



*Criminal Court
of the
City of New York*

Drug Court Initiative
Annual Report
2004

Hon. Juanita Bing Newton
Administrative Judge

William H. Etheridge III
Chief Clerk

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Citywide Drug Court Coordinator

EXECUTIVE SUMMARY

This report profiles the population and achievements of the New York City Criminal Court (Criminal Court) Drug Treatment Court Initiative, created in 1998 with the opening of the Manhattan Treatment Court. The Drug Court Initiative has been developed to make treatment available to non-violent, substance-abusing offenders as an alternative to incarceration and in the process reduce recidivism and improve public safety.

Criminal Court's Drug Courts operate under the deferred sentencing model with participants pleading guilty to an offense prior to admission to the program. The plea agreement includes the specific sentence alternative that the Court will impose in the event of a failure to complete treatment. This, and other factors including the excellent judges, clinical and court staff, allows the Drug Court Initiative to maintain high retention and graduation rates. Along with these significant success rates, referrals to treatment court continue to increase.

Here are just a few of the milestones achieved by the Drug Court Initiative in 2004:

- a record high 4,151 referrals;
- a record high 972 pleas and agreements to participate;
- 1051 graduates;
- retention rates in felony courts that remain higher than the national average;
- almost 50% of 2004 graduates employed full or part-time upon graduation; and
- 30% of graduates received vocational training while in treatment.

Additionally, the Drug Court Initiative is currently receiving the following assistance:

- Queens Misdemeanor Treatment Court continued to receive funding from the Substance Abuse and Mental Health Services Administration (SAMSHA) award as well as a Bureau of Justice Assistance (BJA) award.
- Bronx Treatment Court continued to receive enhancement grant funds from the United States Department of Justice's Bureau of Justice Assistance.
- Staten Island Treatment Court continues to receive implementation grant funds from the United States Department of Justice's Bureau of Justice Assistance.
- Brooklyn's Screening and Treatment Enhancement Part along with Misdemeanor Brooklyn Treatment Court continued its highly effective partnership with the New York City Department of Education. This partnership has created a direct, efficient link between the young adults in these courts and the city education services they need.

In addition to achievements, this report also includes descriptive data of drug court participants as well as operational challenges facing New York City Criminal Court Drug Treatment Courts.

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INTRODUCTION

The past year was an eventful one for the Criminal Court and its Drug Court Initiative. One of the biggest changes that the Drug Court Initiative faced was the Bronx merger that brought together the Bronx Supreme Court and Bronx Criminal Court. Administrative oversight of the Bronx Treatment Court was transferred to the newly formed Bronx Supreme Court Criminal Division in the beginning of November. Criminal Court's involvement in BxTC did not end simultaneously though. Criminal Court continued to lend technical support to Supreme Court and BxTC and facilitate the planning of two new initiatives that predated the merger - the Bronx Misdemeanor Treatment Court and Bronx Comprehensive Screening. Criminal Court continued to assist in the planning for these projects through the end of 2004 and into 2005. The misdemeanor program for BxTC started in early spring 2005 and the Comprehensive Screening Project is slated to begin in early summer 2005.

With Comprehensive Screening fully operational in Brooklyn and on its way to the new Bronx Supreme Court Criminal Division, Criminal Court turned its sights on Queens and began the planning process for a Queens Comprehensive Screening process in 2005 with the program expected to go fully operational by the end of this year. Brooklyn Comprehensive Screening continued to increase the number of referrals sent to Kings County drug courts with 8% and 15% jump in referrals over 2003 to MBTC and STEP, respectively. Even without comprehensive screening, drug court and court clerical staff increased the number of referrals to the Drug Court Initiative overall in 2004 resulting in a 15% increase citywide.

There was also an 10% citywide increase in defendants agreeing to participate in the drug court program and plead guilty. Two of the Drug Court Initiative's newest courts - Queens Misdemeanor Treatment Court and Manhattan Misdemeanor Treatment Court - saw the largest percentage increases in pleas with 46% and 38%, respectively.

The city treatment courts also looked to broaden their eligibility criteria and accept a larger cross-section of non-violent, drug-abusing offender in 2005. BxTC began the process of accepting misdemeanor offenders. Staten Island Treatment Court started accepting misdemeanor offenders on a pilot basis. QMTC's changed its sentencing structure to make the court a more attractive alternative to certain misdemeanor offenders with shorter criminal histories.

The Screening & Treatment Enhancement Part continued its Young Adult Program in 2004, offering drug court intervention to adolescent offenders between the ages of 16 and 18. Previously ineligible for drug court programs because of their age and the unique problems they possess, adolescent offenders are now participating in a Young Adult Program that tackles not only the adolescent offender's drug abuse but education, family, housing, vocational and health issues as well. In a major pilot project, Criminal Court and the New York City Department of Education have partnered to provide a school liaison in the Brooklyn courthouse to evaluate and place adolescent offenders in appropriate school settings and assist judges who monitor their school per-

formance. A team from STEP and BxTC are participating in a federal training initiative to assist the Brooklyn team in enhancing services to this vulnerable population and the Bronx stakeholders in determining whether this is a population that BxTC can effectively serve.

While the Drug Court Initiative continues to receive major grant funding from the federal government, specifically for QMTC, SITC, BxTC and Manhattan Treatment Court, increasingly the money necessary to operate these courts is provided by the Unified Court System and Chief Judge Judith Kaye's commitment to foster and institutionalize these courts

This Annual Report explains the basic operations of each one of Criminal Court's drug courts and statistical information on each court's participants and effectiveness. You will see that key indicators show the Drug Court Initiative's success.

Many individuals and organizations have played a role in the success you will see 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. 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.

Justin Barry
Citywide Drug Court Coordinator

PART I

NYC CRIMINAL COURT

DRUG COURT INITIATIVE

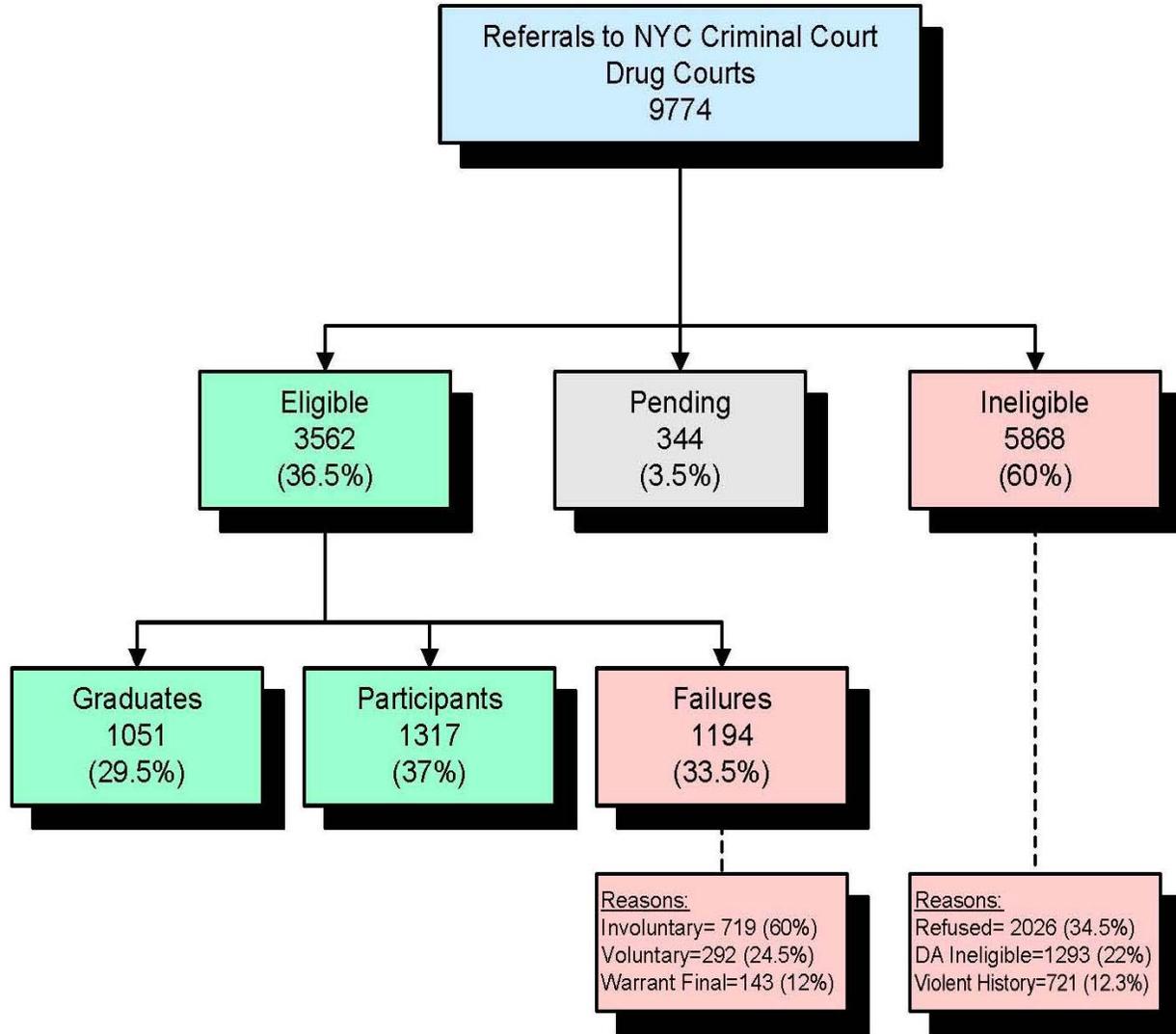
PROGRAM DESCRIPTIONS

CHAPTER 1
SUMMARY - ALL COURTS

NYC CRIMINAL COURT DRUG TREATMENT COURT¹ SUMMARY DATA

The NYC Criminal Court Drug Treatment Court Initiative started in 1998 with the opening of the Manhattan Treatment Court. Since then, six more courts have opened within all five boroughs and have received over 9,774 referrals. See Chart 1.1 referrals and pleas since 1998.

Chart 1.1



¹ Excludes Brooklyn Treatment Court and Queens Treatment Court. Includes Bronx Treatment Court (BxTC), Misdemeanor Brooklyn Treatment Court (MBTC), Manhattan Misdemeanor Treatment Court (MMTC), Manhattan Treatment Court (MTC), Queens Misdemeanor Treatment Court (QMTC), Staten Island Treatment Court (SITC), and Screening, Treatment, Enhancement Part (STEP).

Eligibility Criteria

Eligibility criteria is determined by the specific target populations decided on by steering committees during the planning phase of each drug court. Please see table 1.2 for specific eligibility criteria in each court.

Table 1.2

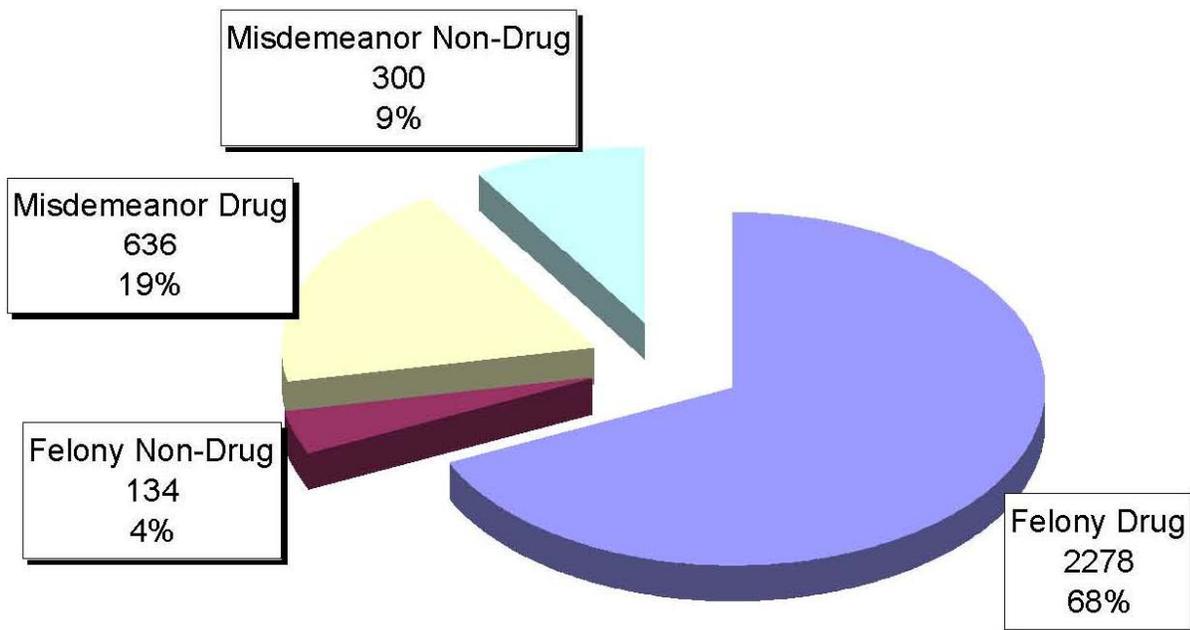
	BxTC	MBTC	MMTC	MTC	QMTC	SITC	STEP
A) General Target Population	Non-violent felony drug offenders	Persistent Misdemeanor Offenders	Persistent Misdemeanor Offenders	Non-violent first felony offenders, VOPs	Persistent Misdemeanor Offenders	Non-violent first felony drug offenders	Non-violent first felony offenders, 16-18 year old targeted
B) Specific Criteria							
Drug Sale - Felony	Y	N	N	Y	N	Y	Y
Drug Poss - Felony	Y	N	N	Y	N	Y	Y
Drug - Misdemeanor	Y*	Y	Y	N	Y	Y**	Y†
DWI	N	N	N	N	N	N††	N
Non-Drug - Felony	N	N	N	N	N	N	Y
Non-Drug – Misd.	N*	Y	Y	N	Y	Y**	Y†
VOPs	Y	Y	Y	Y	Y	N	Y
Prior Felonies	N	Y	Y	N	N	N	N
Ages	19+	16+	16+	16+	16+	16+	16+
* BxTC is scheduled to begin accepting misdemeanor cases in Spring 2005 ** SITC has been accepting misdemeanor cases on a pilot basis for the past year † Where the prosecutor has agreed to reduce the charges, STEP will accept pleas on some misdemeanor cases †† SITC is exploring the possibility of accepting DWI cases in the drug court program							

Types of Charges

For purposes of analyses, charges are divided into felony/misdemeanor and drug/non-drug designations. About 72% of drug court participants² were arraigned on felony charges – and of those, 94% were arraigned on drug charges. 28% of participants were arraigned on misdemeanor charges – and of those 68% were arraigned on drug charges.

Chart 1.3

Breakdown of Charges - Citywide



²“Participant” denotes only those who took a plea in any of the drug courts.

Participant Comparisons

Each court has its own identity, which is evident in the descriptive statistical differences between them. Please see charts 1.4-1.20 below.

