



**Criminal Court**  
of the  
**City of New York**

**Drug Court Initiative**  
**Annual Report**  
**2010**

**Hon. Fern Fisher**  
Deputy Chief Administrative Judge—NYC

**Justin Barry**  
Chief Clerk

**Lisa Lindsay**  
Citywide Problem Solving Courts Coordinator





**CRIMINAL COURT OF THE CITY OF NEW YORK  
DRUG COURT INITIATIVE  
2010 ANNUAL REPORT**  
Published November 2011

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**HIGHLIGHTS**

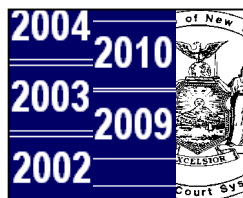
**What's New**



Pg 5

Forewords by the City-wide Problem Solving Courts Coordinator.

**The Timeline**



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Take a closer look at the events that has changed Drug Court.

**Word-for-Word**



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The CEC has been open for more than a year. Voc/Ed Case Manger II Yadira Moncion speaks about it.

## Calendar Year 2010 - Executive Summary

This report profiles the judges, staff and participants of the New York City Criminal Court Drug Court Initiative. Implemented in 1998 with the opening of the Manhattan Treatment Court, the Drug Court Initiative was developed to make treatment available to non-violent, substance-abusing offenders as an alternative to incarceration with the goal of reducing criminal behavior and improving public safety. Over the course of the last twelve years the Drug Court Initiative has expanded to include courts in all five counties of the City of New York, including Bronx Treatment Court, Staten Island Treatment Court, Queens Misdemeanor Treatment Court, Queens Misdemeanor Treatment Court, Screening & Treatment Enhancement Part, Misdemeanor Brooklyn Treatment Court, Manhattan Misdemeanor Treatment Court and Bronx Misdemeanor Treatment Court. In order to make these programs accessible to all eligible offenders, Criminal Court implemented a Comprehensive Screening Program to evaluate every person charged with a criminal offense to determine appropriateness for court-monitored substance abuse treatment.

Each court was developed with input from local prosecutors, the defense bar, treatment providers, probation and parole officials and court personnel and all operate under a deferred sentencing model with participants pleading guilty to criminal charges prior to acceptance into the program.

Successful completion of the program results in a non-jail disposition which typically involves a withdrawal of the guilty plea and dismissal of the charges. Failure to complete brings a jail or prison sentence. All of the drug courts recognize the disease concept of addiction and utilize schedule of interim sanctions and rewards, bringing swift and sure judicial recognition of infractions and treatment milestones. Judges, lawyers and clinical staff recognize that relapse and missteps are often part of the recovery process, but participants are taught that violations of court and societal rules will have immediate, negative consequences. This successful drug court model, together with our excellent judges, clinical and court staff, are responsible for Drug Court Initiative's high retention and graduation rates.

### Some 2010 Drug Court Initiative milestones:

- 5,699 defendants were referred to drug courts for evaluation (includes the Judicial Diversion Courts);
- 566 defendants agreed to participate and pled guilty; and
- 118 participants graduated from drug court.

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# 6,442

The total number of drug court pleas citywide between 1998 and 2010.

Supreme Court Drug Courts are not included in this figure. They include Bronx Treatment Court (BxTC), Brooklyn Treatment Court (BTC), Queens Treatment Court (QTC) and Manhattan Diversion Court (MDC).

### NOTE:

- Depending on the court, not everyone who is referred is entered into the UTA.
- Statistical results originate from data inputted in UTA between 1/1/10 and 12/31/10.



## Introduction – Citywide Problem Solving Courts Coordinator

By Lisa Lindsay

On behalf of the New York City Criminal Court, I am pleased to present the 2010 Drug Court Initiative Annual Report. Through comprehensive judicially supervised drug treatment, the Drug Treatment Court continued its mission to hold criminal offenders accountable and increase the likelihood of successful rehabilitation. The court forces the offender to deal with his/her substance abuse, allowing them to become productive and responsible members of society. As is always the case, the foundation of this success is the hard work of all of the judges, court and clinical staff who transform the lives of addicted offenders and make New York City a safer place.

In 2010, Judicial Diversion completed its first full year. Judicial Diversion expanded treatment alternatives to a greater cross section of non-violent, felony offenders and it gave the Judge discretion in allowing a number of defendants participation in drug treatment. In New York and Richmond counties, Criminal Court partnered with Supreme Court by sharing clinical staff and other resources to assess and monitor the new participants.

After opening in 2009, the Career and Educational Center continued to provide educational, job readiness and vocational services to every drug court participant in Kings and New York Counties. In addressing substance abuse and dependency, it is equally important to address some of the other root causes of a defendant's criminal behavior—the lack of resources in both education and vocation. Dedicated Voc/Ed counselors provide these services to every drug court participant. The Brooklyn Career and Educational Center is profiled in this Annual Report.

Many individuals and organizations continue to play a role in the successes outlined in these pages. Criminal Court wishes to acknowledge the Deputy Chief Administrative Judge for New York City Courts Fern Fisher for the support provided to all of the City's drug courts.



**Lisa Lindsay**  
Citywide Problem Solving Courts Coordinator

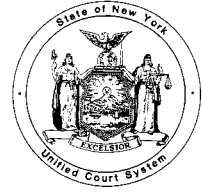
Supervising Judges William Miller (Kings), Melissa Jackson (New York), Deborah Stevens Modica (Queens), Alan Meyer (Richmond) work hand-in-hand with central administration to make these programs successful.

Director of the Unified Court System's Office of Policy and Planning Hon. Judy Harris Kluger and her staff, especially Bruna DiBiasi, Joseph Parisio and Sky Davis have been instrumental in their support, both technical and administrative, as have Michael Magnani and Ann Bader from UCS Division of Grants and Program Development.

The five NYC offices of the District Attorney's along with the citywide Office of the Special Narcotics Prosecutor deserve special mention for the support they have shown these innovative programs. The Legal Aid Society and the other defender associations throughout the city have also helped make this initiative a reality. Without our partners in the treatment community, drug courts would not be able to exist.



# NYC DRUG COURT TIMELINE



2010

In October, three Manhattan Diversion Court (MDC), Supreme Court parts MDC-N, MDC-92 and MDC-73, opens

2009

In August, Queens Mental Health Court opens

In August, the Brooklyn and Manhattan Career and Educational Centers opens



2007

The Staten Island Treatment Court's misdemeanor part, begins to take cases

2004

The Screening Treatment Enhancement Part (STEP) and the Misdemeanor Brooklyn Treatment Court (MBTC) both open



2003

Queens Misdemeanor Treatment Court (QMTC) opens

2002

Inception of the Staten Island Treatment Court felony part (SITCF)

2000

Chief Judge Judith Kaye announces her plan to implement drug court in every county



1998

Manhattan Misdemeanor Treatment Court (MMTC) opens in the spring

1996

The first felony domestic violence court opens in Brooklyn

In the fall, Manhattan Treatment Court (MTC), a felony drug part opens



1995

The first drug court opens in Rochester

1993

New York's first community court opens in Midtown Manhattan





## Summary Information - All Courts

### Eligibility Criteria

Eligibility criteria are determined by the specific target populations decided by the steering committees during the planning phase of each drug court.

See the table below for specific eligibility criteria in each court.

|                               | MBTC                             | MMTC                             | MTC  | QMTc                             | SITC  | STEP  |
|-------------------------------|----------------------------------|----------------------------------|--|----------------------------------|---|---|
| Target Population             | Persistent Misdemeanor Offenders | Persistent Misdemeanor Offenders | Non-violent first felony offenders & Probation Violators | Persistent Misdemeanor Offenders | Non-violent first felony offenders & Persistent Misdemeanor Offenders | Non-violent first felony offenders, adolescents |
| <b>Specific Criteria</b>      |                                  |                                  |  |                                  |   |   |
| Drug Sale - Felony            | N                                | N                                | Y  | N                                | Y   | Y   |
| Drug Possession - Felony      | N                                | N                                | Y  | N                                | Y   | Y   |
| Drug Possession - Misdemeanor | Y                                | Y                                | N  | Y                                | Y   | Y*  |
| DWI                           | N                                | N                                | N  | N                                | N†  | N   |
| Non-Drug Charge - Felony      | N                                | N                                | N  | N                                | Y   | Y   |
| Non-Drug Charge - Misdemeanor | Y                                | Y                                | N  | Y                                | Y   | Y*  |
| Violations of Probation       | Y                                | Y                                | Y  | Y                                | N   | Y   |
| Prior Felonies                | Y                                | Y                                | N  | N                                | Y**   | N††   |
| Ages                          | 16+                              | 16+                              | 16+  | 16+                              | 16+   | 16+   |

\* Where the prosecutor has agreed to reduce the charges, STEP will accept pleas on some misdemeanor cases.

\* Misdemeanor cases only

† SITC is exploring the possibility of accepting DWI cases in the drug court program.

† † Defendant allowed to participate upon plea of guilty to misdemeanor offense may have prior felony convictions.

#### Key to Drug Court Acronyms:

MBTC - Misdemeanor Brooklyn Treatment Court

MMTC - Manhattan Misdemeanor Treatment Court

MTC - Manhattan Treatment Court

QMTc - Queens Misdemeanor Treatment Court

SITC - Staten Island Treatment Court

STEP - Screening & Treatment Enhancement Part (Brooklyn)



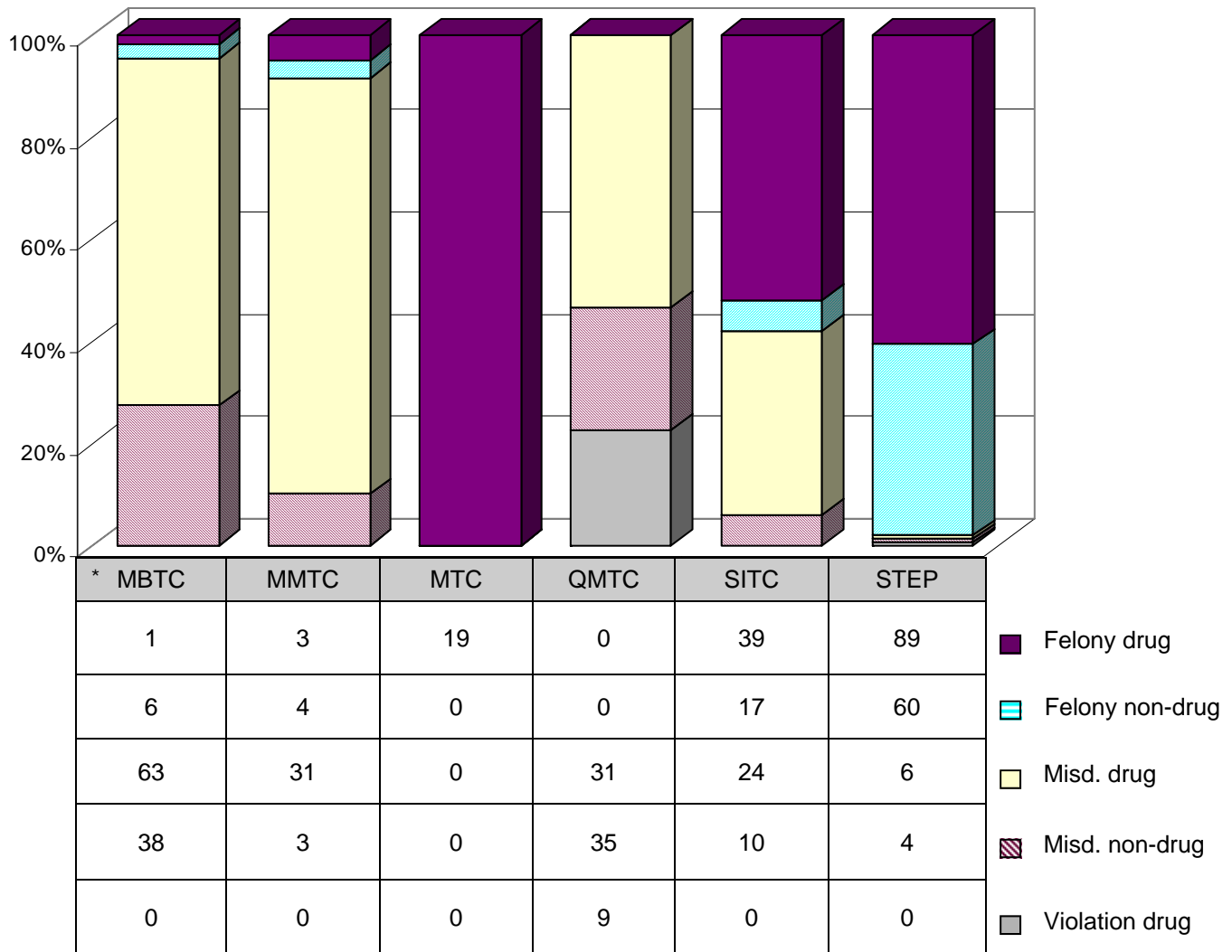
## Summary Information - All Courts

### Types of Arraignment Charges

For purpose of analysis, the arraignment charges of defendants entering into our drug courts are divided into felony/misdemeanor and drug/non-drug designations. About **forty-two percent (42%)** of drug court participants

were arraigned on felony charges - and of those, **63%** were arraigned on drug charges. **Forty-four percent (44%)** of participants were arraigned on misdemeanor charges - and of those **64%** were arraigned on drug charges.

2010 Arraignment Charge of Drug Court Participants (Percentage of Total)

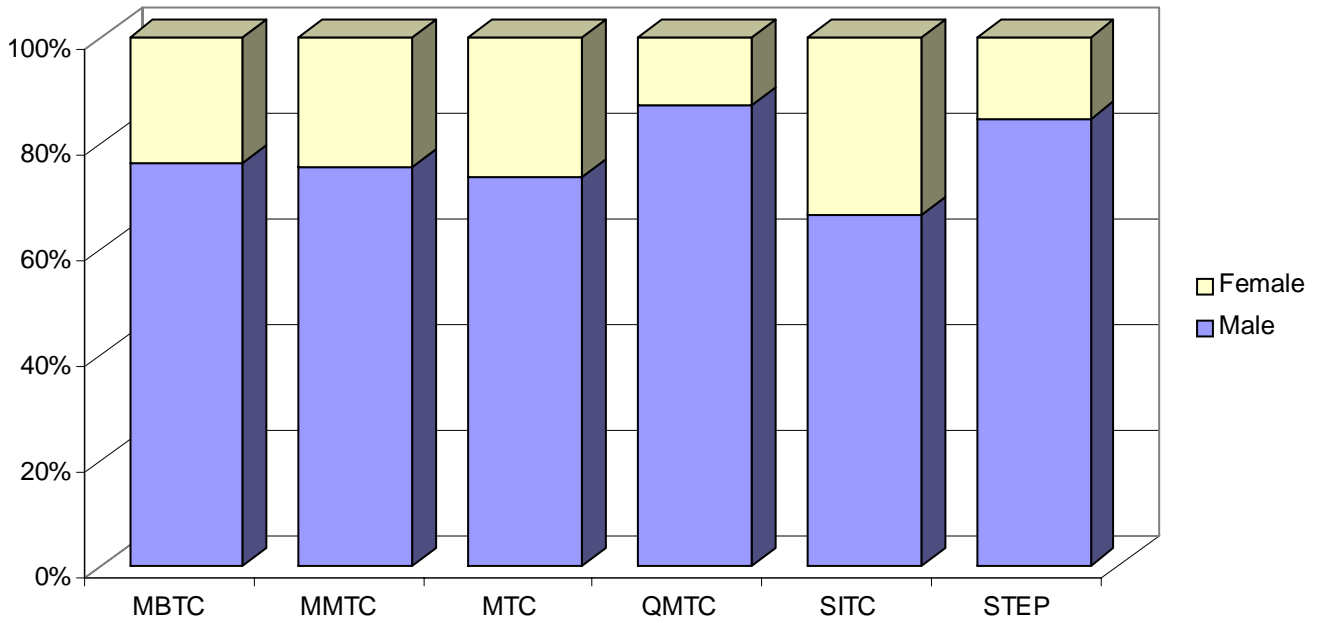


\*Chart illustrates the number of participants arraigned for each drug court.

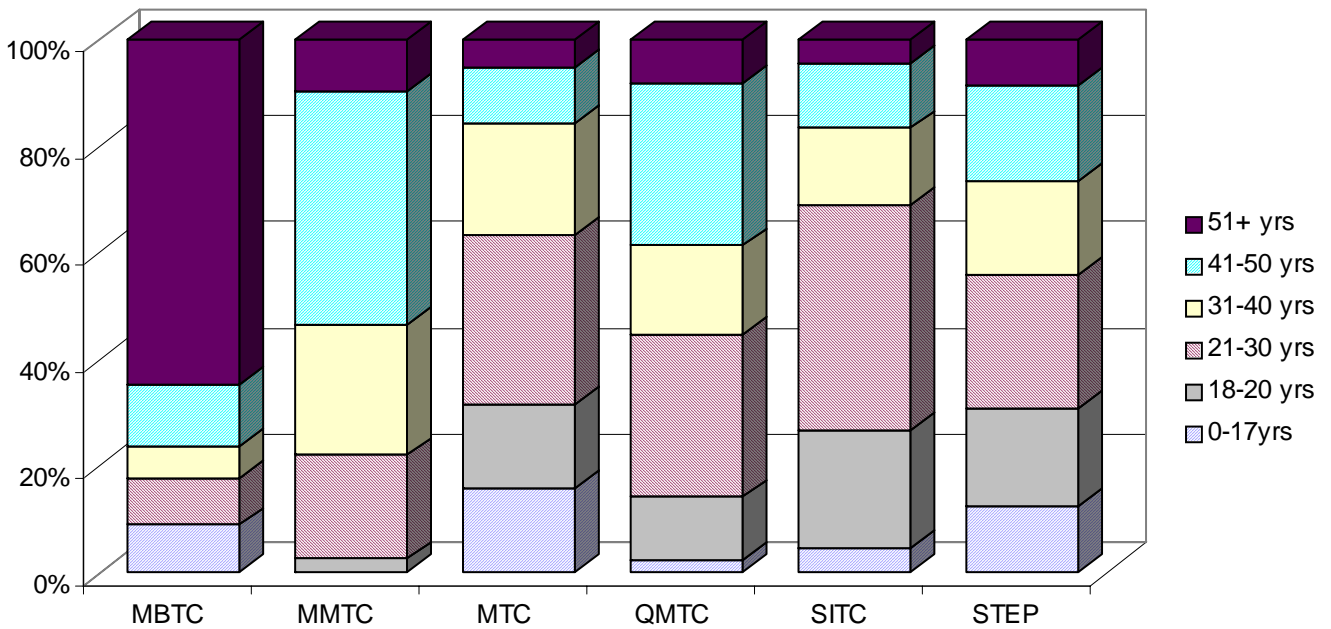




2010 Gender of Drug Court Participants (Percentage of Total)



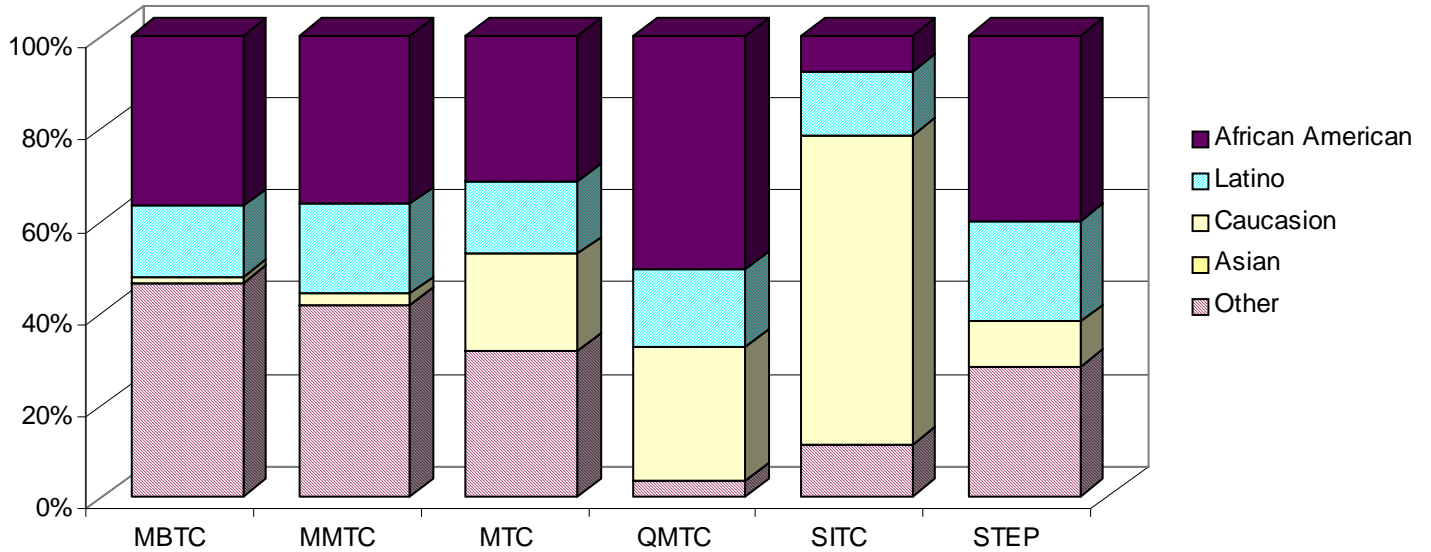
2010 Age of Drug Court Participants (Percentage of Total)



