

# SUPERVISION

## MMTC Handbook - Guidelines and Program Information for Participants

**Comply with Drug and Alcohol Screening:**

One of the primary goals of MMTC is to help you remain abstinent from alcohol and all non-prescribed drugs. A positive test or admission of substance use may result in a sanction, or change in treatment. Repeated substance use may result in termination from MMTC. Drug and alcohol tests will be conducted at your drug treatment facility and at MMTC. You will be tested throughout all 4 phases of MMTC.

**Be Law Abiding:**

You are required to refrain from further violation of the law. Additional offenses may result in termination from MMTC.

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**Support Services**

MMTC Support Services are available to you and your family. These services will help you to overcome stress, problems and conflicts that may block your recovery process.

The MMTC team recognizes that recovery is not an easy process, but we support your effort and courage to change.

Together, we can make it work.

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**Health**



Developing positive health habits and knowing how to handle physical and emotional setbacks are essential for your success in recovery.

MMTC can help you obtain certain health services:

- Doctor and dentist referrals
- TB (tuberculosis) screening
- Referrals for testing for STD's (sexually transmitted diseases), Hepatitis and HIV
- Referrals for pregnancy testing
- Health and nutritional counseling

You will be expected to follow through on any treatment recommendations. You may also be asked to provide documentation to the court of medical conditions or appointments. Any prescribed drugs must be reported to your Case Manager.

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**Education**

MMTC will help you meet your educational, vocational and employment goals.

Educational referral services include preparation for:

- GED: work toward your high school equivalency diploma.
- Vocational: we can help you find training in many fields, from food service and hairdressing to computer technology and auto mechanics.
- College: if you are ready to take this step, we can help you with decisions about when and where to go and how to afford it.



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**Employment**

Finding and keeping a job that you like is an important part of building lasting success in recovery.

Employment referral services include:

- Job readiness training
- Resume writing
- Interviewing skills
- Job referrals

Information will also be provided on how to:

- Obtain proper clothing for the workplace
- Arrange for childcare if required
- Arrange for transportation if required



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**Alumni**

The MMTC Alumni Association is run by MMTC graduates for MMTC graduates. The following are some of the activities that you can become involved in as a member of the Alumni Association:

- Participate in MMTC's Alumni Support Network
- Be a "Buddy" to new MMTC clients who may need your help
- Attend informational workshops
- Networking



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# Policy and Procedures Manual

**Manhattan Misdemeanor Treatment Court**  
 Criminal Court of the City of New York  
 60 Lafayette, 3A  
 New York, NY 10013





**1. Appear in Court as Scheduled**

You will be required to appear in front of the Judge on a regular basis. The Judge will be given progress reports regarding your drug and alcohol tests, attendance and participation in your treatment program. The Judge will ask you about your progress, and discuss any problems you may be having.

Depending on your situation, you may have to come to Court several times a month. As you make progress, your Court appearance schedule will be reduced.

**On the day of your Court Appearance, you must arrive at MMTC at 8:30am and stay until the Judge says that you can go.**

**2. Follow your Treatment Plan**

A Treatment Plan is developed after your assigned MMTC Case Manager has conducted an evaluation.

The Minimum Requirements of your Treatment Plan are:

- Attendance at a substance abuse treatment program as directed by your MMTC Case Manager and the Judge
- Regular drug and alcohol testing
- Attendance at an educational/vocational/employment program
- Participation in self-help groups

Your Case Manager will also help you with other areas of your life, according to your individual needs.

Your treatment schedule will vary according to your progress. It is your responsibility to keep all scheduled appointments and to **arrive on time**. You must review your treatment plan with your Case Manager and follow it carefully.



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**3. Complete MMTC Phases**

MMTC Phases are explained in the following pages. They are your steps to success.

**Remember that moving to the next Phase will be based on your own progress and your ability to stay focused on what you must do to meet all MMTC rules and expectations.**

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**Steps to Success!**

**MMTC Phases**

Your treatment plan begins with an Orientation session followed by 4 phases. Each phase consists of specific treatment goals, activities and requirements that you must meet in order to have the judge impose a non-jail sentence.

**Remember: If you miss appointments, use drugs and alcohol or ignore other requirements, you could be sanctioned and your time in MMTC could be longer.**

In all phases you must:

- Meet with your Case Manager as directed
- Attend Court as directed
- Submit to drug and alcohol testing as directed
- Follow your treatment plan as directed

**Your Case Manager and Treatment Provider must recommend to the Judge that you are ready to move to the next phase.**

**Orientation**

You will be required to attend orientation with a MMTC staff member. During this orientation, the details of each MMTC phase will be explained.

You will be able to ask questions about any issue related to MMTC. Legal questions about your case should be directed to your attorney.

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**PHASE I**

**Choice**

All clients enter MMTC in Phase I. Phase I begins after you sign your MMTC contract. It will last a minimum of 30 days. A positive drug or alcohol test may result in extension of time in a phase and may also result in a sanction.

**The focus of this phase is to help you:**

- Work toward a drug and alcohol-free life
- Establish a foundation for abstinence

**The objectives include:**

- Getting entitlements
- Health care
- Detoxification and abstinence
- Referral and admission to a community-based treatment program
- Attendance at a minimum of 8 self-help meetings within the first 30 days (except if you are in an inpatient program)
- Early recovery work

To advance to Phase II, you must meet all Phase I requirements. They are:

- Comply with the Treatment Plan that was worked out with case manager and the Judge
- Make all Court and case management visits
- 30 days consecutively clean and sanctionless time
- Move toward obtaining self-help home group and a sponsor
- Enrollment and continued participation in self-help groups (unless currently in a residential treatment setting)
- Submit a verbal application for Advancement

**Remember that your moving to the next phase is based on the Choices you make.**

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**PHASE II**

**Challenge**

Phase II will last a minimum of 60 days. A positive drug or alcohol test may result in extension of time in a phase and may also result in a sanction.

**The focus of this phase is to:**

- Stabilize you in treatment
- Challenge you to confront underlying issues surrounding addiction
- Help you rise to the Challenge of recovery as a way of life
- Obtain a self-help home group

**The objectives include:**

- Goal setting for education and employment
- Continued participation in treatment plan, and participation in a minimum of 20 self-help meetings a week
- Identification of community supports
- Re-connection with family
- Begin attendance at:
  - parenting skills
  - anger management
  - domestic violence groups

To advance to Phase III, you must meet all Phase II requirements. They are:

- Continue to comply with the Treatment Plan that was worked out with case manager and the Judge
- Make all Court and case management visits
- Submission of a written Application of Advancement to Phase III
- 60 days of clean and sanctionless time
- Obtain a sponsor

**Remember that your moving to the next phase is based on how you deal with the Challenge of Recovery.**

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**MMTC SANCTION SCHEME FOR PHASE I AND PHASE II PARTICIPANTS**

| Infraction   | Court Imposed Sanction  | Mandatory Action  |
|--|---|---|
| <b>New Arrest (Non-Violent)</b>  | <b>JAIL</b><br>Number of Days at Judge's Discretion<br>Loss of Current Phase                          | <b>Full Treatment Plan Review</b>   |
| <b>Level 1</b><br>Every Level 1 infraction will result in a sanction.  | <b>Sanction:</b><br>1-14 days jail  | <b>At Every Sanction:</b><br>Full Treatment Plan Review<br>Return to Treatment of Phase   |
| <b>Level 2</b><br>Absence or Termination from Program with Voluntary Return to Court or Voluntary Return after 3 Days  | <b>Sanction:</b><br>1-14 days jail  | <b>At Every Sanction:</b><br>Client may attend the program. If not, continue to voluntary participation. Must not be arrested in MMTC program or in court appearance 30 days. |
| <b>Level 3</b><br>Substantiated or Suspended Drive   | <b>Sanction:</b><br>1-14 days jail  | <b>At Every Sanction:</b><br>Full Treatment Plan Review<br>Return to Treatment of Phase   |
| <b>Level 4</b><br>Any of the following Level 2 infractions within a 30 day period will result in a Court Imposed Sanction, every subsequent infraction within Phase I or Phase II will result in a graduated sanction. | <b>Sanction:</b><br>2 Days Mandatory Jail<br>Number of Days at Judge's Discretion<br>Increase in Time | <b>At Every Sanction:</b><br>Full Treatment Plan Review<br>Return to Treatment of Phase   |
| <b>Level 5</b><br>Missed Appointment   | <b>Sanction:</b><br>Increased Case Management Visits  | <b>At Every Sanction:</b><br>Return to Treatment of Phase   |
| <b>Level 6</b><br>Slip or Missed Drive   | <b>Sanction:</b><br>Increased Treatment Attendance  | <b>At Every Sanction:</b><br>Return to Treatment of Phase   |
| <b>Level 7</b><br>State Drinking at Program (not meeting at treatment)   | <b>Sanction:</b><br>1-7 days jail   | <b>At Every Sanction:</b><br>Return to Treatment of Phase   |
| <b>Level 8</b><br>Failure of Latrine for Case Manager Monitor  | <b>Sanction:</b><br>1-14 days jail  | <b>At Every Sanction:</b><br>Return to Treatment of Phase   |
| <b>Level 9</b><br>Absence or Termination from Program with Voluntary Return to Court within 3 Days   | <b>Sanction:</b><br>1-14 days jail  | <b>At Every Sanction:</b><br>Return to Treatment of Phase   |
| <b>Level 10</b><br>Absence or Termination from Program with Voluntary Return to Court after 3 Days   | <b>Sanction:</b><br>1-14 days jail  | <b>At Every Sanction:</b><br>Return to Treatment of Phase   |

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**SUPERVISION**

*MMTC Handbook - Guidelines and Program Information for Participants*



**Handbook for Participants**

Guidelines and Program Information

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Partnerships: New York County Defender Services, New York County District Attorney's Office, Legal Aid Society  
Our thanks to the Brooklyn Treatment Court for providing assistance in developing this handbook.

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**Welcome to the Manhattan Misdemeanor Treatment Court (MMTC)**

This handbook is designed to:

- ? Answer questions
- ? Address concerns
- ? Provide information about MMTC

As a participant in MMTC, you will be required to follow the instructions given in court by the Judge and comply with the treatment plan developed for you by your Case Manager. This handbook will explain what is expected of you. It will also provide general program information.

**Ask your Case Manager or Defense Attorney to explain to you anything in this handbook that you do not understand!**

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**What is MMTC?**

MMTC is a special part of the Manhattan Criminal Court. It is a court-supervised program for those arrested and charged with misdemeanors in Manhattan, who also have a drug or alcohol addiction. MMTC's program includes regular court appearances before the Judge.

Following your arrest, you were offered the choice of participating in MMTC or having your case proceed as part of the regular court process. If you are an addict and/or alcoholic, eligible for treatment, your Case Manager will develop a treatment plan for you. While you are in treatment, the Judge and your Case Manager will monitor your progress.

**What do I have to do?**  
MMTC participants are required to sign a contract in court. This contract is an agreement between you and the Judge. It explains what is expected of you and what will happen if you do not follow the rules. The Judge will also sign the contract. The contract is written specifically for you based on your current charges and your prior criminal history. Before you sign your contract, you will have an opportunity to review it with your Defense Attorney and have your questions answered. MMTC participants are required to attend treatment as directed by your MMTC Case Manager and the Judge, and to remain drug and alcohol-free and live a law-abiding life.

**How long will I be involved in MMTC?**  
The amount of time you spend in MMTC is determined by your plea and by your individual progress. Most participants will spend approximately one year with MMTC. *SOME, BUT, SOMELESS*, it all depends on the effort you put into treatment and your progress.

If you have any questions regarding your specific situation, speak to your Case Manager or your Defense Attorney.

**Discharge or Voluntary Withdrawal from MMTC will result in sentencing on the charges to which you pled at the time you signed your contract.**

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**What's in it for me?**

**Incentives & Rewards**

MMTC acknowledges compliance in the following ways:

- ✓ 30 day acknowledgement
- ✓ 60 day acknowledgement
- ✓ 90 day journal
- ✓ Phase advancement certificate
- ✓ Public recognition

**No Jail Sentence**

Successful completion of MMTC will result in a final sentence on your case that does not include jail.

**MMTC gives you the Opportunity to:**

- ✓ Develop job skills
- ✓ Rebuild family and community ties
- ✓ Live a drug, alcohol and crime-free life

**A New Beginning**

MMTC offers you the chance to move forward in your life.

On the following pages, you will find information on the resources you will need to succeed. Remember that there are many people who make up the MMTC Team, and they all want to see you succeed. If you take advantage of the assistance offered, you will discover many ways to make a better life for yourself.

While we recognize that addiction is a treatable disease, it is important for you to remember that you are in MMTC because of criminal behavior.

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**Rules:**

**What are the rules of MMTC?**

To remain in MMTC you are required to follow these rules:

1. **Appear in Court as scheduled:**  
You must attend all scheduled court appearances.
2. **Follow your Treatment Plan:**  
You must attend all Case Manager, treatment and support services appointments.
3. **Complete all four phases of MMTC:**  
You must successfully complete all four phases of MMTC for the Judge to impose a non-jail sentence.
4. **Live a law-abiding life**

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**SUPERVISION**

*Metrocard Reimbursement*

SAMPLE

**MMTC METROCARD LOG**

Case Manager: \_\_\_\_\_

# of Metrocards received: \_\_\_\_\_

Date replenished : \_\_\_\_\_

| Clients Name | # of Metrocards Received | Signature (required) | Date |
|--------------|--------------------------|----------------------|------|
|              |                          |                      |      |
|              |                          |                      |      |
|              |                          |                      |      |
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|              |                          |                      |      |
|              |                          |                      |      |
|              |                          |                      |      |

**MISSION STATEMENT**

The Manhattan Misdemeanor Treatment Court (MMTC) is a cooperative effort committed to breaking the cycle of the substance abuser's escalating involvement with the Criminal Justice System. The Manhattan Misdemeanor Treatment Court uses the authority of the Court to introduce misdemeanor offenders to the benefits of substance abuse treatment and the desirability of leading a drug-free, law abiding life. It is our belief that this cooperative effort will reclaim the lives of those struggling with addiction and enhance our community by promoting sobriety and reducing recidivism.





**Last Updated:  
November 14, 2008**

If there are any questions pertaining to this manual, please contact :

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New York, NY 10013

You may access this report at [www.nycourts.gov/nycdrugcourt](http://www.nycourts.gov/nycdrugcourt)  
or on Criminal Court's intranet site <http://crimweb>

## SUPERVISION

### *Metrocard Reimbursement*

MMTC provides MetroCard (train fare) to participants who have taken a plea and have no income, and need transportation assistance to get to and from appointments that will keep them in compliance with their court mandate. Using the form attached, MMTC Case Managers can distribute MetroCards using their discretion according to the need of the participant.

- MetroCards can be given to participants who have been released from jail and need transportation to get home or to treatment.
- MetroCards can be given to participants who do not have an income and have provided proof that they applied for Public Assistance/HRA benefits. Once they have provided the proof, the participant can be given MetroCards to get to and from MMTC appointments as well as other appointments (for example medical, identification) that are related to them entering treatment and maintain compliance with the court.

Information must be filled out completely before MetroCard is given to the participant. Case manager is responsible for securing their MetroCards.

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- Metrocards can be given to participants who do not have an income and have provided proof that they applied for Public Assistance/HRA benefits. Once they have provided proof, the participant can be given Metrocards to get to and from MMTC appointments as well as other appointments (for example medical, identification) that are related to them entering treatment and maintain compliance with the court.

Information must be filled out completely before MetroCard is given to the participant. Case manager is responsible for securing their MetroCards.



## SUPERVISION

### Universal Treatment Application- Treatment Programs

#### EXIT STATUS

Depending upon whether participants are able to answer these questions independently, or if case manager administers the questions as part of an exit interview, this tab consists of the information that the courts gather for research purposes. A participant's exit status used to summarize the personal achievements made by each participant in treatment court. This data must be entered within 72 hours of graduation and should be as comprehensive as possible.

| Exit Status   |  |
|---|--|
| Marital Status  | never married  |
| With whom is participant currently living?  | spouse   |
| Did Participant complete treatment program ?  | Yes - completed treatment, in aftercare                    |
| Obtained H.S. diploma/GED while in program?   | NA - had H.S. diploma/GED when entered program             |
| Currently attending school?   | No   |
| Current employment status?  | Full time employment                                       |
| Completed vocational training?  | Yes  |
| Steady volunteering?  | <input type="radio"/> Y <input type="radio"/> N            |
| Receiving government assistance?  | <input checked="" type="radio"/> Y <input type="radio"/> N |
| Receiving medicaid?   | <input checked="" type="radio"/> Y <input type="radio"/> N |
| Pregnant while in program?  | NA - male participant                                      |
| If yes, birth of a drug free baby?  |  |
| Change in custodial status of children?   | NA - does not have children                                |
| Was participant attending self-help groups while in the drug court program / at time of | <input checked="" type="radio"/> Y <input type="radio"/> N |
| Will participant be in contact with a support group after exiting the program?          | <input checked="" type="radio"/> Y <input type="radio"/> N |
| Does participant have a sponsor at the time they are exiting the program?               | <input checked="" type="radio"/> Y <input type="radio"/> N |
| Valid drivers license?  | No   |

Case Managers are responsible for maintaining this information as it applies to their participant.

## INTRODUCTION

The Manhattan Misdemeanor Treatment Court (MMTC) provides court-supervised substance abuse treatment for drug-addicted persistent misdemeanor offenders. MMTC refers eligible defendants to community based treatment. The Court uses intensive judicial monitoring and case management to ensure compliance and track a participant's progress. Working with the District Attorney's Office, Department of Probation, parole, defense attorneys and treatment providers, MMTC has developed a system of graduated sanctions and rewards and follows the classic drug treatment court model.

## OVERVIEW

The screening process begins with a paper screening at arraignments where the court clerks identify all defendants who are charged with a designated misdemeanor offense; have nine or more convictions and/or is on Probation or Parole; and have no prior violent felony convictions or pending violent charges. The Arraignment Part adjourns all "paper eligible" cases to MMTC (Part SA) for the next business day. There the District Attorney and MMTC review the charges for preliminary consent to a treatment alternative; interested defendants are assessed by clinical staff designated by the Court. Upon completion of the assessment, treatment plan and a court mandate, 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 receive a conditional discharge; those who fail to complete the court mandate are sentenced to a period of incarceration.

## PRELIMINARY ELIGIBILITY CRITERIA

1. Defendant must be charged with a non-violent class "A" misdemeanor; **and**
2. Defendant must have 9 or more felony and/or misdemeanor convictions AND/OR Defendant must be on Probation or Parole; **and**
3. Defendant must have no violent felony convictions AND Defendant must have no arson or sex crime convictions.

*Note: Releases of Confidentiality will be executed when the defendant is assessed.*



## INTAKE

Cases adjourned to MMTC are evaluated by the District Attorney's Office and MMTC court staff and assessed for substance abuse treatment by a case manager. The case manager conducts a detailed psychosocial assessment using the Universal Treatment Application. If the District Attorney consents and the defendant is eligible for treatment, an offer is made. The defendant will typically be required to plead guilty to a class "A" misdemeanor and the Court defers sentence pending successful completion of a treatment program. If the defendant completes the court mandate, he/she receives a sentence of a conditional discharge.

## CASE MANAGEMENT

If a defendant pleads guilty and agrees to participate, the case manager will make the necessary referrals and placement to treatment and help the Court monitor treatment progress.

## TREATMENT PROVIDERS

MMTC has created linkages with approximately 45 community based treatment providers who will be accepting referrals from our case management staff. These providers include detox services, short term rehabilitation, outpatient and long term residential programs moving towards education and vocational training which are part of the Court's graduation requirements. Treatment Modalities MMTC case management staff will make treatment recommendations according to the individual needs of defendant. Treatment might consist of detox, short-term rehabilitation, out-patient or residential programs or a combination of treatment modalities.

## LENGTH OF TREATMENT

Participants must complete a minimum of eight months of treatment. MMTC requires that its participants progress through four phases of treatment.

## SUPERVISION

*Universal Treatment Application- Treatment Programs*

## TREATMENT PLAN

This tab includes information pulled from other data fields (court dates, release status, treatment program) as well as data that is entered directly (phase, band id, in fractions/sanctions, achievements/rewards, and a treatment summary). Case managers, and resource coordinators are responsible for entering data into this tab each time there is a change in treatment modality, band id, phase advancements or demotions, infraction with corresponding sanctions, achievements with corresponding rewards, and treatment summaries, as reviewed by the resource coordinators.

The screenshot displays the 'Treatment Plan' tab in a software application. At the top, there's a menu bar with 'File', 'Go To', 'Social-Services', 'Onsite-Services', 'Window', and 'Help'. The main area is divided into several sections:

- Court Dates:** 'Next' is 12/15/2005, 'Last' is 00/00/0000.
- Release Status:** A green button labeled 'Released'.
- Case Manager:** A text field containing 'z\_none'.
- Open Status:** A yellow button labeled 'Pending' with a 'Change' button next to it.
- Band:** A section with 'Recommendation' and a date '12/17/2004'. Below it are 'Detail', 'Confirm', and 'Delete' buttons.
- Treatment Summary:** A large empty text area.
- Note Date:** 12/15/2005 with up/down arrows and a folder icon.
- Treatment Program:** 'Addicts Rehabilitation Center' and 'Intensive outpatient starting 12/17/2004'. An 'RC Confirm' button is to the right.
- Table:** A table with columns 'Date', 'Event', 'Date', and 'Response'. One row shows '12/17/2004' and 'Dirty/missed urine'.
- Bottom Buttons:** 'Infraction', 'Achievement', 'Sanctions', 'Rewards', 'Edit Case', 'Case Notes', 'Save', 'Print', and 'Close'.

Case Managers are responsible for maintaining this information as it applies to their participant.



## SUPERVISION

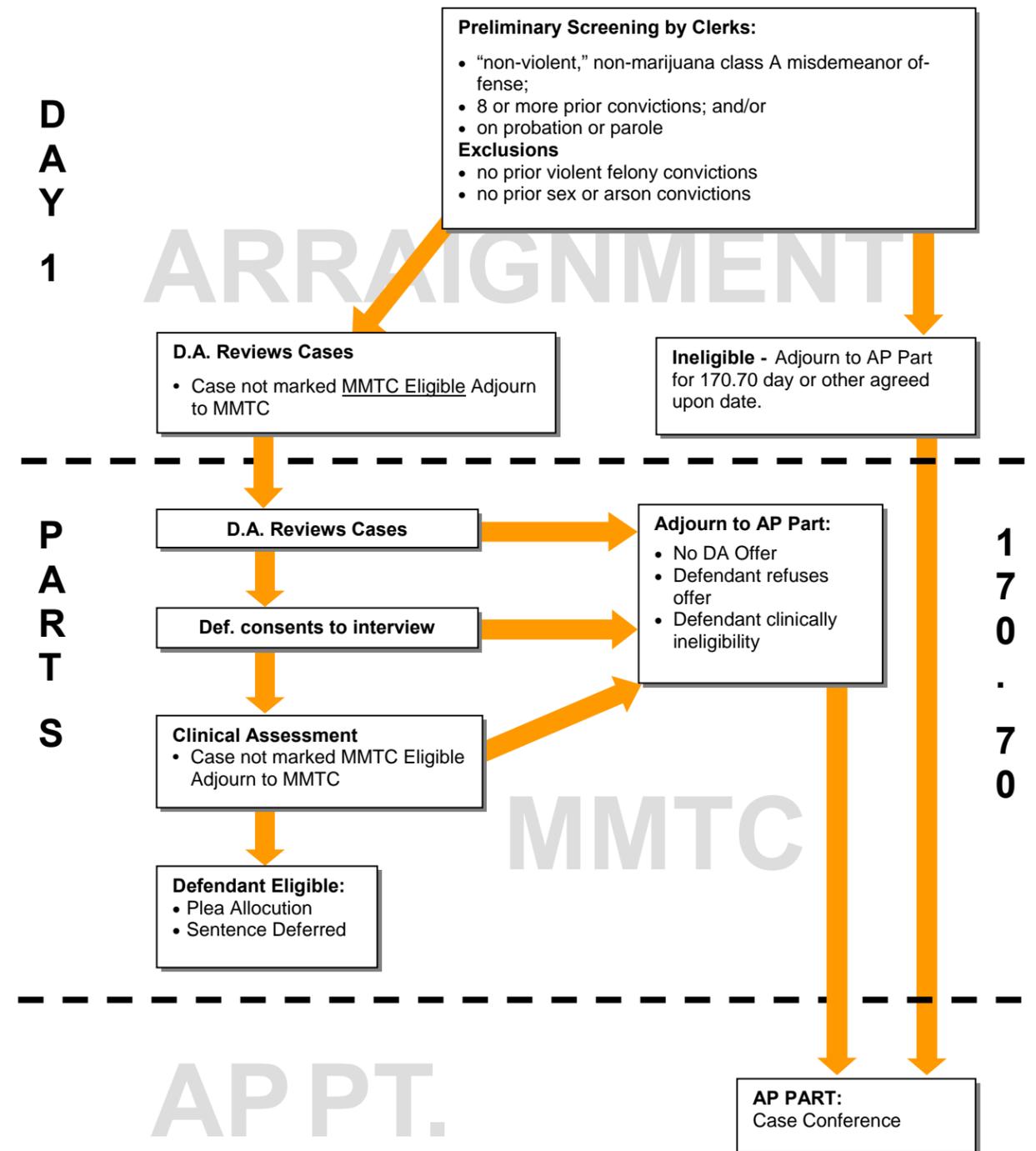
Universal Treatment Application- Treatment Programs

### ONSITE SERVICE

This tab should be updated by a case manager each time an onsite service is provided to a participant. This can include phone calls, individual or group counseling.

