



Criminal Court
of the
City of New York

Drug Court Initiative Annual Report 2012

Hon. Barry Kamins

Administrative Judge New York City Criminal Court

Justin Barry

Chief Clerk

Lisa Lindsay

Citywide Problem Solving Courts Coordinator



CRIMINAL COURT OF THE CITY OF NEW YORK DRUG COURT INITIATIVE
2012 ANNUAL REPORT
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Editor: Lisa Lindsay
Writer: Darren Edwards
Photography: Darren Edwards

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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 fifteen 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, 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.

Some 2012 Drug Court Initiative milestones:

- *4,751 defendants were referred to drug courts for evaluation;
- *572 defendants agreed to participate and pled guilty; and
- *270 participants graduated from drug court.

NOTE:

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

Introduction

Lisa Lindsay, Citywide Problem Solving Court Coordinator

It gives me great pleasure to introduce the Drug Court Initiative Annual Report for 2012. Despite the continued financial challenges, it has been another busy year, with many important achievements. The judicial and non-judicial drug court staff effectively managed diversion/treatment courts, continuing its mission to hold criminal offenders accountable while increasing the likelihood of successful rehabilitation. Over 4,700 defendants were referred to drug courts for evaluation, with 572 defendants agreeing to participate in drug court. I wish to acknowledge the hardworking judges, court and clinical staff who work everyday to change the lives of addicted offenders.

New York City Criminal Court continues to be at the forefront in providing innovative services to our drug court participants. The Department of Health and Humans Services, Substance Abuse and Mental Health Services Administration awarded the Queens Misdemeanor Treatment Court (QMTC) a three year grant. The Risk, Needs and Responsivity Project (RNR-Project) increases the success of QMTC participants by linking a comprehensive risk and needs assessment with treatment planning. The assessment process is used to determine the participant's risk level and adjusts the intensity of interventions accordingly. In addition, the RNR-Project intervention is designed to address criminogenic thinking, psycho-educational family support, and vocational counseling and job placement support for defendants as they achieve recovery.

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, and The Administrative Judge for New York City Criminal Court Barry Kamins for his support and validation of the importance of the drug courts.

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 (*Continued on the Next Page*)



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.

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)
 MDC-N - Manhattan Diversion Court, Part N
 MDC-73 - Manhattan Diversion Court, Part 73
 MDC-92 - Manhattan Diversion Court, Part 92
 BTC - Brooklyn Treatment Court
 BxTC - Bronx Treatment Court
 BxMTC - Bronx Misdemeanor Treatment 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
Specific Criteria						
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.

8,143

The total number of drug court pleas citywide between 1998 and 2012.

Includes MBTC, MMTC, MTC, QMTC, SITC, STEP, MDC-N, MDC-73 and MDC-92.

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 District Attorney's office of Bronx, Brooklyn, New York, Queens and Richmond (*Continued on Page 10*)

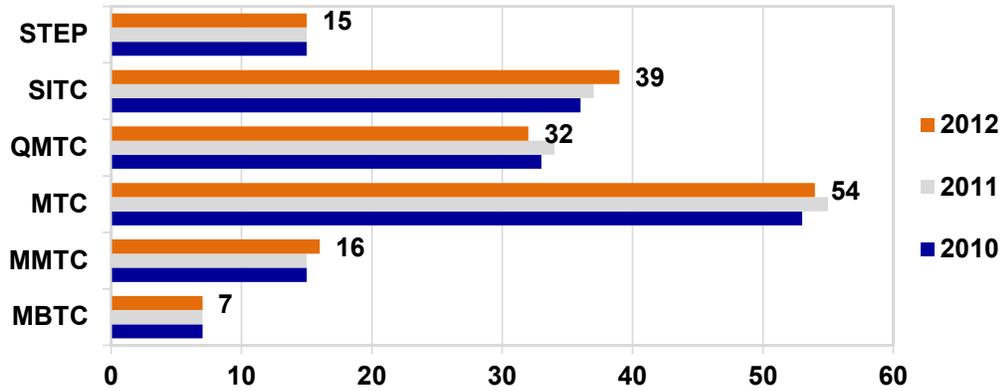


Summary Information - All Courts

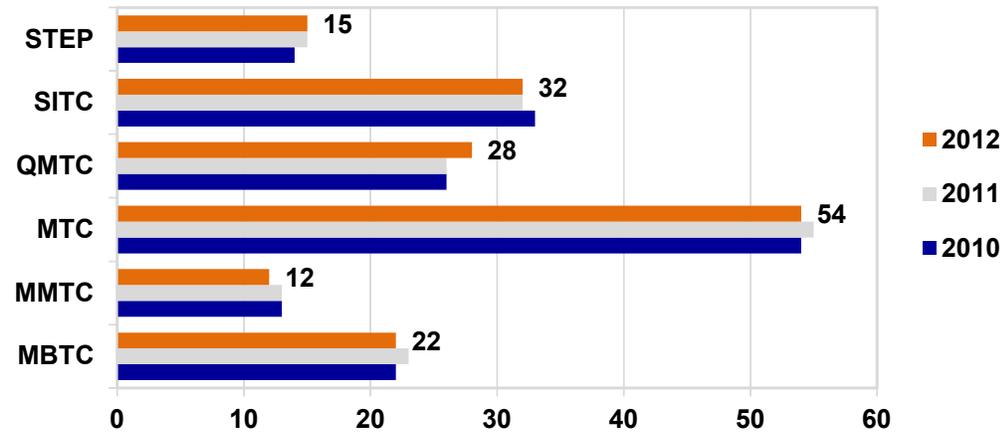
Types of Arraignment Charges

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 **sixty-three percent (63%)** of drug court participants were arraigned on felony charges - and of those, **sixty-one percent (61%)** were arraigned on drug charges. **Thirty-six percent (36%)** of participants were arraigned on misdemeanor charges - and of those, **sixty-seven percent (67%)** were arraigned on drug charges.

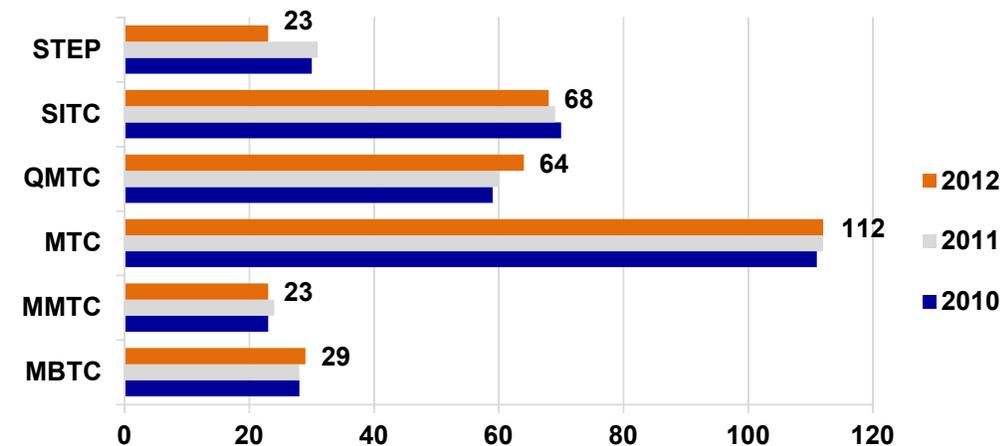
Mean Time Between Arrest and Assessment (Days)



Mean Time Between Assessment and Plea (Days)

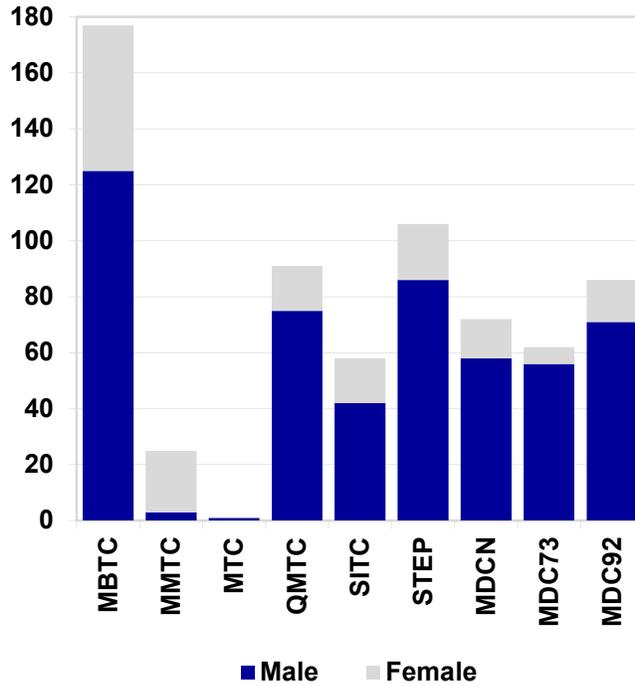


Mean Time Between Arrest and Plea (Days)

