Less than 1 week</i>	28%	17%	29%	31%	7%	19%
<i>7-11 days</i>	26%	11%	5%	9%	6%	5%
<i>More than 11 days</i>	10%	0%	0%	0%	0%	0%
6. Other	7%	20%	41%	16%	60%	66%
<i>Verbal admonishment</i>	0%	9%	38%	1%	2%	11%
<i>Community service</i>	0%	2%	0%	9%	56%	51%
<i>Other</i>	7%	9%	3%	7%	2%	4%

³ The National Association of Drug treatment court Professionals, Drug treatment court Standards Committee. (1997). Defining Drug treatment courts: The Key Components. January 1997.

A further analysis of participant compliance produces evidence to support a common theme in the treatment literature: relapse and noncompliance are common aspects of recovery and should not be misconstrued as failure. Table 8 looks at drug test results and warrants issued *only for graduates* in ten drug treatment courts. With the exception of Rochester, at least one-third of graduates had at least one positive drug test while participating in the drug treatment court. In fact, with the exception of Tonawanda, over half of those with a positive drug test tested positive for a serious drug (i.e., heroin, cocaine, or crack), indicating that the relapses are often not minor. While the percentage of graduates incurring at least one warrant varies greatly across these courts, it is still evident that this behavior is common, even among drug treatment court success cases. In Brooklyn, Bronx and Syracuse, for example, over 30% of graduates have warranted.

**Table 8. Relapse as a Necessary Obstacle to Success:
In-Program Compliance of Graduates**

	Brook- lyn	Bronx	Man- hattan	Queens	Suf- folk	Syra- cuse	Roch- ester	Lacka- wan-na	Ith- aca	Tona- wanda
# Graduates	741	223	85	359	328	206	650	143	71	186
DRUG TESTS										
% with at least one positive drug test	74%	35%	72%	47%	57%	56%	17%	41%	61%	41%
% with at least one positive drug test for a serious drug ^a	65%	25%	45%	28%	49%	35%	12%	23%	49%	16%
WARRANTS										
% with at least one warrant	48%	33%	10%	16%	27%	30%	21%	9%	11%	6%

^a "Serious drugs" include heroin, cocaine, and crack.

APPENDIX A.
Change in New York State Drug Court Intake by Year

Drug Treatment Court	Date Implemented	New Participants			Change From Previous Year
		10/99-9/00	10/00-9/01	10/01-9/02	
<i>Adult Drug Treatment Courts</i>					
Albany City ¹	1/00	20	41	27	-14
Albany County	2/02	n/a	n/a	24	24
Amherst	9/96	204	258	355	97
Batavia	2/99	11	12	45	33
Beacon City	3/02	n/a	n/a	6	6
Binghamton City	6/02	n/a	n/a	6	6
Bronx County	3/99	191	197	132	-65
Brooklyn	6/96	265	338	188	-150
Buffalo City	1/96	389	376	360	-16
Canandaigua City	7/00	2	7	22	15
Cheektowaga	6/97	212	249	318	69
Dunkirk City	9/02	n/a	n/a	3	3
Fulton County	7/99	28	16	18	2
Hudson City	6/02	n/a	n/a	13	13
Ithaca City	1/98	31	39	41	2
Jamestown City	2/00	27	23	42	19
Jefferson County	2/02	n/a	n/a	11	9
Kingsbury	5/00	18	23	10	-13
Lackawanna City	1/96	45	29	24	-5
Lockport City	9/00	8	44	65	21
Manhattan Felony	9/98	45	89	218	129
Manhattan Misdemeanor	7/00	69	251	189	-62
Montgomery County	2/01	n/a	9	7	-2
Mt. Vernon	10/00	n/a	39	59	20
Nassau County	2/02	n/a	n/a	37	37
Niagara Falls	12/96	53	130	75	-55
Ontario County	6/02	n/a	n/a	12	12
Orange County	2/02	n/a	n/a	14	15
Oswego County	8/99	28	39	50	11
Otsego County	4/00	9	34	37	3
Poughkeepsie City	3/02	n/a	n/a	7	7
Putnam County	1/02	n/a	n/a	15	15
Queens Misdemeanor	1/02	n/a	n/a	41	41
Queens Supreme	5/98	207	159	160	1
Rensselaer County	6/98	20	11	11	0
Rochester City ²	1/95	528	406	216	-190
Rockland County ³	1/98	41	23	25	2
Schenectady City	11/01	n/a	n/a	28	28
Schenectady County	8/01	n/a	5	82	77
Schuyler County	5/02	n/a	n/a	7	7
Seneca Falls	9/02	n/a	n/a	2	2
Staten Island	3/02	n/a	n/a	17	17
Steuben County	9/02	n/a	n/a	0	0
Suffolk County	9/96	108	119	166	47
Syracuse City	1/97	84	215	270	55
Tompkins County	6/00	1	28	24	-4
Tonawanda City	4/98	57	75	60	-15