Chart 1.4

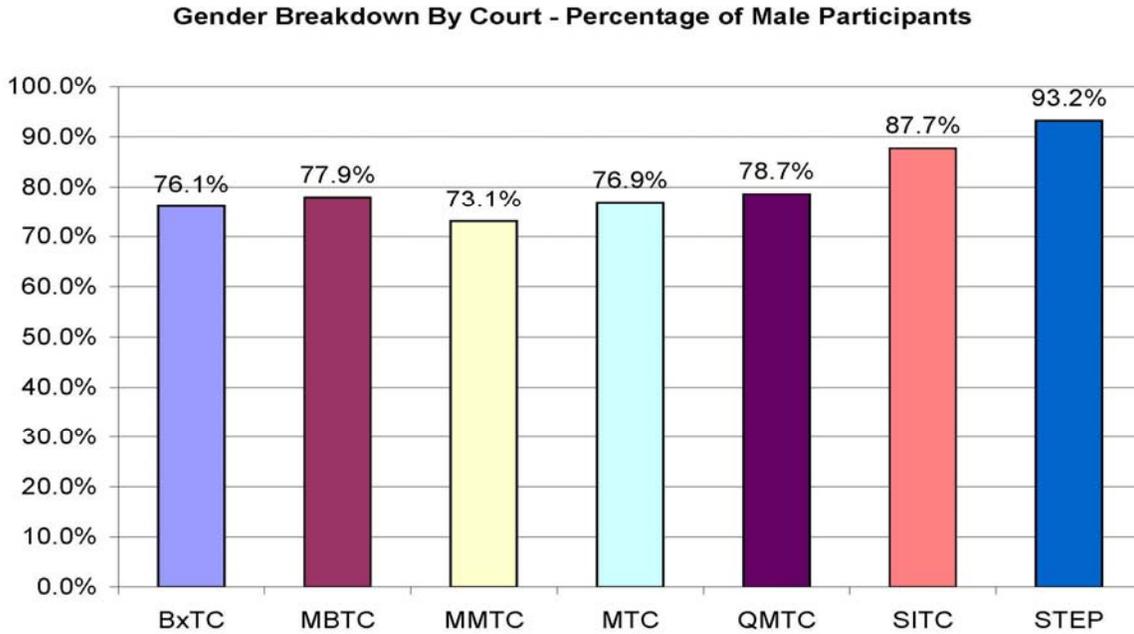


Chart 1.5

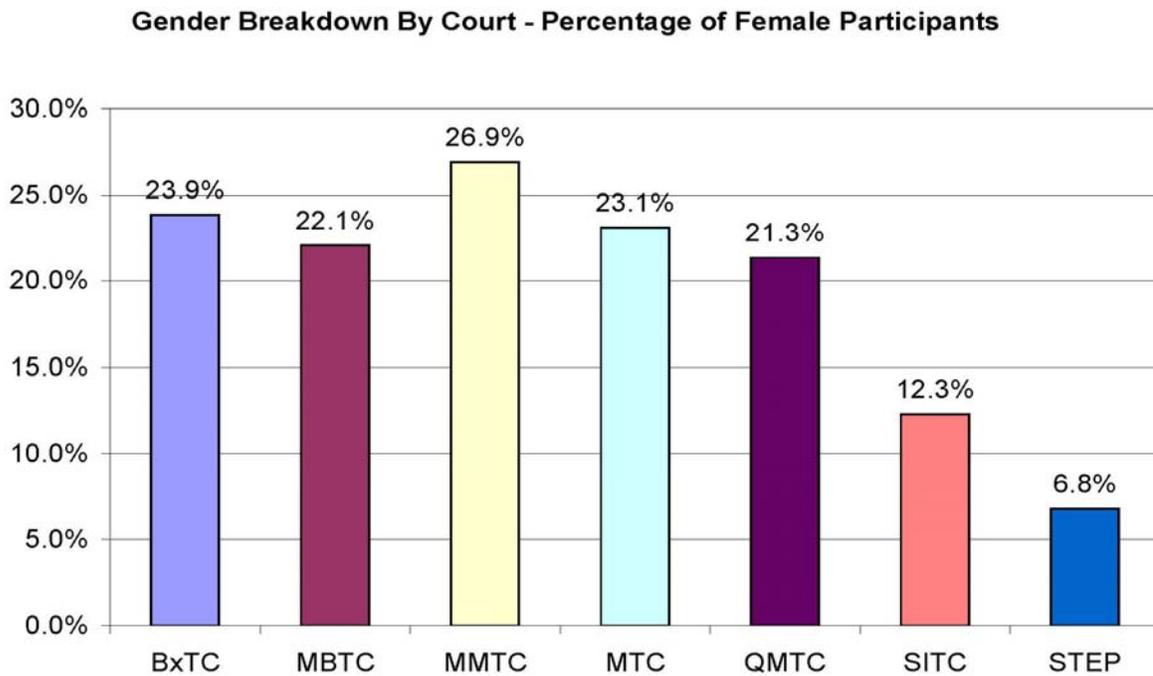


Chart 1.6

Age - Percentage of 16 Yr Old Participants

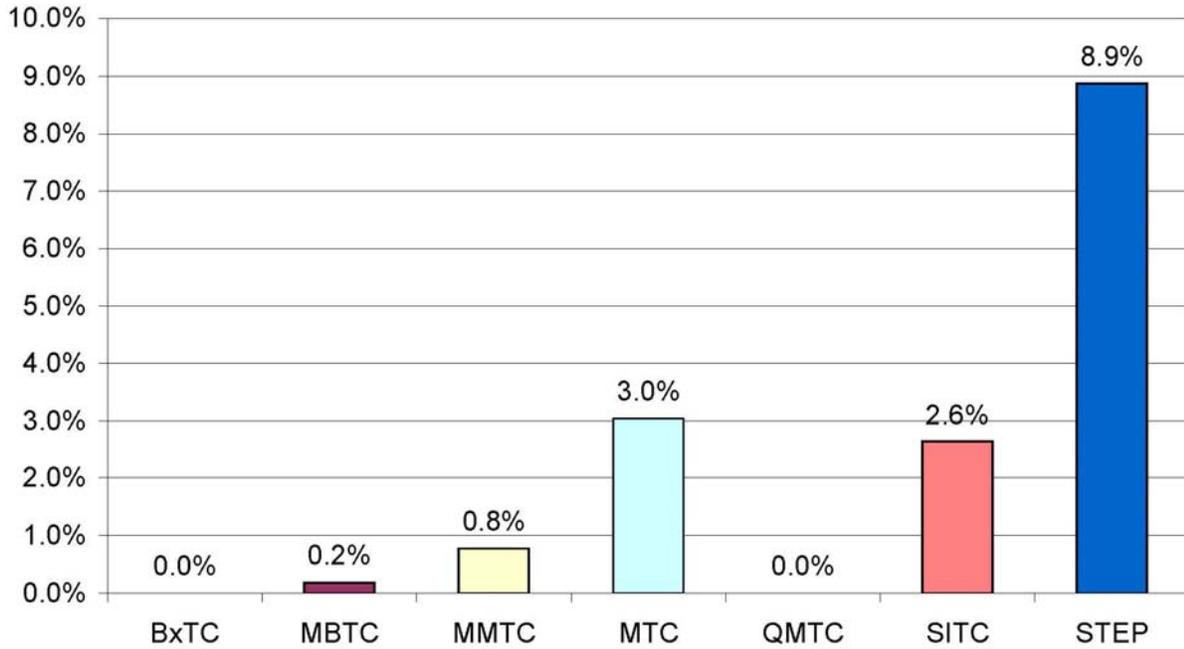


Chart 1.7

Age - Percentage of 17-18 Year Old Participants

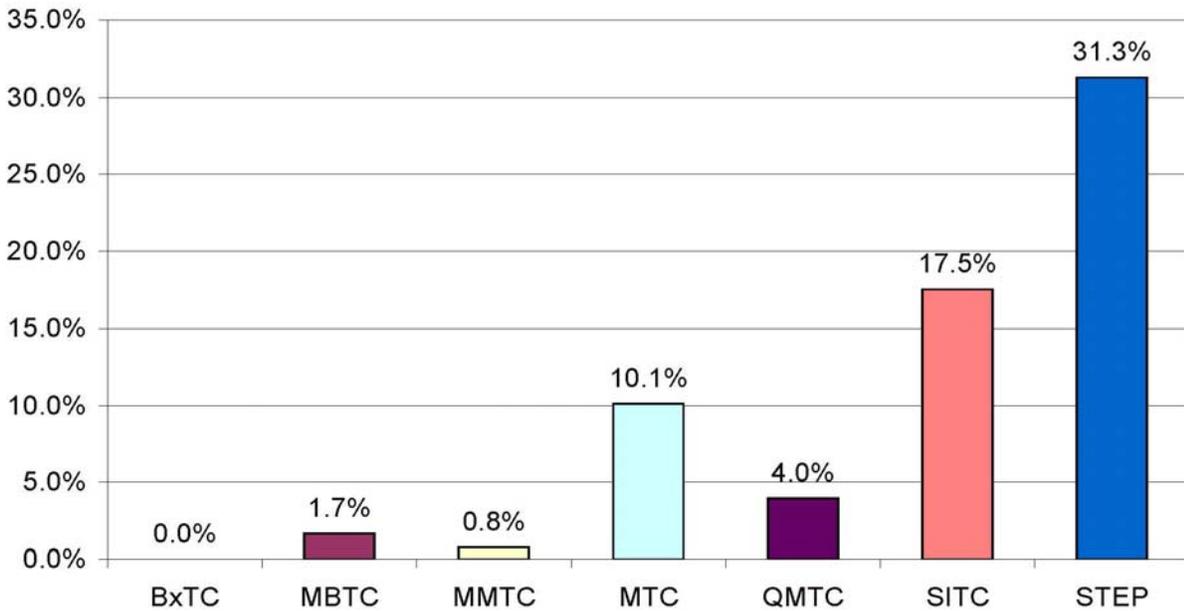


Chart 1.8

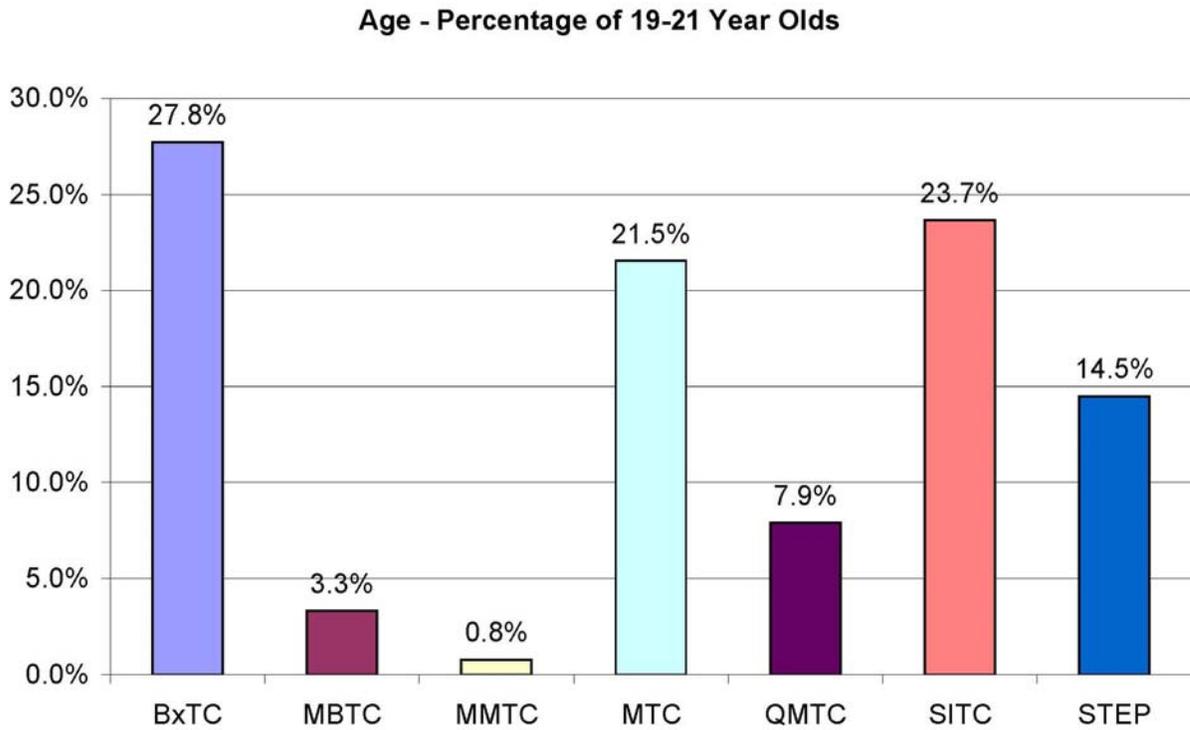


Chart 1.9

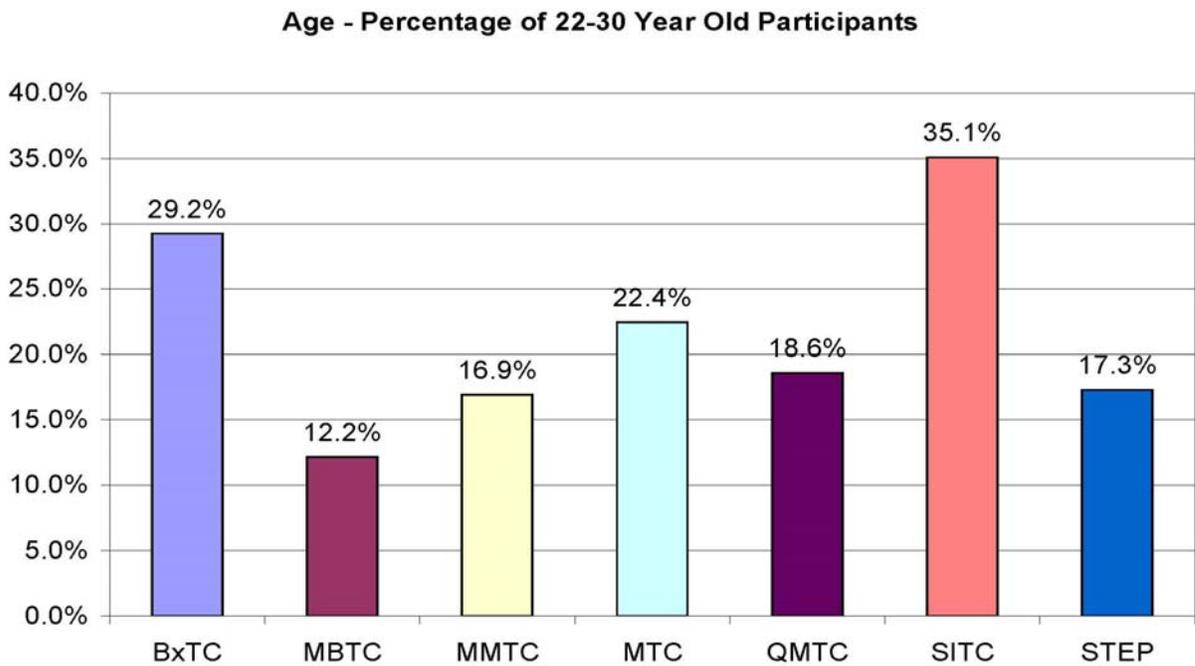


Chart 1.10

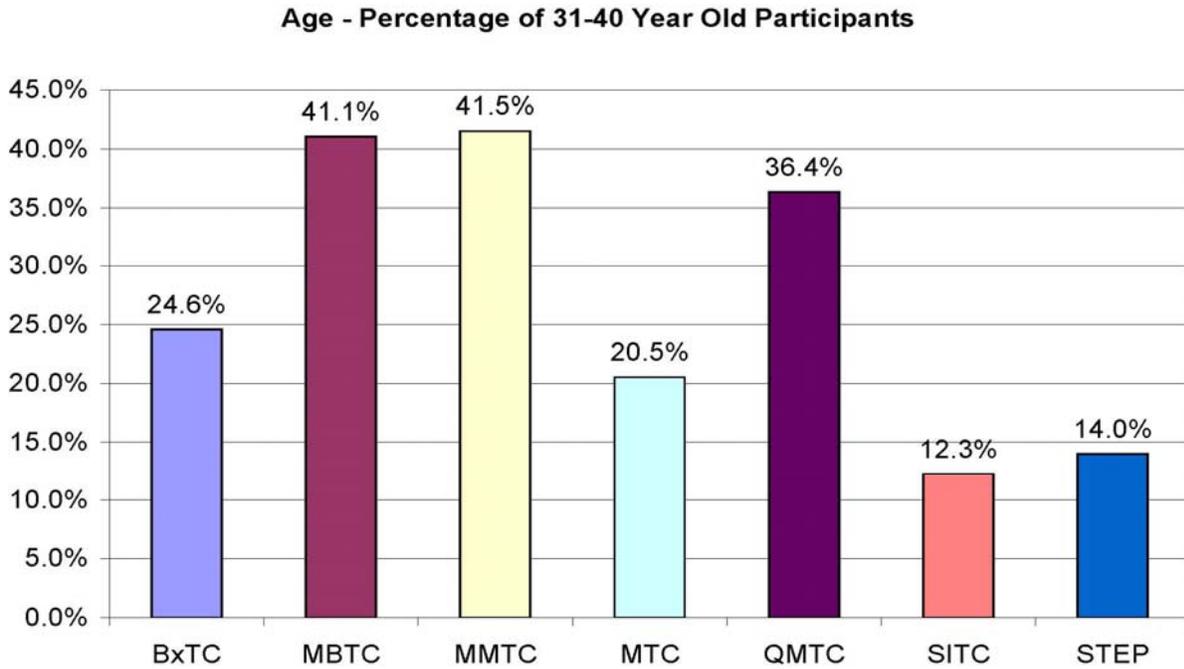


Chart 1.11

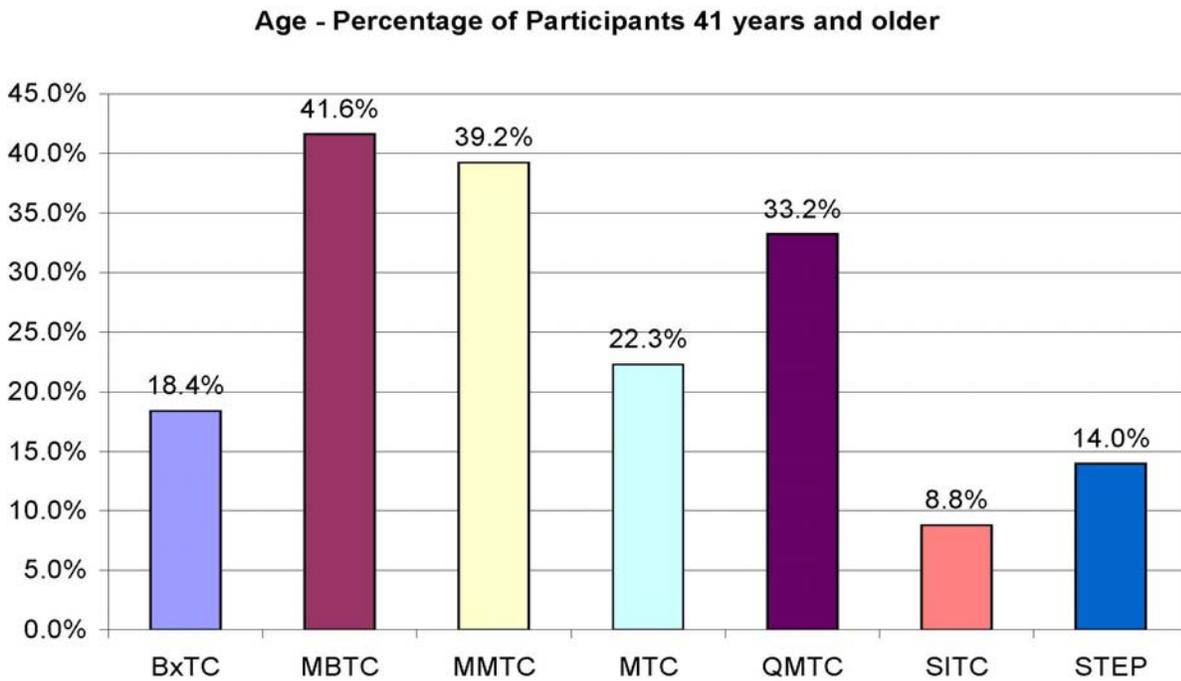


Chart 1.12

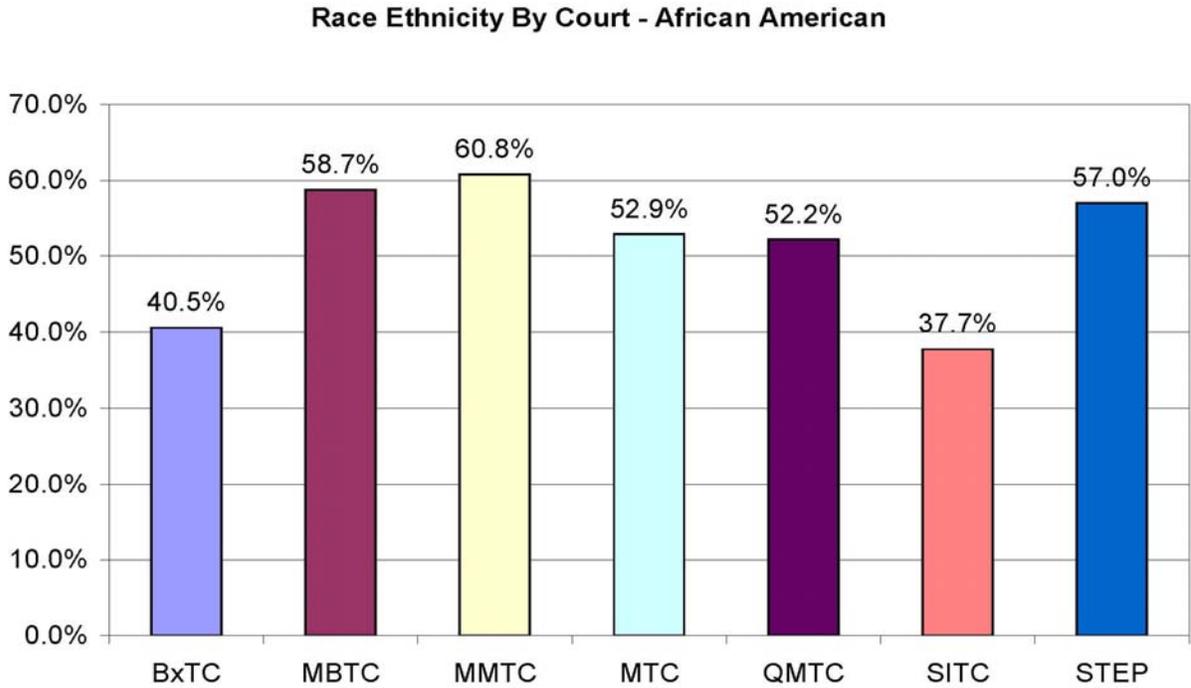


Chart 1.13

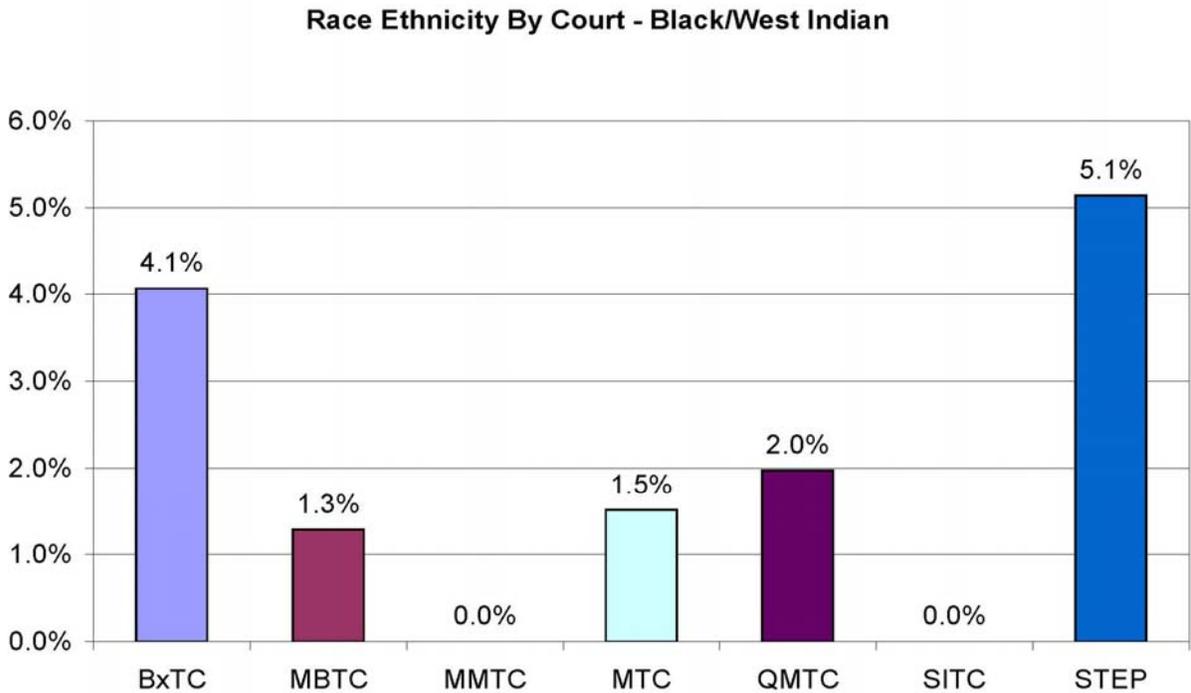


Chart 1.14

Race Ethnicity By Court - Latino

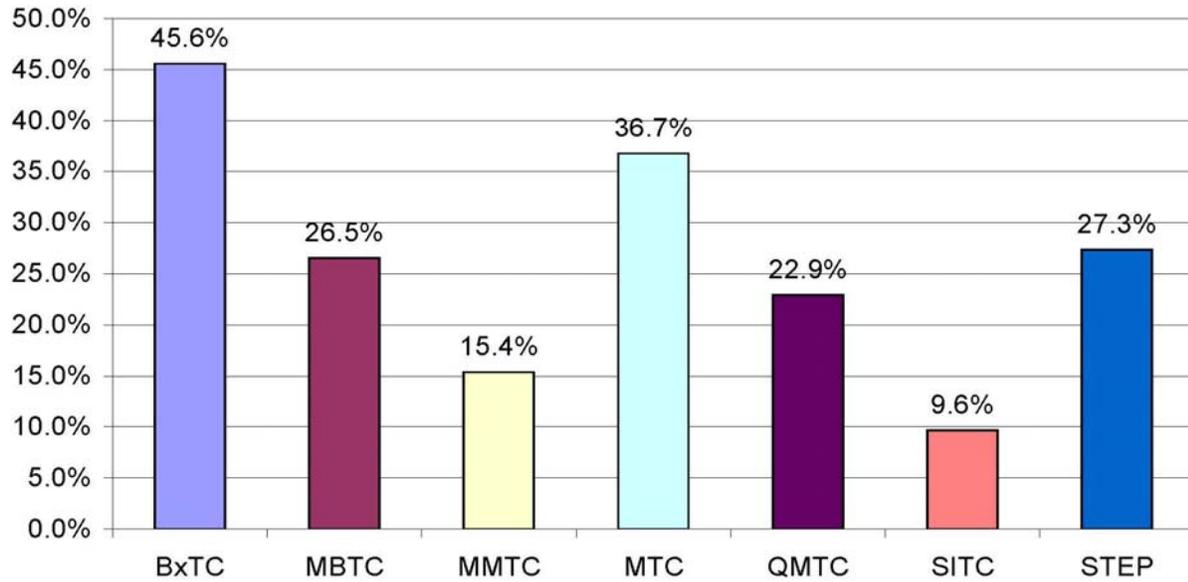


Chart 1.15

Race Ethnicity By Court - Caucasian

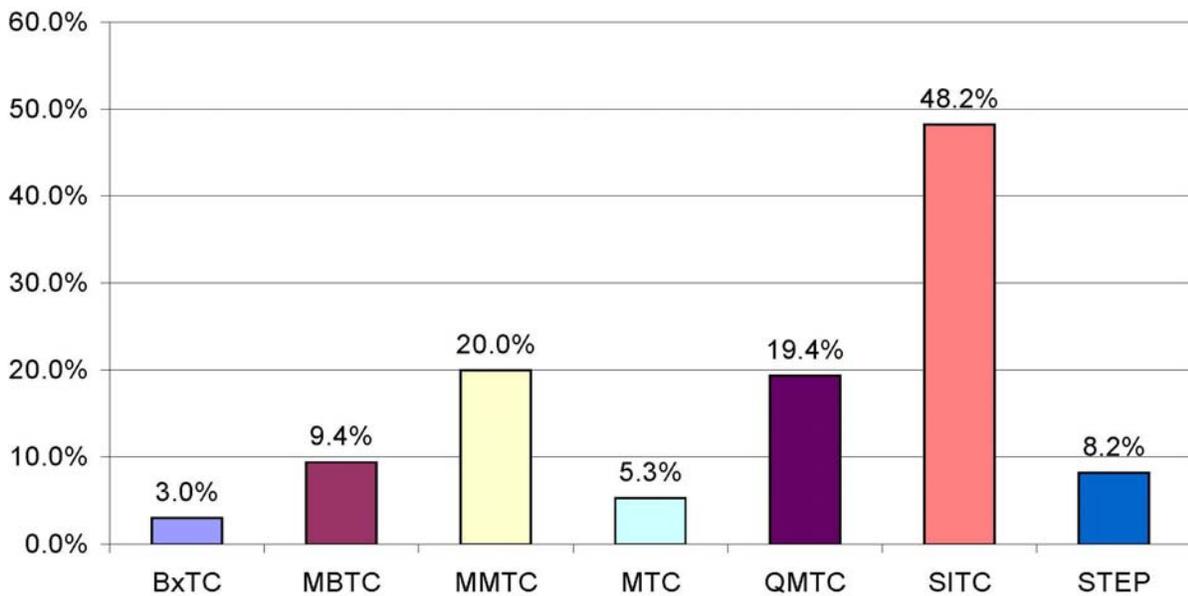


Chart 1.16

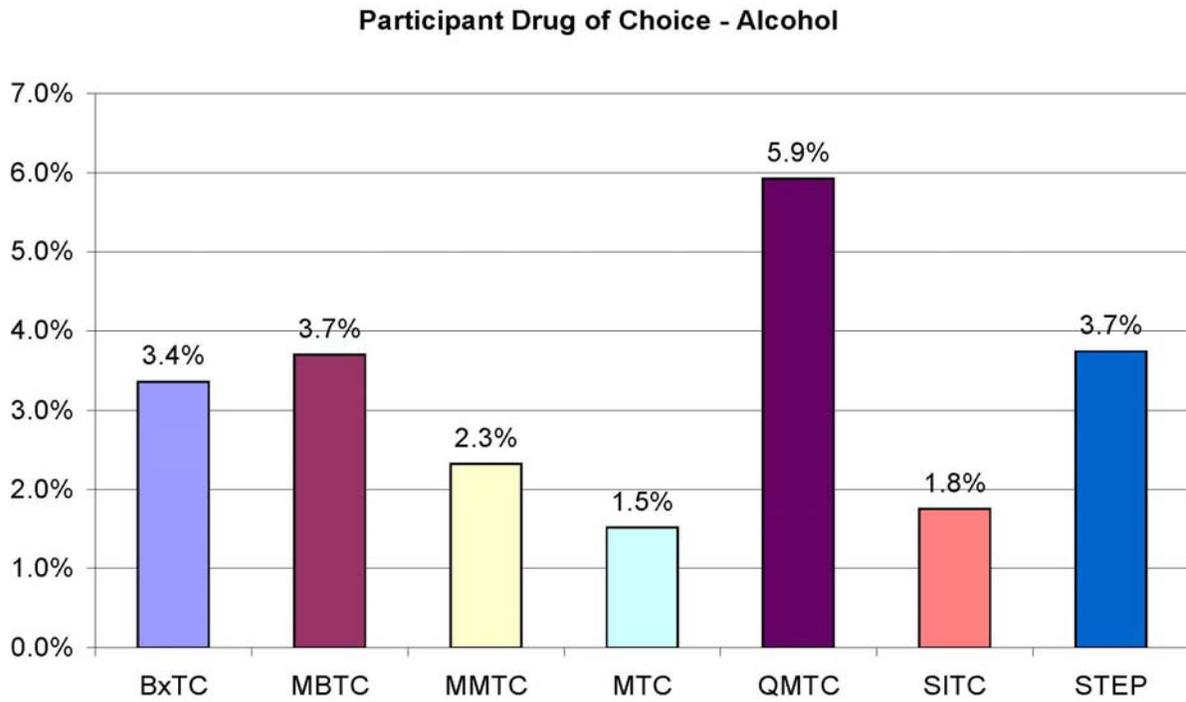


Chart 1.17

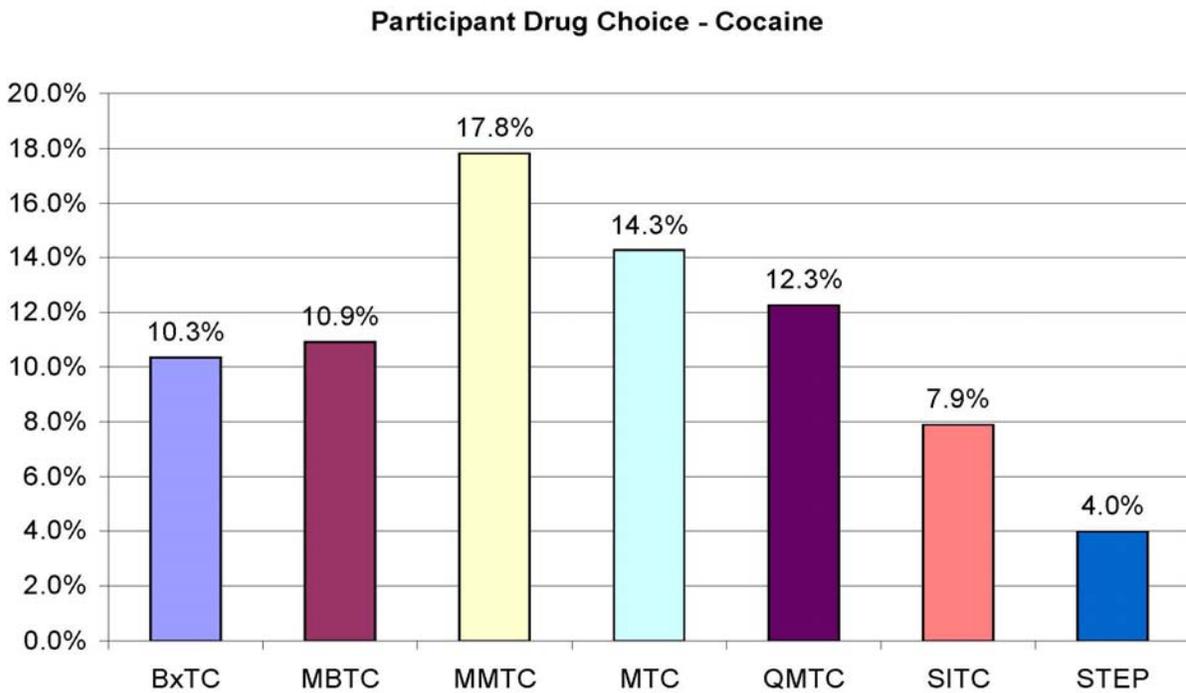


Chart 1.18

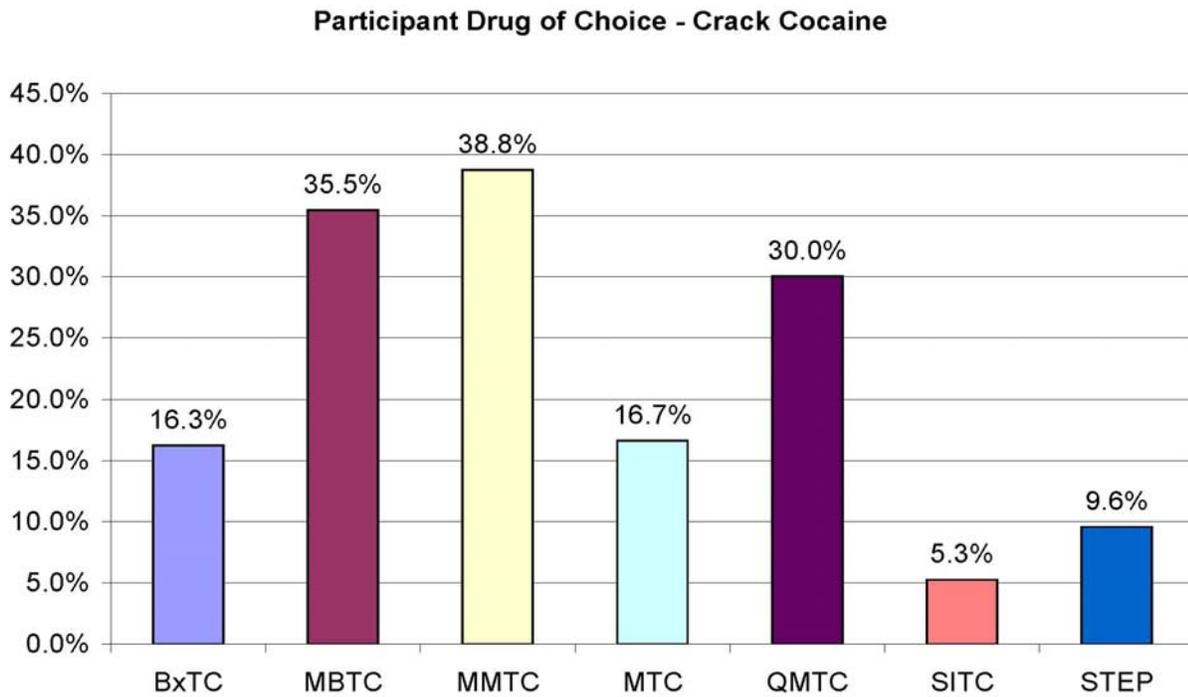


Chart 1.19

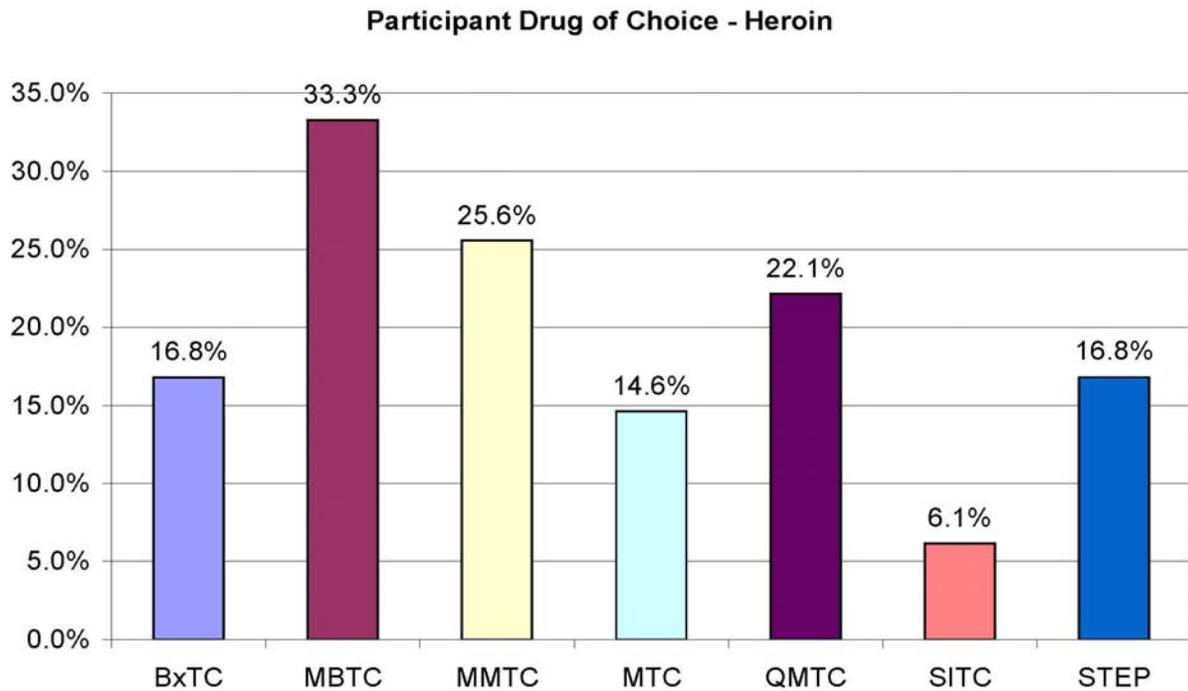
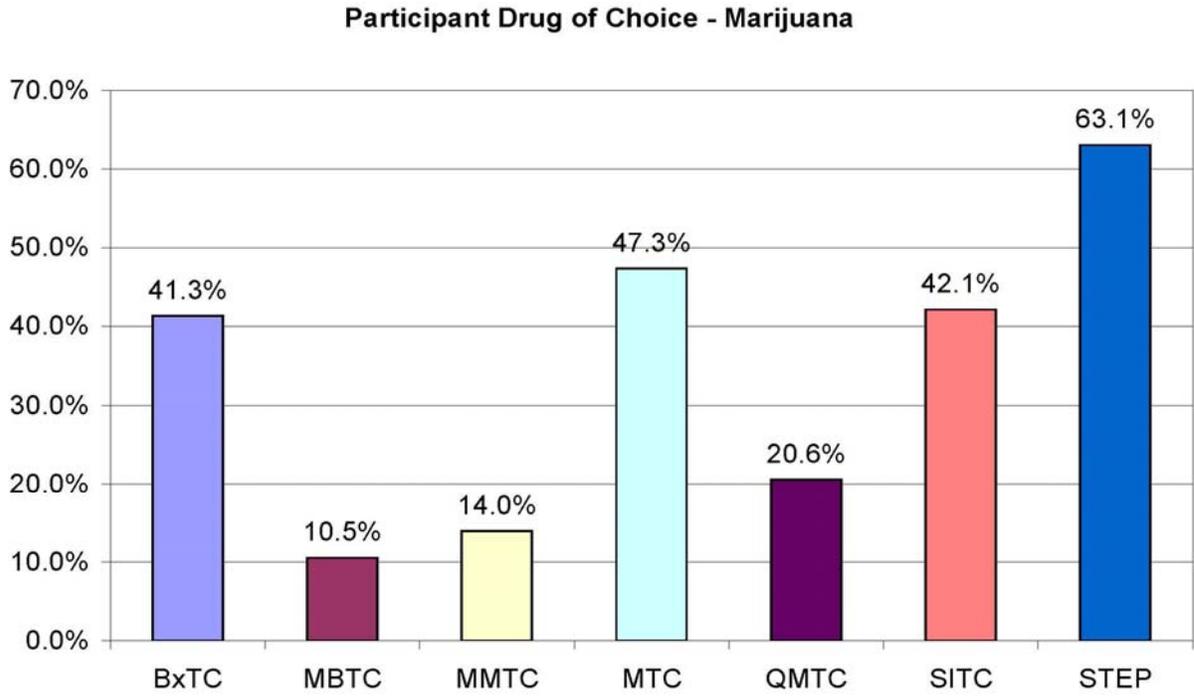


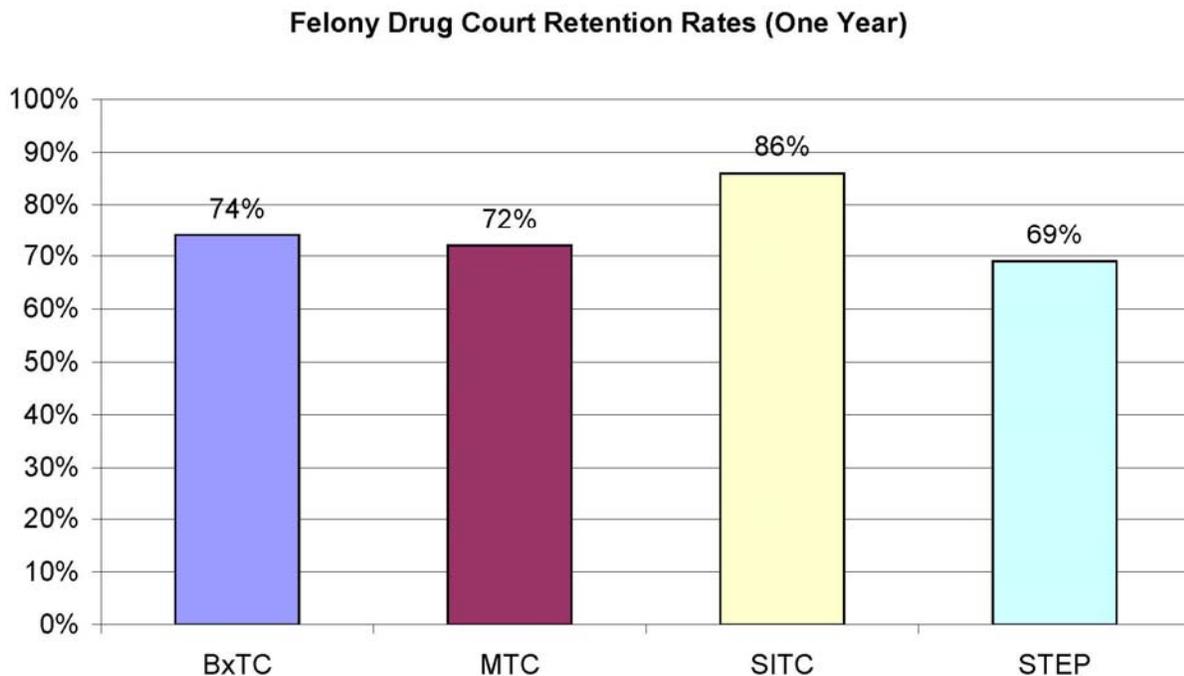
Chart 1.20



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.³

Chart 1.21⁴



Note: 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) as of the date in question entering drug court by December 31, 2003, one year prior to the analysis date⁵.

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%⁶. The average is much higher for felony courts in the Drug Treatment Court Initiative – around 75%. Misdemeanor

³Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

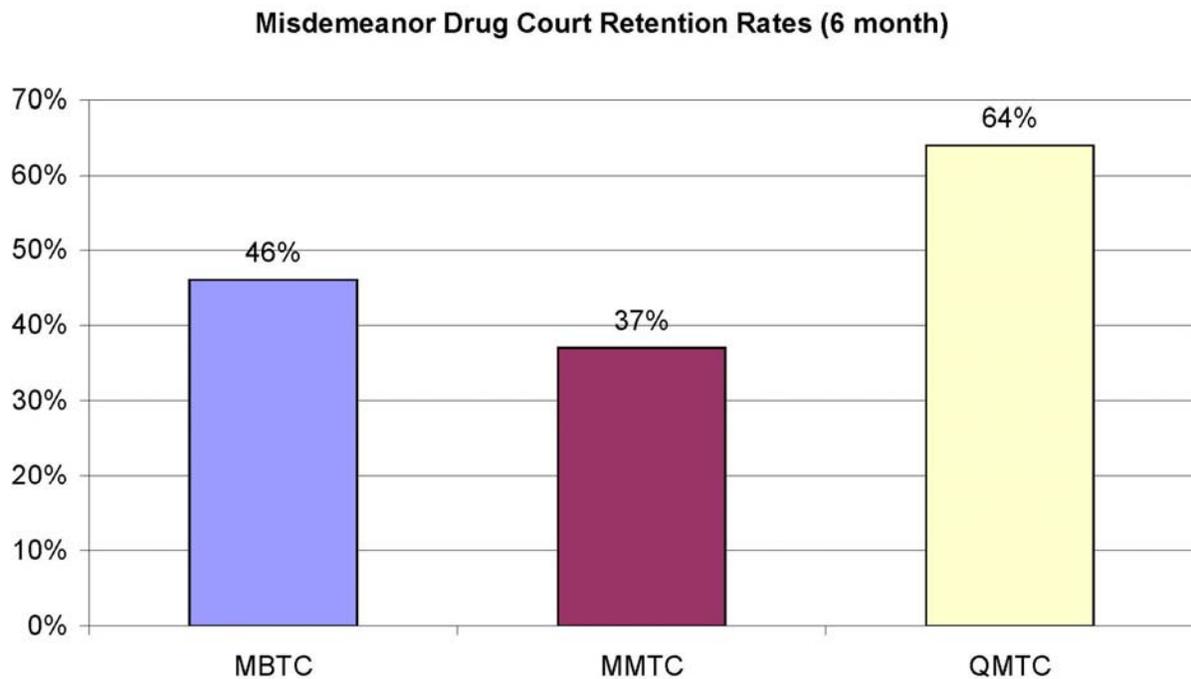
⁴Data as of 12.31.04. misdemeanor courts were not represented in this chart since the length of mandated treatment is shorter in length (usually 8-9 months) as compared to the felony courts. Explanations on following pages.

⁵Methodology and calculations based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

⁶Belenko, S. 1998. "Research on Drug Courts: A Critical Review." *National Drug Court Institute Review* 1(1): 1-42.

courts were not included in the analysis of one year retention rates since the length of treatment is shorter (between 8-9 months). Additionally, misdemeanor courts have been in operation for a shorter period of time and therefore did not have enough of an eligible "sample" to give an accurate one year retention rate. Instead, a six-month retention rate is shown in chart 1.22.

Chart 1.22



In comparison community based treatment programs, where the participant does not attend under pressure of court mandate, typically have *three month* retention rates between 30-60%⁷. Studies have shown that the one year retention rates in community based treatment [residential] programs range somewhere between 10-30%⁸ – also much lower than the one year retention rates found in the Drug Treatment Court Initiative.

⁷Condelli, W.S. and G. Deleon. 1993. "Fixed and Dynamic Predictors of Client Retention in Therapeutic Communities," *Journal of Substance Abuse Treatment* 10:11-16.

⁸Lewis, B.F. and R. Ross. 1994. "Retention in Therapeutic Communities: Challenges for the Nineties." In *Therapeutic Community: Advances in Research and Application*, eds. F.M. Times, G. Deleon, and N Jainchill. NIDA, Rockville, MD.

CHAPTER 2
BRONX TREATMENT COURT

PROGRAM DESCRIPTION - BRONX TREATMENT COURT***Staff***

Presiding Judge	Hon. Laura Safer-Espinoza
Project Director	Martha Epstein
Resource Coordinator	William Rosario
Senior Case Manager	Angela Blair Adams
Case Managers	Russell Oliver
Data Entry Staff	Artrelle Dukes Regina Lovell

Introduction

In March 1999, Bronx Treatment Court (BxTC) opened in Bronx Criminal Court as an alternative to incarceration for drug-addicted, first felony offenders. BxTC operates as a collaborative effort between the Court, the Bronx District Attorney, defense bar and community-based treatment programs.

Funding

BxTC is funded by the New York State Unified Court System and an enhancement grant from the United States Department of Justice, Bureau of Justice Assistance and a Byrne Grant.

Eligibility and Identification

Eligible defendants must:

- be charged with a felony drug charge (PL§ 220.06, 220.09, 220.16, 220.34, 220.39), or any felony marijuana offense (PL §221);
- be 19 years of age or older;
- have no prior felony convictions; and
- have no prior youthful offender (Y.O.) adjudication where the sentence was probation. (A prior Y.O. adjudication which resulted in incarceration does not bar participation.)

(Defendants facing non-drug, non-violent felony charges, including second felony offenders, are accepted on a case by case basis on the recommendation of the District Attorney. At the request of the sentencing judge, BxTC will also monitor violations of felony probation where the underlying violation concerns the probationer's drug use).

The screening of cases is a two-step process based on objective criteria – the first step is a review of the defendant's felony complaint and criminal history and the second, a clinical assessment. Identification of "paper" eligible defendants is done by clerical staff from the District Attorney's office at the defendant's arraignment. Eligible defendants facing non-drug charges are identified by assistant district attorneys in felony waiver

