



Criminal Court
of the
City of New York

Drug Court Initiative
Annual Report
2006

Hon. Juanita Bing Newton
Administrative Judge

William H. Etheridge III
Chief Clerk

Justin Barry
Citywide Drug Court Coordinator



CRIMINAL COURT OF THE CITY OF NEW YORK

DRUG COURT INITIATIVE

2006 ANNUAL REPORT

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Editor Justin Barry

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Calendar Year 2006 - Executive Summary

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

Each court was developed with input from local prosecutors, the defense bar, treatment providers, probation and parole officials and court personnel and all operate under a deferred sentencing model with participants pleading guilty to criminal charges prior to acceptance into the program. Successful completion of the program results in a non-jail disposition which typically involves a withdrawal of the guilty plea and dismissal of the charges. Failure to complete brings a jail or prison sentence. All of the drug courts recognize the dis-

ease concept of addiction and utilize a schedule of interim sanctions and rewards, bringing swift and sure judicial recognition of infractions and treatment milestones. Judges, lawyers and clinical staff recognize that relapse and missteps are often part of the recovery process, but participants are taught that violations of the court and societal rules will have immediate, negative consequences. This successful drug court model, together with our excellent judges, clinical and court staff, are responsible for Drug Court Initiative's high retention and graduation rates.

Some 2006 Drug Court Initiative milestones:

- 4,583 defendants were referred to drug courts for evaluation;
- 689 defendants agreed to participate and pled guilty; and
- 438 participants graduated from drug court;

Comprehensive Screening developments in 2006:

- Implementation of Queens Comprehensive Screening Project;
- Expansion of the Bronx Comprehensive Screening Project to include night arraignments; and
- Planning started for Manhattan Comprehensive Screening Project.

In addition to these developments, this report also includes descriptive data of drug court participants.



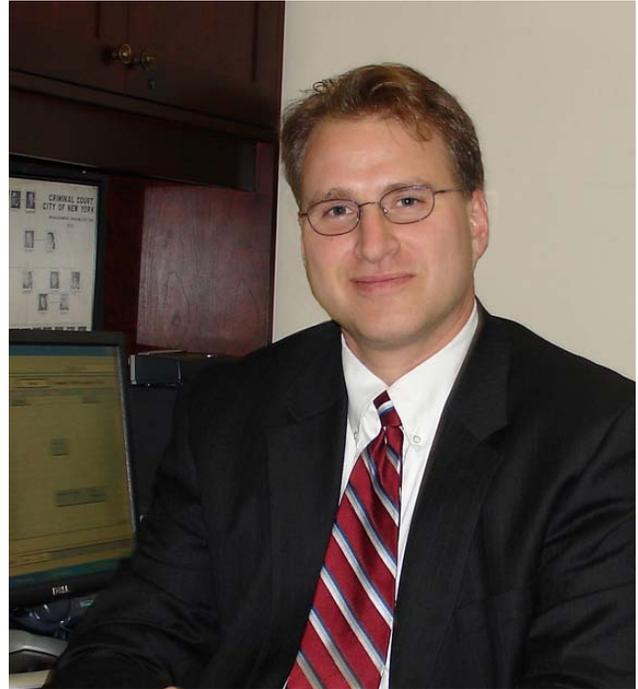
Introduction – Citywide Drug Court Coordinator

By Justin Barry
Citywide Drug Court Coordinator

Everybody likes a success story. For the past three years we have been sending out our own success story in the form of this Annual Report. We have tried to show through numbers and statistics the wonderful successes brought about by our drug courts - reduced crime and defendants on the road to recovery. To really get the feel for what drug courts are all about, though, you need to attend one of our graduations. There you can really see what we do - a father reunited and supporting his family for the first time in years, a troubled teenager graduating from high school and on his way to college and a mother giving birth to her first “drug-free” baby. This year we still present statistics and charts, but we also include the words of our judges and participants which paint a more intimate picture of a small sampling of our successes. I hope this will give you a better sense of the work that we do. Yes ... ultimately our drug court program is designed to reduce crime and societal costs, but for those of us working in it, drug courts are about saving one life at a time.

Over the past year Criminal Court continued its effort to increase treatment court participation throughout the city with the expansion of its successful Comprehensive Screening program in both the Bronx and Queens. Bronx county expanded comprehensive screening for treatment court eligibility of all cases at arraignment to include day arraignment sessions five days a week and all night arraignment sessions. Queens county started its Comprehensive Screening pilot in August with screening in all weekday arraignments with all arraignment shifts expected to be covered by the end of 2007.

Comprehensive Screening works! Criminal Court clerks and personnel screen not only for the six Criminal Court drug courts, but also for the four other drug courts operated by Supreme Court (Bronx Treatment Court, Bronx Misdemeanor Treatment Court, Brooklyn Treatment Court and Queens Treatment Court). In 2006, 7,772 defendants were referred to the city’s drug courts for



Justin Barry
Citywide Drug Court Coordinator

eligibility assessment and over 1,500 agreed to participate. The six drug courts administered by Criminal Court received almost 4,600 referrals with 700 defendants agreeing to participate.

In conjunction with the expansion of the Comprehensive Screening pilot in the Bronx and Queens and, for the coming year, Manhattan and Richmond, we have opened a dialogue with prosecutors, defense lawyers and treatment providers over how to expand eligibility criteria to the drug courts. The beginning of the Comprehensive Screening pilot in Brooklyn in 2003 brought about a simultaneous expansion of eligible drug court charges which now include non-violent, non-drug felonies and “non-violent” misdemeanors. The Bronx expanded its eligibility criteria to include misdemeanor charges requiring the opening of the Bronx Misdemeanor Treatment Court. Comprehensive Screening planning meetings brought about a significant expansion of Queens Treatment Court’s eligibility criteria including non-violent, non-drug felonies and felony drunk driving cases. Similar discussions have been taking place in Manhattan in



Introduction – Citywide Drug Court Coordinator

anticipation of the pilot there.

While the Drug Court Initiative continues to seek grant opportunities to enhance its services, as of April 1, 2007 only QMTC received federal dollars to help offset its operating expenses. The money required to operate these specialized courts comes almost exclusively from the Unified Court System, showing Chief Judge Judith Kaye's commitment to foster and institutionalize these courts.

Many individuals and organizations have played a role in the successes outlined in these pages. Administrative Judge Juanita Bing Newton has led the Drug Court Initiative through this exciting period of expansion and innovation with help from her counsel, Beverly Russell. Supervising Judge William Miller (Kings), Eileen Koretz (New York) and Deborah Stevens Modica (Queens) have worked hand-in-hand with central administration to make these programs so successful. Deputy Chief Administrative Judge Judy Harris Kluger and her staff, espe-

cially Bruna DiBiasie, Frank Jordan, Michael Magnani, Linda Baldwin and Ann Bader have been instrumental in their support, both technical and administrative. The District Attorney's office of Bronx, Brooklyn, New York, Queens and Richmond counties, along with the citywide Office of the Special Narcotics Prosecutor deserve special mention for the support they have shown these innovative programs. The Legal Aid Society and the other defender associations throughout the city have also helped make this initiative a reality. Without our partners in the treatment community, drug courts would not be able to exist.

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



Summary Information - All Courts

Eligibility Criteria

Eligibility criteria are determined by the specific target populations decided on by steering commit-

tees during the planning phase of each drug court. See the table below for specific eligibility criteria in each court.

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

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

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

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

Key to Drug Court Acronyms:

MBTC - Misdemeanor Brooklyn Treatment Court

MMTC - Manhattan Misdemeanor Treatment Court

MTC - Manhattan Treatment Court

QMTc - Queens Misdemeanor Treatment Court

SITC - Staten Island Treatment Court

STEP - Screening & Treatment Enhancement Part (Brooklyn)

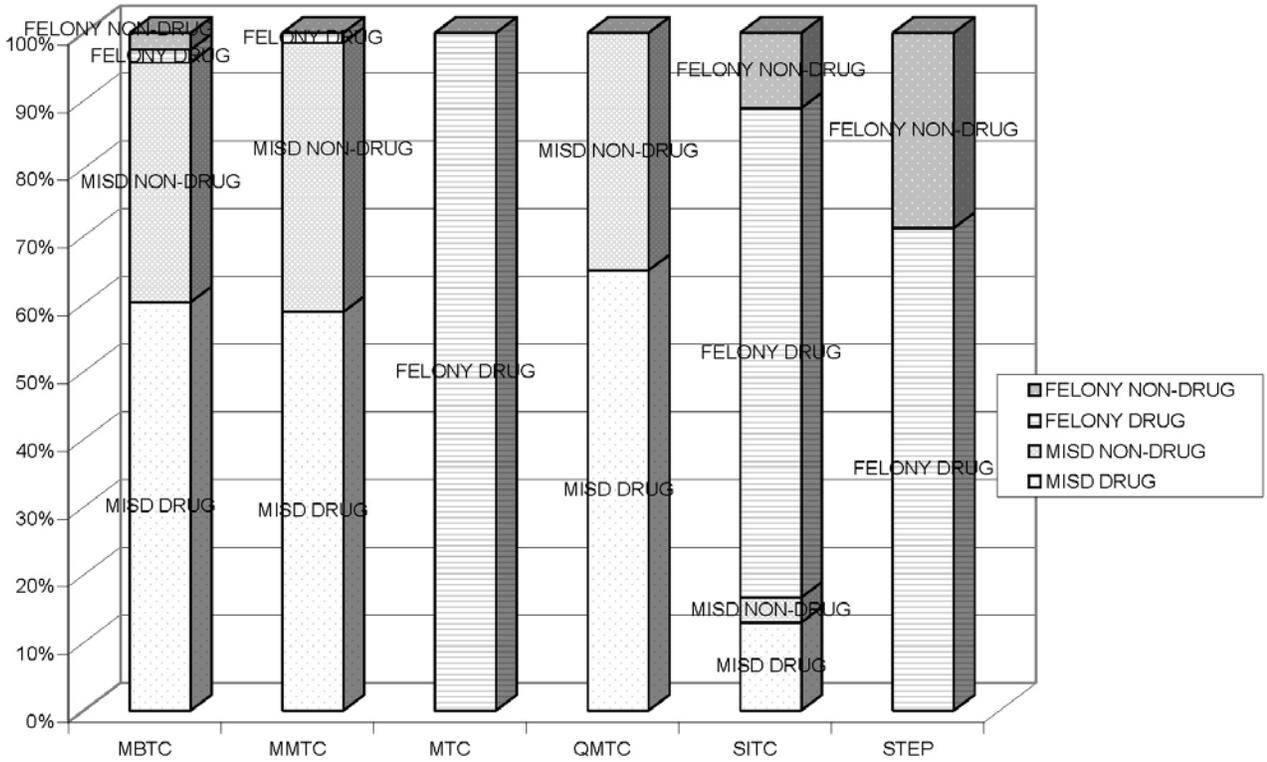


Types of Arraignment Charges

For purpose of analysis, the arraignment charges of defendants entering into our drug courts are divided into felony/misdemeanor and drug/non-drug designations. About 57% of drug court participants

were arraigned on felony charges - and of those, 45% were arraigned on drug charges. Forty-three percent of participants were arraigned on misdemeanor charges - and of those 28% were arraigned on drug charges.