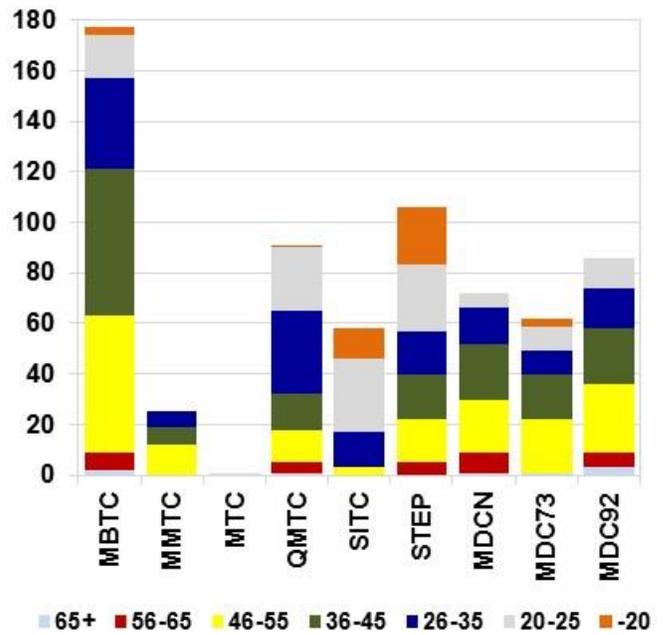




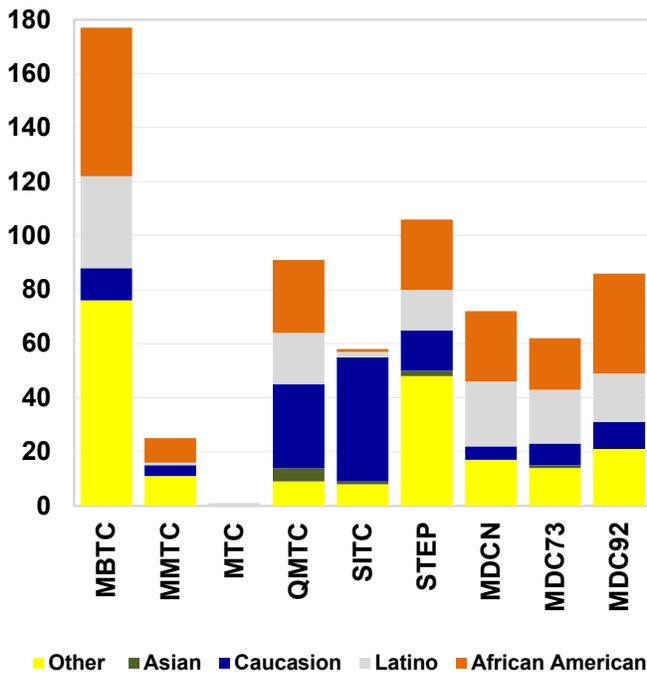
2012 Gender of Drug Court Participants



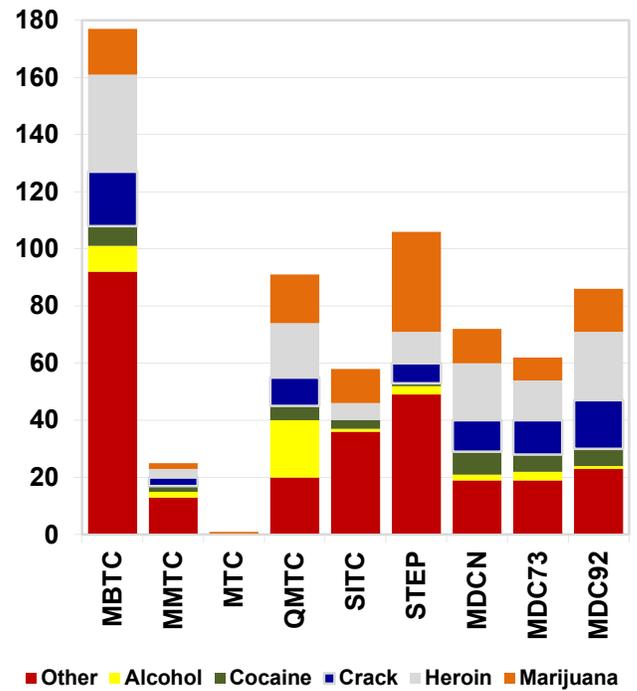
2012 Age of Drug Court Participants



2012 Ethnicity of Drug Court Participants



2012 Drug of Choice of Drug Court Participants

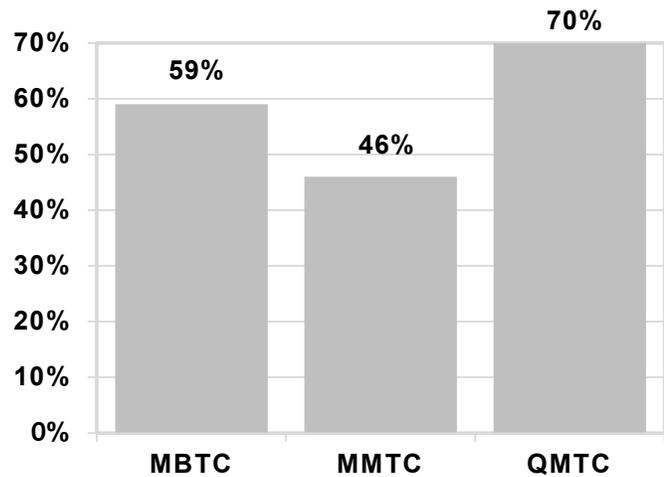




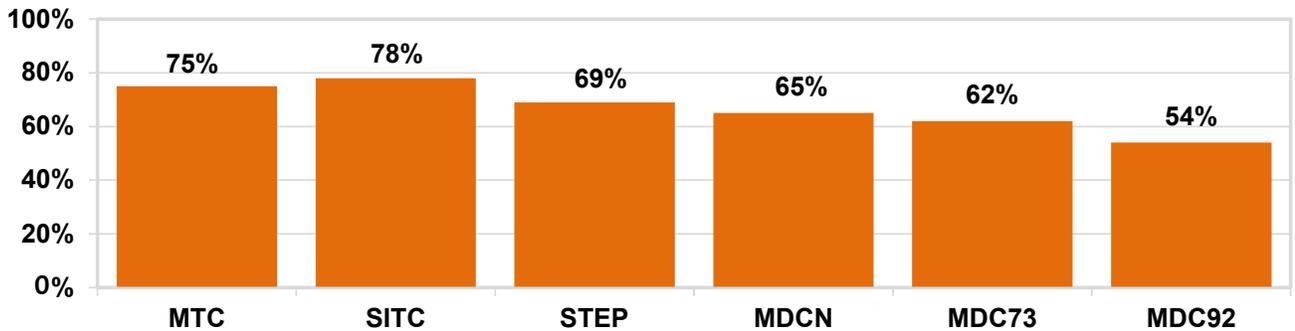
Retention Rates - All Courts

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 **67%**. 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%**.

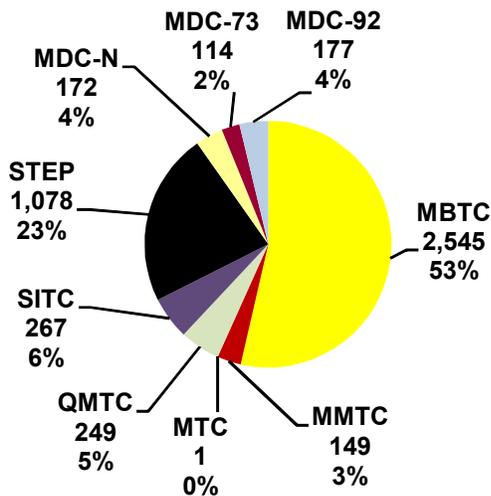
2012 Misdemeanor Drug Court Retention Rates (6 Months)



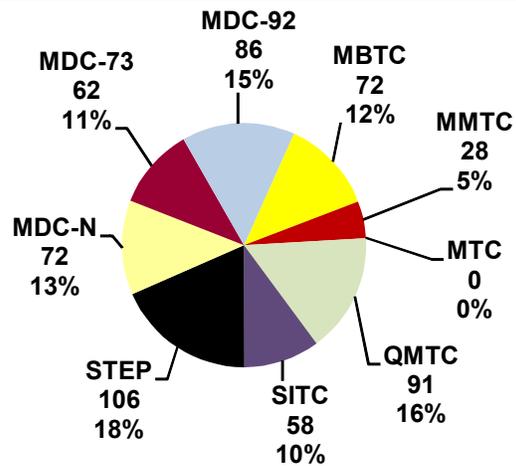
2012 Felony Drug Court Retention Rates (1 Year)



*2012 Drug Court Referrals - Citywide



*2012 Drug Court Pleas - Citywide



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



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.

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 system 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 Arraign-



ment 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 2012, the Brooklyn drug courts accounted for 61% of all defendants re-

ferred to a drug court for assessment. These three Brooklyn drug courts also accounted for 34% of all new participants. The Bronx drug courts account for 12% of the city referrals and 25% of new participants. Queens accounted for 15% of referrals and 17% of new participants.

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.

Comprehensive screening operation charts are found prior to the program description on the following pages.

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

47,380

The total number of drug court referrals citywide between 1998 and 2012.

Includes MBTC, MMTc, MTC, QMTC, SITC, STEP, MDC-N, MDC-73 and MDC-92.

counties, along with the citywide Office of the Special Narcotics Prosecutor deserve special mention for the support they have shown these innovative programs. They all have worked alongside the Courts to implement the new provisions of the Judicial Diversion Law. 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. *(The End)*



Misdemeanor Brooklyn Treatment Court Daily Operational Chart

MBTC

DAY 1

Pre-Arrestment 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: 09/06/02



Misdemeanor Brooklyn Treatment Court



Program Description

Staff

Presiding Judge	Hon. Betty Williams
Project Director II	Mia Santiago
Resource Coord. III	Michael Torres
Case Manager II	Robert Rivera
Case Manager I	Theresa Good
	Shama Greenidge
	Melinda Pavia
	Lucy Perez
	Lisa Tighe
Case Technician	Lyndon Harding
Case Technician	Miriam Famania
Probation Officer	Barbara Miles
DOE Liaison	Kristen Murphy

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 target population of the MBTC program is misdemeanor offenders with long histories of recidi-

vism. 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, **19,962** defendants have been referred to MBTC for clinical assessment, of which **1,990 (10%)** have taken a plea and opted for treatment. Of the **17,972** who did not take the plea, **9,777 (54%)** refused to participate. Of those who were accepted by MBTC and agreed to participate, **930 (47%)** graduated, approximately **193 (10%)** are currently in treatment, and **1,092 (55%)** failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2012, MBTC made up **54%** of all referrals for clinical assessment, and **12%** of all pleas taken, in Drug Treatment Court Initiative.

Descriptive Data - MBTC Participants

Arrestment charges differ for MBTC participants, with about **46%** charged with a misdemeanor drug offense and **21%** charged with misdemeanor non-drug offenses.

Graduates and Failures

So far, **930 (47%)** participants graduated from MBTC. The following information is available for MBTC graduates:

- **25%** of MBTC graduates were either full or part-time employed
- **23%** were receiving governmental assistance
- **25%** were receiving Medicaid
- **20%** of MBTC participants were either in full or part-time school
- **28%** of graduates participated in vocational training

Conversely, **1,092 (55%)** participants failed to complete the court mandate. **Sixty percent (60%)** of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treat-



ment, 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. **Thirty-nine percent (39%)** 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.