parts on a case by case basis. Judges in the felony waiver parts refer violations of probation. Should the defendant meet the eligibility criteria on paper, a BxTC case manager or a case manager from a BxTC core drug treatment program conduct a detailed clinical assessment to determine whether the defendant abuses drugs and ability to enter treatment. Quality assurance is provided by the BxTC project director who reviews all assessments to ensure proper clinical eligibility and appropriate treatment referrals. If eligible, the defendant typically pleads guilty to the felony charge on the same day that the assessment is completed.

Court Structure

Defendants accepted in the BxTC program plead guilty to a felony charge and the Court defers sentence while the defendant participates in eleven to eighteen months of treatment. The majority of participant treatment plans require intensive outpatient programs but detoxification, short term rehabilitation, and long-term residential treatment are used depending on individual participant needs. Defendants must complete all phases of treatment, obtain a high school diploma or GED, and/or employment before they are allowed to graduate from the program. The Court allows participants who successfully complete the court mandate to withdraw their plea and plead guilty instead to a lesser-included misdemeanor offense. The Court then imposes a non-jail sentence. In special circumstances and with consent of the District Attorney, the Court will dismiss the charges.

BxTC participants must complete three phases of treatment. Phase One lasts a minimum of two months, Phase Two a minimum of five months, and Phase Three a minimum of four months. To move to the next phase, participants must abstain from all drug use and comply with all rules and regulations. BxTC uses a system of graduated sanctions and incentives to ensure participant's compliance with the court mandate and the Judge holds the participant accountable for every infraction. Typical infractions include positive or missed urine toxicology tests, violation of program rules, and tardiness. Sanctions for these infractions include an increase in weekly treatment hours, essay writing, and increased court appearances. More serious infractions, including missed court appearances and absence from a treatment program without permission, can result in a sanction of jail time.

BxTC participants typically complete treatment in nineteen to twenty months.

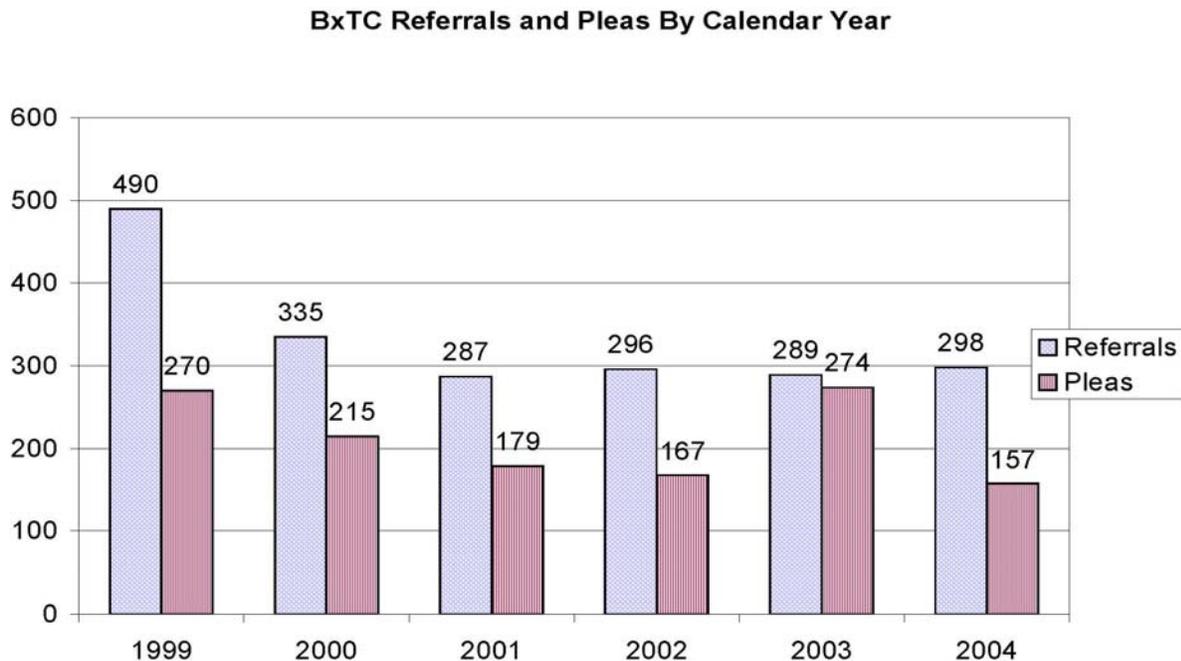
Referrals, Refusals and Pleas

Since taking cases in 1999⁹, 1991 nonviolent felony drug offenders have been referred to BxTC, out of which 1132 (57%) have pled guilty and agreed to participate in treatment. Of the 859 who did not plead guilty, 135 (16%) refused to participate. Of those who agreed to participate and pled guilty, 458 (40%) have graduated, 279 (25%) are currently in treatment, and 359 (32%) failed to complete treatment and sentence was imposed.

Intake, Referral and Participant Data

In calendar year 2004, BxTC accounted for 7% of all referrals to, and BxTC participants made up 16% of all pleas taken in, the Drug Treatment Court Initiative. Chart 2.1 shows the number of BxTC referrals and pleas¹⁰ for the last six calendar years.

Chart 2.1



Descriptive Data - BxTC Participants

Virtually all BxTC participants are charged with a felony drug offense. Only nine (2) defendants were charged with a felony non-drug cases. Descriptive data¹¹ on BxTC participants is located on the following page:

⁹Data as of 12.31.04.

¹⁰Please note that persons whose contract/plea was vacated or were later found to be eligible BUT received treatment were counted as participants/pleas.

¹¹These charts only include data on those who executed a contract/plea in BxTC.

Chart 2.2 **BxTC Demographic Information - Gender**

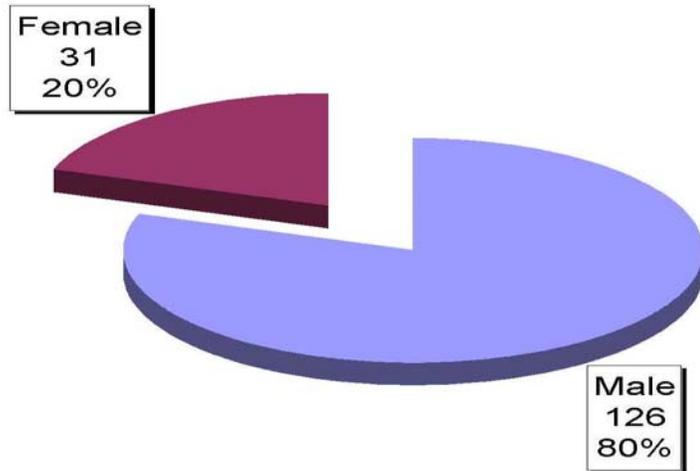


Chart 2.3 **BxTC Demographic Information - Age**

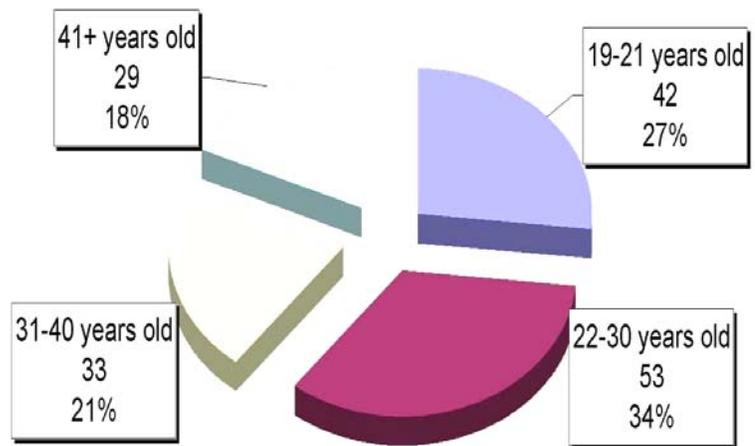


Chart 2.4 **BxTC Demographic Information - Race/Ethnicity**

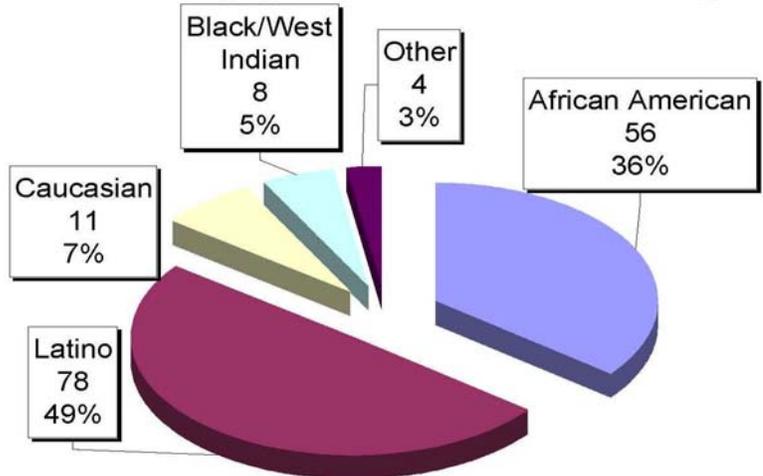
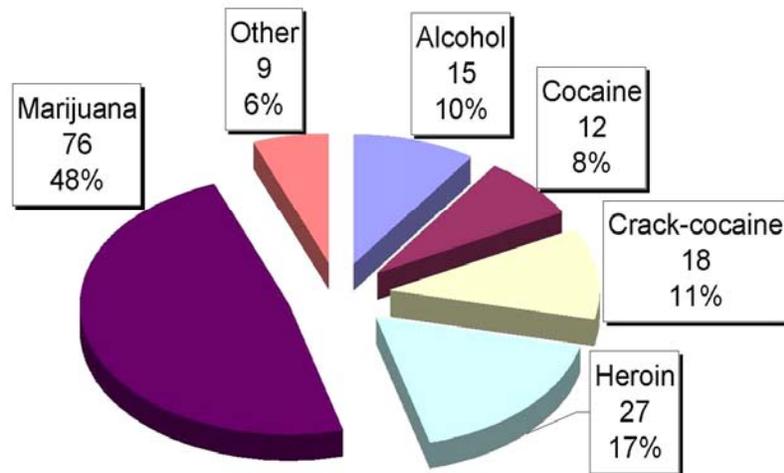


Chart 2.5

BxTC Drug of Choice Information**Graduates and Failures¹²**

Since 1999, 479 (42%) participants have graduated from BxTC. The following information is available for BxTC graduates:

50% of graduates were either full or part-time employed,
40% were receiving governmental assistance, and
55% were receiving Medicaid.

19% of BxTC participants were either in full or part-time school
25% of BxTC graduates received vocational training

Conversely, 359 participants, or 32%, have failed to complete the BxTC mandate. 59% 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 BxTC. In addition, BxTC considers participants out on a bench warrant for one consecutive year involuntary failures. This number made up about 27% of the participants who failed to complete the mandate.