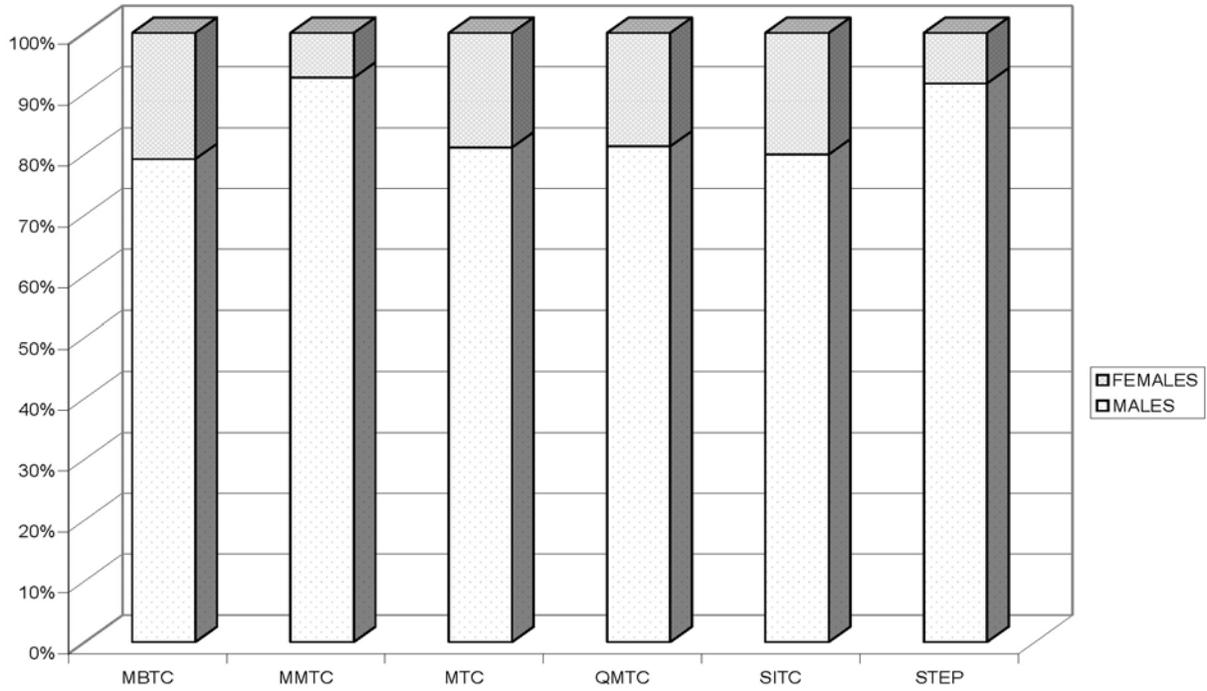
Arraignment Charge of Drug Court Participant (Percentage of Total)



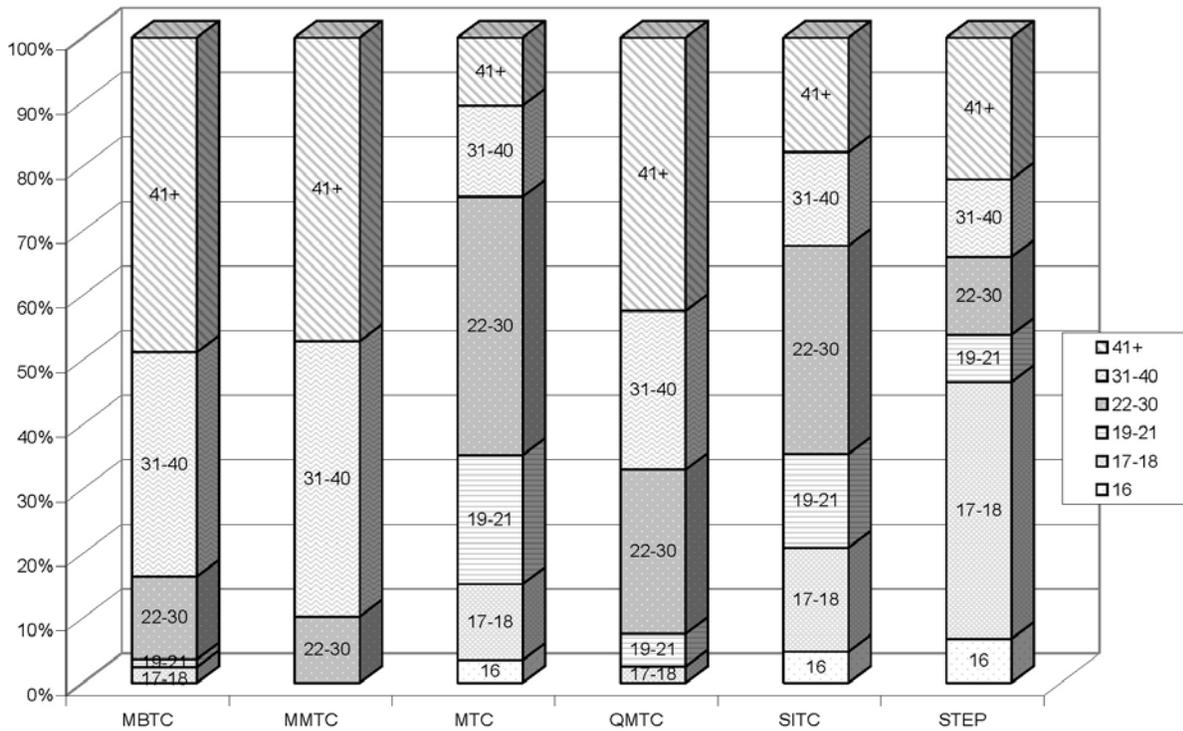


Summary Information - All Courts

Gender of Drug Court Participant (Percentage of Total)

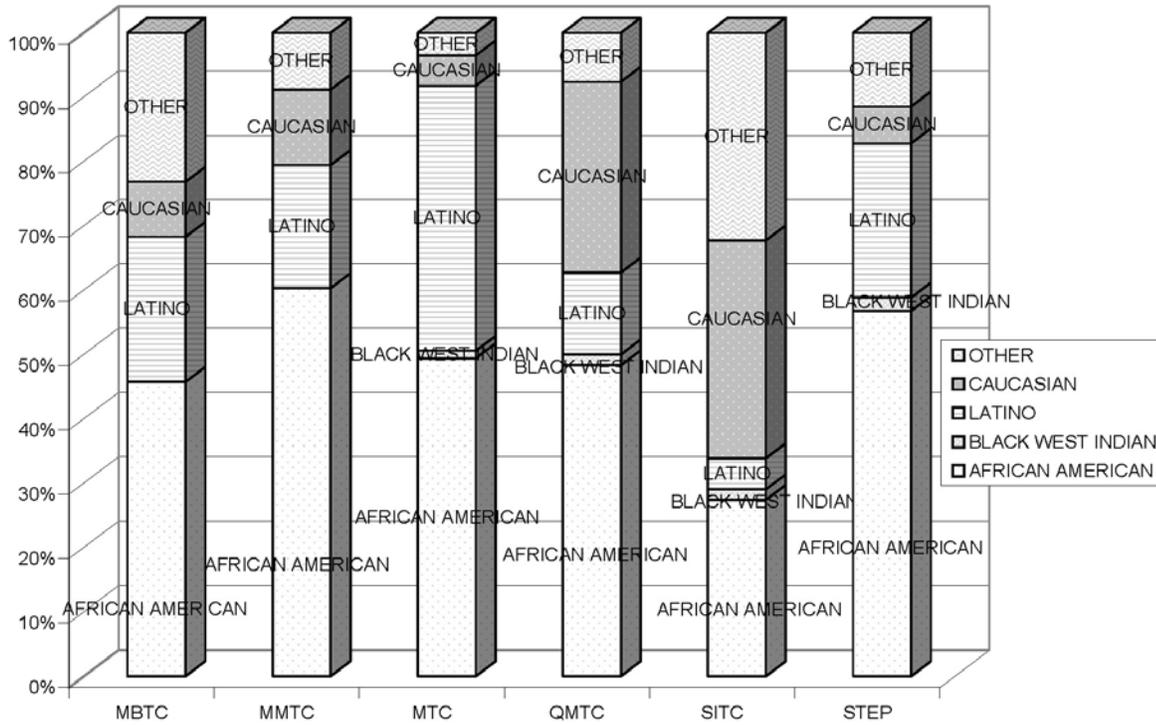


Age of Drug Court Participant (Percentage of Total)

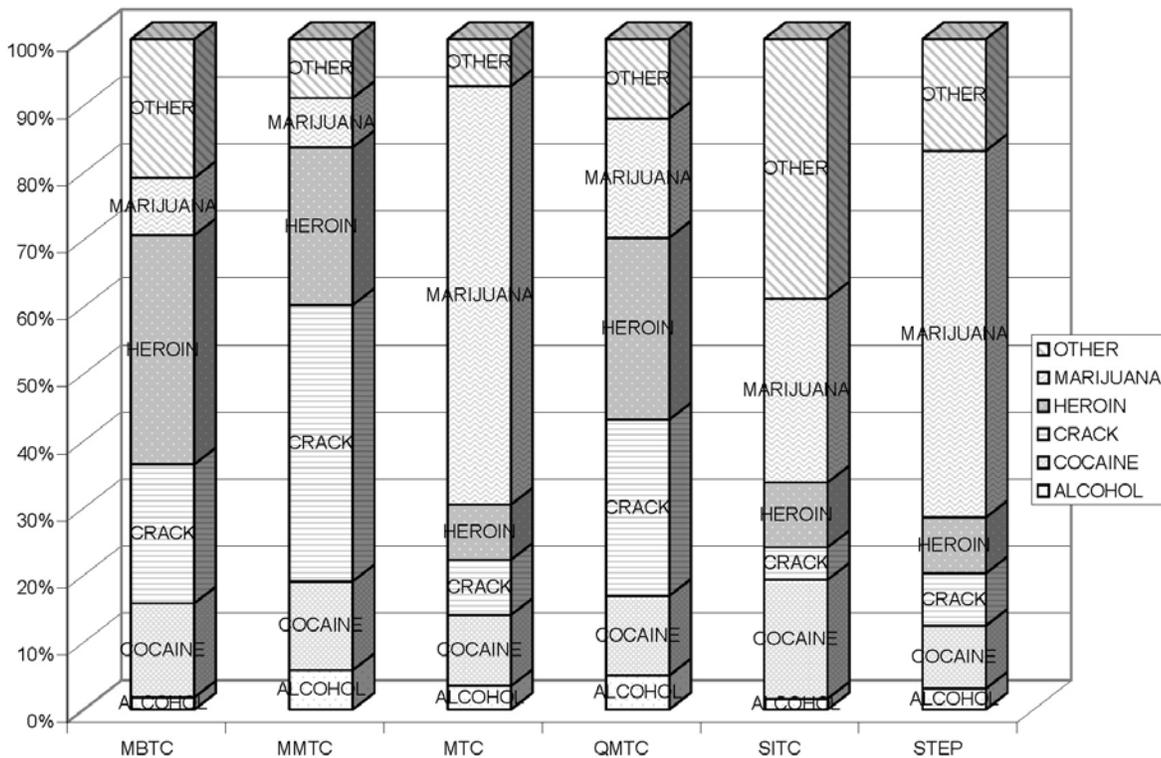




Race of Drug Court Participant (Percentage of Total)