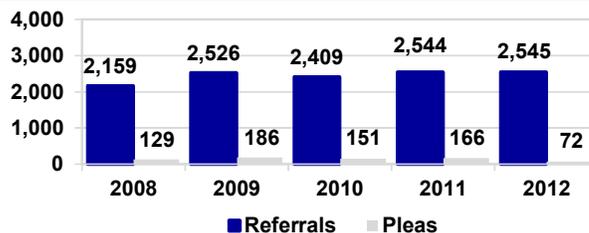
Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MBTC's 930 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.

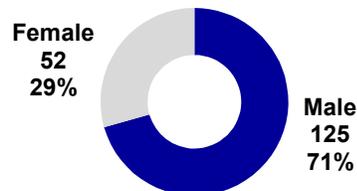
MBTC Operations

On average the MBTC daily caseload for 2012 was 193 cases. Each case manager typically monitored approximately 35-40 cases. The MBTC clinical staff also works with other treatment agencies such as DTAP, TASC and TAD. 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.

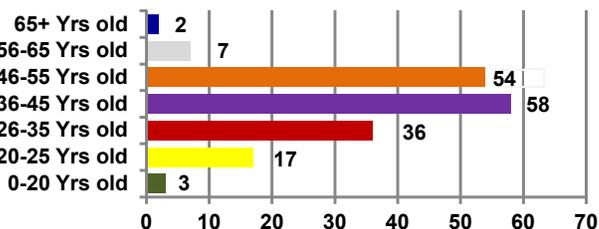
*MBTC Referrals and Pleas (Calendar Year)



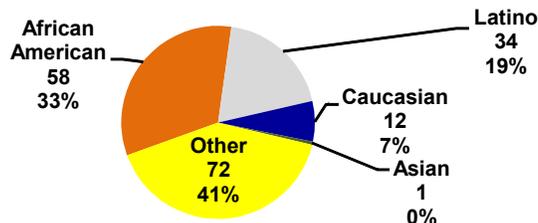
*MBTC - Gender of Participants



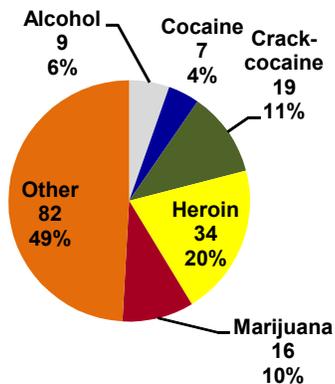
*MBTC - Age of Participants



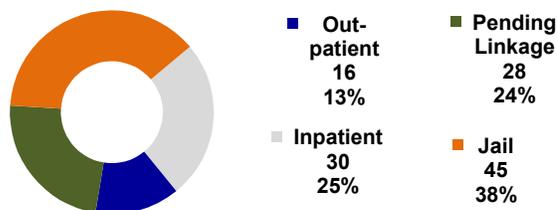
*MBTC - Race/Ethnicity of Participants



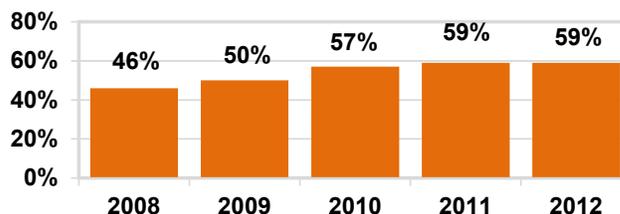
*MBTC - Participant's Drug of Choice



*MBTC - Treatment Modalities of Participants



*MBTC Retention Rates (6 Months)

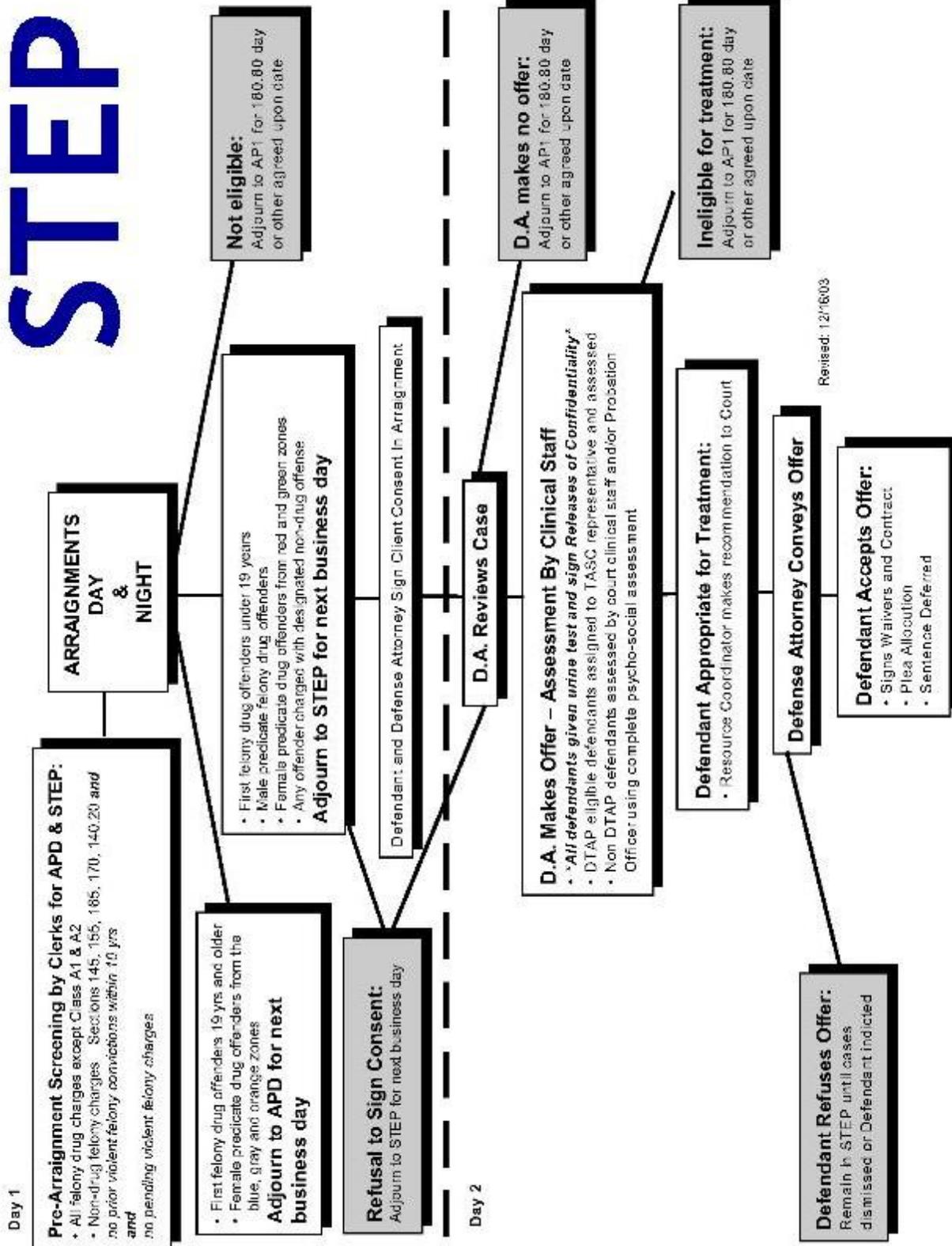


*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.



Screening & Treatment Enhancement Part Daily Operational Chart

STEP





Screening & Treatment Enhancement Part



Program Description

Staff

Presiding Judge	Hon. Betty Williams
Project Director II	Mia Santiago
Resource Coord. III	Michael Torres
Case Manager II	Robert Rivera
Case Manager I	Lisa Tighe
	Shatia Eaddy
	Theresa Good
	Melinda Pavia
	Lucy Perez
	Shama Greenidge
Case Technician	Lyndon Harding
Probation Officer	Barbara Miles
DOE Liaison	Kristen Murphy
Lab Tech	Lyndon Harding

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, 14,989 non-violent felony drug offenders have been referred to STEP for clinical assessment, of which 1,831 (12%) pled guilty and agreed to participate in treatment. Of the 13,158 who did not plea guilty, 4,168 (32%) refused to participate and 1,403 (11%) had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, 1,261 (69%) graduated, 304 (17%) are currently in treatment, and 721 (39%) failed to complete their court mandate.

Intake and Referral Data

In calendar year 2012, STEP made up 23% of all referrals, and 18% of all pleas taken, the Drug Treatment Court Initiative.

Descriptive Data - STEP Participants

Arraignment 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 eight years that STEP has been operational, 1,261 (69%) participants graduated. The following information is available for STEP graduates:

- 29% of graduates were either full or part-time employed
- 32% were receiving governmental assistance
- 72% were receiving Medicaid
- 46% of STEP participants were either in school, full or part-time
- 34% of graduates received vocational training

Conversely, 721 (39%) participants failed to complete their court mandate. Seventy-four percent (74%) 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. Twelve percent (12%) 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 1,261 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.

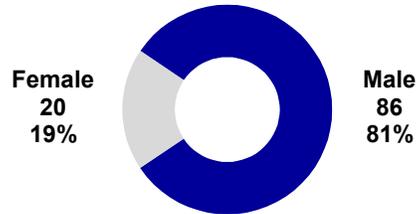
STEP Operations

In 2012 the average STEP caseload on any given day was 304 cases. Each case manager typically monitored between 35-40 participants at any given time in 2012. The clinical staff also takes cases from multiple courts. Treatment modality decisions are made by the STEP case management team under the supervision of the project director.