Length of Stay/Retention Rates¹³

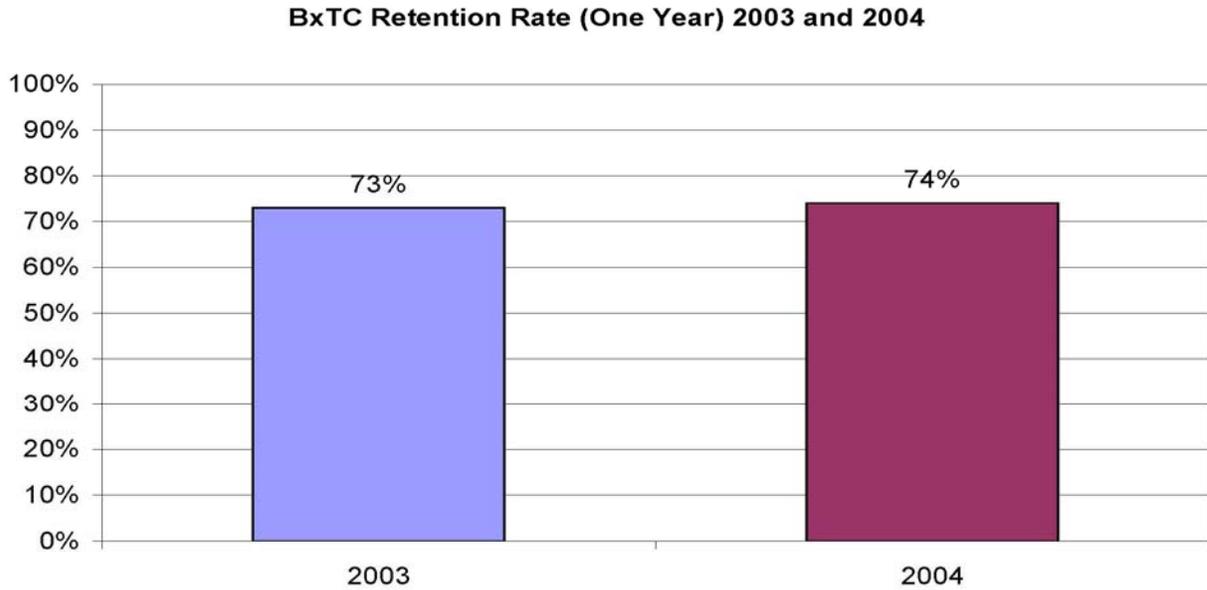
The average length of treatment (based on graduation date) for BxTC's 479 graduates is between nineteen and twenty months. Given the philosophy of the treatment court team, participants are given numerous chances to succeed at treatment. Retention rates include data for participants who have graduated (retained), whose cases were still open and active (retained), who had failed to complete treatment (not retained),

¹²Data as of 12.31.04.

¹³Data as of 12.31.04.

and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.¹⁴ One year retention rate is shown in chart 2.6 on this page.

Chart 2.6



¹⁴The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

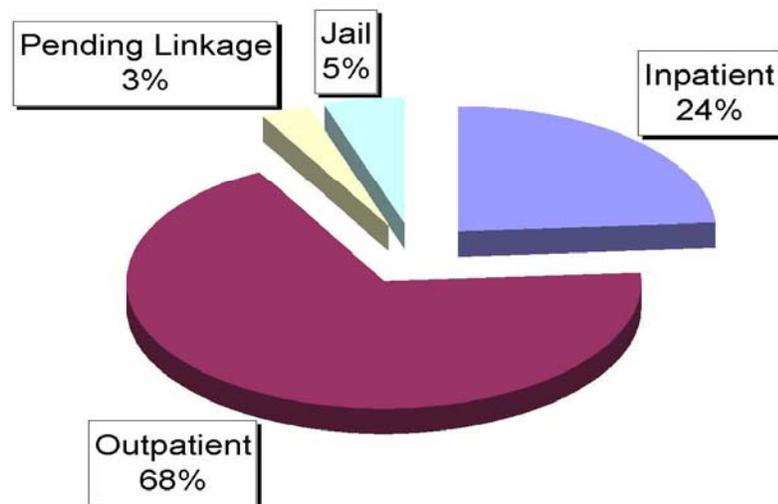
BxTC Operations

On average the BxTC daily caseload for 2004 was 254 cases¹⁵ with about 38 open, warranted cases.¹⁶ BxTC case managers typically monitor approximately 100-130 cases each.

Treatment decisions are first made after the initial clinical assessment and altered during the course of the treatment mandate based on the changing needs of the participant. Division of BxTC participant treatment modalities¹⁷ is located in Chart 2.6.

Chart 2.6

BxTC Treatment Modalities



¹⁵Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

¹⁶Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

¹⁷Calculated by averaging snapshot data taken on the last day of each quarter in 2004 and also includes participants who were in jail on the snapshot date.

CHAPTER 3

COMPREHENSIVE SCREENING

COMPREHENSIVE SCREENING

The Comprehensive Screening Project is a pilot program, started in Brooklyn, intended to be used as a model for the rest of New York State. In this one county alone, it has undertaken the task of screening over 80,000 criminal defendants each year for eligibility in court-monitored substance abuse treatment over the course of the last two years. The screening is a two step process completed within 48 hours of the arrest, which includes a review of the each defendant's case by a court clerk at the stage before a defendant's initial court appearance, followed by a detailed clinical assessment and urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in one of Brooklyn's court-monitored substance abuse treatment programs, which include DTAP, the Screening & Treatment Enhancement Part, Brooklyn Treatment Court, the Misdemeanor Brooklyn Treatment Court and TASC.

This centralized screening process has resulted in the early identification of eligible offenders in need of substance abuse treatment and referral to appropriate community based treatment for non-violent offenders charged with certain designated drug and drug-related offenses. It has ameliorated the problem of dozens of treatment eligible offenders "falling between the cracks" each year - either not being referred to treatment until a case was trial ready or not receiving treatment at all. It has also prevented ineligible offenders from being sent to a court-monitored treatment program for assessment, which previously resulted in enormous wastes of court and clinical resources. This conservation of resources has resulted in the Brooklyn courts' ability to expand treatment offerings to populations such as 16-18 year olds charged with a non-violent felony who had previously been ineligible for such early intervention.

Problems with Prior Screening

This Project coordinates and integrates the screening for drug treatment programs in Kings County. Working with the District Attorney's Office, Department of Probation, defense attorneys and treatment providers, we have developed a coordinated response to two previously systemic problems in Brooklyn:

Missed Opportunities: The past system of screening felony drug offenders in Brooklyn, 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 - this includes not only Brooklyn Treatment Court, but the other existing treatment programs designed to serve offender populations (TASC and DTAP). In other cases, 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 Brooklyn Treatment Court, TASC and DTAP that were ultimately

deemed ineligible for the program. This created system inefficiency - wasted assessments, unnecessary court appearances, multiple urine tests - that made it difficult for the various Treatment Programs to expand their capacity or serve new clients.

Principles

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

Universal: Every defendant arrested in Brooklyn should be screened for eligibility in court-monitored substance treatment. Evenhanded justice requires that all defendants will 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 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 court-monitored substance abuse treatment out the very beginning of the criminal filing.

Accuracy and Efficiency, Conservation of resources requires that the screening is done with skill and accuracy that results in all eligible offenders being screening for court monitored substance abuse treatment 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 court case processing system.

Centralization: Once eligibility and interest in court-monitored substance abuse treatment has been determined, court-monitored substance abuse treatment 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 (see Chart 3.1). Step 1 is a paper screening at arraignments where the court clerks identify all defendants who are charged with a designated offense and have the requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to one of Brooklyn's three treatment parts. Cases eligible for the treatment parts are adjourned for the next business day. Step 2 includes a review by the District Attorney for preliminary consent to treatment alternative and a

urine toxicology screen test and assessment by TASC or court clinical staff.

Plea and Progress

Upon completion of the assessment and treatment plan, eligible defendants are offered the opportunity to plead guilty and have their sentence deferred until they complete the Court's treatment mandate. The final stage of the process involves intensive judicial monitoring by the Court as the defendant progresses through the treatment mandate. Successful participants have their pleas vacated and charges dismissed; those who fail to complete the court mandate are sentenced to a period of incarceration.

STEP Young Adult Program and Drug Related Offenses

Conservation of criminal justice resources by the more efficient screening process has allowed the court to offer court-monitored substance abuse treatment to offenders that had previously not been considered for such programs. These include non-violent offenders between the ages of 16 and 18 and offenders charged with non-violent, non--drug offenses that are nonetheless typically committed by individuals addicted to drugs, such as commercial burglaries auto thefts and felony larceny.

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, the New York City Department of Probation and the 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 is 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.

STEP offers the 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. The Court 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 ability to make home visits, the clinical expertise to engage young adults and their families and the possibility to offer 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 young adult with an opportunity to start over again without a criminal record. Failure results in the imposition of a jail sentence.

Chart 3.1

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

- First felony drug offenders under 19 years
- Male predicate drug offenders from red and green zones
- Female predicate drug offenders from red and green zones
- Any offender charged with designated non-drug offense

Adjourn to STEP for next business day

Refusal to Sign Consent:

Adjourn to STEP for next business day

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

Defendant Appropriate for Treatment:

- Resource Coordinator makes recommendation to Court

Defense Attorney Conveys Offer

Defendant Accepts Offer:

- Signs Waivers and Contract
- Plea Allocation
- Sentence Deferred

Defendant Refuses Offer:

Remain in STEP until cases dismissed or Defendant indicted

Not eligible:

Adjourn to AP1 for 180.80 day or other agreed upon date

D.A. makes no offer:

Adjourn to AP1 for 180.80 day or other agreed upon date

Ineligible for treatment:

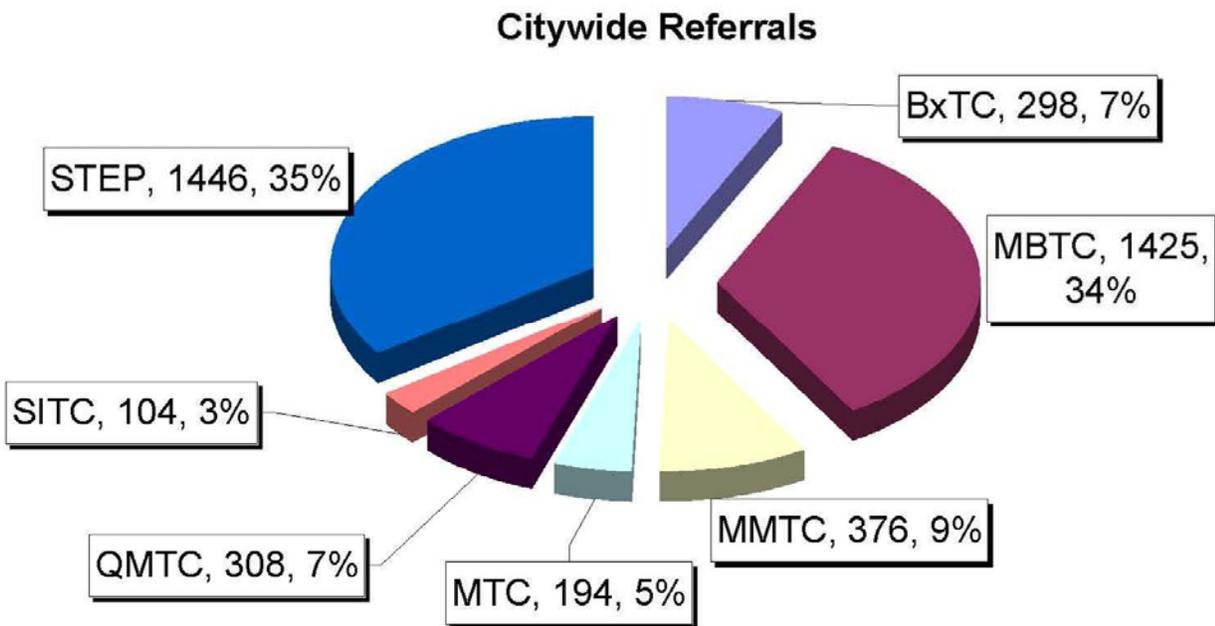
Adjourn to AP1 for 180.80 day or other agreed upon date

Revised: 12/16/03

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 Brooklyn. In 2004 the two new Brooklyn drug courts accounted for 69% of all defendants referred to a drug court for assessment.

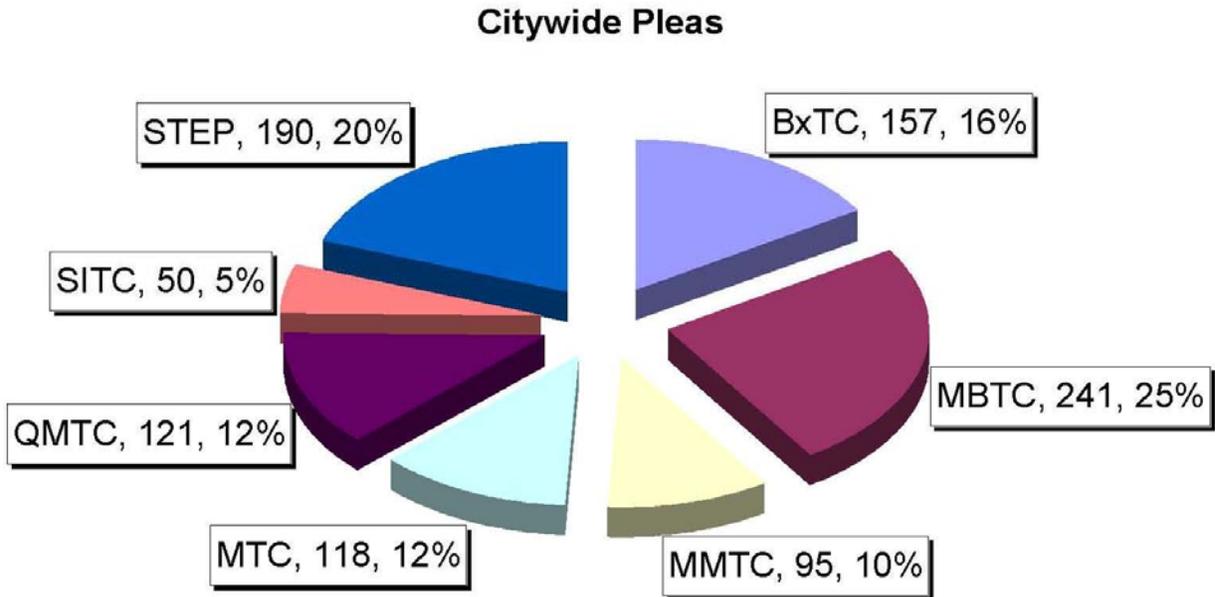
Chart 3.2



<u>Total Number of Referrals</u>	<u>4151</u>	<u>100%</u>
Bronx Treatment Court	298	7%
Misdemeanor Brooklyn Treatment Court	1425	34%
Manhattan Misdemeanor Treatment Court	376	9%
Manhattan Treatment Court	194	5%
Queens Misdemeanor Treatment Court	308	7%
Screening & Treatment Enhancement Part	1446	35%
Staten Island Treatment Court	104	3%

These two new Brooklyn drug courts also accounted for 45% of all new participants.

Chart 3.3



<u>Total Number of Pleas</u>	<u>972</u>	<u>100%</u>
Bronx Treatment Court	157	16%
Misdemeanor Brooklyn Treatment Court	241	25%
Manhattan Misdemeanor Treatment Court	95	10%
Manhattan Treatment Court	118	12%
Queens Misdemeanor Treatment Court	121	12%
Screening & Treatment Enhancement Part	190	20%
Staten Island Treatment Court	50	5%

Expansion

Beginning in 2004, Criminal Court began the planning process to bring Comprehensive Screening to Queens and Bronx Counties. It is expected that Comprehensive Screening will become operational in the Bronx in late spring 2005 and that Queens will see it start by the end of the year.

While the protocols used successfully in Brooklyn have been used as a template to start the process in these two counties, it is really only a starting point since each county's stakeholders have different concerns and each court operates in a different manner. It is expected that Comprehensive Screening will expand to Manhattan and Staten Island by the end of 2006.

Conclusion

Comprehensive Screening in Brooklyn 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 on New York City, the template used in Brooklyn will be used with modification taking into consideration local differences in practice.

CHAPTER 4

SCREENING & TREATMENT ENHANCEMENT
PART

PROGRAM DESCRIPTION - SCREENING & TREATMENT ENHANCEMENT PART**Staff**

Presiding Judge	Hon. Joseph Gubbay
Clinical Director	vacant
Resource Coordinator	Alyson Reiff
Probation Officer	Rosemarie Salinger
Case Managers	Theresa Good Jeffrey McGarry Christina Ruffino
Lab Technician	Patrick Clayton

Introduction

In January 2003, the Screening & Treatment Enhancement Part (STEP) opened in the Kings County Criminal Court as part of a pilot program called Comprehensive Screening that ensures that all defendants eligible for court-monitored substance abuse treatment are identified and given an opportunity to participate in treatment. This centralized screening process has resulted in the early identification of eligible offenders in need of substance abuse treatment and referral to appropriate community based treatment for non-violent offenders charged with certain designated drug and drug-related offenses. It has ameliorated the problem of dozens of treatment eligible offenders “falling between the cracks” each year – either not being referred to treatment until a case was trial ready or not receiving treatment at all. It has also prevented ineligible offenders from being sent to a court-monitored treatment program for assessment, which previously resulted in enormous wastes of court and clinical resources. This conservation of resources has resulted in the Brooklyn courts’ ability 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 opened simultaneously with the Comprehensive Screening pilot to handle this increased population of eligible defendants.

An important component of STEP is the Young Adult Program, 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 is 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 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.

Funding

STEP is funded by the New York State Unified Court System.

Eligibility and Identification

Eligible defendants must:

- be a first felony offenders 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 felonies (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 psychosocial 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 to eighteen months while the defendant participates in treatment. Each participants receive a treatment plan, based on a clinical assessment, 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, as well as complete a required number of volunteer events at the time of completion.

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.

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 to eighteen 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 any drug use, be compliant with program rules and regulations, and remain sanctionless. While in treatment, participants are held accountable for any infractions they commit. STEP 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

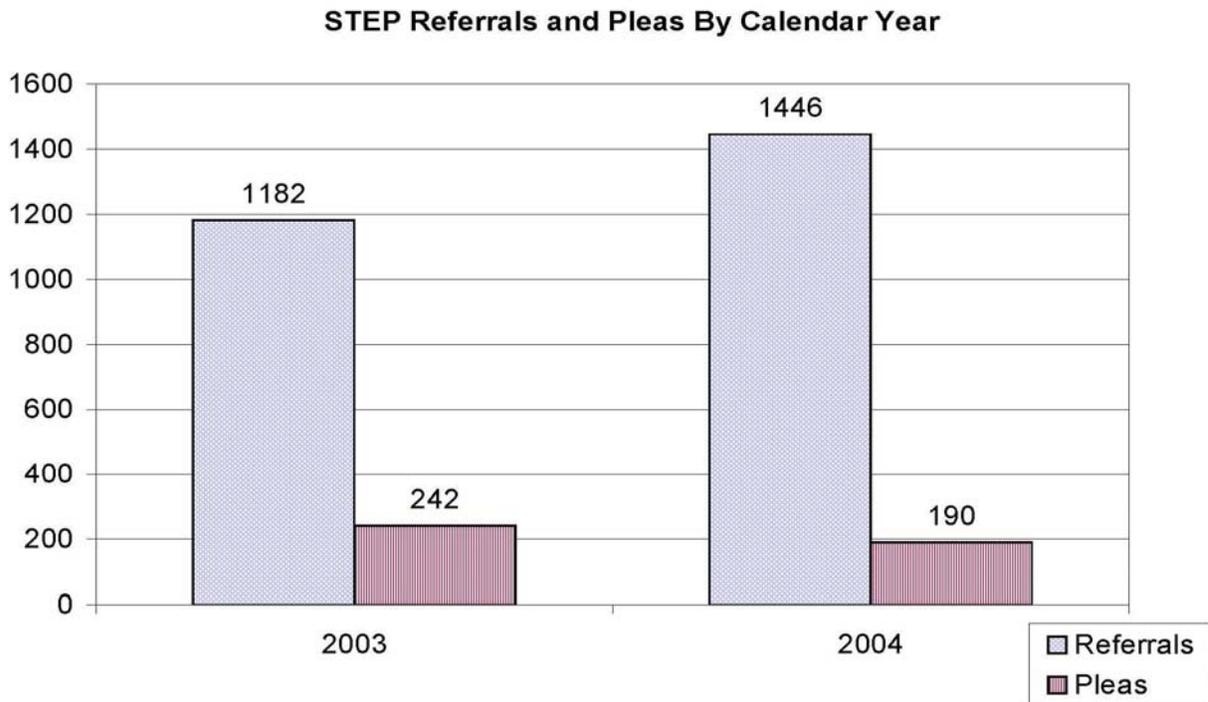
Since accepting its first case in 2003,¹⁸ 2594 nonviolent felony drug offenders have been referred to STEP for clinical assessment, out of which 428 (16%) have pled guilty and agreed to participate in treatment. Of the 2166 who did not plead guilty, 408 (19%) refused to participate and 463 (21%) had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, 92 (21%) have graduated, 215 (50%) are currently in treatment, and 68 (15%) have failed to complete their court mandate.

¹⁸Data as of 12.31.04.

Intake and Referral Data

In calendar year 2004, STEP made up 35% of all referrals to, and 20% of all pleas¹⁹ taken in, the Drug Treatment Court Initiative. Chart 4.1 shows the number of STEP referrals and pleas in the past two years.

Chart 4.1



Descriptive Data - STEP Participants

Arrest 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. Descriptive data²⁰ on STEP participants are located in tables 4.2-4.5.

Drug of choice information is self-reported and obtained during the initial assessment.

¹⁹Please note that persons whose contract/plea was vacated or were later found to be eligible BUT received treatment were counted as participants/pleas.

²⁰These charts only include data on those who executed a contract/plea in STEP.

Chart 4.2

STEP Demographic Information - Gender

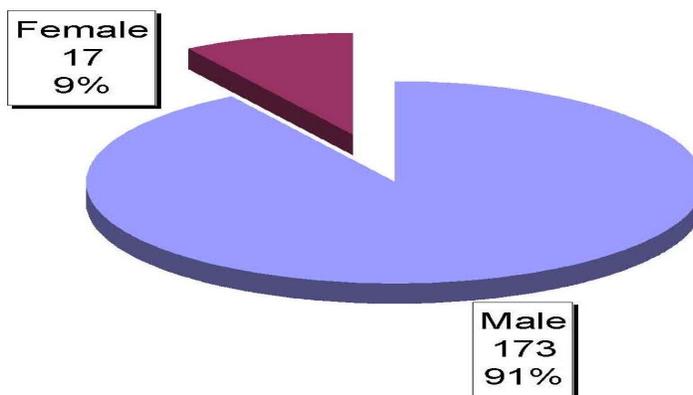


Chart 4.3

STEP Demographic Information - Age

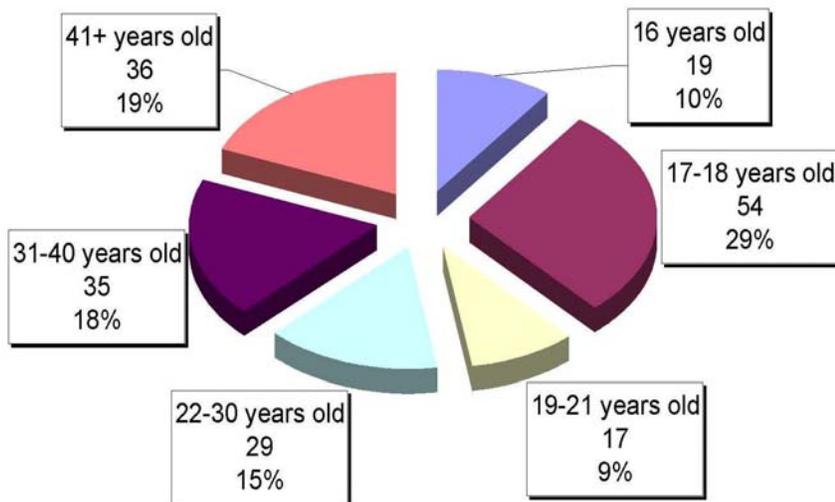


Chart 4.4

STEP Demographic Information - Race/Ethnicity

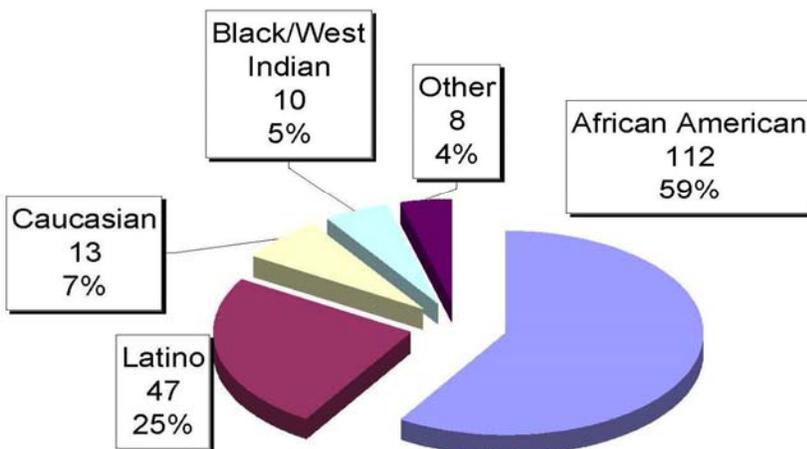
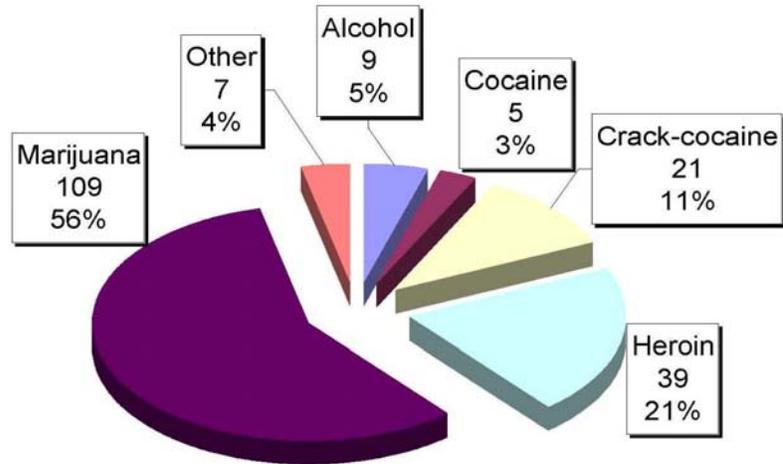


Chart 4.5

STEP Drug of Choice Information



Graduates and Failures²¹

In the less than two years that STEP has been operational, 92 (21%) participants have graduated. The following information is available for STEP graduates:

- 40% of graduates were either full or part-time employed,
- 40% were receiving governmental assistance, and
- 61% were receiving Medicaid.
- 29% of STEP participants were either in school either full or part-time.
- 17% of graduates had received vocational training

Conversely, 68 (16%) participants have failed to complete their court mandate. 84% 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. 14% 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 Rates²²

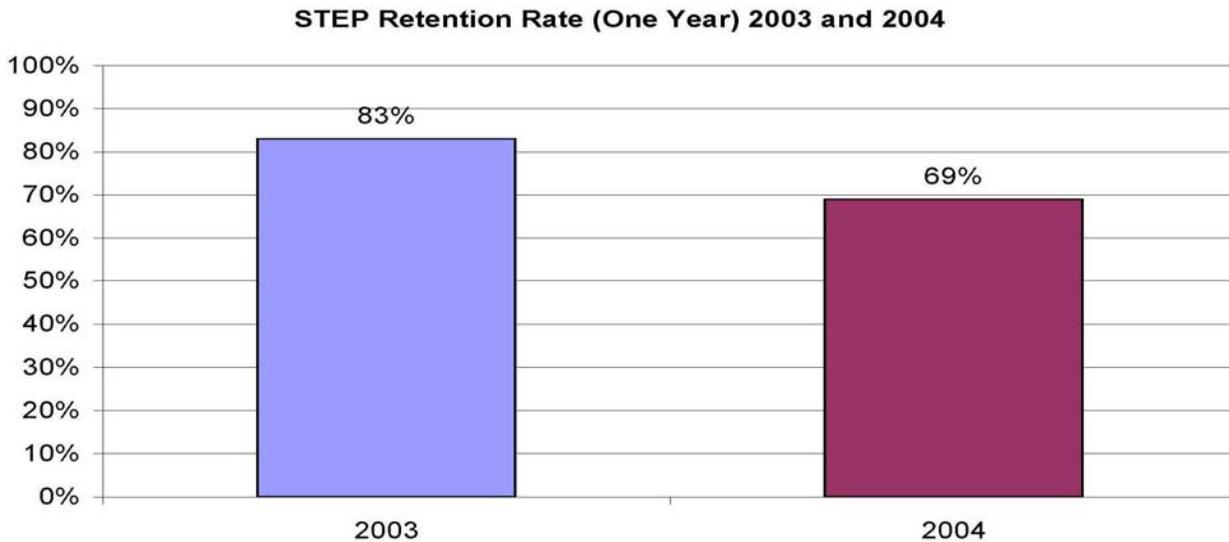
The average length of treatment (based on graduation date) for STEP's 92 graduates is twelve to eighteen months. Retention rate includes data for participants who have completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench

²¹Data as of 3.31.04.

