Criminal Court

of the

City of New York

Drug Court Initiative Annual Report 2007

Hon. Juanita Bing Newton
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CRIMINAL COURT OF THE CITY OF NEW YORK

DRUG COURT INITIATIVE

2007 ANNUAL REPORT

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Calendar Year 2007 - 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 ten 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 a 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 **2007** Drug Court Initiative milestones:

- **4,894** defendants were referred to drug courts for evaluation;
- **664** defendants agreed to participate and pled guilty; and
- **432** participants graduated from drug court;

Comprehensive Screening developments in 2007:

- Full Implementation of Queens Comprehensive Screening Project;
- Partial Implementation of Manhattan Comprehensive Screening Project.

NOTE:

- **Depending on the court, not everyone who is referred is entered into the UTA.**
- **Statistical results originate from data inputted in UTA between 1/1/08 and 12/31/08.**

Introduction — Citywide Drug Court Coordinator

By Justin Barry
Citywide Drug Court Coordinator

In an effort to put a face on some of the statistics we discuss in our Annual Report, last year we profiled success stories in each one of our drug courts. We featured some of the stories of drug court participants who successfully completed the programs throughout the City. The transformation that we see in these participants is truly something to behold. They come to us sick, destitute and controlled by drugs. They graduate healthy, employed or in school and in control of the disease of addiction. Last year we highlighted this metamorphosis from the participant's perspective.

This year, we show the same change but with a different emphasis. This year we wanted to show some of the work done by our incredible clinical staff. Without their expertise and care, none of these success stories would be possible. It would be wonderful if we could show the work of everyone of our case managers, case technicians, resource coordinators and project directors, but lack of space prohibits us from doing so. Each does outstanding work, helping to transform the lives of our participants while making the streets of our City safer. Often they work under the pressure of time constraints, deadlines and less than desirable working conditions. In the following pages we show just a sampling of the kind of commitment and hard work of these dedicated professionals. The staff featured here know what it takes to make that change from drug-addicted offender to upstanding citizen. They help do it every day.

Over the past year Criminal Court continued its effort to increase treatment court participation throughout the city with the expansion of its successful Comprehensive Screening program to Manhattan. New York county expanded comprehensive screening for treatment court eligibility of all cases at arraignment to include day arraignment sessions, five days a week. Expansion to night and weekend arraignment shifts will happen in the coming year.

Criminal Court's Comprehensive Screening project

Justin Barry
Citywide Drug Court Coordinator

continues as a model for the rest of the state! Criminal Court clerks and personnel screen not only for the six Criminal Court drug courts, but also for the four other drug courts operated by Supreme Court (Bronx Treatment Court, Bronx Misdemeanor Treatment Court, Brooklyn Treatment Court and Queens Treatment Court). In 2007, over 5,000 defendants were referred to the city's drug courts for eligibility assessment and nearly 700 agreed to participate. The six drug courts administered by Criminal Court received almost 4,600 referrals with 700 defendants agreeing to participate.

While the money required to operate these specialized courts comes almost exclusively from the Unified Court System, a sign of Chief Judge Judith Kaye's commitment to foster and institutionalize these courts, the Drug Court Initiative continues to seek grant opportunities to enhance its services. In 2008, the drug court initiative will receive almost $200,000 to enhance vocational and educational opportunities in its Manhattan and Brooklyn drug

(Continued on page 6)

Introduction — Citywide Drug Court Coordinator

(Continued from page 5)

courts.

Many individuals and organizations have played a role in the successes outlined in these pages. Administrative Judge Juanita Bing Newton has led the Drug Court Initiative through this exciting period of expansion and innovation with help from her counsel, Beverly Russell. Supervising Judge William Miller (Kings), Eileen Koretz (New York) and Deborah Stevens Modica (Queens) have worked hand-in-hand with central administration to make these programs so successful. Deputy Chief Administrative Judge Judy Harris Kluger and her staff, especially Bruna DiBiasie, Frank Jordan, Michael Magnani, Linda Baldwin and Ann Bader have been instrumental in their support, both technical and administrative. The District Attorney's office of Bronx, Brooklyn, New York, Queens and Richmond counties, 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.

Most of all, Criminal Court wishes to acknowledge the hardworking judges, court and clinical staff who work everyday to change lives of addicted offenders and make New York City a safer place.

DRUG COURT QUIZ:

When, where and why was the first drug court implemented?

[Answer on pg 13]

Summary Information - All Courts

Eligibility Criteria

Eligibility criteria are determined by the specific target populations decided on by 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
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.

Key to Drug Court Acronyms:

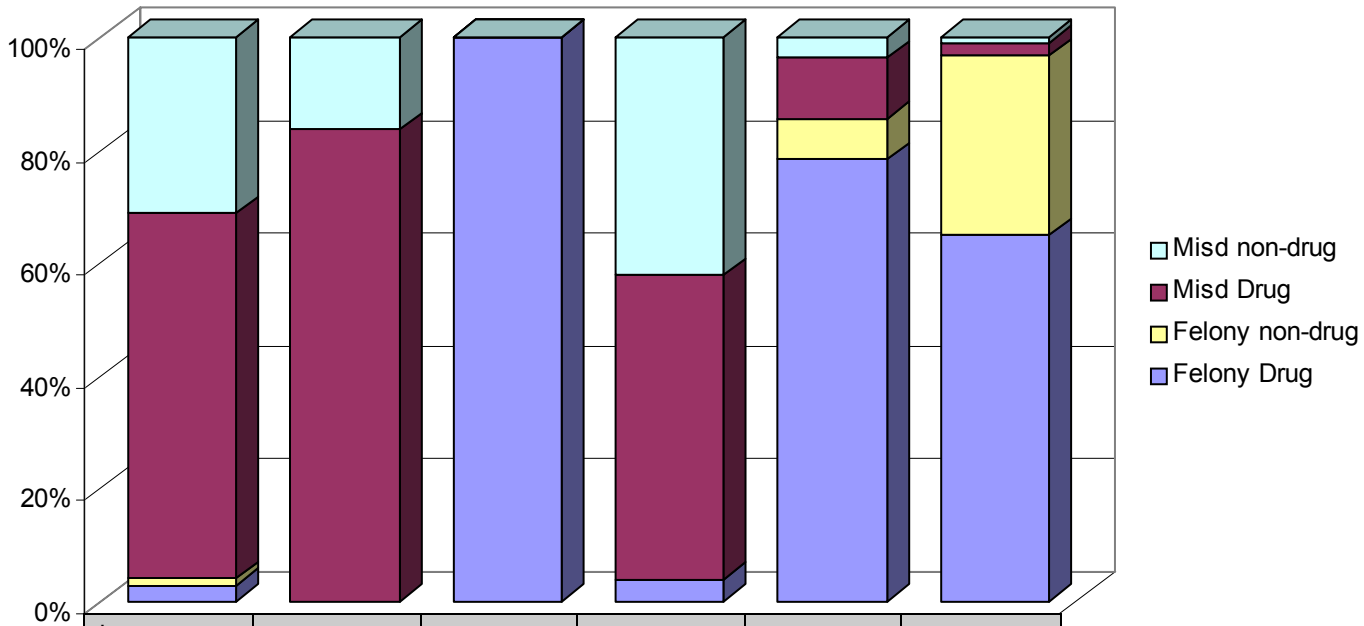
MBTC - Misdemeanor Brooklyn Treatment Court
MMTC - Manhattan Misdemeanor Treatment Court
MTC - Manhattan Treatment Court
QMTC - Queens Misdemeanor Treatment Court
SITC - Staten Island Treatment Court
STEP - Screening & Treatment Enhancement Part (Brooklyn)

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 **46%** of drug court participants were arraigned on felony charges – and of those, **79%** were arraigned on drug charges. **Fifty-four percent (54%)** of participants were arraigned on misdemeanor charges – and of those **72%** were arraigned on drug charges. In 2007, **43** or **78%** felony drug, **4** or **7%** felony non-drug, **6** or **11%** misdemeanor drug and, **2** or **4%** misdemeanor non-drug charges were arraigned in SITC court.

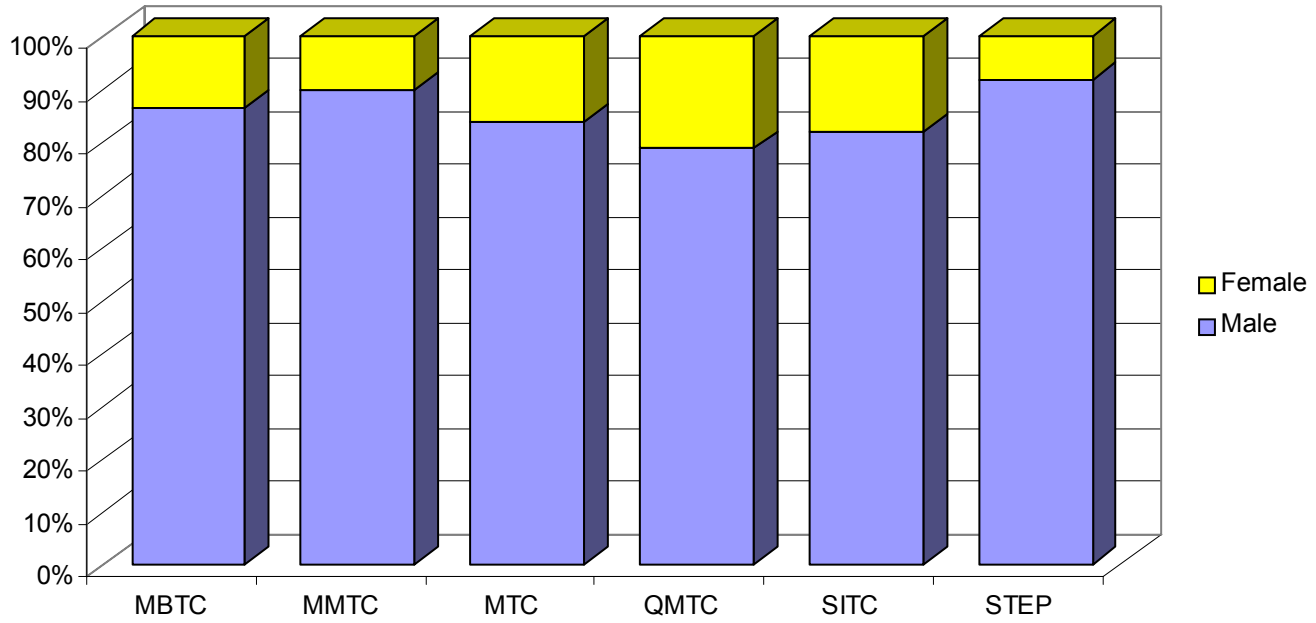
2007 Arraignment Charge of Drug Court Participants (Percentage of Total)



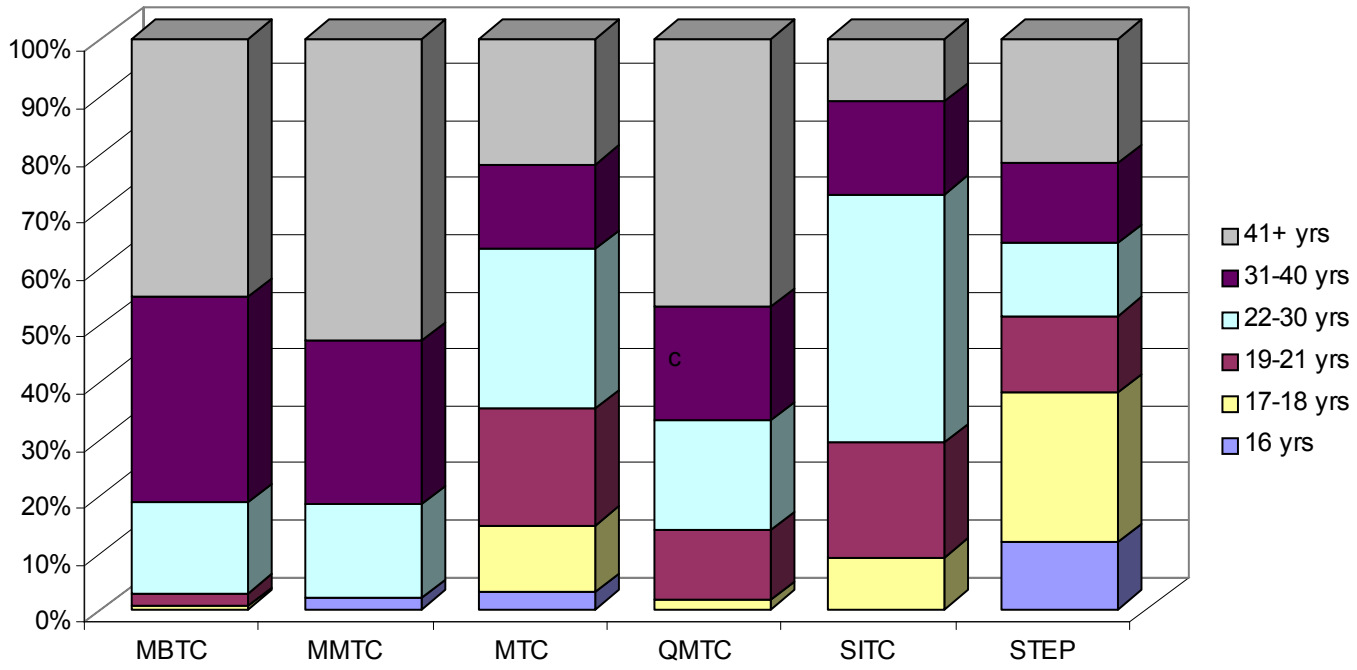
* MBTC	MMTC	MTC	QMTC	SITC	STEP
55	8	0	55	2	2
114	41	0	70	6	4
2	0	0	0	4	57
5	0	68	5	43	116

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

2007 Gender of Drug Court Participants (Percentage of Total)

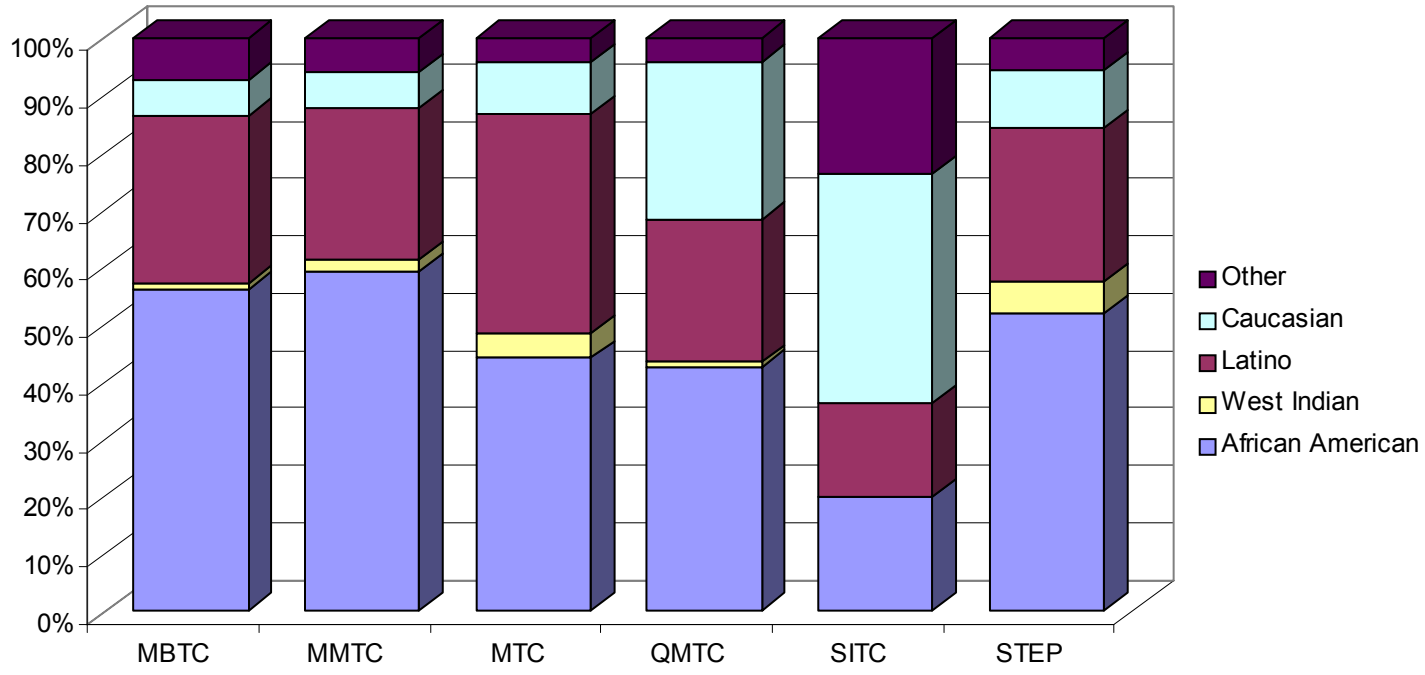


2007 Age of Drug Court Participants (Percentage of Total)

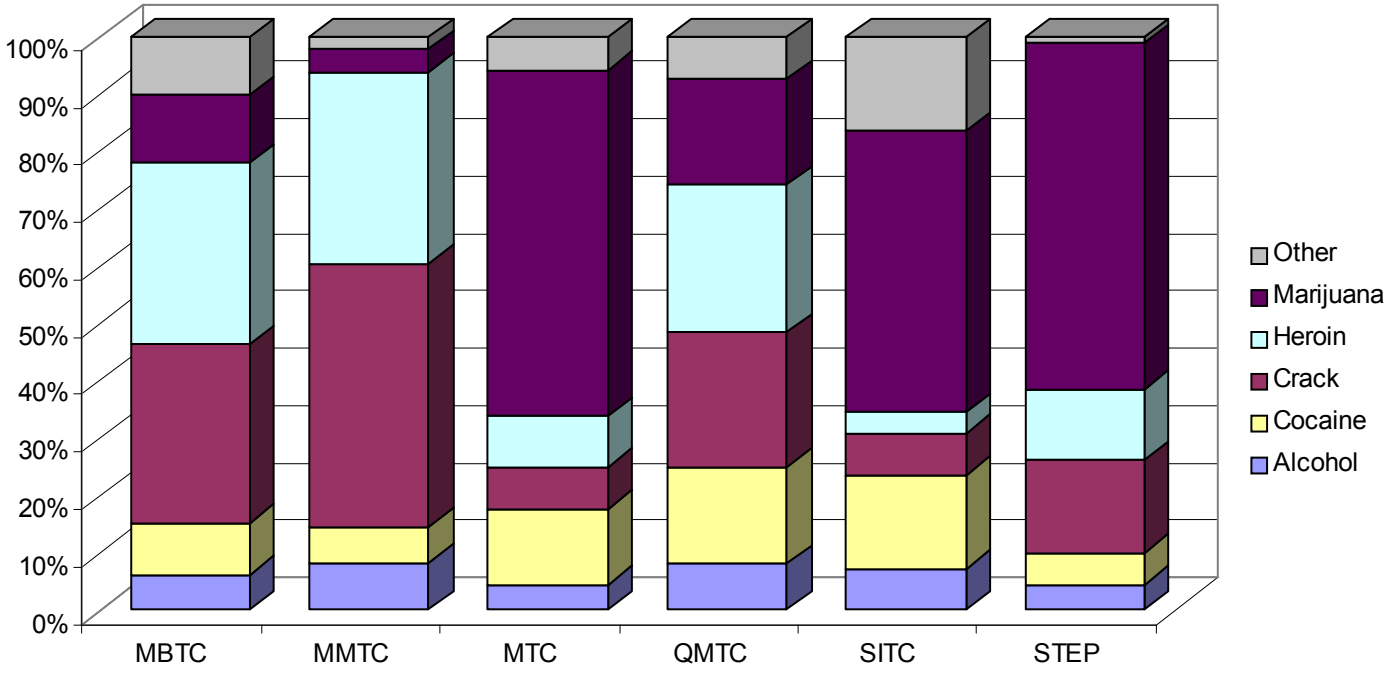


Summary Information - All Courts

2007 Ethnicity of Drug Court Participants (Percentage of Total)



2007 Drug of Choice of Drug Court Participants (Percentage of Total)

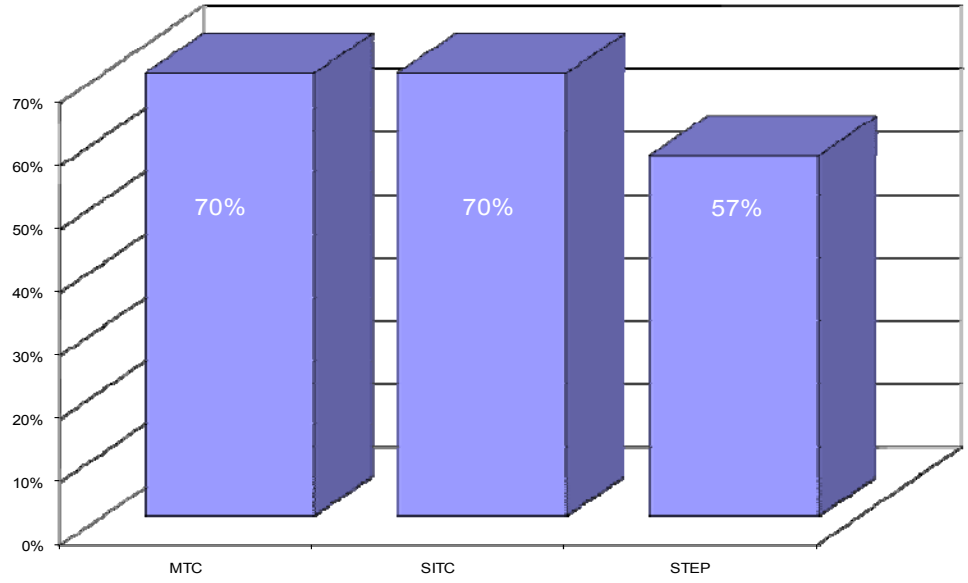


Retention Rates – All Courts

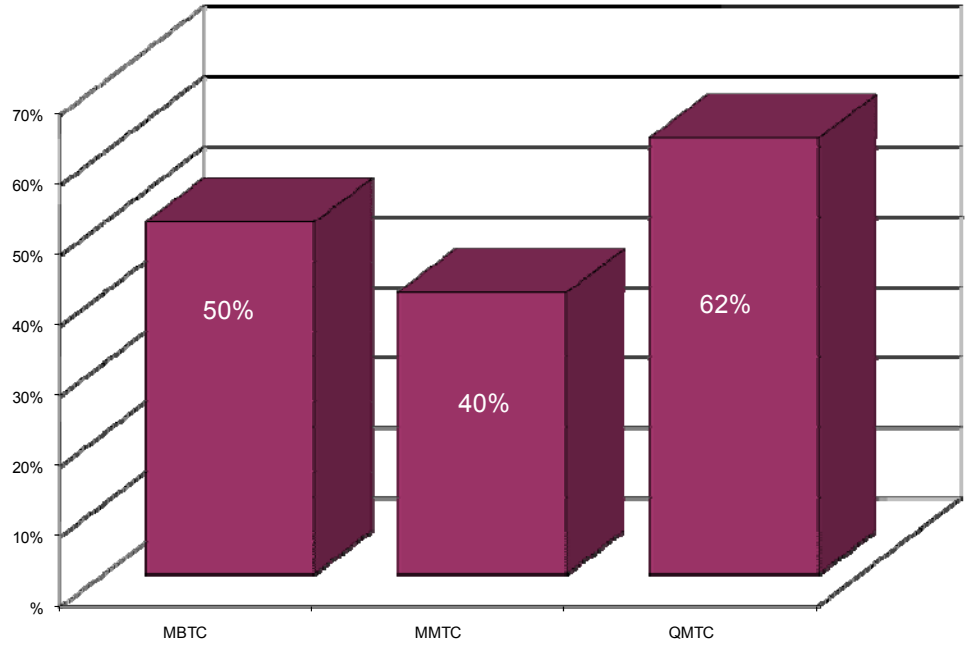
Nationally, retention rates are used to indicate the percentage of participants with positive outcomes within the treatment process. Retention rates are a critical measure of program success; a one year retention rate indicates the percentage of participants who, exactly one year after entering drug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

In a study done by Steven Belenko in 1998, it was projected that the national average [one year retention rate] for drug courts would be **60%**. The average is slightly higher for felony courts in the Drug Treatment Court Initiative – around **63%.** Misdemeanor courts were not included in the analysis of one year retention rates since the length of treatment is shorter (between 8-9 months). Instead, a six-month retention rate is shown in the second chart below.