APPENDIX A.

Change in New York State Drug Court Intake by Year

Drug Treatment Court	Date Implemented	New Participants			Change From Previous Year
		10/99-9/00	10/00-9/01	10/01-9/02	
Adult Drug Treatment Courts (cont.)					
Troy City	6/98	17	11	15	4
Ulster County - Regional	9/01	n/a	3	30	27
Utica City	10/01	n/a	n/a	53	53
Washington County	12/01	n/a	n/a	15	15
Wayne County	2/02	n/a	n/a	11	11
Yonkers	1/01	n/a	41	38	-3
Total Adult Drug Court Participants		2718	3339	3701	361
Family Drug Treatment Courts					
Dutchess	9/02	n/a	n/a	3	3
Orange	9/02	n/a	n/a	3	3
Suffolk	12/97	53	55	48	-7
Monroe	6/01	n/a	4	33	29
Erie	5/01	n/a	3	68	65
Albany	5/02	n/a	n/a	8	8
Manhattan	3/98	144	101	129	28
Queens	2/02	n/a	n/a	25	25
Nassau	10/01	n/a	n/a	32	32
Rockland	9/01	n/a	5	33	28
Otsego	9/01	n/a	n/a	11	11
Oswego	5/02	n/a	n/a	7	7
Steuben	9/02	n/a	n/a	0	0
Tompkins	4/01	n/a	1	30	29
Total Family Drug Treatment Courts		197	169	430	261
Juvenile Drug Treatment Courts					
Harlem	3/02	n/a	n/a	2	2
Monroe	6/00	10	27	17	-10
Suffolk ⁴	2/02	n/a	n/a	94	94
Total Juvenile Drug Treatment Courts		10	27	113	86
Total		2,925	3,535	4,244	709

Note: Data was submitted by the Drug Treatment Programs. For 10/99-9/00, new participant data was unavailable for the first quarter (10-12/99).

Therefore, the number was extrapolated from the average intake across the three remaining quarters.

¹ Albany City includes cases transferred from the Colonie Town Drug Court.

² Rochester can only provide the number of failed cases beginning 1/98 and did not complete a quarterly report for the periods of 3/31/01 - 6/30/01, 7/1/01 - 9/30/01, and 10/1/01 - 12/31/01.

³ Incomplete data.