Case Managers are responsible for maintaining this information as it applies to their participant.

## MMTC DAILY OPERATIONS



## SCREENING/ELIGIBILITY CRITERIA

### MANHATTAN MISDEMEANOR TREATMENT COURT

#### ELIGIBILITY FOR TREATMENT COURT

- CHARGED WITH A “NON-VIOLENT” CLASS A MISDEMEANOR
- HAS 3 OR MORE PRIOR ARRESTS

#### EXCLUSIONS

- VIOLENT FELONY CONVICTIONS
- PRIOR SEX OR ARSON CONVICTIONS
- DOMESTIC VIOLENCE

#### Ineligible “Violent” Misdemeanor Offenses

|             |                          |             |                       |
|-------------|--------------------------|-------------|-----------------------|
| §110/120.12 | ATT AGG ASSAULT          | §110/150.05 | ATT ARSON 4°          |
| §120.00     | ASSAULT 3°               | §195.06     | KILL/ INJUR. POL. ANI |
| §120.14     | MENACING 2°              | §195.12     | HARMING ANIMAL        |
| §120.16     | HAZING 1°                | §205.05     | ESCAPE 3°             |
| §120.20     | RECKLESS ENDANG.         | §110/205.10 | ATT ESCAPE 2°         |
| §120.45     | STALKING 3°              | §206.16     | ABS. TEMP. REL. 2°    |
| §110/120.55 | STALKING 2°              | §205.18     | ABS. FURLOUGH         |
| §110/125.40 | ATT ABORTION 2°          | §205.20     | PROM. PRIS. CON 2°    |
| §125.55     | SELF-ABORTION 1°         | §215.50     | CRIM. CONTEMPT 2°     |
| §130.52     | FORCIBLE TOUCHING        | §240.30     | AGG. HARASS. 2°       |
| §130.20     | SEXUAL MISCONDUCT        | §260.10     | ENDANG. WELFARE       |
| §130.60     | SEXUAL ABUSE 2°          | §260.25     | ENDANG. WELFARE       |
| §135.05     | UNLAW. IMPRISON. 2°      | §265.01     | CRIM POSS WEAP 4°     |
| §135.10     | ATT UNLAW. IMPRISON. 1°  | §265.17     | CRIM. PURCH. WEAP     |
| §135.45     | CUSTOD. INTERFER. 2°     | §265.10     | MANUF. WEAPONS        |
| §110/135.50 | ATT CUSTOD. INTERFER. 1° | AC§10-135   | STUN GUNS             |
| §150.01     | ARSON 5°                 | AC§10-303.1 | ASSAULT WEAPONS       |

MMTC 1001 (10/08)

**Note:** Upon defense attorney request and ADA consent, the court may adjourn a case to MMC where the defendant is changed with an ineligible misdemeanor offense, if all other eligibility criteria are met.



## SUPERVISION

Universal Treatment Application- Treatment Programs

### SOCIAL SERVICES

This tab should be updated by a case manager if a participant is referred for ancillary services and each time a participant appears at an ancillary service provider.

Case Managers are responsible for maintaining this information as it applies to their participant.



## SUPERVISION

Universal Treatment Application- Treatment Programs

### TREATMENT PROGRAMS

This tab should be updated by a case manager each time a participant appears at their treatment program. Specific treatment provider information is located here as well as the treatment modality type and start date in such program.

| Court Dates       | Compliance | Drug Tests | Treatment Programs | Social Services |
|-------------------|------------|------------|--------------------|-----------------|
| <b>Attendance</b> |            |            |                    |                 |
| 08/29/03          | Attended   |            |                    |                 |
| 08/28/03          | Attended   |            |                    |                 |
| 08/27/03          | Attended   |            |                    |                 |
| 08/26/03          | Attended   |            |                    |                 |
| 08/25/03          | Attended   |            |                    |                 |
| 08/22/03          | Absent     |            | Group Counseling   |                 |
| 08/21/03          | Attended   |            |                    |                 |
| 08/20/03          | Absent     |            | Group Counseling   |                 |
| 08/19/03          | Attended   |            |                    |                 |
| 08/18/03          | Attended   |            |                    |                 |
| 08/14/03          | Attended   |            |                    |                 |
| 08/13/03          | Attended   |            |                    |                 |
| 08/12/03          | Attended   |            |                    |                 |
| 08/11/03          | Attended   |            | it was late        |                 |
| 08/08/03          | Attended   |            |                    |                 |
| 08/06/03          | Attended   |            |                    |                 |
| 08/05/03          | Attended   |            |                    |                 |
| 08/04/03          | Excused    |            |                    |                 |
| 08/01/03          | Excused    |            |                    |                 |

| Treatment Programs                    |
|---------------------------------------|
| Daytop Village - Adolescent Residence |
| Alpha School Inc.                     |

Start Date: 05/01/2003  
Modality: Intensive outpatient  
Non-compliance with program rule

2400 Linden Blvd. Brooklyn, N.Y. 11208

Phone (718) 257-5800 Fax (718) 649-7040

Operates  
Facility Type: outpatient  
Treatment: Yes  
Social Services: No

New Delete Modify Programs Rolodex

Edit Case Treatment Plan Case Notes Save Print Close

Case Managers are responsible for updating treatment information.

## SCREENING PROTOCOL

### ARRAIGNMENT CLERK

#### Pre-arraignment

1. Review Complaint and Rap Sheet using appropriate eligibility criteria to determine eligible charges and criminal history.
2. If eligible, mark the following with appropriate stamp (MMTC eligible):
  - a. Court papers
    - i. blue back
  - b. Defense attorney's copy of the complaint
  - c. District Attorney's folder

**MMTC ELIGIBLE**

#### Court Officer (Arraignments)

3. When distributing court papers notify defense attorney of Treatment Eligible cases
4. If case is appropriately marked, when calling case into the record Bridge Officer should state one of the following: "Defendant is QTC eligible," "Defendant is MMTC eligible."
5. Ensure that all treatment cases are adjourned for the next business day.

**Note:** Once papers have been marked MMTC eligible, all case un-disposed of at arraignments **must** be adjourned to the marked treatment part. (Only the judge, in his/her discretion, may adjourn the case to an alternate part. Refusal by defendant or the district attorney should not prevent the case from being adjourned to the marked treatment part).

#### Resource Coordinator

##### Pre-Assessment

6. Initialize case into the UTA.
  - Contact Assistant District Attorney for new defendant's eligibility status and plea bargain offers.
7. Close out D.A. ineligible cases in the UTA.
8. Assign clinical assessments of new cases to case manager using established procedures.



## SCREENING PROTOCOL

### Resource Coordinator

#### **Post-Assessment**

9. Edit and finalize treatment plan, confirm treatment plan on UTA and publish it electronically and print out treatment plan/recommendation from UTA and distribute to judge, assistant district attorney and defense counsel.
10. Remain available for conference with judge, assistant district attorney and defense counsel concerning plea bargain offer and treatment plan

#### **For candidates accepting treatment offer**

11. Place the treatment plan on the record at beginning of plea allocution.
12. Notify clinical staff of plea and relay court's instructions regarding placement and referral in writing and verbally if warranted.
13. Update case status and make appropriate notes in UTA.

#### **For candidates refusing treatment offer**

14. Place the treatment plan on the record.
15. Notify clinical staff of refusal and any instructions by court.
16. Update case status and make appropriate notes in UTA.

### Lab Technician

17. Obtain list of all eligible candidates and their assigned case manager.
18. Take attendance of all released candidates using sign-in sheet.
19. Place name of each eligible candidate on an individual sample cup.
20. Ensure that each candidate confirms that the cup that they receive is marked with their name.

#### **Released Candidates**

21. For gender appropriate candidates, obtain monitored urine sample
22. For candidates of the opposite gender, notify on-call gender appropriate staff member to obtain monitored urine sample.



## SUPERVISION

### *Universal Treatment Application- Drug Tests*

### **DRUG TESTS**

This tab will be updated by the authorized personnel each time a drug test is administered to a participant. Drug test history will be listed for the user to review, and the data entered here will also appear in the Compliance tab.

| Test Date      | Not Collected | TH    | He    | Co  | Be    | Am    | PC    | Al    | Me    | Ba    | PM    | Forgiven                 |
|----------------|---------------|-------|-------|-----|-------|-------|-------|-------|-------|-------|-------|--------------------------|
| Fri 12/17/2004 |               | Green | Green | Red | Green | <input type="checkbox"/> |

**Key**  
THC = THC He = Heroin Co = Cocaine Be = Benzodiazepine Am = Amphetamine  
PC = PCP Al = Alcohol Me = Methadone Ba = Barbiturates Pm = Rx med.

Clean Days reset Date:   
Clean Days count: 0

**Case Managers are responsible for updating drug test results from both the treatment providers and onsite.**



## SUPERVISION

Universal Treatment Application- Compliance

### COMPLIANCE

This tab is automatically updated from other fields of data and gives a comprehensive picture of each participant's attendance and drug test result history

| Date       | Drug Test | Court | Detox | Treatment | Jail |
|------------|-----------|-------|-------|-----------|------|
| 12/17/2004 |           |       |       |           |      |

**Drug Test Results**

|                      |                       |                       |                       |                       |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| THC (marijuana):     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heroin (opiates):    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cocaine:             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Benzodiazepine:      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| PCP (phencyclidine): | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Amphetamine:         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alcohol:             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Methadone:           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Barbiturates:        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prescription Meds:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Not Collected:

Comments:

Onsite:

Edit Case | Treatment Plan | Case Notes | Save | Print | Close

## SCREENING PROTOCOL

### Lab Technician

23. Check temperature and, upon suspicion, creatinine levels of each sample to safeguard against candidate tampering.
24. Perform toxicology screen using Roche immunoassay test equipment per manufacturer's guidelines.

Enter toxicology results in the UTA

25. Report results to case manager and resource coordinator.

### Case Manager

26. Obtain list of day's assigned candidates

### Released Candidates

27. Conduct psychosocial assessment
28. Obtain toxicology results from lab technician

### Custodial Candidates

29. Check that candidate is gender appropriate.
30. Obtain test equipment with appropriate name from lab technician
31. Take custodial intake packet and test equipment to pens on 9th floor.
32. Conduct psychosocial assessment
33. Upon completion of psychosocial assessment, if the candidate is otherwise appropriate, obtain monitored urine sample.
34. Perform toxicology screen using Varian immunoassay test equipment per manufacturer's guidelines.
35. Note test validity and sample temperature on assessment.
36. Immediately note results on assessment
37. Note any suspicions concerning sample and report them to clinical director and lab technician



## SCREENING PROTOCOL

55. Upon return to the Treatment Center, report results and deliver testing equipment to lab technician for verification, UTA input and disposal.

### All Candidates

56. Verify identifications, community ties and medical and psychiatric information
57. Report eligibility status to resource coordinator
58. Submit Treatment Plan to resource coordinator

Revised 10/27/09

## SUPERVISION

### Universal Treatment Application- Court Dates

### COURT DATES

This tab includes defendant name, date of birth, arrest date, charge, nysid number, as well as case manager, attorney information, and case status. If a defendant has opted to participate in treatment court, *Drug Court Participant* must be checked "yes" and Case Status should be changed to "open." Release status must be updated on a regular basis depending on whether a participant is warranted, in jail, or released and must include a date. Case status will be updated to designate a participant as "closed," "ineligible," or "sealed." There will be a drop down menu for the user to choose which option best represents the reason for closure or ineligibility.

| Court Attendance |                   |        |         |
|------------------|-------------------|--------|---------|
| Date             | Court Disposition | Result | Comment |
| 12/15/05         | Open              |        |         |

| Court Mandate |             |                |        |
|---------------|-------------|----------------|--------|
| Arraign Typ   | Felony Drug | Jail Alt.      | 1 YEAR |
| Plea Date     | 00/00/0000  | DUI/DWI        | No     |
| Plea Type     |             | Adjudic.       | Post   |
| Tx Duration   | 12 months   | Probation Vio. | No     |
|               |             | Parole Vio.    | No     |
|               |             | Youth Offnd.   | No     |

New Delete

Edit Case Treatment Plan Case Notes Save Print Close

Resource Coordinator is responsible for updating court date information. This can include any notes/comments from the court.



## SUPERVISION

Universal Treatment Application- Assessment

## ASSESSMENT

| Physical Health                          | Medical              | Mental Health | Mental Two             | Trauma             | Drug Use           | Treatment History | Summary      | Assessment | Interview Summary |
|--|----------------------|---------------|------------------------|--------------------|--------------------|-------------------|--------------|------------|-------------------|
| <b>Demographics</b>                      | Identifications      | Residence     | Employment / Education | Finance / Services | Social Environment | Children          | Family Court |            |                   |
| <b>Demographics</b>                      |                      |               |                        |                    |                    |                   |              |            |                   |
| Last Name                                | TEST                 |               |                        |                    |                    |                   |              |            |                   |
| First Name                               | JOHN                 |               |                        |                    |                    |                   |              |            |                   |
| Middle Initial                           | Q                    |               |                        |                    |                    |                   |              |            |                   |
| Gender                                   | Male                 |               |                        |                    |                    |                   |              |            |                   |
| Maiden Name                              |                      |               |                        |                    |                    |                   |              |            |                   |
| Is the client known by a different name? | No                   |               |                        |                    |                    |                   |              |            |                   |
| AKA Last Name                            |                      |               |                        |                    |                    |                   |              |            |                   |
| AKA First Name                           |                      |               |                        |                    |                    |                   |              |            |                   |
| AKA Middle Initial                       |                      |               |                        |                    |                    |                   |              |            |                   |
| Referral Source                          | prosecuting attorney |               |                        |                    |                    |                   |              |            |                   |
| Does client speak another language?      | Yes                  |               |                        |                    |                    |                   |              |            |                   |
| Does the client require an interpreter?  | No                   |               |                        |                    |                    |                   |              |            |                   |
| Interpreter Language                     |                      |               |                        |                    |                    |                   |              |            |                   |
| Ability to read English is:              | Fair                 |               |                        |                    |                    |                   |              |            |                   |
| Ability to write English is:             | Fair                 |               |                        |                    |                    |                   |              |            |                   |
| Date of Birth                            | 01/01/1950           |               |                        |                    |                    |                   |              |            |                   |
| Age                                      | 54                   |               |                        |                    |                    |                   |              |            |                   |
|  |                      | Close         |                        | Case Notes         |                    |                   |              |            |                   |

Case Managers are responsible for inputting assessment and updating information.



# MMTC CLINICAL STAFF



## MMTC CLINICAL STAFF

### Project Director Management Analyst JG-25

Typical Background:

- advanced degree (Master's level)
- clinical (substance abuse treatment) and/or court experience

Responsibilities Include:

- supervise clinical staff (resource coordinator, case assessors/managers, lab technicians, data entry) of one or two drug courts
- maintain working relationship with courtroom staff
- assist in developing policies and procedures
- staff training
- maintain treatment provider network and ensure compliance with court requirements

### Operations Director Principal Court Analyst JG-23

Typical Background:

- college degree
- clinical (substance abuse treatment) experience
- certifications (CASAC)

Responsibilities Include:

- primary liaison between the court, the district attorney, defense bar, court and clinical staff and treatment providers.
- spends most of every workday in the courtroom
  - entering new cases in to the court's data base,
  - assigning work to clinical staff,
  - editing and distributing progress reports,
  - contacting treatment providers,
  - distributing relevant information to appropriate parties,
  - giving recommendations to the Court on treatment issues, including possible sanctions, rewards and modifications to treatment plans,
  - relaying court instructions to the clinical staff,
  - supervise staff in the absence of Director.



## SUPERVISION

Universal Treatment Application- Edit Case

### EDIT CASE

This tab includes defendants name, date of birth, arrest date, charge, nysid number, as well as case manager, attorney information, and case status. If a defendant has opted to participate in treatment court, *Drug Court Participant* must be checked "yes" and Case Status should be changed to "open." Release status must be updated on a regular basis depending on whether a participant is warranted, in jail, or released and must include a date. Case status will be updated to designate a participant as "closed," "ineligible," or "sealed." There will be a drop down menu for the user to choose which option best represents the reason for closure or ineligibility.

Edit Case: TEST, JOHN Q. Case Id: 1116 Client Id: 1116

|                                    |   |                              |
|------------------------------------|---|------------------------------|
| Last Name: TEST                    | First Name: JOHN  | MI: Q                        |
| Date of Birth: 01/01/1950          | Arrest Date: 12/15/2004   | Part: [dropdown]             |
| Nysid: [dropdown]                  | Docket: 1234/56   |                              |
| Charge: PL 220.03 00 AM            | Mnemonic: CPCS7   | Attempt: No Forced: No       |
| Charge Count: 1                    | Police Officer's Name: [dropdown]   |                              |
| Release Status Date: 12/17/2004    | Release Status: <input checked="" type="radio"/> Released <input type="radio"/> In Jail <input type="radio"/> Warrant |                              |
| Case Transferred from: [dropdown]  | Drug Test Clean Days Reset: 00/00/0000  |                              |
| Case Status: Open                  | Case Status Date: 12/17/2004  |                              |
| Drug Court Participant: [dropdown] | Participation date: [dropdown]  | Intake Date: 12/17/2004      |
| Case Manager: z_none               |   |                              |
| Attorney Type: Legal Aid           | Attorney Name: John Smith, Esq.   | attorney phone #: [dropdown] |

OK Cancel

Resource coordinator is responsible for updating edit information. This can include any notes/ comments from the court.



## SUPERVISION

### *Universal Treatment Application- Court Attendance*

#### **GENERAL**

The Universal Treatment Application (UTA) is Criminal Court's main database for Drug Treatment Court. All participant information should be stored in the UTA - including, but not limited to, arrest information, assessment information, scheduled court dates, compliance, and any information that is pertinent to a specific case. There are numerous tabs at the bottom of the application depending on the level of access a user is granted. Consistently used tabs include the *Monitor, Assessment, Edit Case, Exit Status, Criminal Data, and Treatment Plan* screens. The data that is stored in each of these tabs is essential in providing an overall picture of each person that is referred to treatment court. Users of UTA are expected to ensure that the data entered is accurate, consistent, comprehensive, and entered in a timely fashion.

#### **POLICY**

Upon being referred to treatment court, a record will be created in the UTA and the defendant will be given a UTA case identification (case id) number. This number will remain the same regardless of how many times he/she is referred (new in UTA). All available information should be entered at this point - including, but not limited to, pedigree information, nysid number, arrest charge, arrest date, etc. Once eligibility has been determined (whether or not a plea has been executed) the defendant's assessment should be done and entered into UTA. Once a defendant opts to participate in treatment court, the monitoring stage begins, and information about compliance and performance should be entered into UTA as time goes on.

## MMTC CLINICAL STAFF

*(Continued)*

#### **Case Manager Assistant Court Analyst JG-16**

Typical Background:

- clinical (substance abuse treatment) background
- CASAC
- bachelor's degree or some higher education

Responsibilities include:

- conduct psycho-social assessments of new clients;
- prepare treatment plans;
- coordinate and facilitate client's entry into substance abuse treatment;
- intensively monitor progress in treatment through comprehensive communication with treatment programs;
- maintain all compliance related information using the Court's computer system;
- assist with urine sampling and
- provide all update information to Court on scheduled court appearances.



## MMTC CLINICAL STAFF

### Role of the Team Members

The MMTC team currently consists of the Presiding Judge, Assistant District Attorney, Defense Attorneys, Project Director, Operations Director, and Case Management.

- The **Presiding Judge** monitors the progress of each defendant, imposes sanctions for noncompliance and rewards success early and on a frequent basis. The presiding judge has familiarized herself with treatment methods.
- The **Assistant District Attorney's** role continues to be to protect the interest of the NY County community, making certain that only appropriate candidates are permitted to participate in MMTC. The ADA's role at times can be advocating for the imposition of sanctions for noncompliant behavior.
- **Defense Counsel's** role continues to be to protect the interest of his/her client and to make sure the client receives a fair opportunity for a successful completion in MMTC. Defense counsel's role, at times, will be to advocate against the imposition of a sanction for noncompliant behavior.
- The **Director's** role will be to map the overall direction of MMTC. The director is a clinician responsible for supervising the rest of the clinical staff and ensuring quality control. The director will develop and maintain the network of community based treatment providers and conduct outreach with the NY County Community. The director also conducts the training of clinical staff.
- The **Operations Director** is the liaison between the team members and the Judge. The resource coordinator advises the judge of the progress of the MMTC participant and alerts the Court to any problems that must be addressed. The Case Managers work with the resource coordinator to make certain all progress reports are delivered in a timely manner and are entered into the UTA. The resource coordinator appears in court daily to represent the clinical team.
- The **role of the Case Manager** is to assess, refer, and monitor defendants in treatment programs. Case managers are responsible for providing the courts with treatment progress reports from the program and maintain a direct relationship with the treatment providers. Participants meet regularly with their case managers according to their treatment bands. Case managers monitor and track the participant's progress in MMTC using the UTA.

## SUPERVISION

### MMTC Declaration of Delinquency/Warrant Request

#### MMTC DECLARATION OF DELINQUENCY/WARRANT REQUEST

SAMPLE

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

| Participant Name | SCI/Dkt# | Next Court Date | Program Name & Address | Details & Dates of Delinquency |
|------------------|----------|-----------------|------------------------|--------------------------------|
|                  |          |                 |                        |                                |
|                  |          |                 |                        |                                |
|                  |          |                 |                        |                                |



## SUPERVISION

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### CASE MANAGEMENT

**Residential** - Participants attending residential treatment will visit with their case manager when they come to court, unless the case manager feels that it is necessary to require more frequent visits. Case manager will contact the participant's treatment program by telephone, fax or email every two weeks for an informal status report, (All communication with treatment provider must be documented both in the UTA and in the participant's written file).

**Outpatient** - Outpatient participants will typically have to make more frequent visits to the Treatment Center. At the beginning of the participant's mandate visits will be very frequent (e.g., as frequent as every day until the participant is fully participating in treatment). Unless authorized by the judge or the clinical director, the participant should visit the case manager at least every two weeks in Phase 1 of the MMTC mandate and at least once a month in Phase II and III. If the participant is new, they should see their Case Manager no less than twice a week while pending placement in treatment.

**Formal Reporting.** Every treatment provider must complete and send a **New York State Unified Court System Drug Court Treatment Progress Report Form** to the participant's MMTC case manager two days before the participant is to appear before the court. Providers may submit additional paperwork but the **New York State Unified Court System Drug Court Treatment Progress Report Form** must be filled out completely. Everything in the report is to be filled out completely. If the program send a report that has errors, the report must be re-faxed or sent with the corrections made. Case manager should not alter reports received from Treatment providers.

**Absconding or Termination from Program.** Treatment providers are required to immediately report any flight or termination from their program to the case manager. Residential programs must report this information immediately. Day treatment programs must report a termination immediately and report to the case manager when the participant has missed five (5) consecutive days of treatment.

Upon communication from a program that a participant has absconded or been terminated from the program, the case manager should comply with the following procedure. If the absconding or terminated participant reports to the treatment center, he/she should be immediately sent to court and the resource coordinator informed of the circumstances surrounding his termination. If possible, the case manager should enter the pertinent information in the UTA so that the court has a written record of the facts. All written reports should be made immediately available to the court. If the participant does not report to the MMTC treatment center, the case manager must immediately complete a **Warrant Request** and submit to the resource coordinator. The resource coordinator will then complete a Treatment Summary with detailed information. A discharge letter must be attached to the Warrant Request from the Treatment Provider (if applicable ). The Judge will typically than order a Bench Warrant for the arrest of the participant.



# CONFIDENTIALITY – The Law



## CONFIDENTIALITY

*The Law*

### STATUTES

42 U.S.C. § 290dd-2(a), the Confidentiality of Records provision states in relevant part that:

[r]ecords of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

Under subsection (b) (1), the content of any record referred to in (a) can be disclosed with the prior written consent of the patient, but only to the extent and under the circumstances and purposes delineated in regulations for such disclosure. Pursuant to subsection (b) (2), the contents of such a record may be disclosed without the patient's written consent, in the following circumstances: (A) to medical personnel "to the extent necessary to meet a bona fide medical emergency;" (B) to research personnel who may not identify any particular patient. and (C) "if authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefore, including the need to avert a substantial risk of death or serious bodily harm."