Drugs of Choice for Drug Court Participant (Percentage of Total)



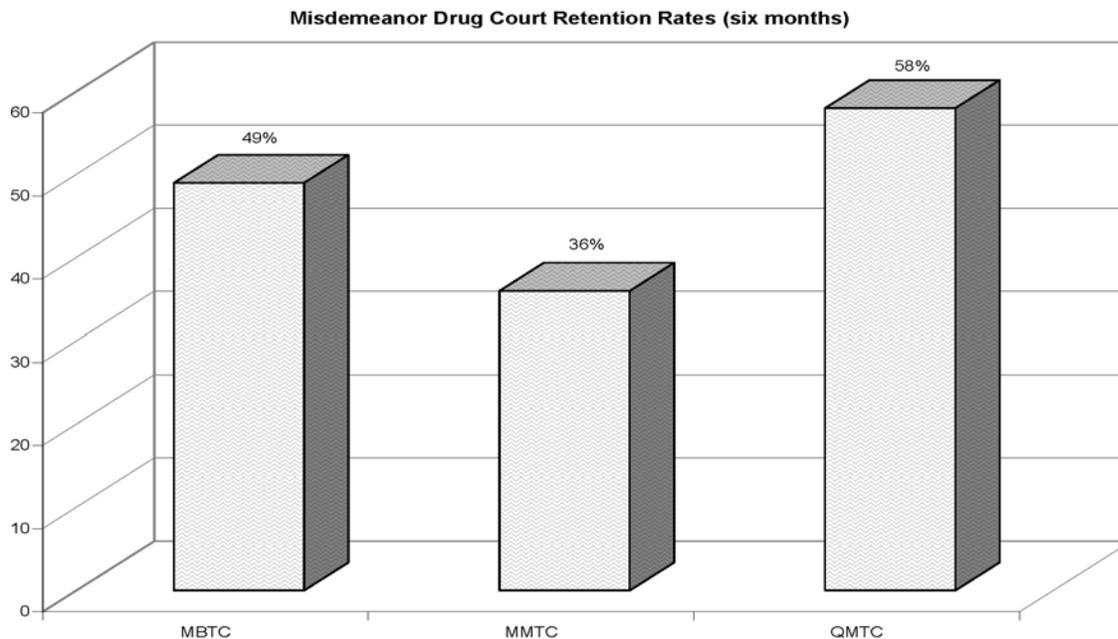
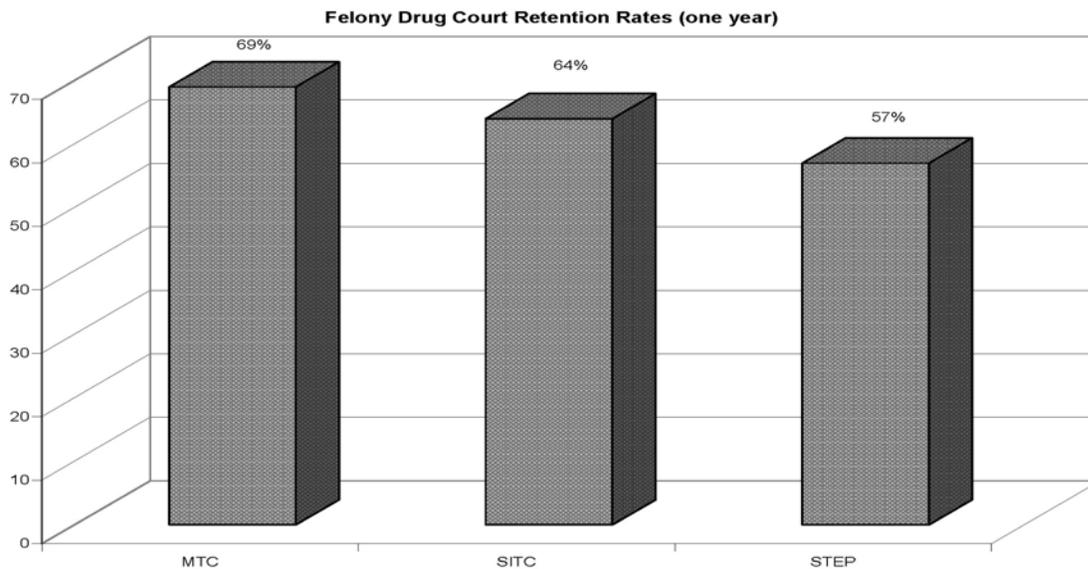


Summary Information - All Courts

Retention Rates - All Courts

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

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





Comprehensive Screening

The Comprehensive Screening Project is a pilot program, started in Brooklyn in 2003 and expanded to the Bronx in 2005 and Queens in 2006. The goal of the program is to screen every criminal defendant's eligibility for court-monitored substance abuse treatment. Screening is a two step process completed within a short time frame. Assessment includes a review of the each defendant's case by a court clerk before a defendant's initial court appearance, followed by a detailed clinical assessment and, in Brooklyn, a urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in court-monitored substance abuse treatment.

Problems with Prior Screening

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

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

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

Principles

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

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

dants be evaluated for eligibility.

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

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

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

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

Screening

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

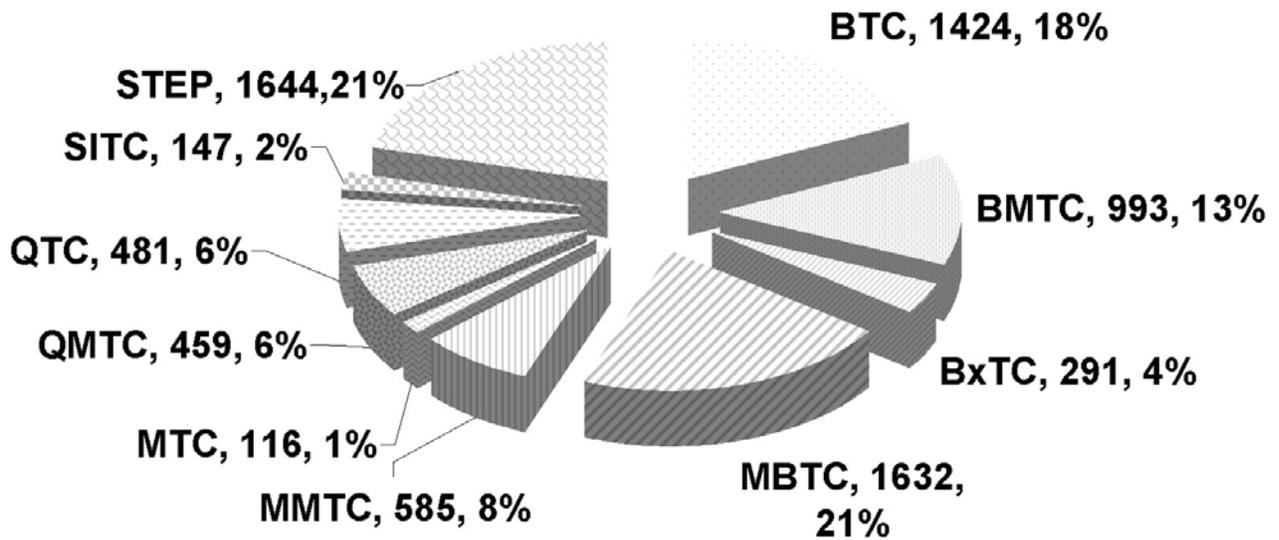


Results

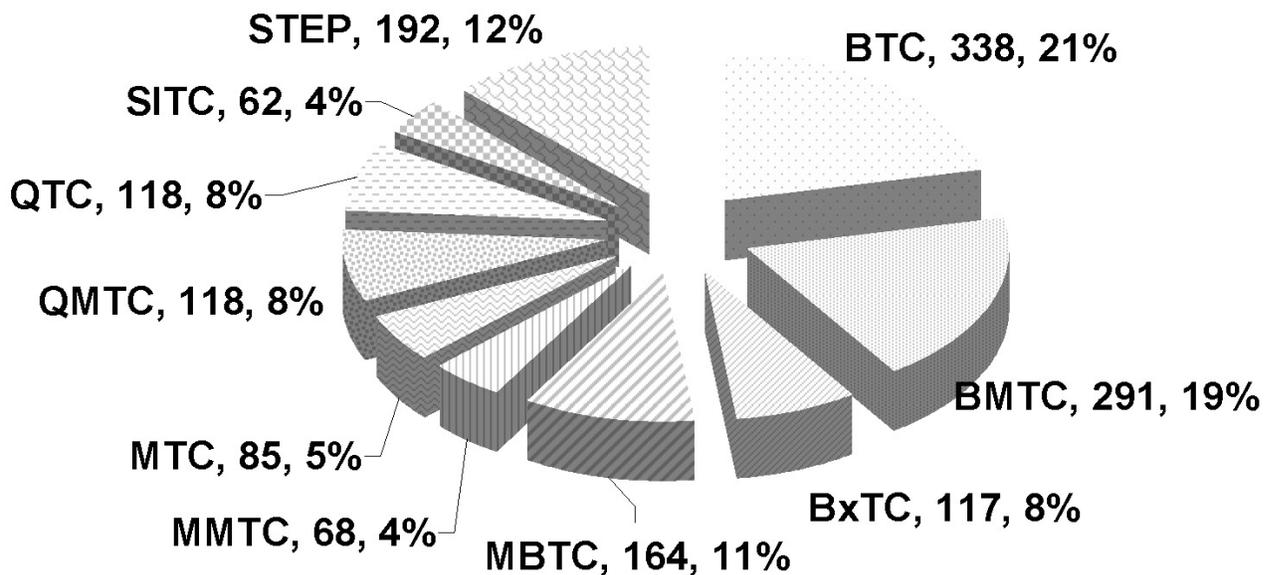
The charts below show the results of the comprehensive screening program. Referrals and pleas for all drug courts throughout the city, including those administered by Supreme Court, are reported since Criminal Court staff participate in the screening for these courts.