⁴ Pilot program opened 12/01

**APPENDIX B. Number of Participants Who Entered Drug
Treatment Courts in New York State as of 9/30/02**

Drug Treatment Court	Date Implemented	Total Number Participants	Open Cases	Warranted Cases	Graduated Cases	Failed Cases
<i>Adult Drug Treatment Courts</i>						
Albany City - Regional ¹	1/00	85	29	0	24	32
Albany County	2/02	24	24	0	0	0
Amherst	9/96	855	196	100	387	172
Batavia City	2/99	114	51	0	43	20
Beacon City	3/02	5	2	3	0	0
Binghamton City	6/02	6	6	0	0	0
Bronx County	3/99	703	250	53	210	190
Brooklyn	6/96	2,161	356	167	837	801
Buffalo City	1/96	1,465	373	106	416	570
Canandaigua City	7/00	45	30	2	2	11
Cheektowaga	6/97	849	162	112	429	146
Dunkirk City	9/02	3	3	0	0	0
Fulton County	7/99	82	34	1	27	20
Hudson City	6/02	13	12	0	0	1
Ithaca City	1/98	216	43	2	76	95
Ithaca County (Tompkins)	6/00	55	37	2	9	7
Jamestown City	2/00	106	46	2	44	14
Jefferson County	2/02	11	10	1	0	0
Kingsbury Town	5/00	47	15	1	21	10
Lackawanna City	1/96	269	50	5	130	84
Lockport City	9/00	124	63	7	11	43
Manhattan Misd.	7/00	435	10	71	338	16
Manhattan Felony	9/98	466	226	59	79	102
Montgomery County	2/01	16	10	0	6	0
Mt. Vernon	10/00	115	56	13	13	33
Nassau County	2/02	46	33	4	0	9
Niagara Falls	12/96	673	83	4	324	262
Ontario County	6/02	12	11	0	0	1
Orange County	2/02	14	13	1	0	0
Oswego County	8/99	123	52	3	21	47
Otsego County	4/00	71	36	0	23	12
Poughkeepsie City	3/02	7	4	0	0	3
Putnam County	1/02	16	12	1	0	3
Queens Misd.	1/02	46	42	3	0	1
Queens Supreme	5/98	744	246	2	337	159
Rensselaer County	6/98	57	8	0	37	12
Rochester City ²	1/95	2,531	380	130	672	1,349
Rockland County ³	1/98	121	33	3	61	24
Schenectady County	8/01	84	63	3	0	18
Schenectady City	11/01	29	22	1	0	6
Schuyler County	5/02	7	7	0	0	0
Seneca Falls	9/02	2	2	0	0	0
Staten Island	3/02	17	17	0	0	0
Steuben County	9/02	0	0	0	0	0

APPENDIX B. Number of Participants Who Entered Drug Treatment Courts in New York State as of 9/30/02

Drug Treatment Court	Date Implemented	Total Number Participants	Open Cases	Warranted Cases	Graduated Cases	Failed Cases
<i>Adult Drug Courts (cont.)</i>						
Suffolk County	9/96	727	160	36	318	213
Syracuse City	1/97	826	203	73	205	345
Tonawanda City	4/98	254	68	18	142	26
Troy City	6/98	83	8	5	49	21
Ulster	9/01	31	27	2	0	2
Utica City	10/01	63	43	7	0	13
Washington County	12/01	16	16	0	0	0
Wayne County	2/02	12	12	0	0	0
Yonkers City	1/01	78	42	8	7	21
Total Adult Court Participants		14,960	3,3737	1,011	5,298	4,914
<i>Family Drug Treatment Courts</i>						
Dutchess	9/02	3	3	0	0	0
Orange	9/02	3	3	0	0	0
Suffolk	12/97	218	69	4	97	48
Monroe	6/01	37	16	3	0	18
Erie	5/01	71	45	11	0	15
Albany	5/02	8	8	0	0	0
Manhattan	3/98	543	207	6	147	183
Queens	2/02	25	25	0	0	0
Nassau	10/01	32	32	0	0	0
Rockland	9/01	38	29	0	4	5
Otsego	9/01	11	10	0	0	1
Oswego	5/02	7	7	0	0	0
Steuben	9/02	0	0	0	0	0
Tompkins	4/01	31	26	0	1	4
Total Family Court Participants		1,027	480	24	249	274
<i>Juvenile Drug Treatment Courts</i>						
Harlem	3/02	2	2	0	0	0
Monroe	6/00	54	22	5	9	18
Suffolk ⁴	2/02	94	86	4	0	4
Total Juvenile Court Participants		150	110	9	9	22
Total		16,137	4,327	1,044	5,556	5,210

Note: Data was submitted by the drug treatment court programs to the Office of Court Administration. Every effort was made to reconcile contradictions in a small number of courts between numbers of participants reported for different fiscal years.