²²Data as of 3.31.04.

warrant (not retained), one year prior to the analysis date.²³ One year retention rate is shown in chart 4.6.

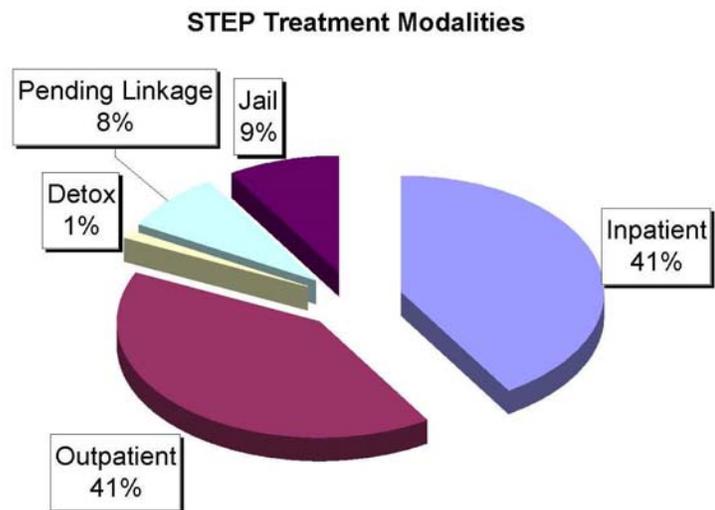
Chart 4.6



STEP Operations

On average STEP handled 211²⁴ cases each day in 2004. Case managers typically monitored between 45-50 participants each at any given time in 2004. Treatment modality decisions are made by the STEP case management team under the supervision of the clinical director. Division of STEP participant treatment modalities²⁵ is presented in Chart 4.7.

Chart 4.7



²³The methodology and calculations are based on the Center for Court Innovation’s Adult Drug Court Evaluation, October 2003.

²⁴Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

²⁵Calculated by averaging snapshot data taken on the last day of each quarter in 2004, and also includes participants who were in jail on the snapshot date.

CHAPTER 5

MISDEMEANOR BROOKLYN TREATMENT
COURT

PROGRAM DESCRIPTION - MISDEMEANOR BROOKLYN TREATMENT COURT***Staff***

Presiding Judge	Hon. Betty Williams
Clinical Director	vacant
Resource Coordinator	Mia Santiago
Probation Officer	Caren Richardson
Senior Case Manager	Michael Torres
Case Manager	Luzenid Perez
TASC Representative	Charisse Rainey
Lab Technician	Patrick Clayton

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.

Funding

MBTC is funded by the New York State Unified Court System.

Eligibility and Identification

Eligible defendants eligible must:

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

Exclusions:

- defendants with prior violent felony conviction; or
- 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 recom-

mentation and treatment plan and the Court will give the eligible defendant an opportunity 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 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, 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

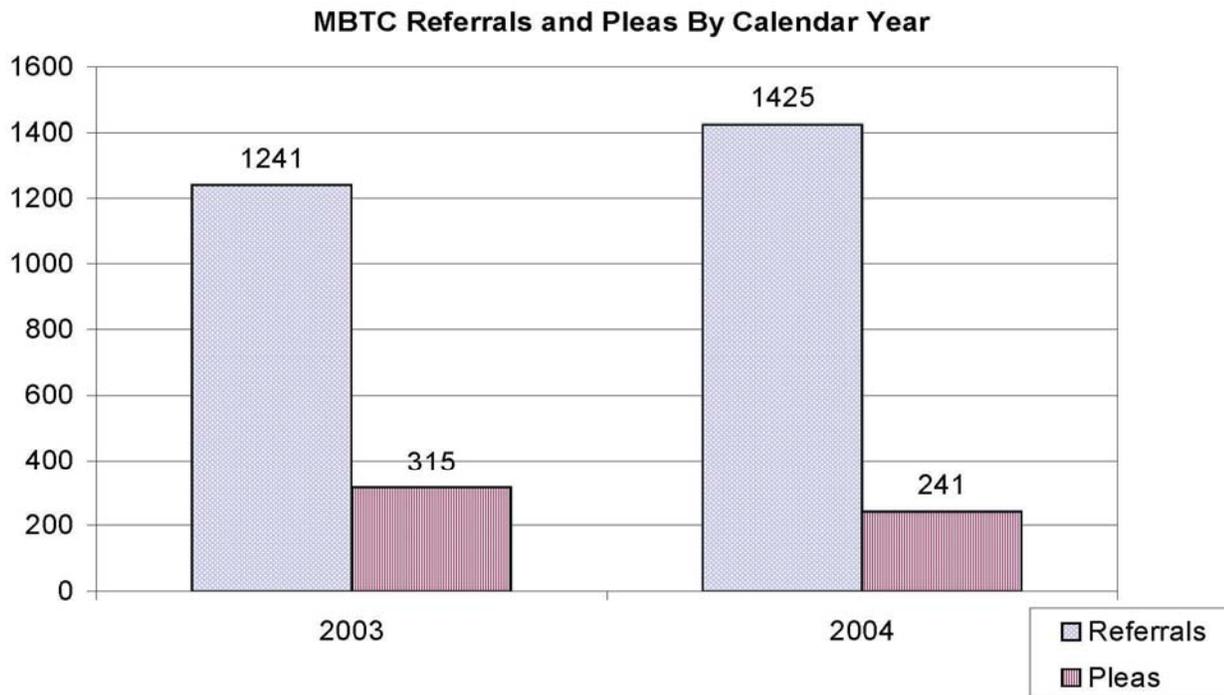
Since beginning to accept cases in 2003²⁶, 2621 defendants have been referred to MBTC for clinical assessment, out of which 544 (21%) have taken a plea and opted for treatment. Of the 2077 who did not take the plea, 1027 (49%) refused to participate. Of those who were accepted by MBTC and agreed to participate, 98 (18%) have graduated, 127 (23%) are currently in treatment, and 236 (43%) have failed to complete treatment.

²⁶ Data as of 12.31.04

Intake, Referral and Participant Data

In calendar year 2004, MBTC made up 34% of all referrals for clinical assessment to, and 25% of all pleas taken in, Drug Treatment Court Initiative. Chart 5.1 shows MBTC referrals and pleas for the past two calendar years.

Chart 5.1



Descriptive Data - MBTC Participants

Arrest charges differ for MBTC participants, with about 73% charged with a misdemeanor drug offense and 23% charged with misdemeanor non-drug offenses. Descriptive data²⁷ for MBTC participants is located below.

Drug of choice information is self-reported during the participant's initial assessment. See table 5.4.

²⁷ These charts only include data on those who executed a contract/plea in MBTC.

Chart 5.2

MBTC Demographic Information - Gender

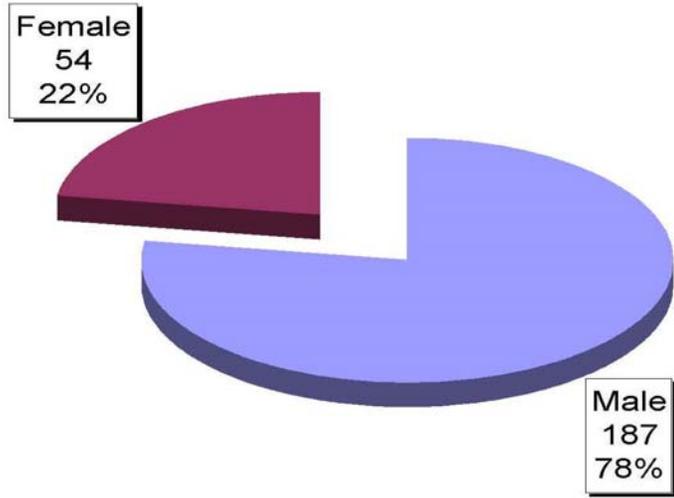


Chart 5.3

MBTC Demographic Information - Age

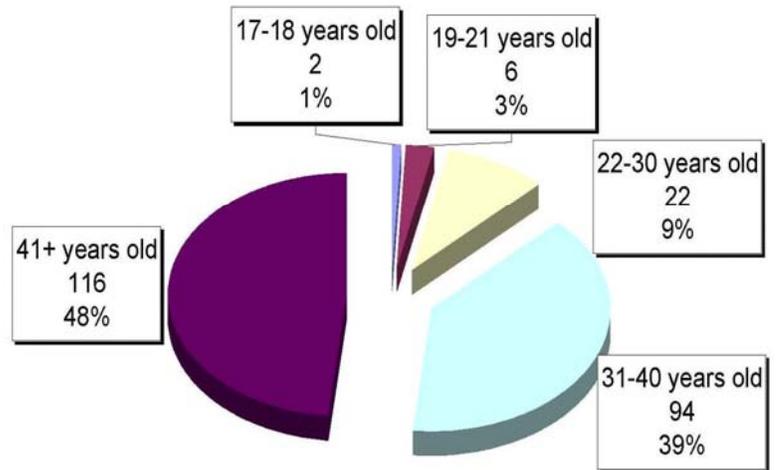


Chart 5.4

MBTC Demographic Information - Race/Ethnicity

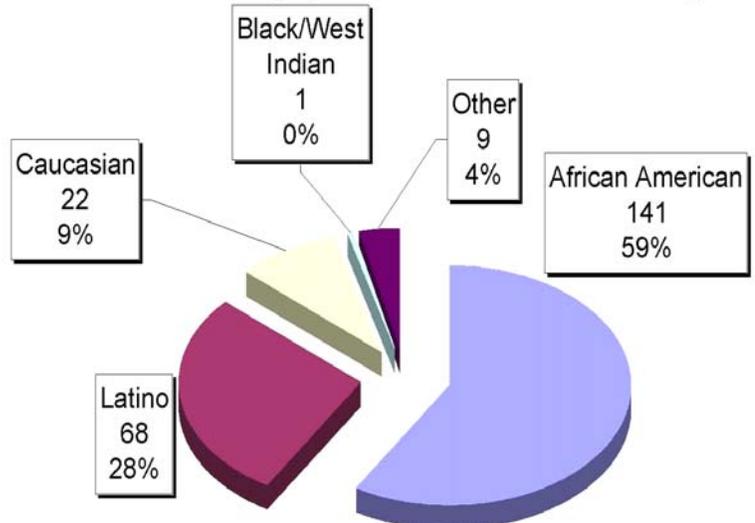
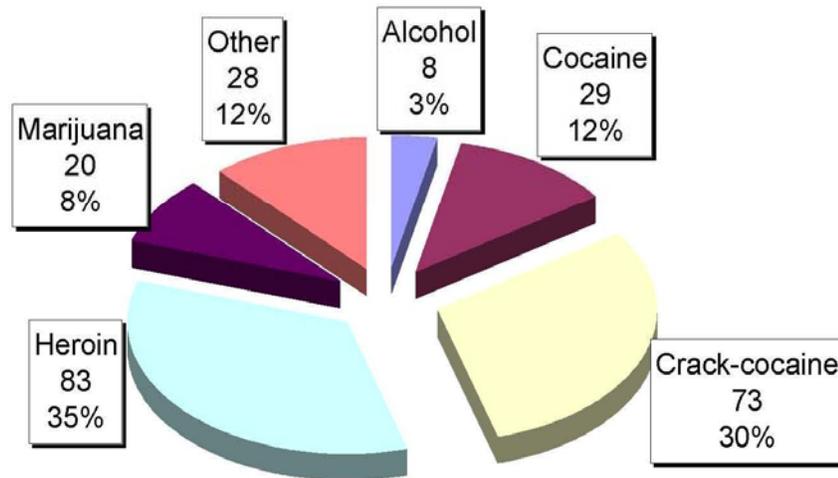


Chart 5.5

MBTC Drug of Choice Information**Graduates and Failures²⁸**

So far, 103 (19%) participants have graduated from MBTC. The following information is available for MBTC graduates:

33% of MBTC graduates were either full or part-time employed, 56% were receiving governmental assistance, and 71% were receiving Medicaid.

11% of MBTC participants were either in full or part-time school. 44% of graduates had participated in vocational training.

Conversely, 236 (43%) participants have failed to complete the court mandate. 56% 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. The other 44% 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 Rates²⁹

The average length of treatment (based on graduation date) for MBTC's 103 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), six months prior to the analysis date.³⁰ Six month retention rate for the past

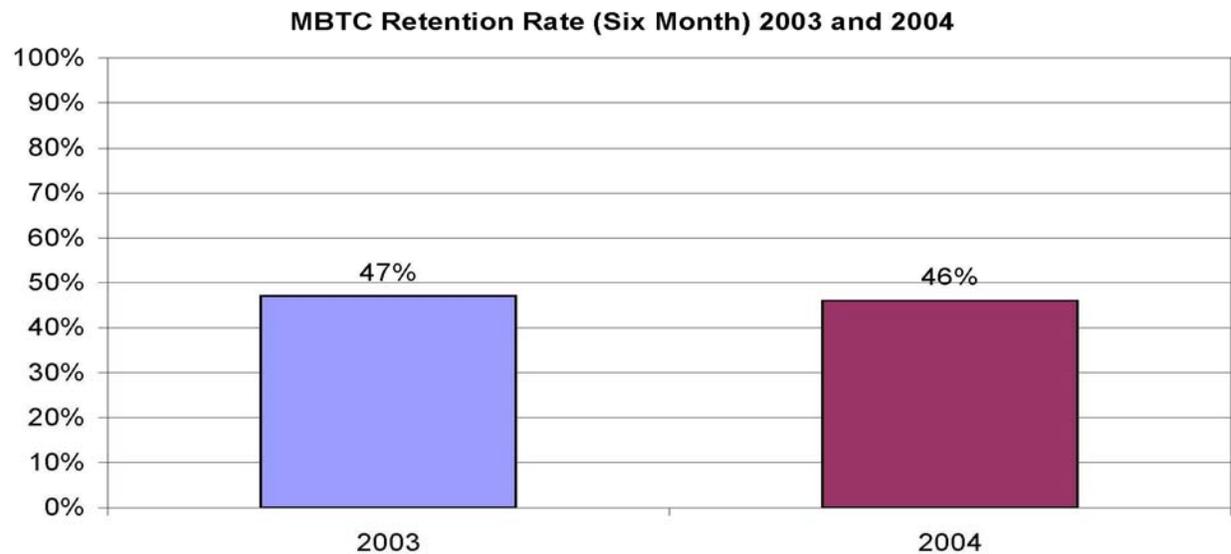
²⁸ Data as of 12.31.04

²⁹ Data as of 12.31.04

³⁰ The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, 2003

two years is shown in chart 5.5.³¹

Chart 5.6



MBTC Operations

On average the MBTC daily caseload for 2003 was 145 cases.³² MBTC case managers typically monitor approximately 45-55 cases each.

Treatment modality decisions are made based on the initial clinical assessment, and change based on MBTC case management decisions under the supervision of the clinical director. The breakdown of participant treatment modalities³³ used in MBTC is located in Chart 5.7.

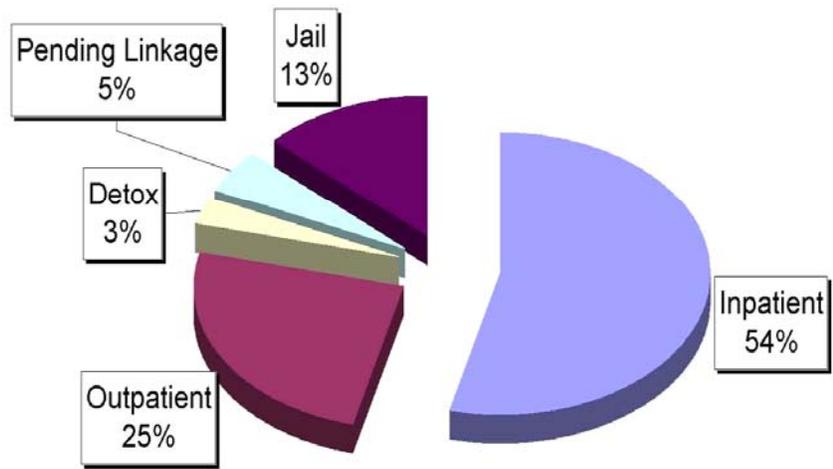
³¹ Six month retention rate is used due to the shorter period of time that defendants are required to participate. See Chapter 1 for full discussion of retention rates

³² Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

³³ Calculated by averaging snapshot data taken on the last day of each quarter in 2004, and also includes participants who were in jail on the snapshot date

Chart 5.7

MBTC Treatment Modalities



CHAPTER 6

MANHATTAN MISDEMEANOR TREATMENT COURT

PROGRAM DESCRIPTION - MANHATTAN MISDEMEANOR TREATMENT COURT***Staff***

Presiding Judge	Hon. Deborah Kaplan
Operations Director	Kathleen McDonald
Case Assessor	Lyndon Harding
Junior Case Assessor	Maria Angeles

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.

Funding

MMTC is funded by the New York State Unified Court System.

Eligibility and Identification

Defendants eligible for treatment in MMTC must:

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

Exclusions:

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

Court staff start the identification process of eligible defendants before the defendant's arraignment on the misdemeanor complaint. Court clerks review charges and criminal histories for "paper eligibility" (criteria listed above in paragraph two). If a case is eligible for MMTC, the clerk will endorse the court papers with a "Treatment Court" stamp and all parties will be informed of the defendant's eligibility. Eligible cases are typically adjourned to the next business day in MMTC, where the MMTC clinical staff will conduct an in-depth clinical assessment if the defendant consents to participate in treatment. If the defendant is clinically eligible, he/she will plea guilty to the misdemeanor charged and sign a waiver form and MMTC Contract.

Court Structure

Defendants who agree to participate in MMTC must plead guilty to a misdemeanor charge. The Court defers sentence for a minimum of eight months while the defen-

dants 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, 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 vacate the plea and dismiss the charges. Those who fail to complete the court mandate typically receive a jail sentence of six (6) 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 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 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

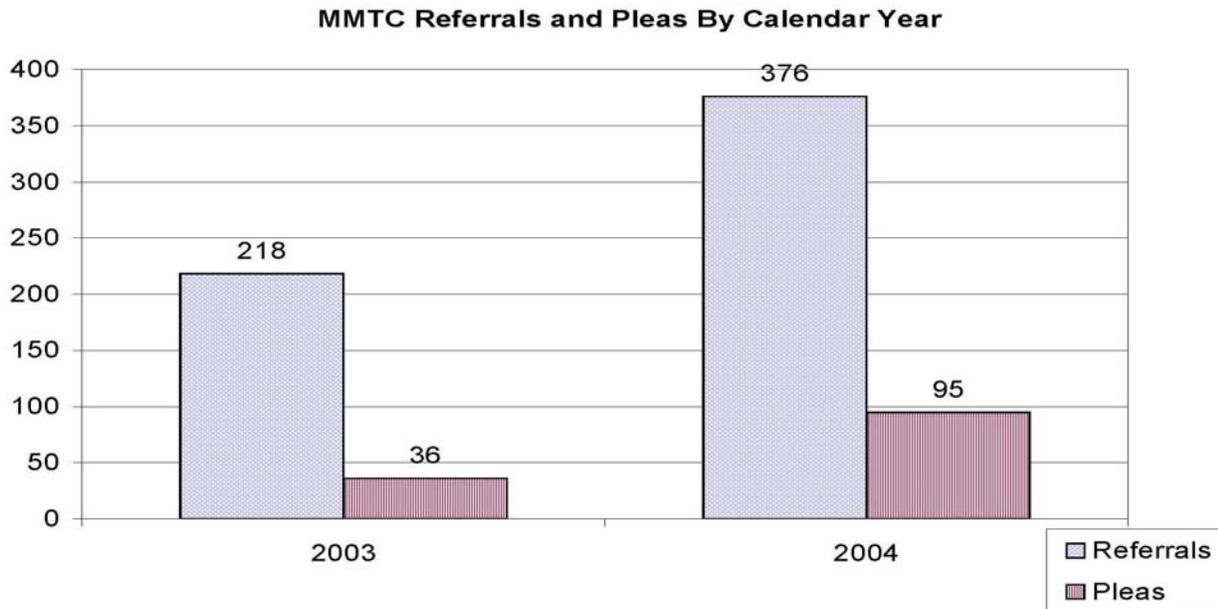
Since restructuring in 2003,³⁴ 583 nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, out of which 130 (22%) have taken a plea and opted for treatment. Of the 453 who did not plead guilty and agree to participate, 205 (45%) refused to participate and 111 (25%) had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, 51 (39%) are currently in treatment, and 42 (32%) have failed to complete treatment.

³⁴ Data as of 12.31.04

Intake, Referral and Participant Data

In calendar year 2004, MMTC made up 9% of all referrals to, and 10% of all pleas taken in, the Drug Treatment Court Initiative. Chart 6.1 shows MMTC referrals and pleas over the last two calendar years.

Chart 6.1



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 40% have pled to a non-drug misdemeanor with 60% pleading to a misdemeanor drug offense. Descriptive data³⁵ on MMTC participants are located in charts 6.2-6.4.

Drug of choice information is self-reported at the initial clinical assessment. See chart 6.5.

³⁵ These charts include only data on those who executed a contract/plea in MMTC.

Chart 6.2

MMTC Demographic Information - Gender

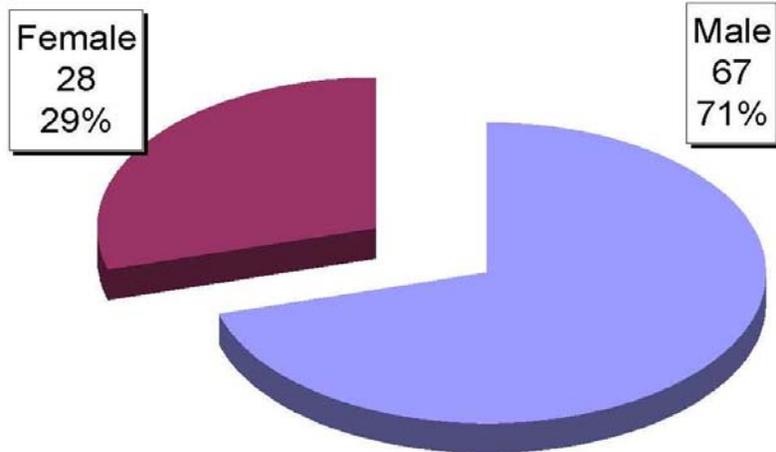


Chart 6.3

MMTC Demographic Information - Age

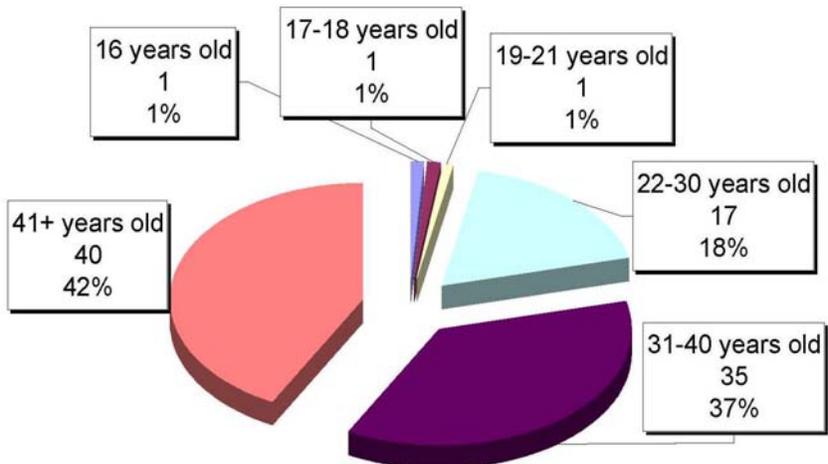


Chart 6.4

MMTC Demographic Information - Race/Ethnicity

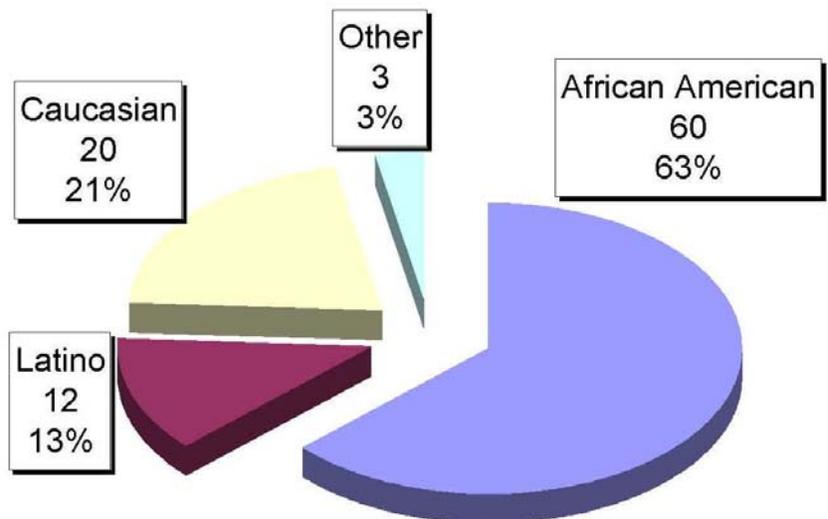
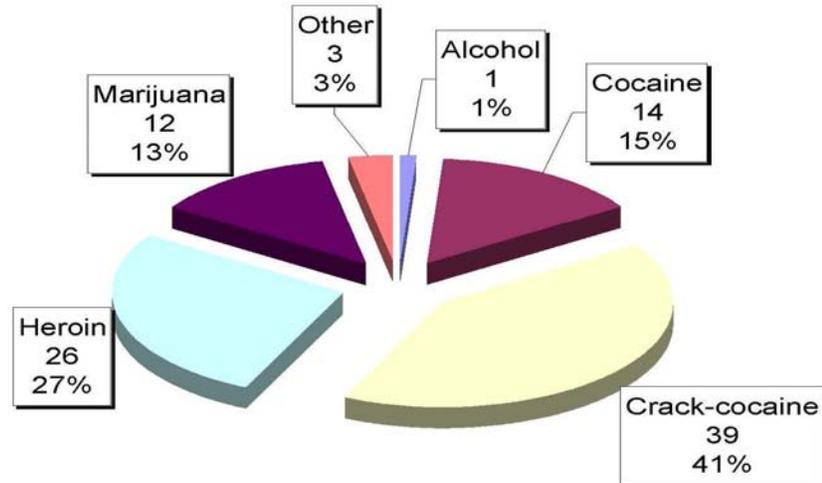


Chart 6.5

MMTC Drug of Choice Information***Graduates and Failures***³⁶

No participants had graduated yet from MMTC by the end of 2004. The first MMTC graduation is expected in the spring of 2005.