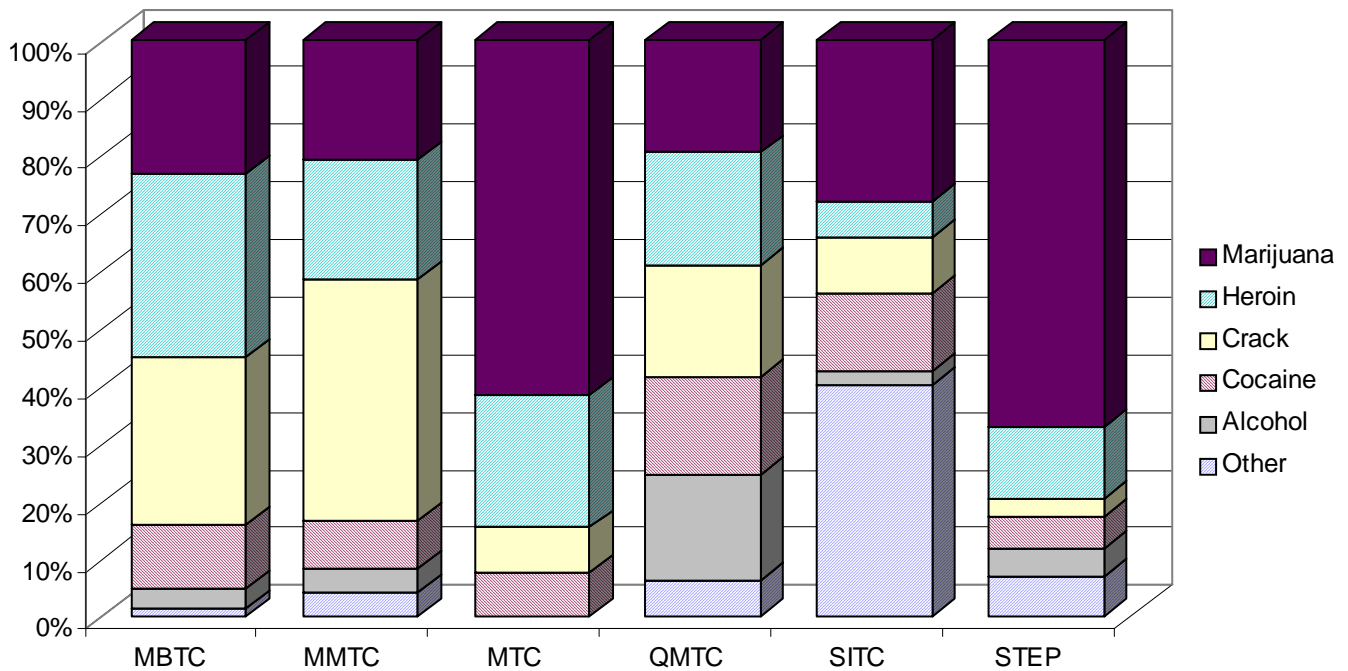


## Summary Information - All Courts

2010 Ethnicity of Drug Court Participants (Percentage of Total)



2010 Drug of Choice of Drug Court Participants (Percentage of Total)



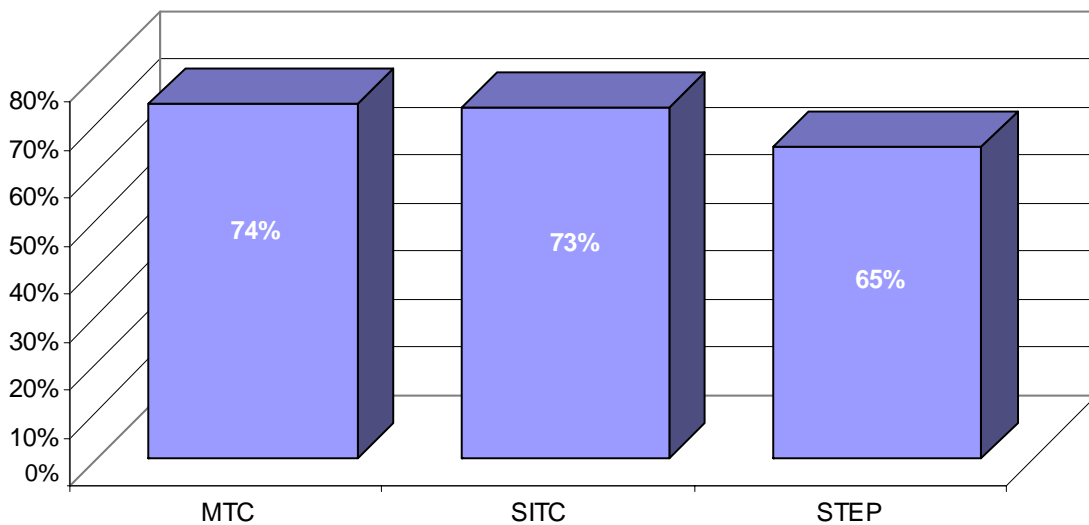


### Retention Rates - All Courts

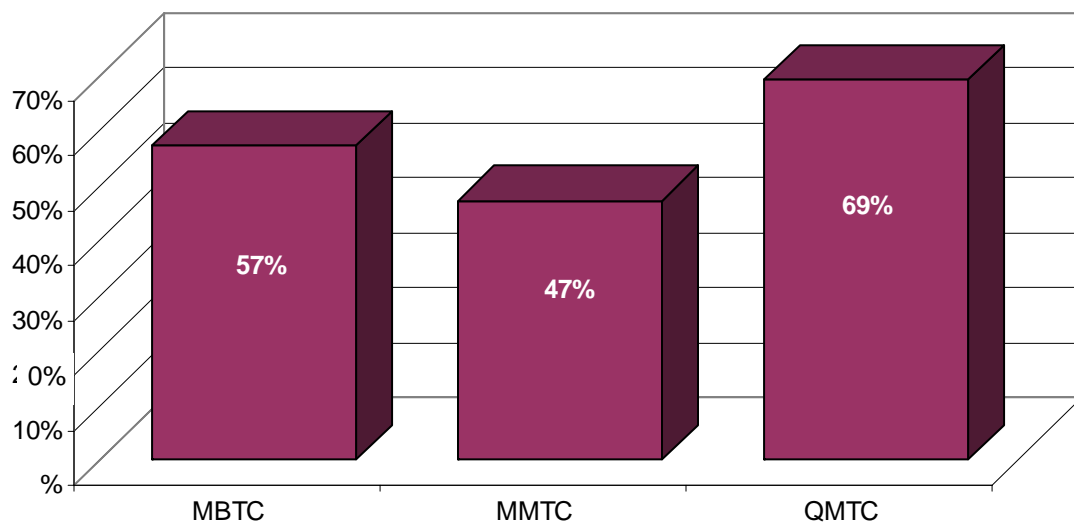
Nationally, retention rates are used to indicate the percentage of participants with positive outcomes within the treatment process. Retention rates are a critical measure of program success; a one year retention rate indicates the percentage of participants who, exactly one year after entering drug court, had

either graduated or remained active in the program. The average retention rate for felony courts in the Drug Treatment Court Initiative is 71%. Misdemeanor courts were not included in the analysis of one year retention rates since the length of treatment is shorter (between 8-9 months). The average retention rate for Misdemeanor courts in the Drug Treatment Court Initiative is 58%.

2010 Felony Drug Court Retention Rates (One Year)



2010 Misdemeanor Drug Court Retention Rates (Six Months)





## Comprehensive Screening

The Comprehensive Screening Project was started in Brooklyn in 2003 and expanded to the Bronx in 2005, Queens in 2006 and Manhattan in 2009. Because of its less complex case tracking process, the Staten Island drug court judge is able to review all defendants for drug court participation. The program screens every criminal defendant's eligibility for court-monitored substance abuse treatment. Screening is a three step process completed within a short time frame. Assessment includes a review of each defendant's case by a court clerk before a defendant's initial court appearance, a review by the prosecutor's office, followed by a detailed clinical assessment and, when possible, a urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in court-monitored substance abuse treatment. All of this is completed quickly—some counties within twenty-four hours of arraignment—and without any negative effect on arrest-to-arraignment times. An amazing effort!

### Problems with Prior Screening

This Project coordinates and integrates the screening for drug treatment programs. Screening was developed as a coordinated response to two previously systemic problems:

**Missed Opportunities:** The past system of screening drug offenders, suffered from lack of coordination and integration, resulting in dozens of treatment eligible offenders "falling between the cracks" each year. In some cases, this meant that defendants were not referred to treatment as quickly or as efficiently as possible, in others, it meant that treatment-eligible offenders may not have received any treatment at all.

**Wasted resources:** Flaws in the previous sys-

tem also resulted in many cases being sent to drug courts and other court-monitored substance abuse treatment programs that were ultimately deemed ineligible for the program. This created system inefficiency - wasted assessments, unnecessary court appearance, multiple urine tests - that made it difficult for the various treatment programs to expand its capacity or serve new clients.

### Principles

Comprehensive Screening was developed and now operates using the following principles:

**Universal:** Every defendant arrested should be screened for eligibility in court-monitored treatment. Evenhanded justice requires that all defendants be evaluated for eligibility.

**Speed:** Speed in screening accomplishes three primary goals - 1) reaching an addicted offender at a moment of crisis, his arrest, 2) allowing, when appropriate, clinical staff to use an objective tool, the urine toxicology screen, to assist in determination of addiction severity, and 3) allowing the court, prosecutor and defense lawyers to conserve valuable resources by directing eligible and interested offenders into treatment at the very beginning of the criminal filing.

**Accuracy and Efficiency:** Conservation of resources requires the screening be done with skill and accuracy that results in all eligible offenders being screened and ineligible offenders being excluded from subsequent and more intensive clinical screening at the earliest stage of the process.

**Integration:** The screening process should be fully integrated in the regular case processing system.

**Centralization:** Once eligibility and interest in court-monitored substance abuse treatment



has been determined, these program should be concentrated in treatment courts that have the expertise, experience and clinical staff to successfully monitor continued treatment progress, leaving the regular court parts with the ability to handle their remaining cases with greater efficiency.

**Screening**

Screening is a three-step process. Step 1 is a paper screening at arraignments where court clerks identify all defendants charged with a designated offense and requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to a treatment court. Eligible cases are adjourned for a short date in the treatment court. Step 2 includes a review by the District Attorney for preliminary consent to treatment alternative. Step 3 involves an assessment by court clinical staff and, in some instances, a urine toxicology screen test.

**Results**

The charts on the following page show the results of the comprehensive screening program. Referrals and pleas for all drug courts throughout the city, including those administered by Supreme Court, are reported since Criminal Court staff participate in the screening for these courts.

**Statistical Information**

An analysis of the number of defendants screened in each borough, since Comprehensive Screening was implemented in Brooklyn, shows the striking differences in the way that drug court eligible defendants are identified. In 2010, the Brooklyn drug courts accounted for 76% of all defendants referred to a drug court for assessment. These three Brooklyn drug courts also accounted for 48% of all new participants. The Bronx drug courts account for 11% of the city referrals and 25% of new participants. Queens accounted for 15% of referrals and 14% of new participants. (See Charts on Page 14)

**Conclusion**

Comprehensive Screening in New York City has developed a whole new approach for identifying eligible drug court participants. Instead of relying on sometimes overtaxed and overburdened judges or lawyers to identify drug court candidates, the Comprehensive Screening program trains court clerical staff to identify all eligible defendants resulting in a much larger eligible pool. The resulting number of defendants who agree to participate is also larger.

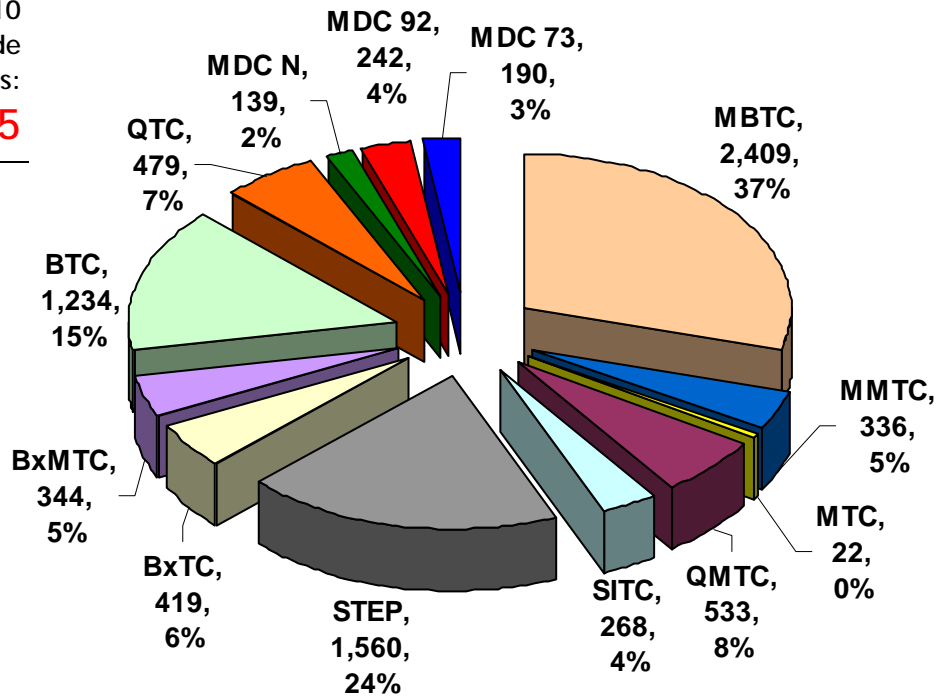
**A comprehensive screening operation chart has been placed in each court section.**

| COURT REFERRAL SOURCE                  |   |
|--|---|
| Manhattan Misdemeanor Treatment Court  | Arraignment Clerks                              |
| Manhattan Treatment Court              | Arraignment Clerks, Office of Special Narcotics |
| Misdemeanor Brooklyn Treatment Court   | Arraignment Clerks                              |
| Queens Misdemeanor Treatment Court     | Arraignment Clerks                              |
| Screening & Treatment Enhancement Part | Arraignment Clerks                              |
| Staten Island Treatment Court          | District Attorney                               |



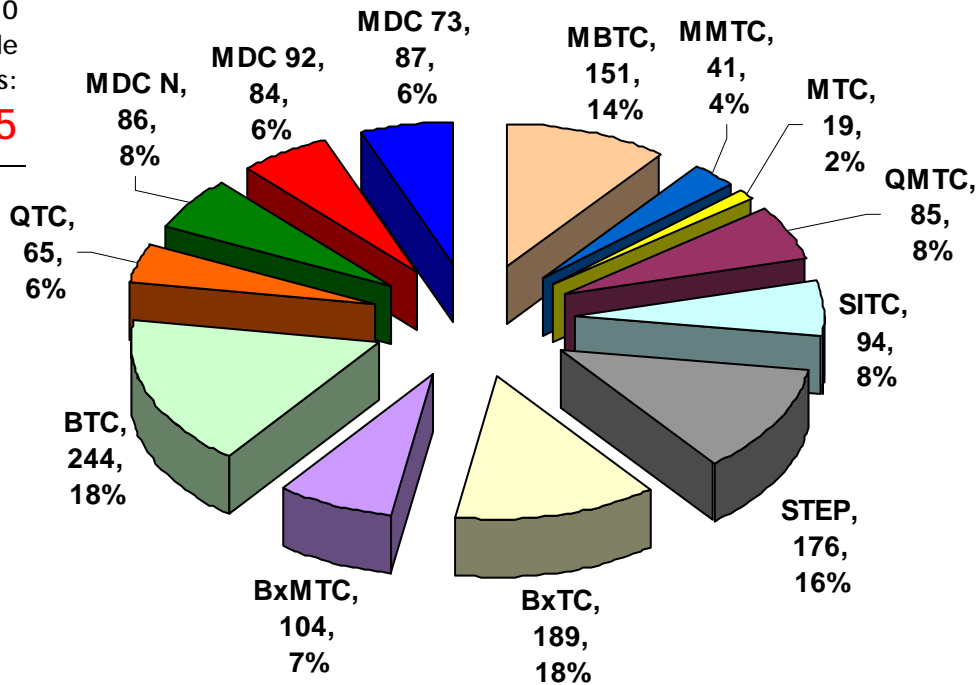
**\*2010 Drug Court Referrals - Citywide**

2010  
Citywide  
Referrals:  
**8,175**



**\*2010 Drug Court Pleas - Citywide**

2010  
Citywide  
Pleas:  
**1,425**



\* Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.



## Comprehensive Screening

### Length of Time - Arrest to Assessment & Assessment to Plea

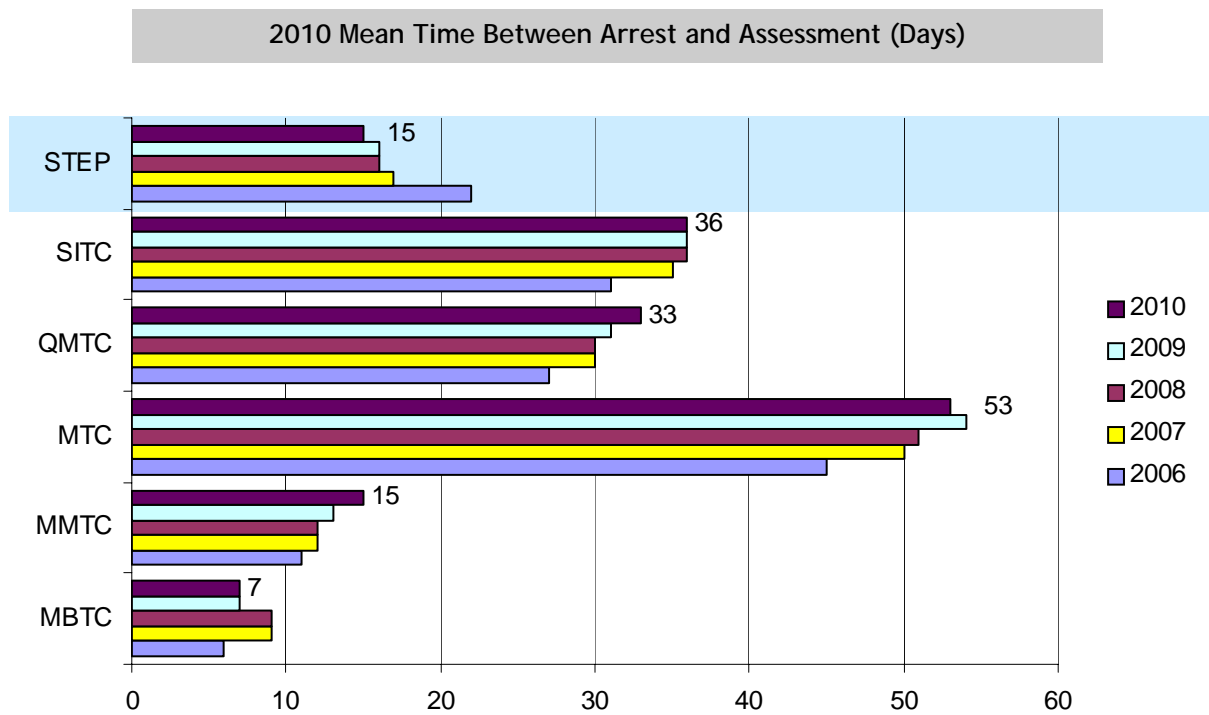
Length of time between arrest and assessment (intake) varies from court to court and delays can frequently be linked to the referral source.