It is this court order for "good cause" provision that has been the locus of most litigation in the confidentiality of records area. 42 U.S.C. §290dd-2(b)(2)(C) provides further guidance for a court assessing "good cause":

In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

Regulations issued pursuant to the statute further delineate the balancing test for assessing "good cause" (discussed in the Regulations section below).

42 U.S.C. §290dd-(2)(c) specifically addresses the use of such records in criminal proceedings:



# SUPERVISION





## CONFIDENTIALITY

*The Law (Continued)*

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

The prohibitions apply to records concerning any individual who has been a patient even after they have ceased to be a patient. [42 U.S.C. §290dd-2(d)]. They do not apply to reporting under State law of incidents of suspected child abuse and neglect to appropriate State or local authorities. [42 U.S.C. §290dd-2(e)].

Subsection (g) specifically provides for regulations to carry out the purposes of the statute, including "procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section" [42 U.S.C. §290dd-2(g)].

### **REGULATIONS - 42 CFR 2.1 et seq.**

The regulations issued pursuant to the statute are printed at 42 CFR 2.1 through 2.67. Highlights of these regulations are paraphrased below.

### **2.3 PURPOSE AND EFFECT**

These regulations prohibit the disclosure and use of patient records unless certain circumstances exist. If any circumstance exists under which disclosure is permitted, that circumstance acts to remove the prohibition on disclosure but it does not compel disclosure. Thus, the regulations do not require disclosure under any circumstances.

### **2.4 CRIMINAL PENALTY**

Any person who violates any provision of the statute or regulations shall be fined not more than \$500 for a first offense, and not more than \$5,000 for each subsequent offense.

Diagnosis means any reference to an individual's alcohol or drug abuse or to a condition which is identified as having been caused by that abuse which is made for the purpose of treatment or referral for treatment

Records means any information, whether recorded or not, relating to a patient received or acquired by a federally assisted alcohol or drug program.

### **2.11 DEFINITIONS**

Diagnosis means any reference to an individual's alcohol or drug abuse or to a condition which is identified as having been caused by that abuse which is made for the purpose of treatment or referral for treatment.

Records means any information, whether recorded or not, relating to a patient received or acquired by a federally assisted alcohol or drug program.



## CONFIDENTIALITY

*The Law (Continued)*

### **2.12 APPLICABILITY**

- General

(1) Restrictions on disclosure. The restrictions on disclosure in these regulations apply to any information, whether or not recorded, which:

(i) would identify a patient as an alcohol or drug abuser either directly, by reference to other publicly available information, or through verification of such an identification by another person; and

(ii) is drug abuse information obtained by a federally assisted drug abuse program ... for the purpose of treating alcohol or drug abuse, making a diagnosis for that treatment, or making a referral for that treatment

(2) Restriction on use. The restriction on use of information to initiate or substantiate any criminal charges against a patient or to conduct any criminal investigation of a patient . . . applies to any information, whether or not recorded which is drug abuse information obtained by a federally assisted drug abuse program . . . for the purpose of treating alcohol or drug abuse, making a diagnosis for treatment, or making a referral for treatment:

(b) Federal assistance.

Includes: programs conducted in whole or part, either directly or by contract or otherwise by any department or agency of the United States: being carried out under license, certification, registration, or other authorization granted by any department or agency of the U.S., including but not limited to, certification under Medicare, authorization to conduct methadone maintenance treatment, or registration to dispense a substance under the Controlled Substances Act used in treatment of alcohol or drug abuse; recipient of federal financial assistance in any form; conducted by a state or local government until receiving federal funds; is assisted by IRS through deductions for contributions to the program.

(c) Exceptions

(5) Crimes on program premises or against program personnel. Restrictions on disclosure and use do not apply to communications from program personnel to law enforcement officers which are directly related to a patient's commission of a crime on the premises or against program personnel or threat to commit such a crime, and are limited to such an incident, including the patient status, name and address, and last known whereabouts.



## URINE TESTING PROTOCOL

### **ADULTERATION**

**Substitution:** A common method of adulteration is the substitution of clean urine for the participant's own sample. This is often detectable by checking temperature. (Urine should be within 4 degrees of normal body temperature upon excretion). Careful observation of sample collection is the most effective way of dealing with substitutions. Each specimen is collected in a cup with a thermometer. Adulterated urine samples are entered into the system as tampered and considered to be B level infractions.

**Water Loading:** "Water loading", or consuming excessive quantities of water, is also a common adulteration method. Upon suspicion MMTC will test for levels of creatinine, a substance naturally occurring at certain levels in urine. Low levels of creatinine may indicate an attempt to "waterload." Participants suspected of "waterloading" will be given one opportunity to return to court to give a sample with normal creatinine levels.

### **PROCEDURE FOR CHALLENGING THE RESULTS OF URINALYSIS TESTING**

The Judge or Treatment Center staff may, in its discretion, send a sample to an off-site ABMC and Varian Laboratory for a confirmatory test using gas chromatography technology.

**The following is the procedure by which a participant through his/her attorney may challenge a positive test result detected by Treatment Center on site testing equipment:**

- Positive samples are refrigerated in the locked MMTC laboratory for a period of 24 hours. After 24 hours, samples are discarded.
- If a participant wishes to challenge, he/she must do so through his/her attorney, within the 24 hour period following submission of the sample. The attorney must notify both the Court and the Treatment Center. The challenge need not be in writing.
- Using a list of labs in the area, the attorney must arrange for the sample to be picked up by a lab for testing. (Treatment programs cannot be used).
- Should the sample test positive, the participant will be subject to whatever sanction s/he may have previously been exposed to but also to an additional sanction on the basis of the false challenge. A false challenge is considered a B level infraction.
- Should the sample test negative, the Court will defer to the lab's finding and replace the positive result with a negative result in the treatment center and court records.



## URINE TESTING PROTOCOL

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### INTERPRETING THE RESULT

Immunoassay urine test results are not, by nature, a measure of the amount of drug in a sample. The rate is not a quantitative measure. It does not indicate level of impairment, how recent the "high" was, the amount of drug ingested or any other characteristic of individual patterns of use. A positive test is simply a confirmation that the drug is present in the urine sample.

### POPPY SEEDS

It is, in fact, possible to test positive for opiates after having consumed poppy seeds, for example on a bagel or in a muffin. Poppy seeds contain trace amounts of opium, and opium, as well as heroin, is derived from the poppy plant. Depending on the processing of the poppy seeds, a food product may or may not contain amounts of opium. Although not every consumption of poppy seeds will test positive for opiates, participants are advised that they are responsible for ensuring that no poppy seeds are ingested. MMTC does have testing equipment that uses a higher cutoff level to factor out the ingestion of poppy seeds. Upon a first-time claim from a participant that he or she ingested poppy seeds and that is the reason for a positive result for opiates, MMTC will re-test using the M2K. If the result of this test indicates sample is negative for opiates, the test for that date will be considered negative. The participant will then be advised to refrain from ingesting poppy seeds. All subsequent positive results where a claim is made regarding poppy seeds will remain positive for opiates.

### CROSS REACTIVITY

Some medications with similar chemical structures may sometimes produce positive results in certain tests. For instance, Tylenol with Codeine will produce a positive result for opiates (codeine is a morphine derivative). ABMC and Varian provide MMTC personnel with a cross reactivity guide and 24 hour technical assistance.

Should a participant provide a prescription or verifiable proof of medical treatment involving medication that does in fact have the potential to produce a positive result, the urine is recorded as negative for that particular substance, but positive for prescription medications.



## CONFIDENTIALITY

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### *The Law (Continued)*

(6) Reports of suspected child abuse and neglect. Restrictions to not apply to reporting under State law of incidents of suspected child abuse and neglect the appropriate State or local authorities. However, the restrictions continue to apply to the original alcohol or drug abuse patient records maintained by the program including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Applicability to recipients of information

(1) Restriction on the use of information -- The restriction on the use of any information subject to these regulations to initiate or substantiate any criminal charges against a patient or to conduct any criminal investigation of a patient applies to any person who obtains that information from a federally assisted alcohol or drug abuse program, regardless of the status of the person obtaining the information or of whether the information was obtained in accordance with these regulations. This restriction on use bars, among other things, the introduction of that information as evidence in a criminal proceeding and any other use of the information to investigate or prosecute a patient with respect to a suspected crime.

(3) Whether a restriction is on use or disclosure affects the type of information which may be available. The restrictions on disclosure apply to any information which would identify a patient as an alcohol or drug abuser. The restriction on use of information to bring criminal charges against a patient for a crime applies to any information obtained by the program for the purpose of diagnosis, treatment, or referral for treatment of alcohol to drug abuse.

(4) These regulations cover any records of a diagnosis identifying a patient as an alcohol or drug abuser which is prepared in connection with the treatment or referral for treatment of alcohol or drug abuse. Diagnosis prepared for this purpose but not so used is covered. However, diagnosis made solely for providing evidence for use by law enforcement authorities or diagnosis of overdose or intoxication which clearly shows involuntary ingestion or reaction to prescribed dosage, are not covered.

### 2.13 CONFIDENTIALITY RESTRICTIONS

The patient records to which these regulations apply may be disclosed or used only as permitted by these regulations and may not otherwise be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted in any federal, state, or local authority. Any disclosure made must be limited to that information which is necessary to carry out the purpose of the disclosure.



## CONFIDENTIALITY

*The Law (Continued)*

Unconditional compliance is required - The restrictions on disclosure and use apply whether the holder of the information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other official, has obtained a subpoena or asserts any other justification.

### **2.17 UNDERCOVER AGENTS AND INFORMANTS**

Except as specifically authorized by a court order granted under section 2.67, no program may knowingly employ or enroll as a patient, any undercover agent or informant. No information obtained by an undercover agent or informant, whether or not that undercover agent is placed in program pursuant to court order, may be used to criminally investigate or prosecute any patient.

### **2.20 RELATIONSHIP TO STATE LAWS**

The statutes authorizing these regulations do not preempt the field of law which they cover to the exclusion of all state laws in that field. If a disclosure permitted under these regulations is prohibited under state law, neither these regulations nor the authorizing statutes may be construed to authorize any violation of that state law. However, no state law may either authorize or compel any disclosure prohibited by these regulations.

### **2.22 NOTICE TO PATIENTS OF FEDERAL CONFIDENTIALITY REQUIREMENTS**

**This Section provides a sample of required written notice to patients.**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order, or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such crime.



## URINE TESTING PROTOCOL

MMTC tests for Cocaine, Heroin (opiates), Benzodiazepines (Valium, Xanax, Ativan and other sedatives) Methamphetamine, Cannabinoids (Marijuana/THC), Amphetamine and alcohol. The procedure for testing urine follows Varian protocol for the specific testing equipment chosen.

### **DRUG RETENTION TIMES**

Drugs vary in how quickly they pass through the body. These variations can be caused by the specific drug, the individual's metabolism and specific organ functions, frequency of drug use, and amount of drug ingested. General guidelines for excretion are as follows:

- Cocaine, Heroin(opiates), and methadone are generally excreted within 3 days or 72 hours after ingestion. Benzodiazepines are excreted within 3 days for therapeutic use. In the case of chronic use it can occasionally take up to 4-6 weeks.
- Marijuana (THC/Cannabinoids) excretion times vary depending on many factors. Variations occur exclusively with marijuana and not other drugs because the body stores THC in adipose (fat) tissues and slowly releases it back into the bloodstream. The exact mechanism that controls excretion is not known and many other variables affect the process, specifically, metabolic rate, physical condition, frequency of urination, fluid intake, kidney function, as well frequency and duration of prior use. In some situations, due to erratic patterns of excretion, it is possible to test negative one day and positive a day or two later without having used the substance. The average amount of time elapsing prior to consistently negative test results after the cessation of marijuana use is as follows:

|                                      |                    |
|--------------------------------------|--------------------|
| <b>Occasional Smoker (1x week):</b>  | <b>3 - 5 days</b>  |
| <b>Moderate smoker ( 4x a week):</b> | <b>5 - 10 days</b> |



## URINE TESTING PROTOCOL

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The MMTC currently uses the ABMC Single Cup and Varian CupKit5.

The immunoassay testing method uses antibodies to detect the presence of drugs and drug metabolites in urine. The antibodies in each assay are designed to react only with the drug being tested.

### MANHATTAN MISDEMEANOR TREATMENT COURT PROTOCOL

#### **Candidate/Assessment Toxicology Screening**

Case manager will obtain a urine sample and conduct the appropriate toxicology screen for every defendant that completes a psycho-social assessment.

#### **Participant/Monitoring Toxicology Screening**

Participants (those defendants that have agreed to participate in the MMTC program) will submit a urine sample for toxicology screening under the following circumstances:

1. Every visit to the Treatment Center (including unscheduled or unplanned visits to the Treatment Center);
2. Every court appearance; and
3. When requested by the Judge or clinical staff.

#### **Released Defendants**

Case manager trained to use the ABMC and Varian testing equipment, conducts and administers the testing component. The case manager will escort and observe participants in providing their samples, providing they are the same gender. For participants of the opposite gender, the case manager will find a different gender-appropriate clinician to monitor sample. The procedure for collecting urine is as follows:

- ✓ Participant name is written on a pre-labeled specimen cup or TesTcup by the lab technician or case manager.
- ✓ Participant is instructed by the case manager to read the name on the cup and ensure that it is their cup.
- ✓ Participant is given their cup and accompanied into the restroom to collect an observed specimen.

## CONFIDENTIALITY

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*The Law (Continued)*

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

### 2.31 FORM OF WRITTEN CONSENT

Delineates specific requirements of written consent including that it may be revoked at any time. Also includes sample consent form.

### 2.32 PROHIBITION ON REDISCLOSURE

Each disclosure made with the patient's written consent must be accompanied by the following written statement: "This Information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### 2.35 DISCLOSURE TO ELEMENTS OF THE CRIMINAL JUSTICE SYSTEM WHICH HAVE REFERRED PATIENTS

(a) A program may disclose information about a patient to those persons within the criminal justice system which have made participation in the program a condition of the disposition of any criminal proceedings against the patient or the patient's parole or release from custody if:

**(1) The disclosure is made only to those individuals within the criminal justice system who have a need for the information in connection with their duty to monitor the patient's progress (e.g., a prosecutor who is withholding charges against the patient, a court granting pretrial or post-trial release, probation or parole officers responsible for supervision of patient); and**

(2) The patient has signed a written consent which states the period during which it remains in effect. This period must be reasonable, taking into account: (a) the anticipated length of treatment; (b) the type of criminal proceeding involved, the need for the information in connection with the final disposition of that proceeding, and when the final disposition will occur; (c) such other factors as the program, the patient, and the person who will receive the disclosure consider pertinent.



## CONFIDENTIALITY

*The Law (Continued)*

The written consent must state that it is revocable upon the passage of a specified amount of time or occurrence of a specified ascertainable event.

A person who receives patient information under this section may re-disclose and use it only to carry out that person's official duties with regard to the patient's conditional release or other action in connection with which the consent was given.

### **2.61 LEGAL EFFECT OF ORDER**

The kind of order authorized under these regulations is unique, because its only purpose is to authorize a disclosure or use of patient information that would otherwise be prohibited. It does not compel disclosure. A subpoena or other legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time and accompany an authorizing court order entered under these regulations.

Examples stated in the regulations: 1) A person holding records receives a subpoena. A response to the subpoena is not permitted unless an authorizing court order is entered. 2) A court order is entered but the person authorized does not want to make the disclosure. If there is no subpoena or other compulsory process, that person may refuse to make the disclosure. Upon the entry of a valid subpoena the person authorized to disclose must disclose, unless there is a valid legal defense other than the confidentiality restrictions.

### **2.62 ORDER NOT APPLICABLE TO RECORDS DISCLOSED WITHOUT CONTENT TO RESEARCHERS, AUDITORS, AND EVALUATORS.**

A court order may not authorize personnel who have received patient identifying information without consent for the purpose of conducting research, audit or evaluation, to disclose that information or use it to conduct any criminal investigation or prosecution of a patient.

### **2.63 CONFIDENTIAL COMMUNICATIONS**

A court order may authorize disclosure of confidential communications made by a patient to a program only if: the disclosure is necessary to protect against an existing threat to life or of seriously bodily injury, including circumstances which constitute suspected child abuse and neglect and verbal threats against third parties; the disclosure is necessary in connection with investigation or prosecution of an extremely serious crime, such as one which directly threatens loss of life or serious bodily injury, including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, or child abuse and neglect; or the disclosure is in connection with a litigation or an administrative proceeding in which the patient offers testimony or other evidence pertaining to the content of the confidential communications.



# URINE TESTING PROTOCOL



## PROGRAM REFERRAL

(Continued)

day treatment programs must report a termination immediately and report to the case manager when the participant has missed five (5) consecutive days of treatment.

Upon communication from a program that a participant has absconded or been terminated from the program, the case manager should comply with the following procedure. If the absconding or terminated participant reports to the treatment center, he/she should be immediately sent to court and the resource coordinator should be informed of the circumstances surrounding his termination. If possible, the case manager should enter the pertinent information in the UTA so that the court has a written record of the facts. All written reports should be made immediately available to the court. If the participant does not report to the MMTC treatment center, the case manager must immediately complete a **Warrant Request** and submit to the director. The director must then immediately complete and submit a **Declaration of Delinquency** to the judge. The judge will typically then order a Bench Warrant for the arrest of the participant.

## CONFIDENTIALITY

The Law (Continued)

### **2.64 PROCEDURES AND CRITERIA FOR ORDERS AUTHORIZING DISCLOSURES FOR NONCRIMINAL PURPOSES**

Any person having a legally recognized interest in the disclosure can seek an order for purposes other than criminal investigation or prosecution. The application must use a fictitious name and not contain any identifying patient information. Patient and person holding records must be given notice and opportunity to be heard.

Criteria for "good cause:" other ways of obtaining not available; public interest outweighs potential injury; and disclosure must be limited.

### **2.65 PROCEDURES AND CRITERIA FOR ORDERS AUTHORIZING DISCLOSURE AND USE OF RECORDS TO CRIMINALLY INVESTIGATE OR PROSECUTE PATIENTS**

(a) Application. An order authorizing the disclosure or use of patient records to criminally investigate or prosecute a patient may be applied for by the person holding the records or by any person conducting investigative or prosecutorial activities with respect to the enforcement of the criminal laws. The application must use a fictitious name to refer to any patient and may not contain any identifying information unless the court has ordered the record sealed.

(b) Notice and hearing. Unless an order under 2.66 is sought with an order under this section (investigation of the program or person holding the records), the person holding the records must be given adequate notice of an application by a person performing a law enforcement function; an opportunity to appear and be heard for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order; an opportunity to be represented by counsel independent of counsel for an applicant who is a person performing a law enforcement function.

(c) Review of evidence. Conduct of hearings. Any hearing shall be held in chambers or in some other manner which ensures that patient identifying information is not disclosed. The proceeding may include an examination by the judge of the patient records.

(d) Criteria. A court may authorize the disclosure and use of patient records for the purpose of conducting a criminal investigation or prosecution of a patient only. If the court finds that all of the following criteria are met:

(1) The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.



## CONFIDENTIALITY

*The Law (Continued)*

(2) There is a reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

(3) Other ways of obtaining the information are not available or would not be effective.

(4) The potential injury to the patient, to the physician-patient relationship and to the ability of the program to provide services to other patients is outweighed by the public interest and the need for disclosure.

(5) If the applicant is a person performing a law enforcement function that: I) the person holding the records has been afforded the opportunity to be represented by independent counsel; ii) any person holding the records which is an entity within federal, state, or local government has in fact been represented by counsel independent of the applicant

(e) Content of order. Any order authorizing disclosure or use of patient records must: 1) limit disclosure and use to those parts of the patient's record which are essential to fulfill the objective of the order; limit disclosure to those law enforcement and prosecutorial officials responsible for or are conducting the investigation or prosecution, and limit their use of the records to investigation and prosecution of extremely serious crime or suspected crime specified in the application; and 3) include other measures as are necessary to limit disclosure and use to the fulfillment of only that public interest and need found by the court.

### **2.67 ORDERS AUTHORIZING THE USE OF UNDERCOVER AGENTS AND INFORMANTS TO CRIMINALLY INVESTIGATE EMPLOYEES OR AGENTS OF A PROGRAM**

(a) Application. A court order authorizing the placement of an undercover agent or informant in a program as an employee or patient may be applied for by any law enforcement or prosecutorial agency which has reason to believe that employees or agents of the program are engaged in criminal misconduct.

(e) No information obtained by an undercover agent may be used to criminally investigate or prosecute any patient or as the basis for an application for an order under 2.65 of these regulations.<sup>2</sup>

2) New York's Mental Hygiene Law: Some provisions of New York State's Mental Hygiene Law also address the confidentiality of treatment records.

Section 23.05, "Client Rights," provides, in relevant part:

(a) ... no person's rights as a citizen of the United States or of the state of New York shall be forfeited or abridged because of such person's participation in a substance abuse program... [the facts, proceedings, application or treatment relating to a person's participation in a substance abuse program shall not be used against such person in any action or proceeding in court.

(b) Participation in a substance abuse program is voluntary... [all] persons shall be informed in writing prior to admission to a substance abuse program that their participation in such program is voluntary and they are entitled to terminate such participation at any time.



## PROGRAM REFERRAL

### COURTS

Residential – Participants attending residential treatment will come to court every month unless otherwise directed by the judge.

Outpatient – Participants attending outpatient treatment will come to court at least every two weeks for the two months of their mandate and at least every month for the remainder of their court mandate, unless otherwise directed by the judge.

### CASE MANAGEMENT

Residential – Participants attending residential treatment will visit with their case manager when they come to court, unless the case manager feels that it is necessary to require more frequent visits. Case manager will contact the participant's treatment program by telephone, fax or email every two weeks for an informal status report (All communication with treatment provider must be documented both in the UTA and in the participant's written file).

Outpatient – Outpatient participants will typically have to make more frequent visits to the Treatment Center. At the beginning of the participant's mandate visits will be very frequent (e.g., as frequent as every day until the participant is fully participating in treatment). Unless authorized by the judge or the clinical director, the participant should visit the case manager/probation officer at least every two weeks in Phase I of the MMTC mandate and at least once a month in Phase II and III.

### FORMAL REPORTING

Every treatment provider must complete and send a **New York State Unified Court System Drug Court Treatment Progress Report Form** to the participant's MMTC case manager two days before the participant is to appear before the court. Providers may submit additional paperwork but the **New York State Unified Court System Drug Court Treatment Progress Report Form** must be filled out completely.

### ABSCONDING OR TERMINATION FROM PROGRAM

Treatment providers are required to immediately report any flight or termination from their program to the case manager. Residential must report this information immediately and day treatment programs must report a termination immediately and



**PROGRAM REFERRAL**

*MMTC Treatment Provider Network*

| Provider Name   | Modality   | Eligibility Restriction  | Contact Person & Tel. #                              | Other   |
|---|--|--|--|---|
| <b>VIDA FAMILY SERVICES INC</b><br>127 East 105th Street<br>New York, NY 10029          | <b>Out Patient</b>   | Spanish/English  | Olga Vasquez<br>(212) 289-1004<br>Fax (212) 427-3433 |   |
| <b>VIP- CASE BANOME</b><br>671 East 231st Street<br>Bronx, NY 10466                     | <b>Half Way House</b><br>24x7  | women only   | Anna Delgado<br>(718) 405-5131                       |   |
| <b>VIP</b><br>1910 Arthur Ave.<br>Bronx, NY 10457                                       | <b>Day Prog</b><br>Hours: 9-8  |  | Anna Delgado<br>(718) 731-9890                       |   |
| <b>VIP</b><br>770 East 176th Street<br>Bronx, NY 10460-4698                             | <b>Residential</b><br>Therapeutic Community<br>6-9 months  | 18 plus  |  | medicaid not required   |
| <b>VIP MTP-OP</b><br>1910 Arthur Ave<br>Bronx, New York, 10457                          | <b>Free Standing</b>   |  | Anna Delgado<br>(718) 731-9890                       |   |
| <b>WOMEN IN NEED</b><br>115 West 31st. St.<br>New York, NY 10001                        | <b>Day Prog. - Drug-Free<br/>Intensive OP-Reg.OP</b><br>(approx.12 mos.)<br>(9:00 am - 3:00 pm)<br>Phase Treatment | Medicaid/Insurance<br>Medicaid Eligible<br>Identification required | Nina Kaminski (212)695-7330                          | 1 Day Admit Pos<br>Pref.Mon&Wed.<br>2xwk. urinetesting<br>Onsite Day Care<br>Health Serv.Avail. |
| <b>WOMEN IN NEED-BRONX CASA RITA</b><br>391 East 149th Street<br>Bronx, New York, 10451 | <b>Day &amp; Eve</b>   |  | (718) 402-0066                                       | acupuncture<br>employment<br>HIV/AIDS<br>onsite childcare                                       |
| <b>Women's Prison Association - WPA</b><br>110 Second Avenue<br>NY, NY 10003            | <b>Supportive housing for women</b>  | facing min. of 1-3 yrs   | Claribell/Anna<br>212-674-1163<br>212-674-9260 (Fax) |   |



**Manhattan Misdemeanor Treatment Court**

**CONFIDENTIALITY – HIPAA**



## CONFIDENTIALITY

### HIPAA

The following text is from a memo distributed on July 25, 2003 by the NYS Office of Court Drug Treatment Programs

HIPAA's privacy regulations have established standards and requirements to protect the privacy and security of private health information.<sup>1</sup> Due to drug treatment courts' frequent and routine handling of private health information, the impact of these regulations on drug court operations has been debated among drug court professionals. The memorandum will summarize key aspects of HIPAA's privacy regulations and analyze their potential impact on the operations of drug treatment courts in New York State.