2007 Felony Drug Court Retention Rates (One Year)



2007 Misdemeanor Drug Court Retention Rates (Six Months)



Comprehensive Screening

The Comprehensive Screening Project is a pilot program, started in Brooklyn in 2003 and expanded to the Bronx in 2005, Queens in 2006 and Manhattan in 2007. The goal of the program is to screen every criminal defendant's eligibility for court-monitored substance abuse treatment. Screening is a two 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, followed by a detailed clinical assessment and, in Brooklyn, 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 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 their 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 two-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 and, in some instances, a urine toxicology screen

test and assessment by court clinical staff.

Results

The charts below 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.

An example of the effectiveness of the Comprehensive Screening program is our experience in Queens county. Screening started as a limited pilot on August 1, 2006, with only the five weekday arraignment shifts screening cases. In the second six months of 2006, QTC saw a **64%** increase in referrals and a **74%** increase in pleas.

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 2007, the three Brooklyn drug courts accounted for **57%** of all defendants referred to a drug court for assessment. These three Brooklyn drug courts also accounted for **44%** of all new participants. The Bronx drug courts, where the screening pilot has been expanded to weekday and all night arraignments, account for **18%** of the city referrals and **28%** of new participants. Queens accounted for **14%** of referrals and **14%** of new participants.

Expansion

The Comprehensive Screening pilot started in Manhattan in the end of 2007 with day arraignments and is expected to expand to night and weekend arraignments by the end of 2008.

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. To implement Comprehensive Screening in the other counties of New York City, the template used in Brooklyn and the Bronx will be used with modification taking into consideration local differences in practice.

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	DA

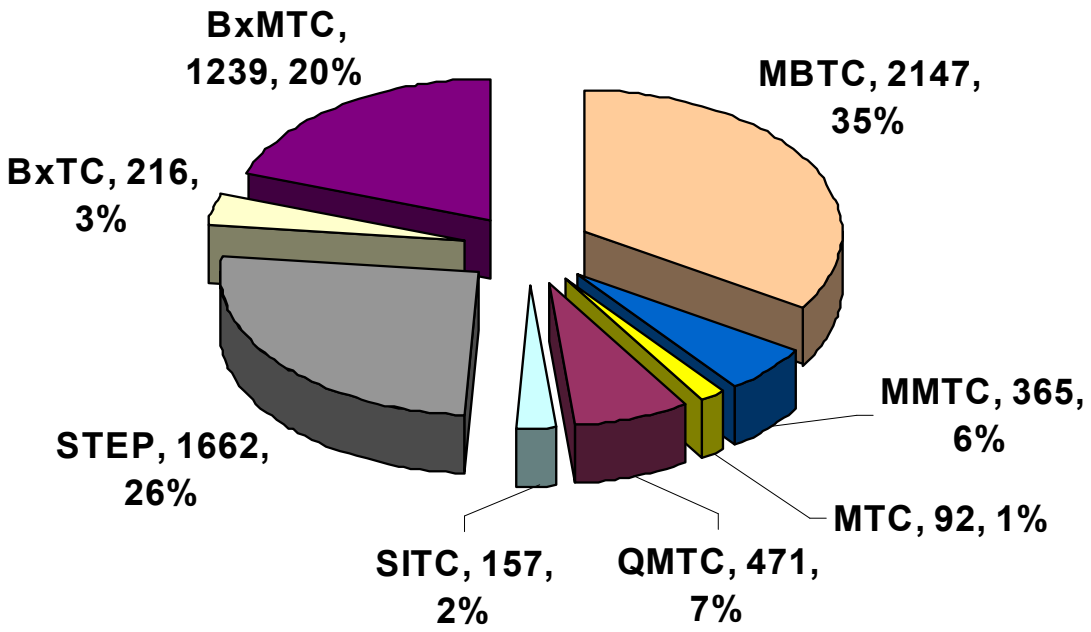
DRUG COURT QUIZ:

[Question on pg 6]

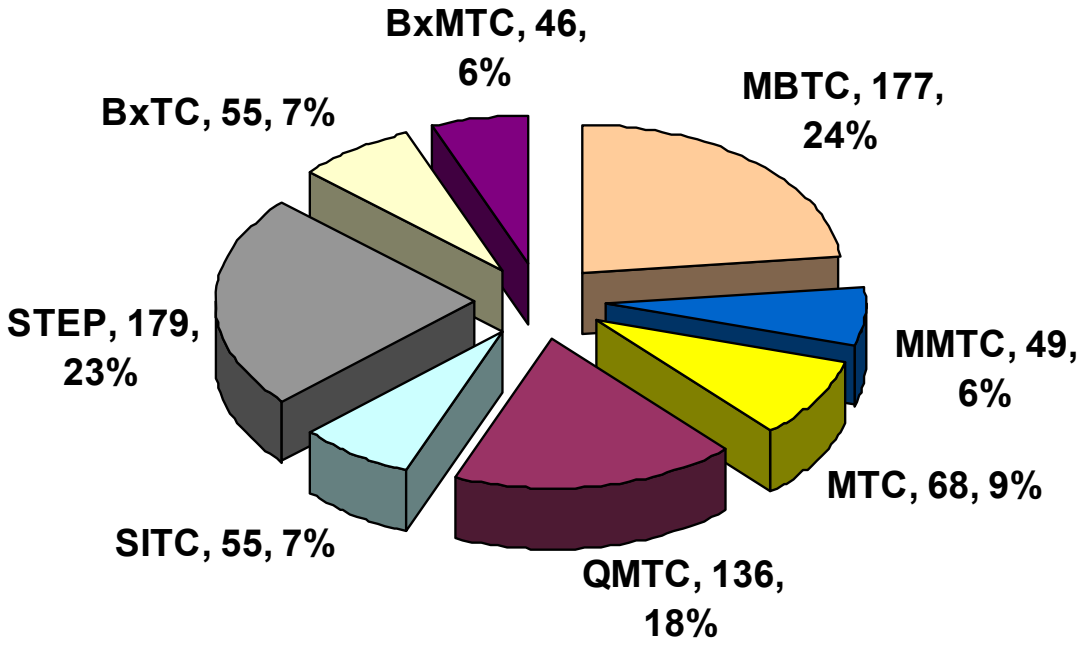
The first drug court in the U.S. was put into operation in Miami-Dade County, Florida in 1989 to combat the growing crack-cocaine problem afflicting the city.

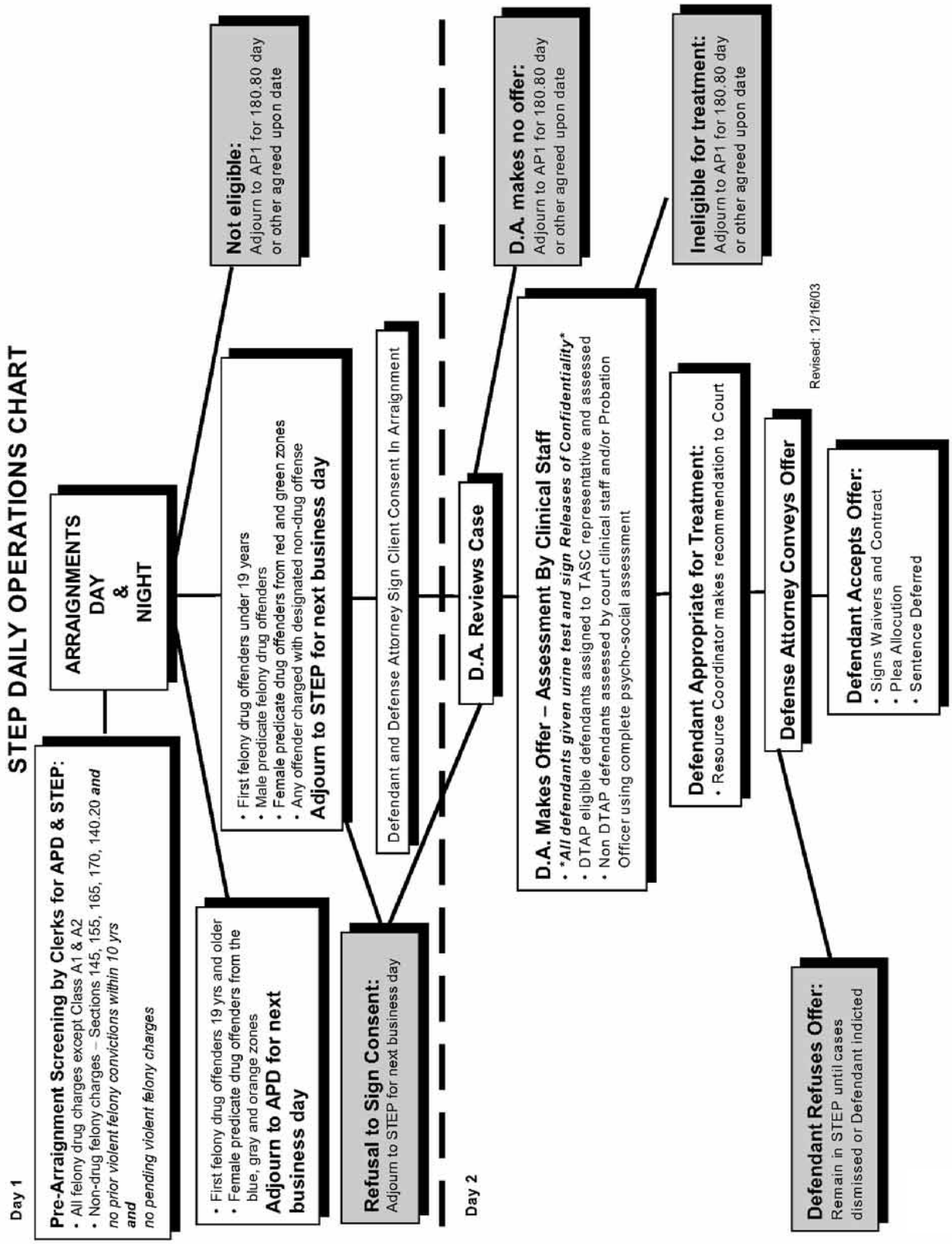
Comprehensive Screening

2007 Drug Court Referrals - Citywide

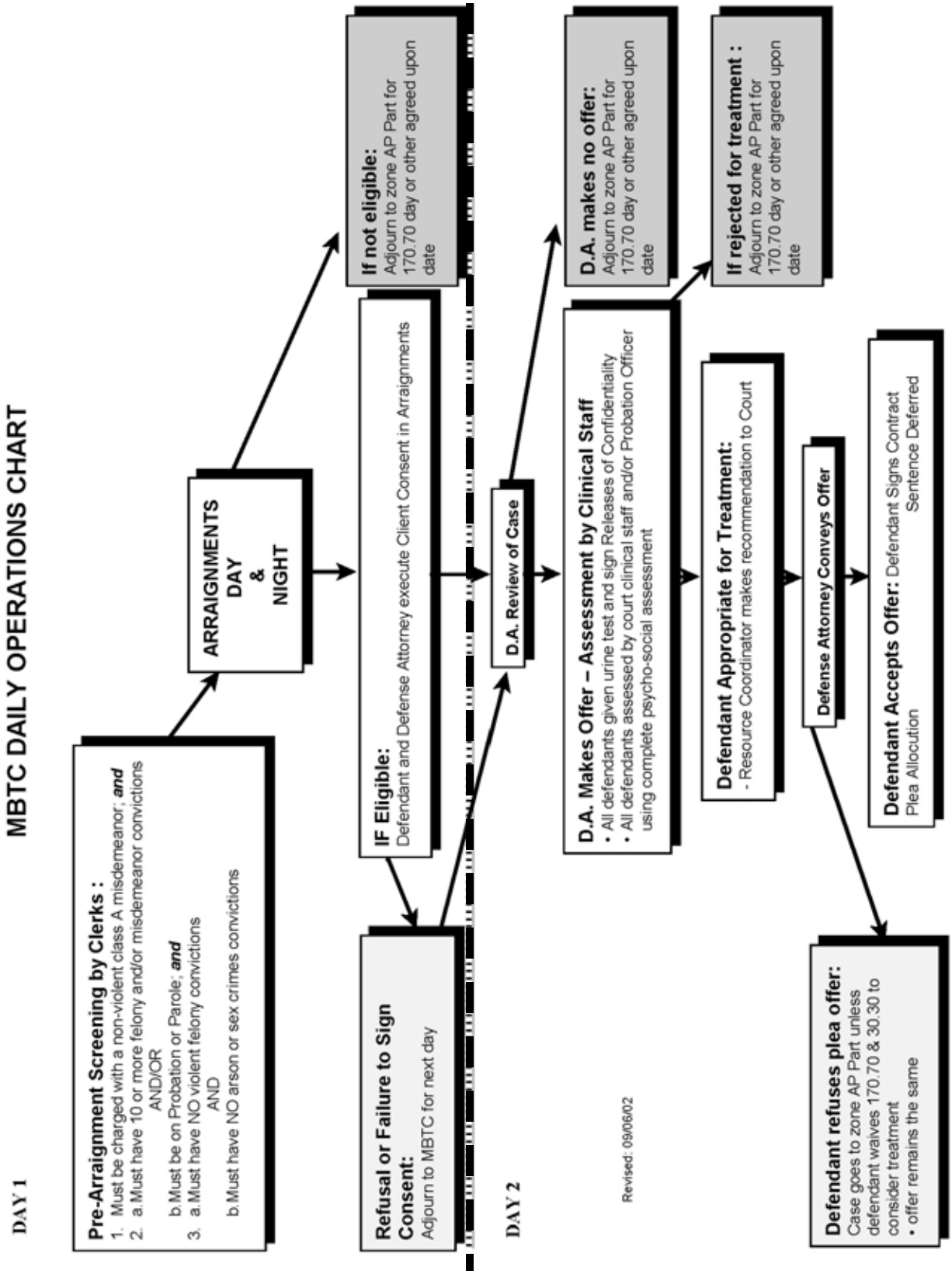


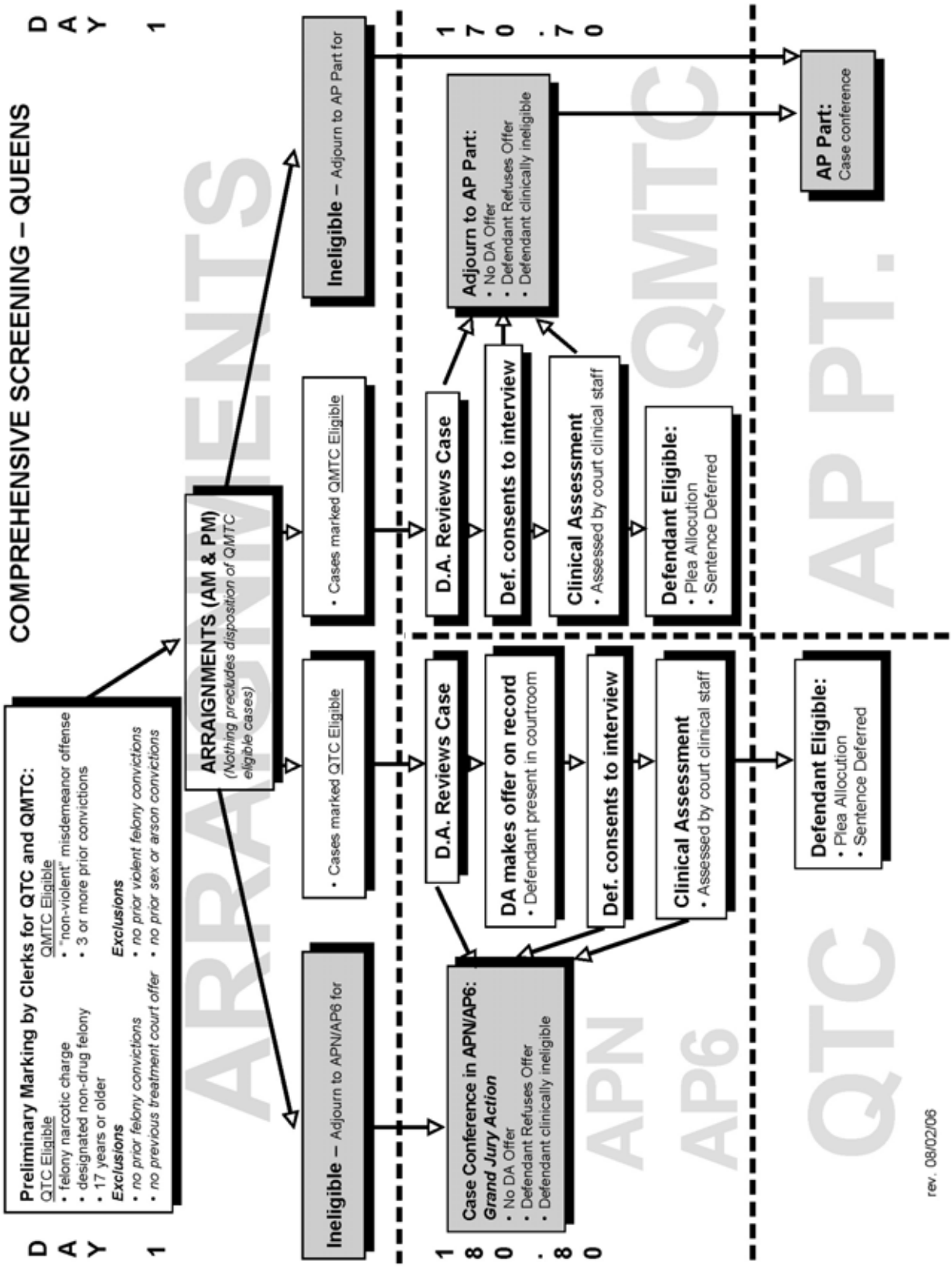
2007 Drug Court Pleas - Citywide



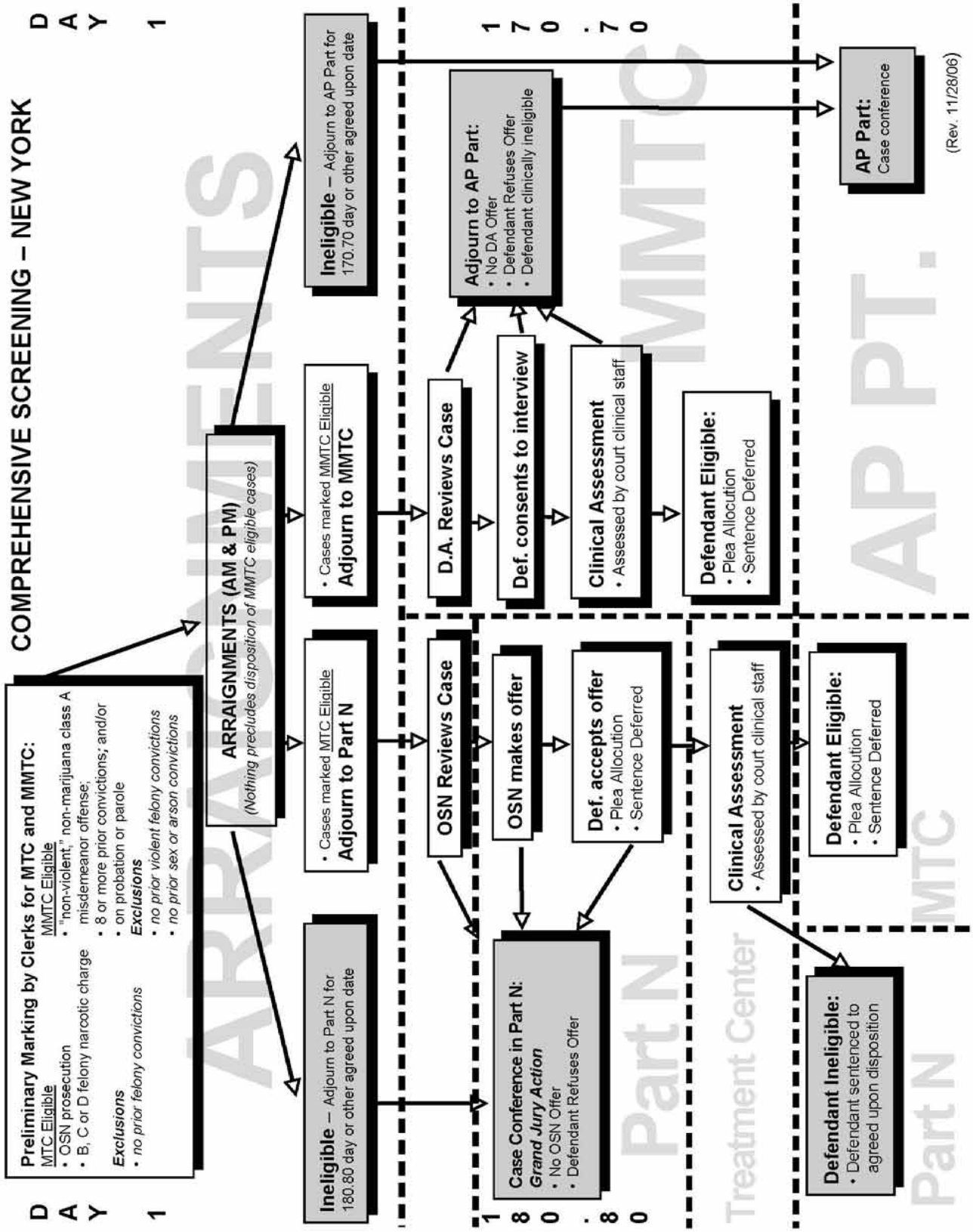

STEP DAILY OPERATIONS CHART
Day 1
Pre-Arraignment Screening by Clerks for APD & STEP:
• All felony drug charges except Class A1 & A2
• Non-drug felony charges – Sections 145, 155, 165, 170, 140.20 and
no prior violent felony convictions within 10 yrs
and
no pending violent felony charges
ARRAIGNMENTS
DAY
&
NIGHT
• First felony drug offenders 19 yrs and older
• Female predicate drug offenders from the blue, gray and orange zones
Adjourn to APD for next business day
Refusal to Sign Consent:
Adjourn to STEP for next business day
• First felony drug offenders under 19 years
• Male predicate felony drug offenders
• Female predicate drug offenders from red and green zones
• Any offender charged with designated non-drug offense
Adjourn to STEP for next business day
Not eligible:
Adjourn to AP1 for 180.80 day or other agreed upon date
Defendant and Defense Attorney Sign Client Consent In Arraignment
Day 2
D.A. Reviews Case
D.A. Makes Offer – Assessment By Clinical Staff
• *All defendants given urine test and sign Releases of Confidentiality*
• DTAP eligible defendants assigned to TASC representative and assessed
• Non DTAP defendants assessed by court clinical staff and/or Probation Officer using complete psycho-social assessment
D.A. makes no offer:
Adjourn to AP1 for 180.80 day or other agreed upon date
Ineligible for treatment:
Adjourn to AP1 for 180.80 day or other agreed upon date
Defendant Appropriate for Treatment:
• Resource Coordinator makes recommendation to Court
Defense Attorney Conveys Offer
Defendant Accepts Offer:
• Signs Waivers and Contract
• Plea Allocution
• Sentence Deferred
Defendant Refuses Offer:
Remain in STEP until cases dismissed or Defendant indicted
Revised: 12/16/03