On average, it takes less than two months for defendants to be assessed for treatment in

SITC and MTC, and once referred, defendants can wait close to an additional month (on average) before executing a contract/plea agreement.

### Length of Time - Full Intake ( Arrest to Plea)

See the next page for average length of time between arrest and plea.



In 2010, the average time between arrest and assessment for STEP is 15 days.

# 37,285

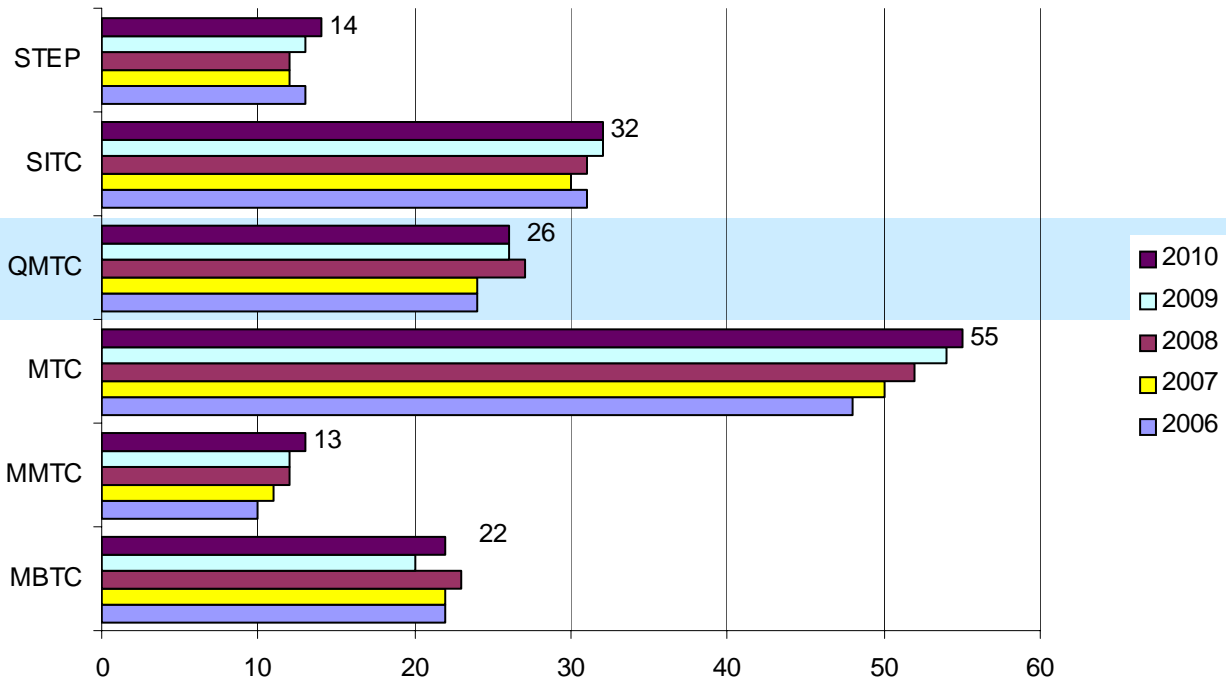
The total number of drug court referrals citywide between 1998 and 2010.

Supreme Court Drug Courts are not included in this figure. They include Bronx Treatment Court (BxTC), Brooklyn Treatment Court (BTC), Queens Treatment Court (QTC) and Manhattan Diversion Court (MDC).



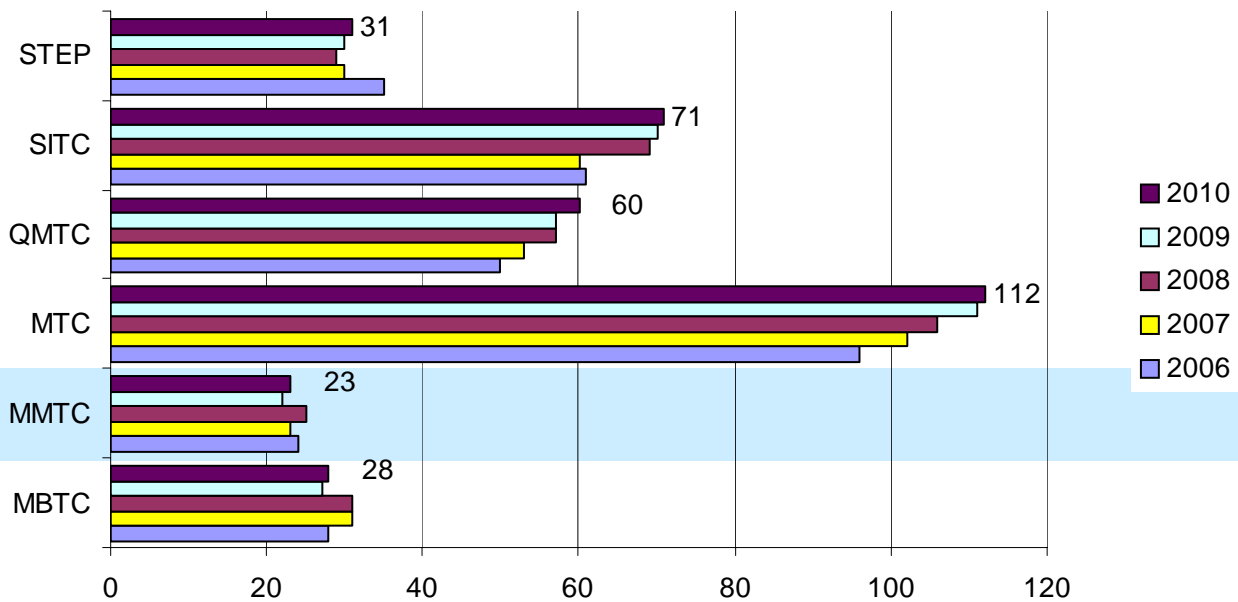


### 2010 Mean Time Between Assessment and Plea (Days)



In 2010, the average time between assessment and plea for QMTC is 26 days.

### 2010 Mean Time Between Arrest and Plea (Days)



In 2010, the average time between arrest and assessment for MMTC is 23 days.



## Word-for-Word: An Update on the Career and Educational Center

By Yadira Moncion, Brooklyn Vocational/Educational Case Manager II



The Screening and Treatment Enhancement Program (STEP) and the Misdemeanor Brooklyn Treatment Court (MBTC) Career Educational Center (CEC) opened its doors in August 2009. The STEP/MBTC CEC provides vocational/educational services to participants mandated to MBTC and STEP. The goal of the CEC has been to enhance access to educational and vocational resources and to increase a participant's chance for successful completion of their treatment court mandate. Since its opening, the center has provided services to over 400 participants.

MBTC targets adult misdemeanor offenders and STEP targets first time felony offenders. The Vocational Educational Counselor provides access to a continuum of services that help participants prepare for life after their treatment court mandate. Participants are assessed by the Vocational Counselor simultaneously with their agreement to participate. A vocational contract is created and ensures that a vocational/educational plan is in place for each individual. Each participant is counseled on their educational needs, such as GED and/or college preparatory. Then the participant is placed in an appropriate vocational/educational program.

Participants are administered educational testing, such as the TABE (Test of Adult Basic Education) Test, to determine an appropriate school setting. In addition, participants are given the Work Motivation Scale, an instrument used to assist individuals in career development and planning, and the Transition-to-Work Inventory, which is used to help individuals transition their career transition more effectively. In February 2010 the CEC collaborated with the Department of Education and has successfully maintained a GED program within the Criminal Court Building for participants from the ages of 16-20 who do not possess a high school diploma. To date, 12 young men and women have received their GED's.



Manhattan Career and Educational Center

Participants currently receive employment counseling and attend work readiness workshops at the Center. Workshops cover topics such as professional development, motivation & goal setting, interviewing tips, job search, decision making skills and techniques, and communication skills. Once a month a Male Dress & Presentation Skills for Career Success workshop is conducted utilizing a mannequin to demonstrate different attires needed for diverse work settings. A clothes closet is maintained for participants that may need attire for court or job interviews. Participants receive resume development assistance utilizing the Winway Resume program and are able to learn or increase their typing skills utilizing the Mavis Beacon Program. In addition, participants have access to computers that are internet ready for activities such as job search or creating an email account. We also have a library and encourage all of our participants to borrow a book and discuss it with the staff.

**"IF IT WASN'T FOR THE CEC COUNSELOR, I WOULD NOT HAVE BEEN ABLE TO FIND A JOB" - Participant**

STEP/MBTC Career Educational Center continues to create linkages with community organizations in order to provide our participants with the best resources available. Some of the programs the CEC works with include, but are not limited to, the EPRA, Brooklyn Educational Opportunity Center, The HOPE Program, Brooklyn Adult Learning Center, New York City College of Technology Green Maintenance Program, ACCESS-VR, Good Shepherd Services and Opportunities for a Better Tomorrow. We expect to continue providing these quality services that not only improve the lives of our participants but the quality of our communities.



# Bronx Treatment Court & Bronx Misdemeanor Treatment Court

## Program Description

### Staff

|                  |  |
|------------------|--|
| Presiding Judge  | Hon. Laura Safer Espinoza  |
| Project Director | Martha Epstein   |
| Resource Coord.  | William Rosario  |
| Case Managers    | Eligia Carradero<br>D'Wana Haynesworth<br>Jeffrey Martinez<br>Russell Oliver |

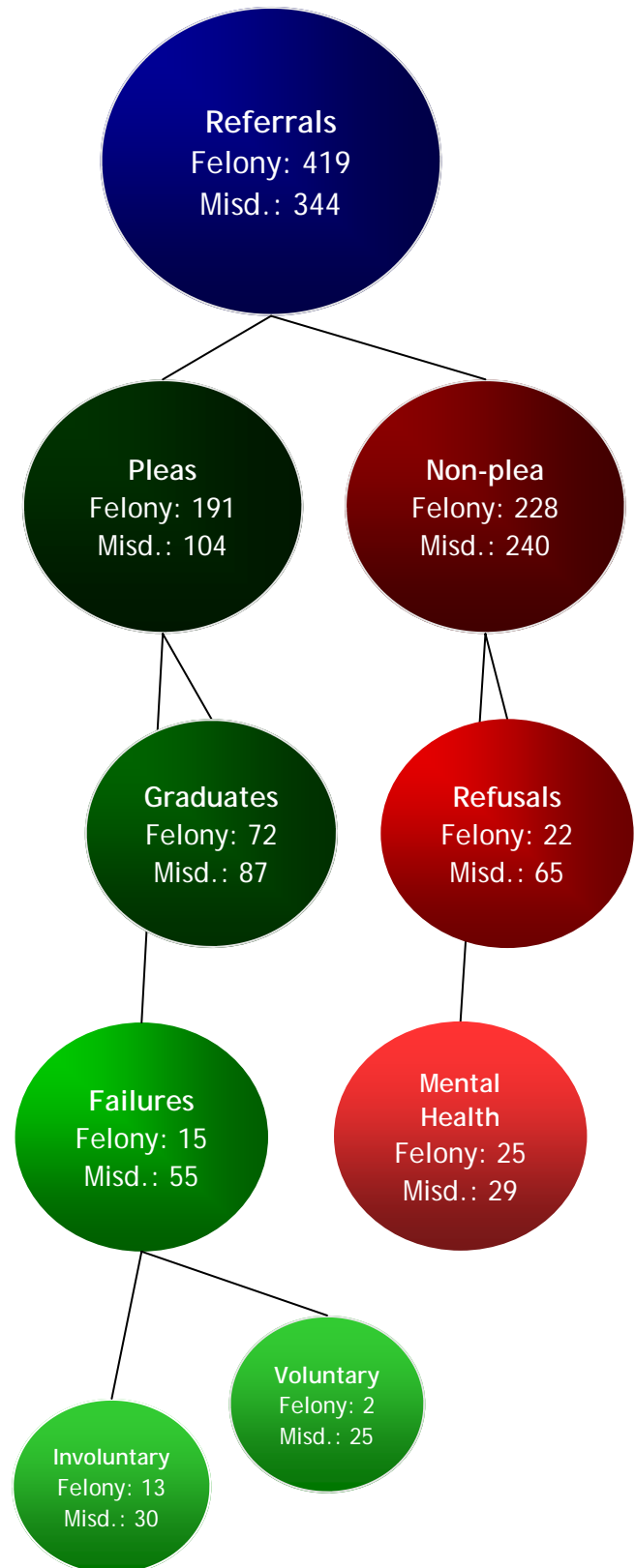
### Introduction

Starting in November 2004, administrative oversight of many Criminal Court operations in the Bronx, including drug courts, was transferred to the newly created Bronx Criminal Division.

Criminal Court worked with Bronx administrators, judges and drug court personnel on the creation of a new Bronx Misdemeanor Treatment Court, started April 2005, and implementation of the Bronx comprehensive screening project to quickly and efficiently identify eligible drug court defendants. The Bronx comprehensive screening pilot started in the summer of 2005 with screening in the Bronx day arraignment parts, was expanded to night arraignments in the spring of 2006.

The adjacent graph provides summary information for the Bronx Treatment Court and the Bronx Misdemeanor Treatment Court with a brief overview of new drug court referrals and pleas.

On average in 2010, BxTC had a caseload of approximately 180 participants at any given time. Each Case Manager had a caseload of approximately 45 clients.





## Manhattan Diversion Courts (MDC-N, MDC-92, MDC-73)

### Program Description

#### Staff

Presiding Judge-MDCN Hon. Ellen Coin  
 Presiding Judge-MDC92 Hon. Patricia Nunez  
 Presiding Judge-MDC73 Hon. Eduardo Padro

Project Director Debra Hall-Martin  
 Resource Coordinator Sherry Haynes  
 Case Manager Darlene Smith

### Introduction

In October 2009, the Manhattan Diversion Courts opened in New York County.

### Referrals, Refusals and Pleas

Since accepting its first case in 2009, 873 felony drug offenders have been referred to MDC for clinical assessment, of which 332 (38%) pled guilty and agreed to participate in treatment. Of the 541 who did not plead guilty, 95 (17%) refused to participate and 33 (6%)

had criminal histories that made them ineligible. Of those who were accepted by MDC and pled guilty, 2 participants graduated, 304 (91%) are currently in treatment, and 70 (2%) failed to complete their court mandate.

### Intake and Referral Data

In calendar year 2010, the Manhattan Diversion Courts made up 9% of all referrals, and 20% of all pleas taken, the Drug Treatment Court Initiative.

### Intake and Referral Data

In 2010, the average MDC caseload on any given day was approximately 85 cases each. The case manager typically monitored between 35-40 participants at any given time.

The Treatment modality decisions are made by the MDC case management team under the supervision of Project Director Debra Hall-Martin.

| 2010                             | MDC-N       | MDC-92      | MDC-73         |
|----------------------------------|-------------|-------------|----------------|
| Referral                         | 139         | 242         | 190            |
| Pleas                            | 86          | 84          | 87             |
| Open Cases                       | 104         | 112         | 132            |
| Graduates                        | 3           | 2           | -              |
| Failures                         | 11          | 15          | 5              |
| Males                            | 72          | 68          | 77             |
| Females                          | 13          | 16          | 10             |
| Highest # Race/Ethnicity         | 33 (Black)  | 24 (Black)  | 32 (Latino)    |
| Highest # Age group              | 27 (22-30)  | 28 (31-40)  | 28 (31-40)     |
| Highest # Primary Drug of Choice | 26 (Heroin) | 20 (Heroin) | 20 (Marijuana) |



A great attitude does much more than turn on the lights in our worlds; it seems to magically connect us to all sorts of serendipitous opportunities that were somehow absent before the change.

- Earl Nightingale

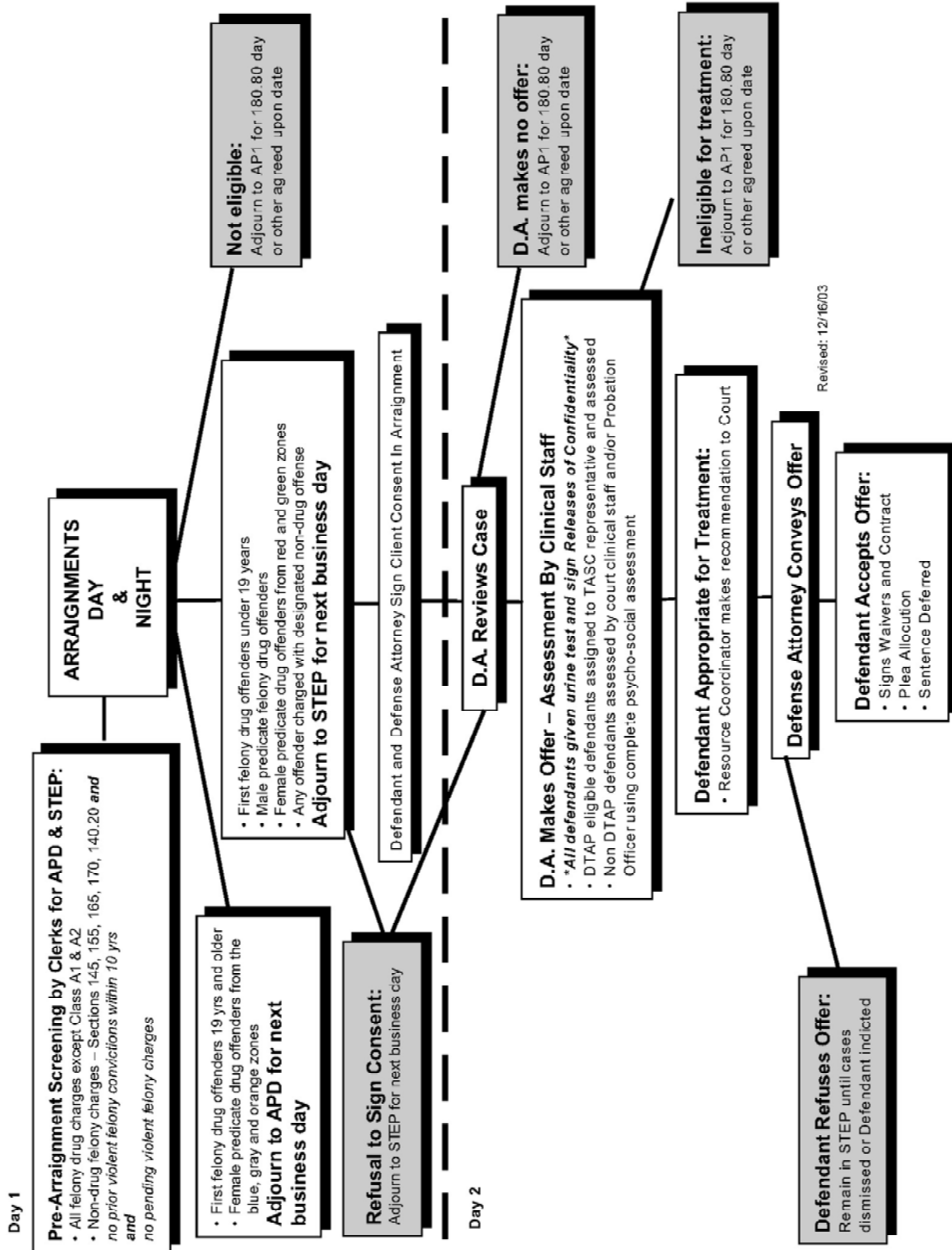


# Screening and Treatment Enhancement Part





# Screening & Treatment Enhancement Part Daily Operations Chart







## Screening & Treatment Enhancement Part



(L-R) Hon. Betty Williams, Yadira Moncion, Monique Emerson, Melinda Pavia, Hon. Joseph Gubbay, and Shatia Eaddy

### Program Description

#### Staff

|                     |  |
|---------------------|--|
| Presiding Judge     | Hon. Joseph E. Gubbay  |
| Project Director II | Mia Santiago   |
| Resource Coord. III | Alyson Reiff   |
| Probation Officer   | Barbara Miles  |
| Case Manager II     | General Wright   |
| Case Managers I     | Lisa Tighe<br>Christina Douglas<br>Shatia Eaddy<br>Theresa Good<br>Melinda Pavia<br>Lucy Perez |
| Case Technician     | Tyrone Obee  |
| Voc/Ed Case Mgr II  | Yadira Moncion   |
| Voc/Ed Case Mgr     | Miriam Famania   |
| DOE Liaison         | Joshua Horsford  |

### Introduction

In January 2003, the Screening & Treatment Enhancement Part (STEP) opened in the Kings County.