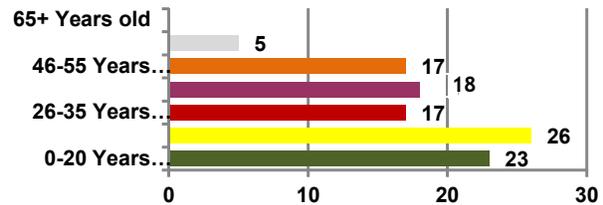
*STEP Referrals and Pleas (Calendar Year)



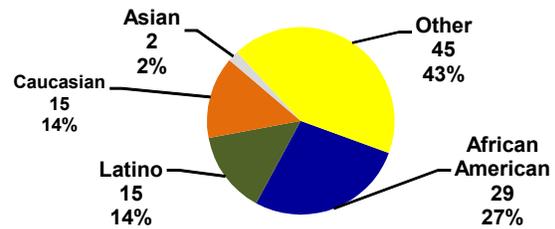
*STEP - Gender of Participants



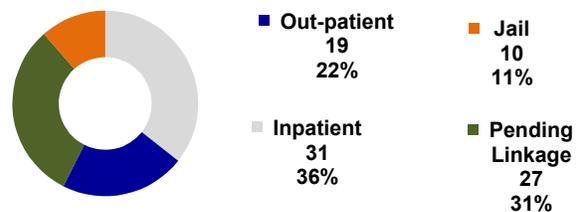
*STEP - Age of Participants



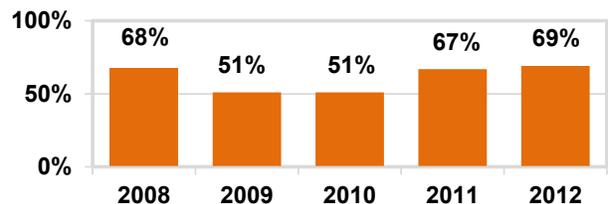
*STEP - Race/Ethnicity of Participants



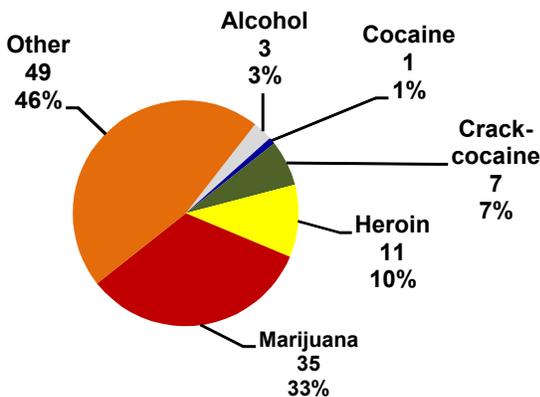
*STEP - Treatment Modalities of Participants



*STEP Retention Rates (1 Year)



*STEP - Participant's Drug of Choice



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



Manhattan Misdemeanor Treatment Court Daily Operational Chart

MMTC

Preliminary Marking by Clerks for MTC and MMTC:

MTC Eligible

- OSN prosecution
- B, C or D felony narcotic charge

Exclusions

- no prior felony convictions

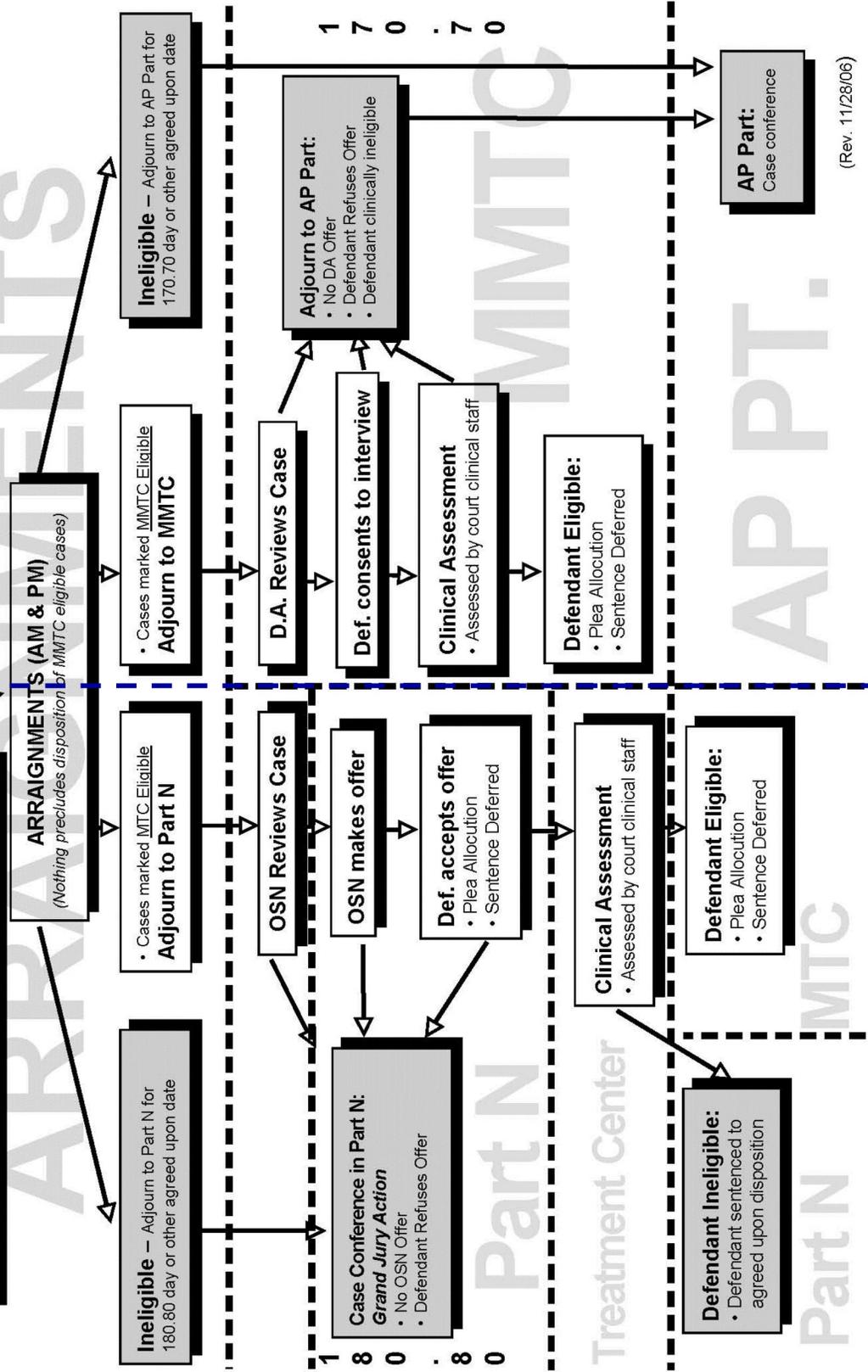
MMTC Eligible

- "non-violent," non-marijuana class A misdemeanor offense;
- 8 or more prior convictions; and/or
- on probation or parole

Exclusions

- no prior violent felony convictions
- no prior sex or arson convictions

D A Y 1



(Rev. 11/28/06)



Manhattan Misdemeanor Treatment Court



Program Description

Staff

Presiding Judge	Hon. Richard Weinberg
Project Director II	Debra Hall-Martin
Resource Coord. III	Laverne Chin
Case Manager II	Alisha Corridon
Case Manager II	Desiree Rivera
Case Manager II	General Wright
Case Manager I	Darlene Buffalo
	Richard Cruz
	Darryl Kittel
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, **3,181** nonviolent misdemeanor offenders have been referred to MMTC

for clinical assessment, of which **514 (16%)** have taken a plea and opted for treatment. Of the **2,667** who did not plea guilty and agreed to participate, **1,591 (60%)** refused to participate and **437 (14%)** had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, **29 (6%)** are currently in treatment, and **311 (61%)** failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2012, MMTC made up **3%** 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 **36%** have pled to a non-drug misdemeanor with **56%** pleading to a misdemeanor drug offense.

Graduates and Failures

In the almost nine years that MMTC has been operational, **131 (25%)** participants have graduated. The following information is available for MMTC graduates:

- **34%** of graduates were either full or part-time employed,
- **54%** were receiving governmental assistance
- **27%** were receiving Medicaid
- **20%** of MMTC participants were in school either full or part-time
- **30%** of graduates received vocational training

Conversely, **311 (61%)** 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-two percent (62%)** of the failures were involuntary. **Thirty-four percent (34%)** of failures were voluntary, meaning



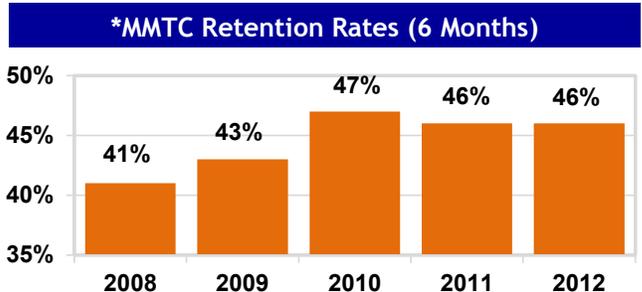
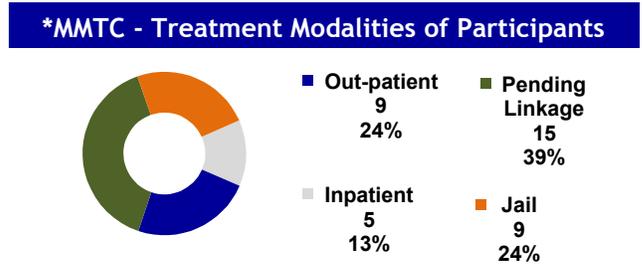
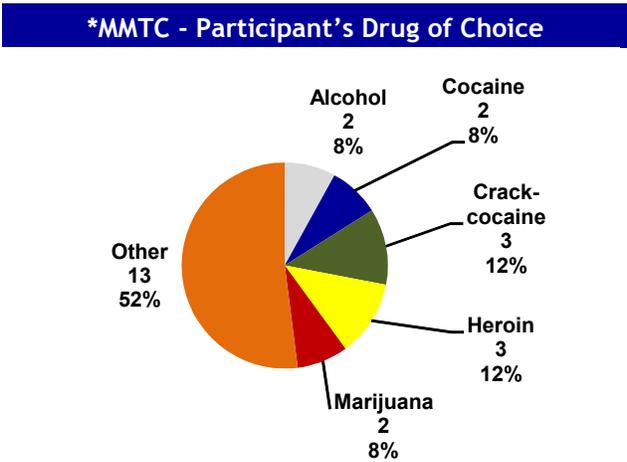
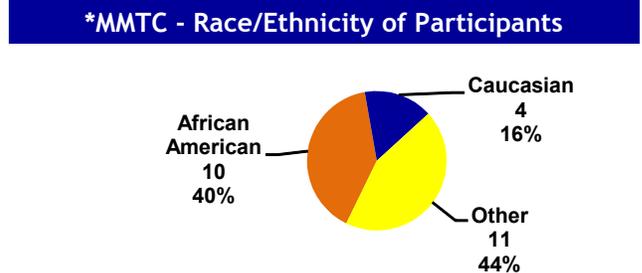
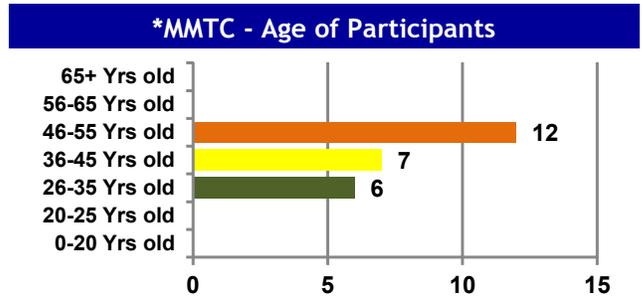
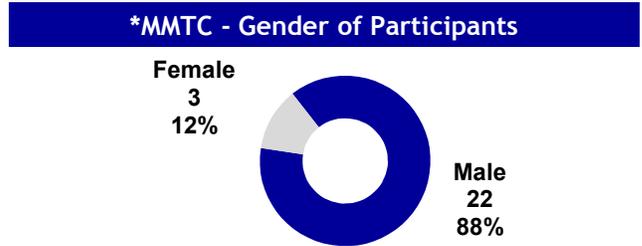
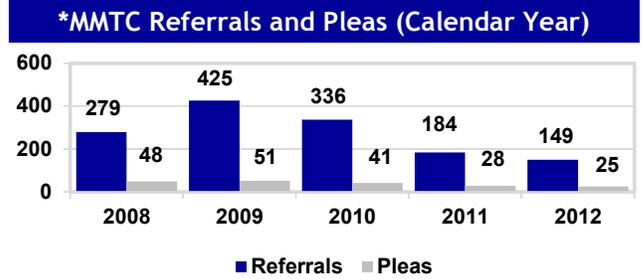
that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MMTC's 131 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