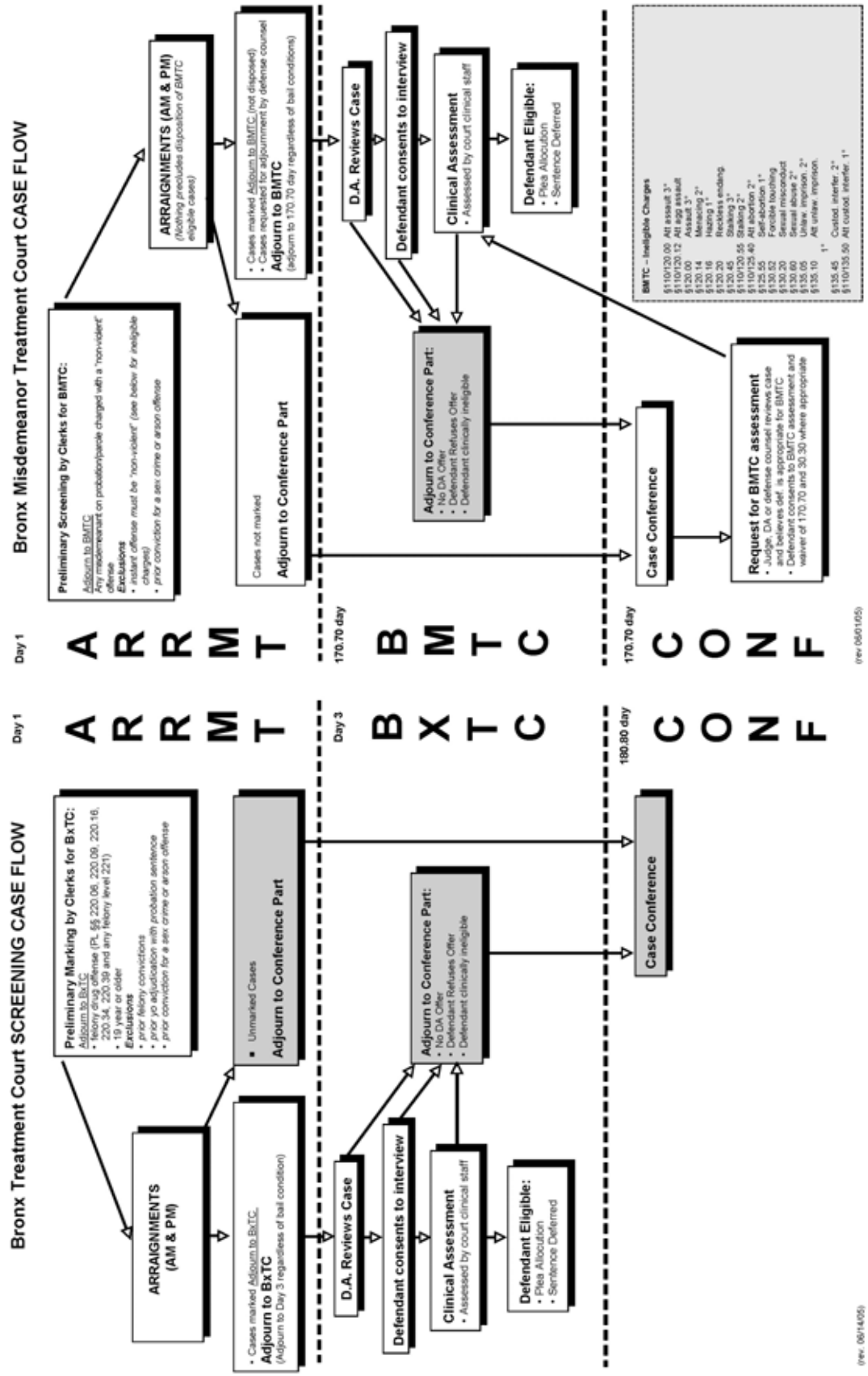
Comprehensive Screening




COMPREHENSIVE SCREENING – QUEENS
DAY 1
Preliminary Marking by Clerks for QTC and QMTC:
QTC Eligible
• felony narcotic charge
• designated non-drug felony
• 17 years or older
Exclusions
• no prior felony convictions
• no previous treatment court offer
QMTC Eligible
• "non-violent" misdemeanor offense
• 3 or more prior convictions
Exclusions
• no prior violent felony convictions
• no prior sex or arson convictions
ARRAIGNMENTS (AM & PM)
(Nothing precludes disposition of QMTC eligible cases)
Ineligible – Adjourn to APN/AP6 for
• Cases marked QTC Eligible
• Cases marked QMTC Eligible
Ineligible – Adjourn to AP Part for
DAY 1
18.80
D.A. Reviews Case
DA makes offer on record
• Defendant present in courtroom
Def. consents to interview
Clinical Assessment
• Assessed by court clinical staff
Case Conference in APN/AP6:
Grand Jury Action
• No DA Offer
• Defendant Refuses Offer
• Defendant clinically ineligible
Defendant Eligible:
• Plea Allocution
• Sentence Deferred
D.A. Reviews Case
Def. consents to interview
Clinical Assessment
• Assessed by court clinical staff
Defendant Eligible:
• Plea Allocution
• Sentence Deferred
Adjourn to AP Part:
• No DA Offer
• Defendant Refuses Offer
• Defendant clinically ineligible
17.70
AP Part:
Case conference
ARRAIGNMENTS
APN
AP6
QTC
QMTC
AP PT.
rev. 08/02/06

Comprehensive Screening




Bronx Treatment Court SCREENING CASE FLOW
Day 1
ARRAIGNMENTS (AM & PM)
Preliminary Marking by Clerks for BxTC:
Adjourn to BxTC
• felony drug offense (PL §§ 220.06, 220.09, 220.16, 220.34, 220.39 and any felony level 221)
• 19 year or older
Exclusions
• prior felony convictions
• prior yo adjudication with probation sentence
• prior conviction for a sex crime or arson offense
• Cases marked Adjourn to BxTC
Adjourn to BxTC
(Adjourn to Day 3 regardless of bail condition)
• Unmarked Cases
Adjourn to Conference Part
Day 3
D.A. Reviews Case
Defendant consents to interview
Clinical Assessment
• Assessed by court clinical staff
Defendant Eligible:
• Plea Allocution
• Sentence Deferred
Adjourn to Conference Part:
• No DA Offer
• Defendant Refuses Offer
• Defendant clinically ineligible
180.80 day
Case Conference
(rev. 06/14/05)
Bronx Misdemeanor Treatment Court CASE FLOW
Day 1
ARRAIGNMENTS (AM & PM)
(Nothing precludes disposition of BMTC eligible cases)
Preliminary Screening by Clerks for BMTC:
Adjourn to BMTC
Any misdemeanant on probation/parole charged with a "non-violent" offense
Exclusions
• instant offense must be "non-violent" (see below for ineligible charges)
• prior conviction for a sex crime or arson offense
• Cases marked Adjourn to BMTC (not disposed)
• Cases requested for adjournment by defense counsel
Adjourn to BMTC
(adjourn to 170.70 day regardless of bail conditions)
Cases not marked
Adjourn to Conference Part
170.70 day
D.A. Reviews Case
Defendant consents to interview
Clinical Assessment
• Assessed by court clinical staff
Defendant Eligible:
• Plea Allocution
• Sentence Deferred
Adjourn to Conference Part:
• No DA Offer
• Defendant Refuses Offer
• Defendant clinically ineligible
BMTC – Ineligible Charges
§110/120.00 Att assault 3°
§110/120.12 Att agg assault
§120.00 Assault 3°
§120.14 Menacing 2°
§120.16 Hazing 1°
§120.20 Reckless endang
§120.45 Stalking 3°
§110/120.55 Stalking 2°
§110/125.40 Att abortion 2°
§125.55 Self-abortion 1°
§130.52 Forcible touching
§130.20 Sexual misconduct
§130.60 Sexual abuse 2°
§135.05 Unlawf imprison. 2°
§135.10 Att unlaw. imprison. 1°
§135.45 Custod. interfer. 2°
§110/135.50 Att custod. interfer. 1°
170.70 day
Case Conference
Request for BMTC assessment
• Judge, DA or defense counsel reviews case and believes def. is appropriate for BMTC
• Defendant consents to BMTC assessment and waiver of 170.70 and 30.30 where appropriate
(rev. 06/01/05)

Comprehensive Screening

Length of Time - Arrest to Assessment & Assessment to Plea

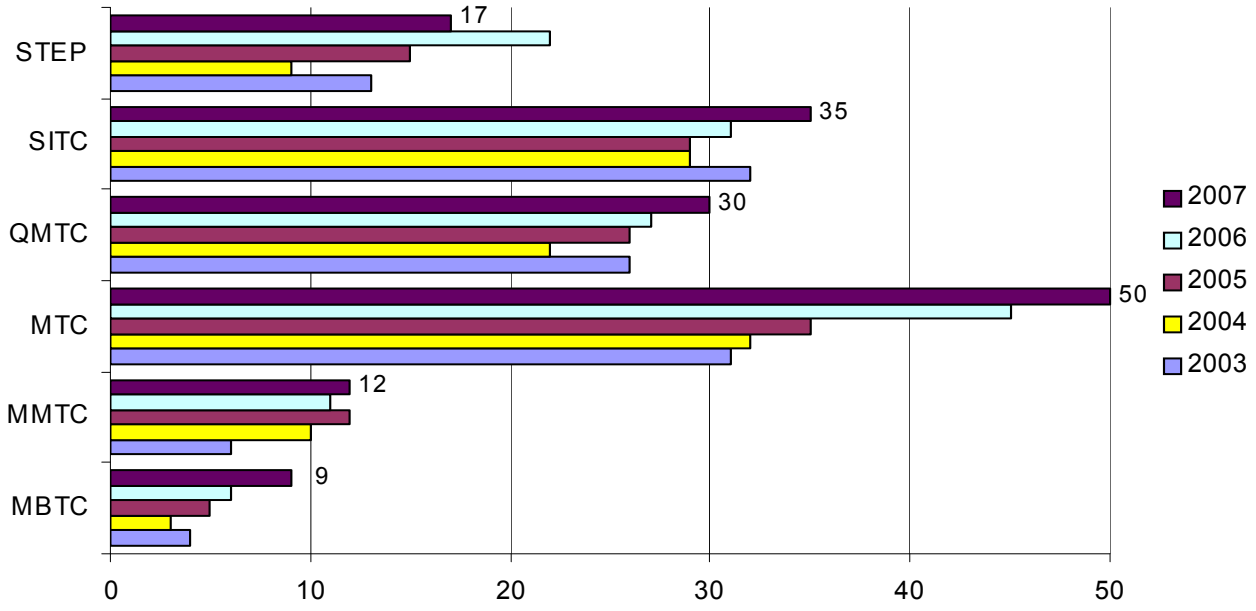
Length of time between arrest and assessment (intake) varies from court to court and delays can frequently be linked to the referral source.

On average, it takes about a month 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.

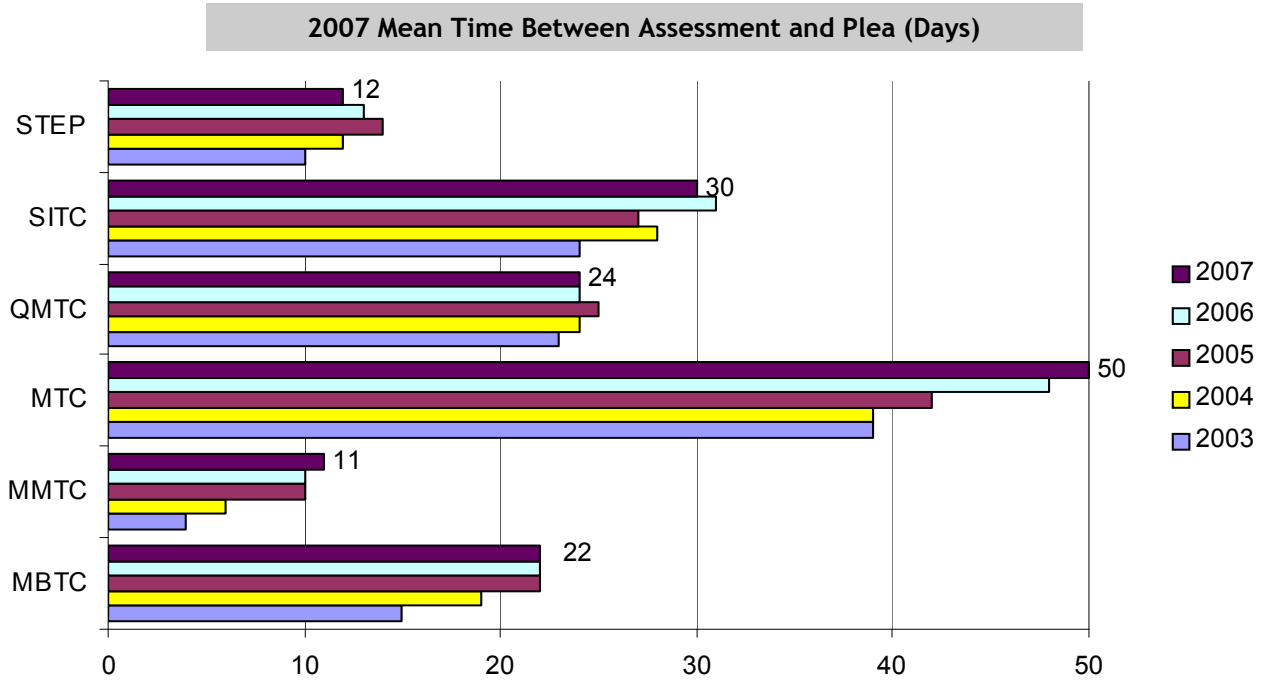
Length of Time - Full Intake (Arrest to Plea)

See on page 21 for average length of time between arrest and plea.

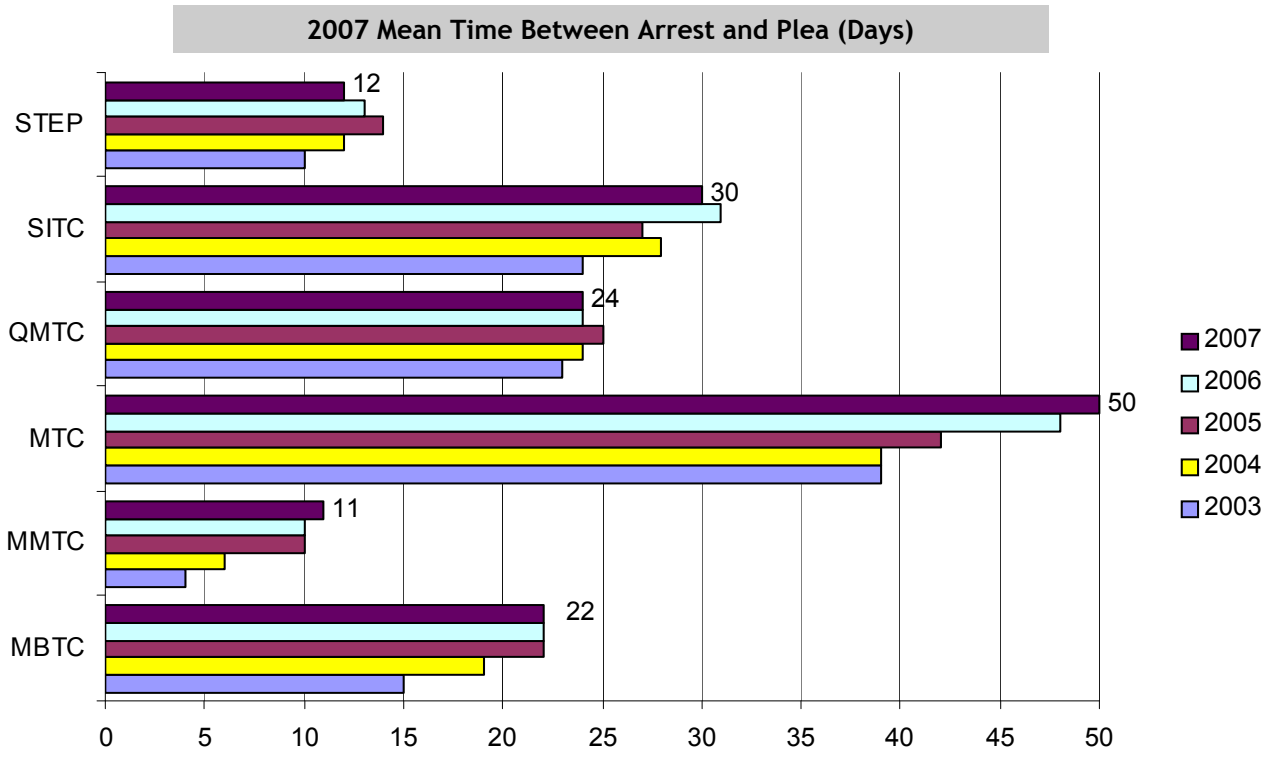
2007 Mean Time Between Arrest and Assessment (Days)



In 2007, the average time between arrest and assessment for MBTC is **9** days.



In 2007, the average time between assessment and plea for MBTC is **22** days.



In 2007, the average time between arrest and assessment for MBTC is **22** days.

Bronx Treatment Court & Bronx Misdemeanor Treatment Court

Program Description

Staff

Presiding Judge	Hon. Laura Safer Espinoza
Project Director	Martha Epstein
Resource Coordinator	William Rosario
Senior Case Manager	Angela Blair-Adams
Case Managers	Eligia Carradero
	D'Wana Haynesworth
	Jeffrey Martinez
	Russell Oliver

Introduction

In an effort to better utilize scarce judicial resources and react more efficiently and effectively to changes in arrest patterns, Criminal Court has participated in a pilot project to reorganize the case processing structure of the Bronx criminal justice system. 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.

This report gives summary information for the Bronx Treatment Court and the Bronx Misdemeanor Treatment Court with a brief overview of new drug court referrals and pleas.

2007	Bronx Treatment Court	Bronx Misdemeanor Treatment Court
Referral	216	1,239
Pleas	55	46
Open Cases	152	203
Graduates	46	66

Screening & Treatment Enhancement Part

Lisa Kelly, Case Manager I

"Lisa Kelly and Jesse"

Drug court clinical staff identifies and facilitates the most appropriate kinds of treatment and intervention. In many cases, though, the staff must also act as therapist and counselor, uncovering the root of a participant's addiction.

"Lisa met repeatedly with Jesse and his mother and began to uncover and identify issues…"

Jesse M. was referred to STEP after a felony arrest when he was seventeen years old. Jesse was actively using marijuana, cocaine and benzodiazepine. Case manager I Lisa Kelly met with Jesse and, after discovering he had a stable, caring home and strong family support, she recommended outpatient treatment. Lisa placed Jesse in an intensive program meeting treatment five times a week and helped him register for classes at Kingsborough Community College. For months after his initial placement, Jesse continued to struggle with his addiction, using drugs but denied he had a problem. Lisa met repeatedly with Jesse and his mother and began to uncover and identify issues that were coming up that were challenging his sobriety. Jesse told Lisa that his father died when he was young and gravitated toward kids who were hanging out in the street. Jesse's mother admitted to overcompensating for the father's absence by giving him material things which she believes also contributed to Jesse's bad choices.

After several Court sanctions and family interventions, Lisa recommended that Jesse enter residential treatment to gain some distance from his triggers, more intensive treatment and time to reflect. At first Jesse struggled in treatment but with time he began to improve his behavior and even became a mentor to some of the younger residents. Jesse's eleven months in residential treatment proved to be a period of significant personal growth. He tutored his fellow residents and completed three college courses. At the time of his dismissal, he was registered full time at Kingsborough Community College.