Conversely, 42 (32%) participants have failed out of 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. 48% of the failures were involuntary.

Length of Stay/Retention Rates³⁷

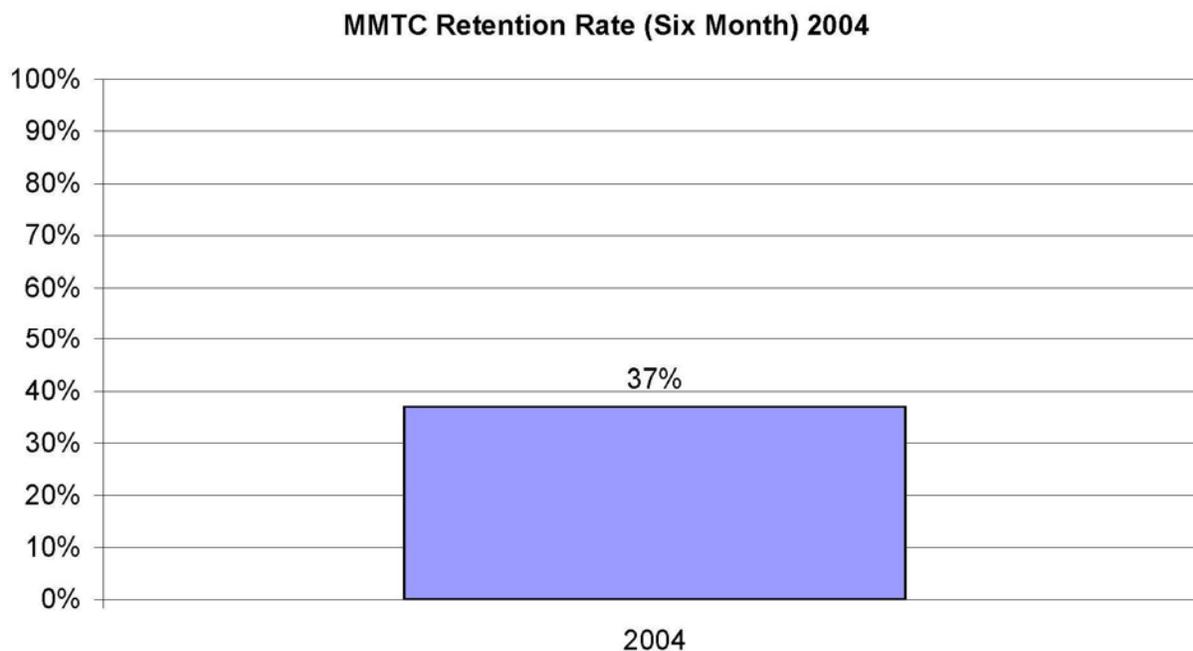
At the time of the writing of this report no participants had graduated from MMTC. Because of this, it is not possible to quantify the length of stay to graduation. In addition, retention rates are difficult to calculate for a program that has restructured only a short time ago and has not yet been operational long enough to have any graduates. A six month retention, however, is offered on the facing page chart 6.6.³⁸

³⁶ Data as of 12.31.04.

³⁷ Data as of 12.31.04.

³⁸ Six month retention rate is used due to the shorter period of time that defendants are required to participate. See Chapter 1 for full discussion of retention rates

Chart 6.6



MMTC Operations

On average the MMTC daily caseload for 2003 was 43 cases.³⁹ MMTC case managers typically monitor approximately 20-25 cases⁴⁰ 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. The breakdown of participant treatment modalities⁴¹ used in MBTC is located in Chart 6.7.

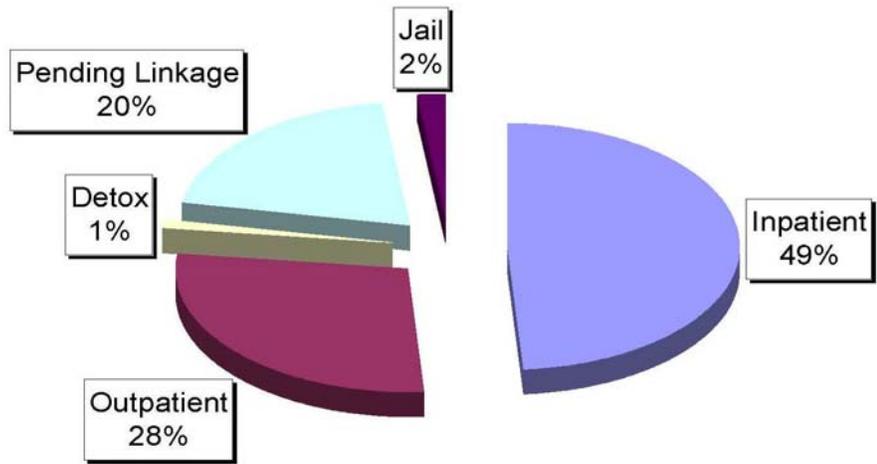
³⁹ Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

⁴⁰ Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

⁴¹ Calculated by averaging snapshot data taken on the last day of each quarter in 2004, and also includes participants who were in jail on the snapshot date

Chart 6.7

MMTC Treatment Modalities



CHAPTER 7

MANHATTAN TREATMENT COURT

PROGRAM DESCRIPTION - MANHATTAN TREATMENT COURT***Staff***

Presiding Judge	Hon. Laura Ward
Director	Debra Hall-Martin
Resource Coordinator	Laverne Chin
Senior Case Managers	Desiree Rivera Robert Rivera
Case Managers	General Wright Darlene Buffalo
Lab Technician	Sandra Thompson
Data Entry	Marion Edwards

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 Special Narcotics Prosecutor (OSN), the defense bar and community-based treatment providers.

Funding

MTC is funded with the support of a United States Department of Justice Local Law Enforcement Block Grant administered by the Criminal Justice Coordinator's Office and the New York State Unified Court System.

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 Violators⁴²

Exclusions

- defendants with prior felony convictions; and
- defendants with a history of violence or multiple bench warrants.

⁴² MTC also considers certain defendants charged with violations of probation. If a defendant is accepted as a probation violator (VOP), the underlying conviction must have been a felony drug charge. The violation can only be testing positive on a urine test, failing to comply with a probation officer recommendation to enter drug treatment or a new misdemeanor arrest and conviction for drug possession

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 above in paragraph one). 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 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 defendant 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, 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 by the time of completion. 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 participants 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, 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 MTC program.

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

Referrals, Refusals and Pleas

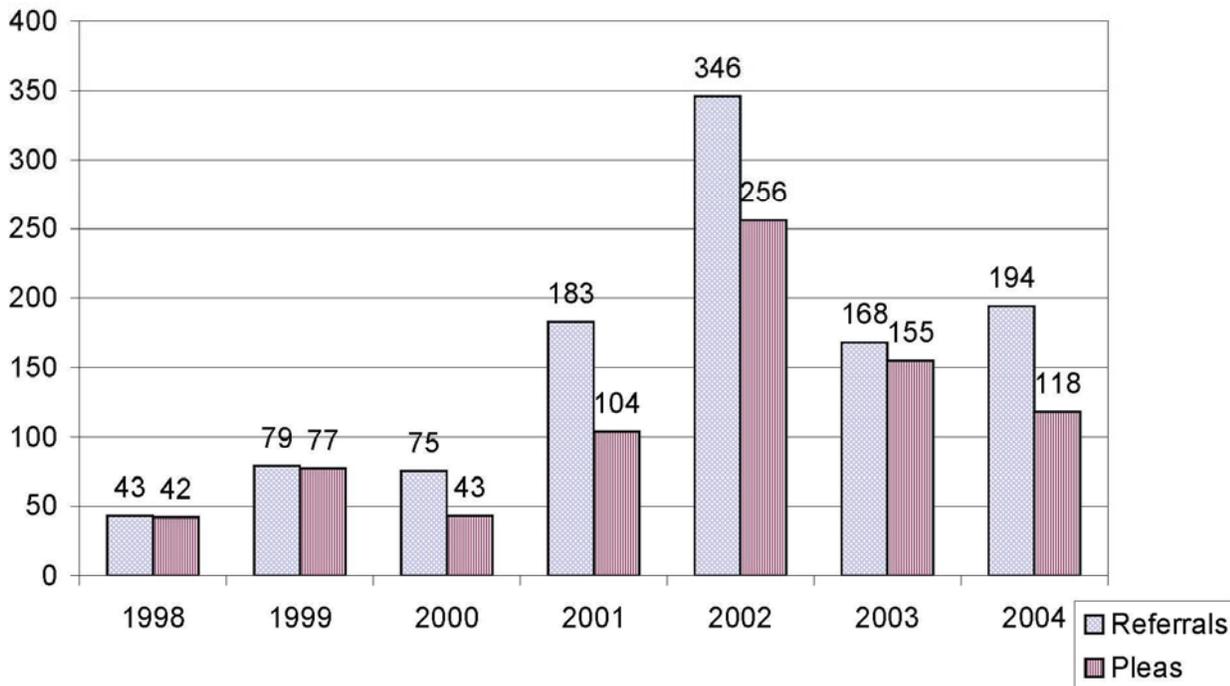
Since its inception in 1998,⁴³ 1082 nonviolent felony drug offenders have been referred to MTC for assessment, out of which 791 (73%) have pled guilty and opted for treatment. Of the 291 defendants who did not take the plea, 48 (16%) refused to participate. Of those who were accepted by MTC and took a plea, 262 (33%) graduated, 223 (28%) are currently in treatment, and 274 (35%) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2004, MTC made up 5% of all referrals to, and 12% of all pleas taken in, the Drug Treatment Court Initiative. Chart 7.1 shows MTC referrals and pleas by calendar year since 1998.⁴⁴

Chart 7.1

MTC Referrals and Pleas By Calendar Year



Descriptive Data - MTC Participants

All MTC participants must be charged with a felony drug offense. Descriptive data⁴⁵ on MTC participants are located in tables 7.2-7.4 below.

Drug of choice information is self-reported at the time of the participant's initial assessment.

⁴³ Data as of 12.31.04

⁴⁴ Data from 1998 includes only September through December.

⁴⁵ These charts include only data on those defendants who executed a contract/plea in MTC

Chart 7.2 MTC Demographic Information - Gender

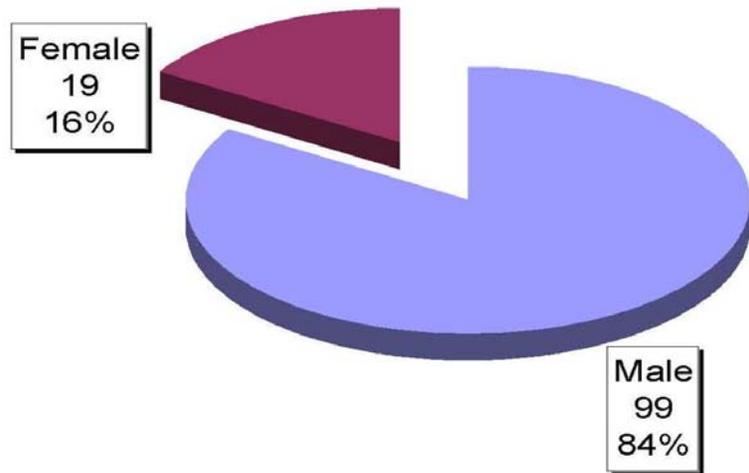


Chart 7.3 MTC Demographic Information - Age

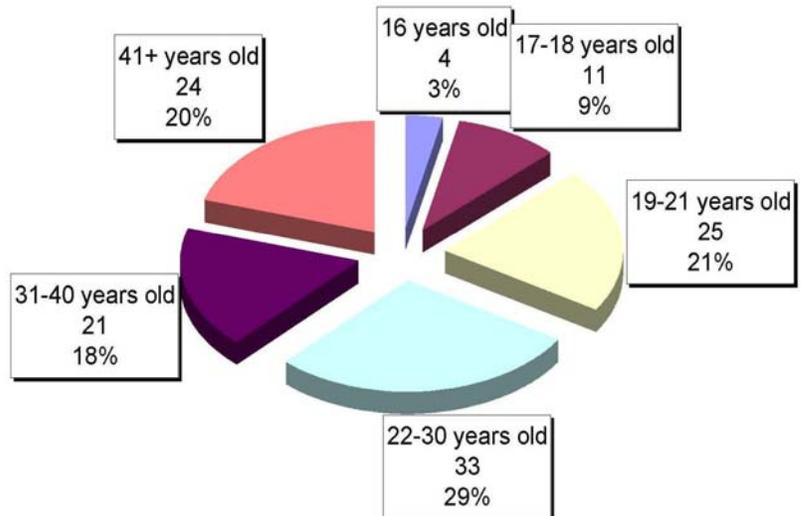


Chart 7.4 MTC Demographic Information - Race/Ethnicity

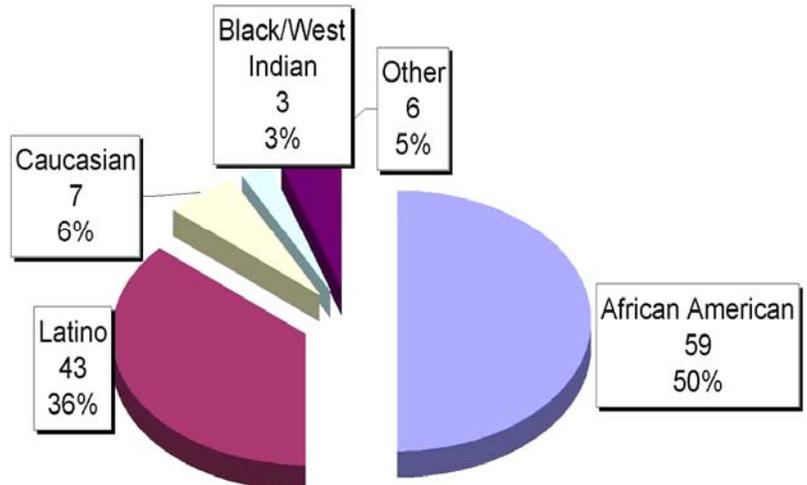
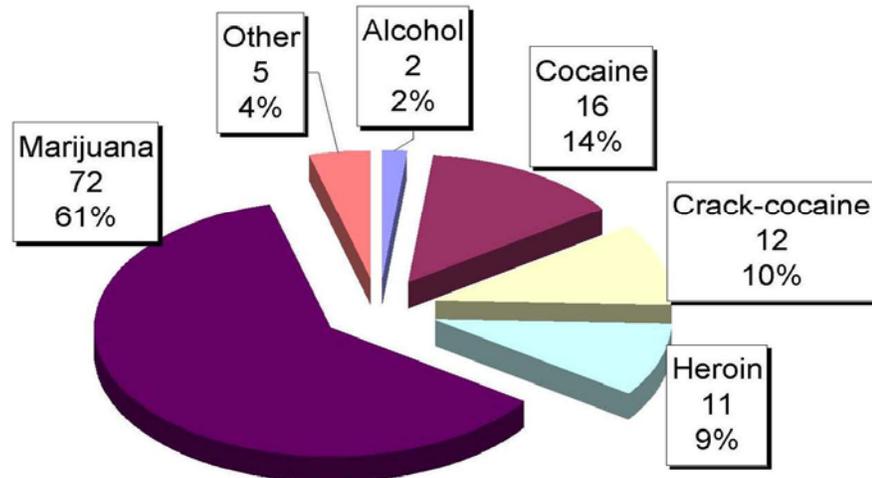


Chart 7.5

MTC Drug of Choice Information**Graduates and Failures⁴⁶**

Since 1998, 262 (33%) participants have graduated from MTC. The following information is available for MTC graduates:

59% of MTC graduates were either full or part-time employed, 20% were receiving governmental assistance, and 32% were receiving Medicaid.

11% of MTC Graduates had received a high school diploma or GED while undergoing treatment, and

11% were either in full or part-time school.

29% of graduates received vocational training.

Conversely, 286 (36%) MTC participants have failed to complete the court mandate. 70% 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.

Length of Stay/Retention Rates⁴⁷

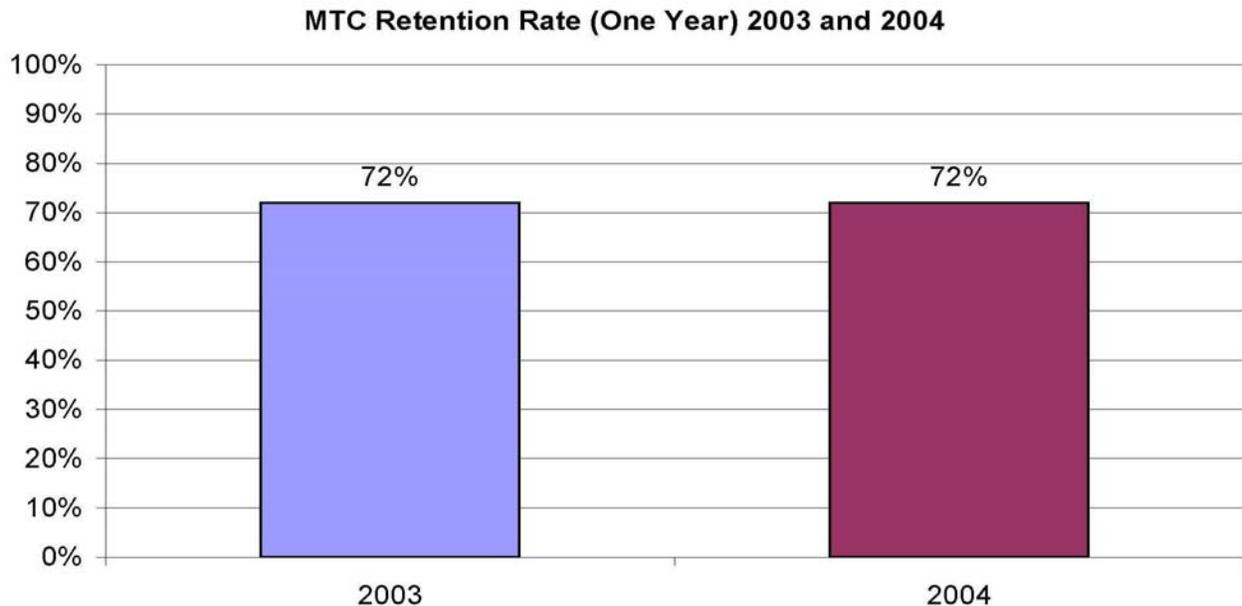
The average length of treatment (based on graduation date) for MTC's 262 graduates is between eighteen and nineteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year

⁴⁶ Data as of 12.31.04.

⁴⁷ Data as of 12.31.04.

prior to the analysis date.⁴⁸

Chart 7.6



MTC Operations

On average the MTC daily caseload for 2004 was approximately 233 cases.⁴⁹ MTC case managers typically monitor 75-100 participants each. In 2004, the average number of participants out on a warrant was 46.⁵⁰

Treatment modality decisions are made by the MTC case management team under the supervision of the Director. A breakdown of MTC participant treatment modalities breakdown⁵¹ is shown in Chart 7.7.

⁴⁸ The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October, 2003.

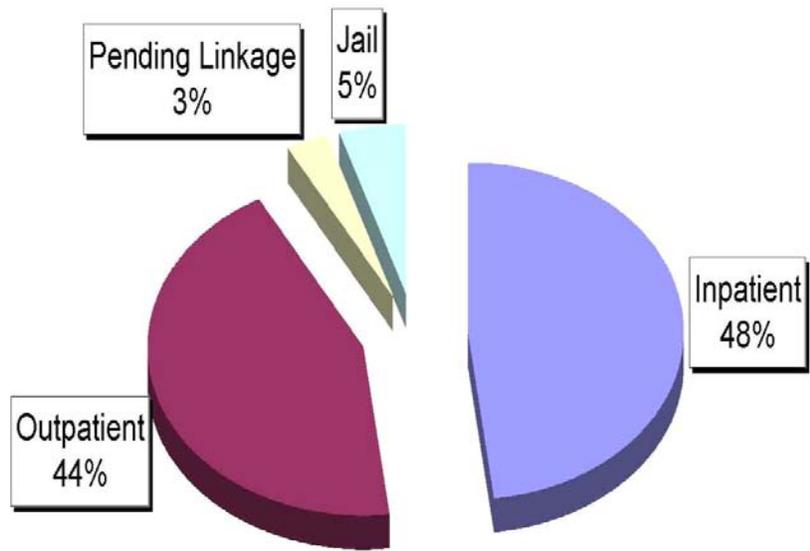
⁴⁹ Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

⁵⁰ Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

⁵¹ Calculated by averaging snapshot data taken on the last day of each quarter in 2004, and also includes participants who were in jail on the snapshot date

Chart 7.7

MTC Treatment Modalities



CHAPTER 8

QUEENS MISDEMEANOR TREATMENT
COURT

PROGRAM DESCRIPTION - QUEENS MISDEMEANOR TREATMENT COURT***Staff***

Presiding Judge	Hon. Joseph Zayas
Director	Naima Aiken
Resource Coordinator	Lisa Babb
Case Manager	Darriel Cummings
TASC Representatives	Mark Edwards Thomas Latimer

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 Substance Abuse and Mental Health Services Administration and the New York Unified Court System.

Eligibility and Identification

Eligible defendants must:

- be charged with a non-violent misdemeanor offense and
- 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 TASC or 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 must complete all phases of treatment, obtain a high school diploma or GED, and/or employment at the time of completion. Defendants are expected to have completed all phases of treatment, accrue a total of twelve months time without sanctions, 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 nine months.

QMTC participants complete nine to twelve 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.

QMTC participants typically complete treatment in about eighteen months.

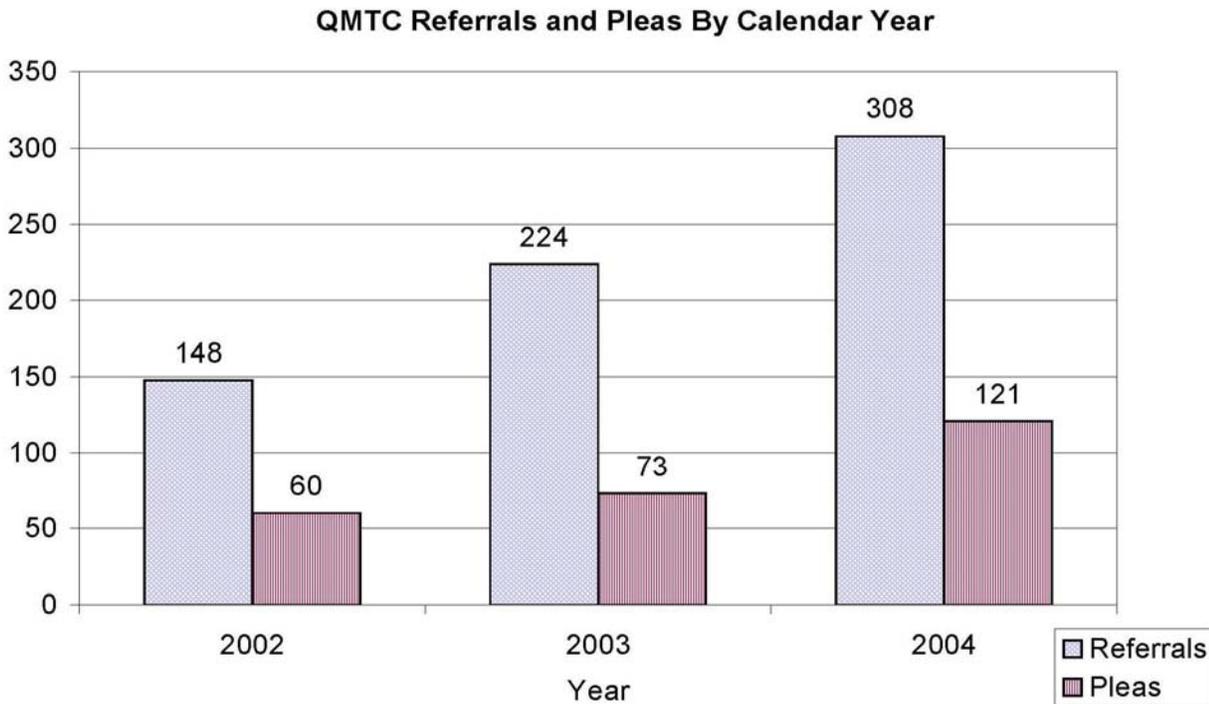
Referrals, Refusals and Pleas

Since it started taking cases in 2002,⁵² 675 nonviolent misdemeanor drug offenders have been referred to QMTC for clinical assessment, out of which 253 (37%) have pled guilty and agreed to participate in treatment. Of the 378 who did not plead guilty, 170 (45%) refused to participate. Of those who agreed to participate and pled guilty, 67 (26%) have graduated, 80 (31%) are currently in treatment, and 70 (28%) have failed to complete the court mandate.