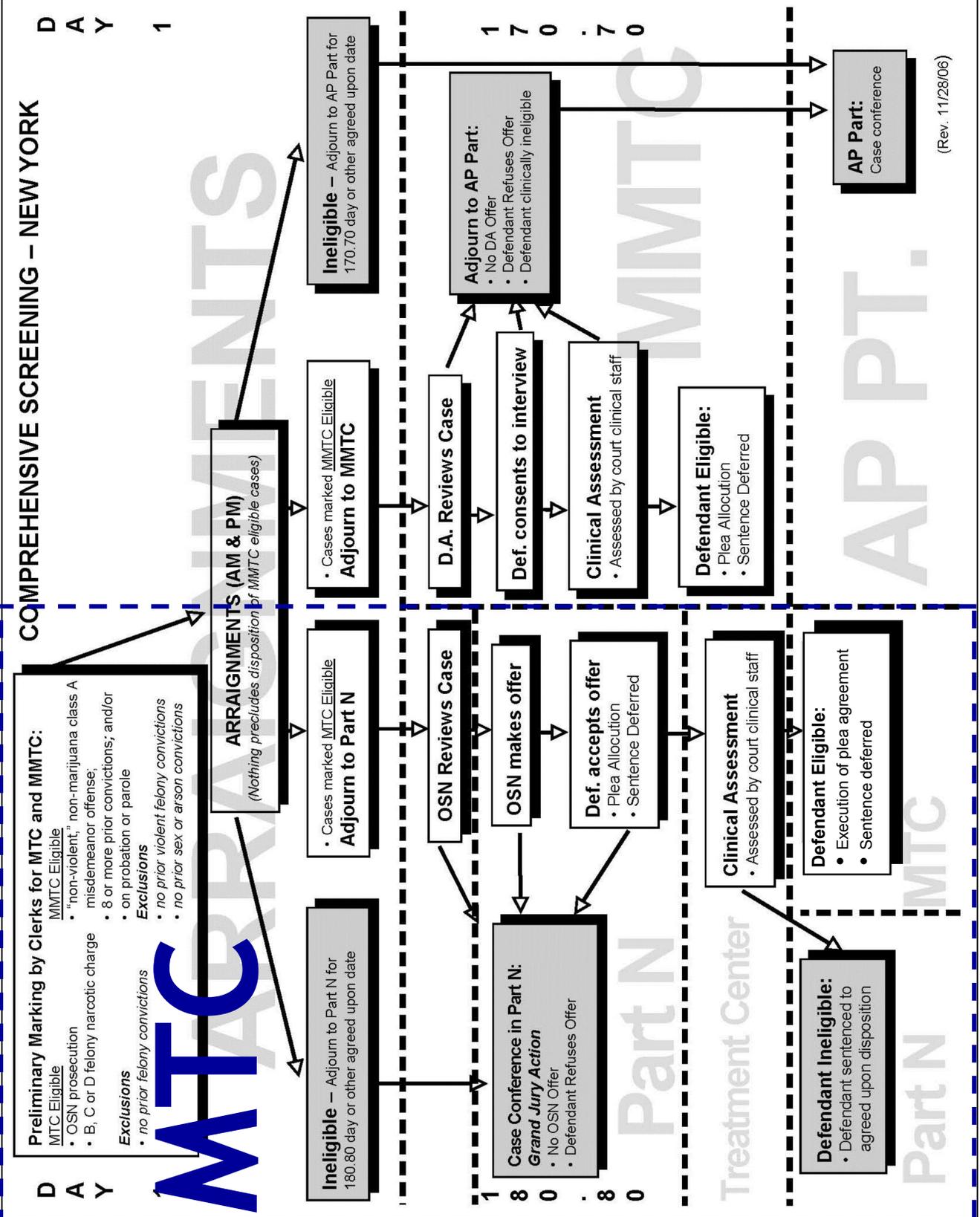
On average the MMTC daily caseload for 2012 was 29 cases. Each MMTC case manager typically monitor approximately 1-5 cases. Occasionally, the clinical staff also takes cases from various court parts. Treatment modality decisions are made based on the initial clinical assessment, and change based on MMTC case management decisions under the supervision of the MMTC operations director.



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



Manhattan Treatment Court Daily Operational Chart





Manhattan Treatment Court



Program Description

Staff

Presiding Judge	Hon. Richard Weinberg
Project Director II	Debra Hall-Martin
Resource Coord. III	Laverne Chin
Case Manager II	Alisha Corridon
Case Manager II	Desiree Rivera
Case Manager II	General Wright
Case Manager I	Darlene Buffalo
	Richard Cruz
	Darryl Kittel
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, **1,633** nonviolent felony drug offenders have been referred to MTC for assessment, of which **1,237 (76%)** have pled guilty and opted for treatment. Of the **396** defendants who did not take the plea, **85 (21%)** refused to participate. Of those who were accepted by MTC and took a plea, **597 (48%)** graduated, **13 (1%)** are currently in treatment, and **636 (51%)** failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2012, MTC made up less than **1%** of all referrals and 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, **597 (48%)** participants graduated from MTC. The following information is available for MTC graduates:

- **70%** of MTC graduates were either full or part-time employed
- **19%** were receiving governmental assistance
- **32%** were receiving Medicaid
- **30%** of MTC Graduates received a high school diploma or GED while undergoing treatment
- **36%** were either in full or part-time school
- **32%** of graduates received vocational training

Conversely, **636 (51%)** 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. **Eighteen percent (18%)** of failures were voluntary, meaning that the par-



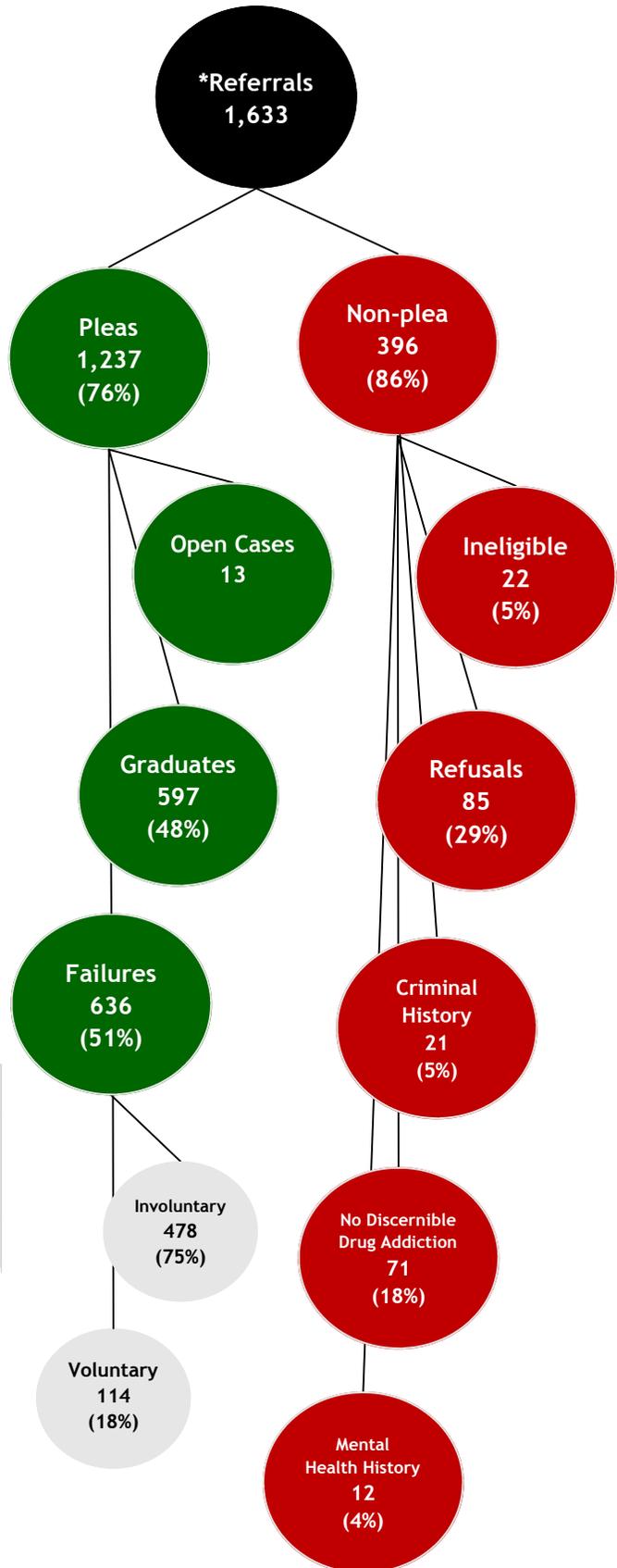
participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