Screening & Treatment Enhancement Part

Program Description

Staff

Presiding Judge	Hon. Joseph Gubbay
Project Director II	Mia Santiago
Resource Coordinator III	Alyson Reiff
Probation Officer	Barbara Miles
Case Manager II	General Wright
Case Managers I	Lisa Kelly
	Christina Douglas
	Shatia Eaddy
Case Technician	Tyrone Obee
Voc/Ed Counselor	Monique Emerson
DOE Liaison	Kristen Murphy

Introduction

In January 2003, the Screening & Treatment Enhancement Part (STEP) opened in the Kings County Criminal Court simultaneously with the Comprehensive Screening pilot project. The conservation of resources resulting from the Comprehensive Screening Project allowed the Brooklyn courts to expand treatment offerings to populations such as 16-18 year olds charged with a non-violent felony and defendants charged with non-violent, non-drug offenses typically committed by individuals who abuse drugs. Both of these populations had previously been ineligible for such early intervention.

STEP's Young Adult Program was developed to address substance abuse and related educational, vocational and family issues among the sixteen to eighteen year old population of non-violent felony offenders charged as adults in Criminal Court. UCS and Criminal Court have developed the STEP Young Adult Program as a model for successfully diverting this adolescent population from a life of drugs and crime for the other four New York City counties and the rest of New York State.

The STEP planning process included the Brooklyn District Attorney's office, the defense bar, community-based treatment providers, Department of Probation, the Division of Parole and the Center for Court Innovation.

Eligibility and Identification

Eligible defendants must:

- be a first felony offender between sixteen and eighteen years of age, charged with a felony drug or marijuana offense (except for class "A" felonies) or
- be a first felony offender charged with a designated non-drug felony (PL§§145, 155, 165, 170, 140.20)

Exclusions

Defendant may not have:

- a prior felony conviction
- pending violent felony charges or
- a conviction for any sex or arson crime

The screening process begins with a "paper" screening at arraignments where the court clerks identify all defendants charged with a designated offense and who have no prior violent felony convictions or pending violent charges. The Arraignment Part adjourns all "paper eligible" cases to STEP for the next business day. There, an assistant district attorney reviews the charges for preliminary consent to treatment alternative; defendants complete a drug test; and clinical staff conduct a detailed psycho-social assessment. Upon completion of the assessment and the clinical recommendation or treatment plan, eligible defendants are offered the opportunity to plead guilty and have their sentence deferred until they complete the Court's treatment mandate.

Court Structure

Defendants accepted into STEP plead guilty to a felony charge and the Court defers sentence for twelve months while the defendant participates in treatment. Each participant receives a treatment plan, based on a clinical assessment, that best suits their needs. Treatment plans can include intensive outpatient, detox, outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, voca-

tional training, and/or employment, as well as complete a required number of volunteer events at the time of completion. For both the adolescent and adult populations, STEP uses intensive judicial supervision and a system of graduated sanctions and rewards to maintain compliance with the court mandate. Probation officers and youth case managers offer intensive case management with the capability to make home visits; the clinical expertise to engage young adults and their families; and the possibility of offering onsite counseling in the future. Upon completion of the court mandate, the court vacates the guilty plea required to participate and dismisses the charges leaving the participant with an opportunity to start over again without a criminal record. Failure results in the imposition of a jail sentence.

STEP participants must complete twelve months of treatment, consisting of three phases. A case manager assesses the participant in the beginning of Phase One, determining level of addiction and treatment plan, assisting the participant in obtaining any entitlements to pay for treatment such as medicaid and SSI and, ultimately, placing the participant in an appropriate community-based treatment program. In Phase Two participants stabilize themselves in treatment and, depending on their progress, short term goals such as education or vocational training may be set. Finally, in Phase Three, the participants focus on rehabilitation – working to re-establish family ties and engaging in school or vocational training.

To move between phases, participants must abstain from drug use and remain compliant with program rules and regulations. While in treatment, participants are held accountable for any infractions they commit. STEP uses a system of graduated incentives and sanctions to encourage compliance. The most common infractions are violations of program rules, and tardiness. Sanctions for these infractions include increased weekly treatment hours, essay writing, job training referrals and increased court appearances. More serious infractions include missed positive urine samples, missed court appearances and absence from a treatment program without permission, which can result in a sanction of jail time. New arrests typically result in a jail based sanction and/or the imposition of the jail alternative.

STEP Young Adult Program and Drug Related Offenses

The Young Adult Program of the Screening & Treatment Enhancement Part (STEP) was developed and has been operating as a pilot project since January 22, 2003, through the cooperative efforts of the New York State Unified Court System (UCS), the Kings District Attorney's Office, the defense bar and the New York City Department of Probation Center for Alternative Sentencing and Employment Services (CASES), to address substance abuse and related educational, vocational and family issues among the sixteen to eighteen year old population of non-violent felony offenders charged as adults in New York City Criminal Court (Criminal Court). UCS and Criminal Court are developing the STEP Young Adult Program as a model on how to successfully divert this adolescent population from a life of drugs and crime for the other four New York City counties and the rest of New York State.

The STEP Young Adult Program offers adolescent offender an opportunity to attend community-based substance abuse treatment and receive placements in other necessary ancillary services, such as educational programs, vocational training, medical and mental health services, housing and family counseling.

Referrals, Refusals and Pleas

Since accepting its first case in 2003, **7,516** non-violent felony drug offenders have been referred to STEP for clinical assessment, out of which **1,085** (**14%**) have pled guilty and agreed to participate in treatment. Of the **6,431** who did not plead guilty, **1,810** (**28%**) refused to participate and **932** (**14%**) had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, **555** (**51%**) have graduated, **324** (**30%**) are currently in treatment, and **301** (**28%**) have failed to complete their court mandate.

Intake and Referral Data

In calendar year 2007, STEP made up **34%** of all referrals to, and **27%** of all pleas taken in, the Drug Treatment Court Initiative.

Screening & Treatment Enhancement Part

Descriptive Data - STEP Participants

Arraignment charges differ for STEP participants, with most charged with felony drug charges, and 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 less than five years that STEP has been operational, **555 (51%)** participants have graduated. The following information is available for STEP graduates:

- **25%** of graduates were either full or part-time employed
- **22%** were receiving governmental assistance
- **68%** were receiving Medicaid
- **37%** of STEP participants were either in school, full or part-time
- **24%** of graduates had received vocational training

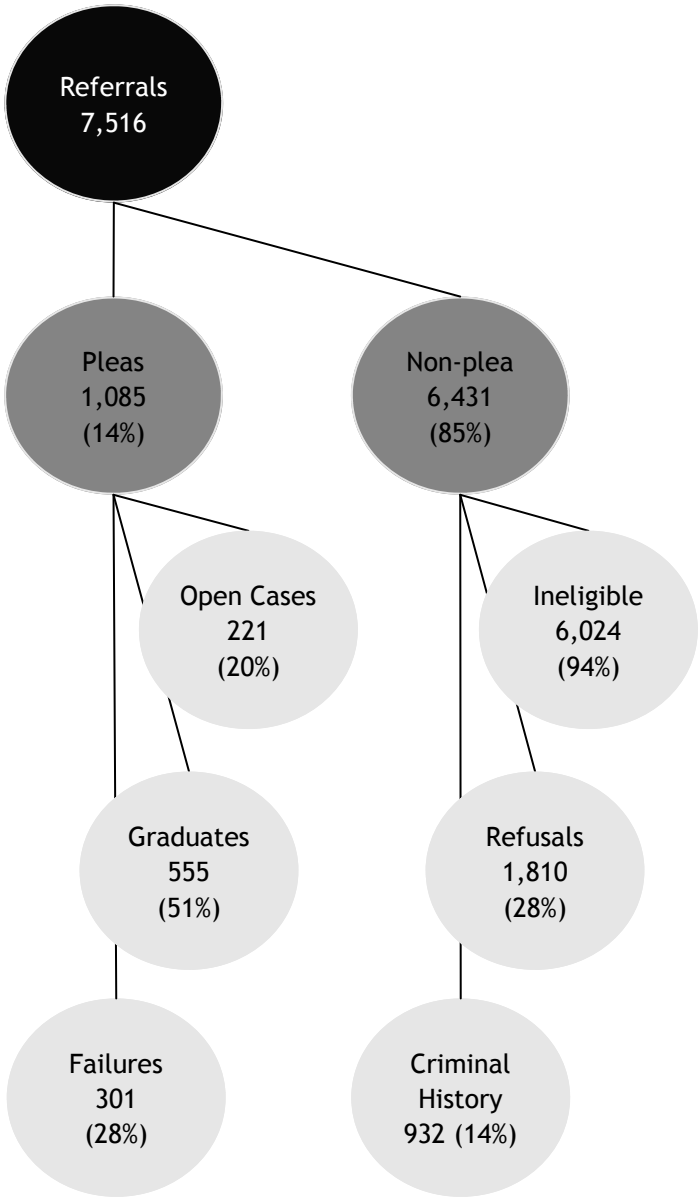
Conversely, **301** (**28%**) participants have failed to complete their court mandate. Sixty-three percent (**63%**) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in STEP. Fifteen Percent (**15%**) 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

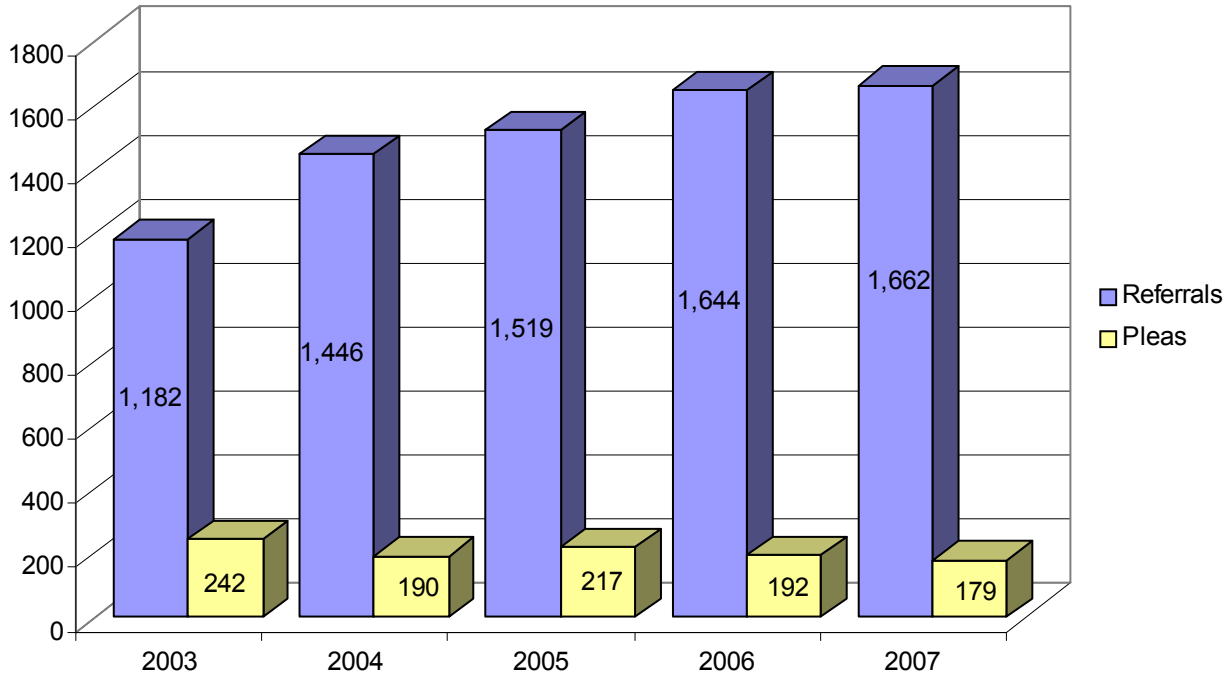
The average length of treatment (based on graduation date) for STEP's **555** graduates is sixteen months. Retention rate includes data for participants who have completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

STEP Operations

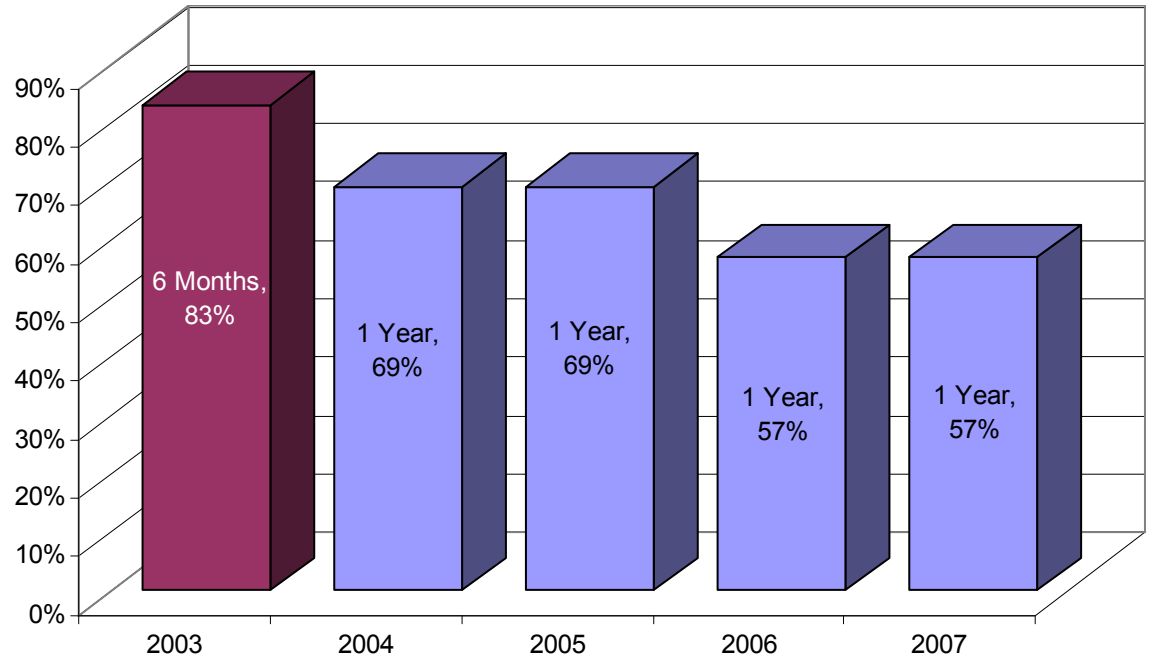
On average STEP caseload was **221** cases for any given day in 2007. Case managers typically monitored between **20-25** participants each at any given time in 2007. Treatment modality decisions are made by the STEP case management team under the supervision of the project director.



STEP Referrals and Pleas (Calendar Year)

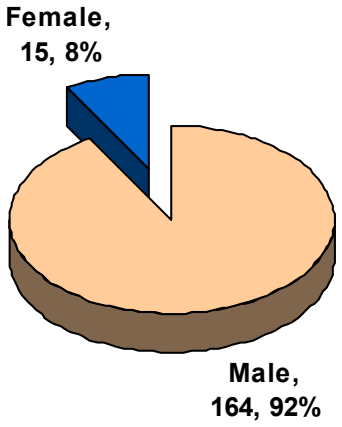


STEP Retention Rates

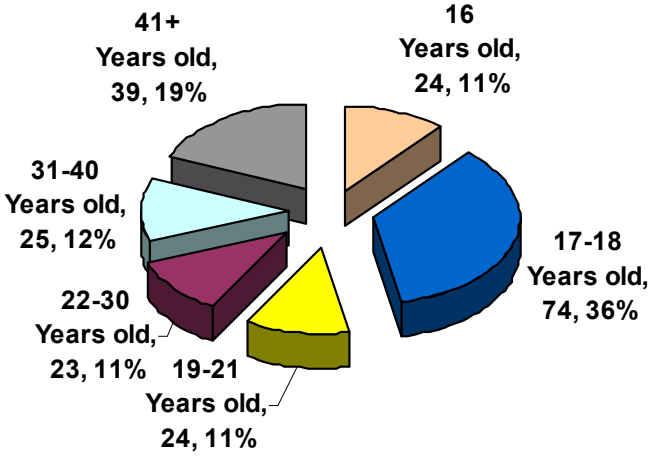


Screening & Treatment Enhancement Part

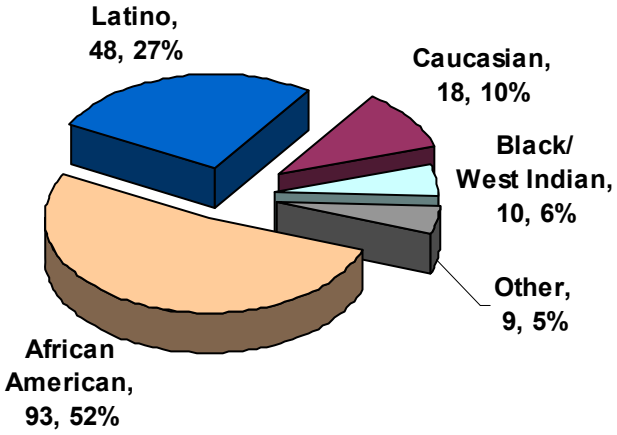
STEP - Gender of Participants



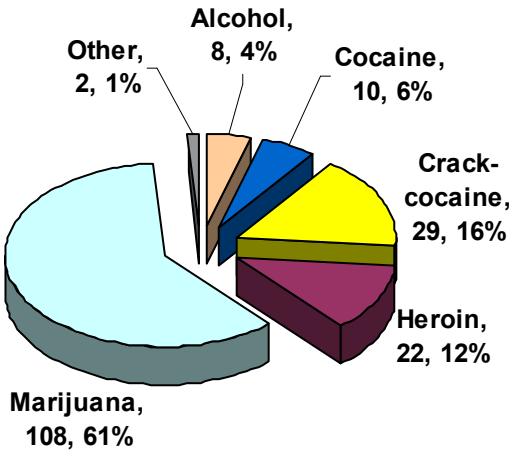
STEP - Age of Participants



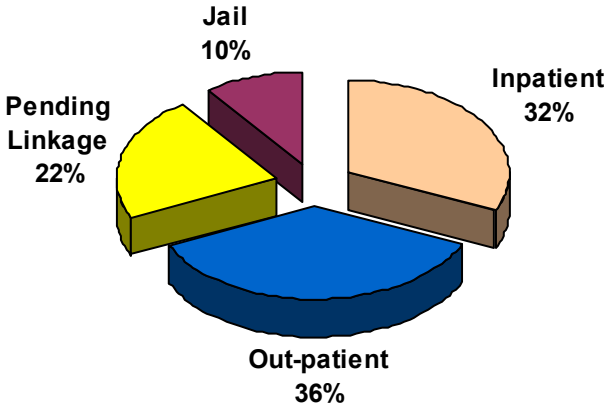
STEP - Race/Ethnicity of Participants



STEP - Participant's Drug of Choice



STEP - Treatment Modalities of Participants



Theresa Good, Case Manager I

"Theresa Good and Jose"

Residential treatment is not always the answer for participants who cannot remain sober in an outpatient setting. Drug court clinical staff must know when to make that residential referral and when to explore a different modality.

Starting at the age of fourteen, MBTC participant Jose had a thirty year history of abusing opiates, alcohol, and marijuana. Jose had already successfully completed the MBTC mandate two years earlier, having spent eight months at Odyssey House, a residential treatment program in the City. At his graduation, the judge and clinical staff had encouraged Jose to remain in treatment until he completed treatment. He left the program against clinical advice.

Jose started using again, was arrested and was again referred to MBTC. Case manager I Theresa Good assessed Jose and recommended he be given another opportunity at the MBTC program. Jose was living with his grandmother and romantically involved with a woman who was also in recovery. Theresa recommended that Jose participate in a detox program, a thirty day residential rehabilitation program and then enter outpatient treatment.

Jose struggled in outpatient treatment for months but would at times show signs of growth and progress. Discouraged and frightened, Jose asked Theresa to place him in residential treatment. Theresa and case manager II General Wright sat down with Jose and explored, in depth, what was going on in his life. Both General and Theresa agreed that, rather than retreating to the safety of a residential program, Jose needed to confront his biggest challenges - staying sober in a community setting. Jose needed to learn how to go about daily life in a healthy manner while remaining in outpatient treatment.

"Theresa Good assessed Jose and recommended he be given another opportunity…"

Theresa referred Jose to a halfway house where he could live and attend outpatient treatment. Theresa, General and Jose all agreed that this placement would give Jose the best shot at learning how do live in his community without using. Nothing is ever easy, though. Jose's girlfriend relapsed and he said he could not leave her on the street to use while he was in treatment. Theresa helped Jose's girlfriend enter a program and Jose and his girlfriend entered treatment on the same week.

Jose has now been in the halfway house and outpatient treatment for months. For the first time, he is learning to live a sober existence. He is cooking his own meals and attending vocational training to learn a trade.

Misdemeanor Brooklyn Treatment Court

Program Description

Staff

Presiding Judge	Hon. Joseph Gubbay
Project Director II	Mia Santiago
Resource Coordinator III	Michael Torres
Probation Officers	Barbara Miles
Case Manager II	General Wright
Case Managers I	Lisa Kelly
	Christina Douglas
	Shatia Eaddy
Case Technician	Tyrone Obee
Voc/Ed Counselor	Monique Emerson
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 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.

Eligibility and Identification

Eligible defendants must:

- be charged with a "nonviolent" class A misdemeanor
- have ten or more prior criminal convictions
- be on parole or probation

Exclusions:

- defendants with prior violent felony conviction
- defendants with prior arson or sex crime convictions

Eligibility is determined through a series of screening instruments and assessments. Initially, clerks in the arraignment parts determine eligibility by reviewing the charges and criminal history of every individual arrested and charged with a crime in Brooklyn. If the defendant meets the eligibility criteria, the District Attorney's office reviews the case on the next business day. If the District Attorney has no objection, the MBTC resource coordinator assigns the case to an MBTC case manager for a clinical assessment. Upon completion of the assessment, the case manager will develop a recommendation and treatment plan and the Court will give the eligible defendant an opportunity to participate in treatment. Defendants who agree to participate must execute a contract with the Court and plead guilty to the top count on the misdemeanor complaint.

Court Structure

Defendants who agree to participate in MBTC must plead guilty to a misdemeanor charge. The Court defers sentence for a minimum of eight months while the defendants participate in substance abuse treatment. A clinical assessment recommends a treatment plan that best suits each participant's needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. For those who successfully complete the MBTC mandate, the Court will vacate the plea and dismiss the charges.