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

2006 Drug Court Referrals - Citywide



2006 Drug Court Pleas - Citywide





Comprehensive Screening

STEP DAILY OPERATIONS CHART

Day 1

Pre-Arrestment Screening by Clerks for APD & STEP:

- All felony drug charges except Class A1 & A2
- Non-drug felony charges – Sections 145, 155, 165, 170, 140.20 and no prior violent felony convictions within 10 yrs and no pending violent felony charges

ARRAIGNMENTS DAY & NIGHT

- First felony drug offenders 19 yrs and older
- Female predicate drug offenders from the blue, gray and orange zones

Adjourn to APD for next business day

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

Adjourn to STEP for next business day

Not eligible:
Adjourn to AP1 for 180.80 day or other agreed upon date

Refusal to Sign Consent:

Adjourn to STEP for next business day

Defendant and Defense Attorney Sign Client Consent In Arraignment

Day 2

D.A. Reviews Case

D.A. Makes Offer – Assessment By Clinical Staff

- **All defendants given urine test and sign Releases of Confidentiality**
- DTAP eligible defendants assigned to TASC representative and assessed
- Non DTAP defendants assessed by court clinical staff and/or Probation Officer using complete psycho-social assessment

D.A. makes no offer:
Adjourn to AP1 for 180.80 day or other agreed upon date

Defendant Appropriate for Treatment:

- Resource Coordinator makes recommendation to Court

Ineligible for treatment:
Adjourn to AP1 for 180.80 day or other agreed upon date

Defense Attorney Conveys Offer

Defendant Refuses Offer:
Remain in STEP until cases dismissed or Defendant indicted

Defendant Accepts Offer:

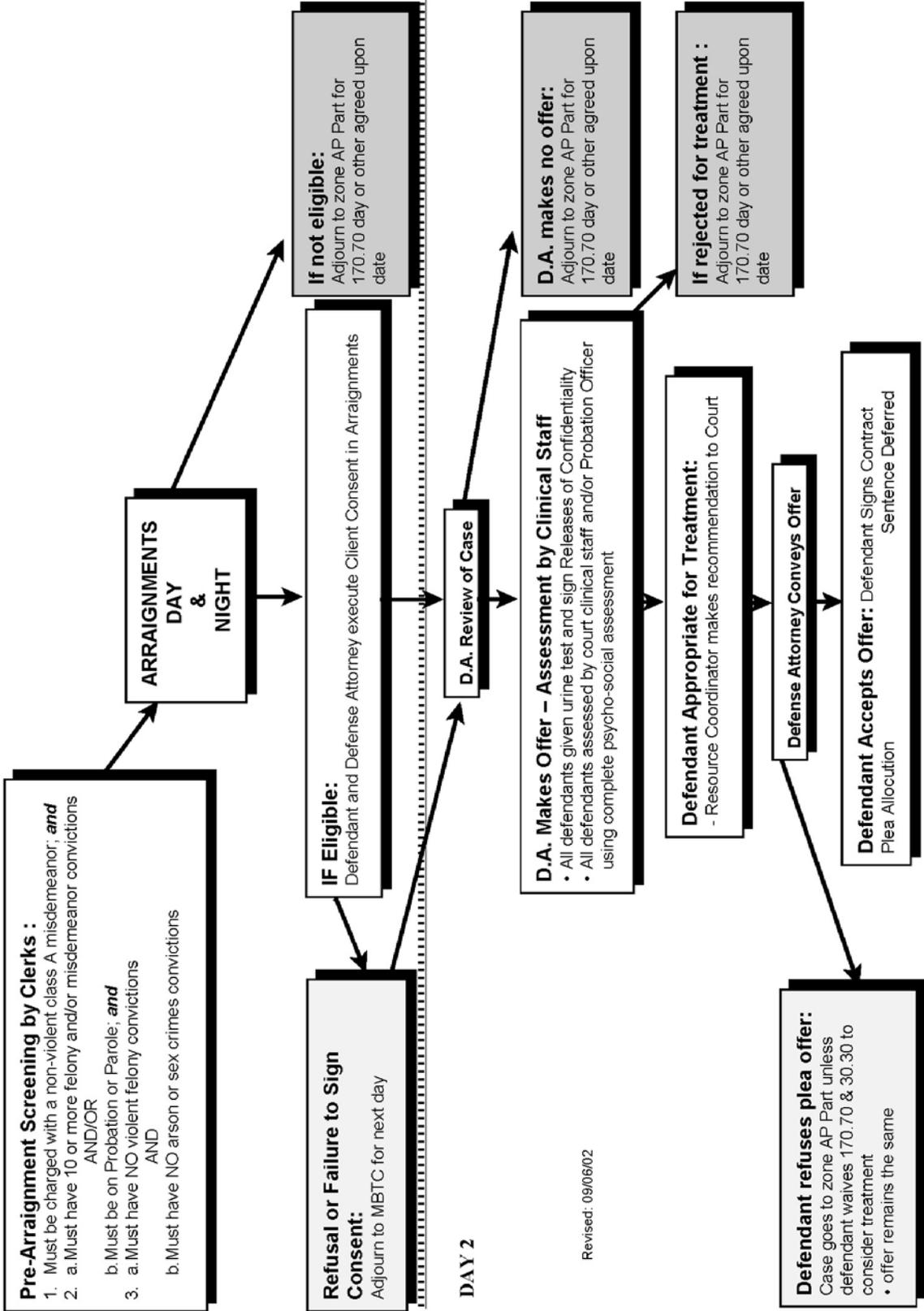
- Signs Waivers and Contract
- Plea Allocation
- Sentence Deferred