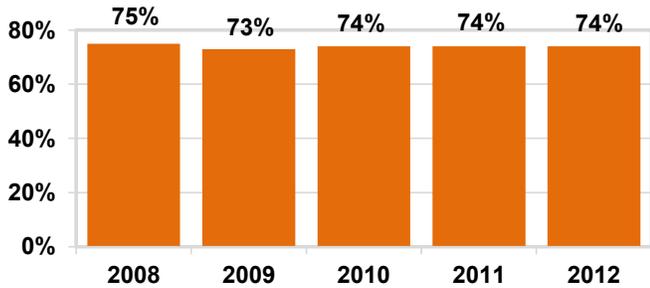
The average length of treatment (based on graduation date) for MTC’s 597 graduates was between eighteen and nineteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment and were sentenced 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 2012 was 10-15 cases. Each MTC case manager typically monitor approximately 0-5 MTC cases. These case managers also handle caseloads from the other Manhattan Treatment Diversion Courts. Treatment modality decisions are made based on the initial clinical assessment, and change based on MTC case management decisions under the supervision of the MTC operations director.



***MTC Retention Rates (1 Year)**



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



Manhattan Diversion Courts



Program Description

Staff

Presiding Judge (MDC-N)	Hon. Richard Weinberg
Presiding Judge (MDC-73)	Hon. Eduardo Padro
Presiding Judge (MDC-92)	Hon. Patricia Nunez
Project Director II	Debra Hall-Martin
Resource Coord. III	Laverne Chin
Case Manager II	Alisha Corridon
Case Manager II	Desiree Rivera
Case Manager II	General Wright
Case Manager I	Darlene Buffalo
	Richard Cruz
	Darryl Kittel
Case Technician	Monique Emerson
Voc/Ed Case Mgr II	Shannon Castang-Feggins

Introduction

In October 2009, the Manhattan Diversion Courts (MDC-N, MDC-73 and MDC-92) opened in the Manhattan County Criminal Court to provide an alternative to incarceration for drug-addicted felony offenders. The intended target population of the

MDC program is felony offenders with long histories of recidivism. MDC functions as a collaborative effort between Manhattan Criminal and Supreme 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 2009, **1,758** nonviolent felony drug offenders have been referred to MDC for assessment, of which **761 (43%)** have pled guilty and opted for treatment. Of the **997** defendants who did not take the plea, **190 (19%)** refused to participate. Of those who were accepted by MTC and took a plea, **124 (16%)** graduated, **562 (73%)** are currently in treatment, and **200 (26%)** failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2012, MDC made up **10%** of all referrals and **38%** of pleas taken in the Drug Treatment Court Initiative.

Descriptive Data - MDC Participants

All MDC 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 2009, **124 (16%)** participants graduated from MDC. The following information is available for MDC graduates:

- **53%** of MDC graduates were either full or part-time employed
- **26%** were receiving governmental assistance
- **38%** were receiving Medicaid
- **9%** were either in full or part-time school
- **16%** of graduates received vocational training

Conversely, **200 (26%)** MDC 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 MDC. **Twenty-two (22%)** of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

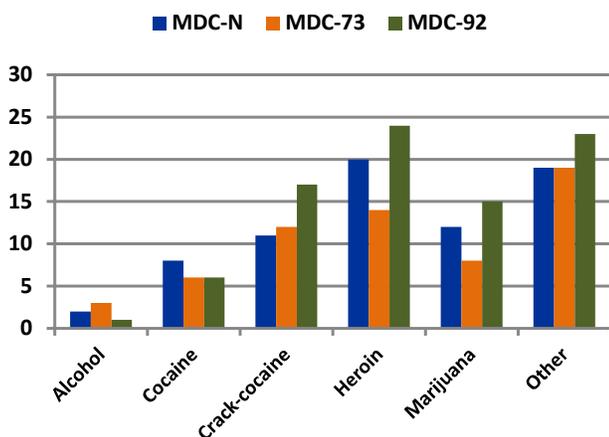
Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MDC's 124 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. In 2012, the average retention rate for MDC participants is **60%**.

MDC Operations

In 2012, the average caseload for MDC-N was **159**, MDC-73 was **165** and MDC-92 was **184**, for a total of **486** MDC cases. Each MDC case manager typically monitor approximately **65-70** cases. These case managers may also handle caseloads from the other Manhattan Drug Court parts. Treatment modality decisions are made based on the initial clinical assessment, and change based on MDC case management decisions under the supervision of the MDC operations director.

MDC - Participant's Drug of Choice



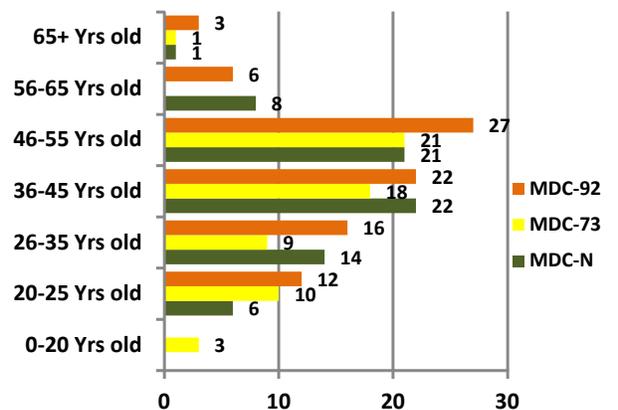
MDC Referrals and Pleas (Calendar Year)

	Referrals			Pleas		
	MDC-N	MDC-73	MDC-92	MDC-N	MDC-73	MDC-92
2012	172	114	177	72	62	86
2011	133	126	215	68	65	76

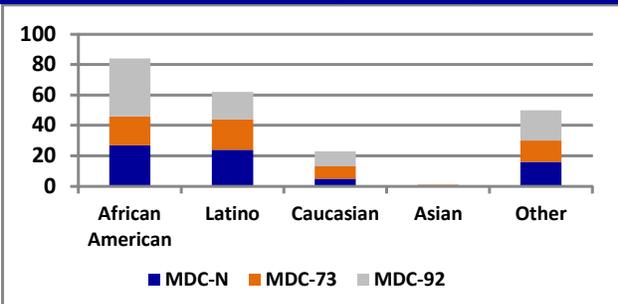
MDC - Gender of Participants

	Males			Females		
	MDC-N	MDC-73	MDC-92	MDC-N	MDC-73	MDC-92
2012	58	56	71	14	6	15
2011	63	57	62	5	8	14

MDC - Age of Participants



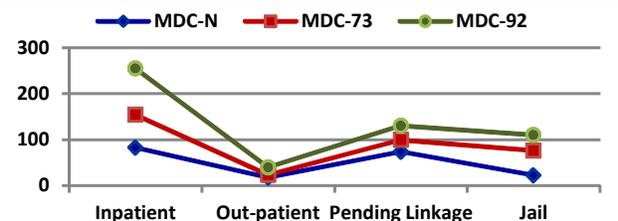
MDC - Race/Ethnicity of Participants



MDC Retention Rates (1 Year)