¹ Albany City includes cases transferred from the Colonie Town Drug Court.

² Rochester can only provide the number of failed cases beginning 1/98 and did not complete a quarterly report for the periods of 3/31/01 - 6/30/01, 7/1/01 - 9/30/01, and 10/1/01 - 12/31/01.

³ Incomplete data.

⁴ Pilot program opened 12/01.

APPENDIX C. Drug Treatment Courts in New York State as of 9/30/02

COURT NAME	TYPE	STATUS	DATE OPENED/ PLANNED
Albany County Court	Adult	Operational	Pre-10/02
Albany Family Court	Family	Operational	Pre-10/02
Albany Regional City Court	Adult	Operational	Pre-10/02
Alleghany County Court	Adult	Planning	after 9/03
Alleghany Family Court	Family	Planning	after 9/03
Amherst Town Court	Adult	Operational	Pre-10/02
Auburn City Court	Adult	Planning	10/02-9/03
Batavia City Court	Adult	Operational	Pre-10/02
Beacon City Court	Adult	Operational	Pre-10/02
Bennington Town Court	Adult	Planning	10/02-9/03
Binghamton City Court	Adult	Operational	Pre-10/02
Bronx Family Treatment Court	Family	Planning	after 9/03
Bronx Treatment Court	Adult	Operational	Pre-10/02
Brooklyn Enhanced Drug Treatment Project	Adult	Planning	10/02-9/03
Brooklyn Misdemeanor Treatment Court	Adult	Planning	10/02-9/03
Brooklyn Treatment Court	Adult	Operational	Pre-10/02
Broome Family Court	Family	Planning	after 9/03
Buffalo City Court	Adult	Operational	Pre-10/02
Canandaigua City Court	Adult	Operational	Pre-10/02
Cattaraugus County Court	Adult	Planning	after 9/03
Cayuga County Court	Adult	Planning	after 9/03
Cayuga Family Court	Family	Planning	after 9/03
Chautauqua Family Court	Family	Planning	10/02-9/03
Cheektowaga Town Court	Adult	Operational	Pre-10/02
Chemung County Court	Adult	Planning	10/02-9/03
Chemung Family Court	Family	Planning	10/02-9/03
Chenango County Court	Adult	Planning	10/02-9/03
Chenango Family Court	Family	Planning	after 9/03
Clinton County Court	Adult	Planning	10/02-9/03
Clinton Family Court	Family	Planning	after 9/03
Columbia County Court	Adult	Planning	10/02-9/03
Columbia Family Court	Family	Planning	10/02-9/03
Corning City Court	Adult	Planning	10/02-9/03
Cortland City Court	Adult	Planning	10/02-9/03
Cortland Family Court	Family	Planning	after 9/03
Delaware County Court	Adult	Planning	after 9/03
Delaware Family Court	Family	Planning	after 9/03
Dunkirk City Court	Adult	Operational	Pre-10/02
Dutchess County Court	Adult	Planning	10/02-9/03
Dutchess Family Court	Family	Operational	Pre-10/02
East End Drug Court	Adult	Planning	after 9/03