MBTC participants undergo a minimum of eight months in treatment, consisting of four phases. To move between phases, participants must abstain from all drug and alcohol use and be compliant with all MBTC rules and regulations. While in treatment, the Court holds participants accountable for any infractions they commit. MBTC uses a system of graduated sanctions to maintain compliance. The most common infractions include positive or missed urine sample, violation of program rules, and tardiness. Possible sanctions for these include increased weekly treatment hours, essay writing, and increased frequency of court appearances. More severe infractions include missing court appearances and absconding from a treatment program. The Court may respond to this type of infraction with a jail sanction. New arrests precipitate a review of the participant's case and may

result in termination from the MBTC program.

Given the nature of participants' progress in treatment as well as the sanction structure, MBTC participants generally complete treatment in twelve months.

Referrals, Refusals and Pleas

Since beginning to accept cases in 2003, **8,078** defendants have been referred to MBTC for clinical assessment, out of which **1,171** (**14%**) have taken a plea and opted for treatment. Of the **6,907** who did not take the plea, **3,523** (**53%**) refused to participate. Of those who were accepted by MBTC and agreed to participate, **410** (**35%**) have graduated, **210** (**18%**) are currently in treatment, and **603** (51%) have failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2007, MBTC made up **44%** of all referrals for clinical assessment to, and **27%** of all pleas taken in, Drug Treatment Court Initiative.

Descriptive Data - MBTC Participants

Arraignment charges differ for MBTC participants, with about **65%** charged with a misdemeanor drug offense and **31%** charged with misdemeanor non-drug offenses.

Graduates and Failures

So far, **410 (35%)** participants have graduated from MBTC. The following information is available for MBTC graduates:

- **12%** of MBTC graduates were either full or part-time employed
- **36%** were receiving governmental assistance
- **44%** were receiving Medicaid
- **14%** of MBTC participants were either in full or part-time school
- **15%** of graduates had participated in vocational training

Conversely, **603** (**51%**) participants have 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-one percent **(41%)** 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

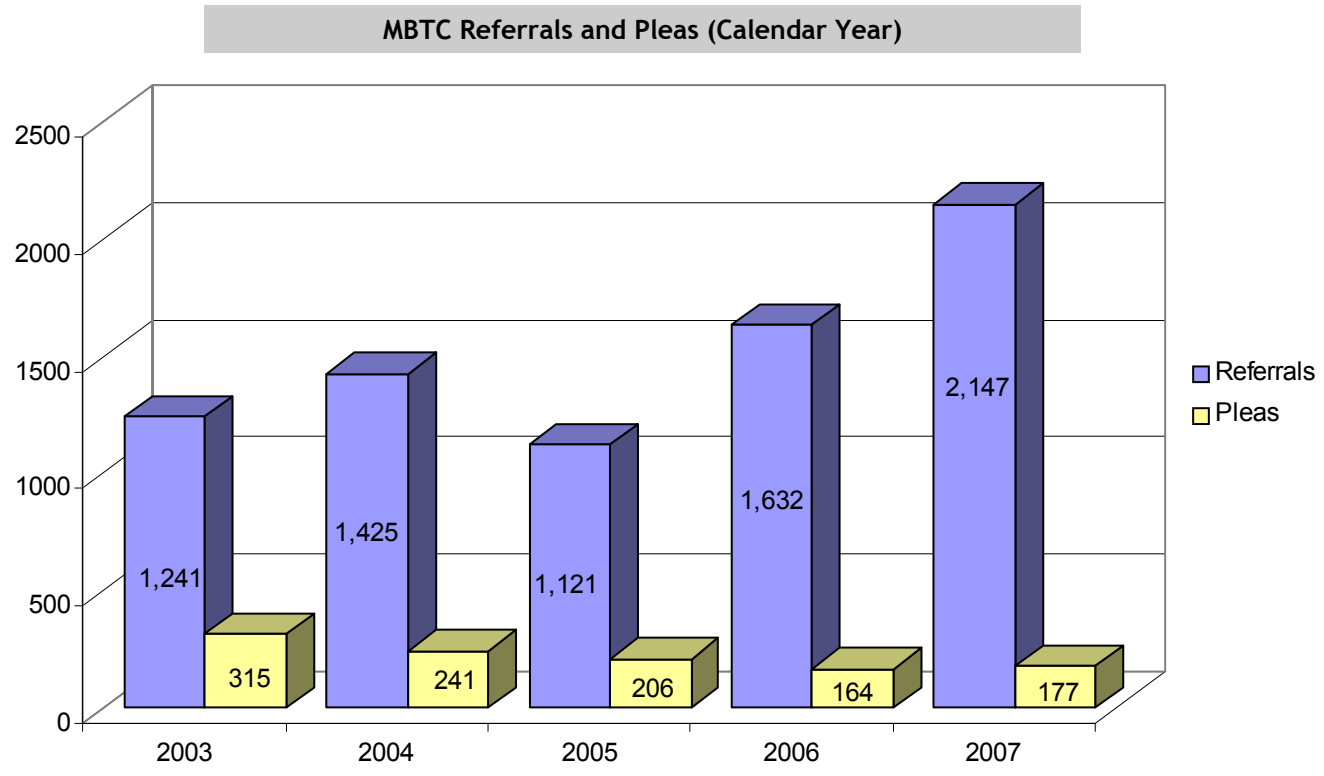
The average length of treatment (based on graduation date) for MBTC's **410** graduates is twelve months. Retention rate includes data for participants who had graduated (retained), whose cases were still open and active (retained), who had failed to complete treatment (not retained), and for whom the Court had issued a bench warrant (not retained), prior to the analysis date.

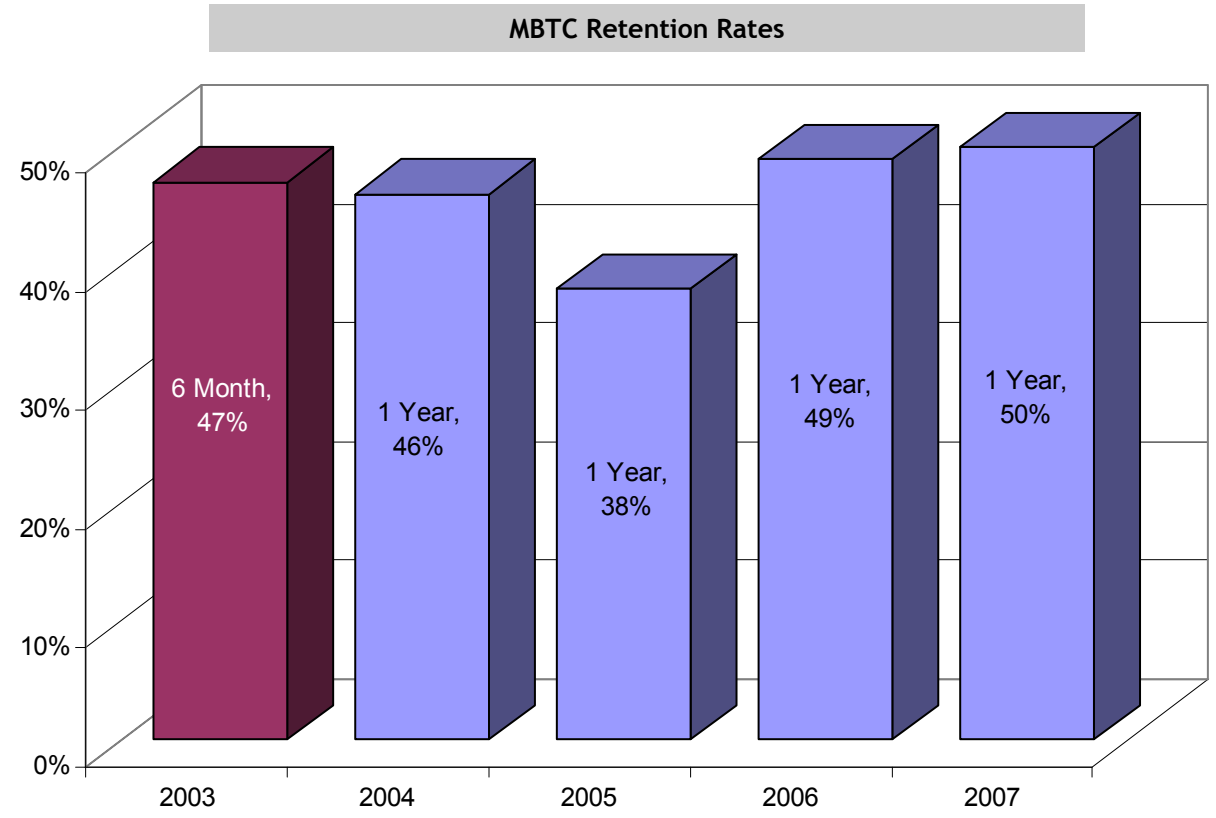
MBTC Operations

On average the MBTC daily caseload for 2007 was **181** cases. MBTC case managers typically monitor approximately 30-35 cases each.

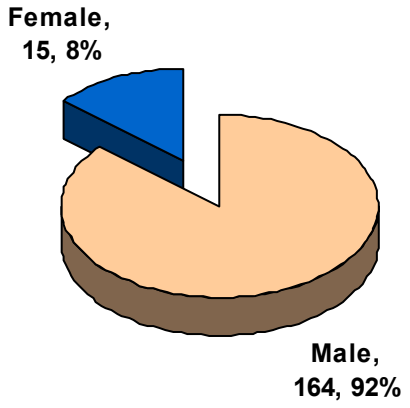
Treatment modality decisions are made based on the initial clinical assessment, and changed based on MBTC case management decisions under the supervision of the project director.

Misdemeanor Brooklyn Treatment Court

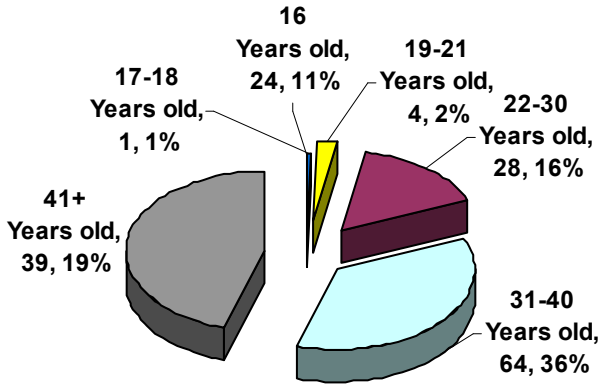




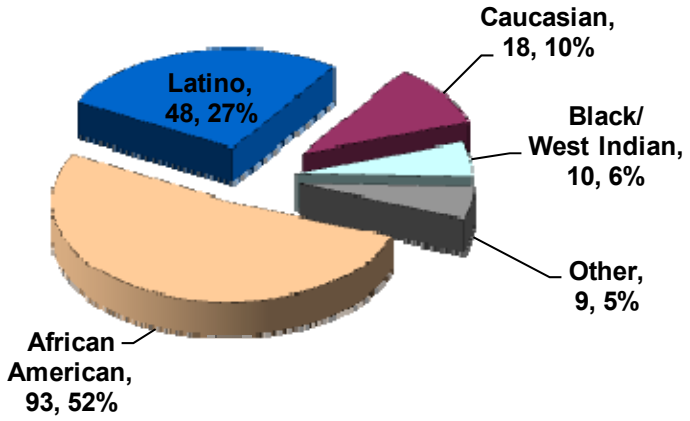
MBTC - Gender of Participants



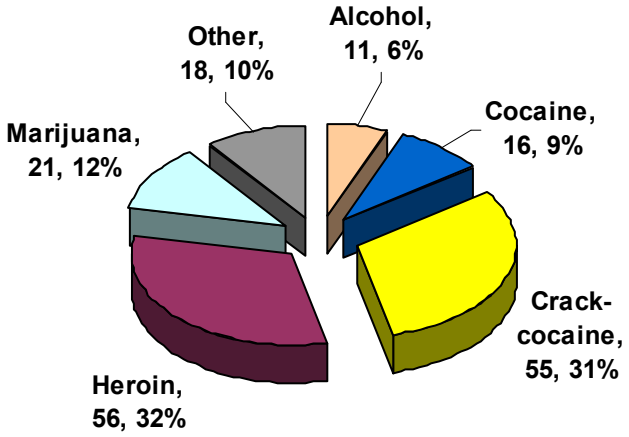
MBTC - Age of Participants



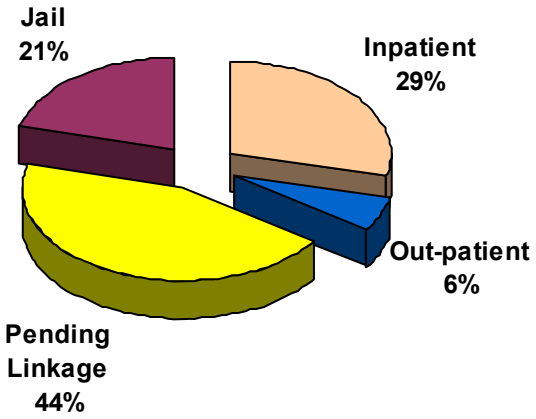
MBTC - Race/Ethnicity of Participants



MBTC - Participant's Drug of Choice



MBTC - Treatment Modalities of Participants



Darlene Buffalo, Case Manager I

"Darlene Buffalo and Julia"

Participants are referred to our clinical staff with varying degrees of motivation and commitment to treatment. Many times clinical staff must be an external motivator and show persistence and patience.

Julia L. was referred with two new cases and agreed to participate in the MMTC program. While Julia had never participated in MMTC, case manager I Darlene Buffalo already knew her since a judge in another Manhattan courtroom, on a different case, had asked her assistance monitoring Julia's progress in outpatient treatment. At the time of her referral to MMTC, Julia was also participating in Brooklyn Treatment Court.

"Darlene also showed extreme patience in guiding Julia…"

Julia was a difficult participant - very resistant to treatment and direction. Upon her release by the judge for placement in a program, Julia would not sign the necessary paper work and she did not comply with clinical staff requests to attend appointments at programs and other social service agencies. Case manager I Darlene Buffalo worked hard to break this resistance and place her in residential program. There were many bumps along the way. Julia was unable to prove that she was eligible for health insurance benefits to cover the cost of treatment because she lost her identifications and she showed no great concern or effort to replace them. Through her conscientious efforts and extensive contacts in the treatment community, Darlene was able to facilitate entry into a hospital detox program, short term rehabilitation and then long term residential treatment, even with Julia's limited documentation and even more limited motivation. Darlene recognized very quickly that Julia needed lots on one-on-one counseling and help. Darlene recognized that Julia had special needs that required more intervention, more assistance, and more persistence. Darlene also showed extreme patience in guiding Julia thorough the MMTC program - always listening, never losing her cool and always displaying a sense of humor that disarmed and engaged Julia.

It took two years for Julia to graduate a program that can be completed in eight months. She struggled though every phase, but Darlene always persisted and never lost patience.

Manhattan Misdemeanor Treatment Court

Program Description

Staff

Presiding Judge	Hon. Anthony Ferrara
Project Director II	Debra Hall-Martin
Project Director I	Kathleen McDonald
Case Manager II	Desiree Rivera
	Robert Rivera
Case Manager I	Lyndon Harding
	Darlene Buffalo
	Darryl Kittel
Case Technician	Miriam Famania

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.

Eligibility and Identification

Defendants eligible for treatment in MMTC must:

- be charged with a non-violent, non-marijuana class A misdemeanor
- have at least eight or more criminal convictions, and/or be on parole or probation

Exclusions:

- defendants with prior violent felony conviction
- defendants with prior arson or sex crime convictions

Court clerk staff begin the identification process of eligible defendants before the defendant's arraignment on the misdemeanor complaint, by reviewing both the charges and criminal histories for "paper eligibility" (criteria listed above in paragraph two). If a case appears eligible for MMTC, the papers will be marked "Treatment Court" alerting all parties of the defendant's eligibility. Eligible cases are typically adjourned to the next business day in Part SA, where the MMTC staff will conduct an in-depth clinical assessment, with the defendant's consent. If the defendant is clinically eligible and decides after consulting with counsel that they wish to choose diversion with treatment, he/she will plead guilty to the misdemeanor charged and sign both waiver forms and MMTC Contract.

Court Structure

Defendants who agree to participate in MMTC must plead guilty to a misdemeanor charge. The Court defers sentence while the defendants participate in substance abuse treatment, and are closely monitored by both the Court and Treatment Court Staff. A clinical assessment recommends a treatment plan that best suits each participant's needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. For those who successfully complete the MMTC mandate, the Court will either, upon consent of the prosecutor, vacate the plea and dismiss the charges or sentence the participant to a conditional discharge. Those who fail to complete the court mandate typically receive a jail sentence of six months.

MMTC participants undergo a minimum of eight months of treatment, consisting of four phases. To move between phases, participants must abstain from any drug use, lead a law-abiding life and comply with all rules and regulations. While in treatment, the Court holds participants accountable for any infractions they commit. MMTC uses a system of graduated sanctions and rewards to maintain compliance. The most common infractions include a positive or missed urine sample, violation of program rules, and tardiness. Possible sanctions for these include increased weekly treatment hours, essay writing, and increased frequency of court appearances. More severe infractions include missing court appearances and absconding from a treatment program. The Court may respond to this type of infraction with a jail sanction. New arrests precipitate a review of the participant's case and may result in termination from the MMTC program. Incentives include thirty

and sixty day acknowledgment, ninety day journal, and phase advancement public recognition.

Given the nature of individuals' progress in treatment as well as the sanction structure, MMTC participants generally complete treatment in twelve months.

Referrals, Refusals and Pleas

Since restructuring in 2003, **1,827** nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, out of which **313** (**17%**) have taken a plea and opted for treatment. Of the **1,514** who did not plead guilty and agree to participate, **803** (**53%**) refused to participate and **294** (**19%**) had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, **46** (**15%**) are currently in treatment, and **195** (**62%**) have failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2007, MMTC made up **7%** of all referrals to, and **7%** 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 **16%** have pled to a non-drug misdemeanor with **84%** pleading to a misdemeanor drug offense.

Graduates and Failures

In the less than four years that MMTC has been operational, **60** (**2%**) participants have graduated. The following information is available for MMTC graduates:

- **4%** of graduates were either full or part-time employed,
- **6%** were receiving governmental assistance
- **9%** were receiving Medicaid
- **2%** of MMTC participants were in school either full or part-time
- **4%** of graduates had received vocational training

Conversely, **195** (**11%**) participants have 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. Fifty-four percent (**54%**) of the failures were involuntary. Thirty-nine percent (**39%**) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

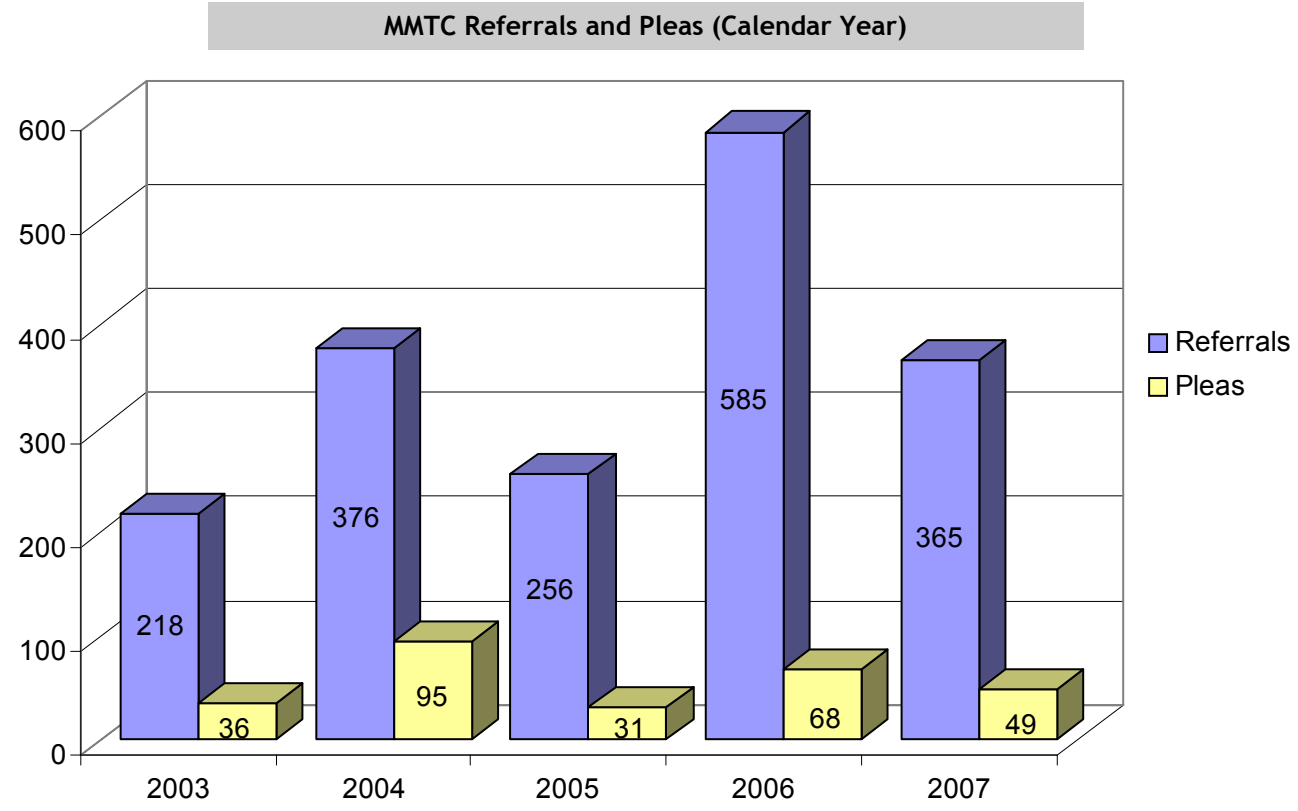
Length of Stay/Retention Rates

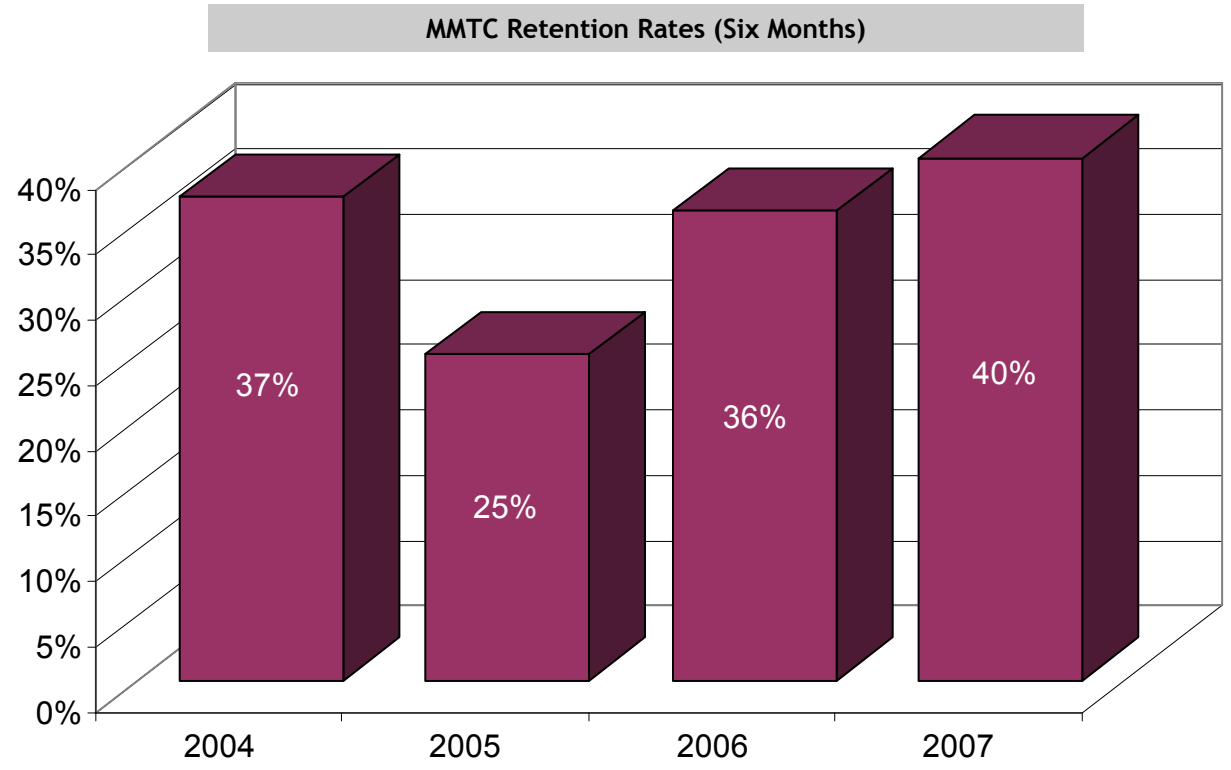
The average length of treatment (based on graduation date) for MMTC's **60** graduates is between fifteen and sixteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

MMTC Operations

On average the MMTC daily caseload for 2007 was **32** cases. MMTC case managers typically monitor approximately 5-10 cases each.