#### Do HIPAA's Privacy Regulations Apply to New York State's Drug Treatment Courts?

HIPAA's privacy regulations govern the use or disclosure of *protected health information* by a *covered entity*.<sup>2</sup> Therefore, to determine if New York State's drug treatment courts are subject to the requirements of HIPAA's privacy regulations, we must first determine if the drug treatment courts are "covered entities" that use or disclose "protected health information."

*Protected health information* is defined in the regulations as information relating to the past, present or future health condition of an individual that identifies or can be used to identify the individual.<sup>3</sup> A *covered entity* is defined in the regulations as either (1) a health care provider that engages in certain electronic transactions (such as the electronic transmission of health care claims, health claims attachments, health care payment and remittance advice, and other administrative documents related to the payment of health care costs<sup>4</sup>); (2) a health plan; or (3) a health care clearinghouse.<sup>5</sup>

Although drug treatment courts certainly use or disclose protected health information regularly as part of their operations, New York State's drug treatment courts do not fall under the regulations' definition of a covered entity. First, drug treatment courts are neither health plans nor health care clearinghouses. Second, although some drug treatment courts may be considered health care providers under HIPAA6, New York State's drug treatment courts do not, in any event, currently engage in those specific electronic transactions (see footnote 4) that would make them the type of health care providers that are covered entities under HIPAA.

Because drug courts are not covered entities, they may collect protected health information from their participants (as they do when conducting assessments) and disclose/share such information with treatment providers, without having to obtain consents from their participants or comply with the many administrative requirements established by the Privacy Rule.



## PROGRAM REFERRAL

### MMTC Treatment Provider Network

| Provider Name  | Modality  | Eligibility Restriction  | Contact Person & Tel. #   | Other                              |
|--|---|--|---|------------------------------------|
| <b>ST. VINCENT'S OPD</b><br>89-31 161st Street<br>Jamaica, NY 11432<br>333 Atlantic Ave.<br>Brooklyn, NY 11201   | Out Patient   |  | Kathy<br>(718) 206-0218<br>Desmond Sullivan OP<br>(718) 522-5725<br>Fax (718) 522-1560  | Medicaid &<br>Medicaid Pending     |
| ST. VINCENT'S<br>33 Atlantic Ave<br>Brooklyn, NY 11201   | Day/ Evening<br>Hours Varies<br>Day, Eve. & Sat. Groups   |  | (718) 522-5725  |                                    |
| <b>Provider Name</b><br><b>Staten Island University Hospital</b><br>392 Seguin Ave. 1st /2nd Floor<br>Staten Island<br><b>SIUH-CD</b><br><b>SIUH-MMTP</b><br>111 Water Street<br><b>SIUH-MMTP</b><br>392 Seguin Ave. | Modality<br>Hospital<br>MMTP/KEEP<br>Detox<br>Inpatient /Rehab.<br>MMTP-OP<br>MMTP-OP             | Eligibility Restriction<br>Medical/Ins. Required                     | Contact Person & Tel.No.<br>(718) 226-2807/2295<br>(718) 226-2707<br>Intake Unit (718) 226-2800<br>(718) 226-2823/226-2843<br>(718)448-3976<br><br>(718) 226-2820 | Other                              |
| <b>St. Elizabeth's Ann Health Care &amp; Rehab. Ctr.</b><br>91 Tompkins Ave<br>Staten Island, NY 10304   |   | Nursing Care facility<br>for AIDS patients                           | Jessie<br>718-876-2206<br>718-442-3292 (Fax)  |                                    |
| <b>TRI</b><br>1369 Broadway<br>New York  | Day Treatment<br>Bklyn, Bx, Manhattan   |  | Bibi Felton<br>(718)268-8830<br>(718) 584-7204<br>Fax (718) 584-8394  |                                    |
| <b>TRINITY HOUSE-Comprehensive Addiction TX</b><br>324 West 108th Street<br>New York, NY 10025   | Out Patient   | Medicaid   | Pat Ivy<br>(212) 280-0156   |                                    |
| <b>UNITED BRONX PARENTS-Mrs. A's Place</b><br>966 Prospect Ave<br>Bronx, NY 10459  | Out Patient<br>Hours: 9-3pm   |  | (718) 617-6060<br>Fax (718) 589-2986  |                                    |
| <b>UPPER MANHATTAN MENTAL HEALTH</b><br>1727 Amsterdam Ave<br>New York, NY 10031   | Day Treatment   | MICA<br>Medicaid   | (212) 694-9200  |                                    |
| <b>UNITED BRONX PARENTS INC</b><br>773 Prospect Ave<br>Bronx, New York, 10455  | Residential/OP/Mother &<br>Children/Aftercare   |  | Mr. Diaz<br>(718) 981-7100<br>Fax (718) 991-7643  |                                    |
| <b>VERITAS</b><br>931 Columbus Ave.<br>New York, NY10025   | Residential<br>(12 - 15 mos.)<br>Young Mother's Prog.<br>16 +;child under 24 mos.<br>(12-15 mos.) | PPD result required<br>Identification required<br>No MICA/major meds | Mike Lloyd(212)864-4128<br>Fatima   | I Day Admit (?)<br>Pop.w/Exten.Use |



## PROGRAM REFERRAL

### MMTC Treatment Provider Network

| Provider Name   | Modality   | Eligibility Restriction                                 | Contact Person & Tel. #   | Other   |
|---|--|---|---|---|
| <b>PROJECT GREENHOPE</b><br>448 East 119th Street<br>New York, NY 10035   | Therapeutic Community<br>Residential & outpatient  |   | Ron Sabb(212) 369-5100<br>Fax (212) 348-3684  |   |
| <b>PROMESA</b><br>1776 Clay Avenue<br>Bronx, NY 10457   | (12 mos. plus if needed)   |   | Luis Paulino, Mgr. X3088,89<br>917-389-6091<br>(718) 960-7535<br>Same as Above  | Will do Medicaid<br>Spec. Pops.<br>1 Day Admit<br>Will Expand Hrs.<br>Gradual Detox |
| <b>QUEENS ASPIRE PROGRAM</b><br>166-10 Archer Ave.,<br>Jamaica, NY 11433  | Outpt. Program<br>(6 mos. plus as needed)<br>Detoxification/MTAR/MMM   | Adolescent Prog.<br>ID/Medical, Psycho<br>Documented Hx | Same as Above<br>Same as Above  |   |
| <b>REALIZATION CENTER</b><br>19 Union Square West<br>New York, NY 1003-4040   | outpatient   |   | Larry Washington/Erick Perez<br>Sharon Applewhite<br>(718) 883-6570   |   |
| <b>REALIZATION CENTER</b><br>19 Union Square West<br>New York, NY 1003-4040   | <b>Out Patient</b>   |   | Michelle Cobb<br>(212) 627-9600   |   |
| <b>SAMARITAN VILLAGE</b><br>88-83 Van Wyck Expway<br>Jamaica, NY, 11435   | Residential<br>upstate, Queens, Bronx<br>outpatient  | PPD/Medical<br>ID's Required<br>18 yrs old<             | Bentio Luria/Kevin Smalls<br>(718) 657-6195<br>Steve Rockman 718-206-1990   | phone interviews<br>only  |
| <b>SEAFIELD CENTER (CIS AD-<br/>DIC.Svs.Rehab)</b><br>7 Seafield Lane<br>Westhampton Beach, New York                                | <b>Rehabilitation</b><br>up to 55 Da.-Crim.Just.<br>w/transfer to Outpt.Serv.<br>(Nassau Cty/NYC)<br>Day Prog. - Drug-Free<br>(5 Days - 1 Grp.Day)<br>Male sober house | Identification required<br>Medicaid/Insurance           | Ronnie Boyd-800-448-4808  | 1Day Admit<br>Will do TB test<br>Crim..Just.Prog.<br>Spec. Pops.                    |
| <b>SMITHERS ADDICTION TREAT-<br/>MENT CTR.</b><br>1000 Tenth Avenue<br>New York, NY 10009<br>56 East 93rd St.<br>New York, NY 10028 | <b>Day Prog. - Drug-Free</b><br>Detoxification-In&Out<br>Day & Evening OP<br>Rehabilitation Unit<br>(28 days + refer to OP)  | Address Required<br>Medicaid/Private<br>No MICA         | George Cruz - 523-6491 Intake<br>Donna Douglas -523-8057 *<br>John Laud - 523-6909<br>(troubleshooter)212-5238057<br>523-8285, 523-2828.pint#2938 | 1 Day Admit<br>Will do Medicaid<br>Do Med/Psych.<br>eval.                           |
| <b>Sound View Throgs Neck Com.<br/>Mental Health</b><br>2527 Glebe Ave.<br>Bronx, NY 10461  | Hours: 9-2:45pm  | MICA  | (718) 904-4446  | Services MICA   |
| <b>ST. JOHN'S MICA PROGRAM</b><br>1545 Atlantic Ave.<br>Brooklyn, NY 10461  | <b>Out Patient</b><br>Mon. Fri<br>9-2:15pm   |   | Ms. Youngblood<br>(718) 613-4355<br>Fax (718) 613-4377  |   |



## CONFIDENTIALITY

### HIPAA (Continued)

Even though New York State's drug treatment courts are not covered entities under HIPAA, however, drug treatment courts' operations will be affected *indirectly* by HIPAA's privacy regulations because the treatment and other health care providers that work with drug treatment courts will, in all likelihood, themselves be covered entities subject to the mandates of HIPAA. Accordingly, understanding the requirements of HIPAA's privacy regulations will help the drug treatment courts to work with these providers as they adapt their policies to be in compliance with HIPAA.

#### General Provisions of HIPAA's Privacy Regulations:

Pursuant to HIPAA's privacy regulations, a covered entity may only use or disclose protected health information in the following types of situations:

- to the individual who is the subject of the protected health information<sup>7</sup>;
- to carry out treatment, payment, or health care operations, if a valid consent has been obtained in accordance with Section 164.506 or, if a consent is not required, pursuant to Section 164.506(a)<sup>8</sup>;
- under an allowed exception (for example, for judicial and administrative proceedings, for law enforcement purposes, for research purposes, or pursuant to a valid subpoena)<sup>9</sup>;
- pursuant to a valid "authorization", if the disclosure is not to carry out treatment, payment, or health care operations<sup>10</sup>;
- where the protected health information has been "identified" in accordance with Section 164.514 (and is, therefore, no longer protected health information)<sup>11</sup>;
- to a "business associate," if the covered entity receives satisfactory assurances that the business associate will appropriately safeguard the information<sup>12</sup>.

When making a disclosure, a covered entity must make reasonable efforts to limit the use or disclosure of protected health information to the "minimum necessary" to accomplish the intended purpose, except when treating the individual or where authorization has been granted.<sup>13</sup>

Covered entities must provide individuals with a written notice informing them of their rights and the covered entity's legal duties with respect to protected health information. Section 164.520 of the regulations provides detailed guidance on the information that must be contained in the notice.

The regulations also spell out certain "Administrative Requirements" that a covered entity must follow with respect to the safeguarding of health information, namely,



## CONFIDENTIALITY

### HIPAA (Continued)

(1) that it designate a “privacy official” to be the person responsible for the development and implementation of the policies and procedures of the entity; (2) that it designate a contact person or office to be the person to whom complaints or questions concerning the information contained in the privacy notices will be directed; and (3) that it put in place “appropriate administrative, technical and physical safeguards to protect the privacy of protected information.”<sup>14</sup>

A covered entity must also keep records and submit compliance reports so that the Secretary of the Department of Health and Human Services can ascertain whether the covered entity is in compliance with HIPAA.<sup>15</sup> Covered entities are required to comply with the privacy standards by April 14, 2003, except for small health plans, which have been given until April 14, 2004.

### How HIPAA May Affect New York Drug Courts:

In accordance with standard operations, drug treatment courts regularly receive protected health information from treatment providers in the form of treatment updates. The treatment updates are reports designed to inform the Court about the drug court participants’ progress in treatment and the results of drug tests performed on them. These treatment providers are, in almost all circumstances, covered entities under HIPAA. (Treatment providers all fall under the HIPAA definition of “health care provider” and, if they engage in any of the electronic transactions defined in 45 C.F.R. 160.103, will also be considered covered entities under HIPAA. (See footnote 4.)) Accordingly, the providers’ treatment updates are treated as disclosures of protected health information subject to the protections and limitations of HIPAA’s privacy regulations for which an authorization/or consent should be obtained by the treatment providers from their participants prior to disclosure.

Under certain circumstances, however, treatment providers may be excepted from obtaining HIPAA consents or authorizations from drug court participants. For example, the privacy regulations provide that covered entities may disclose protected health information without a consent “in the course of any judicial or administrative proceeding . . . in response to an order of a court or administrative tribunal.”<sup>16</sup> Thus, if a treatment provider were to receive an order from a drug treatment court requesting the disclosure of protected health information concerning a drug court participant, a treatment provider would be permitted to disclose the information requested without obtaining a HIPAA consent or authorization from this participant.<sup>17</sup>

The Office of Court Drug Treatment Programs has developed samples of two such “HIPAA orders” that may be used by drug treatment courts to obtain protected health information regarding one or more drug court participants from a treatment or other health care provider when that provider has not yet obtained an appropriate HIPAA



## PROGRAM REFERRAL

### MMTC Treatment Provider Network

| Provider Name   | Modality   | Eligibility Restriction   | Contact Person & Tel. #  | Other  |
|---|--|---|--|--|
| <b>ODYSSEY</b><br>219 East 121st St.<br>New York, NY 10035                                | Residential<br>(12 - 18 mos/or shorter )<br>with day/outpt services)<br>Adolescents<br>Mother & child  | No pending TB(in jail)<br>No Open Welfare<br>16 yrs old-19 yrs old<br>child up to 5yrs old  | Jaimie Berman- (212)987-5100<br>Ranjil Lachmansingh-212-987-5173<br>fax 212-787-5179   | 1 Day Admit (?)<br>Will interv.at MTC<br>MICA, Elder,<br>Women&Children<br>Adolescent,HIV,     |
| <b>OSBORNE ASSOC-EL RIO</b><br>809 Westchester Ave,<br>Bronx, New York, 10455             | <b>Day Treatment</b><br>Hours: 9-2pm   |   | Alfredo Montague<br>(718) 842-0500<br>Fax (718) 842-0971   |  |
| <b>OUTREACH PROJECT</b><br>125-01 Queens Blvd. Kew Gardens<br>New York 11415              | <b>Therapeutic Community</b><br>Adolescent Prog.<br>out patient  | 13yr-18 yrs old   | Fernando Cortez<br>(718) 268-0577  |  |
| <b>Palladia (formerly Project Return)</b><br>740 Broadway, 6th flr.<br>New York, NY 10003 | <b>Residential</b><br>Starhill Facil. - 6-12 mos.<br>Willow Shelter - 6-12 mo.<br>Wom.&Child. - 12-18 mo.<br>Bronx CTI-OP<br>Harlem CTI-OP<br>Chelsea Tribeca-6-9 mo.<br>Casa Esperanza-6-8 mo | No 1 Day Admit<br>Identification required<br>M.- Thur-Admission<br>No Escort to Intake<br>Medicaid Pending<br>No Meds w/o Scrnng<br>Identification required | Jennifer Mazetti - 866-6600<br>Fax: 932-8423<br>Joan Edwards(718)402-4399<br>Sharon Dorr - 348-4480<br>Lucy Smith 718-716-3261 (F)3268<br>212-280-1031<br>Elisa Inglis - 979-8800<br>Intake-718-294-4184 | MICA thru Home-<br>less shelter prog.<br>Tx Continuum<br>thru P.R. services<br>Pos.1 Day Admit |
| <b>PHASE PIGGY BACK-IOP</b><br>504 West 145th Street<br>New York, NY 10030                | <b>Out patient/Aftercare</b><br>Hours: Mon. - Fri.   | 18 +  | Ms. N. Pauls<br>(212) 234-1660<br>Fax (212) 234-2004<br>Rob Roberts<br>(212) 690-1900<br>Fax (212) 690-4097  |  |
| <b>PHASE PIGGY BACK-STRIVER HOUSE</b><br>202-204 Edgecombe Ave.<br>New York, NY 10030     | <b>Residential</b><br>non-tradition TC mode<br>asst some disability indiv.<br>6-9 months   | 18 + men only   |  |  |
| <b>PHOENIX HOUSE FOUNDATION</b><br>223 West 80th Street<br>New York, NY 10023             | <b>Residential</b><br>Academy<br>Career Academy<br>Portal Pgm-Tier 11 Shelter<br>First Step Detox/rehab  | 1 Day Admit<br>CO-ed 16-19 yrs old<br>18+, GED/HSD req'd<br>must go thru EAU<br>No Methadone  | Jose Diaz- 757-2100 x6740<br>Bob Brennan-595-5810<br>Kenny Jeeves (212) 831-1555<br>H. Arken-718-244-8728<br>Pat Woolrich (718) 726-8484   | Onsite HS classes<br>buprenorphine   |
| <b>POST GRADUATE CENTER</b><br>344 West 36th Street<br>New York, NY                       | <b>Outpatient/MICA Services</b><br>Hours: 9-3pm  | Axis 1=mental health  | Susan Beienldum<br>(212) 560-6731<br>Fax (212) 224-2034  |  |
| <b>PROJECT CONNECT-HARLEM HOSPITAL</b><br>West 125th Street<br>New York, NY 10018         |  |   | Dr. Busch-212-620-7313   |  |



**PROGRAM REFERRAL**

*MMTC Treatment Provider Network*

| Provider Name  | Modality  | Eligibility Restriction  | Contact Person & Tel. #   | Other  |
|--|---|--|---|--|
| <b>LA BODEGA DE LA FAMILIA</b><br>272 E. Third St.<br>New York, NY 10009                             | Day Prog. & Crisis Inter.<br>(24/7; 24 Hour Support)  | Must be Criminal<br>Justice Subst. Abuser<br>Must have family/<br>significant other invol.<br>Must live in 10009 zip | Nellie Coleman - 982-2335   | 1 Day Admit<br>No TB test req'd<br>No Medicaid reqd<br>MICA OK<br>Handicapped ac.  |
| <b>Liberty Mgmt. Grp. - Arms Acres</b><br>1841 Broadway<br>New York, NY 10023                        | <b>Modality</b><br><b>Outpt. Prog./Adolesc. Prog</b><br>(1 - 5 Days)<br>Rehabilitation<br>( up to 55 Da.)                     | <b>Eligibility Restriction</b><br>Medicaid Pending<br>Medicaid Pending   | <b>Contact Person &amp; Tel. #</b><br>Donna DePola (800-846-1130)<br>Cathy Adamson - 399-6900<br>Donna DePola (800-846-1130)<br>Connie Pentony (800-926-5181) | <b>Other</b><br>1 Day Admit<br>Family/Spec. Pop..<br>up to 24 hours<br>Spec. Pops. |
| <b>Liberty Mgmt. Grp. - Conifer Park/Arms Acre</b>   | <b>Rehabilitation</b><br>( up to 55 Da.)  | Medicaid Pending   | Donna DePola (800-846-1130)   | up to 24 hours   |
| <b>Liberty Mgmt. Grp. - Holliswood Hospital</b>  | <b>Inpt. Hosp.</b><br>Dual Diag./Adolescent<br>Inpt. Hospital   | Medicaid Pending   | Connie Pentony (800-926-5181)   | Spec. Pops.<br>up to 24 hours  |
| <b>Liberty Mgmt. Grp. - United Hospital</b>  | <b>Detoxification</b><br>Dual Diag./Adolescent  | Medicaid Pending   | Donna DePola (800-846-1130)<br>Connie Pentony (800-926-5181)  | up to 24 hours<br>(bed availability)   |
| <b>LOWER EAST SIDE SERVICES</b><br>46 East Broadway<br>New York, NY 10002                            | <b>Out. Patient TX</b><br>MTA OP Services<br>Hours varies   | No Groups  | Katherine Marranta<br>(212) 343-3535  |  |
| <b>Su Casa</b><br>7 Gouverneur Slip East<br>New York, NY 10002                                       | Meth to Abstin.(MTAR)<br>Residential - 12-18 mos.<br>MMTP - Short Stay<br>Residential - 6 mos.w/Detox.<br>f& transfer to MTAR | Identification required<br>Identification required   | Larry Robinson<br>(212) 566-7590<br>(F)212-732-5224   | 1 Day Admit<br>1 Day Admit   |
| <b>MOUNT SINAI PSYCHIATRIC CARE CENTER</b><br>One Gustave L. Levy Place<br>New York, NY 10029        | Facility Hospital<br>MICA<br>5 days per week  |  | Kyle Webster Grabbe<br>(212)241-8075<br>Fax (212) 374-6347  |  |
| <b>NARCO FREEDOM-Alternative Drug Free</b><br>477-479 Willis Ave.<br>Bronx, New York, 10455          | <b>Outpatient</b><br>Eve. For 3 hrs<br>Hours: 2-8pm   |  | Manny Rosa<br>(718) 292-4646<br>Fax (718) 665-0803  |  |
| <b>NEPENTHE CARE HOUSING COUNSELING</b><br>435 B Brook Ave., Unit 29 Deer Park<br>New York, NY 11729 | <b>MICA</b><br>Supportive Housing Unit  | High Functioning MICA  | Sandra Khrau<br>(631) 243-3062<br>Fax (631) 243-3132  | wheel chair accessible   |
| <b>NEW VISION PROGRAMS</b><br>147-32 Jamaica Ave.<br>Queens, New York 11435                          | <b>Hours: 24 hours</b><br>Inpatient Emergency<br>HIV,MMTP,MICA  |  | Janica Collins<br>(718) 298-9020  |  |
| <b>NR/DAMON HOUSE</b><br>455 West 50th Street<br>New York 10019                                      | <b>OP/ Substance Abuse</b><br>supportive housing  |  | (212) 262-6000<br>Fax (212) 315-2755  | Voc./Ed.   |



**CONFIDENTIALITY**

*HIPAA (Continued)*

consent or authorization from its client(s). The first is a Standing HIPAA Order that, once executed by a particular drug treatment court, could be used to obtain protected health information from any treatment or other health care provider concerning any participant of that drug court. The second is a more limited HIPAA Order, to be used when a Standing HIPAA Order has not been issued and when a drug court requires protected health information concerning a particular participant from a particular treatment or other health care provider. Samples of the two types of orders are attached to this memorandum as Attachments A and B.

Accordingly, drug treatment courts can obtain protected health information from treatment and other health care providers in compliance with HIPAA in any one of the following three ways: (1) by requiring treatment and other health care providers to obtain HIPAA-compliant consents or authorizations from their clients; (2) by issuing a Standing HIPAA Order; or (3) by issuing individualized HIPAA Orders on a case-by-case basis.

**Continued Applicability of State and Federal Confidentiality Law and Regulations:**

HIPAA's privacy regulations will not require a change in the operations of drug treatment courts. *Drug treatment courts will continue to comply with current federal and state laws and regulations concerning the confidentiality of substance abuse patient records<sup>18</sup> and must continue to obtain waivers of confidentiality from their participants as current procedures dictate.*

State and federal confidentiality laws and regulations will also continue to govern disclosures made by the drug treatment courts to their evaluators for the research and analysis of their programs.<sup>19</sup>

If you have any questions concerning the contents of this memorandum or the impact of HIPAA's privacy regulations on drug treatment court operations, please call Linda M. Baldwin of the Office of Court Drug Treatment Programs at (914) 682-3221.

1. 45 C.F.R. Parts 160 and 164; 65 F.R. 82462; 67 F.R. 53182

2. See 65 F.R. 82462, at 82618.

3. 45 C.F.R. § 160.103; 45 C.F.R. § 164.501.

4. The transactions that automatically turn a health care provider into a "covered entity" are listed in Section 1173(a) of HIPAA and include: health care claims or equivalent encounter information, health claims attachments, health plan enrollments and disenrollments, health plan eligibility, health care payment and remittance advice, health plan premium payments, first report of injury, health care claim status, referral certification and authorization, coordination of benefits, and any other transaction that may be included by the Secretary of the Department of Health and Human Services. (Section 1173(a)(1) and (2) of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); 45 C.F.R. 160.103.)