APPENDIX C. Drug Treatment Courts in New York State as of 9/30/02

Court Name	Type	Status	Date Opened / Planned
Erie Family Court	Family	Operational	Pre-10/02
Erie Juvenile Court	Juvenile	Planning	10/02-9/03
Essex County Regional	Adult	Planning	after 9/03
Essex Family Court	Family	Planning	after 9/03
Franklin County Regional	Adult	Planning	after 9/03
Franklin Family Court	Family	Planning	after 9/03
Fulton County Court	Adult	Operational	Pre-10/02
Fulton Family Court	Family	Planning	after 9/03
Genesee County Court	Adult	Planning	after 9/03
Genesee Family Court	Family	Planning	after 9/03
Greene County Court	Adult	Planning	after 9/03
Greene Family Court	Family	Planning	after 9/03
Greenburg Town Justice Court	Adult	Planning	10/02-9/03
Hamburg Town Court	Adult	Planning	10/02-9/03
Harlem Juvenile Intervention Court	Juvenile	Operational	Pre-10/02
Herkimer County Court	Adult	Planning	10/02-9/03
Herkimer Family Court	Family	Planning	after 9/03
Hornell City Court	Adult	Planning	10/02-9/03
Hudson City Court	Adult	Operational	Pre-10/02
Ithaca City Court	Adult	Operational	Pre-10/02
Jamestown City Court	Adult	Operational	Pre-10/02
Jefferson County Court	Adult	Operational	Pre-10/02
Jefferson Family Court	Family	Planning	10/02-9/03
Kingsbury Town Court	Adult	Operational	Pre-10/02
Lackawanna City Court	Adult	Operational	Pre-10/02
Lewis County Court	Adult	Planning	after 9/03
Lewis Family Court	Family	Planning	after 9/03
Livingston County Court	Adult	Planning	10/02-9/03
Livingston Family Court	Family	Planning	after 9/03
Lockport City Court	Adult	Operational	Pre-10/02
Madison County Court	Adult	Planning	after 9/03
Madison Family Court	Family	Planning	after 9/03
Manhattan Family Treatment Court	Family	Operational	Pre-10/02
Manhattan Felony Treatment Court	Adult	Operational	Pre-10/02
Manhattan Misdemeanor Treatment Court	Adult	Operational	Pre-10/02
Monroe Family Court	Family	Operational	Pre-10/02
Monroe Juvenile Court	Juvenile	Operational	Pre-10/02
Montgomery County Court	Adult	Operational	Pre-10/02
Montgomery Family Court	Family	Planning	10/02-9/03
Mt. Kisco Town Justice Court	Adult	Planning	10/02-9/03
Mt. Vernon City Court	Adult	Operational	Pre-10/02
Nassau Family Treatment Court	Family	Operational	Pre-10/02
Nassau Treatment Court	Adult	Operational	Pre-10/02

APPENDIX C. Drug Treatment Courts in New York State as of 9/30/02

Court Name	Type	Status	Date Opened / Planned
New Rochelle City Court	Adult	Planning	10/02-9/03
Newburgh City Court	Adult	Planning	after 9/03
Niagara County Court	Adult	Planning	after 9/03
Niagara County Family Court	Family	Planning	10/02-9/03
Niagara Falls City Court	Adult	Operational	Pre-10/02
North Tonawanda City	Adult	Planning	10/02-9/03
Norwich City Court	Adult	Planning	after 9/03
Ogdensburg City Court	Adult	Planning	10/02-9/03
Olean/Salamanca City Court	Adult	Planning	10/02-9/03
Oneida Family Court	Family	Planning	10/02-9/03
Onondaga Family Court	Family	Planning	after 9/03
Ontario County Court	Adult	Operational	Pre-10/02
Ontario Family Court	Family	Planning	after 9/03
Ontario Juvenile Court	Juvenile	Planning	10/02-9/03
Orange County Court	Adult	Operational	Pre-10/02
Orange Family Court	Family	Operational	Pre-10/02
Orleans County Court	Adult	Planning	after 9/03
Oswego County Court	Adult	Operational	Pre-10/02
Oswego Family Court	Family	Operational	Pre-10/02
Otsego County Court	Adult	Operational	Pre-10/02
Otsego Family Court	Family	Operational	Pre-10/02
Peekskill City Court	Adult	Planning	10/02-9/03
Plattsburgh City Court	Adult	Planning	10/02-9/03
Port Jervis City Court	Adult	Planning	after 9/03
Poughkeepsie City Court	Adult	Operational	Pre-10/02
Putnam County Court	Adult	Operational	Pre-10/02
Putnam Family Court	Family	Planning	10/02-9/03
Queens Family Treatment Court	Family	Operational	Pre-10/02
Queens Misdemeanor Treatment Court	Adult	Operational	Pre-10/02
Queens Treatment Court	Adult	Operational	Pre-10/02
Rensselaer County Court	Adult	Operational	Pre-10/02
Rensselaer Family Court	Family	Planning	10/02-9/03
Rensselaer Regional (Troy City)	Adult	Operational	Pre-10/02
Rochester City Court	Adult	Operational	Pre-10/02
Rockland County Court	Adult	Operational	Pre-10/02
Rockland Family Court	Family	Operational	Pre-10/02
Saratoga City Court	Adult	Planning	10/02-9/03
Saratoga County Court	Adult	Planning	10/02-9/03
Saratoga Family	Family	Planning	10/02-9/03
Schenectady City Regional	Adult	Operational	Pre-10/02
Schenectady County Court	Adult	Operational	Pre-10/02
Schenectady Family Court	Family	Planning	after 9/03
Schoharie County Court	Adult	Planning	10/02-9/03