Revised: 12/16/03



MBTC DAILY OPERATIONS CHART

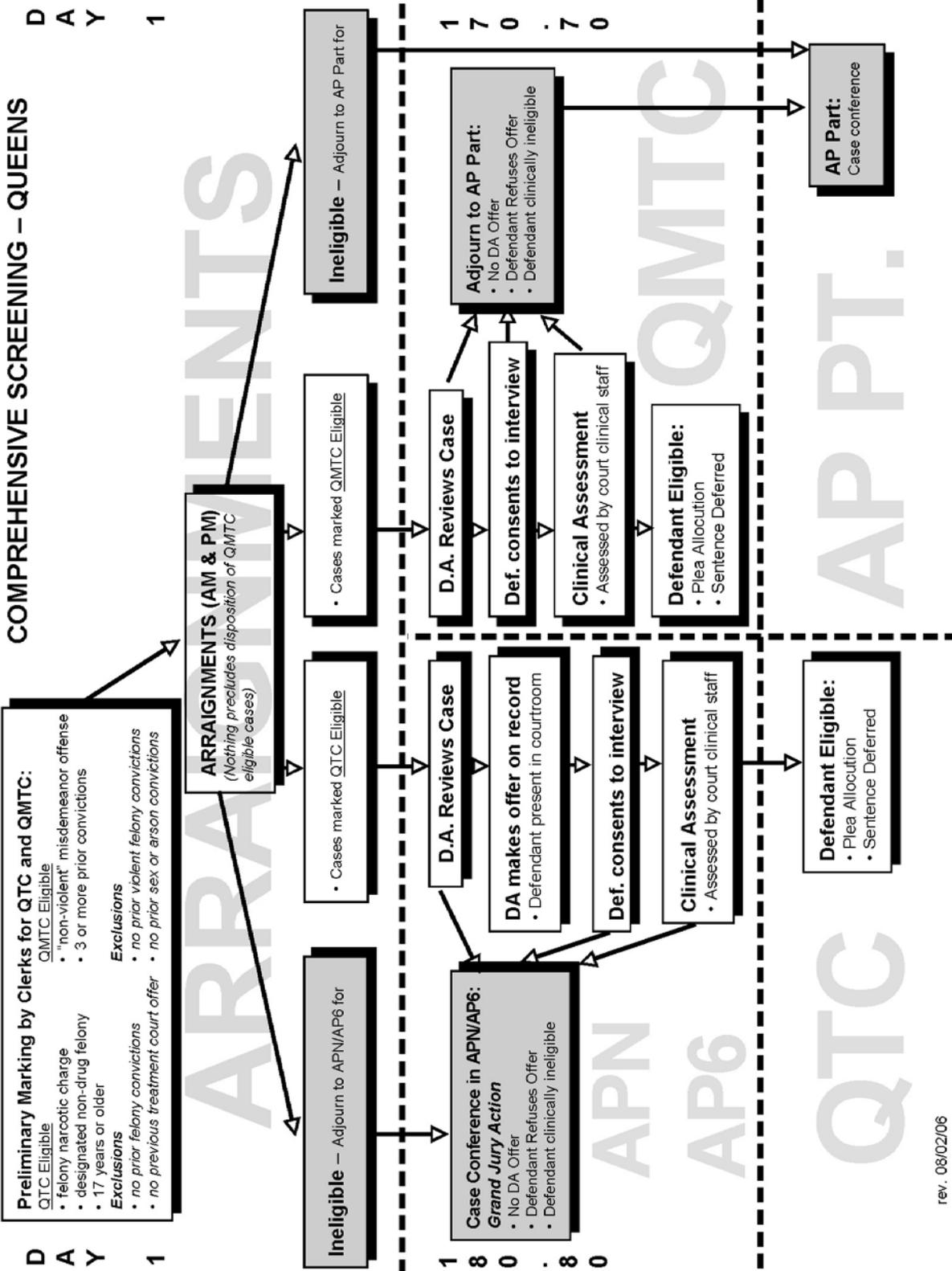
DAY 1



Revised: 09/06/02



Comprehensive Screening

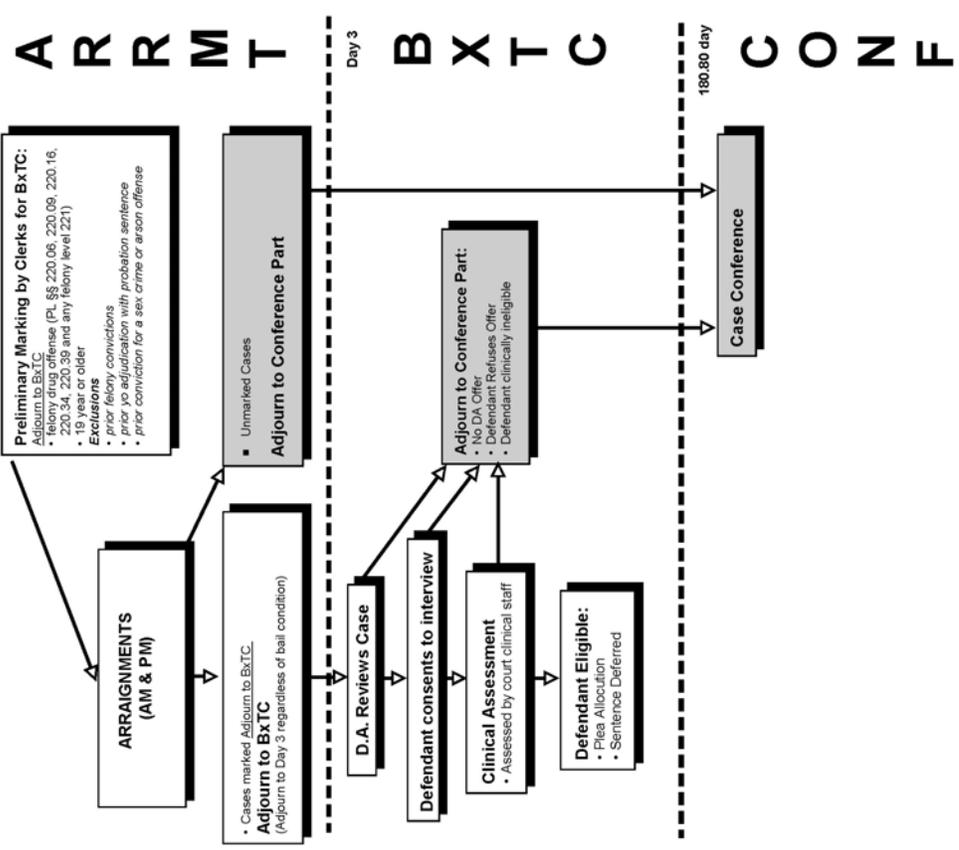


rev. 08/02/06



Bronx Treatment Court SCREENING CASE FLOW

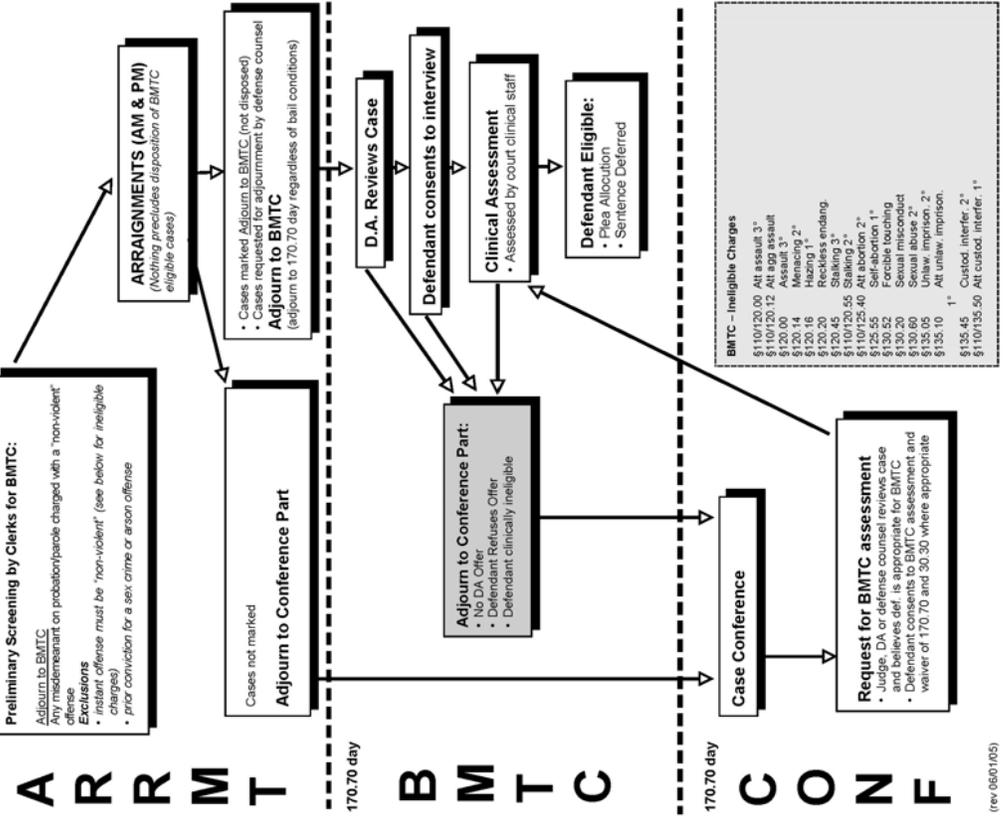
Day 1



(rev. 06/14/05)

Bronx Misdemeanor Treatment Court CASE FLOW

Day 1



BMTc - Ineligible Charges

\$100.20.00	Alt assault 3*
\$100.20.12	Alt agg assault
\$100.20.13	Aggravated assault
\$120.14	Menacing 2*
\$120.16	Hazing 1*
\$120.20	Reckless endangering
\$120.45	Stalking 3*
\$120.50	Sexual abuse 1*
\$100.25.40	Alt abortion 2*
\$125.55	Self-abortion 1*
\$130.52	Forcible touching
\$130.20	Sexual misconduct
\$130.20	Sexual abuse 2*
\$135.05	Unlawful imprisonment
\$135.10	Alt unlaw imprisonment
\$135.45	1* Custod. interfer. 2*
\$100.35.50	Alt custod. interfer. 1*

(rev. 06/01/05)



Comprehensive Screening

Statistical Information

An analysis of the number of defendants screened in each borough since Comprehensive Screening was implemented in Brooklyn shows the striking differences in the way that drug court eligible defendants are identified. In 2006, the three Brooklyn drug courts accounted for 60% of all defendants referred to a drug court for assessment. These three Brooklyn drug courts also accounted for 44% of all new participants. The Bronx drug courts, where the screening pilot has been expanded to weekday and all night arraignments, account for 17% of the city referrals and 27% of new participants. Queens, where just weekday arraignments started screening in the second half of the year, accounted for 12% of referrals and 16% of new participants.

Expansion

The Comprehensive Screening pilot will continue to expand in Queens and should be fully operational by the end of 2007.

It is expected that Comprehensive Screening will expand to Manhattan and Staten Island by the end of 2007.

Conclusion

Comprehensive Screening in New York City has developed a whole new approach for identifying eligible drug court participants. Instead of relying on sometimes overtaxed and overburdened judges or lawyers to identify drug court candidates, the Comprehensive Screening program trains court clerical staff to identify all eligible defendants resulting in a much larger eligible pool. The resulting number of defendants who agree to participate is also larger. To implement Comprehensive Screening in the other counties of New York City, the template used in Brooklyn and the Bronx will be used with modification taking into consideration local differences in practice.

Length of Time - Arrest to Assessment & Assessment to Plea

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

On average, it takes about a month for defendants to be assessed for treatment in SITC and MTC, and once referred, defendants can wait close to an additional month (on average) before executing a

contract/plea agreement.

Length of Time - Full Intake (Arrest to Plea)

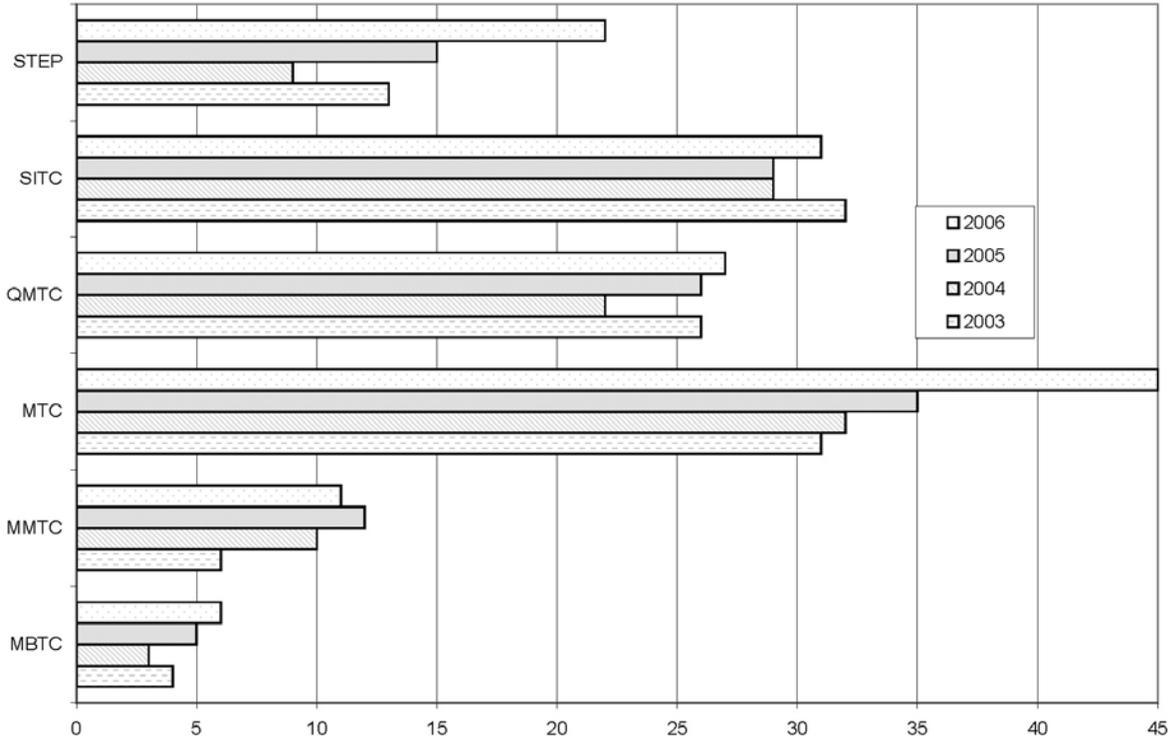
See on page 20 for average length of time between arrest and plea.

COURT REFERRAL SOURCE

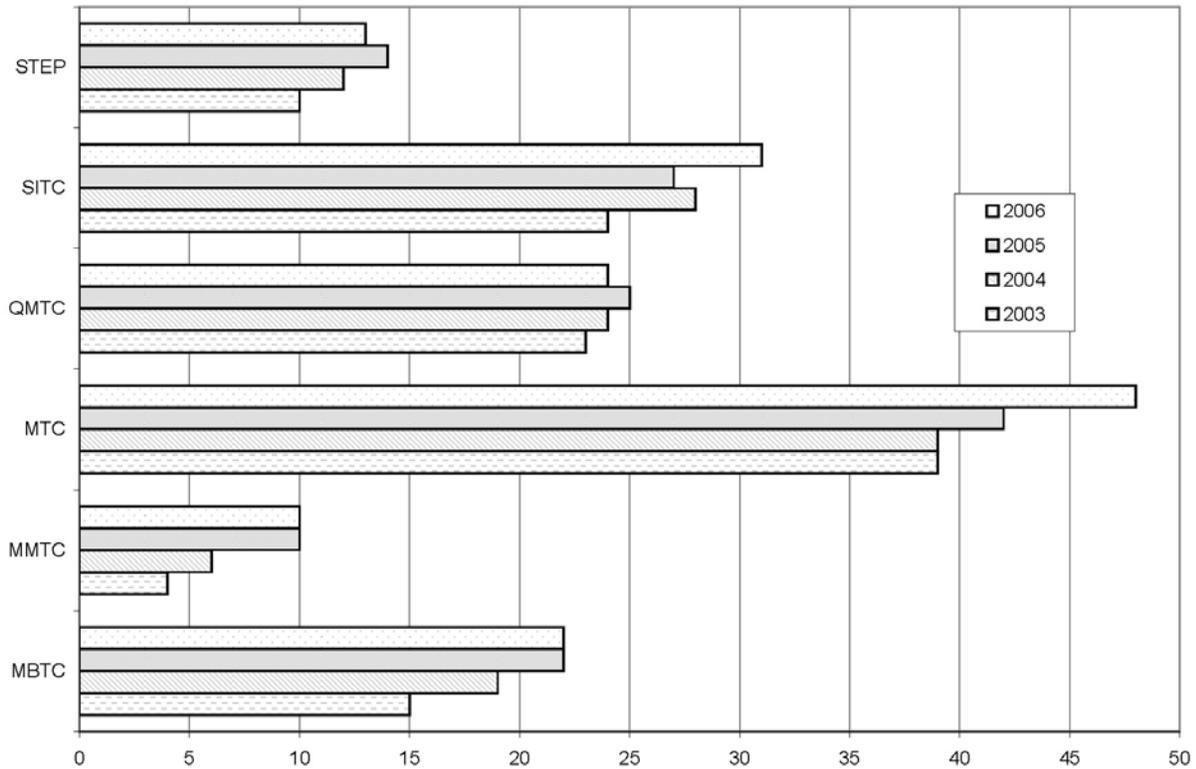
Manhattan Misdemeanor Treatment Court	Arraignment Clerks
Manhattan Treatment Court	Arraignment Clerks, Office of Special Narcotics
Misdemeanor Brooklyn Treatment Court	Arraignment Clerks
Queens Misdemeanor Treatment Court	DA, Judges, Defense at Arraignments
Screening & Treatment Enhancement Part	Arraignment Clerks
Staten Island Treatment Court	DA