**CONFIDENTIALITY**

*HIPAA (Continued)*

5. 45 C.F.R. § 160.103.
6. 45 C.F.R. 100.103 defines "health care provider" as "any . . . person or organization who furnishes, bills, or is paid for healthcare in the normal course of business." Some New York State drug treatment courts may be said to furnish healthcare, because 45 C.F.R. § 160.103 defines "health care" as including "assessment . . . with respect to the physical or mental condition, or functional status of an individual".
7. 45 C.F.R. 164.502(a).
8. 45 C.F.R. 164.502(a), 164.506.
9. 45 C.F.R. 164.510, 164.512, 164.514.
10. 45 C.F.R. 164.502(a).
11. 45 C.F.R. 164.502(d).
12. Certain third parties who transmit or receive protected health information to or from covered entities may fall under the definition of a "business associate". Business associates must sign agreements in which they agree to handle such information in compliance with HIPAA's regulations. 45 C.F.R. 164.502(e).
13. 45 C.F.R. 164.502(b)
14. 45 C.F.R. 164.530.
15. 45 C.F.R. 160.310.
16. 45 C.F.R. 164.512(e)(1).
17. Any disclosures made by the treatment provider must conform to the Privacy Rule's "minimally necessary" standard, however, and may contain only the protected health information expressly authorized by such order. 45 C.F.R. 164.512(e)(1)(i).
18. In addressing the exception created for disclosures made in response to an order of a court, DHHS specifically discussed the continued applicability of the federal law concerning the confidentiality of substance abuse patient records, 42 U.S.C. 290dd-2 and its implementing regulations, 42 C.F.R. Part 2, specifically noting that "these more stringent rules will remain in effect." (64 F.R. 59918, at 59959)
19. In responding to comments to the proposed privacy regulations regarding the concern for potential re-disclosure of protected health information by non-covered entities who have received such information pursuant to an exception in the privacy regulations (such as drug treatment courts do when they pass on protected health information to their evaluators), DHHS stated that "[u]nder HIPAA, we have the authority to restrict re-disclosure of protected health information only by covered entities" and that any other re-disclosures "are not within the purview of this rule." Accordingly, the HIPAA regulations will not require New York State drug treatment courts to change the manner in which they allow access to participant data by their evaluators for the purposes of research and evaluation of drug treatment court programs. (65 F.R. 82462, at 82672)



**PROGRAM REFERRAL**

*MMTC Treatment Provider Network*

| Provider Name   | Modality   | Eligibility Restriction  | Contact Person & Tel. #  | Other  |
|---|--|--|--|--|
| <b>GREENWICH HOUSE ALCOHOL/DRUG OP</b><br>55 Fifth Ave<br>New York, NY 10011  | <b>Free Standing Clinic</b><br>Hours: 9:00-8:00pm  | 18 Plus<br>Medicaid/Insurance  | Regina Walker<br>(212) 463-8244<br>Fax (212) 675-3968                      | PSY. On staff<br>strong Voc.                       |
| <b>GREENWICH HOUSE MTA/OP</b><br>50 B Cooper Square<br>New York, NY 10003   | <b>Outpatient</b><br>Methadone to Abstinence<br>Harm Reduction Model<br>Hours: 7-3pm   |  | John Mc Allister/John Anderson<br>(212) 677-3400<br>Fax (212) 979-1359     |  |
| <b>HARLEM EAST LIFE PLAN</b><br>2367-69 Second Avenue<br>NY, NY 10035   | <b>Outpatient</b><br>Drug Free /MTA/MM   | Medicaid/Insurance   | Joanne King<br>212876-2300 ext.107<br>fax 917-492-9202                     | community health care<br>facility                  |
| <b>HELP/PROJECT SAMARITAN, INC.</b><br>1545 Inwood Avenue<br>Bronx, NY 10452<br>1401 University Avenue<br>Bronx, NY 10452 | <b>Day Prog. - Drug-Free</b><br>MUST have HIV diag.<br>HIV/AIDS/Subst.Abuse<br>Medicaid Eligibility<br>Residential & Out Pt. | Identification required<br>Medicaid Eligible<br>Negative PPD<br>PRI, T-Cell >200 | Everett Faison (718)299-5500<br>Bronx<br>Ann Sidel (718)657-1671<br>Queens | Queens-1 Day<br>Brx. 2 x week                      |
| <b>HERITAGE HEALTH HOUSING INC.</b><br>416 West 127th Street<br>New York, NY 10027  | <b>Therapeutic Community</b><br>MICA<br>Supportive Housing Prg.  | Must have HRA approval   | Mark Comrie<br>(212) 866-2600<br>Fax (212) 864-5044                        |  |
| <b>HIGHBRIDGE WOODY CREST</b><br>930 Woody Crest Ave.<br>Bronx, New York 10452  |  |  | (718) 293  |  |
| <b>ICD CHEMICAL DEPENDENCY SERVICES</b><br>340 East 24th Street<br>New York, 10010  | <b>Outpatient/Rehab.</b><br>also services dev. Disabled<br>with physical disabled<br>9:00-5:00pm                             |  | Mary- Ann Foster<br>(212) 585- 6265/6000                                   |  |
| <b>ICL STATE STREET RESIDENCE</b><br>415-417 State Street<br>Brooklyn, New York 11217                                     | <b>Tier 11/MICA Residence</b><br>Mental Health/Substance   | Must have HRA approval   | (718) 693-0200   |  |
| <b>INWOOD COMMUNITY SERVICES INC.</b><br>651 Academy Street<br>New York, NY 10034   | <b>Out Patient</b>   |  | Carol Collins<br>(212) 942-0043  |  |
| <b>J-CAP INC. Queens Village Com. For Mental Health</b><br>116-30 Sutphin Blvd.<br>Jamaica, New York 11434                | <b>Residential</b>   | 18yr +   | Sante Sanchez<br>718-322-2500  | HIV/AIDS Testing<br>Case Mgt.<br>GED/Voc. Training |
| <b>JCAP AFTERCARE SERVICES</b><br>162-04 South Road<br>Jamaica, New York 11433  | <b>Outpatient/aftercare Svcs</b><br>Hours: 6-7pm   |  | Eva Prince<br>(718) 526-1626   |  |



**PROGRAM REFERRAL**

*MMTC Treatment Provider Network*

| Provider Name  | Modality  | Eligibility Restriction  | Contact Person & Tel. #  | Other   |
|--|---|--|--|---|
| <b>DAYTOP VILLAGE</b><br>380 2nd Avenue<br>New York, N.Y. 10010                            | <b>Residential</b><br>Day Program - DrugFree<br>(Bklyn., S.I., Queens, Bronx)<br>Outpt. Prog.<br>(3 - 12 mos.)    | Identification required  | Hodassa Diaz<br>212-904-1500   | 1 Day Admit (?)<br>Will do Medicaid<br>No TB prior<br>Adolescent<br>GED                       |
| <b>DYNAMIC YOUTH COMMUNITY</b><br>1830 Coney Island Ave.<br>Brooklyn, NY 11230             | (9 - 12 mos.)<br>Residential<br>(9 - 12 mos.)<br>Day Program<br>(4 - 8 mos.)                                      | Residents:Bklyn_Lower<br>Ages 16 - 23 y.o<br>Residents:Bklyn_Lower<br>Manhattan,someQueens<br>no tox taken | Barbara Samelli (718) 376-7923<br>Fax (718) 998-9878   | Outpt.5 Days w/<br>Will accept for<br>Outpt.5 Days w/<br>Resid. Wkends.<br>1 Day Admit        |
| <b>EDUCATIONAL ALLIANCE-PRIDESITE 1 &amp; 2</b><br>197 East Broadway<br>New York, NY 10009 | <b>Therapeutic Community</b><br>9-12 months<br>Hours: 24x7  | Ages 16-21 years   | Bill Robbins<br>(212) 533-2470   |   |
| <b>EDUCATIONAL ALLIANCE-Project Connect</b><br>315 East 10th Street<br>New York, NY, 10009 | <b>Outpatient</b><br>9:00-3:00pm  |  | Elizabeth Liebeskind<br>Vera Burke<br>(212) 533-3570   |   |
| <b>EL REGRESSO</b><br>189-191 South Second Street<br>Brooklyn, NY 11211                    | <b>Residential</b><br><b>Therapeutic Community</b><br>Male facility /female facility                              |  | Miguel Cardova<br>(718) 398-0540   |   |
| <b>EL REGRESSO-OUT PATIENT</b><br>32 Metropolitan Avenue<br>Brooklyn, NY 11211             | <b>Out Patient Services</b>   |  | Barbara Stern<br>(718) 384-6400<br>Fax (718) 398-0540  |   |
| <b>ELMCOR</b><br>107-20 Northern Blvd.<br>Corona, New York, 11368                          | <b>Therapeutic Community</b><br>Hours: 24x7<br>Male & Female Component<br>Day Prog. - Drug-Free<br>Outpt. Program | 18 plus without MEDS.  | Ms. Jackson<br>(718) 651-0096<br>Fax (718) 533-1357<br>Erroll Sam - (718)651-0096                                | 1 Day Admit<br>Day / Evening Hrs.<br>Will do Medicaid<br>No TB prior                          |
| <b>F.E.G.S. - Link Program</b><br>62 W. 14th St. (4th floor)<br>New York, N.Y. 10011       | <b>MICA Assess./Placement</b><br>(Inpatient/Outpatient)<br>(Bridge between referral &<br>tx provider              | Mentally Ill Offenders<br>Only Axis I Diagnosis  | Intake: Lauren D'Isselt -366-8373<br>Pat Brown, Dir. - 366-8584<br>Sam Coton, Asst.- 366-8592<br>(Fax: 366-8564) | Same Day Interview<br>(Riker's Unit Avail.)<br>Will put HRA Applic<br>Will facilitate Interv. |
| <b>FORTUNE SOCIETY</b><br>39 West 19th Street<br>New York                                  | <b>ATI - Services</b><br>Substance Abuse/Voc./ED.<br>Hours: 10:00-2:30pm  |  | Collin Hewitt-212-691-7554   |   |
| <b>FORTUNE SOCIETY "Nueva Vida"</b><br>53 West 23rd Street<br>New York, NY 10010           | <b>Day Treatment Prog.</b><br>Outpatient<br>Hours: 9:00-2:00pm  | Spanish Only Adolescent  | Lacey Williams/Edwin Carraballo<br>(212) 691-7554<br>Fax (212)255-4849   |   |



**CONFIDENTIALITY**

*Consent for the Release of Confidential Medical and Psychiatric Information*



**CRIMINAL COURT OF THE CITY OF NEW YORK  
Manhattan Misdemeanor Treatment Court  
60 Lafayette Street  
New York, NY 10013**

**SAMPLE**

**Consent for the Release of Confidential Medical and Psychiatric Information**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
[Name of Participant] [Name of Drug Treatment Provider]  
To release my medical and/or psychiatric records to the Manhattan Misdemeanor Treatment  
(MMTC) and its clinical staff.

I also hereby authorize the MMTC clinical staff to re-disclose this information to substance  
abuse treatment providers when required for my admission.

I understand that the extent of the information to be disclosed includes, but is not limited to:  
diagnosis, intake and discharge summaries, course and progress treatment and prescribed  
medications.

I understand that the purpose for this disclosure is to develop and implement an appropriate  
substance abuse and social service treatment plan, as well as to monitor said plan and make  
adjustments when necessary.

I understand that this authorization for release of information will be in effect until such time  
as my participation with the MMTC and affiliates has officially ended.

Date \_\_\_\_\_

Signature of Defendant \_\_\_\_\_

Witness \_\_\_\_\_

CRC 3180 (rev 2/28/06)



**CONFIDENTIALITY**

*Order to Disclose Protected Health Information*

The following text is from a memo distributed on August 5, 2003 by the NYS Office of Court Drug Treatment Programs

To further clarify our position concerning the treatment providers' responsibility for obtaining HIPAA-compliant consents or authorizations from their clients, we recommend that in the future your courts' linkage agreements with their providers include the following language:

The Provider acknowledges that it is a "covered entity", as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As such, the Provider understands that it may be required to obtain HIPAA-compliant authorizations or consents from its clients enrolled in the Court sufficient to permit its disclosure of protected health information concerning those clients upon request to the Court.

Notwithstanding this language, as discussed in our July 25, 2003 memorandum regarding the impact of HIPAA's privacy regulations on drug treatment court operations, a Court may nevertheless decide to issue a standing or individualized HIPAA Order exempting the provider from having to obtain the otherwise necessary authorization or consent from its drug-court referred client(s) prior to disclosing protected health information concerning such client(s) to the drug court.

To explain the effect of these HIPAA Orders to the providers, the Office of Court Drug Treatment Programs has developed a notice entitled Notice to Treatment and Other Health Care Providers Regarding Court Order To Disclose Protected Health Information. We recommend that a copy of the Notice, which is attached to this memorandum, be sent, along with the HIPAA Order, to the treatment or other health care provider to whom the HIPAA Order is being sent.



**PROGRAM REFERRAL**

*MMTC Treatment Provider Network*

| Provider Name  | Modality  | Eligibility Restriction  | Contact Person & Tel. #  | Other  |
|--|---|--|--|--|
| <b>BRC-Cecil House</b><br>149 West 132nd Street<br>New York, NY 10027                            | Tier 11 MICA Residential  |  | (212)926-1154 Fax (212) 926-0858                                       |  |
| <b>BRIDGE BACK TO LIFE</b><br>175 Remsen Street<br>Brooklyn, New York 11201                      | outpatient/sober house<br>Manhattan, Bklyn, Staten Is<br>Adolescents-Coney Is<br>40 bed sober home<br>25 bed sober home | medicaid<br>males only<br>males only                                       | Mildred Piscatta<br>212-679-4960                                       |  |
| <b>CAMELOT</b><br>273 Heberton Ave.<br>Staten Island, NY 10302                                   | Residential<br>6-9 months   | Males Only<br>No MICA<br>Soft Meds Only<br>Ages 14-21 years<br>ID Required | Joe Alexander<br>(718) 816-6589  |  |
| <b>CENTER FOR COMP. HEALTH PRACTICES</b><br>163 East 97th Street<br>New York, NY 10029           | Out Pt.   | MICA<br>Medicaid Pending   | Barbara Bonds<br>(212) 360-7400  |  |
| <b>CENTER FOR COMMUNITY ALTERNATIVES</b><br>39 West 19th Street<br>New York, NY, 10011           | Day Treatment   | Females only   | Linda Wright<br>212-691-1911   |  |
| <b>CENTER FOR GROWTH AND DEVELOPMENT</b><br>45 Dixon Avenue<br>Amityville, New York 11701        | Outpatient<br>MICA<br>Supportive Housing  | psych evakation<br>ids<br>medicaid eligible                                | Larry Ware<br>631-691-0769<br>fax 634-691-1817                         |  |
| <b>CORNERSTONE MEDICAL ARTS</b><br>57 West 57th Street<br>New York, NY 10019                     | Detox<br>Rehab<br>Pride Inc.-Out Pt.  | Active Medicaid<br>Active Medicaid<br>Active Medicaid                      | Garry Davis<br>(212) 755-0200<br>Jim Sinclair<br>212-755-0200 ext 3901 |  |
| <b>CREATE INC</b><br>73-75 Lenox Ave.<br>New York, NY 10026<br>(212) 663-1596 Fax (718) 663-1293 | Out Pt and residential  | Medicaid Pending   | Ms. Malcolm<br>212-663-1596<br>fax 212-6631293                         |  |
| <b>CUMBERLAND DIAGNOSTIC TX CENTER</b><br>100 North Portland Ave<br>Brooklyn, NY 11205           | Out Pt<br>Adolescents<br>Adults   | Medicaid/insurance   | Theresa Grant<br>(718) 260-7796<br>Joanne Smith<br>718-260-7887        |  |
| <b>CIS</b><br>111 John Street, Suite 930<br>New York, NY10038                                    | Drug-free OP<br>(1 - 5 Days)<br>Intensive OP<br>(5 Days per week)<br>Day Program<br>(9 - 3, 5 Days per week)            | Medicaid Pending<br>Identification required                                | Ron Capozzoli 212-964-0128<br>(212) 385-8886                           | 1 day admit<br>Spec. Pops.<br>Parenting/Family |



**PROGRAM REFERRAL**

*MMTC Treatment Provider Network*

| Provider Name   | Modality  | Eligibility Restriction   | Contact Person & Tel. #   | Other   |
|---|---|---|---|---|
| <b>ACI</b><br>500 West 57th Street<br>New York, NY 10019  | Rehab   | Medicaid  | David Bochner-212-293-3000 ext 31   |   |
| <b>ADDITION RESEARCH &amp; TREATMENT CORP</b><br>22 Chapel St. (administrative offices)<br>Brooklyn, NY 11201 | <b>RISE DAY PROGRAM</b><br>(4.5 Hrs. x 5 Days - DF)<br>2195 3rd Ave. Manhtn.<br>937 Fulton, Brooklyn                          | Identification required<br>(4:30 pm - 9:00 pm)<br>(4:00 pm - 8:30 pm)           | Nat Fields - 348-5650<br>690-6490<br>Fax:543-2219<br>Renee Sumpter-718-398-7143<br>718-789-1212 | 5 Tx Stages<br>12 Months<br>Grps.,Acupunc.,<br>Voc-Ed.<br>Medicaid elig.<br>Detox with Meth.<br>All other services<br>Medicaid elig./<br>will apply<br>Coord. between<br>all serv. programs |
| <b>AHRC</b><br>200 Park Ave South<br>New York, NY 10003   | <b>Meth. to Abstinence</b><br><br>Opiate Detox Program<br>(30, 60 or 90 Day Detox)  | Identification required<br>1 to 2 yrs.<br><br>Identification required           | Doris Hammonds-348-5650<br>Renee Sumpter-718-789-1212<br><br>same as above                      |   |
| <b>ASIAN AMERICAN RECOVERY SERVICES</b><br>Hamilton Madison<br>253 S. Street, 2nd Floor<br>New York, NY 10007 | <b>Out Patient</b>  | Cognitive disabilities<br>medicaid Pending<br>adults & adolescents              | Deborah Lombardi<br>(212) 780-2570<br>Fax (212) 777-3198  |   |
| <b>ATC</b><br>600 East 125th Street<br>Ward Island, Bldg. 105<br>New York, NY 10035                           | Rehab   | no medicaid required  | (212) 369-0500<br>Katherine Santiago Vasquez  |   |
| <b>A WAY OUT, Inc.</b><br>10-34 44th St.<br>L.I.C., NY 11101  | <b>Day Program</b><br>(9 - 5, 9 - 1)<br>(6 Days)<br><b>Evening Prog.</b><br>(6 - 9 x 5 Da.)<br>Outpt. Prog.<br>(as scheduled) | Some I.D.<br>No Alcohol Primary   | Cassandra McCleese or<br>(Anthony Bridgeman - Director)<br>(718) 784-0200, X101                 | MICA w. Meds<br>1 Day Admit   |
| <b>BASICS</b><br>1064 Franklin Ave.<br>Bronx, New York, 10456   | <b>Residential/Out Pt.</b>  | No MICA<br>PPD/Current Med.<br>ID Required<br>Psychosocial<br>Medicaid eligible | David Jones<br>(718) 861-5650<br><br>Tomas Cruz<br>718-861-5650                                 |   |
| <b>BRC BOWERY RESIDENTS COMMITTEE</b><br>191 Chrystie Street<br>New York, NY 10002                            | <b>In &amp; Outpatient</b><br>24x7  |   | Jesse Gwyn<br>(212) 533-5700  | Service Homeless<br>MICA  |



**CONFIDENTIALITY**

*Order to Disclose Protected Health Information (Individual Order)*



**NOTICE**

**TO TREATMENT OR OTHER HEALTH CARE PROVIDERS REGARDING COURT ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION**

In order to fulfill its mission, the \_\_\_\_\_ relies on up-  
[name of drug treatment court]

to-date information from you concerning the health of its participants (your clients), including their progress in substance abuse treatment. Although such information is considered to be “protected health information” (as defined under the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)), which requires you to obtain appropriate HIPAA-compliant consents or authorizations from your clients prior to disclosing the requested information to this drug treatment court, the attached HIPAA order will permit you to do so without obtaining such a consent or authorization.

45 C.F.R. 164.512(e)(1) of HIPAA’s privacy regulations creates an exception to the general requirement that a HIPAA-compliant consent or authorization form be in place prior to the disclosure of any protected health information. The exception provides that no consent or authorization is needed if protected health information is disclosed “in the course of any judicial or administrative proceeding . . . in response to an order of a court or administrative tribunal.” The attached order has been executed in order to place such disclosures by your treatment program or health care organization squarely within this exception.

*Please note that this order does not alter your current obligations regarding compliance with applicable federal confidentiality laws and regulations.*

If you have any question concerning this notice or the attached order please call Linda Baldwin of the Office of Court Drug Treatment Programs at (914) 682-3221.



**CONFIDENTIALITY**

Court Order Mandate for Treatment

**SAMPLE**

CRIMINAL COURT OF THE STATE OF NEW YORK  
COUNTY OF MANHATTAN: CRIMINAL TERM  
THE PEOPLE OF THE STATE OF NEW YORK

PART: MMTC

-----  
v. Order:  
Date:  
DOC. No.:  
Defendant  
-----

HON. (Judge's name here)

Chapter 649 of the Laws of 1996 amended Section 364 j of the New York State Social Services Law to include the following provision relevant to court ordered care:

*"A managed care provider, comprehensive HIV special needs plan and mental health special needs plan shall provide services to participants pursuant to an order of a court of competent jurisdiction provided, however, that such services shall be within such provider's or plan's benefit package and are reimbursable under Title XIX of the federal social security act." (SSL § 364 j(4)(r))*

The following individual, \_\_\_\_\_, has been ordered by this Court to receive mental health, alcohol or substance abuse treatment or other medical care at (NAME AND ADDRESS OF TX PROVIDER) for the following duration: (PERIOD OF TREATMENT).

If this individual is enrolled in a managed care plan, and the treatment or care to be provided is included under such person's managed care basic benefit package and is a Medicaid eligible service, the law requires that the managed care plan reimburse the provider for the provision of the treatment or care. Reimbursement is required whether or not such provider is a member of the managed care plan's provider network.

This constitutes the order of the Court.

\_\_\_\_\_  
(Judge's name here)  
Criminal Court  
Dated: New York, NY



**PROGRAM REFERRAL**

Referring Treatment Plan- Page 2

**SAMPLE**

In the event you find an MMTC referral inappropriate for intake during the admission process, MMTC must be notified immediately. Attached you will find a Program Admission Denial Form which will explain to us why the client was inappropriate for treatment at your facility. We request that this form have both the client's signature and the intake supervisor's signature, acknowledging that the client was informed that he/she was not appropriate for treatment and that he/she must be escorted back to MMTC by the program forthwith. If it is after business hours or near the end of the business day, then the client must be escorted back to MMTC at 9:00am the following morning. Once the supervisor of intake and the client have both signed this form, please fax it to (212) 374 -1725.

As a requirement for your facility's continued participant in our program, monthly comprehensive progress report must be submitted detailing the defendant's progress or lack of progress, including any rule breaking or program infractions, if any. A report must be filled out each month regardless of how long a defendant has been in treatment.

Any significant changes in a defendant's treatment status must be reported to his/her case manager immediately. Mr./Ms. \_\_\_\_\_'s MMTC case manager is \_\_\_\_\_. He/she can be reached at (646) 386-4625. In addition to the phone calls that your facility will make to keep MMTC advised of a participant's status, MMTC's case managers will contact you weekly to check on a participant's progress. In the event that a participant absconds from treatment, or commits an infraction requiring termination, you must immediately telephone the client's MMTC case manager and fax a termination report to (212) 374 - 1725, outlining the events leading up to their termination, followed by mailing the original termination report to the defendant's case manager at the Manhattan Misdemeanor Treatment Court. Please note, that if the participant did not abscond, then the treatment program must escort the participant back to MMTC

To facilitate the client's admission, copies of Consents for Release of Confidential Information are enclosed.

We look forward to working with you in this shared endeavor to assist those struggling with addiction.

Yours truly,

\_\_\_\_\_  
Manhattan Misdemeanor Treatment Court Representative



**PROGRAM REFERRAL**

*Referring Treatment Plan*

**SAMPLE**

**Manhattan Misdemeanor Treatment Court**

CRIMINAL COURT OF THE CITY OF NEW YORK

60 Lafayette- 3A, New York, NY 10013

P: (646) 386-4625

F: (212) 374-1725

Case Manager: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Program Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To Whom It May Concern:

Thank you for accepting our referral. We appreciate your commitment to serving those in need of treatment for their addiction. The Manhattan Misdemeanor Treatment Court believes that your acceptance of our clients will not only help them combat their addiction, but also reduce their future involvement in the criminal justice system.

Pursuant to a plea, Honorable (Judge's name here) of the Criminal Court Part, New York County, has sentenced the defendant, Mr./Ms \_\_\_\_\_ to your treatment facility. A copy of the defendant's plea agreement is attached.