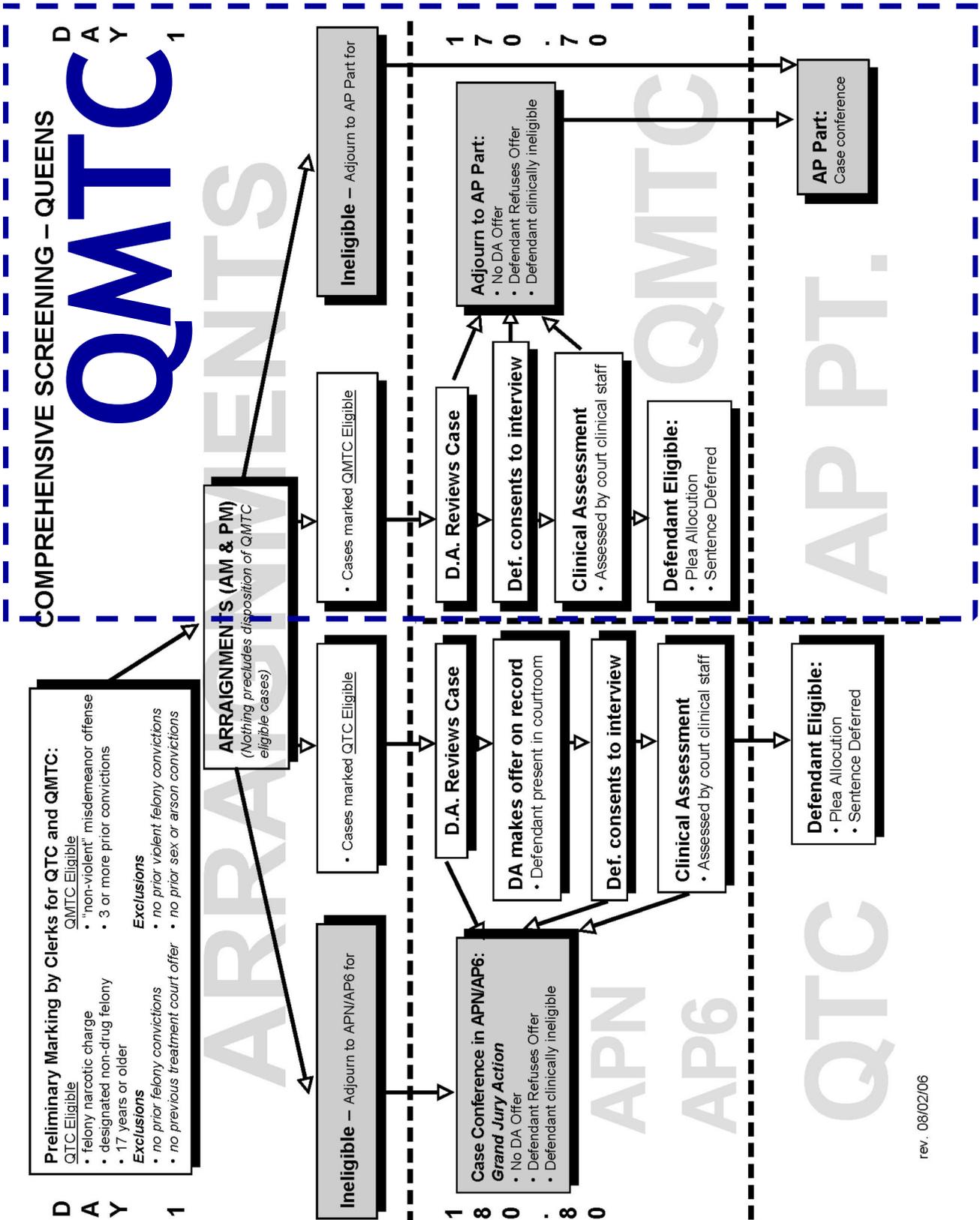
	MDC-N	MDC-73	MDC-92
2012	58	56	71

MDC - Treatment Modalities of Participants





Queens Misdemeanor Treatment Court Daily Operational Chart



rev. 08/02/06



Queens Misdemeanor Treatment Court



Program Description

Staff

Presiding Judge	Hon. Toko Serita
Project Director II	Naima Aiken
Resource Coord. III	Lisa Babb
Case Manager I	Jose Figueroa Diana George
TASC Case Manager	Brian Delaney

Introduction

In 2002, the Queens Misdemeanor Treatment Court (QMTc) opened in the Queens Criminal Court as an alternative to incarceration for non-violent drug-abusing, misdemeanor offenders. QMTc 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, 4,130 nonviolent misdemeanor drug offenders have been referred to QMTc for clinical assessment, of which 1,146

(28%) pled guilty and agreed to participate in treatment. Of the 2,984 who did not plea guilty, 1,410 (47%) refused to participate. Of those who agreed to participate and pled guilty, 590 (51%) graduated, 87 (8%) are currently in treatment, and 445 (39%) failed to complete the court mandate.

Intake, Referral and Participant Data

In calendar year 2012, QMTc made up 5% of all referrals, and 15% of all pleas taken in the Drug Treatment Court Initiative.

Descriptive Data - QMTc Participants

QMTc participants can be charged with misdemeanor drug or non-drug offenses. Breakdown of arraignment charge is about 49% drug and 22% non-drug offenses. Drug of choice information is self-reported and obtained at the time of initial clinical assessment.

Graduates and Failures

Since inception, 590 (51%) participants have graduated from QMTc. The following information is available for QMTc graduates:

- 37% of graduates were employed, either full or part-time
- 57% were receiving governmental assistance
- 67% were receiving Medicaid
- 27% of QMTc graduates were in school, either full or part-time
- 14% participated in vocational training

Conversely, 445 (39%) QMTc participants failed to complete treatment. Thirty-eight percent (38%) 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. Fifty percent (50%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.



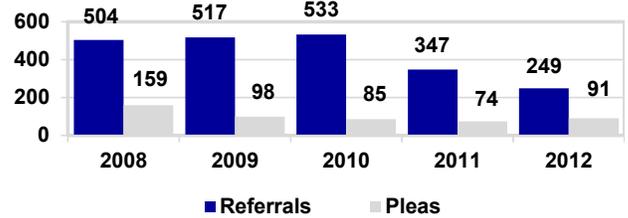
Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for QMTC's 590 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).

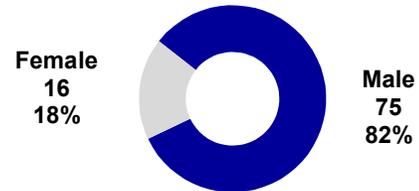
QMTC Operations

On average the daily QMTC caseload for 2012 was 105 cases. Each QMTC case manager typically monitored approximately 25-30 cases. The QMTC clinical staff often takes court cases from other parts as well. Treatment modality decisions are made by the QMTC case management team under the supervision of the Project Director.

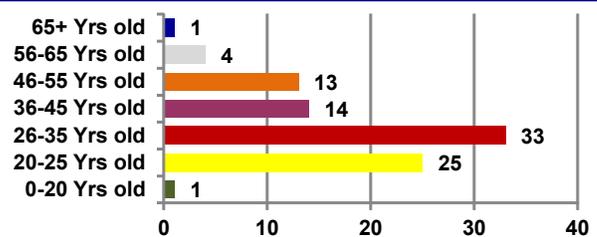
***QMTC Referrals and Pleas (Calendar Year)**



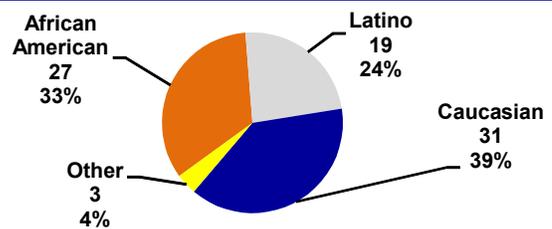
***QMTC - Gender of Participants**



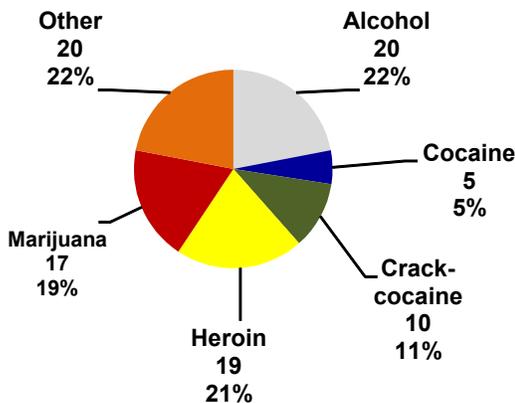
***QMTC - Age of Participants**



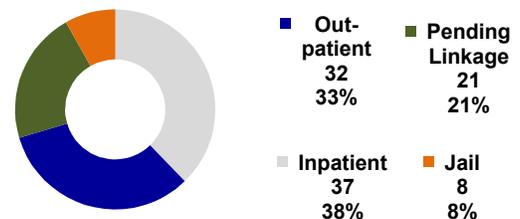
***QMTC - Race/Ethnicity of Participants**



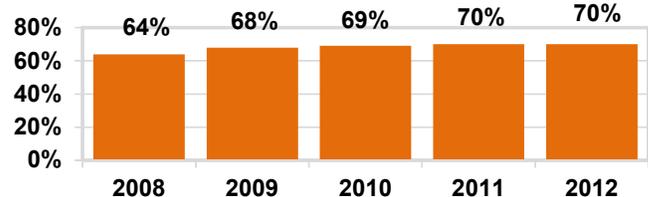
***QMTC - Participant's Drug of Choice**



***QMTC - Treatment Modalities of Participants**



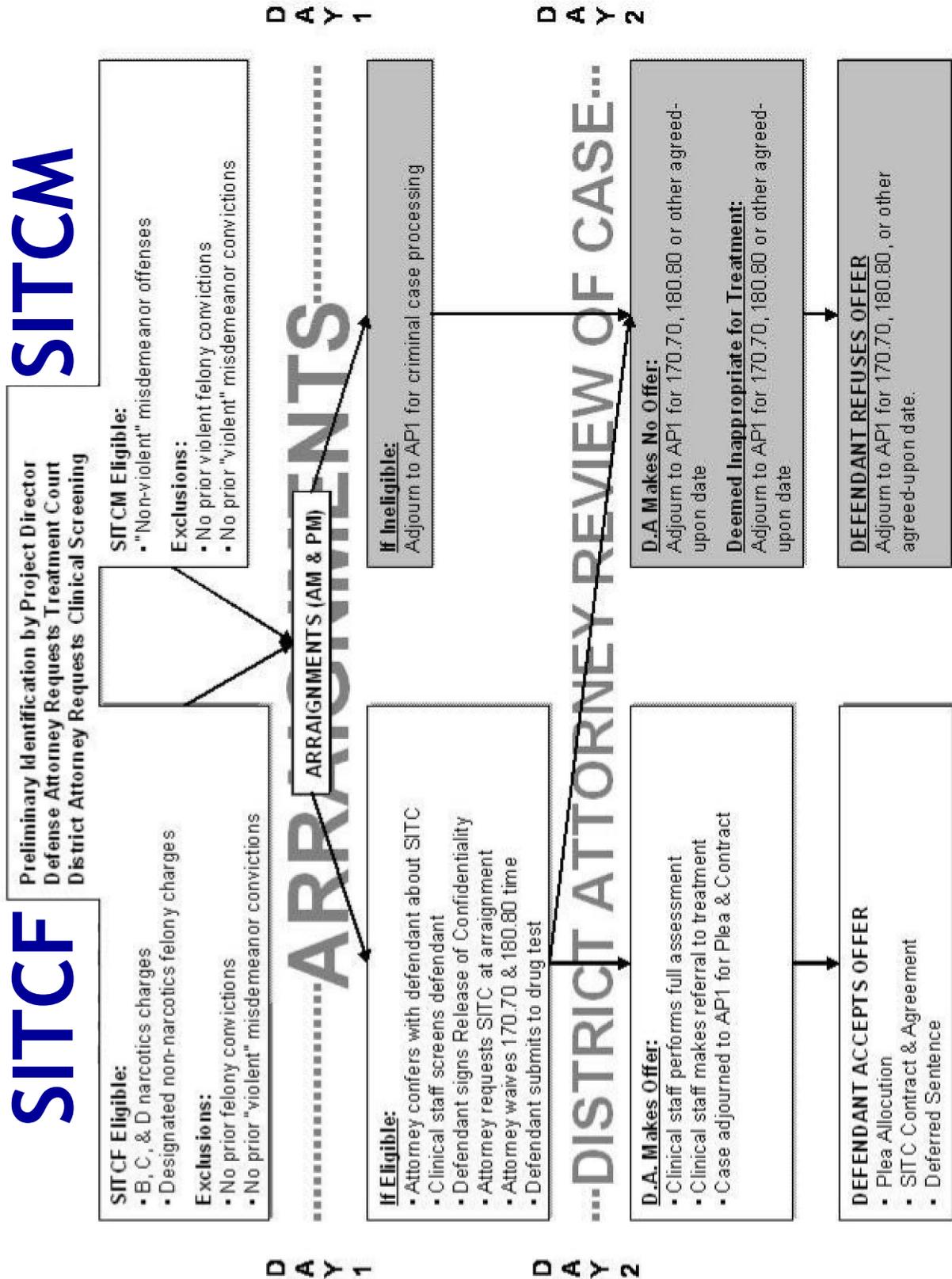
***QMTC Retention Rates (6 Months)**



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



Staten Island Treatment Court Daily Operational Chart





Staten Island Treatment Court & Staten Island



Program Description

Staff

Presiding Judge	Hon. Alan Meyer
Project Director II	Ellen Burns
Case Manager II	Sandra Thompson Shatia Eaddy

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, **1,727** nonviolent drug offenders have been referred to Staten Island Drug Courts for clinical assessment, of which **664 (38%)** pled guilty and agreed to participate in treatment.