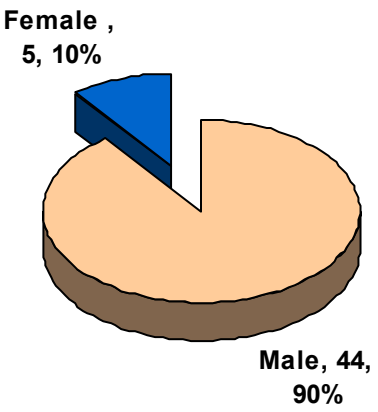
Treatment modality decisions are made based on the initial clinical assessment, and change based on MMTC case management decisions under the supervision of the MMTC operations director.


MMTC Referrals and Pleas (Calendar Year)
600
500
400
300
200
100
0
218
36
376
95
256
31
585
68
365
49
2003
2004
2005
2006
2007
Referrals
Pleas

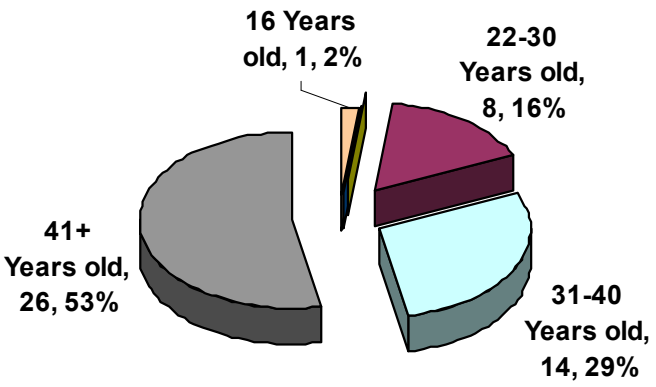

MMTC Retention Rates (Six Months)
40%
35%
30%
25%
20%
15%
10%
5%
0%
37%
25%
36%
40%
2004
2005
2006
2007

Manhattan Misdemeanor Treatment Court

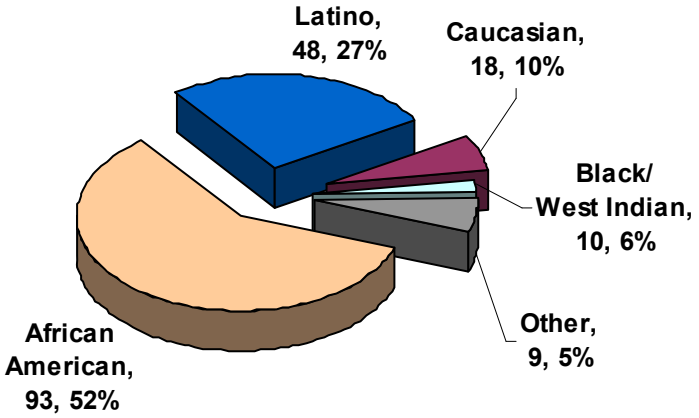
MMTC - Gender of Participants



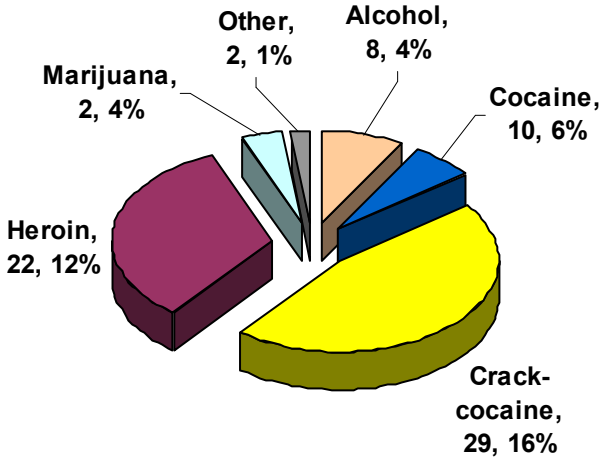
MMTC - Age of Participants



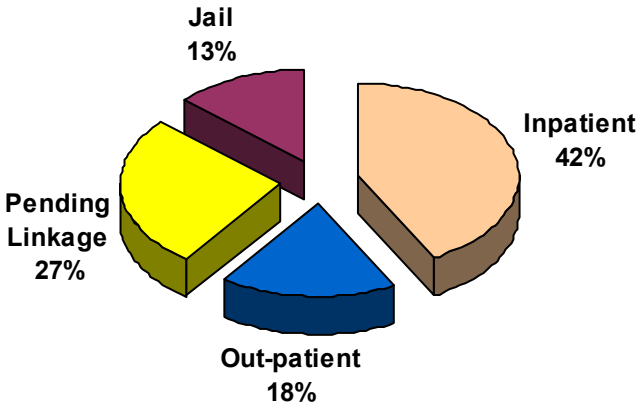
MMTC - Race/Ethnicity of Participants



MMTC - Participant's Drug of Choice



MMTC - Treatment Modalities of Participants



Manhattan Treatment Court

Desiree Rivera, Case Manager II

"Desiree Rivera and Pops"

To place participants in appropriate treatment and services, drug court staff must be experts in navigating government and heath care bureaucracies. Sometimes more than just expertise is necessary to see the participants through to successful completion of their Court mandate.

Manhattan Treatment Court participant, Kenneth J. was diagnosed with lung cancer after he completed residential treatment at Odyssey House's Elder Care program He was still under Court mandate since MTC rules dictate that participants must either be employed or have another means of supporting themselves before their cases are dismissed. Case Manager II Desiree Rivera worked tirelessly with Human Resource Administration case workers to arrange an evaluation to determine whether his cancer made him eligible for disability benefits. HRA determined that Kenneth was disabled and the next step in the chain of bureaucracy was to apply for Social Security Insurance benefits. Because Kenneth was functionally illiterate, Desiree painstakingly assisted him with the reams of paperwork that must be completed to apply for SSI benefits. With every correspondence from these government agencies, Kenneth would bring Desiree his mail for her to review and she would help him gather the necessary documents and respond. For weeks, Desiree would call the Social Security Administration and wait on hold for minutes on end checking on Kenneth's application. Kenneth received his SSI benefits.

"...Desiree is the daughter I never had."

Desiree's care and assistance did not end there. She helped Kenneth schedule his medical appointments and made sure he followed up. Desiree helped Kenneth open a bank account so that his benefits could be deposited directly into the bank.

Kenneth graduated from MTC, but to this day he still relies on Desiree's advice and guidance. He continues to visit the MTC treatment center and Desiree is still helping wend his way through bureaucracies and some of life's other intricacies. Desiree welcomes Kenneth each and every time, no matter how busy her day. Kenneth says, "Desiree is the daughter I never had." Desiree calls Kenneth "Pops."

Manhattan Treatment Court

Program Description

Staff

Presiding Judge	Hon. Patricia Nunez
Project Director II	Debra Hall-Martin
Case Manager II	Desiree Rivera
	Robert Rivera
Case Manager I	Lyndon Harding
	Darlene Buffalo
	Darryl Kittel
Case Technician	Miriam Famania

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 Mayor's Office of the Criminal Justice Coordinator, the Office of the Special Narcotics Prosecutor (OSN), the defense bar and community-based treatment providers.

Eligibility and Identification

Defendants eligible for treatment in MTC must:

- be prosecuted by the Office of Special Narcotics Prosecutor
- be charged with a B, C, or D felony drug offense
- be residents of New York City (NYC), (although non-NYC residents are considered on a case by case basis)
- Probation Violators

Exclusions

- defendants with prior felony convictions
- defendants with a history of violence or multiple bench warrants
- prior treatment court participants

Court staff start the identification process of eligible defendants before the defendant's arraignment on the felony complaint. Court clerks review charges and criminal histories for "paper eligibility" (criteria listed on previous page). If a case is eligible for MTC, the clerk will endorse the court papers with a "Treatment Court" stamp so that all parties will be informed of the defendant's eligibility. Eligible cases are typically adjourned to Part N on the 180.80 day (or five days after arraignment) and the arraignment staff provide defendant and defense counsel with an MTC Referral Form, advising them of the adjourned date and the necessary paperwork the defendant should, if possible, bring to the court when he/she returns. Between arraignment and appearance in Part N, the Office of the Special Narcotics Prosecutor (OSN) will screen the case a second time in order to decide if the defendant is paper eligible and if they should be offered an MTC disposition. If the case remains eligible, defendants interested in participating in the MTC program will plead guilty to the felony charge and execute a MTC application and waiver form. MTC staff then conduct an in-depth assessment to determine clinical eligibility. If the MTC clinical staff makes a determination of no discernable drug addiction, the Court sentences the defendant to the alternative offer that was promised at the time of plea.

Court Structure

Defendants who agree to participate in MTC must plead guilty to a felony charge. The Court defers sentence for twelve to eighteen months while the defendants participates in substance abuse treatment. A clinical assessment recommends a treatment plan that best suits each participant's needs. Treatment plans can include intensive outpatient, detox, short term outpatient, short term residential or long-term residential programs. Defendants are expected to have completed all phases of treatment and obtain a high school diploma/GED, vocational training, school, and/or employment by the time of completion if necessary. For those who successfully complete the MTC mandate, the Court will vacate the plea and dismiss the charges. Those who fail to complete the court mandate typically receive a jail sentence of one year in jail.

MTC participants undergo twelve to eighteen months of treatment, consisting of three phases each at least four months in duration. To move between phases, participants must abstain from any drug use and comply with all rules and regulations. While in treatment, the Court holds partici-

pants accountable for any infractions they commit. MTC uses a system of graduated sanctions and rewards to maintain compliance. The most common infractions include positive or missed urine sample, violation of program rules, missing days and tardiness. Possible sanctions for these include increased weekly treatment hours, essay writing, and increased frequency of court appearances and curfew. More severe infractions include missing court appearances and absconding from a treatment program. The Court may respond to this type of infraction with a jail sanction. New arrests precipitate a review of the participant's case and may result in termination from the program. Given the nature of participants' progress in treatment as well as the sanction structure, MTC participants generally complete the program in twenty-one months.

Referrals, Refusals and Pleas

Since its inception in 1998, **1,458** nonviolent felony drug offenders have been referred to MTC for assessment, out of which **1,079** (**74%**) have pled guilty and opted for treatment. Of the **379** defendants who did not take the plea, **75** (**20%**) refused to participate. Of those who were accepted by MTC and took a plea, **458** (**42%**) graduated, **104** (**9%**) are currently in treatment, and **490** (**45%**) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2007, MTC made up **2%** of all referrals to, and **10%** 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, **458** (**42%**) participants have graduated from MTC. The following information is available for MTC graduates:

- **30%** of MTC graduates were either full or part-time employed
- **10%** were receiving governmental assistance
- **16%** were receiving Medicaid
- **13%** of MTC Graduates had received a high school diploma or GED while undergoing treatment
- **5%** were either in full or part-time school
- **16%** of graduates received vocational training

Conversely, **490** (**45%**) MTC participants have failed to complete the 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 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

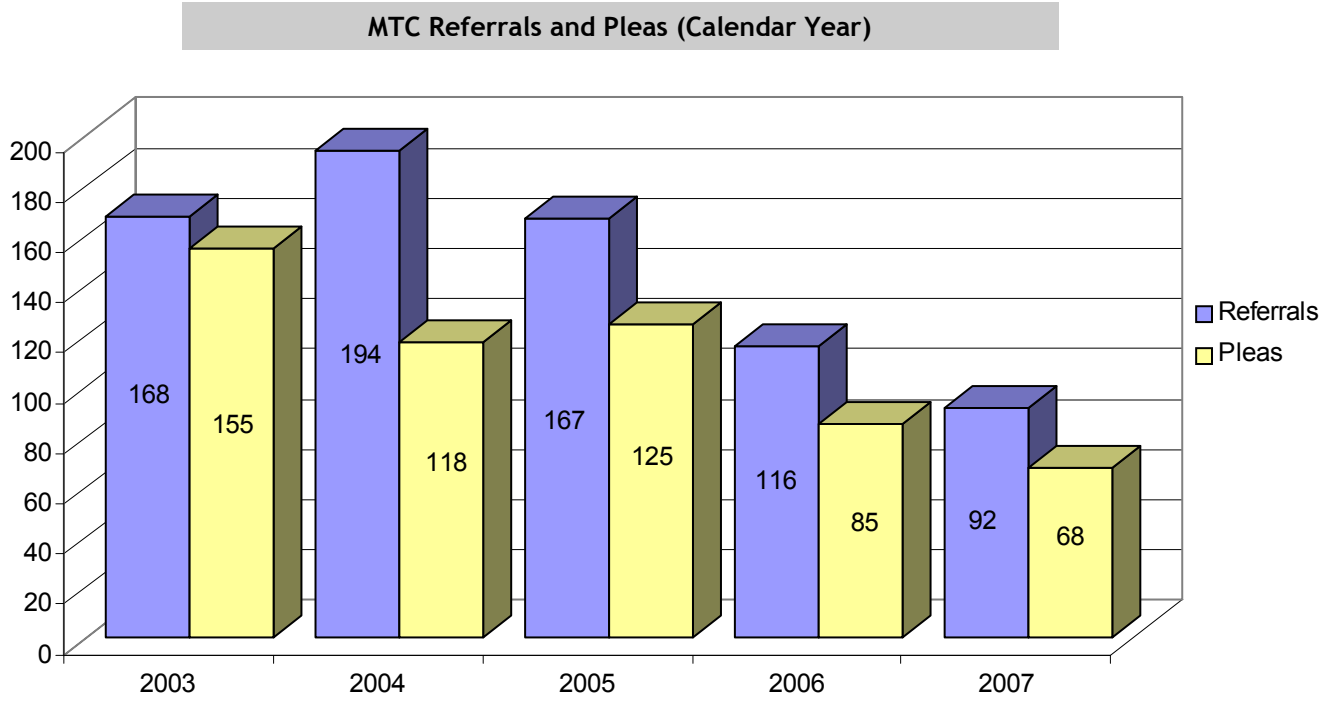
The average length of treatment (based on graduation date) for MTC's **458** graduates is between eighteen and nineteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

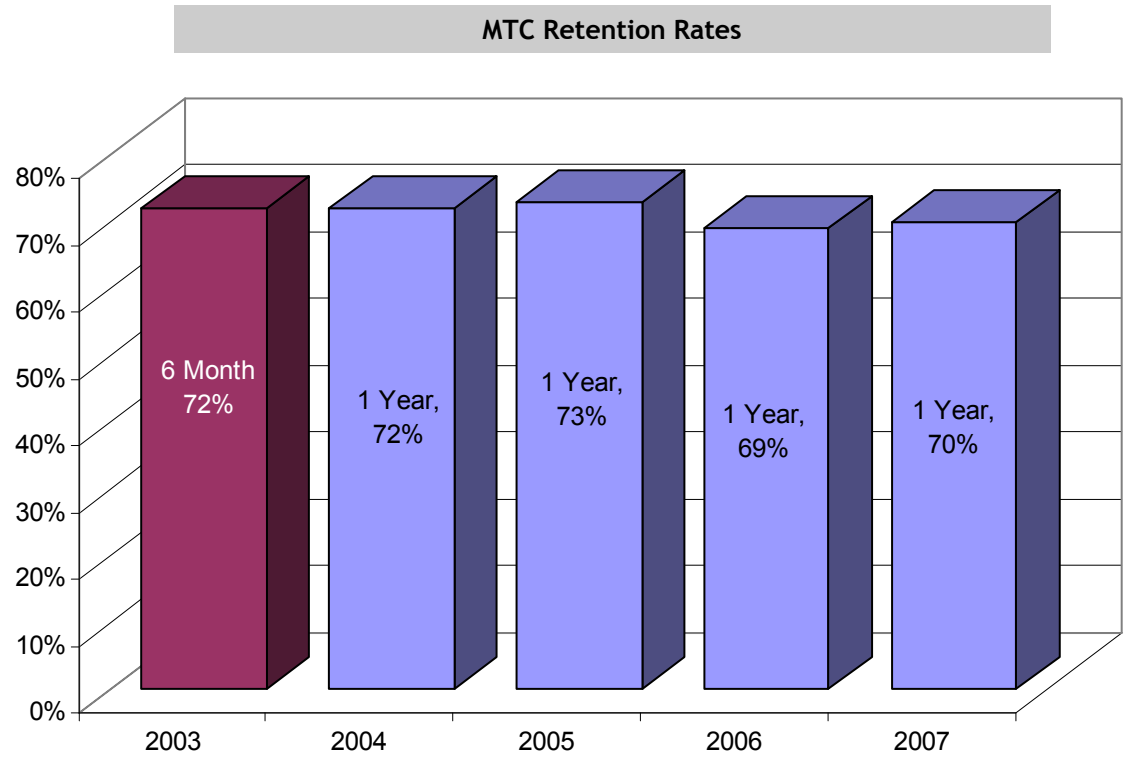
MTC Operations

On average the MTC daily caseload for 2007 was approximately **162** cases. MTC case managers typically monitor 30-35 participants each. In 2007, the average number of participants out on a warrant was **8**.

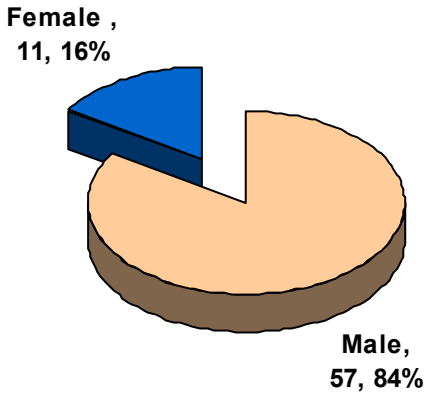
Treatment modality decisions are made by the MTC case management team under the supervision of the Project Director.

Manhattan Treatment Court

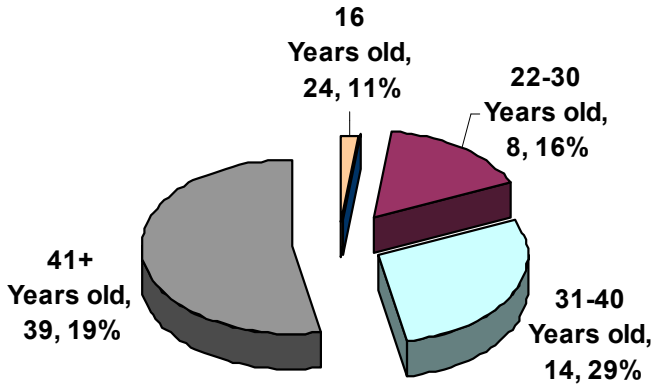




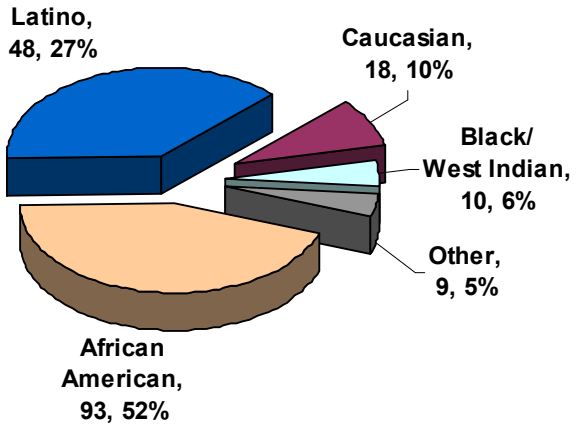
MTC - Gender of Participants



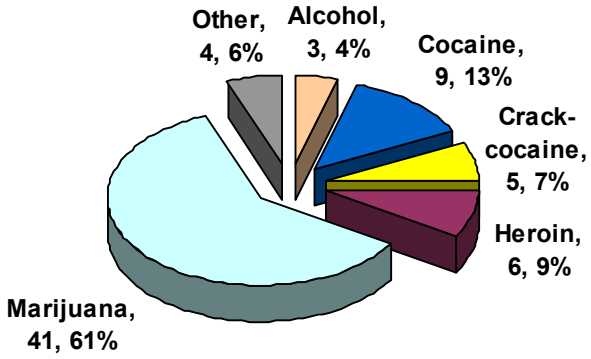
MTC - Age of Participants



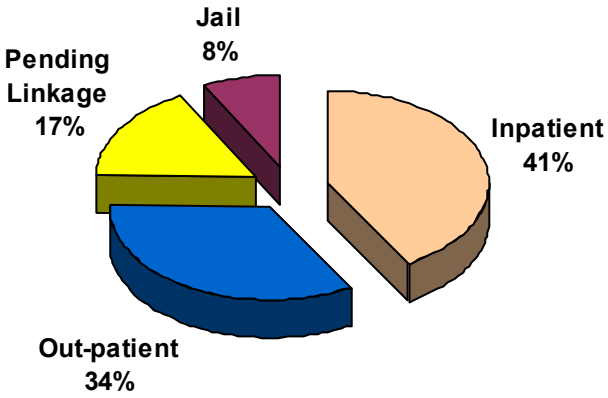
MTC - Race/Ethnicity of Participant's



MTC - Participant's Drug of Choice



MTC - Treatment Modalities of Participant



Diana George, Case Manager I

"Diana George and Edwin"

With addiction a relapsing disease, oftentimes drug court clinical staff must show perseverance to show success.