To determine eligibility for adjudication into MMTC, Mr./Ms. \_\_\_\_\_ Was assessed and assigned a level of treatment which sets the parameters for what types of treatment is needed (i.e. residential, outpatient, or day treatment), how often urinalysis should be conducted, how often he/she is to appear in court and how often he/she is to report to his/her MMTC case manager. We have attached a copy of MMTC's Treatment Plan Recommendation Form, outlining the above.

Mr./Ms. \_\_\_\_\_ has been assigned to Band \_\_\_\_\_, which requires that he/she participate in all phases of your program, have urinalysis conducted \_\_\_\_\_ time(s) per week/month and meet with his/her MMTC case manager \_\_\_\_\_ time(s) per month. We expect your program will incorporate this information into his/her treatment plan and adhere to the requirements above.

**Manhattan Misdemeanor Treatment Court**

**CONFIDENTIALITY –  
Procedures**



## CONFIDENTIALITY

### Procedures

#### INTRODUCTION

All MMTC clinical staff are subject to federal laws and regulations (42 U.S.C. §290dd-2 and 42 CFR, Part 2) prohibiting disclosure of all records relating to the identity, diagnosis, prognosis, or treatment of any patient in a substance abuse program. We are only able to discuss this information with persons and organizations that are specifically named in one of the defendant's signed "Releases" of Confidential Information. The only exceptions to this prohibition follow:

- medical emergencies
- information relating to crimes on Treatment Center premises or against our staff
- information that does not identify the participant
- internal treatment court communications
- qualified service organizations
- research and audits (subject to strict limits)
- disclosure pursuant to court order
- information regarding suspected abuse or neglect of child reported to appropriate authorities
- Veterans' Administration or Armed Forces Records

Violations of these federal laws and regulations is a criminal offense that would subject both the individual and the court to fine.

Despite the high level of protection afforded to substance abuse treatment records, MMTC clinical staff are in almost all cases allowed to gain all the information necessary to properly evaluate candidates for possible inclusion in the MMTC program and intensively monitor their progress and compliance by obtaining the proper informed, written consent.

#### CONSENT PROCEDURE

##### Clinical Assessment

Before the full clinical assessment may begin, the Case Manager must explain and obtain the signature of the defendant on the following Releases of Confidentiality:

1. **Consent for Release and Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information.**



## PROGRAM REFERRAL

### Linkage Agreement and Memorandum of Understanding

- To the extent possible, the Provider will adhere to treatment terms and requirements as set forth in the Court-mandated terms of treatment but will make all other determinations regarding content and scope of treatment consistent with Court-mandated terms of treatment and will notify the Court in writing of all such determinations.
- Providers accepting Court clients must provide regular consistent and observed urine testing as per Court-mandated terms of treatment and provide those results to the Court as per information exchange agreements.
- If, after admission, the Provider can no longer provide services consistent with the Court's mandate, the Provider will notify the Court immediately (within 24 hours) to discuss alternative plans and referrals.
- If a client fails to appear for admission, leaves against or without permission of the Court and/or Provider or fails to return to a program at a specified time, the Provider will immediately (within 24 hours) notify the Court.
- The Provider will submit all written reports and accounts as set forth in the Information Exchange Requirements provided by the Court and will provide information including but not limited to attendance, scope of treatment, quality of participation, all urine test dates and results, problems, achievements and treatment accomplishments.
- To the extent possible, the Court will endeavor to establish and maintain a **partnership with the Provider** where treatment decisions for specific clients are mutually acceptable and information is easily accessible.
- In some situations, the Provider may be asked to participate and/or testify in a court proceeding.
- To ensure a collaboration, the Provider is encouraged to initiate communication with the Court regarding a client's treatment or any related issues as often as necessary. To the extent possible, the Provider may seek to use the Court as a motivator for treatment compliance.

#### TERMINATION

This agreement may be terminated by either party upon written notification and shall be effective thirty (30) days from the receipt of such notification. Termination of the agreement shall not require the termination of existing clients. Said clients shall continue to be serviced in accordance with the terms set forth in this agreement until such time the client is no longer under the supervision of the Court. The undersigned agree to implement this agreement within their respective agencies.

\_\_\_\_\_  
Print Name & Title (On behalf of the Court)

\_\_\_\_\_  
Print Name & Title (On behalf of the Provider)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



## PROGRAM REFERRAL

### Linkage Agreement and Memorandum of Understanding

**SAMPLE**

#### Manhattan Misdemeanor Treatment Court Linkage Agreement and Memorandum of Understanding

The following is a referral/linkage agreement between the **Manhattan Misdemeanor Treatment Court** (herein after referred to as "Court") located at 60 Lafayette Street, New York, NY 10013 and

\_\_\_\_\_ (Herein after referred to as "Provider")  
located at: \_\_\_\_\_

This agreement shall be effective beginning: \_\_\_\_\_ and establishes a reciprocal relationship which will facilitate professional, appropriate, effective and confidential services to persons referred by the Court. Provisions of this agreement are herein set forth:

- Prior to the signing this agreement, the Provider shall provide to the Court written copies of 1) the Provider's established policy regarding acceptance potential clients, 2) any regulations regarding confidentiality as well as 3) all regulations impacting treatment and client expectations.
- At the time of referral to the Provider, the Court will provide the Provider with a referral package including assessment information and all information regarding Court-mandated terms of treatment for that specific client as well as copies of existing linkage agreements and information exchange requirements.
- The Court will provide written Consent to Release Information Forms by fax to the agency upon referral of a client. The Provider shall make all final determinations regarding the suitability of potential clients consistent with established program criteria and this agreement and will immediately (within 24 hours) notify the Court of all final decisions regarding admissibility for every referred client.
- If a client is found unsuitable for admission, the Provider, after contacting the Court, may make subsequent referrals without the same modality to Court approved Providers.
- If subsequent referrals for an unsuitable client cannot be made by the Provider, the Provider must immediately (within 24 hours) notify the Court and immediately instruct the client to return to the Court for further referrals by Court staff.
- The confidentiality and exchange of client information between the Court and the Provider shall be governed by regulations specified in the Court's Consent Forms and applicable Provider regulations.
- For every client of the Court, the Provider will identify a liaison as well as a "back up" with whom to exchange information and ensure consistent communication with the Court.



## CONFIDENTIALITY

### Procedures (Continued)

2. **Consent to Release Confidential Medical and Psychiatric Information**
3. **Consent for the Release of Confidential HIV-Related Information** (if applicable)
4. **General Consent to Release Confidential Information** (optional)

#### CRC 3148 - Authorization for Release, Disclosure and Re-Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information

This release allows MMTC and any program that the defendant ultimately attends to share progress information.

**Termination:** This release ends upon the termination or completion of the MMTC mandate.

#### Consent to Release Confidential Medical and Psychiatric Information

This release must be completed by the defendant so that we obtain treatment records of a medical or psychiatric condition in order to refer, place or monitor the individual in treatment.

**Termination:** This release ends upon the termination or completion of the MMTC mandate.

#### Authorization for Release of Confidential HIV- Related Information

This form must be signed by any participant that has either HIV or AIDS. Information relating to an individual's HIV status is protected under New York State Law. In order to share information to a defendant's HIV status with any outside agency, including community-based treatment providers, defendant must sign this release.

**Termination:** This release has discrete time limitation but should be filled out to coincide with the length of the participant's MMTC mandate.

#### General Consent to Release Confidential Information

The General Consent should be completed and signed when the clinical staff must release any treatment information to any individual not covered by any of the other forms listed above. This may include members of the participant's family whom the defendant wishes to allow disclosure to, ancillary services, employer's, friend's, etc.



## CONFIDENTIALITY

*Procedures (Continued)*

**Termination:** Clinical staff must clearly define the date event or condition that terminates the release. Clinical staff will typically use the completion or termination of the MMTC mandate as the event that will terminate the release.

### MONITORING PROGRESS

Case managers should always make sure that their participants' Releases are current. New Releases should be executed for the following situations:

1. Entry into each new program or ancillary service provider
2. Obtain information relating to new medical or psychiatric treatment obtained during the course of the treatment mandate
3. Release information to other entities or persons requested by the participant or the Court

### COMMUNICATION WITH OUTSIDE AGENCIES

All clinical staff should use the greatest care when corresponding with any outside agency concerning any information relating to a participant's substance abuse treatment. Only necessary information should be sent to an outside agency and clinical staff should be sure that the right agency is contacted. All correspondence concerning a participant's treatment, either by mail or fax should include **Prohibition Against Re-disclosure** as a cover sheet. This form serves a dual purpose:

1. It prohibits the re-disclosure of the information unless consent has been given; and
2. It protects the correspondence from unintended recipients

### COURTROOM

Disclosure of treatment information routinely happens in the courtroom during a participant's court appearance, the same information discussed in court may not be discussed or re-disclosed by treatment staff unless authorized by a signed "Release" or by one of the exceptions listed above. Although it may seem strange, clinical staff are not even allowed to share this treatment information with close family or friends of our participants without a signed "Release."



## PROGRAM REFERRAL

*Program Requirements- Residential*

### Manhattan Misdemeanor Treatment Court

CRIMINAL COURT OF THE CITY OF NEW YORK

60 Lafayette- 3A, New York, NY 10013

P: (646) 386-4625

F: (212) 374-1725

### Information Exchange Requirements

As part of the Court's efforts to truly work in partnership with treatment providers, it is essential that the Court receive ongoing process and compliance information about clients while in treatment. The following are reporting requirements for residential settings:

- Immediate notification\* of termination, discharge or "split" (written or verbal)
- Immediate notification of "Cardinal Rule" breaks (written or verbal)
- Immediate notification of hospitalization or significant disruption of treatment process (written or verbal)
- Consistent telephone contact regarding treatment progress of client
- Notification of all: (written or verbal)
  - Contracts / learning experience
  - Phase / stage advancements
  - Rule breaking
  - Privilege revocation
  - Achievements / accomplishments
- Twice a week urine testing or other toxicology screening with detailed written report of each drug screen sent to resource coordinator at least once a month (written)
- Weekly Standardized Reports\*\* for clients faxed to MMTC Resource Coordinator (written submitted on MMTC forms)
- Letters or documentation regarding special issues or circumstances, upon request

**\*Immediate Notification: If the incident occurs on a weekend or holiday, the Treatment Provider is required to leave a voicemail message for Court personnel and a follow-up telephone call on the next business day.**

**\*\* Weekly Standardized Reports are required. Verbal and/or written information regularly exchange must occur with Court personnel.**



## PROGRAM REFERRAL

Program Requirements- Outpatient

**Manhattan Misdemeanor Treatment Court**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
60 Lafayette- 3A, New York, NY 10013  
P: (646) 386-4625  
F: (212) 374-1725

### Information Exchange Requirements

As part of the Court's efforts to truly work in partnership with treatment providers, it is essential that the Court receive ongoing process and compliance information about clients while in treatment. The following are reporting requirements for outpatients settings:

- Notification immediately after three consecutive missed appointments or treatment days (written or verbal)
- Immediate notification of termination or discharge (written or verbal)
- Immediate notification of "Cardinal Rule" breaks (written or verbal)
- Immediate notification of hospitalization or significant disruption of treatment process (written or verbal)
- Consistent telephone contact regarding treatment progress of client
- Notification of all: (written or verbal)
  - Contracts / learning experience
  - Phase / stage advancements
  - Rule breaking
  - Privilege revocation
  - Achievements / accomplishments
- Twice a week urine testing or other toxicology screening with detailed written report of each drug screen sent to resource coordinator at least once a month (written)
- Weekly Standardized Reports\* for clients faxed to MMTC Resource Coordinator (written submitted on MMTC forms)
- Letters or documentation regarding special issues or circumstances, upon request

**\* Weekly Standardized Reports are required. Verbal and/or written information exchange must occur regularly with Court personnel.**



## CONFIDENTIALITY

Consent for Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information

**Manhattan Misdemeanor Treatment Court**  
60 Lafayette Street, 3A  
New York, NY 10013

**SAMPLE**

**CONSENT FOR RELEASE AND DISCLOSURE OF CONFIDENTIAL  
ALCOLHOL AND/OR DRUG ABUSE PATIENT INFORMATION:**  
Disclosure of Treatment Progress

I, \_\_\_\_\_, Docket # \_\_\_\_\_, do hereby authorize Manhattan Misdemeanor Treatment Court (MMTC) and its staff to receive information from and release information to:

\_\_\_\_\_  
(Name and address of the Treatment Program and/or any other subsequent treatment program to which I am referred)

I understand that information pertaining to my attendance and progress in treatment is protected by Federal Regulation 42CFR Part2, "Confidential of Alcohol and Drug Abuse Patient Records," and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I willingly and voluntarily authorize MMTC staff and the staff at any other mandated treatment program to disclose information regarding my previous treatment episodes, current and previous substance abuse history, current need for treatment as well as progress, attendance and degree of participation in any treatment or components thereof as mandated by the court, to the Judge, all employees of the Court, the District

Attorney, \_\_\_\_\_, and the \_\_\_\_\_ as necessary to monitor  
(Defendant's Lawyer) (Defense Counsel's Law Firm)

my court mandated treatment, and allow for its re-disclosure to the following parties:

- New York City Police Department, and
- New York City Department of Correction,  \_\_\_\_\_ New York City Department of Probation (for all purposes),
- New York City Police of Probation (for the sole Purpose of providing a pre-sentence report to the Court),  \_\_\_\_\_ New York State Division of Parole.

[Check and initial appropriate box(es)]

The extent of the information to be released is the treatment recommendation, diagnosis, attendance, scope of treatment, treatment progress and quality of participation, dates and results of urinalysis testing, and termination or completion of my treatment.

The sole purpose of this disclosure is to comply with the condition of my court mandate and to inform the listed parties of my ongoing participation and progress in the mandated treatment and my consent for release of such information is limited to these purposes.

I understand that the re-disclosure of information to the Judge, my attorney, the District Attorney and other parties mentioned above my take place in open court during standard courtroom proceedings.

I understand that the information may affect my sentence or the conditions of release and/or result in modifying the terms of my sentence or conditions or release and/or the terms of my participation in a treatment program.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a format determination or revocation of my conditional release/discharge under which I was mandated to receive treatment.

I understand that the recipients of this information may re-disclose it only in connection with their official duties and with respect to the terms of my sentence and/or mandated treatment.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian if Client is Under 18)

\_\_\_\_\_  
(Date)

CRC 3178 (rev. 04/02/03)



**CONFIDENTIALITY**

*Consent to Release of Confidential Medical and/or Psychiatric Information*



**Manhattan Misdemeanor Treatment Court**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
60 Lafayette- 3A, New York, NY 10013  
P: (646) 386-4625  
F: (212) 374-1725

**Consent for the Release of Confidential Medical and Psychiatric Information**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
*(Name of Participant)*

to release my medical and/or psychiatric records to the Manhattan Misdemeanor Treatment Court (MMTC) and its clinical staff.

I also hereby authorize the MMTC clinical staff to re-disclose this information to substance abuse treatment providers when required for my admission.

I understand that the extent of the information to be disclosed includes, but is not limited to: diagnosis, intake, and discharge summaries, course and progress of treatment and prescribed medications.

I understand that the purpose for this disclosure is to develop and implement an appropriate substance abuse and social service treatment plan, as well as to monitor said plan and make adjustments when necessary.

I understand that this authorization for release of information will be in effect until such time as my participation with MMTC and affiliates has officially ended.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Defendant*

\_\_\_\_\_  
*Witness*

CRC 3180 (rev. 2/28/06)



**PROGRAM REFERRAL**

*Treatment Progress Form- Page 2*



**New York State Unified Court System**  
**Page 2 (Mandatory for all Family Treatment Court Cases)**  
**Drug Court Treatment Progress Form Clients Name:**

Comments, concerns and issues regarding children where the court may be able to assist: (Please include names of children and date of occurrence if known) (e.g. , child visitation and child service issues, parent/child interaction, etc.)

**CLIENT SELF-REPORTED:**

**TREATMENT PROVIDER OBSERVED:**

**FAMILY SERVICES:**

**\*\* Any information reported on this form does not release treatment provider from any responsibility to immediately notify the appropriate child service agency (e.g., ACS) and/or the court of any outstanding issues or concerns.**

**ADDITIONAL COMMENTS (Not Required)**

Please use this space for any additional comments or to continue answers from previous sections





**CONFIDENTIALITY**

General Consent for the Release of Confidential Information



**Manhattan Misdemeanor Treatment Court**  
 CRIMINAL COURT OF THE CITY OF NEW YORK  
 60 Lafayette- 3A, New York, NY 10013  
 P: (646) 386-4625  
 F: (212) 374-1725

**GENERAL CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize  
 (client/print name)

\_\_\_\_\_ (persons/program)

to disclose to \_\_\_\_\_

the following information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The purpose for such disclosure is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that my records are protected under federal law and cannot be disclosed without my written consent unless otherwise provided for in federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, this consent expires automatically as described below.

Specification of the date, event, or condition upon with this consent expires:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Client Signature/Date

\_\_\_\_\_  
 Witness Signature/Date

CRC 3179 (rev.04/0203)



**PROGRAM REFERRAL**

Educational Attendance and Progress Form



**Manhattan Misdemeanor Treatment Court**  
**Educational Attendance and Progress Form**

|               |             |
|---------------|-------------|
| Student Name: | Start Date: |
|---------------|-------------|

**COURT INFORMATION**

|               |            |      |
|---------------|------------|------|
| Case Manager: | Telephone: | Fax: |
|---------------|------------|------|

**SCHOOL/AGENCY INFORMATION**

|                     |            |
|---------------------|------------|
| Agency/School Name: | Address:   |
| Instructor Name:    | Telephone: |

**SCHOOL SCHEDULE**

|                                   |     |     |     |       |     |     |
|-----------------------------------|-----|-----|-----|-------|-----|-----|
| Days of the week student attends: | Mon | Tue | Wed | Thurs | Fri | Sat |
|-----------------------------------|-----|-----|-----|-------|-----|-----|

**MONTHLY ATTENDANCE ( P =Present, E = Excused, A= Absent, L =Late )**

|        |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Month: | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |

|        |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Month: | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |

|        |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Month: | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |

**ACADEMIC INFORMATION ( E = Excellent, G = Good, I= Improved, NI = Needs Improvement )**

|                                     |                  |
|-------------------------------------|------------------|
| Attitude towards School/Vocational: | PREDICTOR SCORE: |
| Class Participation:                | TABE SCORE:      |
| Recommendation:                     |                  |

**COMMENTS**

|  |
|--|
|  |
|--|

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PROGRAM REFERRAL**

Aftercare Letter Request Form



**Manhattan Misdemeanor Treatment Court**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
60 Lafayette- 3A, New York, NY 10013  
P: (646) 386-4625  
F: (212) 374-1725

DATE:

Office of Correctional Health Services  
New York City Department of Health & Mental Hygiene  
233 Broadway, 26th Floor  
New York, N.Y. 10007

Dear

I am writing to obtain copy of the complete medical records for inmate whose case is being adjudicated in the Manhattan Misdemeanor Treatment Court (MMTC).

Inmate's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

NYSID#: \_\_\_\_\_

B&C#: \_\_\_\_\_

Please call Kathleen McDonald for any additional information at 1-212-386-4629.

Sincerely,

MMTC Case Manager

Please include the following information:

- HIV
- PPD
- T-Cell Count
- Viral Load
- Medications
- Psychiatric Information
- Aftercare Letter



**CONFIDENTIALITY**

Prohibition on Disclosure of Information Concerning Clients in Alcohol and Drug Abuse Treatment



**Manhattan Misdemeanor Treatment Court**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
60 Lafayette- 3A, New York, NY 10013  
P: (646) 386-4625  
F: (212) 374-1725

**PROHIBITION ON DISCLOSURE OF INFORMATION CONCERNING CLIENTS IN ALCOHOL AND DRUG ABUSE TREATMENT**

(To Accompany Disclosure of Information with Consent of MMTC Participant)

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

**IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THESE RECORDS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THESE RECORDS IN ERROR PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE.**

**PHONE: (718) 520-2373**  
**FAX: (212) 419-8443**

(rev. 04/27/04)





## PROGRAM REFERRAL

MMTC Treatment Program Referral



### Manhattan Misdemeanor Treatment Court

CRIMINAL COURT OF THE CITY OF NEW YORK

60 Lafayette- 3A, New York, NY 10013

P: (646) 386-4625

F: (212) 374-1725

SAMPLE

### MMTC TREATMENT PROGRAM REFERRAL

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date & time of appointment: \_\_\_\_\_

To: \_\_\_\_\_  
(Program Name)

\_\_\_\_\_  
(Program Address)

Referral confirmed by: \_\_\_\_\_  
(Program Contact/Phone)

Referral made by: \_\_\_\_\_  
(Name of MMTC Case Management/Phone)

Plea(s): \_\_\_\_\_ Misdemeanor(s)

#### Treatment conditions set by the court:

Duration of treatment court participation: \_\_\_\_\_

MMTC phase of treatment: \_\_\_\_\_

Band/Modality: \_\_\_\_\_

# of toxicology test per week: \_\_\_\_\_

# of program visits per week: \_\_\_\_\_

# of Case Mgmt. vists at MMTC per month: \_\_\_\_\_

Court appearance frequency: \_\_\_\_\_

Next court appearance: \_\_\_\_\_

Next MMTC Case Management visit: \_\_\_\_\_

#### Additional services mandated/instructions:

\_\_\_\_\_

\_\_\_\_\_

**Attachments:** psychosocial    release forms    aftercare letter



**PROGRAM REFERRAL**

*MMTC Referral Letter*

**SAMPLE**

**Manhattan Misdemeanor Treatment Court**

CRIMINAL COURT OF THE CITY OF NEW YORK

60 Lafayette- 3A, New York, NY 10013

P: (646) 386-4625

F: (212) 374-1725

Date: \_\_\_\_\_

HRA/NADAP  
109 East 16th Street  
New York, New York 10038

To Whom It May Concern:

This letter is written to introduce \_\_\_\_\_. Ms./Mr \_\_\_\_\_ is a participant of the **Manhattan Misdemeanor Treatment Court** (MMTC) under the Honorable (Judge's name here) of New York State Criminal Court in New York County, New York. As a condition of a plea agreement, Ms./Mr. \_\_\_\_\_ is **mandated to drug treatment**. Should this participant fail to complete their mandate as instructed by the court, he/she can face incarceration.

Date of mandate: \_\_\_\_\_

Duration of mandated treatment: \_\_\_\_\_

The above name individual's progress will be monitored by MMTC specifically,

**Case Manager/Phone** \_\_\_\_\_

As per the Court's mandate, this client has been referred to the following OASAS licensed program:

**Program name:** \_\_\_\_\_

**Program address:** \_\_\_\_\_

**Program phone:** \_\_\_\_\_

Sincerely,

(Project Director's name here)  
Project Director

**Manhattan Misdemeanor Treatment Court**

**ASSESSMENT**



## ASSESSMENT

---

1. **Assignment.** The Resource Coordinator will assign any new and eligible cases and enter information into the Universal Treatment Application every morning by 9:00am. Case Managers will check the main screen of the UTA for assignment as soon after 10:00am as practicable. Resource Coordinator will review new case assignments in the morning.
2. **Custody or Release.** Upon assignment of new case, Case Manager should ascertain from Resource Coordinator whether defendant is in custody or released on bail or own recognizance. Resource Coordinator will inform Case Manager when defendants are produced by the Department of Corrections. If defendant is free on bail or own recognizance, Case Manager will conduct interview and psycho-social assessment at his/her workstation. If the defendant is in the custody of the Department Corrections, Case Manager will conduct interview and psycho-social assessment in the designated Corrections interview area.
3. **Assessment Packet.** The assessment packets will become the hard file for each defendant. Each assessment packet should contain the following forms prior to commencement of the assessment:
  - ✓ CRC 3148 – Authorization for Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information
  - ✓ Consent to Release Confidential Medical and Psychiatric Information
  - ✓ Authorization for Release of Confidential HIV-Related Information
  - ✓ General Consent to Release Confidential Information
  - ✓ Birth Certificate Verification Letter
  - ✓ Social Security Verification
  - ✓ UTA Assessment Tool – 24 pages (only for defendants in custody)
4. **Explanation of Program.** Case Manager will start the assessment process by introducing himself/herself and giving a short explanation of the MMTC program and what the assessment process entails. The explanation should include the following elements:
  - MMTC is voluntary

## PROGRAM REFERRAL

---

(Continued)

- dental
- acupuncture
- housing
- counseling
- anger management
- education
- parenting skills
- family therapy
- vocational/employment
- self help groups
- alumni services
- services

**Mental Health Issues:** The Director should be made aware of any new MMTC participant who has mental health issues. The Case Manager is responsible for the ongoing monitoring of the participant. The Case Manager must have latest copies of the Participants psychological evaluation(s) and needs to coordinate with Resource Coordinator the appropriate referral for services.