### Referrals, Refusals and Pleas

Since accepting its first case in 2003, 12,644 nonviolent felony drug offenders have been referred to STEP for clinical assessment, of which 1,578 (12%) pled guilty and agreed to participate in treatment. Of the 11,066 who did not plea guilty, 3,474 (31%) refused to participate and 1,305 (12%) had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, 1,049 (67%) graduated, 211 (13%) are currently in treatment, and 634 (40%) failed to complete their court mandate.



## Screening & Treatment Enhancement Part

### Intake and Referral Data

In calendar year 2010, STEP made up 24% of all referrals, and 16% of all pleas taken, the Drug Treatment Court Initiative.

### Descriptive Data - STEP Participants

Arrest charges differ for STEP participants, with most charged with felony drug charges, and a smaller population charged with felony non-drug charges. There are a handful of misdemeanor (both drug and non-drug) cases that have also been handled by STEP. Drug of choice information is self-reported and obtained during the initial assessment.

### Graduates and Failures

In the seven years that STEP has been operational, 1,049 (67%) participants graduated. The following information is available for STEP graduates:

- 30% of graduates were either full or part-time employed
- 30% were receiving governmental assistance
- 35% were receiving Medicaid
- 84% of STEP participants were either in school, full or part-time
- 31% of graduates had received vocational training

Conversely, 634 (40%) participants failed to complete their court mandate. Seventy-three percent (73%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in STEP. Thirteen percent (13%) of

failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence. STEP closes warrant cases after one consecutive year, which made up for about 1% of the failures.

### Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for STEP's 1,049 graduates was eighteen months. Retention rate includes data for participants who completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

### STEP Operations

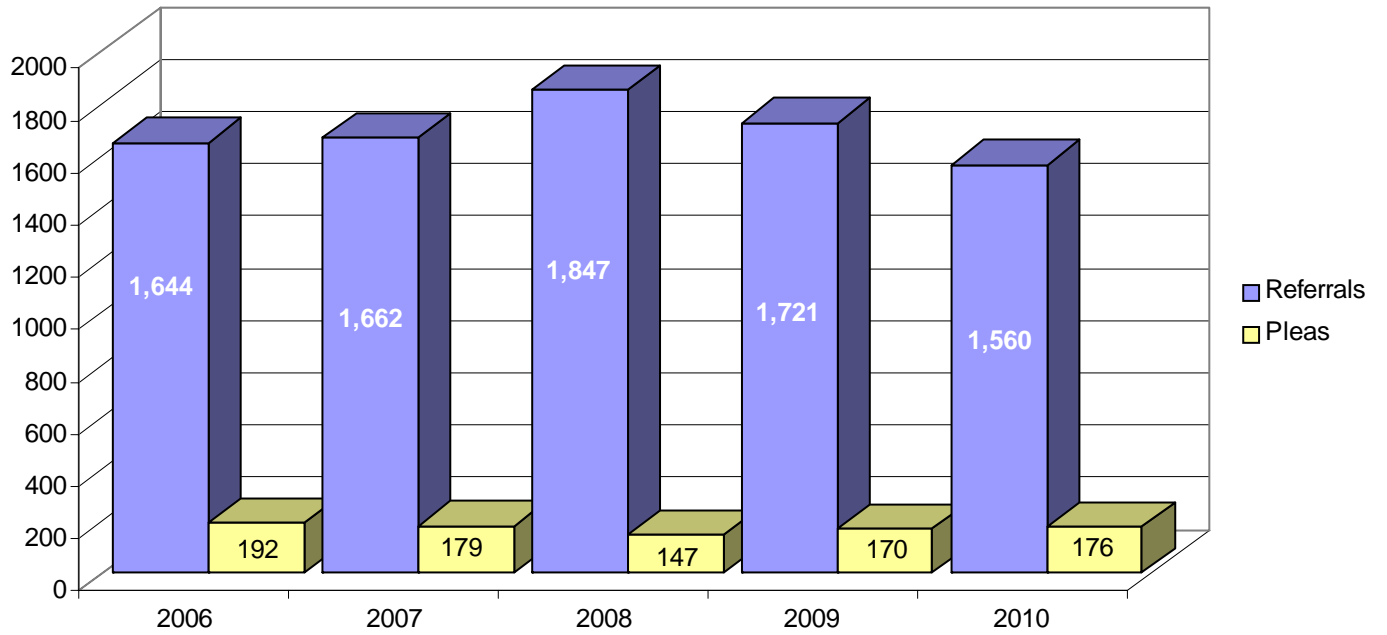
In 2010 the average STEP caseload on any given day was 211 cases. Each case manager typically monitored between 30-35 participants at any given time in 2010. Treatment modality decisions are made by the STEP case management team under the supervision of the project director.



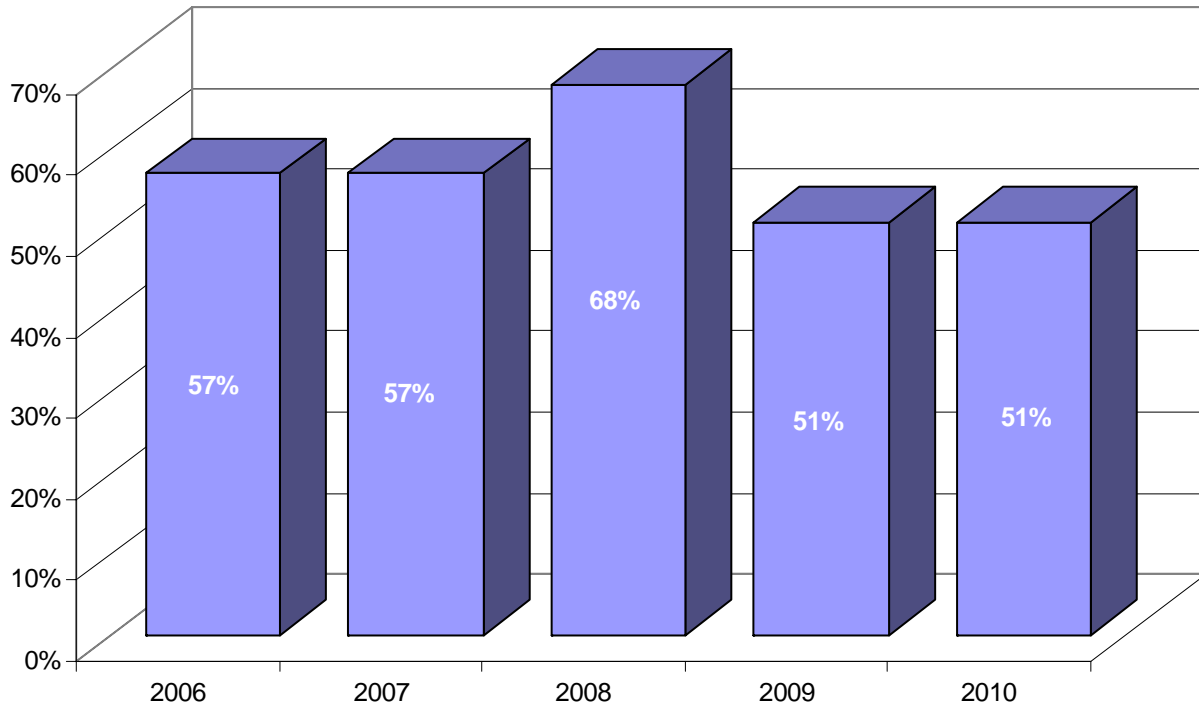
Alyson Reiff, Resource Coordinator III



### STEP Referrals and Pleas (Calendar Year)

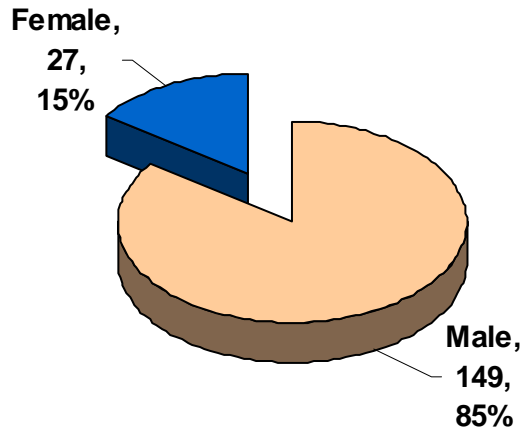


### STEP Retention Rates

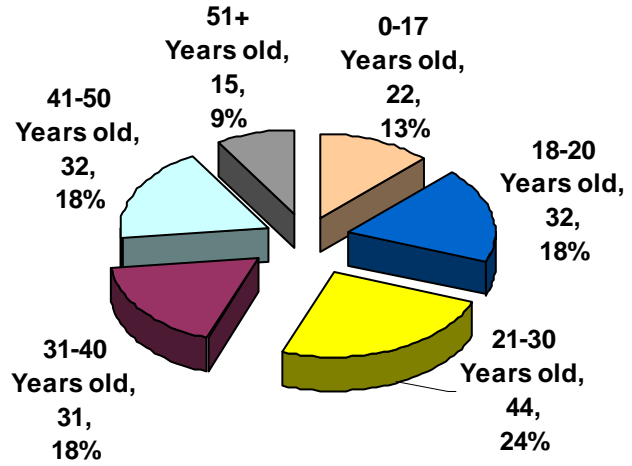




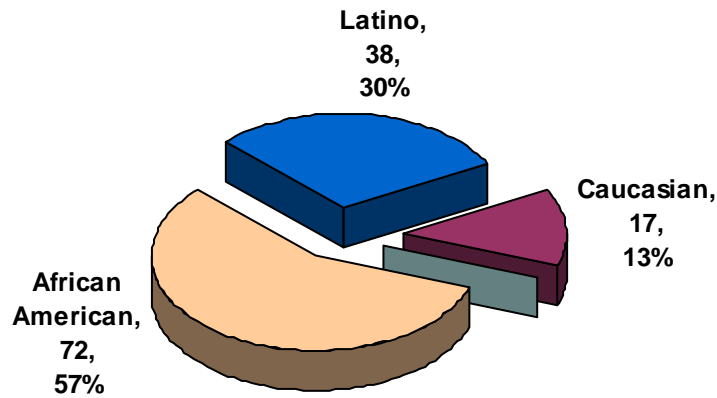
\*STEP - Gender of Participants



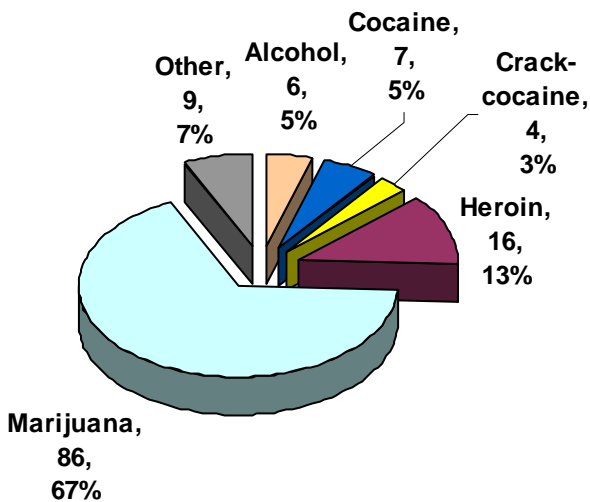
\*STEP - Age of Participants



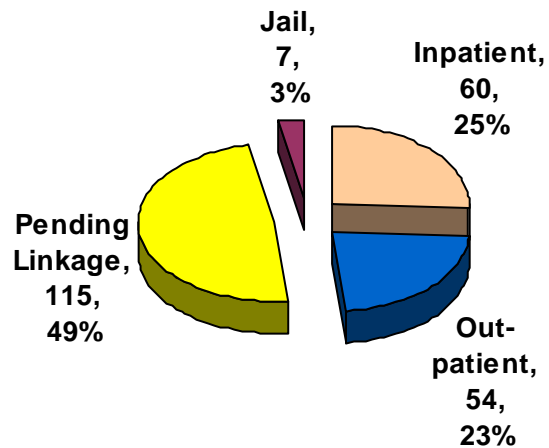
\*STEP - Race/Ethnicity of Participants



\*STEP - Participant's Drug of Choice



\*STEP - Treatment Modalities of Participants



\*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.



# Misdemeanor Brooklyn Treatment Court





# Misdemeanor Brooklyn Treatment Court Daily Operational Chart

## DAY 1

**Pre-Arraignment Screening by Clerks :**

1. Must be charged with a non-violent class A misdemeanor; *and*
2. a. Must have 10 or more felony and/or misdemeanor convictions  
AND/OR  
b. Must be on Probation or Parole; *and*
3. a. Must have NO violent felony convictions  
AND  
b. Must have NO arson or sex crimes convictions

**ARRAIGNMENTS  
DAY  
&  
NIGHT**

**Refusal or Failure to Sign  
Consent:**  
Adjourn to MBTC for next day

**IF Eligible:**  
Defendant and Defense Attorney execute Client Consent in Arraignments

**If not eligible:**  
Adjourn to zone AP Part for  
170.70 day or other agreed upon  
date

## DAY 2

**D.A. Review of Case**

**D.A. Makes Offer – Assessment by Clinical Staff**

- All defendants given urine test and sign Releases of Confidentiality
- All defendants assessed by court clinical staff and/or Probation Officer using complete psycho-social assessment

**D.A. makes no offer:**  
Adjourn to zone AP Part for  
170.70 day or other agreed upon  
date

**Defendant Appropriate for Treatment:**  
- Resource Coordinator makes recommendation to Court

**Defendant refuses plea offer:**  
Case goes to zone AP Part unless  
defendant waives 170.70 & 30.30 to  
consider treatment  
• offer remains the same

**Defense Attorney Conveys Offer**

**Defendant Accepts Offer:** Defendant Signs Contract;  
Plea Allocation  
Sentence Deferred

**If rejected for treatment :**  
Adjourn to zone AP Part for  
170.70 day or other agreed upon  
date

Revised: 09/05/02





## Misdemeanor Brooklyn Treatment Court



(L-R) Barbara Miles, Lisa Tighe, Lucy Perez, Hon. Betty Williams and Mia Santiago

### Program Description

#### Staff

|                     |                     |
|---------------------|---------------------|
| Presiding Judge     | Hon. Betty Williams |
| Project Director II | Mia Santiago        |
| Resource Coord. III | Michael Torres      |
| Probation Officer   | Barbara Miles       |
| Case Manager II     | General Wright      |
| Case Managers I     | Lisa Tighe          |
|                     | Christina Douglas   |
|                     | Shatia Eaddy        |
|                     | Theresa Good        |
|                     | Melinda Pavia       |
|                     | Lucy Perez          |
| Case Technician     | Tyrone Obee         |
| Voc/Ed Case Mgr II  | Yadira Moncion      |
| Voc/Ed Case Mgr     | Miriam Fmania       |
| DOE Liaison         | Joshua Horsford     |

### Introduction

In January 2003, the Misdemeanor Brooklyn Treatment Court (MBTC) opened in the Kings County Criminal Court to provide an alternative to incarceration for drug-addicted misdemeanor offenders. The intended target population of the MBTC program is misdemeanor offenders with long histories of recidivism. MBTC functions as a collaborative effort between the Court, the Kings County District Attorney's office, defense bar and the treatment community.

### Referrals, Refusals and Pleas

Since its inception in 2003, 15,188 defendants have been referred to MBTC for clinical assessment, of which 1,648 (11%) have taken a plea and opted for treatment. Of the 13,540 who did not take the plea, 7,251 (53%) re-





## Misdemeanor Brooklyn Treatment Court

fused to participate. Of those who were accepted by MBTC and agreed to participate, 768 (47%) graduated, 114 (7%) are currently in treatment, and 930 (56%) failed to complete treatment.

### Intake, Referral and Participant Data

In calendar year 2010, MBTC made up 37% of all referrals for clinical assessment, and 14% of all pleas taken, in Drug Treatment Court Initiative.

### Descriptive Data - MBTC Participants

Arrest charges differ for MBTC participants, with about 42% charged with a misdemeanor drug offense and 25% charged with misdemeanor non-drug offenses.

### Graduates and Failures

So far, 768 (47%) participants graduated from MBTC. The following information is available for MBTC graduates:

- 27% of MBTC graduates were either full or part-time employed
- 76% were receiving governmental assistance
- 90% were receiving Medicaid
- 7% of MBTC participants were either in full or part-time school
- 30% of graduates had participated in vocational training

Conversely, 930 (56%) participants failed to complete the court mandate. Fifty-eight percent (58%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants, or an arrest for a new charge making him/her ineligible for continuing in MBTC. Forty percent (40%) of failures

were voluntary, defined as a participant who opted out of treatment after taking his/her plea and elected to serve his/her jail sentence.

### Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MBTC's 768 graduates was twelve months. Retention rate includes data for participants who graduated (retained), whose cases were still open and active in treatment (retained), who failed to complete treatment (not retained), and for whom the Court issued a bench warrant (not retained), prior to the analysis date.

### MBTC Operations

On average the MBTC daily caseload for 2010 was 114 cases. Each MBTC case manager typically monitored approximately 15-20 cases.