Mean Time Between Arrest and Assessment (Days)



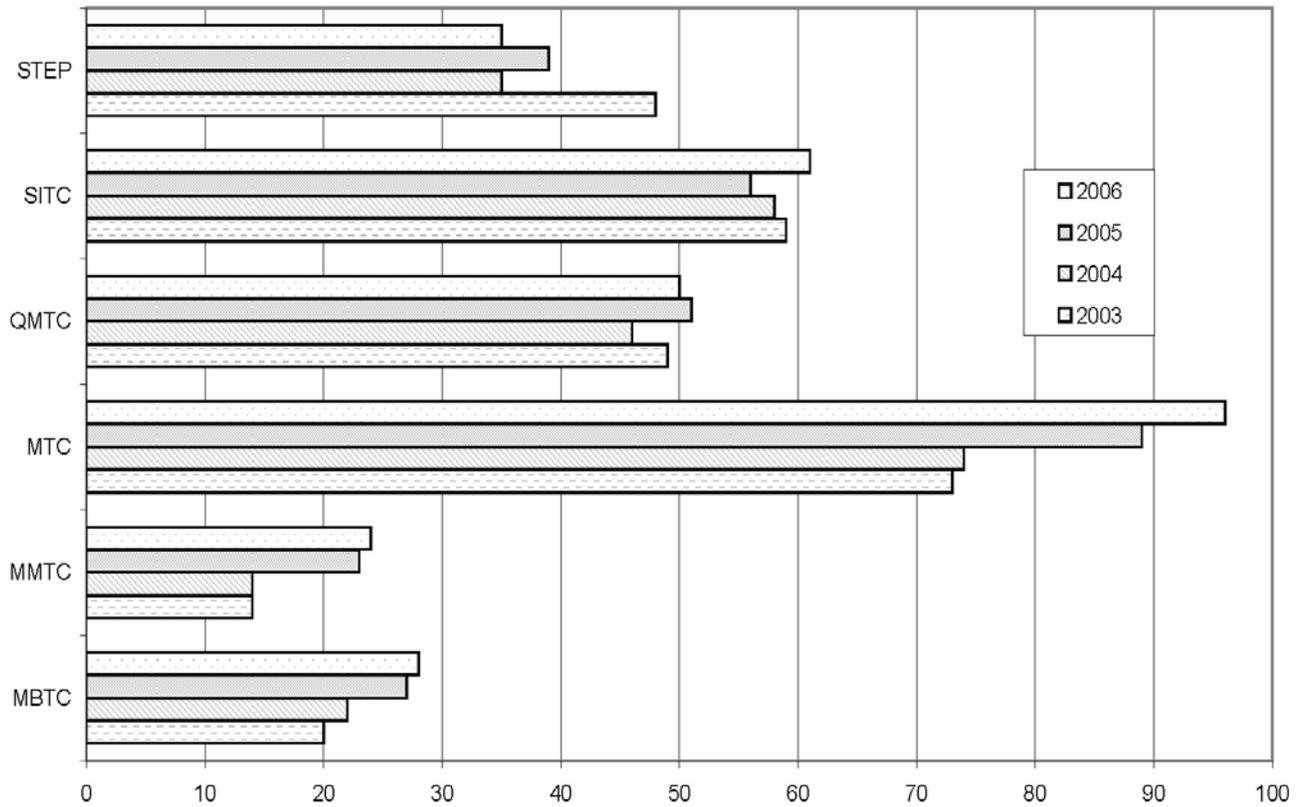
Mean Time Between Assessment and Plea (Days)





Comprehensive Screening

Mean Time Between Arrest and Plea (Days)





Bronx Treatment Court & Bronx Misdemeanor Treatment Court

Program Description

Staff

Presiding Judge	Hon. Laura Safer Espinoza
Project Director	Martha Epstein
Resource Coordinator	William Rosario
Research Analyst	James Townes III
Senior Case Manager	Angela Blair-Adams
Case Managers	Eligia Carradero Dwana Hayworth Russell Oliver

Introduction

In an effort to better utilize scarce judicial resources and react more efficiently and effectively to changes in arrest patterns, Criminal Court has participated in a pilot project to reorganize the case processing structure of the Bronx criminal justice system. Starting in November 2004, administrative oversight of many Criminal Court operations in the Bronx, including drug courts, was transferred to the newly created Bronx Criminal Division.

Administratively, Criminal Court continues to lend

operational and budgetary support to the Criminal Division's Administrative Judge John Collins and Deputy Administrative Judge Eugene Oliver (former supervising judge of Bronx Criminal Court) on drug court issues. Criminal Court worked with Bronx administrators, judges and drug court personnel on the creation of a new Bronx Misdemeanor Treatment Court, started April 2005, and implementation of the Bronx comprehensive screening project to quickly and efficiently identify eligible drug court defendants. The Bronx comprehensive screening pilot started in the summer of 2005 with screening in the Bronx day arraignment parts, was expanded to night arraignments in the spring of 2006. Criminal Court is now working with the Criminal Division to complete the pilot with expansion to weekend arraignments making Bronx the second county in the state to have blanket screening for drug court participants in all of its arraignment parts.

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

	Bronx Treatment Court	Bronx Misdemeanor Treatment Court
Referral	291	993
Pleas	117	124
Open Cases	247	369
Graduates	71	49



Screening & Treatment Enhancement Part

STEP Success Story - James D.

By Honorable Joseph E. Gubbay

I first met James D. when he appeared in my courtroom, the Brooklyn Screening Treatment and Enhancement Part ("STEP"), in June 2005, charged with selling crack cocaine to an undercover police officer. He was a sixteen year old, marijuana dependent, high school drop-out; the middle child of a family of seven children, living in a single parent household with his mother. He sold the drugs for money, to buy stylish clothing, to fit in. He had no financial resources and no job. His friends were involved in drug dealing and he joined. He presented a case similar to many of the nearly 300 young men in the STEP program, leading a life style with little accountability.

During the following eighteen months, and more than thirty court appearances, I saw him achieve abstinence from marijuana dependency. I saw him obtain his General Equivalency Diploma (GED) and secure gainful employment. I saw him develop a closer bond with his family. I saw him grow into a more mature, and more responsible young man who began to discover his true self, that of a thoughtful, caring and decent individual. I saw him comply with the treatment mandate and earn the dismissal of the pending felony charges which could have burdened him for the rest of his life. Upon graduation from the STEP program, he walked out of the courtroom with a clean record and the hope of a brighter future. James wrote, "Before entering STEP I was a nobody. In my time in STEP I have learned that I am more than what I was before. I learned that I am a smart young man that could go places, far places, and I could do anything I put my mind to. I learned that life is beautiful and I should not be wasting it, I should be cherishing it." Eighteen months earlier, however, this new beginning was not certain.

In April 2005, James was arrested for misdemeanor drug possession, which was adjourned in contemplation of dismissal. Two months later, only one block from his Brooklyn home, James, along with his friend, sold 3 ziplock bags of crack cocaine to an undercover police officer. He was arrested and the following day was arraigned in Kings County Criminal Court on felony charges carrying penalties of up to 9 years in state prison. The case was adjourned to the STEP part for assessment.

The Kings County District Attorney reviewed the case and determined that a treatment offer was appropriate. Assessment revealed that James' drug of choice was marijuana, which he began smoking when he was 14. He dropped out of high school in the tenth grade. Because he had so few high school credits, it was unlikely that he would ever graduate.

The goal of the treatment mandate was to eliminate James' dependency on marijuana and to provide him with an opportunity to pursue his education and or vocational goals. Given his relatively stable home life and moderate drug dependency, an outpatient treatment plan was recommended, which mandated daily drug treatment and general education classes.

With his attorney and mother present, a felony guilty plea was entered. He was placed on "interim probation" whereby his case manager would be a probation officer assigned to the STEP part on a full-time basis. James and I signed a contract stating if he complied with the treatment mandate the case would be dismissed, if he failed, he would go to jail for one year.

At the time of plea, a curfew was imposed requiring him to be home every night no later than 9:00 pm. His mother supported the imposition of the curfew, and indeed supported each of the court's decisions throughout the mandate. She was an active participant throughout the recovery process and James' ultimate success, I believe, was in large measure, attributable to her commitment and support.

Through intensive judicial monitoring and a system of sanctions and rewards, the court sought to instill a new sense of accountability and responsibility while building self-esteem and self-confidence. No conduct, positive or negative, was overlooked, and since court appearances were frequent, every 2-3 weeks, there was little delay in the court's response. When he did well, the court was supportive and indeed, enthusiastic in its approval, particularly when James passed each of the mandate's phases and when he obtained his GED. When he was non-compliant, sanctions were imposed, including, in James' case, verbal admonishment, time in the jury box and two separate essay sanctions. The second essay sanction was prompted when James lied about why he missed a treatment appointment. He claimed he was shop-



ping for a prom suit with his mother. The STEP probation officer/case manager contacted his mother, who disavowed this and expressed her concerns about her son's dishonesty. The topic of the essay sanction was, "Why Is Honesty The Most Important Principle In Life". On the following court date, James submitted a thoughtful and responsive essay. Along with news that he had gotten a job as a file clerk he showed his STEP case manager photographs of his high school prom.

The last sanction was imposed in June 2006. He remained fully compliant until the conclusion of the mandate that December. With the assistance of the STEP part's NYC Department of Education liaison, James attended an orientation of Kingsboro College and was scheduled to take classes in January 2007 to obtain a degree in business ad-

ministration with the goal of one day establishing his own business.