## PROGRAM REFERRAL

(Continued)

- ✓ a possible increase in the amount of random toxicology screens done by the program (day treatment providers are required to tests their MMTC participants at least twice each week); and
- ✓ Expedited reporting of discharge or flight from the program
  - Residential programs must report this immediately
  - Outpatient programs must report this information when the MMTC participant misses 5 consecutive days of treatment.

After choosing an appropriate treatment provider, case managers will complete the **Referring Treatment Plan** and fax it to the selected treatment provider. This plan consists of a cover letter which informs the agency of who is being referred and the court's areas of concerns that should be addressed. Attached the agency will find MMTC's prescribed treatment chart based on their own assessment. Additionally, the **New York State Unified Court System Drug Court Treatment Progress Report Form** is available in order for the treatment providers to clearly and regularly report the status of the participant.

Case managers will supply participant with the **Educational Attendance and Progress Form** to furnish to their instructional institution. This document aids to monitor the attendance, academic development and alert to any difficulties with the participant while in school. Case managers will request a copy of the manuscript be faxed to the court on each participants scheduled court appearance.

**Ancillary Services Referrals.** The initial concern of the Case Manager should be to quickly secure appropriate community-based substance abuse treatment but as a part of the initial psychosocial assessment, the Case Manager should have information on needed ancillary services. Some of these services can wait to be addressed by the treatment provider after admission to the program while others such as medical and psychiatric issues must be addressed immediately before program placement. Case manager must coordinate with the treatment provider to ensure that all necessary ancillary services are offered to the participant.

### Ancillary Services that may need to be considered:

- medical
- psychiatric
- recreation



## ASSESSMENT

(Continued)

- if defendant is eligible, he/she will be required to enter into a court-mandated substance abuse treatment program. If defendant successfully completes the court mandate, charges are typically dismissed. If the defendant pleads guilty and fails to complete the mandate, a jail sentence will be imposed.
- Beside substance abuse treatment, the defendant may be required to participate in any one or more of the following ancillary services and reach certain objective goals:
  - educational services
  - vocational services
  - medical or psychiatric treatment
  - self-help groups
  - community service

Details concerning the length of the type and specific charge defendant pleaded guilty to, length of treatment mandate and the jail alternative should be left for the defense attorney to explain to the defendant.

5. **Releases of Confidentiality.** Before the formal assessment begins, defendant should have signed all appropriate *Releases of Confidentiality* (see *Confidentiality* Section for detailed information). If defendant refuses to sign releases, Case Manager should not proceed with interview.
6. **Assessment.** All psycho-social assessments will be conducted using the assessment tool incorporated in the Universal Treatment Application (UTA). The assessment should take approximately 30-45 minutes to complete.

**Released Defendants.** When interviewing a released defendant at his/her workstation, Case Manager should enter answers given by the defendant directly into the Case Manager's desktop computer. Upon completion of the assessment, the Case Manager will print out the completed assessment and include it in the hard file.

**Defendants in Custody.** Assessments conducted in Corrections, must be first entered on the paper assessment tool (which exactly mirrors all of the UTA questions) and then transferred to the UTA **within two** weeks of the actual interview.

+



## ASSESSMENT

(Continued)

The UTA Assessment includes seventeen (17) sections. All 17 must be completed in as much detail as possible. The Sections are Listed below:

- **Demographics**
- **Identifications**
- **Residence**
- **Employment/Education**
- **Finance/Services**
- **Social Environment**
- **Children**
- **Family Court**
- **Physical Health**
- **Medical**
- **Mental Health**
- **Trauma**
- **Drug Use** (*Drug Use Detail* should be filled out completely)
- **Treatment History**
- **Summary**
- **Assessment**
- **Interview Summary**

7. **Urinalysis.** Case Manager will obtain a urine sample and conduct the appropriate toxicology screen for every defendant that completes a psycho-social assessment.
8. **Physical and/or Mental Health Issues.** If during the course of the assessment, it becomes clear that the defendant may have physical and/or mental health problems that may complicate referral and placement into appropriate substance abuse treatment, Case Manager and Resource Coordinator must notify MMTC director immediately. The Director will make the determination as to whether MMTC will attempt to work with defendant, refer the matter to a different agency or recommend to the Court that the defendant be returned to regular court processing.



## PROGRAM REFERRAL

(Continued)

Many programs will go to great lengths to assist the MMTC participant in obtaining necessary medical benefits. Some will even accept the participant into their program before benefits have been secured as long as they can be assured that the participant is eligible to receive them. Valid identification is necessary to obtain government health benefits, such as Medicaid. Many programs will insist that the participant provide them with a valid social security number before they will accept the participant pending benefits. In these instances, case manager should have the participant sign the completed **SSN Verification Letter** and then return it to the MMTC director. The Director will then submit the **SSN Verification Letter** to the local Social Security Administration office for verification of the participant's social security number.

### **Treatment Referrals.**

1. Before making a referral for program evaluation consider the candidate/participants needs. The Case Manager/Probation Officer should consider the following factors:
  - ✓ severity of addiction
  - ✓ treatment history
  - ✓ housing
  - ✓ mental health
  - ✓ physical health
  - ✓ availability of self help groups
  - ✓ education
  - ✓ employment
  - ✓ transportation/ability to travel
2. Unless authorized by director, case manager may only refer a participant to a program or organization that is OASIS licensed.
3. Contact community-based treatment provider. Inform the provider's intake staff that this is a court referral with consequent special requirements. These special monitoring requirements include:
  - ✓ monthly written reports using dedicated **New York State Unified Court System Drug Court Treatment Progress Report Form**;
  - ✓ verbal updates of any circumstances that might require the intervention of the judge;



## PROGRAM REFERRAL

**Introduction.** Referring a participant to a community-based OASAS licensed substance abuse treatment program is essentially a four-step process:

- Assisting the participant with obtaining any and all medical and psychiatric evaluations, tests and treatment necessary to obtain clearance into appropriate treatment;
- Assisting participant with obtaining appropriate health insurance benefit necessary to reimburse the appropriate community-based treatment provider for services rendered;
- Referring the participant to the community-based substance abuse treatment that addresses his/her level of addiction and associated needs; and
- Referring the participant to appropriate ancillary services (such as housing, medical and/or psychiatric treatment, self help groups (such as NA/AA), education, vocational training and employment services).

### **Medical and Mental Health Clearance**

**Defendants in Custody.** Case Manager will complete the **Aftercare Letter Request** and fax to Rikers Island Correctional Health Services. This letter requests that the Department of Corrections supply MMTC with necessary medical information including PPD (tuberculosis screening) results, chest x-rays, any medical treatment or medication that the participant has received and any information relating to methadone that the Corrections medical department may have prescribed to the participant during his time in custody. If you are in need of full medical records, you must request in writing to: Supervisor, Correctional Health Services, 225 Broadway 23<sup>rd</sup> Floor, New York, NY 10007, (212) 788-7813.

**Released Defendants.** Case Manager will refer the participant to the appropriate community-based medical facility to obtain necessary medical or psychiatric evaluations and/or treatment. Case Manager should execute and forward **Consent to Release Confidential Medical and Psychiatric Information** to the medical center to facilitate the necessary sharing of information.

**Benefits/Program Payment.** Case Manager must help the participant coordinate health insurance benefits to enter a community-based substance abuse treatment program. Many defendants eligible for MMTC intervention will not be covered by private health insurance. For these defendants, Case Manager should refer defendant to the New York City Human Resources Administration (HRA). Case Manager will also coordinate with the program to which the participant will be referred so that the program's intake department can assist the participant in obtaining Medicaid benefits.



## ASSESSMENT

*Release of Inmate Property*



### **Manhattan Misdemeanor Treatment Court**

CRIMINAL COURT OF THE CITY OF NEW YORK  
60 Lafayette- 3A, New York, NY 10013  
P: (646) 386-4625  
F: (212) 374-1725

SAMPLE

### **RELEASE OF INMATE PROPERTY**

**To: Supervisor Rikers Island**

From: \_\_\_\_\_

Date: \_\_\_\_\_

**Re: Release of inmate property**

This letter is written on behalf of \_\_\_\_\_,

Book & Case # \_\_\_\_\_.

Please be advised that on \_\_\_\_\_, \_\_\_\_\_ is scheduled

to appear in the Criminal Court before Hon. (Judge's name here). He/she will be released on the aforementioned court date at the Manhattan Misdemeanor Treatment Court to be placed into a Residential drug treatment program under the Court order.

The undersigned will be transporting \_\_\_\_\_ directly from the Manhattan Treatment Court to \_\_\_\_\_ facility, where he/she will be receiving drug treatment. It is respectfully requested that this inmate be allowed to bring all of his/her personal belongings and medications to the Manhattan Misdemeanor Treatment Court. Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_  
**Case Manager**



**ASSESSMENT**

*Birth Certificate Request*



**Manhattan Misdemeanor Treatment Court**

CRIMINAL COURT OF THE CITY OF NEW YORK

60 Lafayette- 3A, New York, NY 10013

P: (646) 386-4625

F: (212) 374-1725

**BIRTH CERTIFICATE REQUEST**

Ms. Sandra McNeill  
Director of Public Service Operations  
Bureau of Vital Records  
New York City Department of Health  
125 Worth Street  
New York, New York 10013

VIA FAX: 212-442-0946

Dear Ms. McNeill:

I am writing seeking your assistance in obtaining a copy of a birth certificate verification form for an individual whose case is being adjudicated in the Manhattan Misdemeanor Treatment Court.

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**HOSPITAL:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

Once a copy of the verification form is produced, would you kindly fax it to me at (212) 419-8443.

Please feel free to contact me at (718) 298 - \_\_\_\_\_ if you have any questions.

Thanks for your assistance

Sincerely,

Case Manager  
Manhattan Misdemeanor Treatment Court

**PROGRAM REFERRAL**



**Manhattan Misdemeanor Treatment Court**



**ASSESSMENT**

*Social Security Number Verification Form*



**Manhattan Misdemeanor Treatment Court**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
60 Lafayette- 3A, New York, NY 10013  
P: (646) 386-4625  
F: (212) 374-1725

**SAMPLE**

**SOCIAL SECURITY NUMBER VERIFICATION**

Mr. Lee  
Social Security Administration  
New York, NY

**VIA FAX TO (212)219-3693**

Dear Mr. Lee:

I am writing seeking your assistance in obtaining social security number verification for a individual whose case is being adjudicated in the Manhattan Misdemeanor Treatment Court.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Town/Borough/State born in: \_\_\_\_\_

This permission is given voluntarily and under my own free will:

\_\_\_\_\_  
Client

Is this information requested verified by the Social Security Administration:

YES \_\_\_\_\_ NO \_\_\_\_\_

Kindly fax verification to Manhattan Misdemeanor Treatment Court at (212) 374-1725. Please feel free to contact MMTC Case Manager \_\_\_\_\_ at 646-386-\_\_\_\_\_, If you have any questions.



# ASSESSMENT

UTA Assessment Tool

PAGE 1 OF 24

CLIENT ID# \_\_\_\_\_ CASE ID# \_\_\_\_\_

DATE \_\_\_\_\_ INTERVIEW FOR \_\_\_\_\_

## DEMOGRAPHICS

|                                      |                |                      |
|--------------------------------------|----------------|----------------------|
| Last Name                            |                | <input type="text"/> |
| First Name                           |                | <input type="text"/> |
| Middle Initial                       |                | <input type="text"/> |
| Gender                               | Male    Female |                      |
| Maiden Name                          |                | <input type="text"/> |
| Is client known by a different name? | Yes    No      |                      |
| AKA Last Name                        |                | <input type="text"/> |
| AKA First Name                       |                | <input type="text"/> |
| AKA Middle Initial                   |                | <input type="text"/> |
| Referral Source                      |                | <input type="text"/> |
| Does client speak another language?  | Yes    No      |                      |
| Does client require an interpreter?  | Yes    No      |                      |
| Interpreter Language                 |                | <input type="text"/> |
| Ability to read English is:          |                | <input type="text"/> |
| Ability to write English is:         |                | <input type="text"/> |
| Date of Birth                        |                | <input type="text"/> |
| Age                                  |                | <input type="text"/> |
| US Citizen                           | Yes    No      |                      |
| US Resident                          | Yes    No      |                      |
| Date of Residency                    |                | <input type="text"/> |
| Where were you born                  |                | <input type="text"/> |
| Social Security Number               |                | <input type="text"/> |
| Race/Ethnicity                       |                | <input type="text"/> |
| Hispanic Group                       |                | <input type="text"/> |
| Marital Status                       |                | <input type="text"/> |
| Sexual Preference                    |                | <input type="text"/> |
| Where did assessment take place      |                | <input type="text"/> |

# PLEA AGREEMENT

CRC 3185- Plea Agreement Form

**SAMPLE**

## MANHATTAN MISDEMEANOR TREATMENT COURT CONTRACT

People v. \_\_\_\_\_

Docket# \_\_\_\_\_

Date: \_\_\_\_\_

**Defendant:** By entering this plea of guilty and agreeing to enter a drug treatment program, I understand and agree to the following:

1. I acknowledge that I have a substance abuse problem and recognize that I need help to great this disease.
2. I have reviewed the Manhattan Misdemeanor Treatment Court (MMTC) Manual and will follow the rules and procedures set forth therein.
3. I will enter and remain in a drug treatment program and lead a law abiding life until the successful completion of my Manhattan Misdemeanor Treatment Court Mandate.
4. I understand that failure to comply with the rules of the Court and my treatment program may result in sanctions by the Court which many include incarceration and a change in my treatment plan.
5. I understand that if I fail to complete my Court Mandate I will receive a jail sentence of \_\_\_\_\_.
6. I understand that any new arrest may result in immediate termination from my treatment program and the Manhattan Misdemeanor Treatment Court and the imposition of a jail sentence of up to \_\_\_\_\_.
7. I understand that the staff of the drug court, which may include the judge presiding over my case, will be meeting at regularly scheduled staffings to discuss my ongoing progress and participation in MMTC, and that such meetings may include my substance abuse provider. I understand that my attorney is invited to these staffings and may or may not attend them in his or her discretion. I agree that any non-appearance by my attorney at a staffing shall be deemed a waiver of his or her participation for the particular staffing. I further understand and agree that communications during these staffings may take place in the absence of myself or my attorney and that the judge may consider such communications.

\_\_\_\_\_  
Manhattan Misdemeanor Treatment Court

**Defense Counsel:** I have reviewed the aforementioned acknowledgement and agreement with the defendant.

\_\_\_\_\_  
Defense Counsel

**Judge:** By accepting your plea of guilty and promise to enter a drug treatment program, the Manhattan Misdemeanor Court agrees to the following:

1. The Manhattan Misdemeanor Treatment Court will assist you to overcome your addiction.
2. The clinical staff will assess your treatment needs, refer you to an appropriate provider and meet with you regularly to discuss your recovery.
3. The clinical staff will refer you to necessary mental and physical health services.
4. The Manhattan Misdemeanor Treatment Court will hold you accountable for your actions. Sanctions, including jail time, will be imposed for failure to comply with the Court's rules and directions as outlined by the Manhattan Misdemeanor Treatment Court Manual. Achievements in recovery will be rewarded and acknowledged through the different phases.
5. The Court will impose the agreed upon jail sentence if you fail to complete the Mandate.
6. The Manhattan Misdemeanor Treatment Court will impose the agreed upon non-jail disposition if you successfully complete the Court's Mandate.

\_\_\_\_\_  
Judge, Manhattan Misdemeanor Treatment Court

CRC 3185 (rev. 03/09/04)



If the defendant is eligible for treatment as reported in the Treatment Plan/Recommendation, the defendant is then required to execute the **CRC 3185 - Plea Agreement** in open court. The plea agreement enumerates the terms and conditions of the defendant's participation in the MMTC program.

IDENTIFICATIONS REPORTED

|  |     |    |                      |
|--|-----|----|----------------------|
| Do you have a Birth Certificate?             | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Do you have a Social Security Card?          | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Do you have a PA Card?                       | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Do you have a Medicaid Card?                 | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Number                                       |     |    | <input type="text"/> |
| Do you have a Benefits Card (Medicaid Card)? | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Client ID Number                             |     |    | <input type="text"/> |
| Sequence Number                              |     |    | <input type="text"/> |
| Insurance Policy Number                      |     |    | <input type="text"/> |
| Policy Number                                |     |    | <input type="text"/> |
| Do you have a Passport?                      | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Passport Number                              |     |    | <input type="text"/> |
| Country                                      |     |    | <input type="text"/> |
| Do you have a Green Card?                    | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Green Card Number                            |     |    | <input type="text"/> |
| Do you have a dd214                          | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| Do you have a Driver's License?              | Yes | No |                      |
| Do you have it with you?                     | Yes | No |                      |
| License Number                               |     |    | <input type="text"/> |
| State  |     |    | <input type="text"/> |



**ASSESSMENT**

UTA Assessment Tool

**IDENTIFICATIONS REPORTED**

|                                    |     |    |                      |
|------------------------------------|-----|----|----------------------|
| Do you have an Employment ID Card? | Yes | No |                      |
| Do you have it with you?           | Yes | No |                      |
| Employer                           |     |    | <input type="text"/> |
| Do you have an HA Card?            | Yes | No |                      |
| Do you have it with you?           | Yes | No |                      |
| Number                             |     |    | <input type="text"/> |
| Other                              |     |    | <input type="text"/> |
| Number                             |     |    | <input type="text"/> |

**LIVING ARRANGEMENTS**

|                                     |     |    |                      |
|-------------------------------------|-----|----|----------------------|
| Have you ever been homeless?        | Yes | No |                      |
| Are you currently homeless?         | Yes | No |                      |
| How long?                           |     |    | <input type="text"/> |
| Do you currently live in a shelter? | Yes | No |                      |
| Have you ever lived in a shelter?   | Yes | No |                      |

**PRESENT ADDRESS**

|                                |     |    |                      |
|--------------------------------|-----|----|----------------------|
| Do you have a current address? | Yes | No |                      |
| Street Address                 |     |    | <input type="text"/> |
| Apartment Number               |     |    | <input type="text"/> |
| City                           |     |    | <input type="text"/> |
| State                          |     |    | <input type="text"/> |
| Zip Code                       |     |    | <input type="text"/> |
| Type of Residence              |     |    | <input type="text"/> |
| Length of time at residence    |     |    | <input type="text"/> |
| Do you have a telephone? Yes   |     | No |                      |
| Telephone Number               |     |    | <input type="text"/> |
| Cell/Beeper Number             |     |    | <input type="text"/> |

**PLEA AGREEMENT**



Manhattan Misdemeanor Treatment Court



# TREATMENT PLAN/RECOMMENDATION

Treatment Plan Recommendation

**SAMPLE**

## Manhattan Misdemeanor Treatment Court

### TREATMENT PLAN RECOMMENDATION FORM

#### TREATMENT LEVELS

##### LEVEL 1 (OUTPATIENT)

|   |                                 |                                  |  |
|---|---------------------------------|----------------------------------|--|
| <u>Urine Test Freq.</u><br>RANDOM<br>Min 1x/month | <u>Program Freq.</u><br>1x/week | <u>Court Freq.</u><br>1x/5 weeks | <u>Case Mgmt. Freq.</u><br>1x/month... |
|---|---------------------------------|----------------------------------|--|

##### LEVEL 2 (OUTPATIENT)

|                                    |                                 |                                |  |
|------------------------------------|---------------------------------|--------------------------------|--|
| <u>Urine Test Freq.</u><br>1x/week | <u>Program Freq.</u><br>5x/week | <u>Court Freq.</u><br>1x/month | <u>Case Mgmt. Freq.</u><br>1x/month... |
|------------------------------------|---------------------------------|--------------------------------|--|

##### LEVEL 3 (OUTPATIENT)

|                                     |                                 |                                |                                      |
|-------------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| <u>Urine Test Freq.</u><br>2x/month | <u>Program Freq.</u><br>2x/week | <u>Court Freq.</u><br>1x/month | <u>Case Mgmt. Freq.</u><br>1x/2weeks |
|-------------------------------------|---------------------------------|--------------------------------|--------------------------------------|

##### LEVEL 4 (OUTPATIENT)

|                                    |                                 |                                |                                      |
|------------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| <u>Urine Test Freq.</u><br>2x/week | <u>Program Freq.</u><br>3x/week | <u>Court Freq.</u><br>1x/month | <u>Case Mgmt. Freq.</u><br>1x/2weeks |
|------------------------------------|---------------------------------|--------------------------------|--------------------------------------|

##### LEVEL 5 (DAY TREATMENT)

|                                    |                                 |                                |                                      |
|------------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| <u>Urine Test Freq.</u><br>2x/week | <u>Program Freq.</u><br>5x/week | <u>Court Freq.</u><br>1x/month | <u>Case Mgmt. Freq.</u><br>1x/2weeks |
|------------------------------------|---------------------------------|--------------------------------|--------------------------------------|

##### LEVEL 6 (RESIDENTIAL)

|  |   |                                |                                     |
|--|---|--------------------------------|-------------------------------------|
| <u>Urine Test Freq.</u><br>Random/Upon Suspicion<br>1x/month | <u>Program Freq.</u><br>7x/week (MTAOP) | <u>Court Freq.</u><br>1x/month | <u>Case Mgmt. Freq.</u><br>1x/month |
|--|---|--------------------------------|-------------------------------------|

##### LEVEL M (METHADONE TO ABSTINENCE)

|                                    |  |                                |                                    |
|------------------------------------|--|--------------------------------|------------------------------------|
| <u>Urine Test Freq.</u><br>2x/week | <u>Program Freq.</u><br>7x/week (MTAR)<br>5x/month (MTAOP) | <u>Court Freq.</u><br>1x/month | <u>Case Mgmt. Freq.</u><br>1x/week |
|------------------------------------|--|--------------------------------|------------------------------------|

# ASSESSMENT

UTA Assessment Tool

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### CONTACT AT PRESENT ADDRESS

|              |                      |
|--------------|----------------------|
| Last Name    | <input type="text"/> |
| First Name   | <input type="text"/> |
| Relationship | <input type="text"/> |

### MAILING ADDRESS

|                                   |                      |    |                      |
|-----------------------------------|----------------------|----|----------------------|
| Is there another mailing address? | Yes                  | No | <input type="text"/> |
| Street Address                    | <input type="text"/> |    |                      |
| Apartment                         | <input type="text"/> |    |                      |
| City                              | <input type="text"/> |    |                      |
| State                             | <input type="text"/> |    |                      |
| Zip Code                          | <input type="text"/> |    |                      |

### SECOND CONTACT

|                                 |                      |    |                      |
|---------------------------------|----------------------|----|----------------------|
| Do you have a second contact?   | Yes                  | No | <input type="text"/> |
| First Name                      | <input type="text"/> |    |                      |
| Last Name                       | <input type="text"/> |    |                      |
| Street Address                  | <input type="text"/> |    |                      |
| Apartment                       | <input type="text"/> |    |                      |
| City                            | <input type="text"/> |    |                      |
| State                           | <input type="text"/> |    |                      |
| Zip Code                        | <input type="text"/> |    |                      |
| Does this contact have a phone? | Yes                  | No | <input type="text"/> |
| Telephone Number                | <input type="text"/> |    |                      |
| Relationship to Client          | <input type="text"/> |    |                      |

### EDUCATION

|  |                      |    |                      |
|--|----------------------|----|----------------------|
| What is your current education status?   | <input type="text"/> |    |                      |
| What type of school?                     | <input type="text"/> |    |                      |
| Highest Grade Completed?                 | <input type="text"/> |    |                      |
| Have you received a high school diploma? | Yes                  | No | <input type="text"/> |
| Have you received a GED?                 | Yes                  | No | <input type="text"/> |
| Ever attended special education classes? | Yes                  | No | <input type="text"/> |
| Nature of the special education?         | <input type="text"/> |    |                      |



# ASSESSMENT

UTA Assessment Tool

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## VOCATIONAL EDUCATION

Ever attended vocational or technical courses?      Yes      No

What courses?

Did you complete the courses?      Yes      No

## EMPLOYMENT

What is your current employment status?

How long unemployed?

Most recent employment?

When did that job end?

Employer's name

Employer's Address

Employer's City

Employer's State

Employer's Zip Code

Employer's Telephone Number

Supervisor's name

Working Hours

How long employed there?

Employment verified?      Yes      No

Other professional skill or trade?

Have you ever been employed?      Yes      No

Longest period at any job?

Last earnings before taxes?

## FINANCIAL SUPPORT

What is your primary means of financial support?