Intake, Referral and Participant Data

In calendar year 2004, QMTC made up 7% of all referrals to, and 12% of all pleas taken in, the Drug Treatment Court Initiative. Chart 8.1 shows QMTC referrals by calendar year.

Chart 8.1



Descriptive Data - QMTC Participants

QMTC participants can be charged with misdemeanor drug or non-drug offenses. Breakdown of arraignment charge is about 66% drug and 36% non-drug offenses. Descriptive data⁵³ on QMTC participants are located in tables 8.2-8.5.

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

⁵² Data as of 12.31.04

⁵³ These charts include only data on those defendants who executed a contract/plea in MTC

Chart 8.2

QMTC Demographic Information - Gender

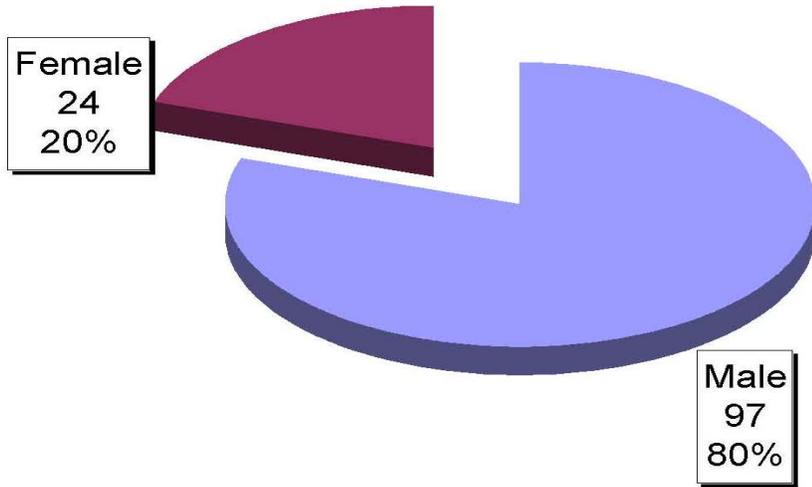


Chart 8.3

QMTC Demographic Information - Age

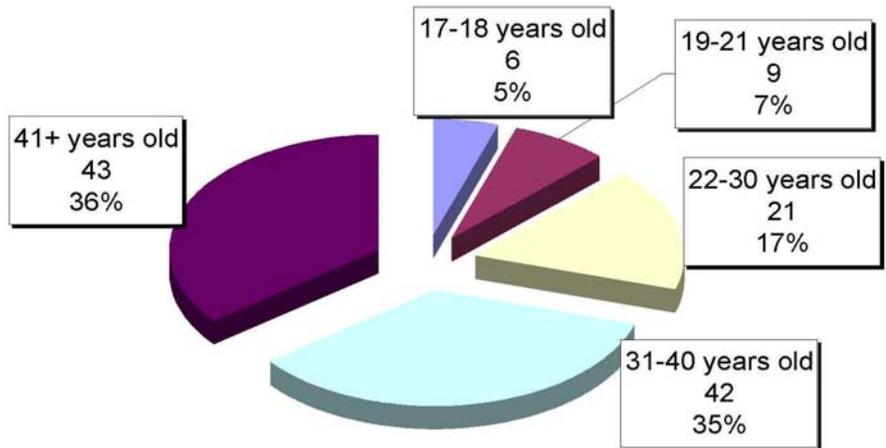


Chart 8.4

QMTC Demographic Information - Race/Ethnicity

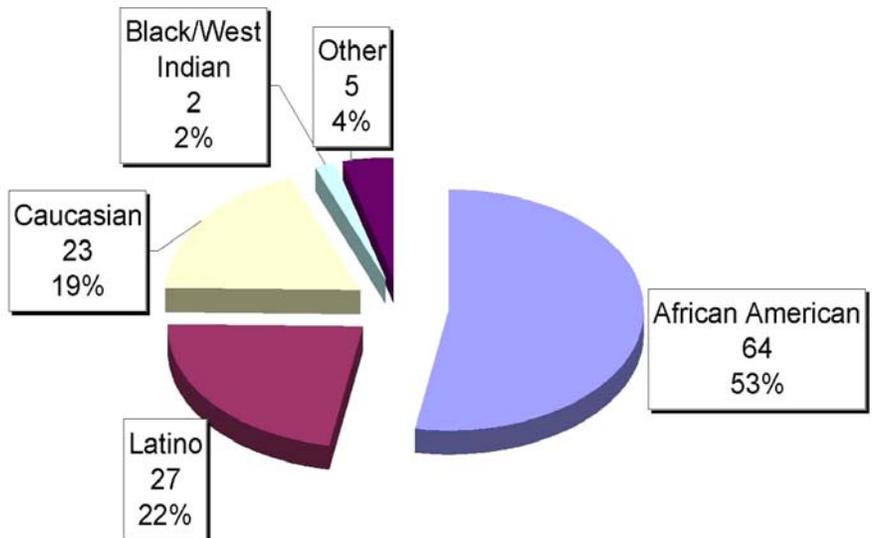
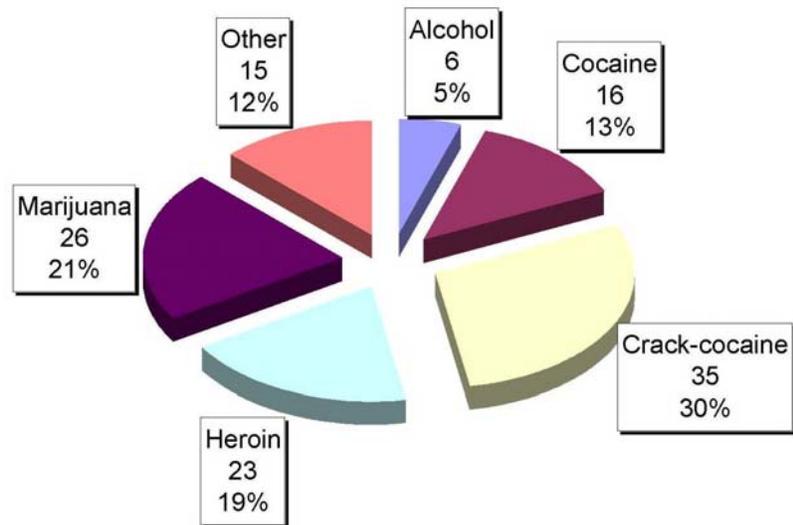


Chart 8.5

QMTC Drug of Choice Information

**Graduates and Failures⁵⁴**

67 (26%) participants have graduated from QMTC since its inception. The following information is available for QMTC graduates:

33% of graduates were employed, either full or part-time,
69% were receiving governmental assistance, and
69% were receiving Medicaid.

7% of QMTC graduates were either in school, either full or part-time.
4% participated in vocational training.

Conversely, 90 (35%) QMTC participants have failed to complete treatment. 47% 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. 31% 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 Rates⁵⁵

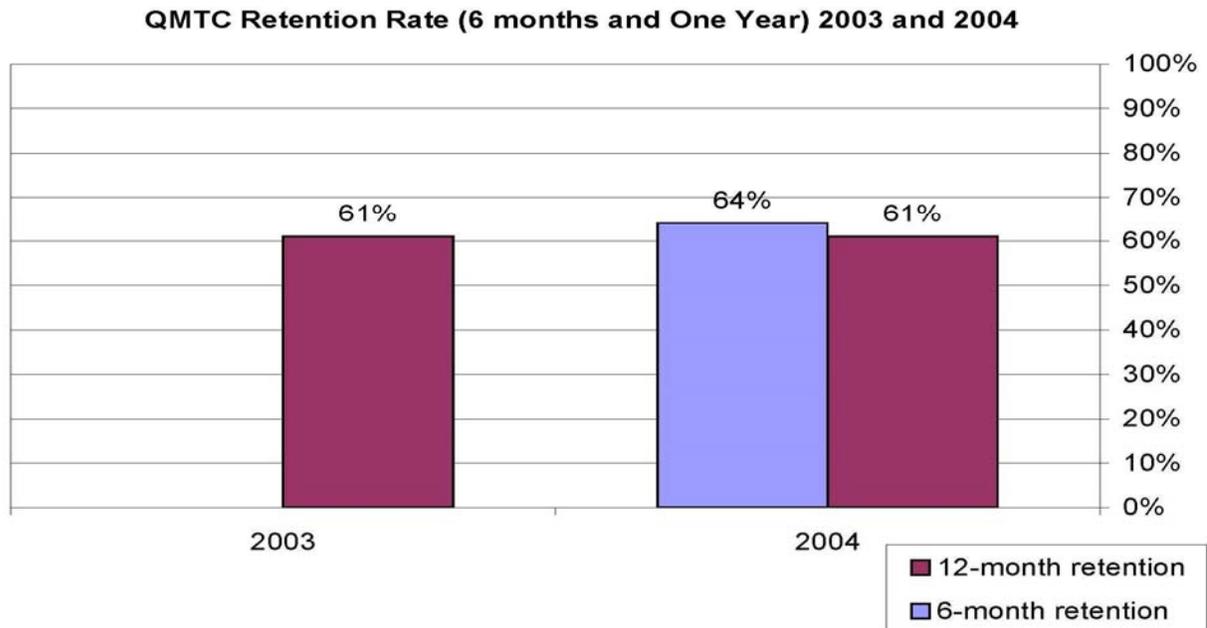
The average length of treatment (based on graduation date) for QMTC's 67 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained) as of the date in question entering drug court by December

⁵⁴ Data as of 12.31.04.

⁵⁵ Data as of 12.31.04.

31, 2003, one year prior to the analysis date and June 30, 2004, six months prior to the analysis date.⁵⁶ One year retention rate for the past two years and a six month retention rate for 2004 are shown in chart 8.6.

Chart 8.6



QMTC Operations

On average the daily QMTC caseload for 2004 was 71⁵⁷ cases. QMTC case managers typically monitor approximately 25-35 cases each.⁵⁸ Treatment modality decisions are made by the QMTC case management team under the supervision of the resource coordinator. A breakdown⁵⁹ of QMTC participant treatment modalities is located in Chart 8.7 on the next page.

⁵⁶ The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October, 2003.

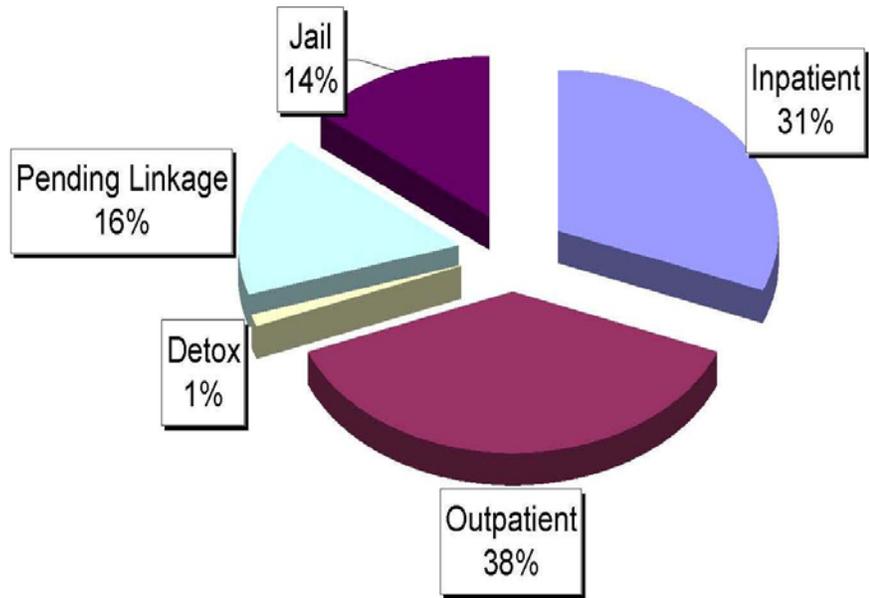
⁵⁷ Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

⁵⁸ Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

⁵⁹ Calculated by averaging snapshot data taken on the last day of each quarter in 2004, and also includes participants who were in jail on the snapshot date

Chart 8.7

QMTC Treatment Modalities



CHAPTER 9

STATEN ISLAND TREATMENT COURT

PROGRAM DESCRIPTION - STATEN ISLAND TREATMENT COURT***Staff***

Presiding Judge	Hon. Alan Myer
Director	Ellen Burns
Senior Case Manager	Debra Donovan

Introduction

In March 2002, the Staten Island Treatment Court (SITC) opened in Richmond Criminal Court to serve 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.

(SITC has started accepting misdemeanor offenders on a pilot basis and plans to expand its eligibility criteria to include those offenders who are repeatedly arrested for misdemeanor offenses).

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 they 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 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 any drug use, be compliant with program rules and regulations, and remain sanctionless for at least four months. While in treatment, participants are held accountable for any infractions they commit. SITC 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.

SITC participants typically complete treatment in approximately eighteen months.

Referrals, Refusals and Pleas

Since it started accepting cases in 2002,⁶⁰ 228 nonviolent felony drug offenders have been referred to SITC for clinical assessment, out of which 114 (50%) have pled guilty

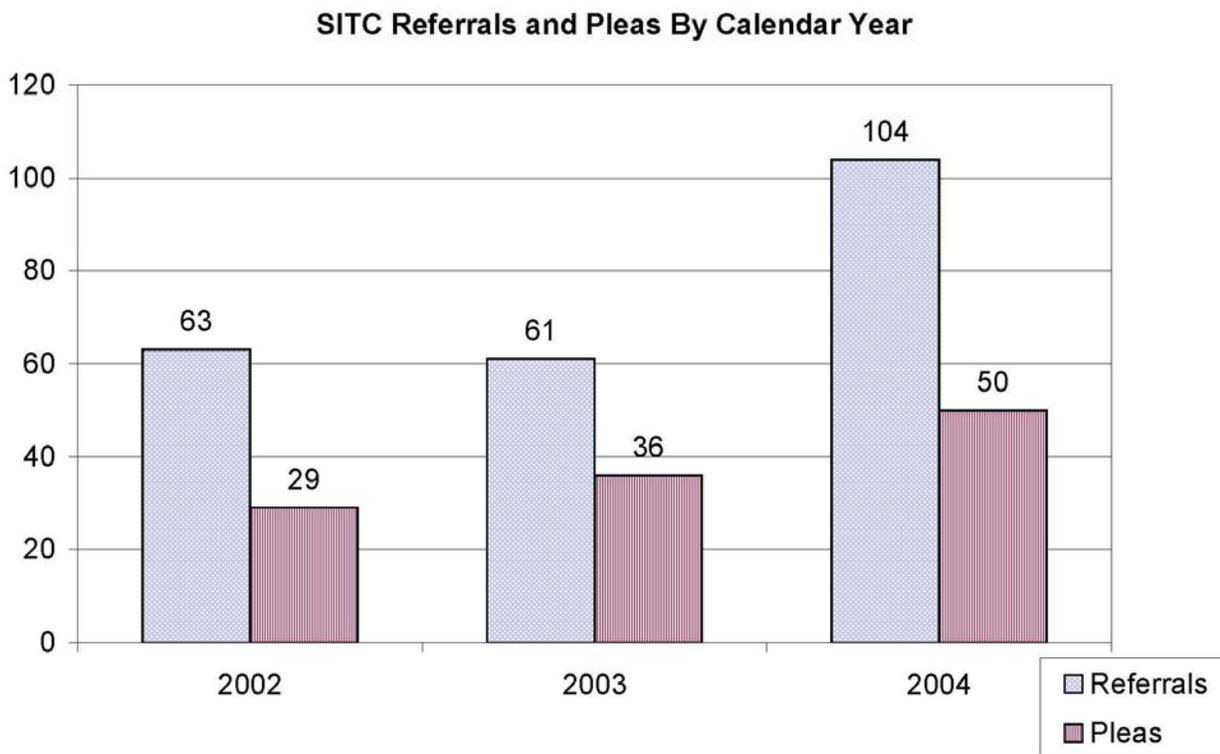
⁶⁰ Data as of 12.31.04

and agreed to participate in treatment. Of the 104 who did not plead guilty, 33 (32%) refused to participate. Of those who were accepted by SITC and pled guilty, 34 (29%) have graduated, 65 (57%) are currently in treatment, and 13 (11%) have failed to complete their court mandate.

Intake, Referral and Participant Data

In calendar year 2004, SITC made up 3% of all referrals to, and 5% of all pleas taken in, the Drug Treatment Court Initiative. Chart 9.1 shows SITC referrals and pleas by calendar year for the past three years.

Chart 9.1



Descriptive Data - SITC Participants

Virtually all SITC participants have been charged with a felony drug offense, although SITC has started accepting misdemeanor cases on a pilot basis and the court will accept non-violent, non-drug cases on a case-by-case basis. Descriptive data⁶¹ on SITC participants are located in Charts 9.2-9.5.

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

⁶¹ These charts include only data on those defendants who executed a contract/plea in MTC

Chart 9.2 **SITC Demographic Information - Gender**

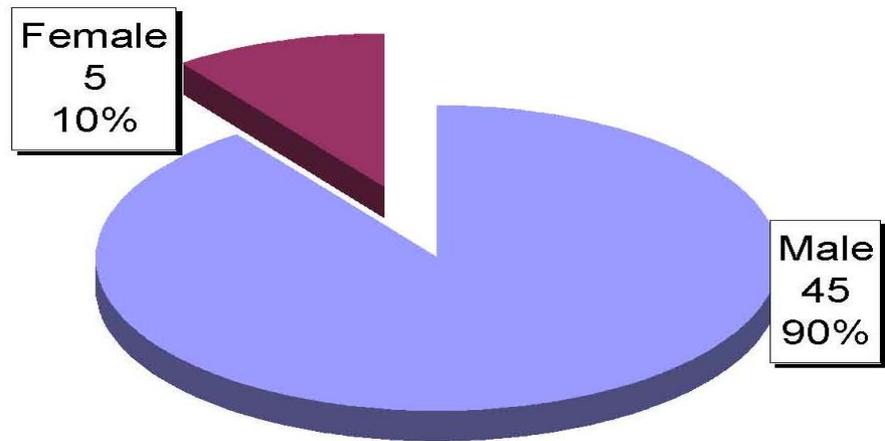


Chart 9.3 **SITC Demographic Information - Age**

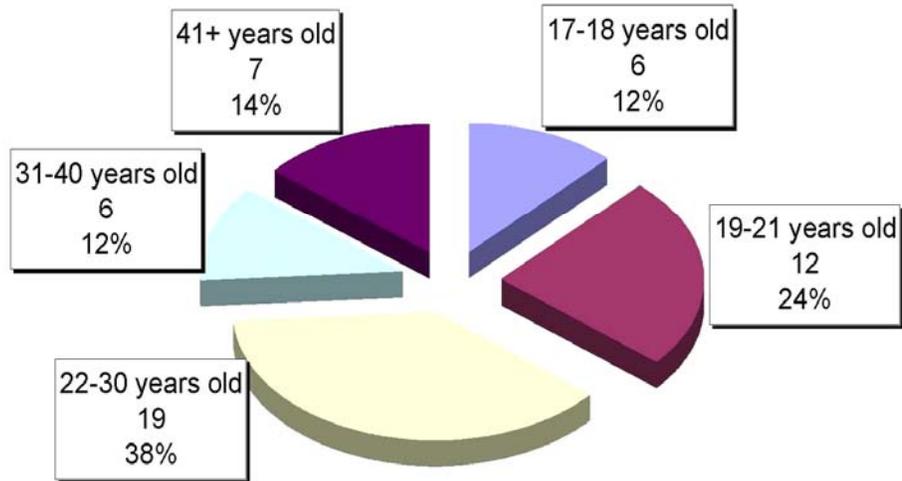


Chart 9.4 **SITC Demographic Information - Race/Ethnicity**

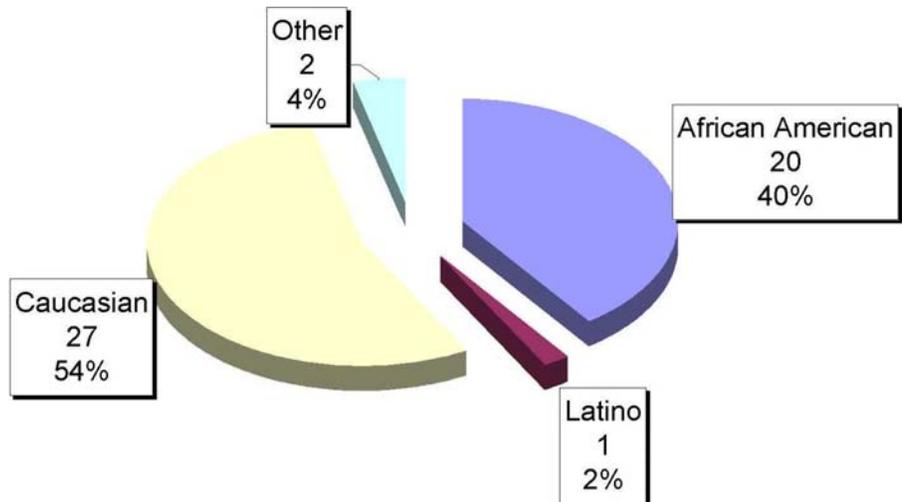
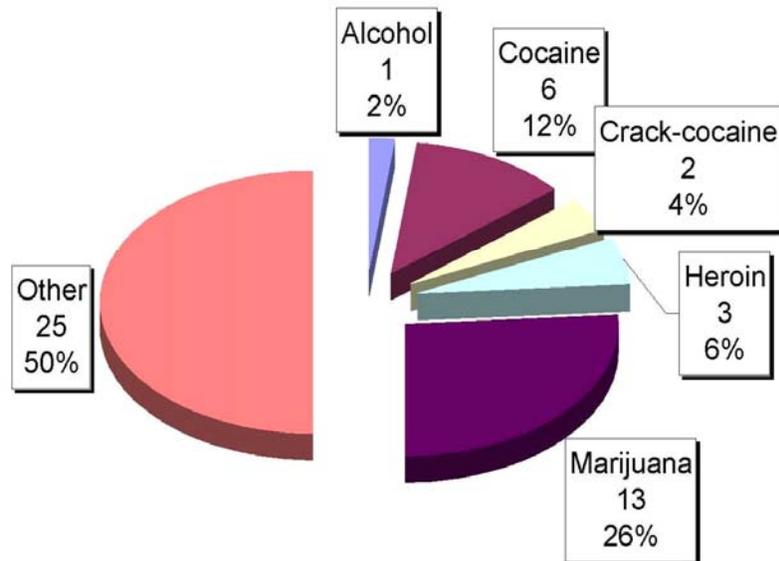


Chart 9.5

SITC Drug of Choice Information

***Graduates and Failures***⁶²

34 (30%) participants have graduated from SITC since its inception. The following information is available for SITC graduates:

76% of graduates were employed, either full or part-time, 23% were receiving governmental assistance, and 32% were receiving Medicaid. 26% of SITC participants were either in school, either full or part-time. 21% of SITC graduates participated in vocational training.

Conversely, 15 (13%) participants have failed to complete treatment. 40% 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 47% 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 Rates⁶³

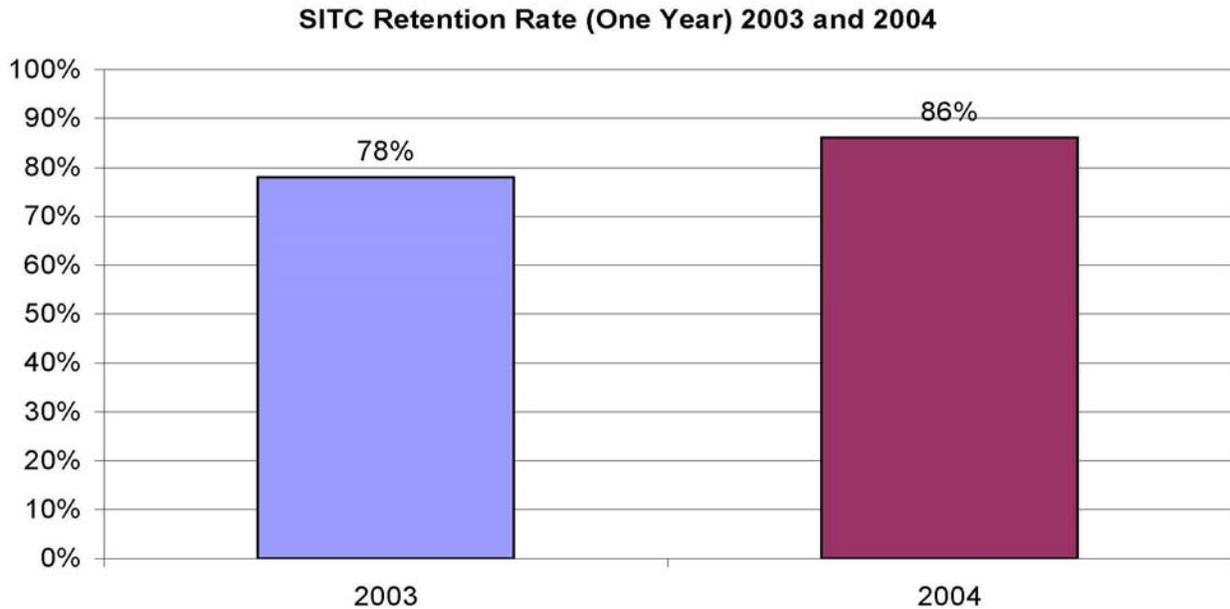
The average length of treatment (based on graduation date) for SITC's 34 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained) as of the date in question entering drug court by December

⁶² Data as of 12.31.04.