A number of factors contributed to James' success: the involvement and support of his mother and James' own willingness to recognize the need for dramatic behavioral change and the will to effect it. James' own words reveal optimism as well as an understanding of the challenges ahead, "The STEP experience has shown me that society can be so corrupt but it is only you that makes the decision to be corrupt with society. My community is a positive place with positive things all around it, but it has negative people that do negative things. Our community is a place where we should be able to have a happy life."

Program Description

Staff

Presiding Judge	Hon. Joseph Gubbay
Project Director II	Mia Santiago
Resource Coordinator III	Alyson Reiff
Probation Officers	Rosemarie Salinger Barbara Miles
Case Manager II	Christina Ruffino
Case Managers I	Lisa Kelly Christina Douglas Shatia Eaddy
Case Technician	Deryck Barker
DOE Liaison	Kristen Murphy

Introduction

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

STEP's Young Adult Program was developed to address substance abuse and related educational, vocational and family issues among the sixteen to



Honorable Joseph E. Gubbay

eighteen year old population of non-violent felony offenders charged as adults in Criminal Court. UCS and Criminal Court have developed the STEP Young Adult Program as a model for successfully diverting this adolescent population from a life of drugs and crime for the other four New York City counties and the rest of New York State.



Screening & Treatment Enhancement Part

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

Eligibility and Identification

Eligible defendants must:

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

Exclusions

Defendant may not have:

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

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

Court Structure

Defendants accepted into STEP plead guilty to a felony charge and the Court defers sentence for twelve months while the defendant participates in treatment. Each participant receives a treatment plan, based on a clinical assessment, that best suits their needs. Treatment plans can include

intensive outpatient, detox, outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, and/or employment, as well as complete a required number of volunteer events at the time of completion. For both the adolescent and adult populations, STEP uses intensive judicial supervision and a system of graduated sanctions and rewards to maintain compliance with the court mandate. Probation officers and youth case managers offer intensive case management with the capability to make home visits; the clinical expertise to engage young adults and their families; and the possibility of offering onsite counseling in the future. Upon completion of the court mandate, the court vacates the guilty plea required to participate and dismisses the charges leaving the participant with an opportunity to start over again without a criminal record. Failure results in the imposition of a jail sentence.

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

To move between phases, participants must abstain from drug use and remain compliant with program rules and regulations. While in treatment, participants are held accountable for any infractions they commit. STEP uses a system of graduated incentives and sanctions to encourage compliance. The most common infractions are violations of program rules, and tardiness. Sanc-



tions for these infractions include increased weekly treatment hours, essay writing, job training referrals and increased court appearances. More serious infractions include missed positive urine samples, missed court appearances and absence from a treatment program without permission, which can result in a sanction of jail time. New arrests typically result in a jail based sanction and/or the imposition of the jail alternative.

STEP Young Adult Program and Drug Related Offenses

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

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

Referrals, Refusals and Pleas

Since accepting its first case in 2003, **5,854** non-violent felony drug offenders have been referred to STEP for clinical assessment, out of which **843 (14%)** have pled guilty and agreed to participate in treatment. Of the **5,011** who did not plead guilty, **1226 (24%)** refused to participate and **773 (15%)** had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, **360 (43%)** have graduated, **222 (26%)** are

currently in treatment, and **197 (23%)** have failed to complete their court mandate.

Intake and Referral Data

In calendar year 2006, STEP made up **36%** of all referrals to, and **28%** of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - STEP Participants

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

Graduates and Failures

In the less than five years that STEP has been operational, **360 (27%)** participants have graduated. The following information is available for STEP graduates:

- **27%** of graduates were either full or part-time employed,
- **22%** were receiving governmental assistance, and
- **66%** were receiving Medicaid.
- **36%** of STEP participants were either in school, full or part-time.
- **22%** of graduates had received vocational training

Conversely, **197 (13%)** participants have failed to complete their court mandate. Fourteen percent (**14%**) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in STEP. Nineteen Percent (**19%**) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence. STEP closes warrant cases after one consecutive year, which made up for about **1%** of the failures.



Screening & Treatment Enhancement Part

Length of Stay/Retention Rates

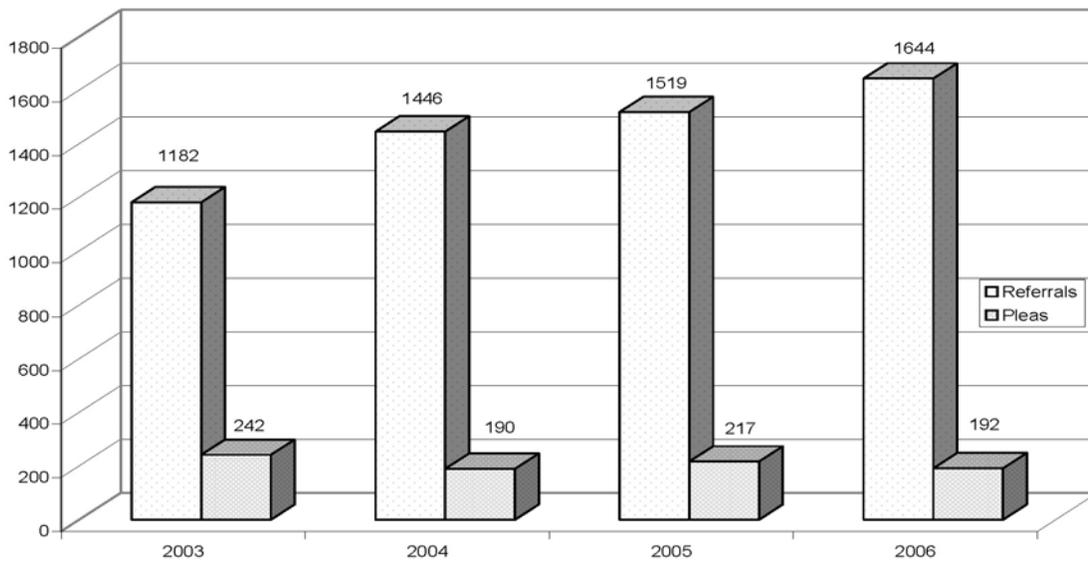
The average length of treatment (based on graduation date) for STEP's 360 graduates is sixteen months. Retention rate includes data for participants who have completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for

whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

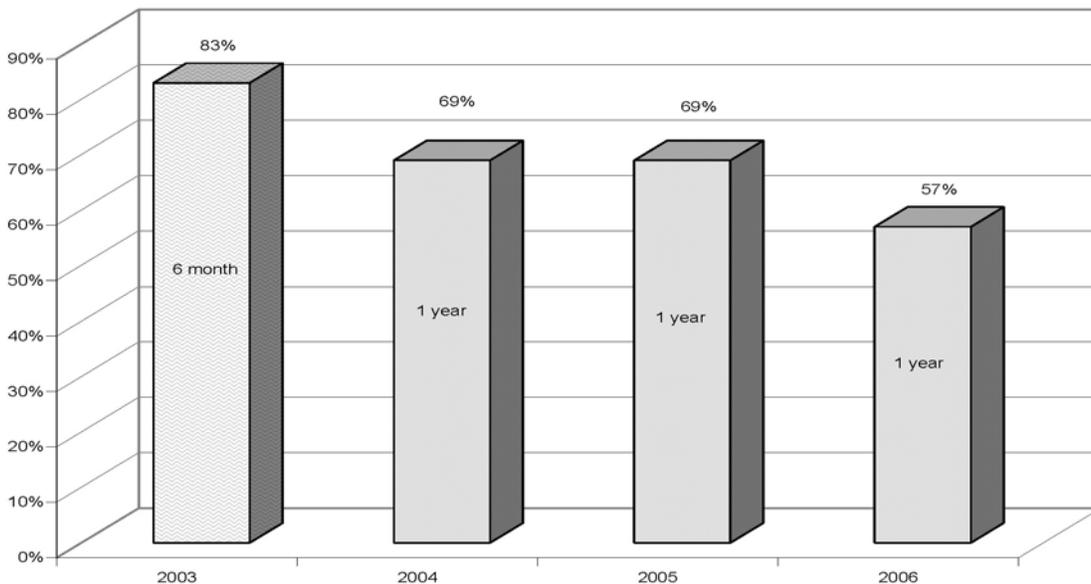
STEP Operations

On average STEP caseload was 222 cases for any given day in 2006. Case managers typically monitored between 35-40 participants each at any given time in 2006. Treatment modality decisions are made by the STEP case management team under the supervision of the project director.

STEP Referrals and Pleas (Calendar Year)