APPENDIX C. Drug Treatment Courts in New York State as of 9/30/02

Court Name	Type	Status	Date Opened / Planned
Schoharie Family Court	Family	Planning	10/02-9/03
Schuyler County Court	Adult	Operational	Pre-10/02
Schuyler Family Court	Family	Planning	after 9/03
Seneca County Court	Adult	Planning	10/02-9/03
Seneca Falls Town Court	Adult	Operational	Pre-10/02
Seneca Family Court	Family	Planning	after 9/03
St. Lawrence Family Court	Family	Planning	10/02-9/03
Staten Island Treatment Court	Adult	Operational	Pre-10/02
Steuben County Court	Adult	Operational	Pre-10/02
Steuben Family Court	Family	Operational	Pre-10/02
Suffolk Family Court	Family	Operational	Pre-10/02
Suffolk Juvenile Treatment Court	Juvenile	Operational	Pre-10/02
Suffolk Treatment Court	Adult	Operational	Pre-10/02
Sullivan County Regional	Adult	Planning	10/02-9/03
Sullivan Family Court	Family	Planning	10/02-9/03
Syracuse City Court	Adult	Operational	Pre-10/02
Tioga County Court	Adult	Planning	10/02-9/03
Tioga Family Court	Adult	Planning	10/02-9/03
Tompkins County Court	Adult	Operational	Pre-10/02
Tompkins Family Court	Family	Operational	Pre-10/02
Tonawanda City Court	Adult	Operational	Pre-10/02
Tonawanda Juvenile Court	Juvenile	Operational	Pre-10/02
Ulster Family	Family	Planning	10/02-9/03
Ulster Regional (Kingston City)	Adult	Operational	Pre-10/02
Utica City Court	Adult	Operational	Pre-10/02
Warren County Court	Adult	Planning	10/02-9/03
Warren Family Court	Family	Planning	after 9/03
Washington County Court	Adult	Operational	Pre-10/02
Washington Family Court	Family	Planning	10/02-9/03
Watertown City Court	Adult	Planning	after 9/03
Wayne County Court	Adult	Operational	Pre-10/02
Wayne Family Court	Family	Planning	10/02-9/03
Westchester Family Court	Family	Planning	10/02-9/03
White Plains City Court	Adult	Planning	10/02-9/03
Wyoming County Court	Adult	Planning	10/02-9/03
Wyoming Family Court	Family	Planning	after 9/03
Yates County Court	Adult	Planning	10/02-9/03
Yates Family Court	Family	Planning	after 9/03
Yonkers City Court	Adult	Operational	Pre-10/02

Planning dates in bold.