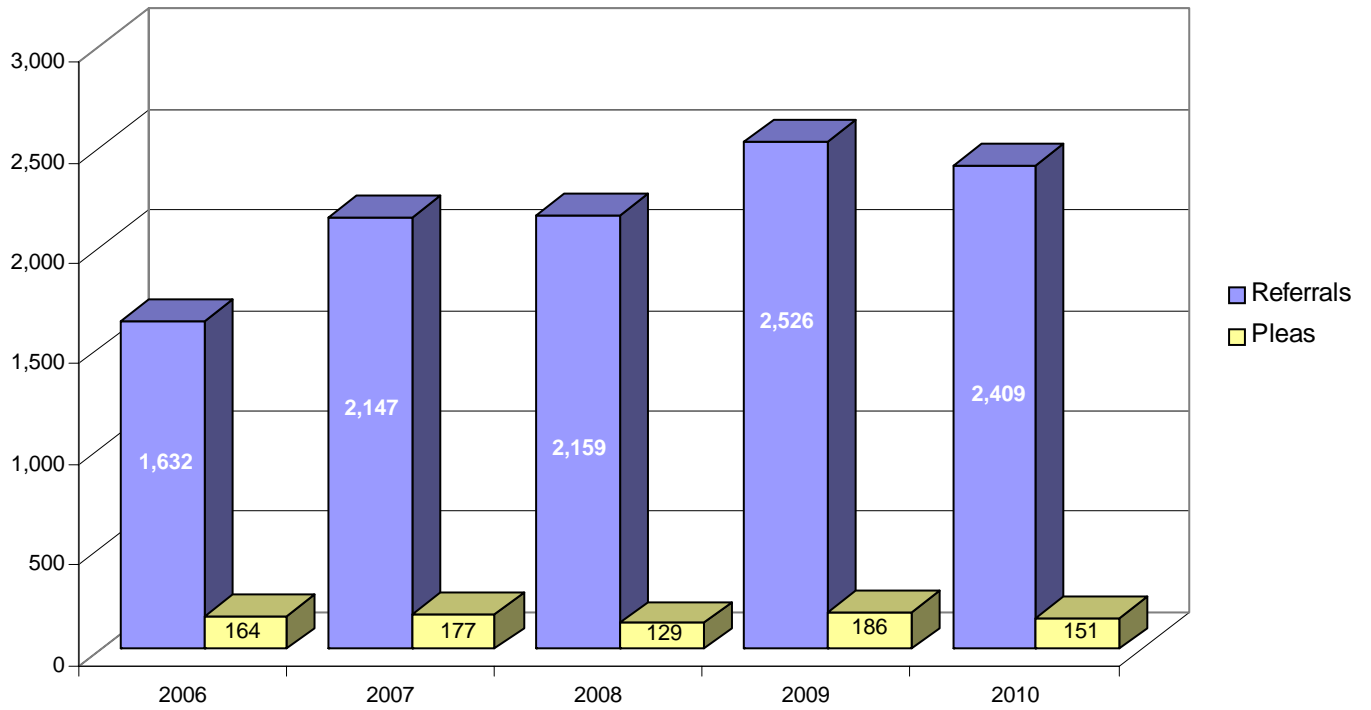
Treatment modality decisions are made based on the initial clinical assessment, and changed based on MBTC case management decisions under the supervision of the Project Director.



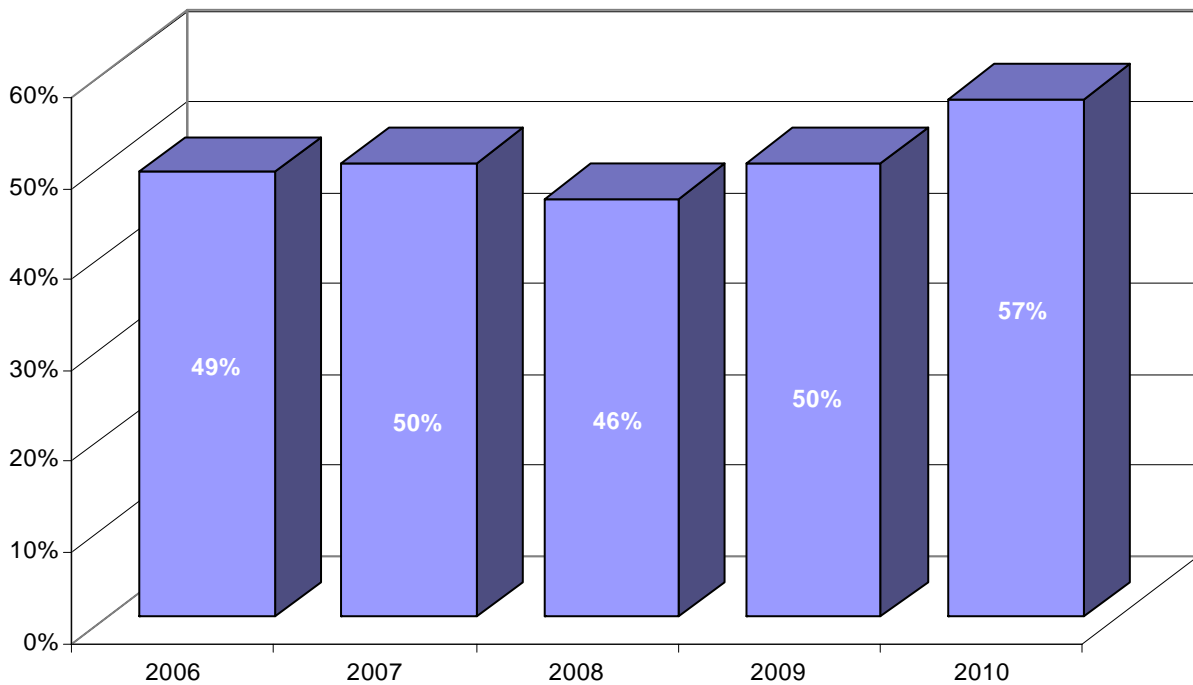
Hon. Betty Williams and  
Mike Torres, Resource Coordinator III



### MBTC Referrals and Pleas (Calendar Year)

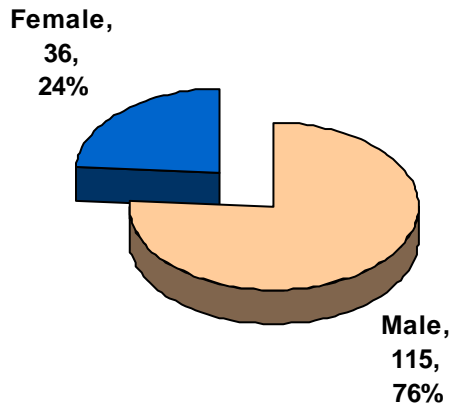


### MBTC Retention Rates

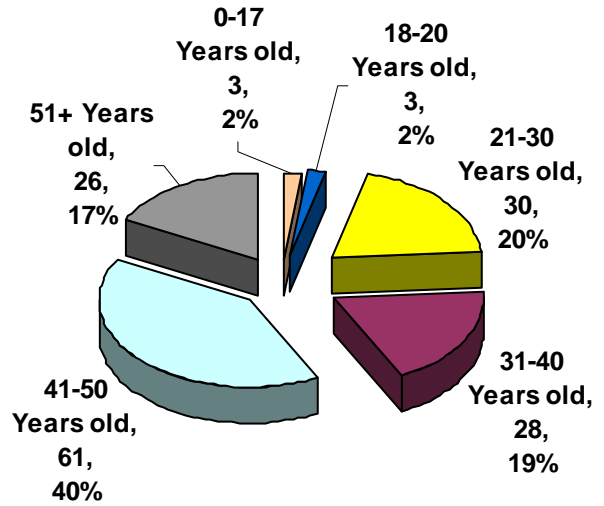




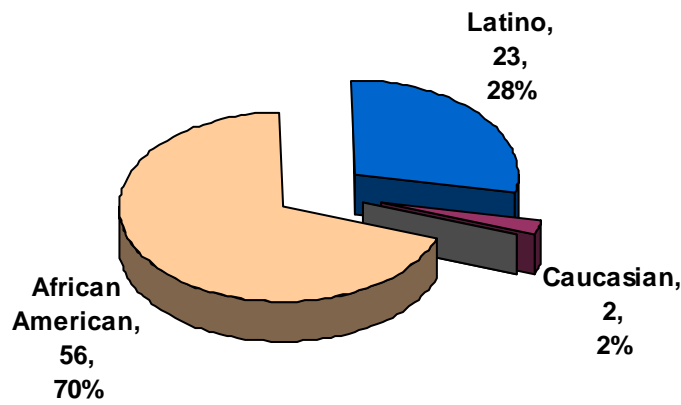
**\*MBTC - Gender of Participants**



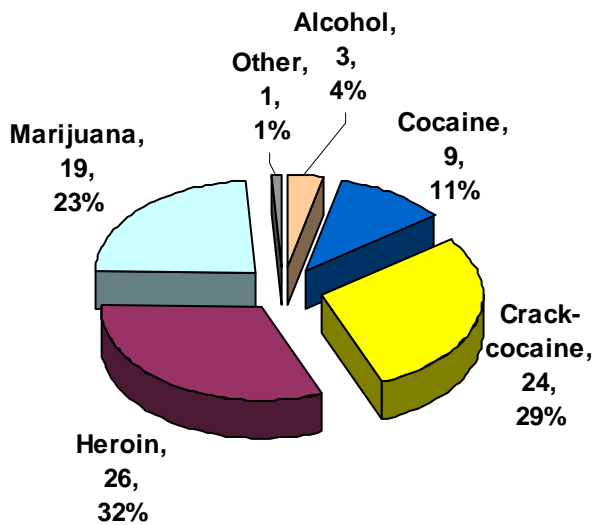
**\*MBTC - Age of Participants**



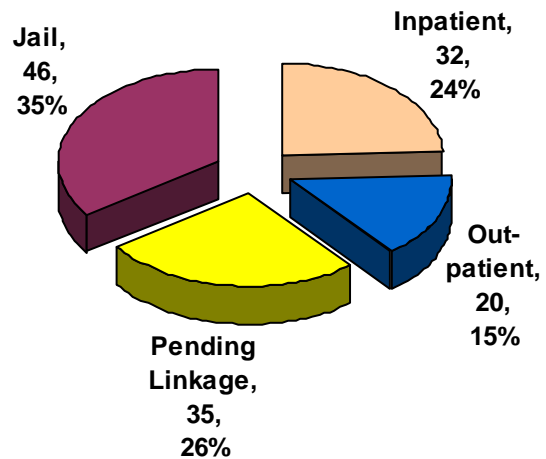
**\*MBTC - Race/Ethnicity of Participants**



**\*MBTC - Participant's Drug of Choice**



**\*MBTC - Treatment Modalities of Participants**



\*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.

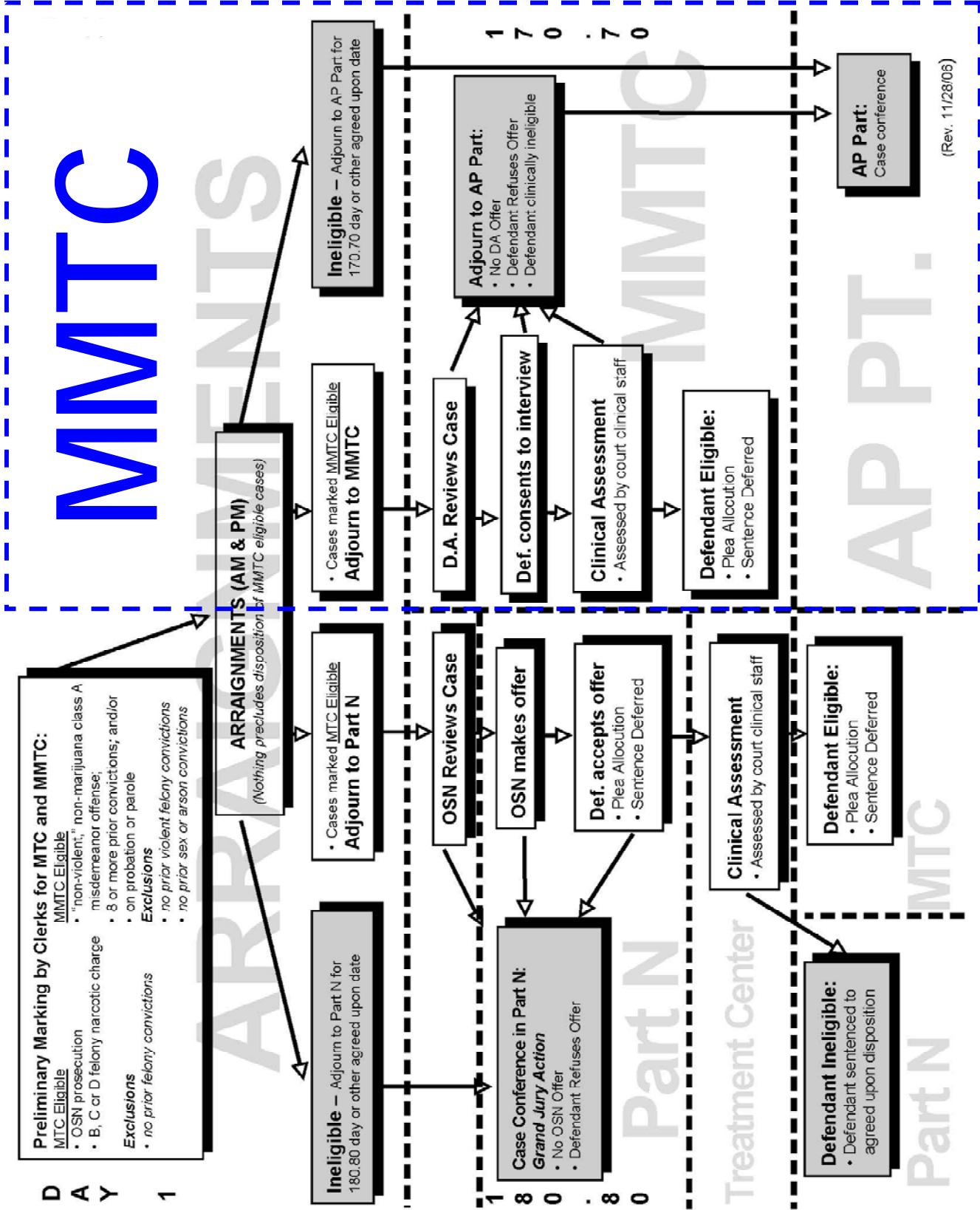


# Manhattan Misdemeanor Treatment Court





# Manhattan Misdemeanor Treatment Court Daily Operational Chart





## Manhattan Misdemeanor Treatment Court



(L-R) Richard Cruz, Darlene Smith, Debra Hall-Martin, Staff, Monique Emerson, Darlene Buffalo, Desiree Rivera, Darryl Kittel, Sherry Haynes, and C.O. Mark Vobis

### Program Description

#### Staff

|                     |   |
|---------------------|---|
| Presiding Judge     | Hon. Rita Mella   |
| Project Director II | Debra Hall-Martin   |
| Project Director I  | Kathleen McDonald   |
| Case Manager II     | Desiree Rivera<br>Robert Rivera   |
| Case Manager I      | Darlene Buffalo<br>Richard Cruz<br>Lyndon Harding<br>Darryl Kittel<br>Darlene Smith |
| Case Technician     | Monique Emerson   |
| Voc/Ed Case Mgr II  | Shannon Castang-Feggins   |

### Introduction

The Manhattan Misdemeanor Treatment Court (MMTC) was restructured in May of 2003 to

provide meaningful, long term substance abuse treatment for drug-abusing misdemeanor offenders prosecuted in New York County Criminal Court.

### Referrals, Refusals and Pleas

Since restructuring in 2003, 2,868 nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, of which 461 (16%) have taken a plea and opted for treatment. Of the 2,407 who did not plea guilty and agreed to participate, 1,426 (59%) refused to participate and 399 (17%) had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, 32 (7%) are currently in treatment, and 271 (59%) failed to complete treatment.





## Manhattan Misdemeanor Treatment Court

### Intake, Referral and Participant Data

In calendar year 2009, MMTC made up 5% of all referrals, and 4% of all pleas taken in the Drug Treatment Court Initiative.

### Descriptive Data - MMTC Participants

MMTC participants can be charged with either a misdemeanor drug or non-drug offense. The data collected thus far suggests that 7% have pled to a non-drug misdemeanor with 76% pleading to a misdemeanor drug offense.

### Graduates and Failures

In the less than eight years that MMTC has been operational, 108 (23%) participants have graduated. The following information is available for MMTC graduates:

- 36% of graduates were either full or part-time employed,
- 58% were receiving governmental assistance
- 78% were receiving Medicaid
- 20% of MMTC participants were in school either full or part-time
- 32% of graduates had received vocational training

Conversely, 271 (59%) participants failed to complete MMTC since its restructuring. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MMTC. Sixty percent (60%) of the failures were involuntary. Thirty-six percent (36%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

### Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MMTC's 108 graduates is between fifteen and sixteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

### MMTC Operations

On average the MMTC daily caseload for 2010 was 32 cases. Each MMTC case manager typically monitor approximately 1-5 cases.

Treatment modality decisions are made based on the initial clinical assessment, and change based on MMTC case management decisions under the supervision of the MMTC operations director.