Currently receiving government assistance?      Yes      No

Division of AIDS Services (DAS)

Food Stamps

Home Relief

Medicaid

SSI/SSD



# TREATMENT PLAN/RECOMMENDATION

Treatment Plan Recommendation / Update

## DRUG TREATMENT COURT TREATMENT PLAN RECOMMENDATION / UPDATE

**SAMPLE**

Court Date: May 5, 2005      Case Manager: z\_none  
 Client Name: testcase, tom      Treatment Case ID: 20  
 Status: Active - Phase 1      Docket/SCI: 2002  
 Current Band:

Recommended Band: None      Frequencies:      Drug Test:      Court:

Program: Case Mgmt:

### Treatment Program

#### Treatment Summary Note

Recommended adjournment date:  
 Treatment Summary: CM assessed def. and found def. suitable for outpatient treatment/residential treatment; rehab followed by outpatient treatment and is in agreement with the treatment plan; not appropriate for MMTC; Def. refused MMTC; CM requests a short adjournment to complete the assessment; Def. was assessed and found not suitable for MMTC due to def. being on methadone and not willing to come off of methadone at this time. CM assessed def. and found def. otherwise ineligible. Def. was found not suitable due to severity of mental health issues.  
 Age/sex/drug use history: Def. is 33 year-old male/female who reports a \_\_ history of substance abuse. Def. states he/she started using \_\_ when he/she was \_\_. Def. primary drug of choice is \_\_, secondary \_\_ (if applicable). Def. states he/she has not been in treatment before.

Family: Def. states he/she lives with his \_\_ at \_\_. CM was able/not able to verify def. residence. Def. reports he/she is married with/without children; Def. children are in the custody of \_\_; Def. does/does not have visitation right. Def. family are in support of Def. attending treatment. Def. states he/she does not have close family ties.

Medical/Mental Health issues. Def. reports no known medical/mental health issues; Def. states he/she has medical issues and CM will/will not need full medical records; Def. reports prior mental health issues. Def. is currently/not currently seeing a Psychiatrist for his/her mental health issue. Def. has slight, severe, moderate medical issues.

Education/Employment/Vocation: Def. reports \_\_ level of education; Def. reports he/she has a GED; Def. states he completed \_\_ years of college; Def. reports sporadic employment and was last employed \_\_; Def. is currently employed as a \_\_; Def. states he has no work history; Def. has a trade as a \_\_.

Treatment Recommendation: CM recommends \_\_ and will refer Def. to \_\_; CM requests an adjournment for receipt of medical/psychiatric records before placement can be made; CM requests an adjournment for placement.

#### Achievement / Infractions List

Achievement:      Rewards:

Infraction:      Sanction:

|  |  |
|--|--|
|  |  |
|  |  |



## TREATMENT PLAN/RECOMMENDATION

UTA Assessment Tool- Demographics (Continued)

- Employment/Education
  - ✓ education background (including literacy)
  - ✓ employment history/status
  
- Family/Community Ties
  - ✓ family with whom candidate resides or is close too any additional ties to the community
  - ✓ drug availability in candidate's neighborhood
  
- Mental/Physical Health
  - ✓ any medical condition that would impact treatment, referral or placement
  - ✓ any psychiatric or organic condition that could effect treatment, referral or placement
  
- Treatment Recommendation
  - ✓ substance abuse treatment modality(ies) recommended
  - ✓ short explanation of reason why recommendation was made
  - ✓ recommendation for ancillary services
  - ✓ whether recommendation is made subject to verification or any other condition.

## ASSESSMENT

UTA Assessment Tool

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### FINANCIAL SUPPORT

- Unemployment compensation
- Welfare, including AFDC, ADC, WEP
- WIC
- How much assistance within the past year?

### VETERAN STATUS

- Are you a veteran? Yes No
- What type of discharge?
- Are you eligible for veteran's benefits? Yes No
- Currently receiving veteran's benefits? Yes No
- Currently receiving veteran's services? Yes No
- Ever received veteran's services? Yes No

### HOME ENVIRONMENT

- With whom are you currently living?
- How many adults live in this residence?
- How long have you lived in this arrangement?
- Has your spouse/partner or any of the people with whom you are living ever been incarcerated for 30 days or longer? Yes No
- Does your spouse/partner or any of the people with whom you are living abuse alcohol or drugs? Yes No
- Children
- Father
- Mother
- Foster Parent
- Friends
- Grandparents
- Other
- Other relatives
- Spouse/partner



## ASSESSMENT

UTA Assessment Tool

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### HOME ENVIRONMENT

Has your spouse/partner or any of the people with whom you are living ever been treated for an alcohol or drug problem? Yes No

- Children
- Father
- Mother
- Foster Parent
- Friends
- Grandparents
- Other
- Other relatives
- Spouse/partner

### SOCIAL ENVIRONMENT

Is the neighborhood in which you currently live safe? Yes No

What is the drug availability in your neighborhood?

Have any of your friends or other family members (not living with you) ever been incarcerated for 30 days or longer? Yes No

Do any of your friends or other family members (not living with you) abuse alcohol or drugs? Yes No

- Children
- Father
- Mother
- Foster Parent
- Friends
- Grandparents
- Other
- Other relative
- Spouse/partner



## TREATMENT PLAN/RECOMMENDATION

UTA Assessment Tool- Demographics (Continued)

If the defendant is ineligible for reasons relating to immigration status, case manager should indicate only that defendant is "ineligible for court-monitored substance abuse treatment."

### ELIGIBLE CANDIDATE

Eligible candidates include those that the case manager believes could be served by MMTTC court-monitored substance abuse treatment but have indicated that they are not interested in receiving such services.

Case manager will enter the Treatment Plan recommendation in the Treatment Summary area of the Treatment Plan section of the UTA. It should include the following information:

- Demographics
  - ✓ name
  - ✓ age
  - ✓ race/ethnicity
  - ✓ address
  - ✓ Telephone
  - ✓ who defendant currently lives with
  - ✓ telephone number (if available)
- Substance Abuse History
  - ✓ primary drug of choice
  - ✓ length of abuse
  - ✓ any secondary drug(s) of abuse
  - ✓ frequency of use
  - ✓ cost of drug habit
  - ✓ prior treatment concept
- Results of Urinalysis



## TREATMENT PLAN/RECOMMENDATION

UTA Assessment Tool- Demographics

### COMPLETION OF ASSESSMENT

Upon completion of the UTA assessment, case manager will notify resource coordinator that assessment is done and will give initial oral recommendation of treatment eligibility and modality.

### VERIFICATION

Case manager will attempt to reach out to contact any individual listed by candidate that is necessary to verify pertinent information (e.g., severity of addiction, ties to community, stable, drug-free residence).

### TREATMENT PLAN RECOMMENDATION/UPDATE

### INELIGIBLE CANDIDATES

If candidate is ineligible for court-monitored substance abuse treatment, case manager should write a short summary of the reasons why defendant is ineligible (e.g., no addiction) in the *Treatment Summary* area of the *Treatment Plan* section of the UTA. Case manager will immediately notify resource coordinator that *Treatment Summary* is complete.

**Note: It is MMTC policy to protect the confidentiality of candidates immigration status.**



## ASSESSMENT

UTA Assessment Tool

### SOCIAL ENVIRONMENT

Is there anyone in your life who provides you with emotional support? Yes No

|                |                          |                          |
|----------------|--------------------------|--------------------------|
| Children       | <input type="checkbox"/> | <input type="checkbox"/> |
| Clergy         | <input type="checkbox"/> | <input type="checkbox"/> |
| Father         | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother         | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends        | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandparents   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other          | <input type="checkbox"/> | <input type="checkbox"/> |
| Other relative | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse/partner | <input type="checkbox"/> | <input type="checkbox"/> |

### LEGAL ISSUES

Are you named in any current orders of protection? Yes No

County/Borough Issued:

Date issued:

Who named you?

Verified through Domestic Violence Registry? Yes No

### CHILDREN

How many biological or adopted children do you have under the age of 18?

How many non-biological children under the age of 19 live in your home?

| Bio/non              | First Name           | Last Name            | Gender               | DOB                  | Relationship         |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |



**ASSESSMENT**

UTA Assessment Tool

**CHILDREN**

|   |                      |    |
|---|----------------------|----|
| Have you ever had an ACS/CPS worker?                  | Yes                  | No |
| Do you currently have ACS/CPS worker?                 | Yes                  | No |
| First Name  | <input type="text"/> |    |
| Last Name   | <input type="text"/> |    |
| Telephone Number                                      | <input type="text"/> |    |
| What borough/County?                                  | <input type="text"/> |    |
| When was the case opened?                             | <input type="text"/> |    |
| How many cases do you currently have in Family Court? | <input type="text"/> |    |
| Were you ever mandated to complete treatment?         | <input type="text"/> |    |
| Did you complete treatment?                           | <input type="text"/> |    |
| Have your parental rights ever been terminated?       | <input type="text"/> |    |

**PHYSICAL HEALTH**

|  |                      |    |
|--|----------------------|----|
| Seen a medical doctor within the past 2 years? | Yes                  | No |
| Type of medical insurance:                     | <input type="text"/> |    |
| Name of HMO/Insurer:                           | <input type="text"/> |    |
| Contact Name:                                  | <input type="text"/> |    |
| Contact Phone:                                 | <input type="text"/> |    |



**TREATMENT PLAN/  
RECOMMENDATION**





## ASSESSMENT

UTA Assessment Tool

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### PHYSICAL HEALTH

|   |     |    |                      |
|---|-----|----|----------------------|
| Have you ever been pregnant?  | Yes | No |                      |
| How many times have you been pregnant?  |     |    | <input type="text"/> |
| How many miscarriages have you had?   |     |    | <input type="text"/> |
| How many were born addicted to drugs/alcohol?                                       |     |    | <input type="text"/> |
| Are you currently pregnant?   | Yes | No |                      |
| What is your due date?  |     |    | <input type="text"/> |
| What are your intentions?   |     |    | <input type="text"/> |
| Have you been hospitalized for reasons other than pregnancy in the last five years? | Yes | No |                      |
| Number of times:  |     |    | <input type="text"/> |
| Most recent hospital:   |     |    | <input type="text"/> |
| Most recent admission date:   |     |    | <input type="text"/> |
| Have you ever had a TB test?  | Yes | No |                      |
| Last TB test?   |     |    | <input type="text"/> |
| Was your last TB test positive?   | Yes | No |                      |
| Did you have a chest x-ray?   | Yes | No |                      |
| Are you currently taking medication for physical condition?                         | Yes | No |                      |
| Drug 1:   |     |    | <input type="text"/> |
| Dosage:   |     |    | <input type="text"/> |
| What for:   |     |    | <input type="text"/> |
| Drug 2:   |     |    | <input type="text"/> |
| Dosage:   |     |    | <input type="text"/> |
| What for:   |     |    | <input type="text"/> |
| Drug 3:   |     |    | <input type="text"/> |
| Dosage:   |     |    | <input type="text"/> |
| What for:   |     |    | <input type="text"/> |
| Drug 4:   |     |    | <input type="text"/> |
| Dosage:   |     |    | <input type="text"/> |
| What for:   |     |    | <input type="text"/> |



**ASSESSMENT**

UTA Assessment Tool

**MENTAL HEALTH**

Ever felt or been told you were out of control at any time while NOT under the influence of alcohol or drugs?

Yes No

Number of times

Ever see or hear things?

Yes No

Have you ever set a fire?

Yes No

Number of times

Have you ever considered harming yourself?

Yes No

Ever planned to harm yourself?

Yes No

Number of times

Most recent date:

Are you currently taking medication for mental health reasons?

Yes No

Drug 1

Dosage

What for

Drug 2

Dosage

What for

Drug 3

Dosage

What for

**SUICIDE RISK- In The Past Month Did You:**

Think that you would be better off dead or wish you were dead?

Yes No

Want to harm yourself?

Yes No

Think about suicide?

Yes No

Have a suicide plan?

Yes No

Attempt suicide?

Yes No

**SUICIDE RISK- In Your Lifetime, Did You Ever:**

Suicide Risk – In your lifetime, did you ever...

Attempt Suicide? Yes No



**ASSESSMENT**

UTA Assessment Tool

**INTERVIEW COMMENTS FOR:**



**ASSESSMENT**

UTA Assessment Tool

**DRUG USE DETAILED INFORMATION**

|                    |     |    |  |
|--------------------|-----|----|--|
| Provide Finance    |     |    |  |
| Guardian           |     |    |  |
| Lost Reason        |     |    |  |
| Custody            |     |    |  |
| Importance Custody |     |    |  |
| Ever lost Custody  | Yes | No |  |
| Regained Custody   | Yes | No |  |

**Biological**

|                    |        |
|--------------------|--------|
| First Name         |        |
| Last Name          |        |
| Gender             |        |
| DOB                |        |
| Relationship       |        |
| Presently Lives    |        |
| Agency Name        |        |
| Foster Last Name   |        |
| Foster First Name  |        |
| Other Parent Name  |        |
| Provide Finance    |        |
| Guardian           |        |
| Lost Reason        |        |
| Custody            |        |
| Importance Custody |        |
| Ever lost Custody  | Yes No |
| Regained Custody   | Yes No |

**FAMILY CASE DETAILED INFORMATION**

|                 |  |
|-----------------|--|
| Case Type       |  |
| County/Borough  |  |
| Next Court Date |  |
| Open/Close      |  |



**ASSESSMENT**

UTA Assessment Tool

**REFERRAL DECISION SCALE (RDS)**

|   |     |    |
|---|-----|----|
| Have you ever believed that people were watching or following you or spying on you?   | Yes | No |
| Have you ever believed that you were being poisoned or plotted against by others?   | Yes | No |
| Have you ever believed that someone could control your mind by putting thoughts in your head or taking thoughts out of your head? | Yes | No |
| Have you ever felt that other people knew your thoughts and could read your mind?   | Yes | No |

**MAJOR DEPRESSION**

|  |     |    |
|--|-----|----|
| Have you ever been consistently depressed or down, most of the day, nearly everyday, for the past week?                                  | Yes | No |
| In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time? | Yes | No |

**DYSTHYMIA**

|  |     |    |
|--|-----|----|
| Have you felt sad, low or depressed most of the time of the time for the last two years? | Yes | No |
| Was this period interrupted by your feeling OK?  | Yes | No |

**REFERRALS**

|                             |     |    |
|-----------------------------|-----|----|
| Referral for MH Evaluation? | Yes | No |
|-----------------------------|-----|----|

**MANIC EPISODE (Do Not Consider Times When You Were Intoxicated)**

|  |     |    |
|--|-----|----|
| Have you ever had a period of time when you were feeling extremely happy or so full of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? | Yes | No |
| Are you currently feeling extremely happy or full of energy?   | Yes | No |
| Have you ever been persistently irritable, for several days, so you had arguments, verbal or physical fights, or shouted at people outside your family?  | Yes | No |
| Have you or others noticed that you are more irritable or have overreacted, compared to other people, even in situations that you felt were justified?   | Yes | No |



# ASSESSMENT

## PANIC DISORDER (Do Not Consider Times When You Were Intoxicated)

Have you ever, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy in situations where most people would not feel that way? Yes No

## GENERALIZED ANXIETY DISORDER

Have you worried excessively or felt uncomfortable for reasons you cannot explain over the past 6 months? Yes No

Are these worries present most days? Yes No

Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing? Yes No

## POST TRAUMATIC STRESS DISORDER

Have you ever experienced or witnessed or had treatment for a traumatic event that included or threatened you or someone else? Yes No

Have you ever been a victim of a violent crime? Yes No

Have you ever been threatened or wounded by a gun or a knife? Yes No

Has anyone ever coerced you or forced you to engage in a sexual act? Yes No

Have you ever re-experienced the event in a distressing way (such as dreams, intense recollections, flashbacks or physical reactions)? Yes No

## REFERRALS

Referral for a MH Evaluation? Yes No

## MENTAL HEALTH TREATMENT HISTORY

Have you ever received counseling/treatment for mental health problems? Yes No

Are you currently receiving counseling or treatment for any other mental health problems? Yes No

If you are receiving mental health or psychiatric care, who is the current provider?

Agency:

Address:

Physician/Counselor:

Phone:



# ASSESSMENT

## HIV INFORMATION

Has client signed an HIV consent form or volunteered HIV information? Yes No

Have you ever been tested for HIV? Yes No

Are you HIV positive? Yes No

Have you ever received treatment for HIV? Yes No

Are you currently receiving treatment for HIV? Yes No

What is your CD4/T-cell count?

## DRUG USE DETAILED INFORMATION

| Drug Type | Duration of Use | Last Used | Frequency of Use in the Last 30 Days | Route Admin | Money Spent | Overdose | General Note |
|-----------|-----------------|-----------|--------------------------------------|-------------|-------------|----------|--------------|
|           |                 |           |                                      |             |             |          |              |
|           |                 |           |                                      |             |             |          |              |
|           |                 |           |                                      |             |             |          |              |
|           |                 |           |                                      |             |             |          |              |
|           |                 |           |                                      |             |             |          |              |
|           |                 |           |                                      |             |             |          |              |
|           |                 |           |                                      |             |             |          |              |

## DRUG USE DETAILED INFORMATION

### Biological

First Name

Last Name

Gender

DOB

Relationship

Presently Lives

Agency Name

Foster Last Name

Foster First Name

Other Parent Name



# ASSESSMENT

## PROFESSIONAL TREATMENT RECOMMENDATION

- OMH Supportive Living
- Outpatient
- Residential Detox
- Social Service (non treatment)
- TRP

## CURRENT MEDICAL CONDITION

- Indicate all current medical conditions:
- AIDS
  - Asthma
  - Blind
  - Cancer
  - Dental
  - Developmentally Disabled
  - Diabetes
  - Eye Glasses
  - Hearing Impaired
  - Heart Condition
  - Hepatitis
  - High Blood Pressure
  - HI
  - Other
  - Physically Disabled
  - Seizure Disorder
  - STD
  - TB
  - Ulcers
  - Wheelchair Bound



# ASSESSMENT

## MENTAL HEALTH TREATMENT HISTORY

- Have you ever been hospitalized for any mental health reason? Yes No
- If yes, how many times?
- What was the most recent hospital you were admitted to?
- What was the month and year of admission?
- Why were you admitted?

## MENTAL HEALTH DIAGNOSIS

## EMOTIONAL ABUSE

- Have you ever been emotionally abused? Yes No
- If yes, how old were you when it first began happening?
- Are you currently being emotionally abused? Yes No
- Are you currently living in the same home as the abuser? Yes No

## PHYSICAL ABUSE

- Have you ever been physically abused? Yes No
- If yes, how old were you when it first began happening?
- Are you currently being physically abused? Yes No
- Are you currently living in the same home as the abuser? Yes No

## SEXUAL ABUSE

- Have you ever been sexually abused? Yes No
- If yes, how old were you when it first began happening?
- Are you currently being sexually abused? Yes No
- Are you currently living in the same home as the abuser? Yes No

## FEAR

- Has anyone made you feel afraid, intimidated or threatened you? Yes No
- Has anyone hit, slapped, shoved, punched or kicked you? Yes No
- Do you feel that you are currently in danger of being hurt by someone you love? Yes No
- If so, who are you in fear of and why?
- What is their relationship to you?



## ASSESSMENT

### ORDER OF PROTECTION

|  |     |                      |
|--|-----|----------------------|
| Are you named in any current orders of protection?   | Yes | No                   |
| County/Borough Issued:                               |     | <input type="text"/> |
| Date Issued:   |     | <input type="text"/> |
| Who named you?                                       |     | <input type="text"/> |
| Verified through Domestic Violence Registry?         | Yes | No                   |
| Does anyone have an Order of Protection against you? | Yes | No                   |

### ALCOHOL

|  |     |                      |
|--|-----|----------------------|
| Have you ever used alcohol?                                    | Yes | No                   |
| How old were you when you first used alcohol?                  |     | <input type="text"/> |
| Have you ever felt the need to cut down on your drinking?      | Yes | No                   |
| Do you feel annoyed by people complaining about your drinking? | Yes | No                   |
| Do you ever feel guilty about drinking?                        | Yes | No                   |
| Do you ever drink an eye-opener?                               | Yes | No                   |

### DRUGS

|   |     |                      |
|---|-----|----------------------|
| Have you ever used drugs?                               | Yes | No                   |
| What was the first drug you ever used?                  |     | <input type="text"/> |
| How old were you when you first used this drug?         |     | <input type="text"/> |
| What is your primary drug of choice?                    |     | <input type="text"/> |
| Do you frequently use two substances together?          | Yes | No                   |
| Drug 1:   |     | <input type="text"/> |
| Drug 2:   |     | <input type="text"/> |
| Are you currently in withdrawal?                        | Yes | No                   |
| Have you ever shared a needle, cooker, etc to get high? | Yes | No                   |
| Ever sold belongings to buy drugs?                      | Yes | No                   |
| Ever traded sex for drugs?                              | Yes | No                   |
| Do you abstain from using drugs while pregnant?         | Yes | No                   |
| Do you smoke cigarettes?                                | Yes | No                   |

## ASSESSMENT

### MENTAL HEALTH INDICATORS

|   |                          |
|---|--------------------------|
| Disorientation                              | <input type="checkbox"/> |
| Disturbances of Mood/Affect                 | <input type="checkbox"/> |
| Environmental Instability                   | <input type="checkbox"/> |
| Evidence of Thought Disorder or Disturbance | <input type="checkbox"/> |
| Mental Health Treatment History             | <input type="checkbox"/> |
| Physical Appearance                         | <input type="checkbox"/> |
| Verification                                | <input type="checkbox"/> |

### TREATMENT

|  |                      |
|--|----------------------|
| Is client motivated to attend treatment? | <input type="text"/> |
|--|----------------------|

### TREATMENT DEFINING FACTORS

|                     |                          |
|---------------------|--------------------------|
| Childcare           | <input type="checkbox"/> |
| Homeless            | <input type="checkbox"/> |
| Medical Insurance   | <input type="checkbox"/> |
| Medical Issues      | <input type="checkbox"/> |
| MICA                | <input type="checkbox"/> |
| None                | <input type="checkbox"/> |
| Physical Disability | <input type="checkbox"/> |

### PROFESSIONAL TREATMENT RECOMMENDATION

|                        |                          |
|------------------------|--------------------------|
| AA/NA                  | <input type="checkbox"/> |
| Aftercare              | <input type="checkbox"/> |
| Ambulatory Detox       | <input type="checkbox"/> |
| Day Treatment          | <input type="checkbox"/> |
| Halfway House          | <input type="checkbox"/> |
| Inpatient (long-term)  | <input type="checkbox"/> |
| Inpatient (short-term) | <input type="checkbox"/> |
| Intensive Outpatient   | <input type="checkbox"/> |
| Methadone              | <input type="checkbox"/> |
| None                   | <input type="checkbox"/> |



# ASSESSMENT

## ALCOHOL USE

Does the client admit to alcohol use or a problem with alcohol? Yes No

Professional assessment of alcohol use

## ALCOHOL USE INDICATORS

- Criminal History
- Environmental Instability
- Physical Appearance
- Positive Drug Test
- Relationship/Family Problems
- School/Employment Disruption
- Verification

## DRUG USE

Does the client admit to drug use or a problem with drugs? Yes No

Professional assessment of drug use

## DRUG USE INDICATORS

- Criminal History
- Environmental Instability
- Physical Appearance
- Positive Drug Test
- Relationship/Family Problems
- School/Employment Disruption
- Verification

## MENTAL HEALTH

Professional assessment of mental



# ASSESSMENT

## TREATMENT HISTORY

Have you ever been in treatment? Yes No

How many times have you entered drug treatment - including AA and NA?

How many times have you not completed treatment?

What was the longest, uninterrupted duration of time you spent in treatment?

Are you currently in a treatment program? Yes No

What type of program?

If you are taking methadone, what is the dosage?

Name of the program you are currently attending?

How long have you been at this program?

Most recent treatment?

What type of program?

If you were taking methadone, what was the dosage?

What was the name of the last treatment program you were in?

How long were you in this program?

Have you ever completed detox? Yes No

How many times have you been through detox?

What was the date of your last detox?

What was the last drug you entered detox for?

Longest period of voluntary abstinence from drugs and alcohol?

## TREATMENT BARRIERS

Are there any current barriers to treatment? Yes No

- Child care
- Conflict with school
- Cost
- Didn't know where to go for help
- Family/friend resistance
- Lost interest



# ASSESSMENT

UTA Assessment Tool

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## TREATMENT HISTORY

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## TREATMENT BARRIERS

Are there any current barriers to treatment?      Yes      No

Child care

Conflict with school

Cost

Didn't know where to go for help

Family/friend resistance

Lost interest



# ASSESSMENT

UTA Assessment Tool

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## MOTIVATION

I think drugs are a serious problem in my life  
 Agree     2     3     4     Disagree

My family will support me in treatment  
 Agree     2     3     4     Disagree

I'm tired of using drugs and want to change, but can't do it on my own  
 Agree     2     3     4     Disagree

I'm here because I was arrested, I don't need treatment  
 Agree     2     3     4     Disagree

I have too many responsibilities to enter treatment  
 Agree     2     3     4     Disagree

I am willing to enter treatment as soon as possible  
 Agree     2     3     4     Disagree

I am worried about who will care for my children  
 Agree     2     3     4     Disagree

I believe I can stop using drugs on my own  
 Agree     2     3     4     Disagree

I can't get help here because I will try another treatment program  
 Agree     2     3     4     Disagree

## IMPRESSION/ASSESSMENT

General comments:

In your opinion, the client's understanding of the questions was

Was the client cooperative during the interview?      Yes      No

In your opinion, the client's primary drug of choice is?