QMTC Case Manager I Diana George was assigned the task of working with Edwin H., a long-term, homeless alcoholic. Edwin already had a reputation as a "chronic relapser," who had a history of completing multiple detox and short-term rehabilitation programs only to start drinking again immediately after his release.

"...on his way to becoming another QMTC success story."

Diana assessed Edwin and recommended long-term, residential treatment. Even though he had nowhere to live and was currently living on the street, Edwin was resistant to residential treatment. After careful and lengthy discussions with Diana, Edwin agreed that residential treatment was the best course. Not only that, Edwin realized that he needed some distance from his triggers and he requested placement in an upstate facility.

Diana referred Edwin to a crisis center, but upon leaving her office he drank and appeared at the crisis center under the influence. He came back and Diana referred Edwin to a detox. Edwin successfully completed the detox but drank immediately upon his release. Since residential programs will not accept actively using clients, Edwin could not enter a residential program, but he kept reporting back to Diana. Skeptical that he would do better a second time, Diana nonetheless arranged for another detox. After he completed this second detox, Diana arranged for Edwin to immediately enter an upstate residential treatment facility. No mean feat, considering Edwin still lacked any kind of identification and, consequently, had no health insurance or other means of paying for treatment.

Edwin is currently in the residential program and on his way to becoming another QMTC success story.

Staff

Presiding Judge	Hon. Joseph Zayas
Project Director II	Naima Aiken
Resource Coordinator III	Lisa Babb
Case Managers I	Patrick Clayton
	Daisy Oliveras
	Diana George

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.

Funding

QMTC is funded through grants from the federal government's Bureau of Justice Assistance and the New York Unified Court System.

Eligibility and Identification

Eligible defendants must:

- be charged with a non-violent misdemeanor offense
- have three or more prior misdemeanor convictions*

*(The Queens District Attorney's office has agreed to review certain felony filings and, if eligible, refer them to QMTC upon a determination that they are prepared to reduce the felony charges to misdemeanors).

Screening is a two-step process based on objective criteria – the first is a determination of "paper eligibility" and the second is clinical eligibility. Identification of "paper eligible" drug charges is done by the assistant district attorney, judge, or defense attorney during arraignments. If the defendant is "paper" eligible and the case survives arraignment, the case is adjourned to QMTC within the next 5 days. At the first adjournment in QMTC, a court case manager will conduct a psychosocial assessment of the defendant to determine clinical eligibility. Eligible defendants who agree to participate must execute a contract and plead guilty to the misdemeanor charge. The court will defer sentence while the defendant participates in treatment.

Court Structure

Defendants accepted into QMTC plead guilty to a misdemeanor charge and the Court defers sentence while the defendant participates in nine to twelve months of treatment. Based on an initial clinical assessment, participants each receive a treatment plan that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. The Court will allow participants who successfully complete their court mandate to withdraw their plea and dismiss the charges. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, of between 4 months and 12 months.

QMTC participants complete nine months of treatment consisting of three phases. During Phase One, court clinical staff will draft a plan of treatment, help the participant obtain any entitlements needed to pay for treatment such as medicaid and SSI, place participants in a community-based treatment program and, ultimately, establish abstinence. In order to advance to Phase Two, participants must accrue at least three consecutive months of abstinence and a total of one to three months of participation in treatment without sanctions. In Phase Two participants will be stabilized in treatment, develop outside support systems, and, depending on progress, set short term goals such as education or vocational training. To advance to Phase Three, participants must accrue no less than three months of abstinence, a total of three to six months of participation in treatment without sanctions, and participate in workshops or programs as directed by QMTC or the treatment provider. In Phase Three, the participants develop goals for post-graduation, continue re-integration

with the community, maintain abstinence and participation with outside support systems, and focus on rehabilitation. Upon completion of the three phases, participants graduate and the Court will allow the withdrawal of the guilty plea and dismiss the charges. Failure to complete the treatment mandate results in the Court imposing a sentence of incarceration.

QMTC uses a system of interim, graduated schedule of incentives and sanctions to encourage compliance. The most common/less severe infractions include positive/missed urine sample, not following program rules, and/or late arrivals. The most common infractions include positive or missed urine toxicology tests, violation of program rules, and tardiness. Sanctions for these infractions include increased weekly treatment hours, essay writing, and increased court appearances. More serious infractions include missed court appearances and absence from a treatment program without permission, which can result in a sanction of jail time. New arrests typically result in a jail based sanction and/or the imposition of the jail alternative.

Referrals, Refusals and Pleas

Since it started taking cases in 2002, **1,980** nonviolent misdemeanor drug offenders have been referred to QMTC for clinical assessment, out of which **639** (**32%**) have pled guilty and agreed to participate in treatment. Of the **1,341** who did not plead guilty, **692** (**52%**) refused to participate. Of those who agreed to participate and pled guilty, **275** (**43%**) have graduated, **108** (**17%**) are currently in treatment, and **273** (**43%**) have failed to complete the court mandate.

Intake, Referral and Participant Data

In calendar year 2007, QMTC made up **10%** of all of all referrals to, and **21%** 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 **54%** drug and **42%** non-drug offenses.

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

Graduates and Failures

275 (**43%**) participants have graduated from QMTC since its inception. The following information is available for QMTC graduates:

- **14%** of graduates were employed, either full or part-time
- **32%** were receiving governmental assistance
- **38%** were receiving Medicaid
- **10%** of QMTC graduates were in school, either full or part-time
- **6%** participated in vocational training

Conversely, **273** (**43%**) QMTC participants have failed to complete treatment. Fifty percent (**50%**) 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-nine percent (**39%**) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

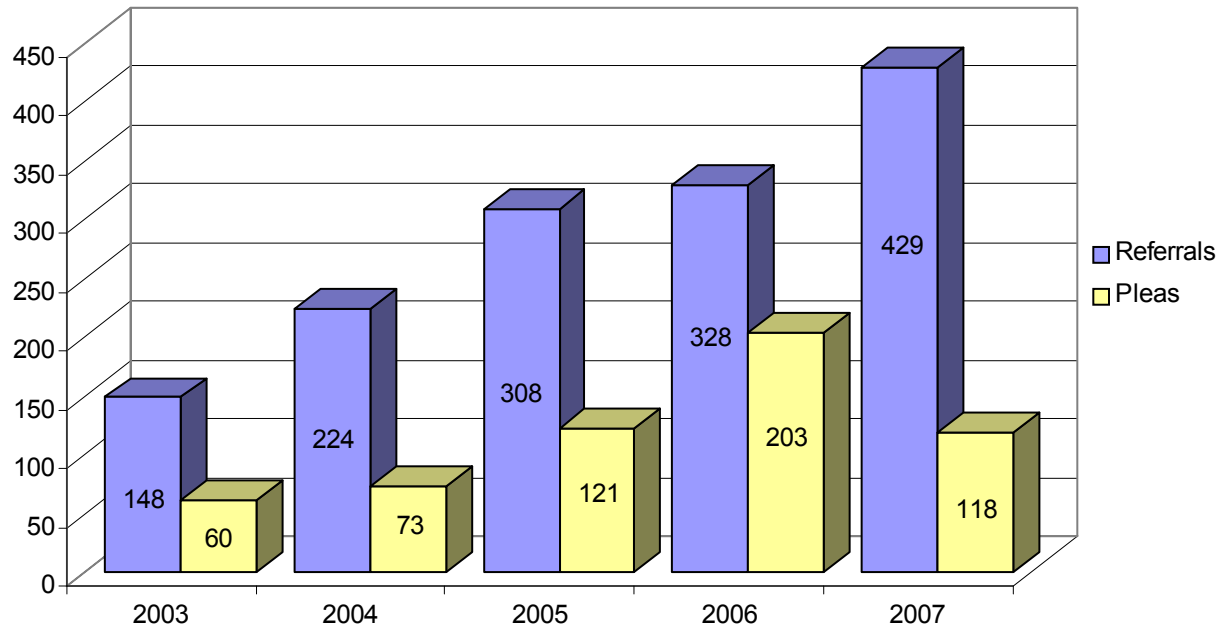
Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for QMTC's **275** graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained).

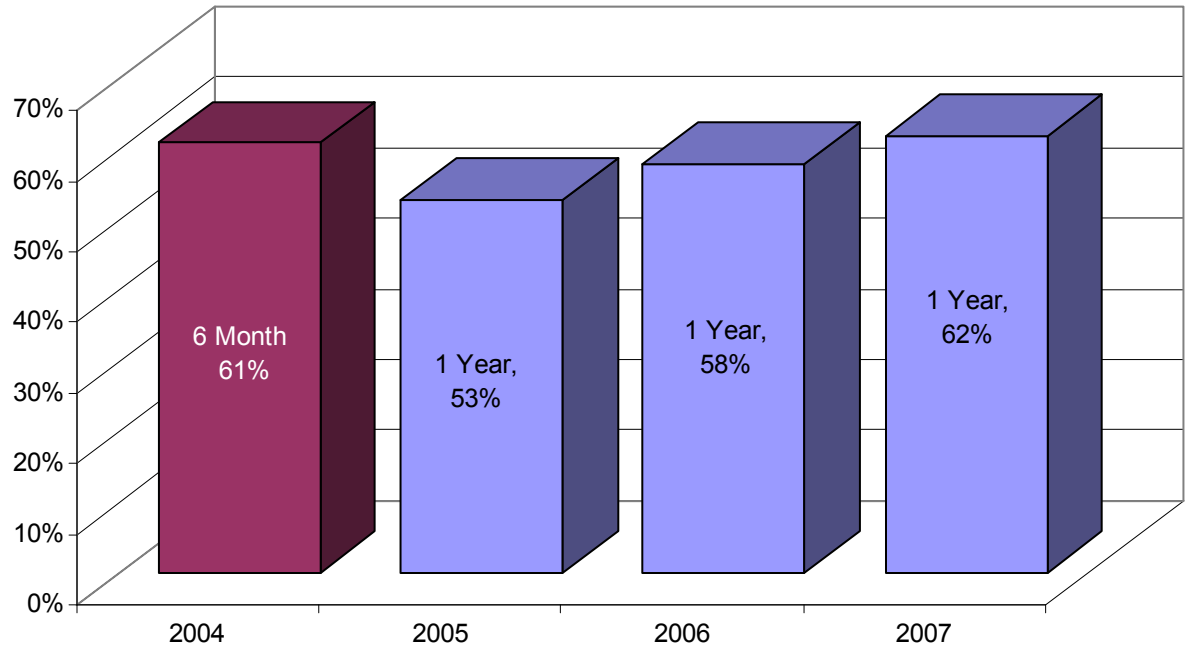
QMTC Operations

On average the daily QMTC caseload for 2006 was **115** cases. QMTC case managers typically monitor approximately 35-40 cases each. Treatment modality decisions are made by the QMTC case management team under the supervision of the resource coordinator.

QMTC Referrals and Pleas (Calendar Year)

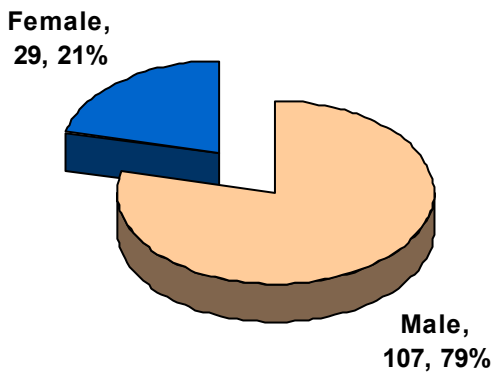


QMTC Retention Rates

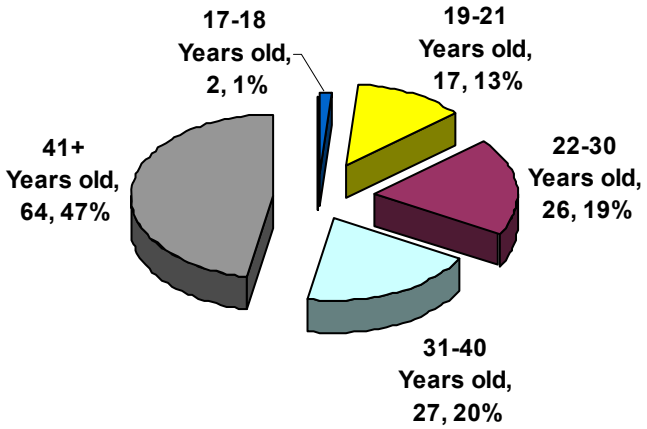


Queens Misdemeanor Treatment Court

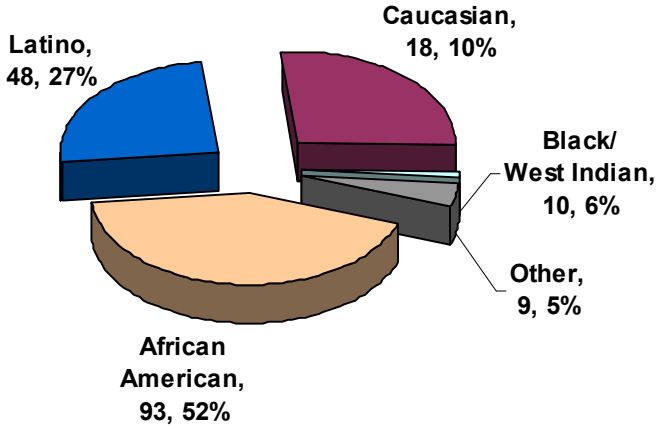
QMTC - Gender of Participants



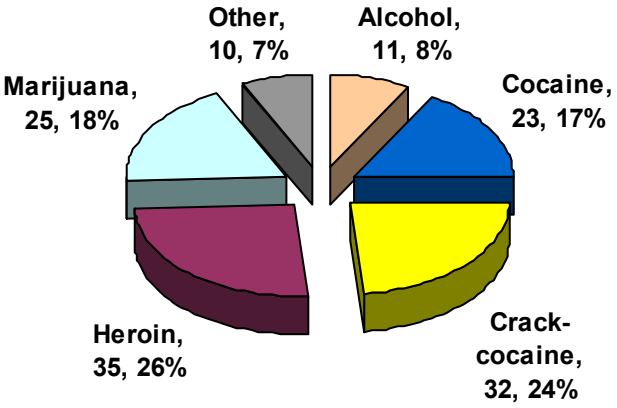
QMTC - Age of Participants



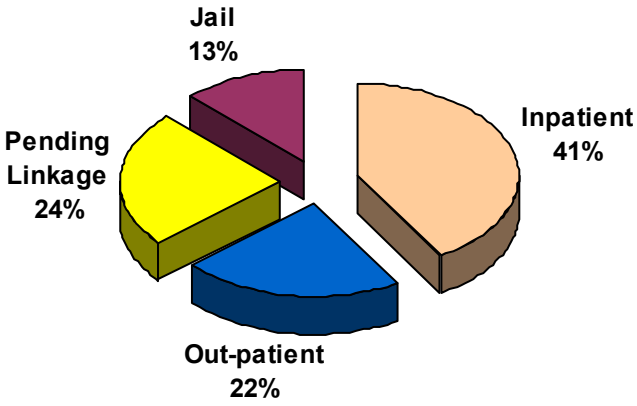
QMTC - Race/Ethnicity of Participants



QMTC - Participant's Drug of Choice



QMTC - Treatment Modalities of Participants



"Sandra Thompson, Helen, James and Patti"

Case technician Sandra Thompson takes a special interest in SITC participants. In addition to monitoring their progress in treatment, Sandra quickly identifies personal issues that may have a negative impact on their adherence to the SITC mandate, recommends a solution, then follows through.

Helen

Sandra intervened when Helen appeared in court looking overwhelmed. Four months after entering SITC, Helen gave birth to a healthy, beautiful and drug-free baby girl. SITC placed Helen on "maternity leave," then "medical leave" when she wound up back in the hospital with a blood clot. Shortly after Helen returned to SITC, staff noticed she was struggling. Sandra spoke to Helen and found that Helen's boyfriend was moving out of their Brooklyn apartment and was threatening to stop paying the rent. Helen appeared to be a loving and caring mother, but without the support of her boyfriend, she could not afford housing, childcare, transportation, or food. Helen did not have a good relationship with her parents, and was overwhelmed. Sandra informed me that Helen was at risk of becoming homeless and losing custody of her child. She got Helen an intake with a Prevention Services provider, who found Helen eligible and set up a plan for her. Through Sandra's intervention, Helen received the ancillary services she so badly needed.

"Through Sandra's intervention, Helen received the ancillary services she so badly needed."

James

James had been excused from treatment sessions due to illness but had not submitted documentation, a requirement set by SITC Presiding Judge Alan J. Meyer. Judge Meyer was ready to sanction James for noncompliance. Project Director II Ellen Burns had met with James on his last court appearance and observed how ill he was; in fact, he had been ill for two weeks. Without medical coverage, however, James had not gone to a doctor. Sandra contacted the Health Center of Richmond, a program which serves undocumented and uninsured people, told them about James's plight, explained he was subject to sanction, and got him an immediate appointment. James received medical care and a prescription for his bronchitis at the Health Center and was soon well. Sandra then set James up with a representative of Health Plus and he got insurance.

Patti

Newly-divorced after a 24-year marriage, Patti is not only struggling to recover, but to pay back $15,724 in restitution. When Patti relapsed the treatment program took the necessary steps to help her regain sobriety. But when she appeared in treatment court looking down and depressed, Sandra approached Patti to offer support. After their talk, Patti told Sandra that she was grateful that someone had paid attention to her. Patti is doing well in treatment now, and has paid back half the restitution; she still speaks with Sandra after each court appearance.

Staten Island Treatment Court

Program Description

Staff

Presiding Judge	Hon. Alan Meyer
Project Director II	Ellen Burns
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.

Funding

SITC is funded by the New York Unified Court System and an implementation grant from the federal government's Bureau of Justice Assistance.

Eligibility and Identification

Eligible defendants must:

- be charged with a designated felony drug charge (PL§ 220.06, 220.09, 220.16, 220.31, 220.34, 220.39); and
- have no prior felony convictions.

Screening is a two-step process based on objective criteria – the first is a determination of "paper eligibility" and the second is clinical eligibility. Identification of "paper eligible" drug charges is done by the assistant district attorney who screens all felony drug arrests prior to arraignments. The cases of eligible defendants are stamped "SITC Eligible" and the court papers are filed. If the defendant is "paper" eligible, a TASC case manager will pre-screen the defendant in the pens or the courthouse. If still eligible, defense counsel will inform the defendant of the treatment court option. Interested defendants agree to adjourn the case to treatment court and TASC performs a comprehensive clinical assessment in the interim. Before participating, Defendants will execute a contract, which requires him/her to plead guilty to the felony charge and the Court will defer sentence while the defendant participates in treatment.

Court Structure

Defendants accepted into SITC plead guilty to a felony charge and the Court defers sentence while the defendant participates in twelve to eighteen months of treatment. Based on an initial clinical assessment, participants each receive a treatment plan that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants must complete all phases of treatment, accrue 12 months of sanctionless time and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment by the time the complete their court mandate. The Court will allow participants who successfully complete their court mandate to withdraw their plea and dismiss the charges. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, typically one year in jail.

SITC participants must complete twelve to eighteen months of treatment, consisting of three phases of four-month each. TASC assesses the participant in the beginning of Phase One, determining level of addiction and treatment plan, assisting the participate in obtaining any entitlements to pay for treatment such as Medicaid and SSI and, ultimately, placing the participant in an appropriate community-based treatment program. In Phase Two participants stabilize themselves in treatment and, depending on their progress, short term goals such as education or vocational training may be set. Finally, in Phase Three, the participants focus on rehabilitation – working to re-establish family ties and engaging in school or vocational training.

To move between phases, participants must abstain from any drug use, be compliant with program rules and regulations, and remain sanction less for at least four months. While in treatment,

participants are held accountable for any infractions they commit. SITC uses a schedule of interim, graduated incentives and sanctions to encourage compliance. The most common/less severe infractions include positive/missed urine sample, not following program rules, and/or late arrivals. The most common infractions include positive or missed urine toxicology tests, violation of program rules, and tardiness. Sanctions for these infractions include increased weekly treatment hours, essay writing, and increased court appearances. More serious infractions include missed court appearances and absence from a treatment program without permission, which can result in a sanction of jail time. New arrests typically result in a jail based sanction and/or the imposition of the jail alternative.

SITC participants typically complete treatment in approximately eighteen months.

Staten Island Treatment Court, Misdemeanor Part (SITCM):*

The SITC Misdemeanor Part began accepting cases in March 2004. SITCM will accept offenders with multiple misdemeanor offenses and prior felonies on a case-by-case basis. SITCM offers are made after team discussion and, frequently in response to defense attorney's requests, SITCM also accepts first-arrest misdemeanor offenders. Defendants charged with violent offenses are not eligible.

The SITCM mandate is nine months. SITCM participants must comply with the same attendance requirements and are subject to the same infraction and sanction schedule as SITCF participants; however, misdemeanor participants must accrue three months without sanctions in three phases before they can graduate. Other graduation requirements include completing treatment, being employed full time, or enrolled full time in school or a training program.