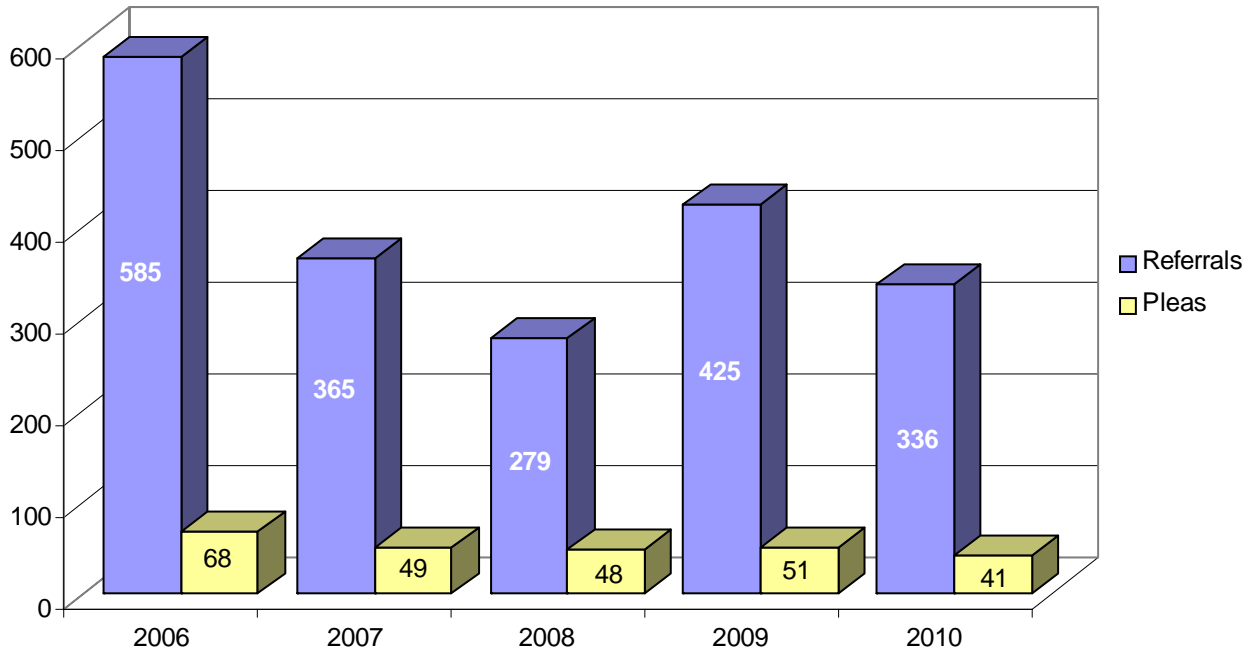


Kathleen McDonald, Project Director I

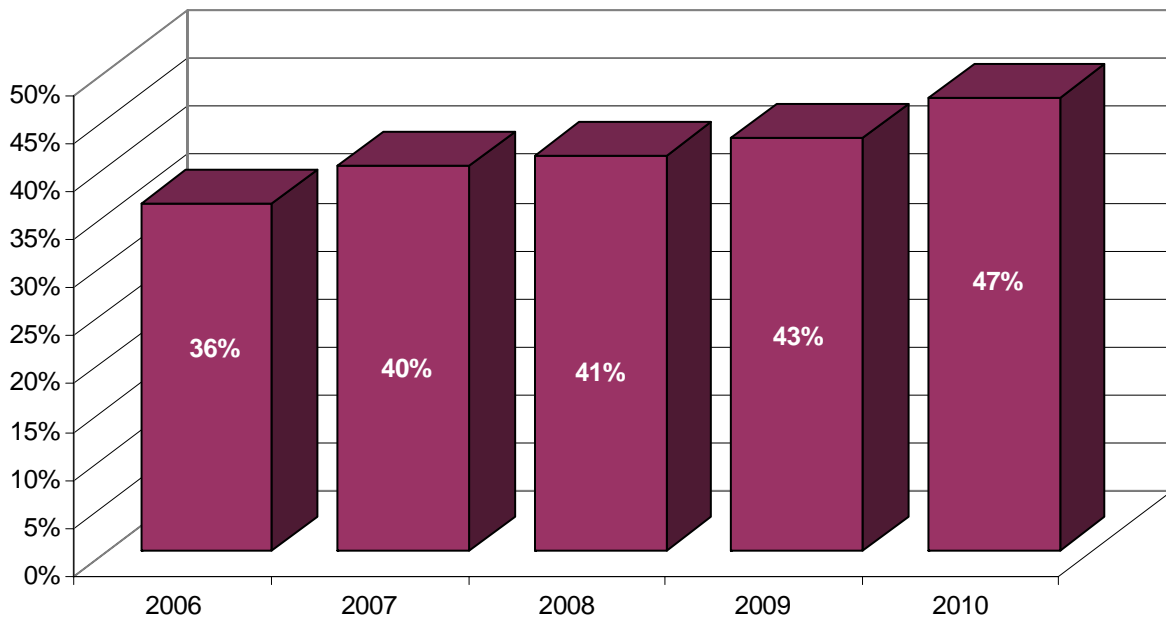




### MMTC Referrals and Pleas (Calendar Year)

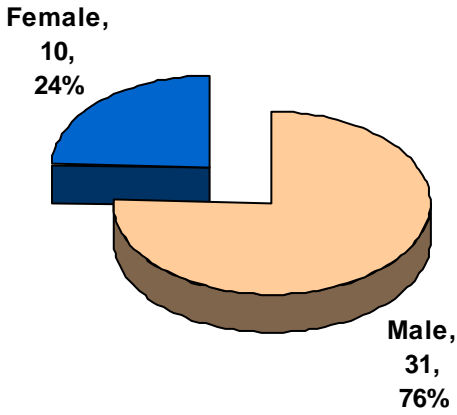


### MMTC Retention Rates (Six Months)

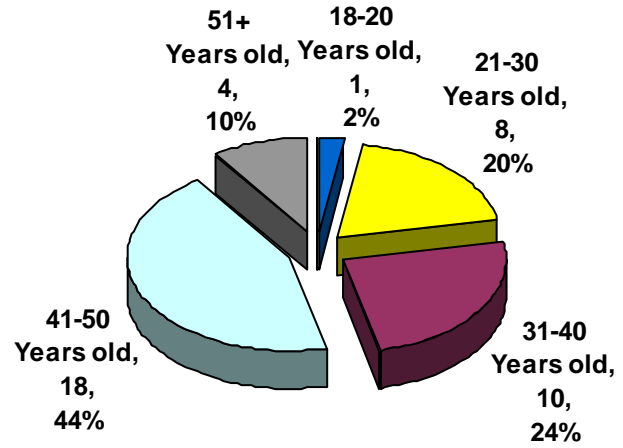




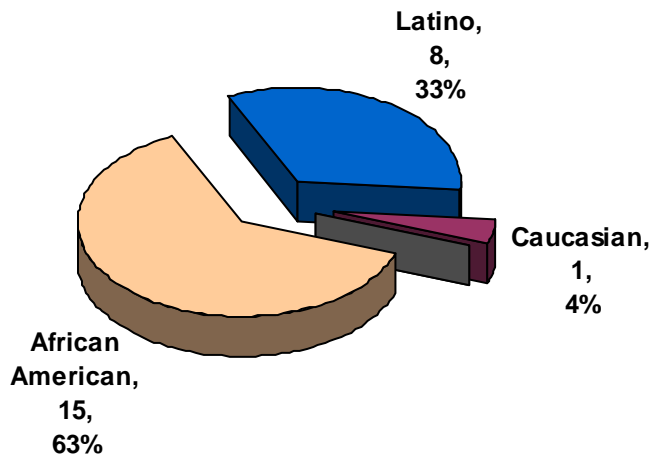
\*MMTC - Gender of Participants



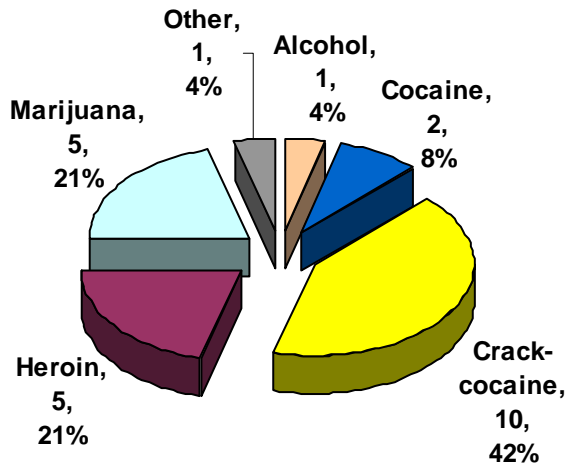
\*MMTC - Age of Participants



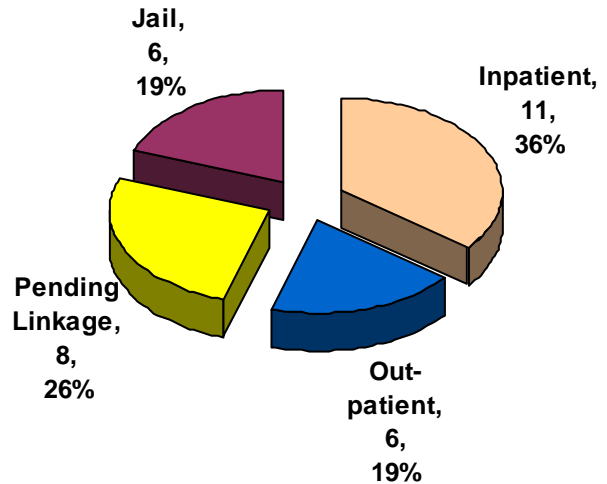
\*MMTC - Race/Ethnicity of Participants



\*MMTC - Participant's Drug of Choice



\*MMTC - Treatment Modalities of Participants



\*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.

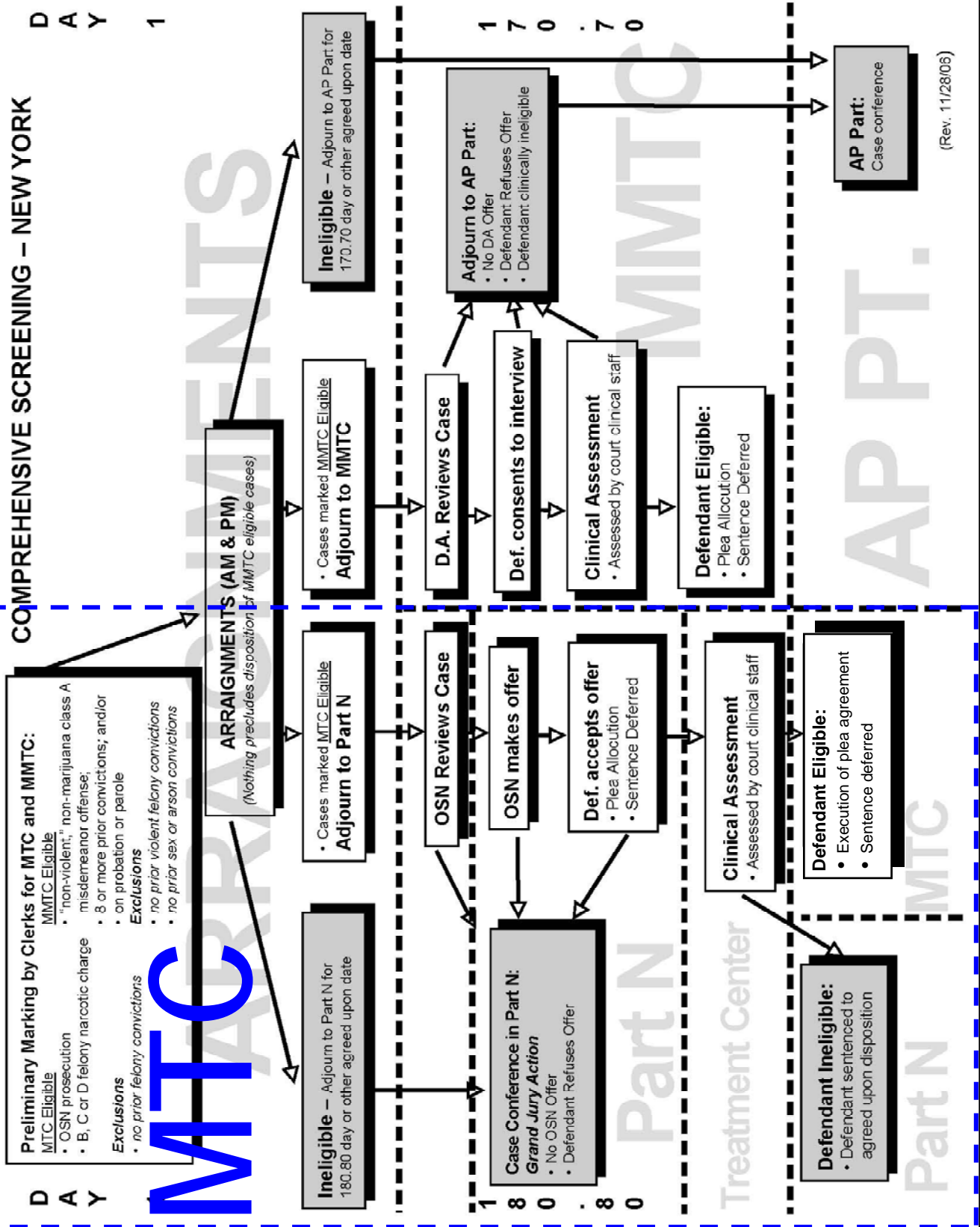


# Manhattan Treatment Court





# Manhattan Treatment Court Daily Operational Chart





## Manhattan Treatment Court



(L-R) Richard Cruz, Darlene Smith, Debra Hall-Martin, Staff, Monique Emerson, Darlene Buffalo, Desiree Rivera, Darryl Kittel, Sherry Haynes, and C.O. Mark Vobis

### Program Description

#### Staff

|                     |                         |
|---------------------|-------------------------|
| Presiding Judge     | Hon. Ellen Coin         |
| Project Director II | Debra Hall-Martin       |
| Resource Coord. III | Laverne Chin            |
| Case Manager II     | Desiree Rivera          |
|                     | Robert Rivera           |
| Case Manager I      | Darlene Buffalo         |
|                     | Richard Cruz            |
|                     | Lyndon Harding          |
|                     | Darryl Kittel           |
|                     | Darlene Smith           |
| Case Technician     | Monique Emerson         |
| Voc/Ed Case Mgr II  | Shannon Castang-Feggins |

### Introduction

The Criminal Court of the City of New York's first drug court, Manhattan Treatment Court

(MTC) started accepting cases in 1998 and operates as a collaborative effort between the Court, the Office of the Special Narcotics Prosecutor (OSN), the defense bar and community-based treatment providers.

### Referrals, Refusals and Pleas

Since its inception in 1998, 1,625 nonviolent felony drug offenders have been referred to MTC for assessment, of which 1,232 (76%) have pled guilty and opted for treatment. Of the 393 defendants who did not take the plea, 84 (21%) refused to participate. Of those who were accepted by MTC and took a plea, 576 (47%) graduated, 57 (5%) are currently in treatment, and 620 (50%) failed to complete treatment.





## Manhattan Treatment Court

### Intake, Referral and Participant Data

In calendar year 2010, MTC made up less than 1% of all referrals, and 2% of all pleas taken in the Drug Treatment Court Initiative.

### Descriptive Data - MTC Participants

All MTC participants must be charged with a felony drug offense. Drug of choice information is self-reported at the time of the participant's initial assessment.

### Graduates and Failures

Since 1998, 576 (47%) participants graduated from MTC. The following information is available for MTC graduates:

- 79% of MTC graduates were either full or part-time employed
- 21% were receiving governmental assistance
- 36% were receiving Medicaid
- 27% of MTC Graduates received a high school diploma or GED while undergoing treatment
- 13% were either in full or part-time school
- 35% of graduates received vocational training

Conversely, 620 (50%) MTC participants failed to complete the court mandate. Seventy-five percent (75%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MTC. Seventeen percent (17%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

### Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MTC's 576 graduates was between eighteen and nineteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

### MTC Operations

On average the MTC daily caseload for 2010 was approximately 57 cases. Each MTC case manager typically monitored 5-10 participants. In 2010, the average number of participants out on a warrant was 11.

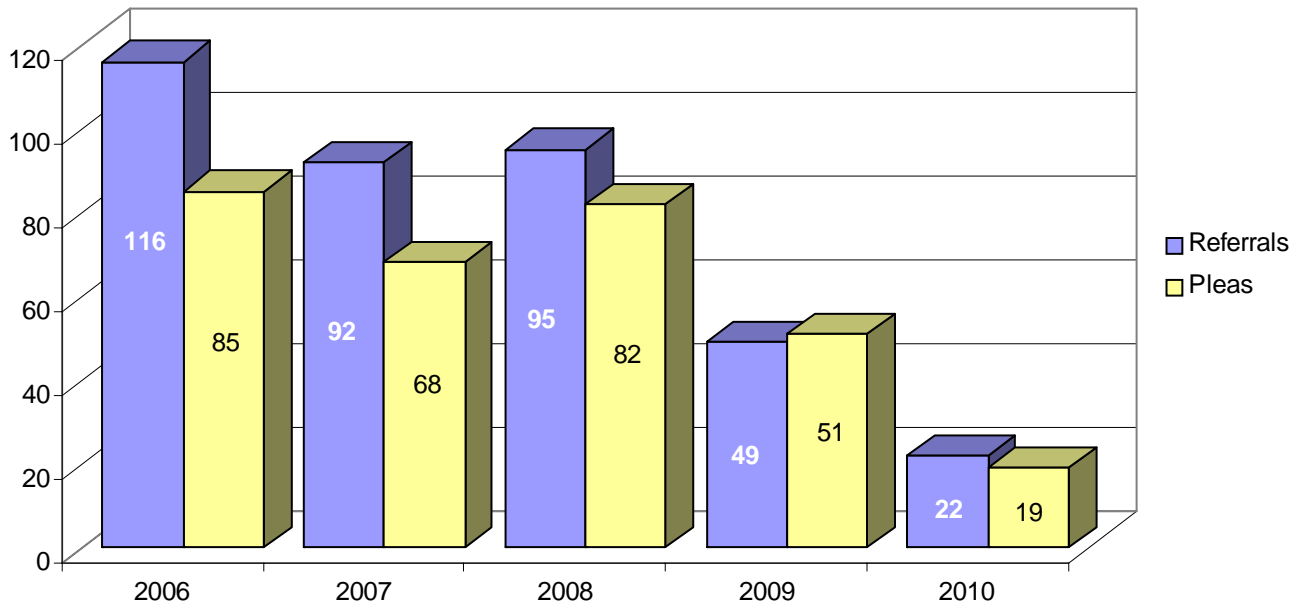
Treatment modality decisions are made by the MTC case management team under the supervision of the Project Director.



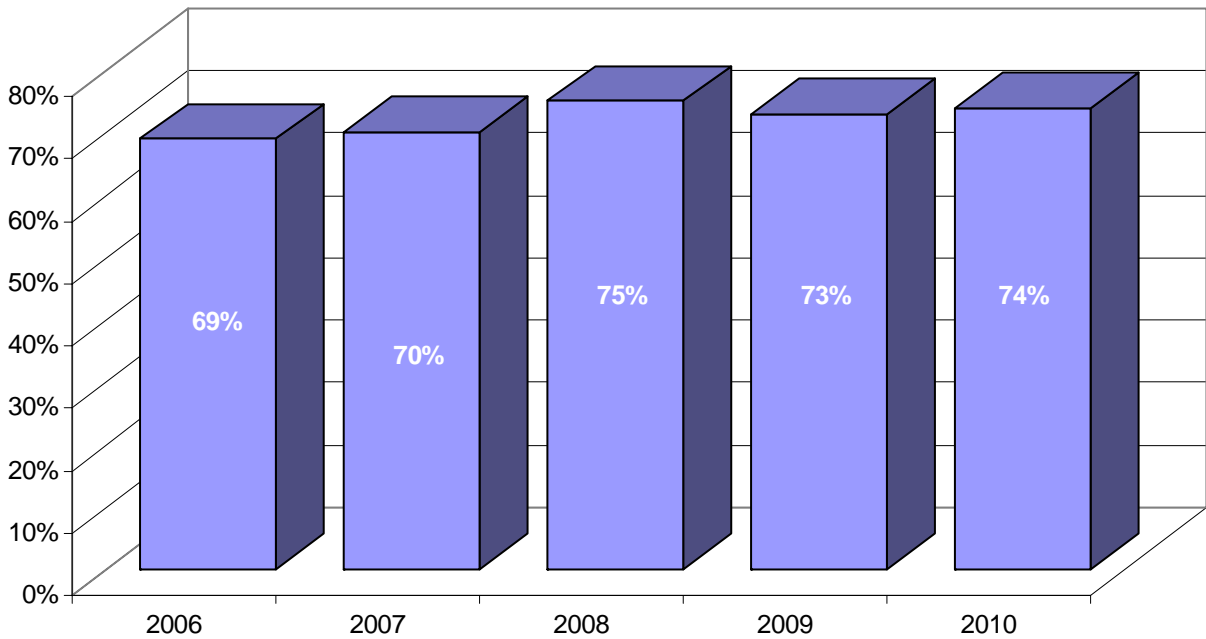
Laverne Chin, Resource Coordinator III



### MTC Referrals and Pleas (Calendar Year)

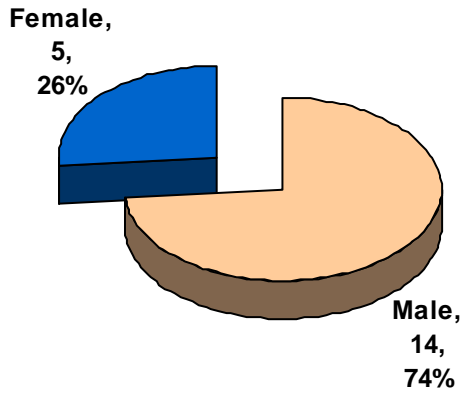


### MTC Retention Rates

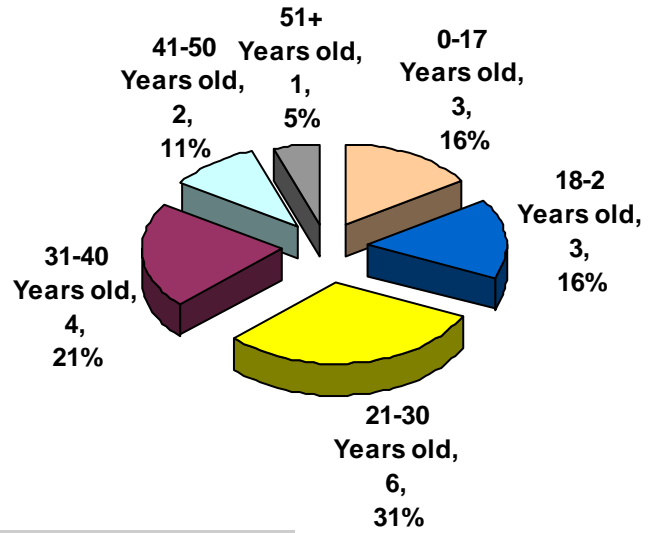




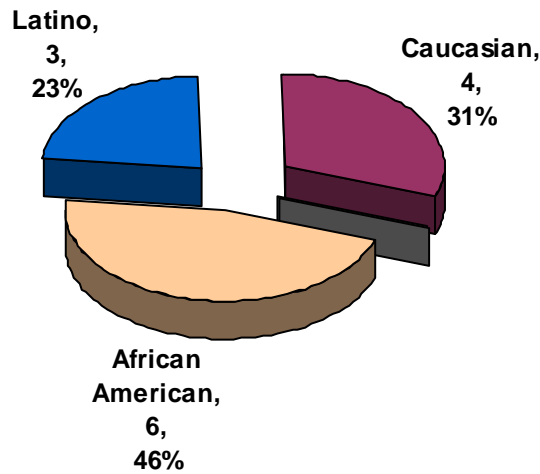
\*MTC - Gender of Participants



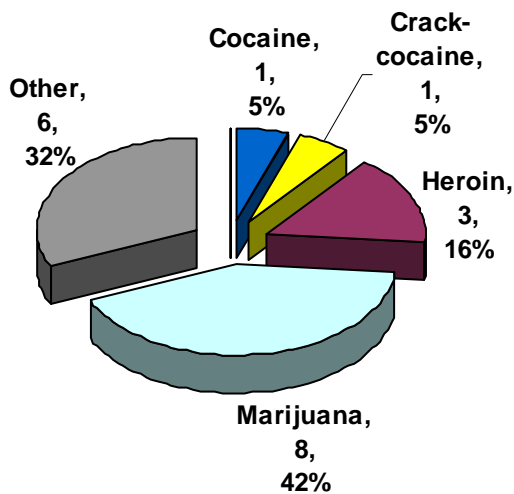
\*MTC - Age of Participants



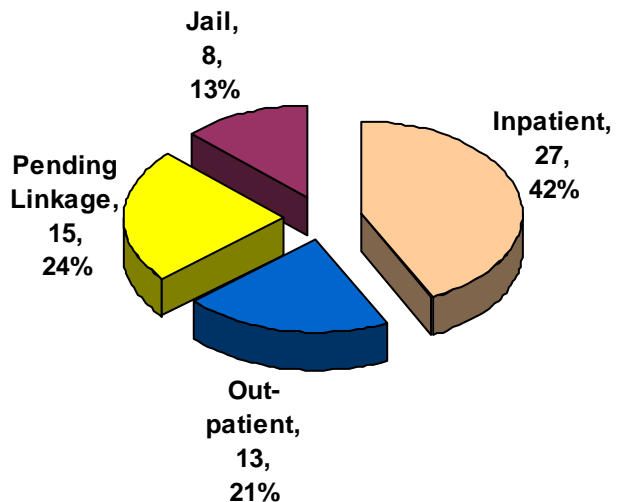
\*MTC - Race/Ethnicity of Participant's



\*MTC - Participant's Drug of Choice



\*MTC - Treatment Modalities of Participant



\*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.