⁶³ Data as of 12.31.04.

31, 2003, one year prior to the analysis date.⁶⁴ One year retention rates for the last two years are shown in chart 9.6.

Chart 9.6



SITC Operations

SITC, on a daily basis, handles an average of 62⁶⁵ cases. TASC is responsible for monitoring SITC participants, and at this time has devoted three 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. Treatment modality breakdowns⁶⁶ are located in Chart 9.6.

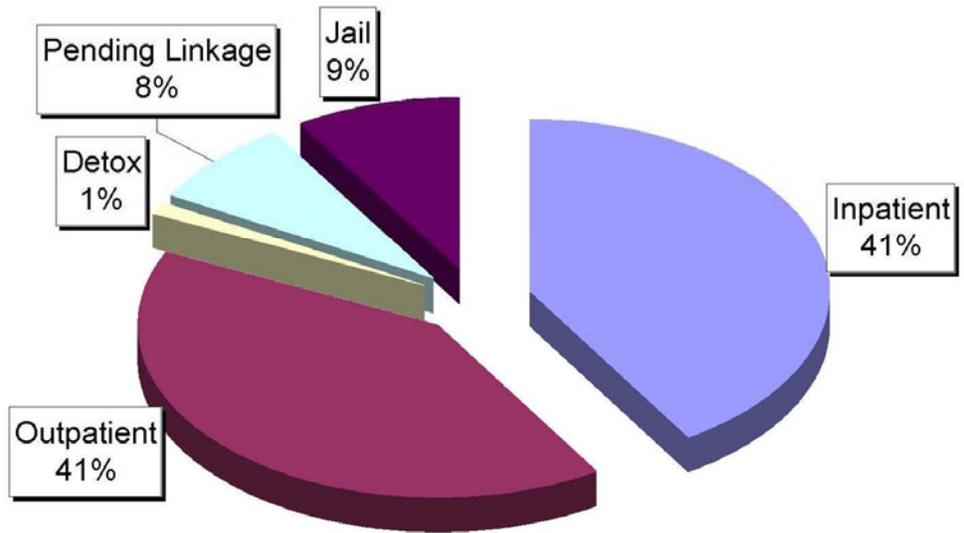
⁶⁴ The methodology and calculations are based on the Center for Court Innovation’s Adult Drug Court Evaluation, October, 2003.

⁶⁵ Calculated by averaging snapshot data taken on the last day of each quarter in 2004.

⁶⁶ Calculated by averaging snapshot data taken on the last day of each quarter in 2004, and also includes participants who were in jail on the snapshot date

Chart 9.7

SITC Treatment Modalities



PART II
CHALLENGES

CHAPTER 10

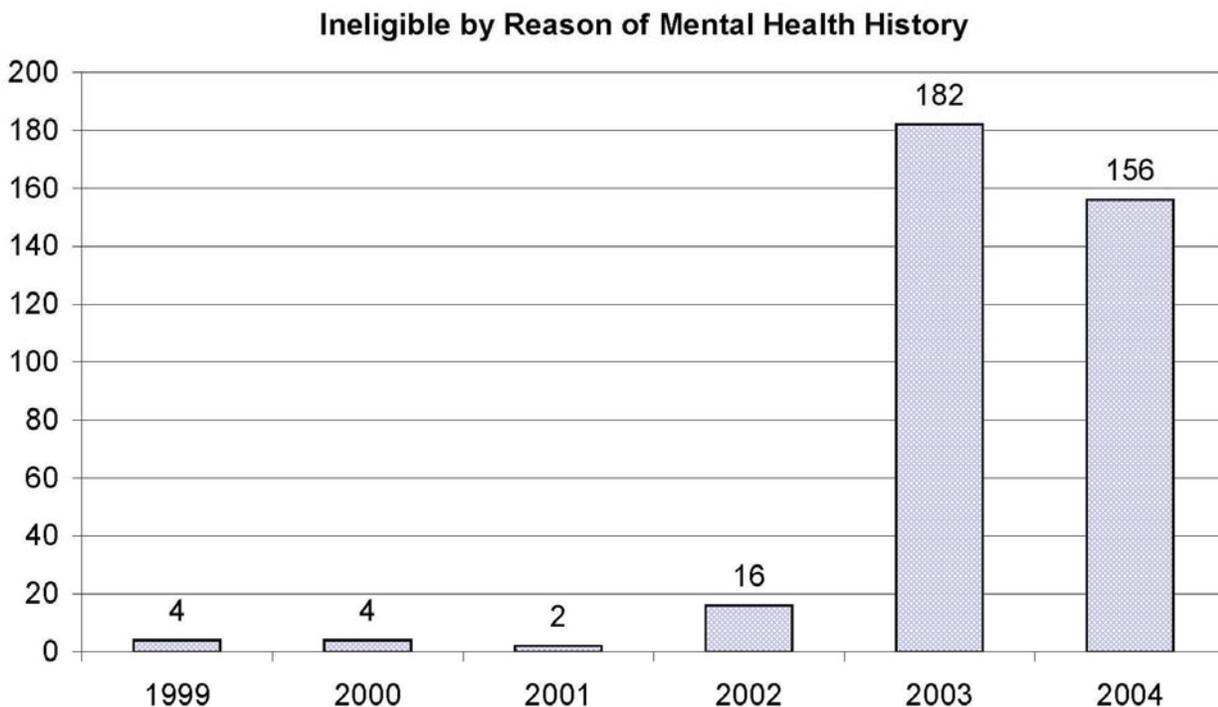
SCREENING AND ASSESSMENT CHALLENGES

SCREENING AND MENTAL HEALTH ISSUES

Screening and assessment are done differently in each county. Most often, court clerks are responsible for the initial paper-eligibility screening. In some boroughs, the prosecutor's office is responsible for up-front screening. Only in Brooklyn does the Unified Court System's Comprehensive Screening pilot project currently operate to ensure that no defendant eligible for court-monitored substance treatment "fall through the cracks" and that every eligible defendant is given the opportunity to participate in treatment.

Mental health issues have become an area of increasing concern to the city's drug courts. In calendar year 2004, 156 defendants were found ineligible due to mental health histories, an area that drug courts are not yet fully able service.

Chart 10.1



Overall, the eligible drug court population has significant mental health issues. Out of the 3,237⁶⁷ valid responses to the question of whether or not the defendant has previously been in counseling for mental health issues, 17% had admitted that they were. While 8% of defendants indicated that they had previously received medication for mental health issues. In some cases, treatment court may even play an integral part in identifying and/or addressing a need for treatment for a defendant's mental health issue. Of the 352⁶⁸ defendants found ineligible due to mental health history/illness, 11% of the valid responses indicated that the defendant had previously received counseling

⁶⁷ Data as of 12.31.04.

⁶⁸ Data as of 12.31.04.

for their illness, while 10% reported that they were previously receiving medication for their illness.

Length of Time - Arrest to Assessment⁶⁹ & Assessment to Plea

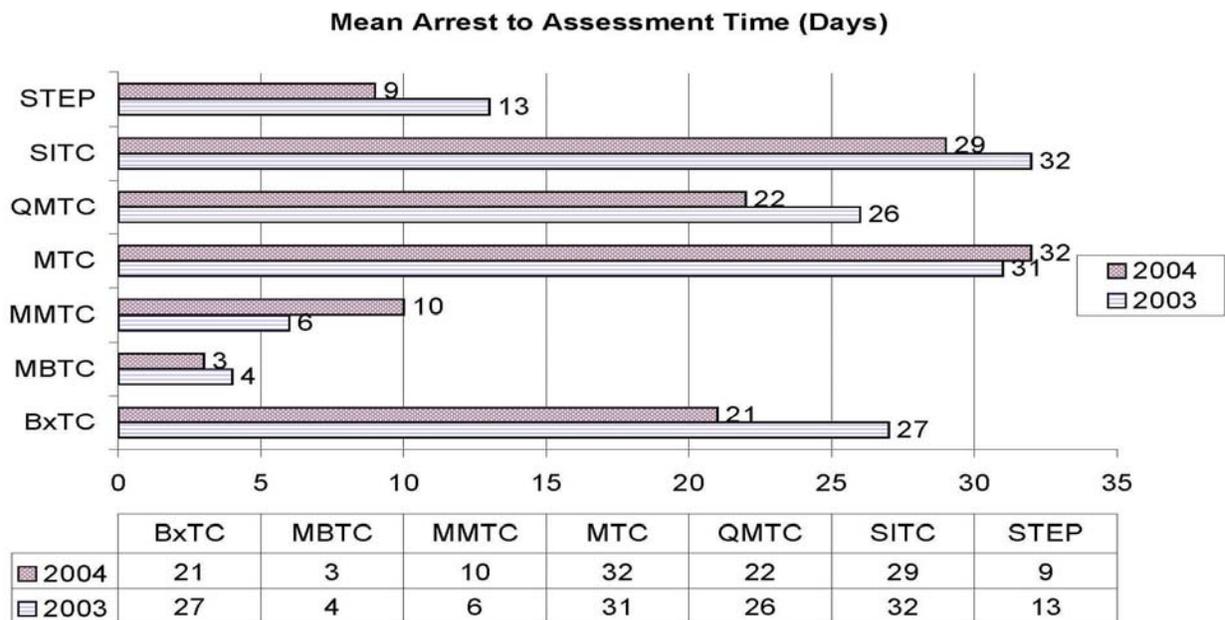
Length of time between arrest and assessment (intake) varies from court to court and delays can frequently be linked to the referral source. See Chart 10.2 for referral sources of each court.

Table 10.2

Bronx Treatment Court	<ul style="list-style-type: none"> ▪ Drug Charges - DA Clerks @ Arraignments ▪ Non-Drug Charges - ADAs in felony waiver parts ▪ VOPs - Judges in felony waiver parts
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	DA, Judges, Defense at Arraignments
Screening & Treatment Enhancement Part	Arraignment Clerks
Staten Island Treatment Court	DA

Staten Island Treatment Court (SITC) and Manhattan Treatment Court (MTC) show the longest periods of time between arrest and assessment as well as assessment and plea. On average, it takes about a month for defendants to be assessed for treatment

Chart 10.3



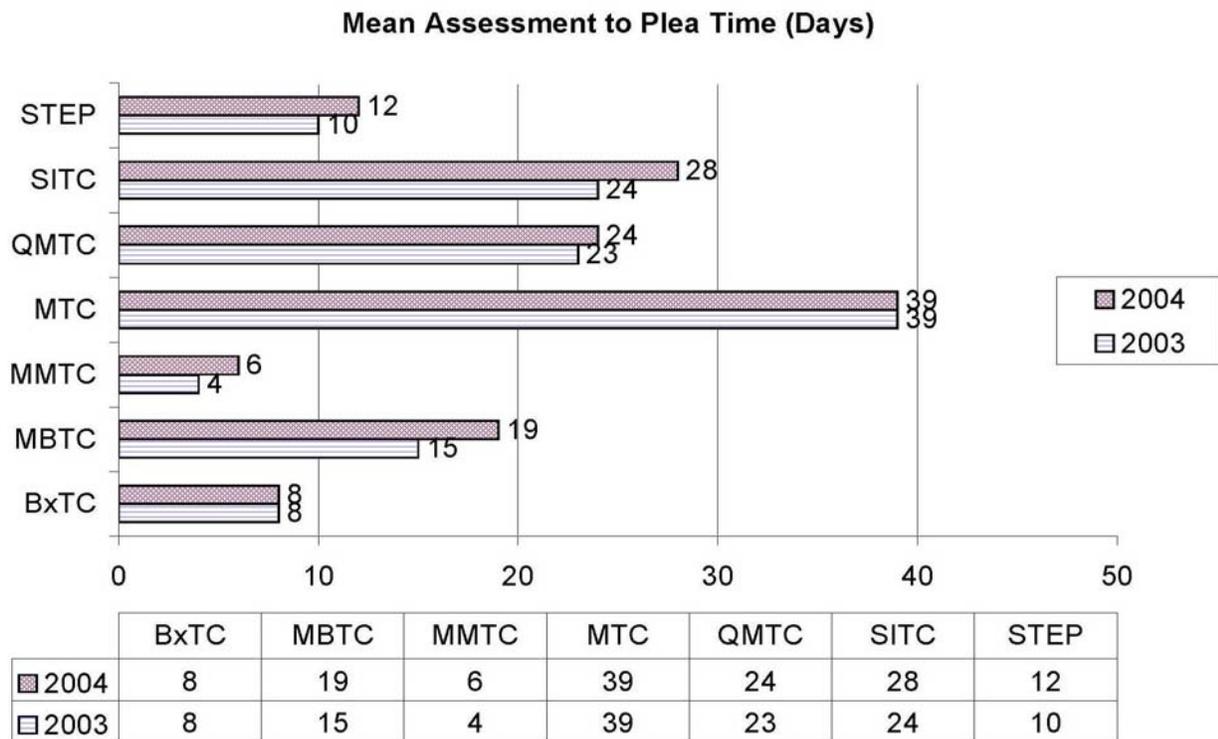
⁶⁹ Assessment date is defined as Universal Treatment Application Intake Date.

in SITC and MTC, and once referred, defendants can wait close to an additional month (on average) before executing a contract/plea agreement. See Charts 10.3 and 10.4.

Length of Time - Full Intake (Arrest to Plea)

The entire “intake” process, from arrest to plea, remains a challenge for some of the city’s treatment courts. Manhattan Treatment Court, for example, receives referrals solely from the Office of the Special Narcotics Prosecutor, which requires the plea to take place before assessment and placement. The requirement that all parties be present when the plea is taken and contract executed makes the intake process lengthy. As a result it takes, on average, over two months to execute a plea from the arrest date. See chart 10.5 for average length of time between arrest and plea.⁷⁰

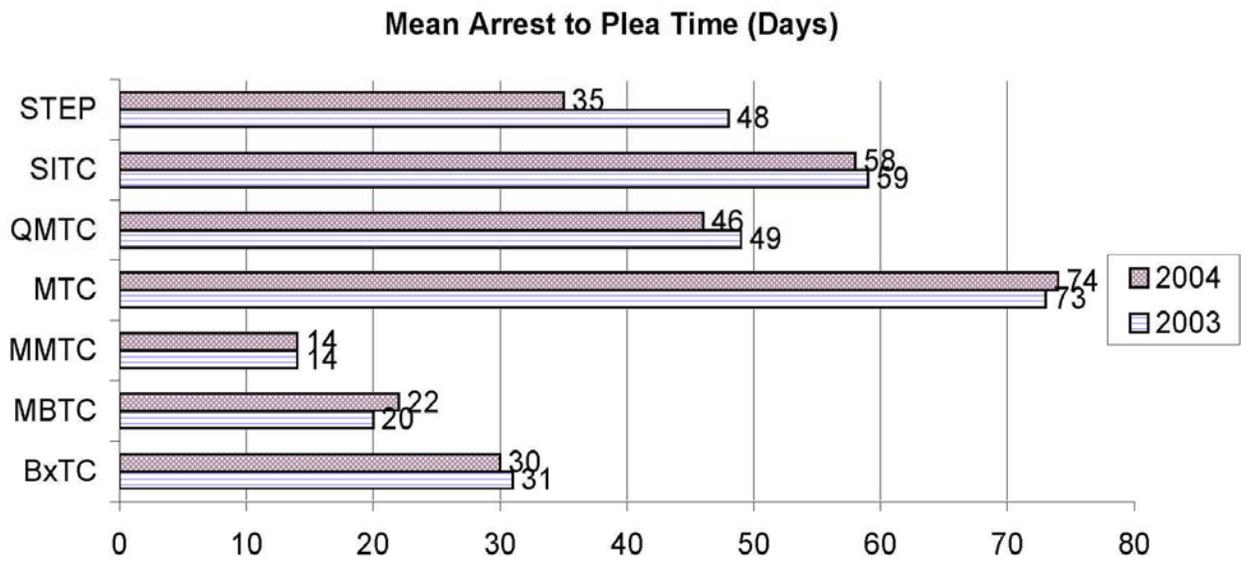
Chart 10.4⁷¹



⁷⁰ This figure is derived from calculating the time (in days) between arrest and plea. VOPs and VROWs are excluded from this calculation.

⁷¹ This figure is derived from calculating the time (in days) between assessment and plea. VOPs and VROWs are excluded from this calculation.

Chart 10.5



	BxTC	MBTC	MMTC	MTC	QMTC	SITC	STEP
2004	30	22	14	74	46	58	35
2003	31	20	14	73	49	59	48

Days

CHAPTER 11

OPERATIONAL CHALLENGES

COURT FREQUENCY AND CASELOAD

Court, judicial and personnel resources remain a challenge for some of the city’s drug courts. Table 11.1 lists court frequency for each court. Chart 11.2 shows the caseload for each drug court

Table 11.1

Court Name	Frequency of Court
Bronx Treatment Court	5 full days/week
Misdemeanor Brooklyn Treatment Court	5 full days/week
Manhattan Misdemeanor Treatment Court	Pleas - 5 days/week Compliance - 2 days/week
Manhattan Treatment Court	Pleas - 5 days/week Compliance - 1.5 days/week
Queens Misdemeanor Treatment Court	3 half days/week
Staten Island Treatment Court	1 full day/week
Screening, Treatment, Enhancement Part	5 full days/week

Chart 11.2

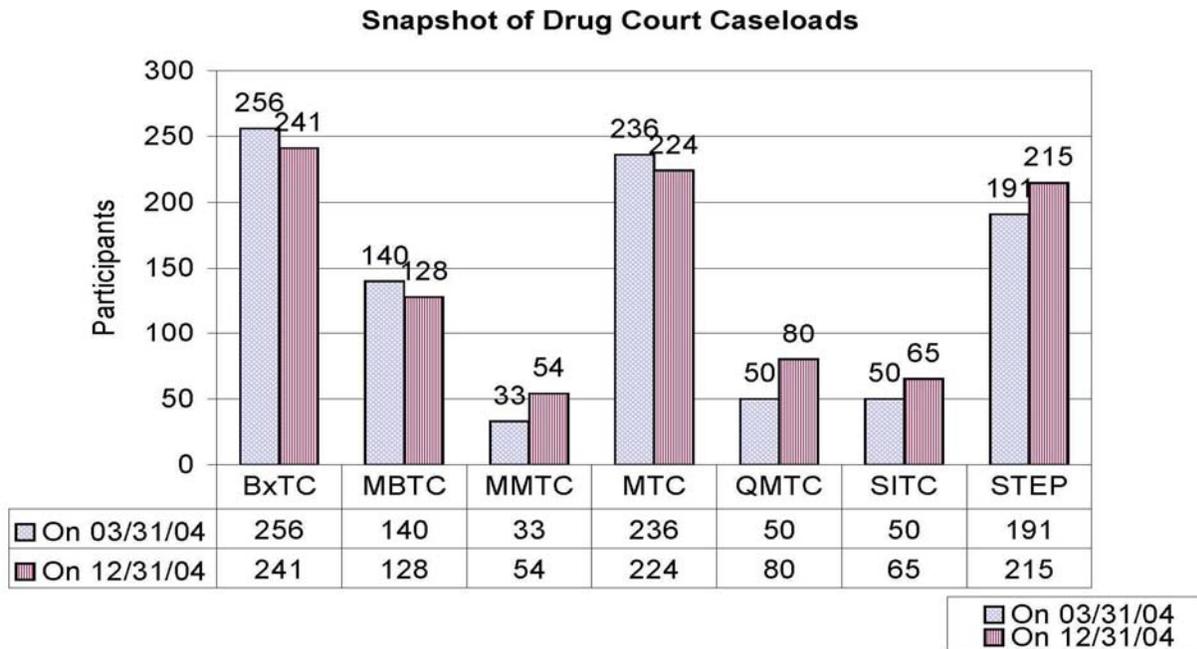


Table 11.3 represents the average number of cases each case manager supervises and Table 11.4 represents the average number of cases per clinician in each court.

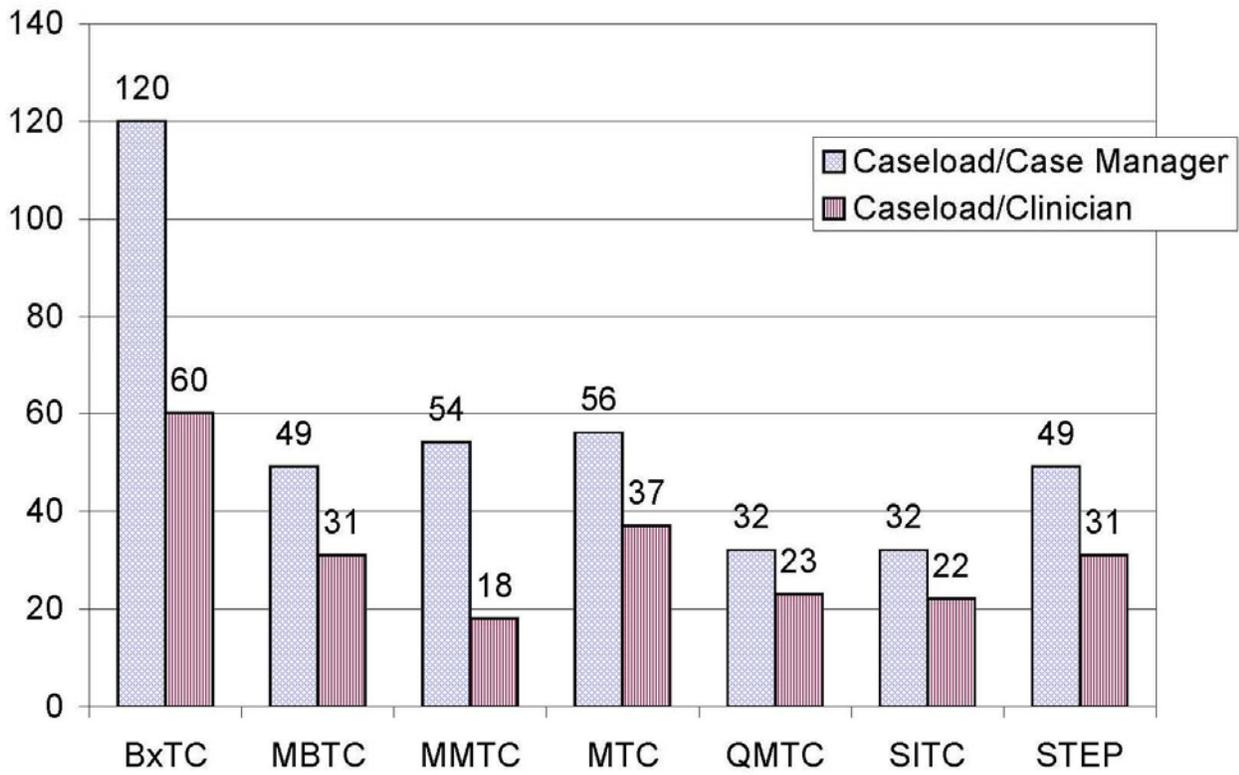
Court Name	Caseload/Court Case Manager (as of 12.31.04)
Bronx Treatment Court	120
Manhattan Misdemeanor Treatment Court	54
Manhattan Treatment Court	56
Misdemeanor Brooklyn Treatment Court	49
Queens Misdemeanor Treatment Court	32
Screening & Treatment Enhancement Part	49
Staten Island Treatment Court	32

Table 11.4

Court Name	Caseload/Clinician (as of 12.31.04)
Bronx Treatment Court	60
Manhattan Misdemeanor Treatment Court	18
Manhattan Treatment Court	37
Misdemeanor Brooklyn Treatment Court	31
Queens Misdemeanor Treatment Court	23
Screening & Treatment Enhancement Part	31
Staten Island Treatment Court	22

Table 11.5

Caseloads per Case Manager and Clinician



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Office of the Chief Clerk

Human Resources

Law Department

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Technology

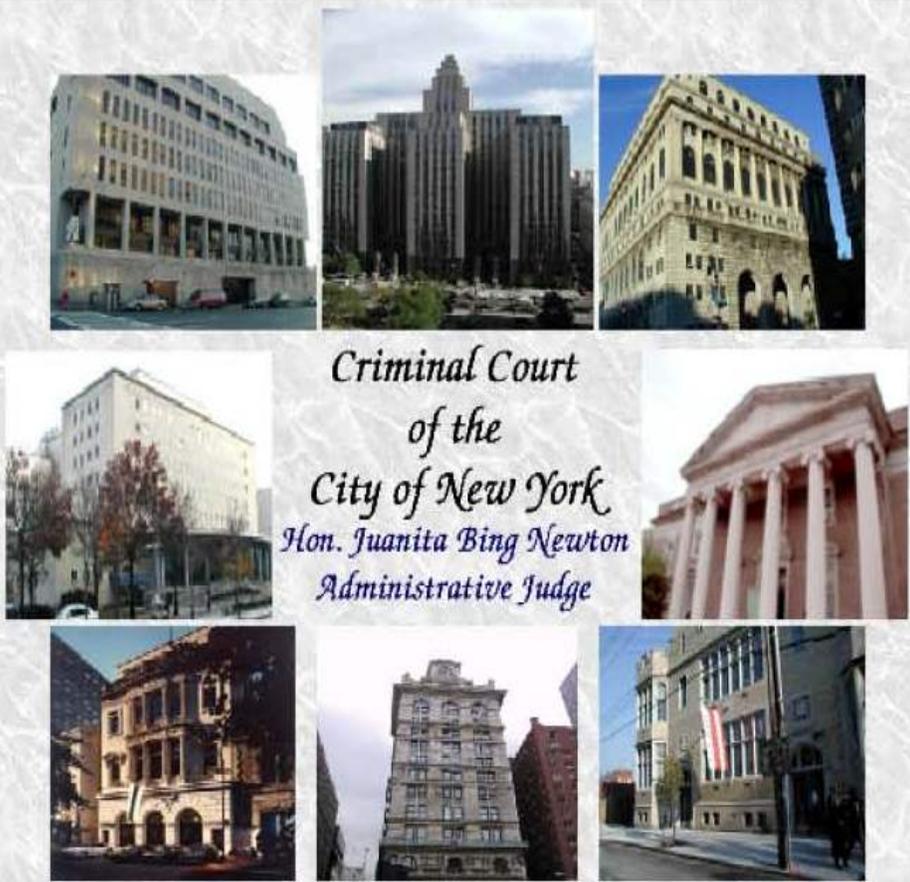
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