By 31 December 2006, SITCM had accepted a total of **189** misdemeanor participants; **48** were actively participating; **20** had been expelled; and **33** had graduated from treatment court.

Non-Drug Cases

In February 2003, SITC accepted its first non-drug-related case, a defendant charged with PL155.35, Grand Larceny third degree, at the request of the defense attorney and after negotiations between the defense attorney and the district attorney. The next non-drug case was accepted in March 2004.

Offenders with non-drug offenses are referred to treatment court by the district attorney or are often considered for eligibility by the Team at the request of defense attorneys. In 2007, SITC accepted **6** defendants with non-drug offenses (**4** SITCF; **2** SITCM). Two (**1** SITCF; **1** SITCM) have been expelled and sentenced for noncompliance; four (all SITCF) are actively participating. That makes a total of **20** non-drug cases accepted into SITC since February 2003.

With increasing numbers of SITCM participants we hope to include separate demographic and retention data for SITCM program in next year's Annual Report.

Referrals, Refusals and Pleas

Since it started accepting cases in 2002, **705** non-violent drug offenders have been referred to SITC for clinical assessment, out of which **269** (**38**%) have pled guilty and agreed to participate in treatment. Of the **436** who did not plead guilty, **127** (**29**%) refused to participate. Of those who were accepted by SITC and pled guilty, **146** (**54**%) have graduated, **62** (**23**%) are currently in treatment, and **63** (**23**%) have failed to complete their court mandate.

Intake, Referral and Participant Data

In calendar year 2007, SITC made up **3%** of all referrals, and **8%** 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 on a case-by-case basis. Defendants with misdemeanor drug and drug-related charges have been eligible to participate since 2004, and currently represent approximately 30% of SITC's population.

Staten Island Treatment Court

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

Graduates and Failures

105 (**8%**) participants have graduated from SITC since its inception. The following information is available for SITC graduates:

- **37%** of graduates were employed, either full or part-time
- **21%** were receiving governmental assistance
- **13%** were receiving Medicaid
- **24%** of SITC participants were in school, either full or part-time
- **8%** of SITC graduates participated in vocational training

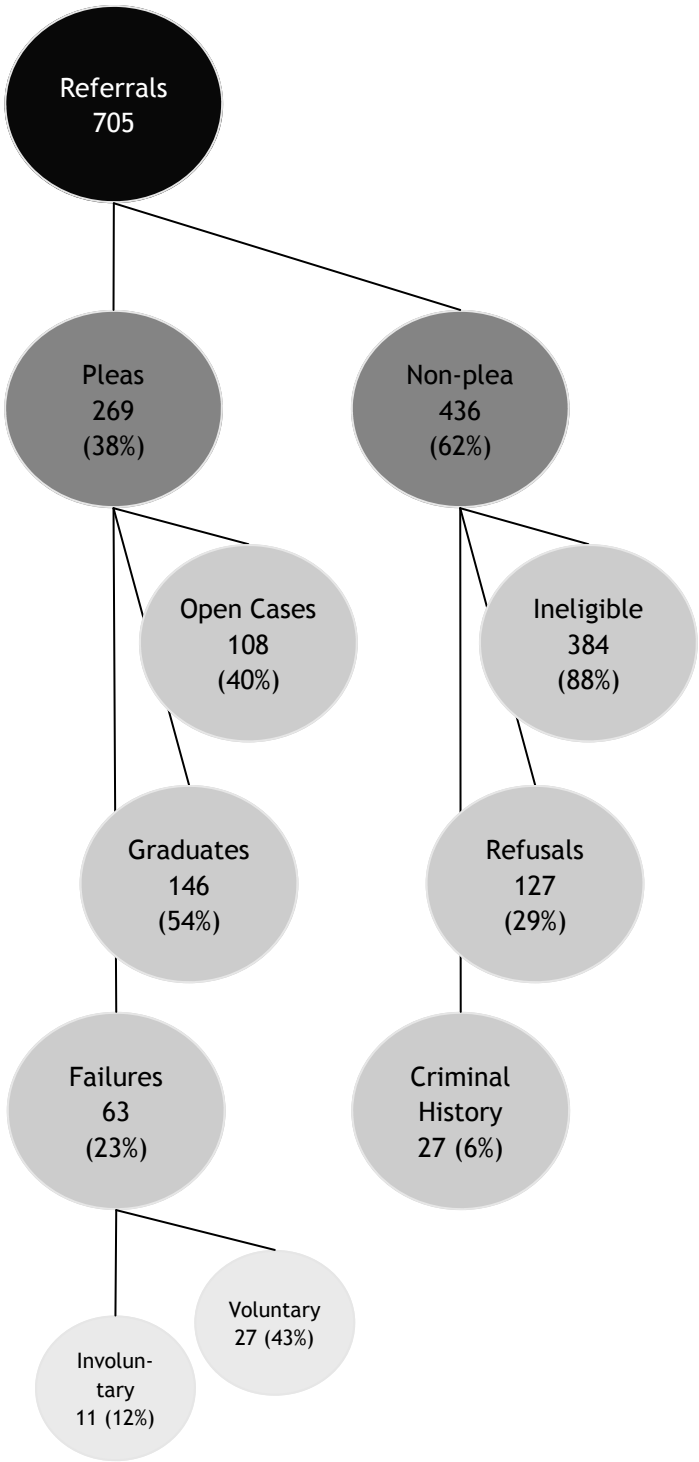
Conversely, **63** (**23%**) participants have failed to complete treatment. Eleven percent (**11%**) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in SITC. The other **27%** of failures were voluntary, meaning that the participant opted out of SITC and elected to serve the jail sentence.

Length of Stay/Retention Rates

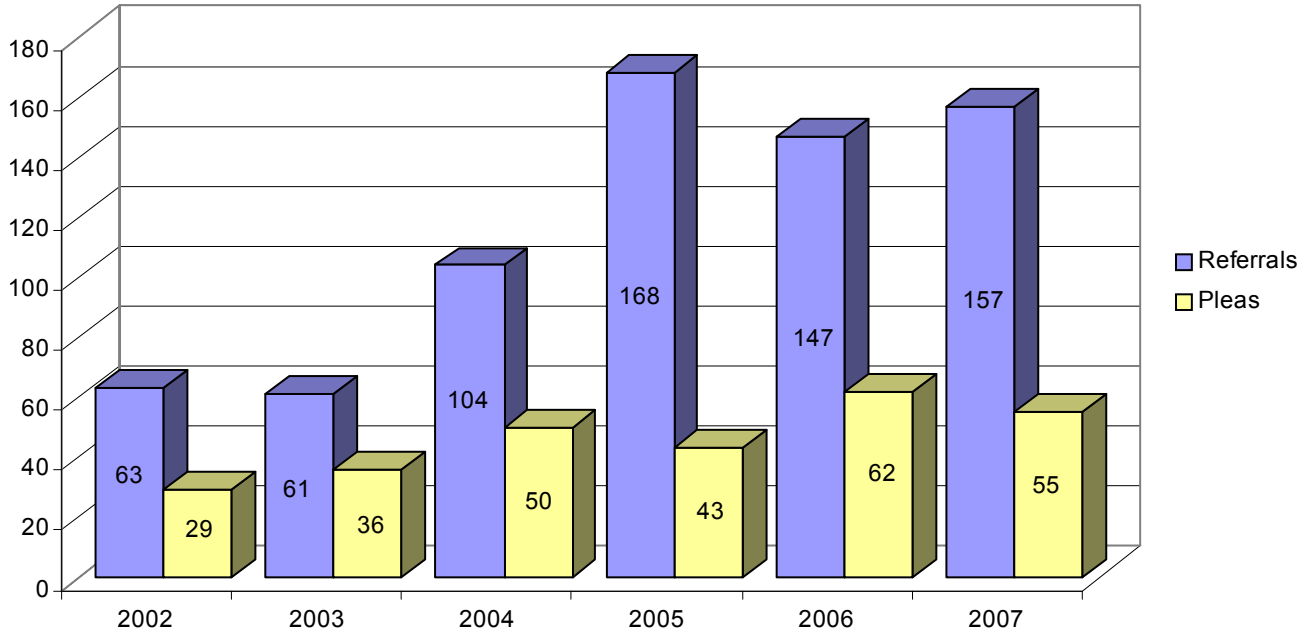
The average length of treatment (based on graduation date) for SITC's **146** graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained), one year prior to the analysis date.

SITC Operations

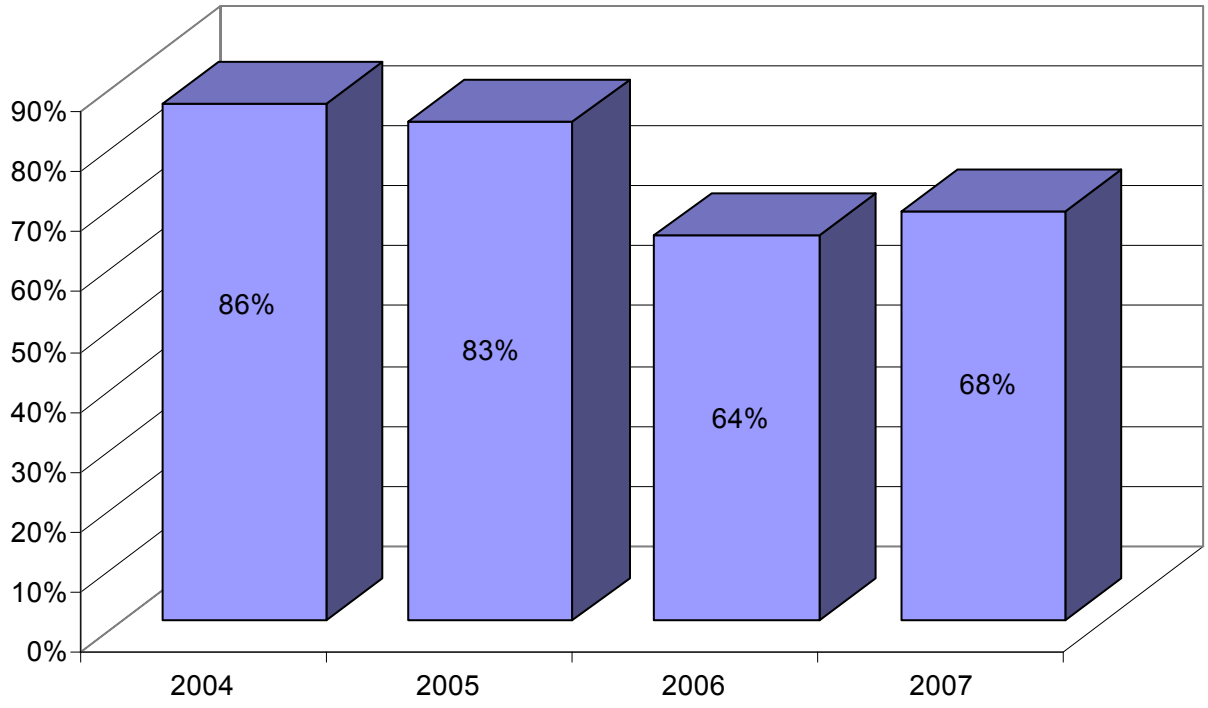
SITC, on a daily basis, handles an average of **108** cases. TASC is responsible for monitoring SITC participants and, at present, has devoted case managers to SITC each of whom work only part time on SITC cases. Treatment modality decisions are based on the initial TASC assessment but are subject to change based upon the participant's performance throughout the program.



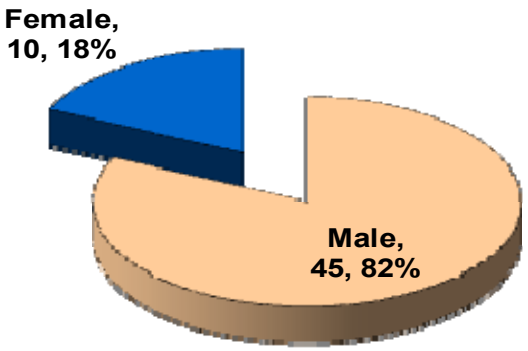
SITC Referrals and Pleas (Calendar Year)



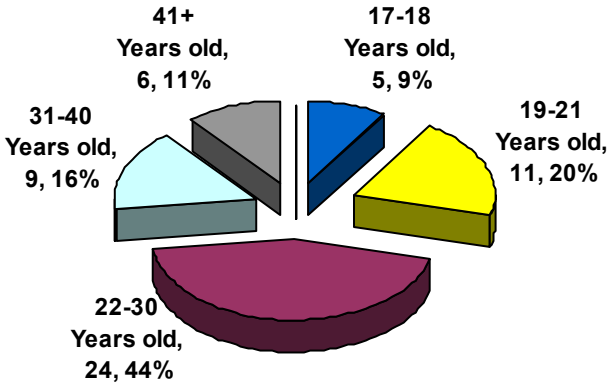
SITC Retention Rates (One Year)



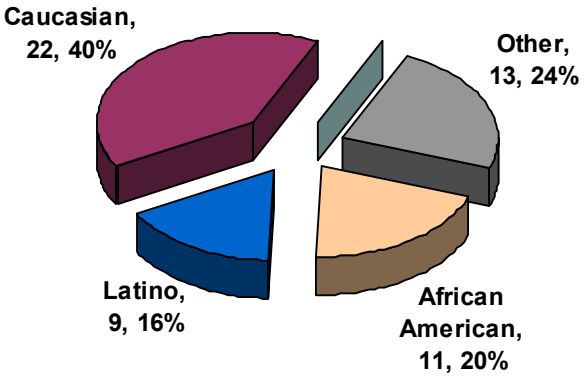
SITC - Gender of Participants



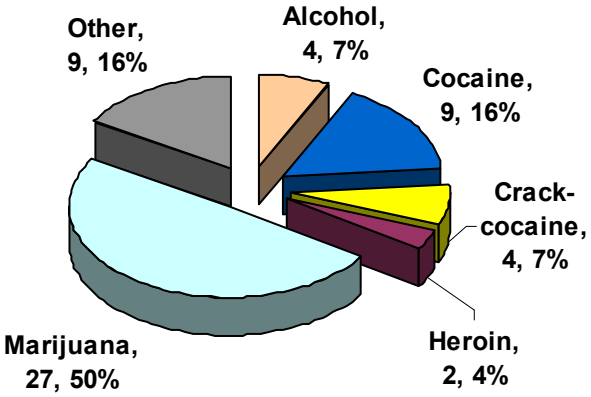
SITC - Age of Participants



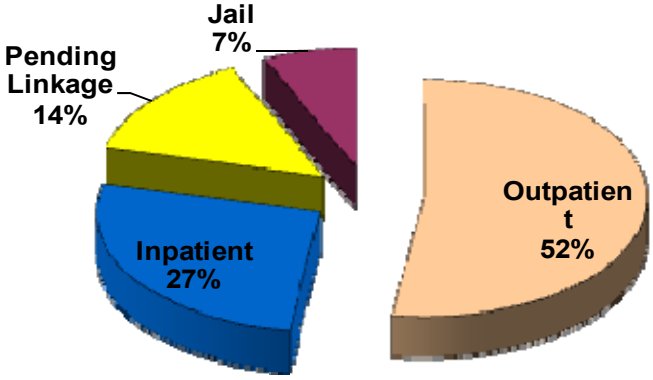
SITC - Race/Ethnicity of Participants



SITC - Participant's Drug of Choice

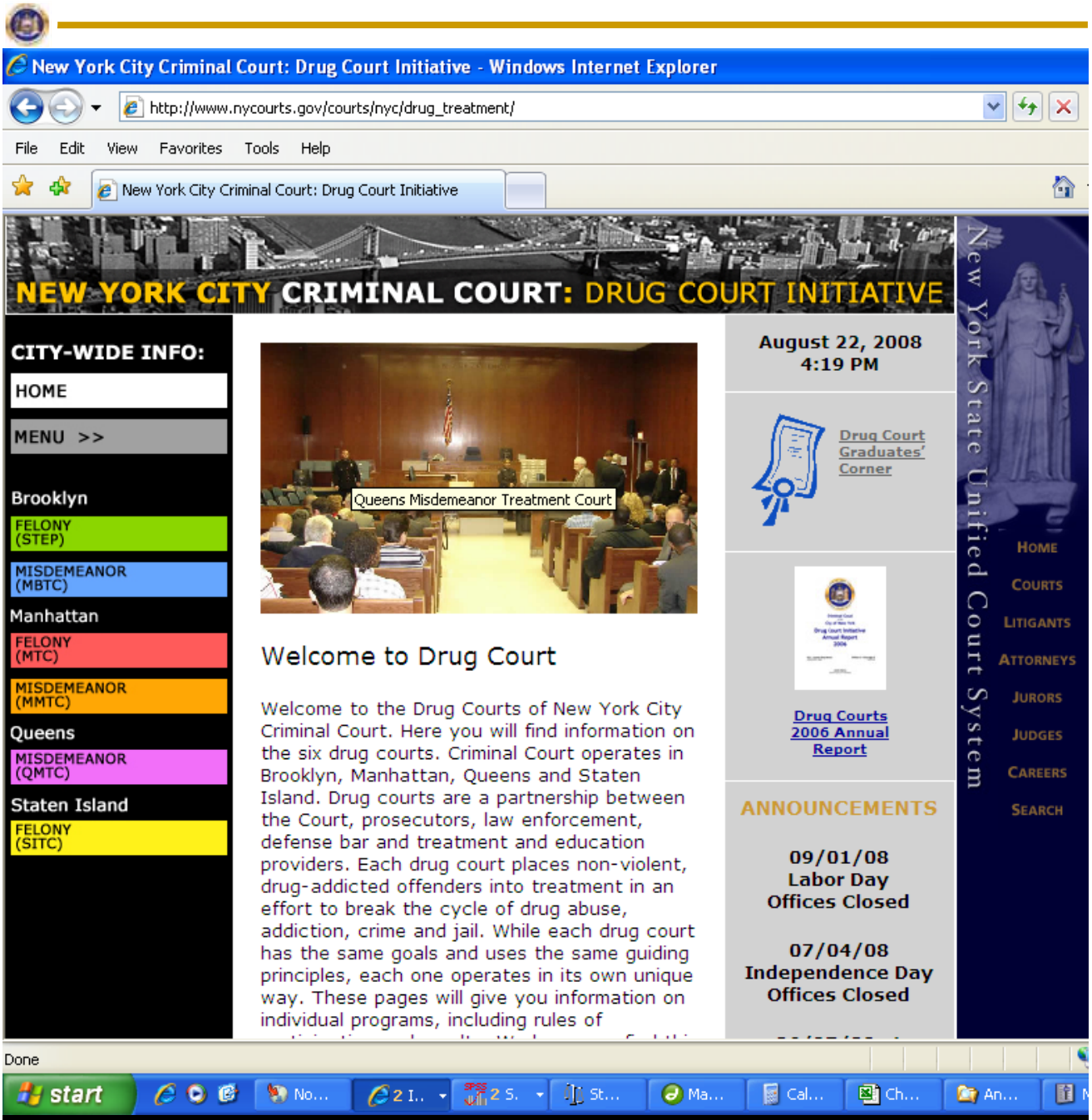


SITC - Treatment Modalities of Participants



2007 STATISTICAL SUMMARY

	MBTC	MMTC	MTC	QMTC	SITC	STEP	TOTALS
ARRAIGNMENT CHARGE							
MISDEMEANOR DRUG	114	41	0	70	6	4	**235**
MISDEMEANOR NON-DRUG	55	8	0	55	2	2	**122**
FELONY DRUG	5	0	68	5	43	116	**237**
FELONY NON-DRUG	2	0	0	0	4	57	**63**
	176	49	68	130	55	179	**657**
GENDER							
MALES	153	44	57	107	45	164	**570**
FEMALES	24	5	11	29	10	15	**94**
	177	49	68	136	55	179	**664**
AGE							
-16	0	1	2	0	0	21	**24**
17-18	1	0	8	2	5	47	**63**
19-21	4	0	14	17	11	24	**70**
22-30	28	8	19	26	24	23	**128**
31-40	64	14	10	27	9	25	**149**
41+	80	26	15	64	6	39	**230**
	177	49	68	136	55	179	**664**
RACE							
AFRICAN AMERICAN	99	29	30	58	11	93	**320**
BLACK WEST INDIAN	2	1	3	1	0	10	**17**
LATINO	52	13	26	34	9	48	**182**
CAUCASIAN	11	3	6	37	22	18	**97**
OTHER	13	3	3	6	13	10	**48**
	177	49	68	136	55	179	**664**
DRUG OF CHOICE							
ALCOHOL	11	4	3	11	4	8	**41**
COCAINE	16	3	9	23	9	10	**70**
CRACK	55	22	5	32	4	29	**147**
HEROIN	56	16	6	35	2	22	**137**
MARIJUANA	21	2	41	25	27	108	**224**
OTHER	18	2	4	10	9	2	**45**
	177	49	68	136	55	179	**664**
INCEPTION - 12/31/07							
REFERRALS	8078	1827	1458	1980	705	7516	**21564**
PLEAS	1171	313	1079	639	269	1085	**4556**
REFUSED	3523	803	75	692	128	1810	**7031**
CRIMINAL HISTORY	282	294	21	93	27	932	**1649**
GRADS	410	60	458	275	146	555	**1904**
FAILED	603	195	490	273	63	301	**1925**
VOLUNTARY	250	77	84	106	27	46	**590**
INVOLUNTARY	353	106	365	138	11	190	**1163**
1/31/07 - 12/31/07							
REFERRALS	2147	365	92	471	157	1662	**4894**
PLEAS	177	49	68	136	55	179	**664**
REFUSED	1094	199	8	335	20	579	**2235**
CRIMINAL HISTORY	45	43	0	15	4	159	**266**
GRADS	60	9	4	44	13	36	**166**
FAILED	68	25	8	34	4	22	**161**
VOLUNTARY	24	9	1	13	4	3	**54**
INVOLUNTARY	44	16	7	18	0	12	**97**
CASELOADS							
	181	32	162	115	108	221	
RETENTION RATES (%)							
	50	40	70	62	68	57	
2007 GRADUATES (%)							
EMPLOYED (FULL OR PART)	12	4	30	14	37	25	
GOV'T ASSISTANCE	36	6	10	32	21	22	
MEDICAID	44	9	16	38	13	68	
IN SCHOOL (FULL OR PART)	14	2	5	10	24	37	
VOCATIONAL TRAINING	15	4	16	6	8	24	



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