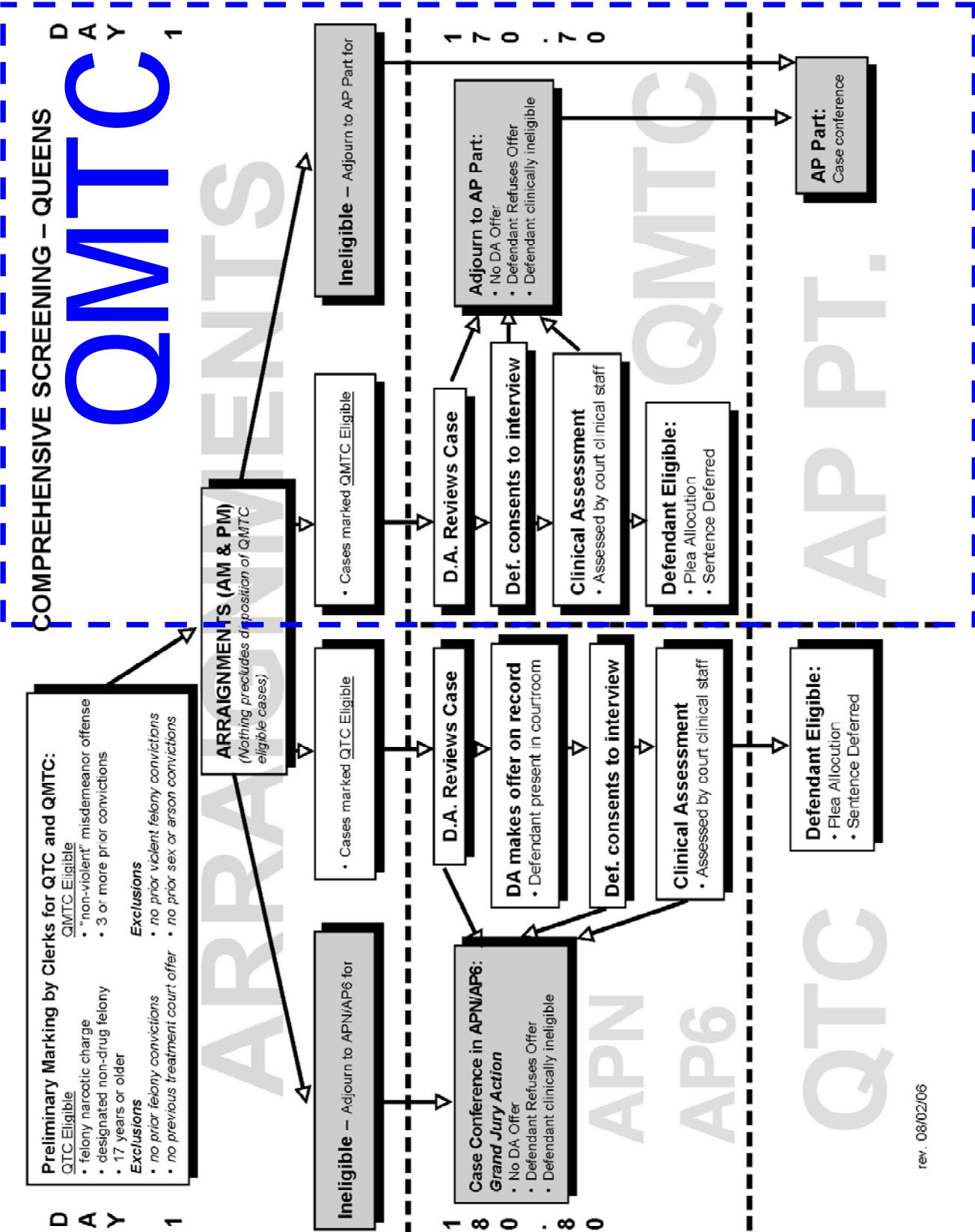


# Queens Misdemeanor Treatment Court





# Queens Misdemeanor Treatment Court Daily Operational Chart



rev. 08/02/06



## Queens Misdemeanor Treatment Court



(Standing L-R) Diana George, Jose Figueroa, Christina Hardial (Sitting L-R) Lisa Babb, and Naima Aiken

### Program Description

#### Staff

|                          |  |
|--------------------------|--|
| Presiding Judge          | Hon. Toko Serita                                   |
| Project Director II      | Naima Aiken  |
| Resource Coordinator III | Lisa Babb  |
| Case Managers I          | Jose Figueroa<br>Diana George<br>Christina Hardial |

### Introduction

In 2002, the Queens Misdemeanor Treatment Court (QMTTC) opened in the Queens Criminal Court as an alternative to incarceration for non-violent drug-abusing, misdemeanor offenders. QMTTC functions as a collaborative effort between the Court, the Queens County District Attorney's office, Treatment Alternatives to Street Crime, the defense bar and

community-based treatment providers.

### Referrals, Refusals and Pleas

Since its inception in 2002, 3,534 nonviolent misdemeanor drug offenders have been referred to QMTTC for clinical assessment, of which 981 (28%) pled guilty and agreed to participate in treatment. Of the 2,553 who did not plea guilty, 1,211 (47%) refused to participate. Of those who agreed to participate and pled guilty, 487 (50%) graduated, 72 (7%) are currently in treatment, and 389 (40%) failed to complete the court mandate.

### Intake, Referral and Participant Data

In calendar year 2010, QMTTC made up 8% of all referrals, and 8% of all pleas taken in the Drug Treatment Court Initiative.



## Queens Misdemeanor Treatment Court

### Descriptive Data - QMTC Participants

QMTC participants can be charged with misdemeanor drug or non-drug offenses. Breakdown of arraignment charge is about 37% drug and 41% non-drug offenses.

Drug of choice information is self-reported and obtained at the time of initial clinical assessment.

### Graduates and Failures

Since inception, 487 (50%) participants have graduated from QMTC. The following information is available for QMTC graduates:

- 41% of graduates were employed, either full or part-time
- 69% were receiving governmental assistance
- 83% were receiving Medicaid
- 25% of QMTC graduates were in school, either full or part-time
- 17% participated in vocational training

Conversely, 389 (40%) QMTC participants failed to complete treatment. Fifty-two percent (52%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in QMTC. Thirty-eight percent (38%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

### Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for QMTC's 487 graduates

was eighteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment (not retained), for whom the court issued a bench warrant (not retained).

### QMTC Operations

On average the daily QMTC caseload for 2010 was 72 cases. Each QMTC case manager typically monitored approximately 20-25 cases.

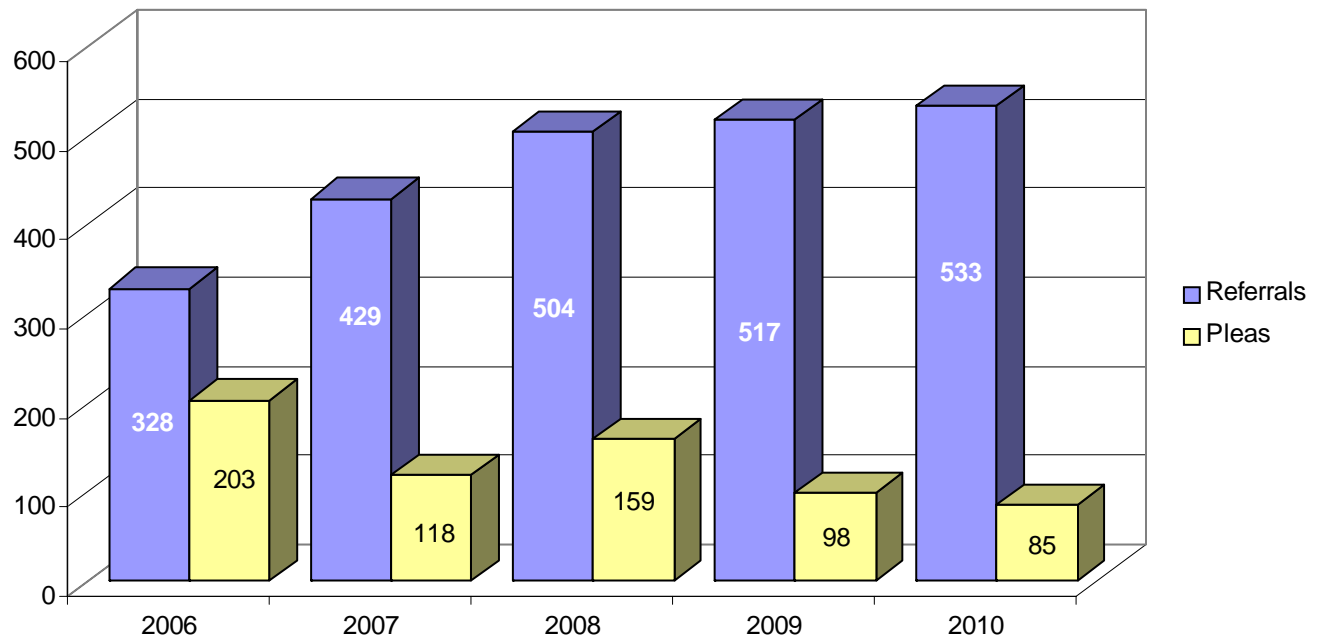
Treatment modality decisions are made by the QMTC case management team under the supervision of the Project Director.



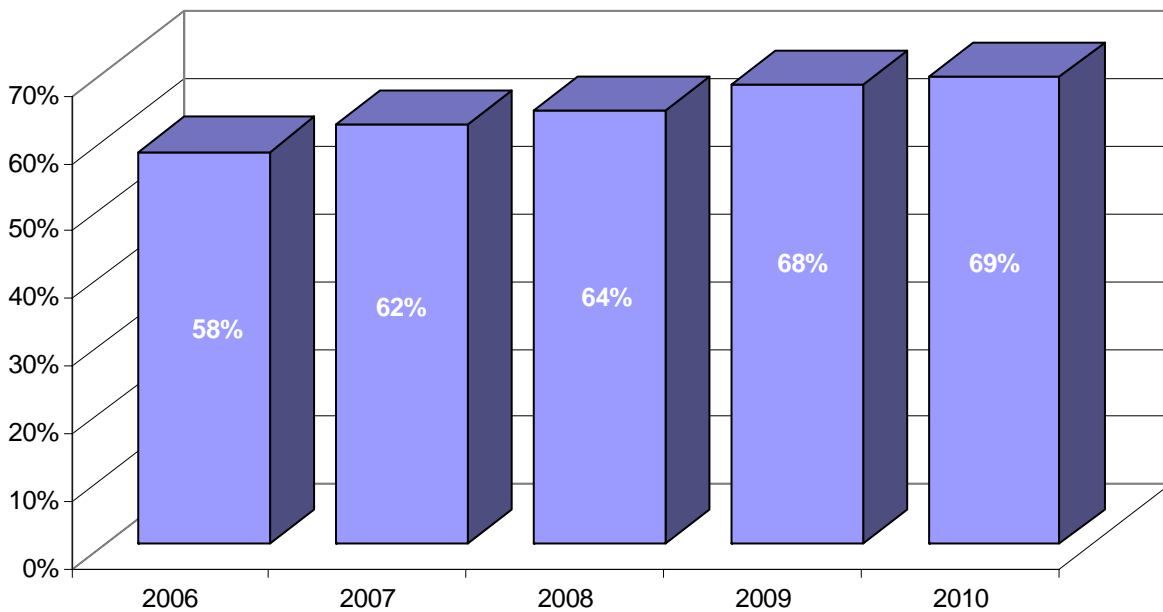
Lisa Babb, Resource Coordinator III



### QMTC Referrals and Pleas (Calendar Year)

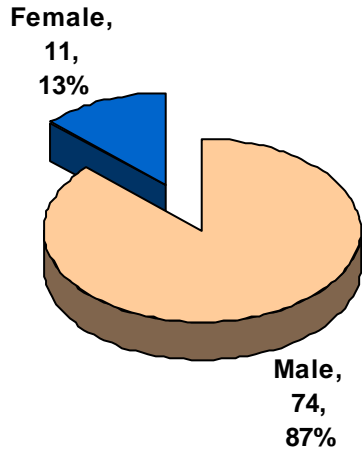


### QMTC Retention Rates

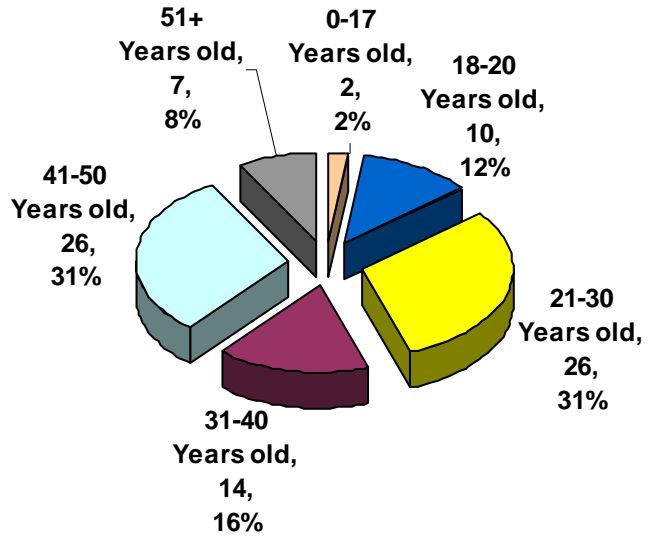




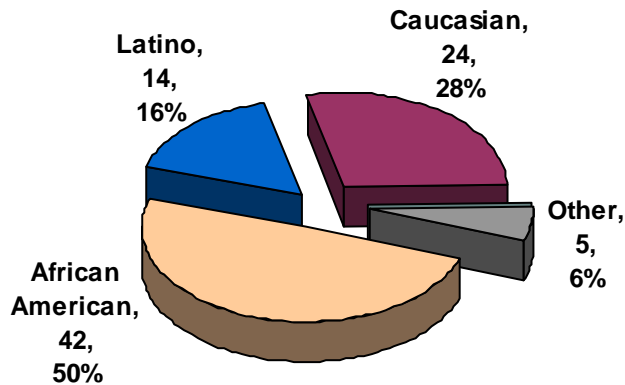
\*QMTTC - Gender of Participants



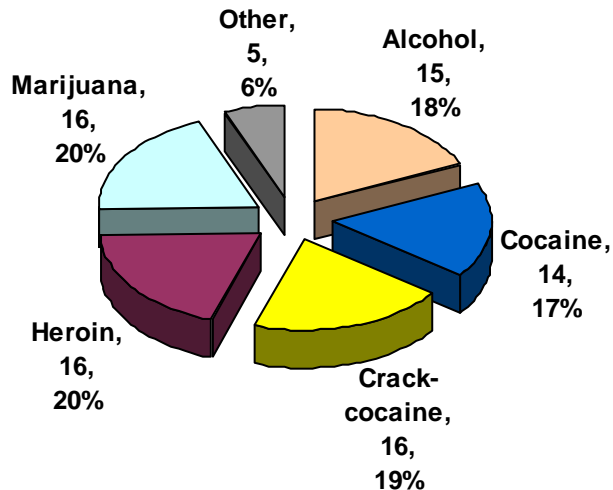
\*QMTTC - Age of Participants



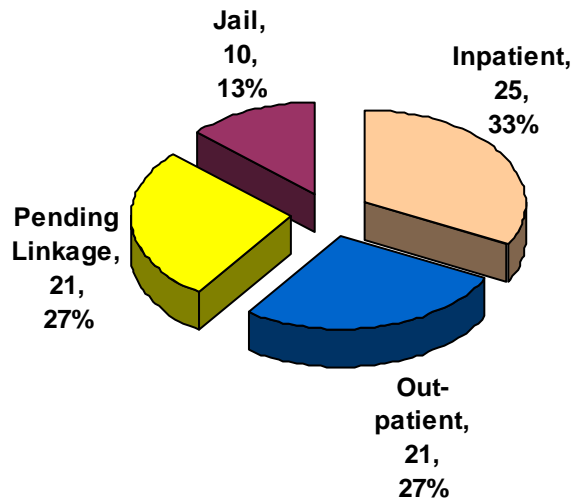
\*QMTTC - Race/Ethnicity of Participants



\*QMTTC - Participant's Drug of Choice



\*QMTTC - Treatment Modalities of Participants



\*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.





# Staten Island Treatment Court









## Staten Island Treatment Court & Staten Island Treatment Court Misd.



Honorable Alan Meyer and Project Director Ellen Burns

### Program Description

#### Staff

|                     |                 |
|---------------------|-----------------|
| Presiding Judge     | Hon. Alan Meyer |
| Project Director II | Ellen Burns     |
| Case Manager II     | Jermaine Hill   |
| Case Technician     | Sandra Thompson |

#### Introduction

In March 2002, the Staten Island Treatment Court (SITC) opened in Richmond Criminal Court as an alternative to incarceration for drug-abusing felony offenders. SITC opened at the end of a lengthy planning process that began in 1999 and is a collaborative effort between the Court, the Richmond County District Attorney's office, Treatment Alternatives to Street Crime (TASC), the defense bar, and community-based treatment providers.

### Referrals, Refusals and Pleas

Since its inception in 2002, 1,426 nonviolent drug offenders have been referred to Staten Island Drug Courts for clinical assessment, of which 542 (38%) pled guilty and agreed to participate in treatment. Of the 884 who did not plea guilty, 227 (26%) refused to participate. Of those who were accepted by Drug Court and pled guilty, 324 (60%) graduated, 124 (23%) are currently in treatment, and 136 (25%) failed to complete their court mandate.

### Intake, Referral and Participant Data

In calendar year 2010, Staten Island Drug Court made up 4% of all referrals, and 9% of all pleas taken in the Drug Treatment Court Initiative.



## Staten Island Treatment Court

### Descriptive Data - SITC Participants

Although most participants are felony drug offenders, SITC does accept offenders charged with non-violent, drug-related felonies. Defendants with misdemeanor drug and drug-related charges have been eligible participants of the Staten Island Treatment Court Misdemeanor part (SITCM) since 2004, and currently represent approximately 32% of the Drug Court population in Staten Island.

Drug of choice information is self-reported and obtained at the time of initial clinical assessment.