Of the **1,063** who did not plea guilty, **273 (26%)** refused to participate. Of those who were accepted by Drug Court and pled guilty, **424 (64%)** graduated, **135 (23%)** are currently in treatment, and **175 (26%)** failed to complete their court mandate.

Intake, Referral and Participant Data

In calendar year 2012, Staten Island Drug Court made up **6%** of all referrals, and **10%** of all pleas taken in the Drug Treatment Court Initiative.

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 **43%** 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

424 (64%) participants graduated from Drug Court since its inception. The following information is available for the graduates:

- **64%** of graduates were employed, either full or part-time
- **24%** were receiving governmental assistance
- **45%** were receiving Medicaid
- **42%** of SITC participants were in school, either full or part-time
- **38%** of SITC graduates participated in vocational training

Conversely, **175 (26%)** participants have failed to complete treatment. **Thirty percent (30%)** 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, **39%** of fail-



ures were voluntary, meaning that the participant opted out of Drug Court and elected to serve the jail sentence.

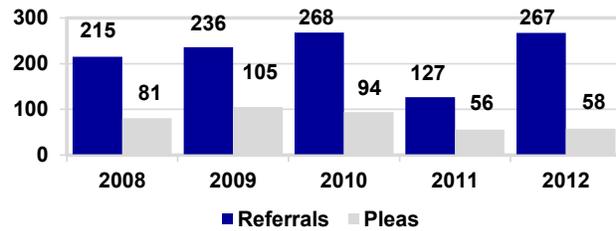
Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for SITC's 424 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.

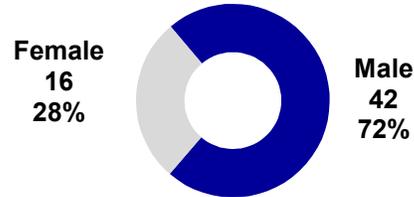
SITC Operations

Staten Island Drug Courts, on a daily basis, handles an average of 150 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. These case managers may also handle caseloads from the other Manhattan Drug Court parts. Treatment modality decisions are made based on the initial clinical assessment, and change based on SITC case management decisions under the supervision of the SITC operations director.

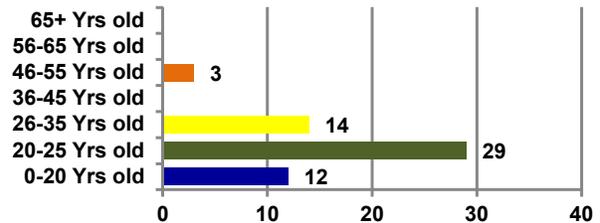
*SITC Referrals and Pleas (Calendar Year)



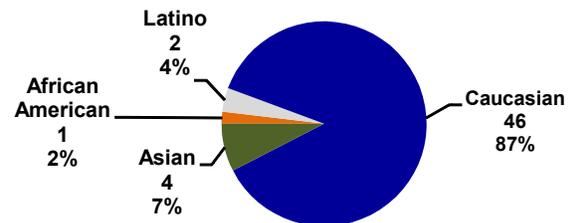
*SITC - Gender of Participants



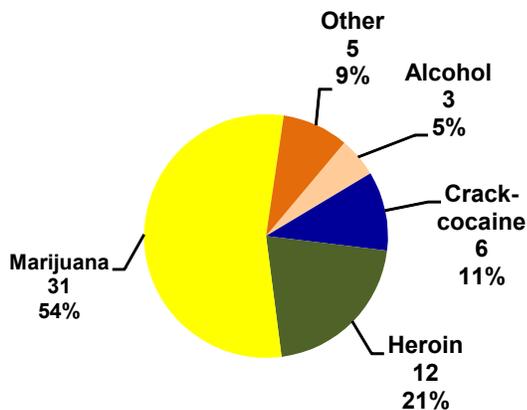
*SITC - Age of Participants



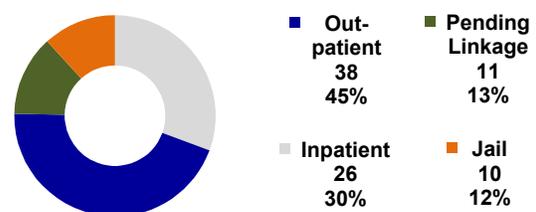
*SITC - Race/Ethnicity of Participants



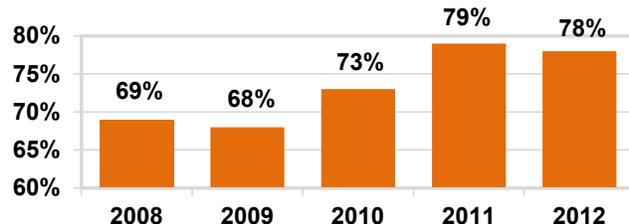
*SITC - Participant's Drug of Choice



*SITC - Treatment Modalities of Participants



*SITC Retention Rates (1 Year)



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



2012 STATISTICAL SUMMARY

ARRAIGNMENT CHARGE	MBTC	MMTC	MTC	QMTC	SITC	STEP	Totals
MISDEMEANOR DRUG	82	14		35	20	7	158
MISDEMEANOR NON-DRUG	37	9		20	8	4	78
FELONY DRUG	-	1	1	6	35	35	78
FELONY NON-DRUG	2	1	-	-	51	51	105
VIOLATION DRUG	-	-	-	4	-	1	4
MISSING	56	-		11		12	58
	177	28	4	74	56	145	473
GENDER							
MALES	125	22	1	75	42	86	351
FEMALES	52	3		16	16	20	107
	177	25	1	91	58	106	458
AGE							
-20	3			1	12	23	39
20-25	17		1	25	29	26	98
26-35	36	6		33	14	17	106
36-45	58	7		14		18	97
46-55	54	12		13	3	17	99
56-65	7			4		5	16
65+	2			1			3
	177	25	1	91	58	106	458
RACE							
AFRICAN AMERICAN	58	10	-	30	1	29	128
LATINO	34	-	1	19	2	15	71
CAUCASIAN	12	4	-	31	46	15	108
OTHER	73	11	-	6	8	45	143
	151	28	4	74	56	145	458
DRUG OF CHOICE							
ALCOHOL	9	2		20	1	3	35
COCAINE	7	2		5	3	1	18
CRACK	19	3		10	0	7	39
HEROIN	34	3		19	6	11	73
MARIJUANA	16	2	1	17	12	35	83
OTHER	3			7	31	7	48
MISSING	89	13		13	5	42	162
	177	25	1	91	58	106	458
INCEPTION - 12/31/12							
REFERRALS	19962	3181	1633	4130	1727	14989	45622
PLEAS	1990	514	1237	1146	664	1831	7382
REFUSED	9777	1591	21	1410	273	4164	17236
CRIMINAL HISTORY	321	437	85	179	61	1403	2486
GRADS	930	131	597	590	424	1261	3933
FAILED	1092	311	636	445	175	721	3380
VOLUNTARY	429	106	114	222	68	90	1029
INVOLUNTARY	653	193	478	171	53	536	2084
1/1/12 - 12/31/12							
REFERRALS	2545	149		249	267	1078	4288
PLEAS	72	25		91	58	106	352
REFUSED	1			68		346	415
CRIMINAL HISTORY				10		32	42
GRADS	30	1	1	45	3	115	195
FAILED	40	12		28	3	51	134
VOLUNTARY	17	3		12	1	4	37
INVOLUNTARY	22	9	1	8	2	46	88
AVG. CASELOADS							
	193	29	13	85	150	304	
RETENTION RATES (%)							
	59	46	74	70	78	69	
INCEPTION GRADUATES							
EMPLOYED (FULL OR PART)	73	35	416	218	271	229	212
GOV'T ASSISTANCE	210	56	114	334	100	236	234
MEDICAID	228	29	192	395	190	617	283
IN SCHOOL (FULL OR PART)	95	20	216	161	176	489	125
VOCATIONAL TRAINING	70	31	180	82	53	252	152



www.nycourts.gov/nycdrugcourt

Criminal Court of the City of New York
320 Jay Street, Brooklyn, NY 11210
Phone: 646-386-4700
Fax: 646-386-4973
Email: djedward@courts.state.ny.us



NEW YORK CITY CRIMINAL COURT: DRUG COURT INITIATIVE

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MISDEMEANOR (MBTC)

Manhattan

FELONY (MTC)

MISDEMEANOR (MMTC)

Queens

MISDEMEANOR (QMTC)

Staten Island

FELONY (SITC)

Welcome to NYC Drug Court

For non-Drug Court related matters, visit www.nycourts.gov or please call 1-800-COURTNY.

 [View Drug Court Video](#)

(run time: 9:5 minutes, mp4 format - can be played in a variety of viewers - [Download QuickTime](#) | [Download RealPlayer](#))

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Welcome to the Drug Courts of New York City Criminal Court. Here you will find information on the nine drug courts.

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 [Drug Court Graduate Corner](#)



[Drug Courts 2012 Annual Report](#)

ANNOUNCEMENTS

1/2/12
New Year's Day
Offices Closed

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Dr. MLK, Jr. Day
Offices Closed

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Offices Closed

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