### Graduates and Failures

324 (60%) participants graduated from Drug Court since its inception. The following information is available for the graduates:

- 30% of graduates were employed, either full or part-time
- 30% were receiving governmental assistance
- 84% were receiving Medicaid
- 34% of SITC participants were in school, either full or part-time
- 31% of SITC graduates participated in vocational training

Conversely, 136 (25%) participants have failed to complete treatment. Twenty-three percent (23%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in Drug Court. On the other hand, 40% of failures were voluntary, meaning that the participant opted out of Drug Court and

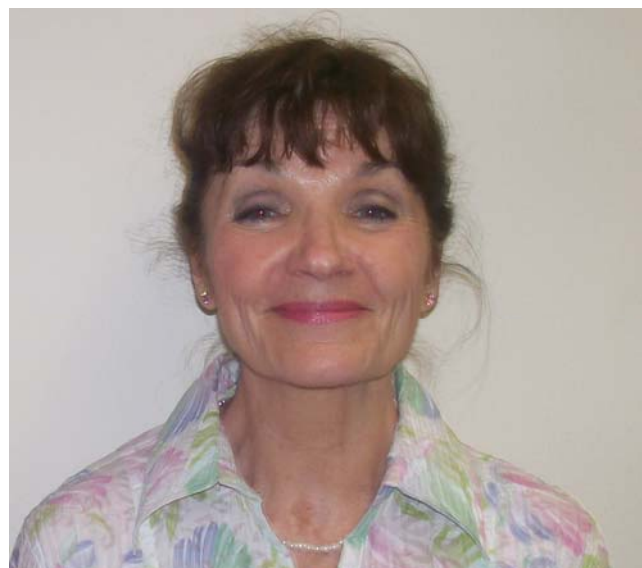
elected to serve the jail sentence.

### Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for SITC's 324 graduates was eighteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment (not retained), and who warranted (not retained), one year prior to the analysis date.

### SITC Operations

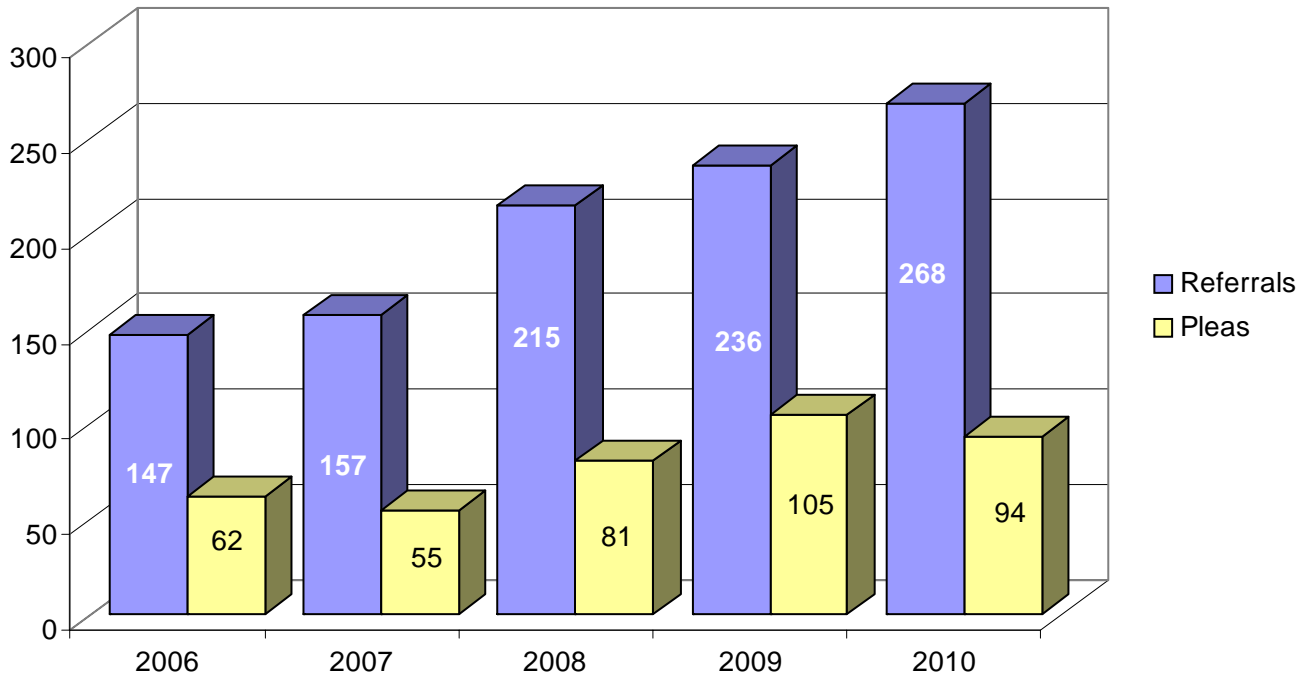
Staten Island Drug Courts, on a daily basis, handles an average of 124 cases. SITC has two case managers who share the responsibility for monitoring SITC participants with Staten Island TASC, each of whom has approximately 1/3 of the total case load. SITC and TASC clinical staff make the initial assessment and referrals to appropriate treatment modalities, and they monitor SITC participants until they complete their court mandate.



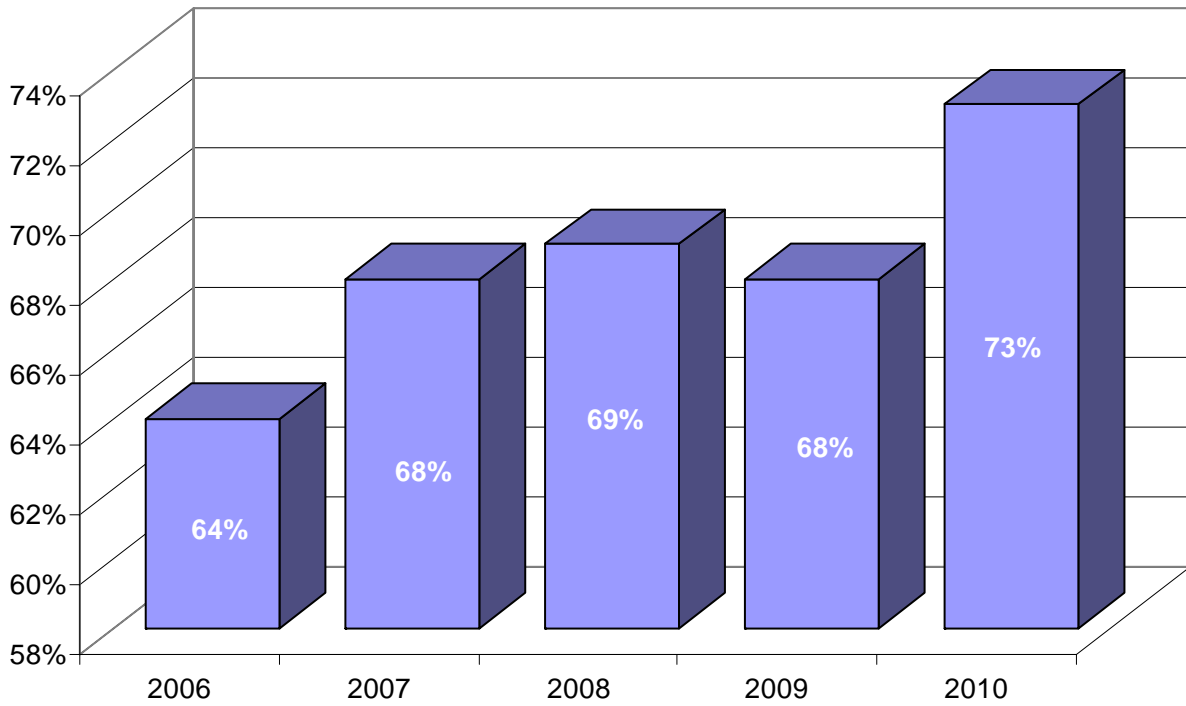
Ellen Burns, Project Director II



SITC Referrals and Pleas (Calendar Year)

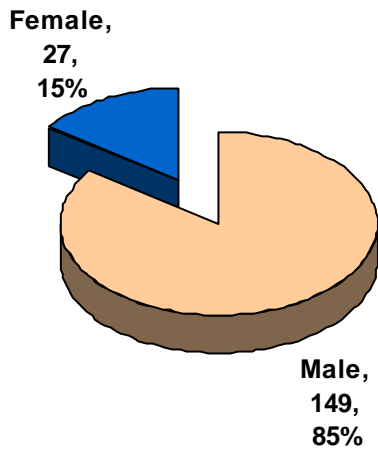


SITC Retention Rates (One Year)

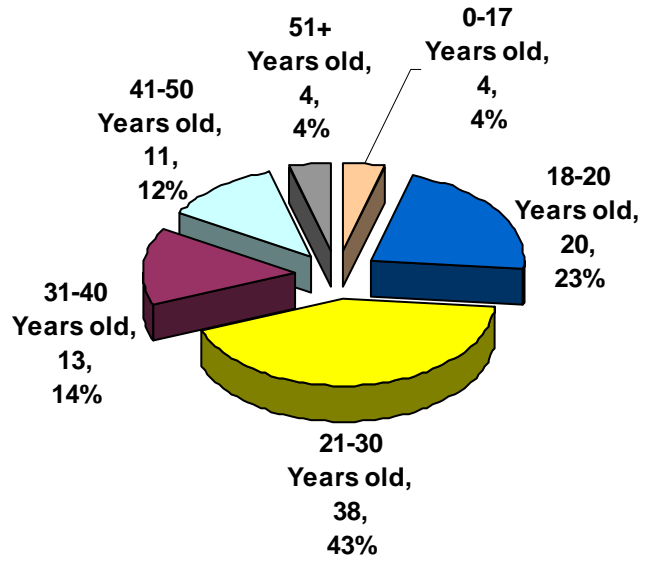




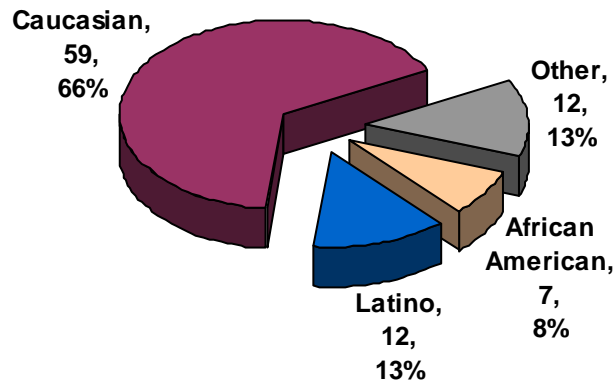
\*SITC - Gender of Participants



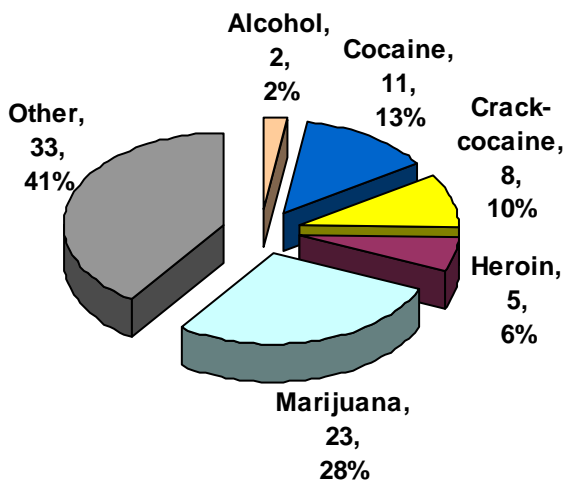
\*SITC - Age of Participants



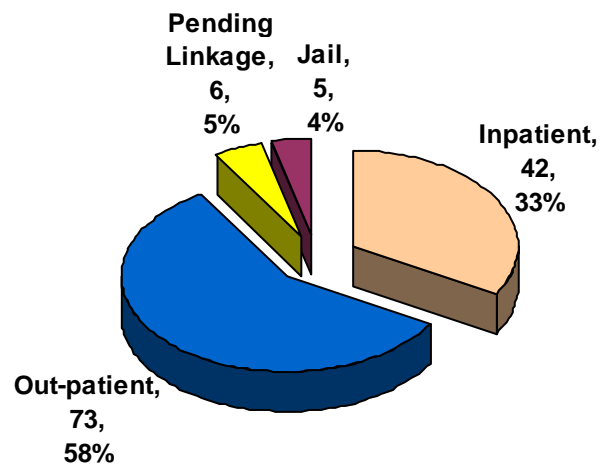
\*SITC - Race/Ethnicity of Participants



\*SITC - Participant's Drug of Choice



\*SITC - Treatment Modalities of Participants



\*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.



## 2010 STATISTICAL SUMMARY

| ARRAIGNMENT CHARGE          | ↑= Increase from last year |      |      |      | ↓= Decrease from last year |       | Totals |
|-----------------------------|----------------------------|------|------|------|----------------------------|-------|--------|
|                             | MBTC                       | MMTC | MTC  | OMTC | SITC                       | STEP  |        |
| MISDEMEANOR DRUG            | 63↓                        | 31↓  | -    | 31↓  | 24↓                        | 6↑    | 155    |
| MISDEMEANOR NON-DRUG        | 38↓                        | 3↓   | -    | 35↑  | 10↑                        | 4↑    | 90     |
| FELONY DRUG                 | 1↓                         | 3    | 19↓  | 2↑   | 39↓                        | 89↓   | 153    |
| FELONY NON-DRUG             | 6                          | 4↓   | -    | -    | 17↑                        | 60↑   | 87     |
| VIOLATION DRUG              | -                          | -    | -    | 9↑   | -                          | -     | 9      |
| MISSING                     | 43↑                        | -    | -    | 8↓   | -                          | 17↑   | 68     |
|                             | 151↓                       | 41↓  | 19↓  | 85↓  | 90↑                        | 176↑  | 562    |
| <b>GENDER</b>               |                            |      |      |      |                            |       |        |
| MALES                       | 115↓                       | 31↑  | 14↓  | 74↓  | 59↓                        | 149↑  | 442    |
| FEMALES                     | 36↓                        | 10↓  | 5↓   | 11↓  | 30↑                        | 27↑   | 119    |
|                             | 151↓                       | 41↓  | 19↓  | 85↓  | 89↓                        | 176↑  | 561    |
| <b>AGE</b>                  |                            |      |      |      |                            |       |        |
| -18                         | 3                          | -    | 3↓   | 2↑   | 4↑                         | 22↑   | 34     |
| 19-20                       | 3↑                         | 1    | 3↓   | 10↑  | 20↑                        | 32↑   | 69     |
| 21-30                       | 30↑                        | 8↓   | 6↓   | 26↓  | 38↓                        | 44↑   | 152    |
| 31-40                       | 28↓                        | 10↓  | 4↓   | 14↓  | 13↑                        | 31↓   | 100    |
| 41-50                       | 61↓                        | 18↓  | 2↓   | 26   | 11↓                        | 32↑   | 150    |
| 51+                         | 23↑                        | 4↓   | 1↓   | 7↓   | 4                          | 15↑   | 57     |
|                             | 151↓                       | 41↓  | 19↓  | 85↓  | 90↑                        | 176↑  | 562    |
| <b>RACE</b>                 |                            |      |      |      |                            |       |        |
| AFRICAN AMERICAN            | 56↓                        | 15↓  | 6↓   | 42↑  | 7↓                         | 72↓   | 198    |
| LATINO                      | 23↓                        | 8↓   | 3↓   | 14↑  | 12↑                        | 38↑   | 98     |
| CAUCASIAN                   | 2↓                         | 1↓   | 4↓   | 24↓  | 59↑                        | 17↑   | 107    |
| OTHER                       | 70↑                        | 17↑  | 6↑   | 5    | 12↑                        | 49↑   | 159    |
|                             | 151↑                       | 41↓  | 19↓  | 85↓  | 90↓                        | 176↑  | 562    |
| <b>DRUG OF CHOICE</b>       |                            |      |      |      |                            |       |        |
| ALCOHOL                     | 3↓                         | 1    | -    | 15↓  | 2↓                         | 6↓    | 27     |
| COCAINE                     | 9↓                         | 2↓   | 1↓   | 14↑  | 11↓                        | 7↓    | 44     |
| CRACK                       | 24↓                        | 10↓  | 1↓   | 16↓  | 8↑                         | 4↓    | 63     |
| HEROIN                      | 26↓                        | 5↓   | 3↓   | 16↓  | 5↓                         | 16    | 71     |
| MARIJUANA                   | 19↑                        | 5↓   | 8↓   | 16↓  | 23↓                        | 86↑   | 157    |
| OTHER                       | 1↓                         | 1↑   | -    | 5↑   | 33↓                        | 9↑    | 49     |
| MISSING                     | 69↑                        | 17↑  | 6↑   | 3↑   | 8                          | 48↑   | 151    |
|                             | 151↓                       | 41↓  | 19↓  | 85↓  | 90↓                        | 176↑  | 562    |
| <b>INCEPTION - 12/31/10</b> |                            |      |      |      |                            |       |        |
| REFERRALS                   | 15188                      | 2868 | 1625 | 3534 | 1426                       | 12644 | 37285  |
| PLEAS                       | 1648                       | 461  | 1232 | 981  | 542                        | 1578  | 6442   |
| REFUSED                     | 7251                       | 1426 | 84   | 1211 | 227                        | 3474  | 13673  |
| CRIMINAL HISTORY            | 316                        | 399  | 21   | 152  | 48                         | 1305  | 2241   |
| GRADS                       | -                          | 108  | 576  | 487  | 324                        | 1049  | 3312   |
| FAILED                      | 930                        | 271  | 620  | 389  | 87                         | 634   | 2931   |
| VOLUNTARY                   | 378                        | 97   | 106  | 148  | 55                         | 83    | 867    |
| INVOLUNTARY                 | 542                        | 162  | 464  | 203  | 32                         | 462   | 1865   |
| <b>1/1/10 - 12/31/10</b>    |                            |      |      |      |                            |       |        |
| REFERRALS                   | 2409↓                      | 336↓ | 22↓  | 533↑ | 268↑                       | 1560↓ | 5128   |
| PLEAS                       | 151↓                       | 41↓  | 19↓  | 85↓  | 94↓                        | 176↑  | 566    |
| REFUSED                     | 1168↓                      | 205↓ | 1↓   | 160↓ | 33↑                        | 461↓  | 2028   |
| CRIMINAL HISTORY            | 25↑                        | 42↑  | -    | 30↑  | 11↑                        | 87↓   | 195    |
| GRADS                       | 43↓                        | 6↓   | 1↓   | 18↓  | 16↓                        | 34↓   | 118    |
| FAILED                      | 36↓                        | 12↓  | 5↑   | 25↑  | 9↓                         | 13↓   | 100    |
| VOLUNTARY                   | 22↓                        | 1↓   | -    | 12↑  | 4↑                         | 1↑    | 40     |
| INVOLUNTARY                 | 14↓                        | 11↓  | 5↑   | 13↑  | 5↑                         | 12↑   | 60     |
| <b>AVG. CASELOADS</b>       |                            |      |      |      |                            |       |        |
|                             | 114                        | 32↓  | 57↓  | 72↓  | 124↓                       | 211↑  |        |
| <b>RETENTION RATES (%)</b>  |                            |      |      |      |                            |       |        |
|                             | 57↑                        | 47↑  | 74↑  | 69↑  | 73↑                        | 65↑   |        |
| <b>INCEPTION GRADUATES</b>  |                            |      |      |      |                            |       |        |
| EMPLOYED (FULL OR PART)     | 66                         | 17   | 452  | 185  | 207                        | 197   | 1124   |
| GOV'T ASSISTANCE            | 189                        | 27   | 147  | 361  | 76                         | 210   | 1010   |
| MEDICAID                    | 215                        | 36   | 247  | 421  | 143                        | 558   | 1620   |
| IN SCHOOL (FULL OR PART)    | 80                         | 10   | 75   | 109  | 89                         | 289   | 652    |
| VOCATIONAL TRAINING         | 67                         | 16   | 206  | 74   | 43                         | 208   | 614    |



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