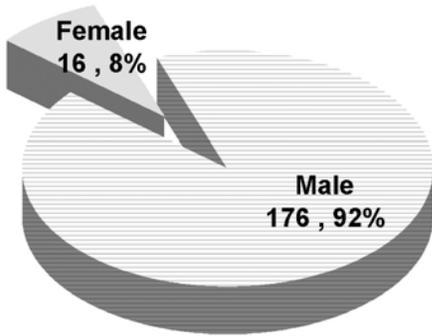


STEP Retention Rates

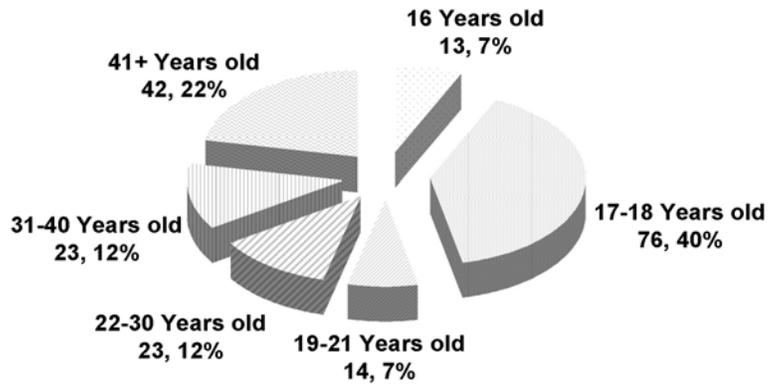




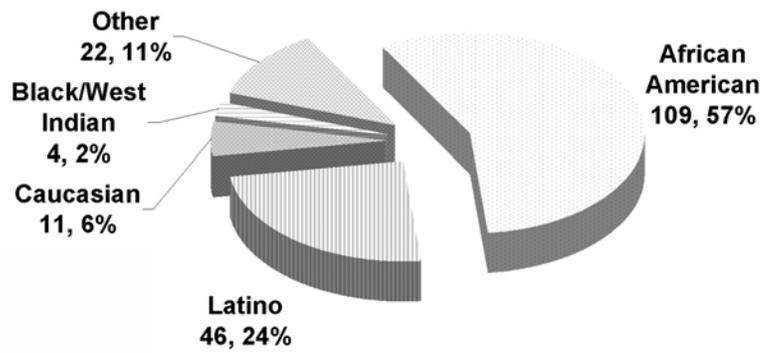
STEP - Gender of Participants



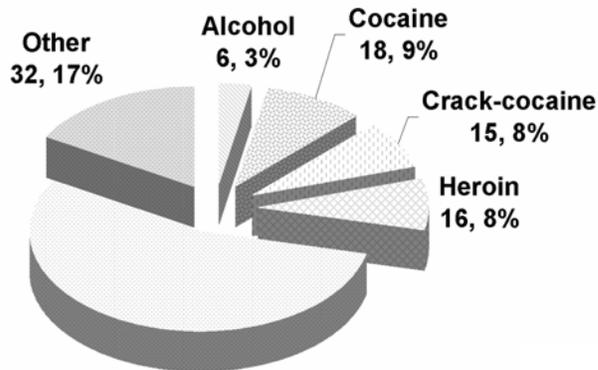
STEP - Age of Participants



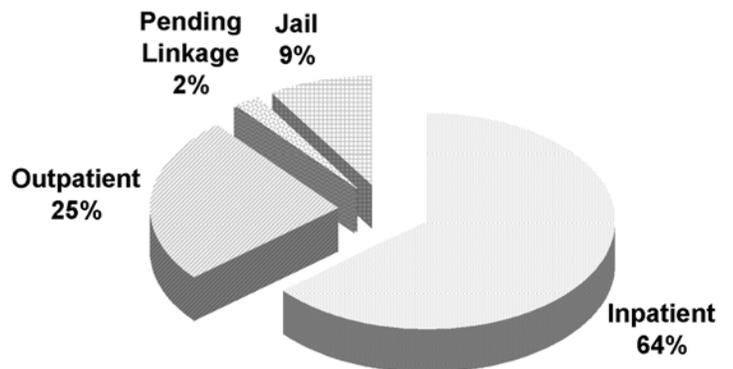
STEP - Race/Ethnicity of Participants



STEP - Participant's Drug of Choice



STEP - Treatment Modalities of Participants





Misdemeanor Brooklyn Treatment Court

MBTC Success Story - C.M.

By MBTC Participant C.M.

I go by the name initials C.M, and I will give my story. Growing up as a child I had the need for nothing but the opportunity to read any book I could get my hand on. To me growing up I had family members who have done drugs or alcohol. I grew up thinking it was normal to do drugs and alcohol.

As time went on I grew up somewhat curious and inquisitive. I always wondered what it was like to grow up with brothers and sisters. I found out later on in life that I had 2 brothers and 1 sister.

So growing up without my brothers and sister, I went elsewhere for companionship and someone to play or hang out with. I started getting high on marijuana at the age of 13 years of age. It wasn't a big thing for me in the beginning. So as time went on, I abused the drug more and more. I got to the point where I was being abused by the drug. So I finally left the drug alone for a few years.

I then started to smoke cigarettes and I then progressed to alcohol and cocaine at the age of nineteen. I then found a mistress in my life that I allowed to almost destroy my life. I grew up being envied by all my friends because of how I was raised and who my parents were. Knowing right from wrong was not difficult but I guess I needed more from life.

I met a girl in high school and after a few months, she was pregnant. Life was hard for the both of us, but mostly for her. I really put her through hell so to speak. By this time my addiction increased dramatically and so my relationship went down hill so fast I did not care about who I hurt or how I hurt them. I was not the abusive type (physically) but emotionally and spiritually I would tear you down. Four years down the line my first wife was pregnant again and the hell started all over again. It got to the point that she could not take it anymore so we broke up. So for two years after I stood in my own pity pot, feeling sorry for my self.

Ten years later I got involved with someone else and she was an active user of cocaine and alcohol. So for seven years we were on a mission so to speak. We eventually broke up after having 2 kids and that was that. I've been to so many treatment centers, in and out-patient, and finally I am doing well for myself. I got a job in construction, so I worked for a year and then when my job finished I decided to relax for a few months.

I must admit that I am still struggling in my life as far as staying clean and sober. I will say this that the program on Star Hill has by far been a blessing for me. I've been through my struggles and obstacles in life, who hasn't? I made or shall I say I've adopted a new family in both the program and the 2 court house buildings I frequently visit. Being allowed to visit Red Hook Court and Brooklyn Criminal is by far for the time being a necessity for me.

A sort of reminder of the hell I went through. M.B.T.C. was my calling and time to surrender and start to live my life better. Life is not easy and should not be taken for granted. Life is a gift that should not be taken or abused by anyone. I've had the opportunity to see life through a new set of eyes.

Life for me is so much better, more difficult but better. My relationships are much more real as far as dealing with them and the situations that arise. I don't have to use to medicate, I actually listen to my partners and things can be resolved in a more humane fashion.

M.B.T.C. has helped me get my second chance and my life back. People see me in a different way and I like the new me. I am supposed to go back the program in Star Hill and give a short seminar, I need to do this for me. "You can't keep it, if you don't give it away."

During those few months I went to Florida twice and I am now enrolled in T.C.I. College for 20 months. I want my college degree and nothing and/or no one is going to divert my ambition. My ambition is to expand my mind and knowledge and



to be happy in my life. I went through so much pain and suffering that I want to live today. Life is what you make it, no more and no less.

So this is a short summary of my life and my pain

and experience.

Thank you for letting me share my story.

Staff

Presiding Judge	Hon. Betty Williams
Project Director II	Mia Santiago
Resource Coordinator III	Michael Torres
Case Manager II	Christina Ruffino
Case Managers I	Theresa Good Luzenid Perez Melinda Pavia
Case Technician	Deryck Barker

Introduction

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

Eligibility and Identification

Eligible defendants eligible must:

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

Exclusions:

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

Eligibility is determined through a series of screening instruments and assessments. Initially, clerks in the arraignment parts determine eligibility by reviewing the charges and criminal history of every individual arrested and charged with a crime in



Honorable Betty Williams

Brooklyn. If the defendant meets the eligibility criteria, the District Attorney’s office reviews the case on the next business day. If the District Attorney has no objection, the MBTC resource coordinator assigns the case to an MBTC case manager for a clinical assessment. Upon completion of the assessment, the case manager will develop a recommendation and treatment plan and the Court will give the eligible defendant an opportunity to participate in treatment. Defendants who agree to participate must execute a contract with the Court and plead guilty to the top count on the misdemeanor complaint.

Court Structure

Defendants who agree to participate in MBTC must plead guilty to a misdemeanor charge. The Court defers sentence for a minimum of eight months while the defendants participate in substance abuse treatment. A clinical assessment recom-



Misdemeanor Brooklyn Treatment Court

mends a treatment plan that best suits each participant's needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. For those who successfully complete the MBTC mandate, the Court will vacate the plea and dismiss the charges.

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

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

Referrals, Refusals and Pleas

Since beginning to accept cases in 2003, 5,933 defendants have been referred to MBTC for clinical assessment, out of which 896 (15%) have taken a plea and opted for treatment. Of the 5,037 who did not take the plea, 2,407 (47%) refused to participate. Of those who were accepted by MBTC and agreed to participate, 284 (32%) have graduated, 222 (25%) are currently in treatment, and 534 (59%) have failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2006, MBTC made up 35% of all referrals for clinical assessment to, and 24% of all pleas taken in, Drug Treatment Court Initiative.

Descriptive Data - MBTC Participants

Arraignment charges differ for MBTC participants, with about 60% charged with a misdemeanor drug offense and 35% charged with misdemeanor non-drug offenses.

Graduates and Failures

So far, 284 (21%) participants have graduated from MBTC. The following information is available for MBTC graduates:

- 21% of MBTC graduates were either full or part-time employed,
 - 51% were receiving governmental assistance, and
 - 63% were receiving Medicaid.
- 20% of MBTC participants were either in full or part-time school.
- 21% of graduates had participated in vocational training.

Conversely, 534 (9%) participants have failed to complete the court mandate. Fifty-six percent (56%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants, or an arrest for a new charge making him/her ineligible for continuing in MBTC. The other 43% of failures were voluntary, defined as a participant who opted out of treatment after taking his/her plea and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MBTC's 284 graduates is twelve months. Retention rate includes data for participants who had graduated (retained), whose cases were still open and active (retained), who had failed to complete treatment (not retained), and for whom the Court had issued a bench warrant (not retained), prior to the analysis date.

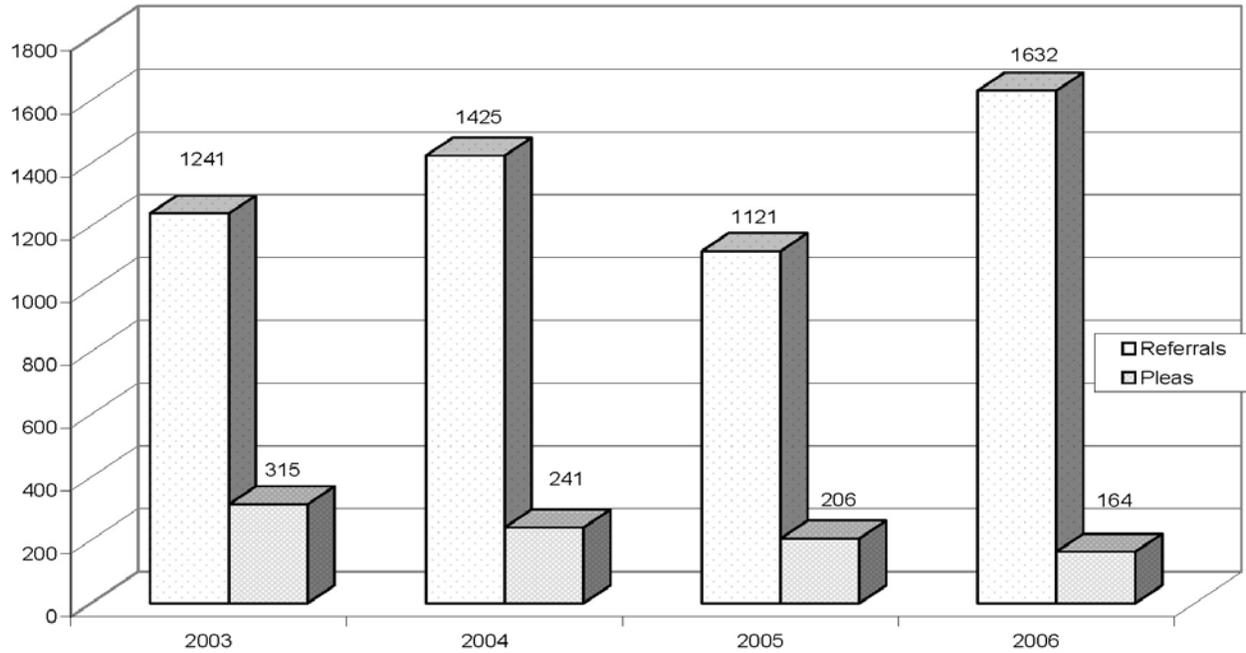


MBTC Operations

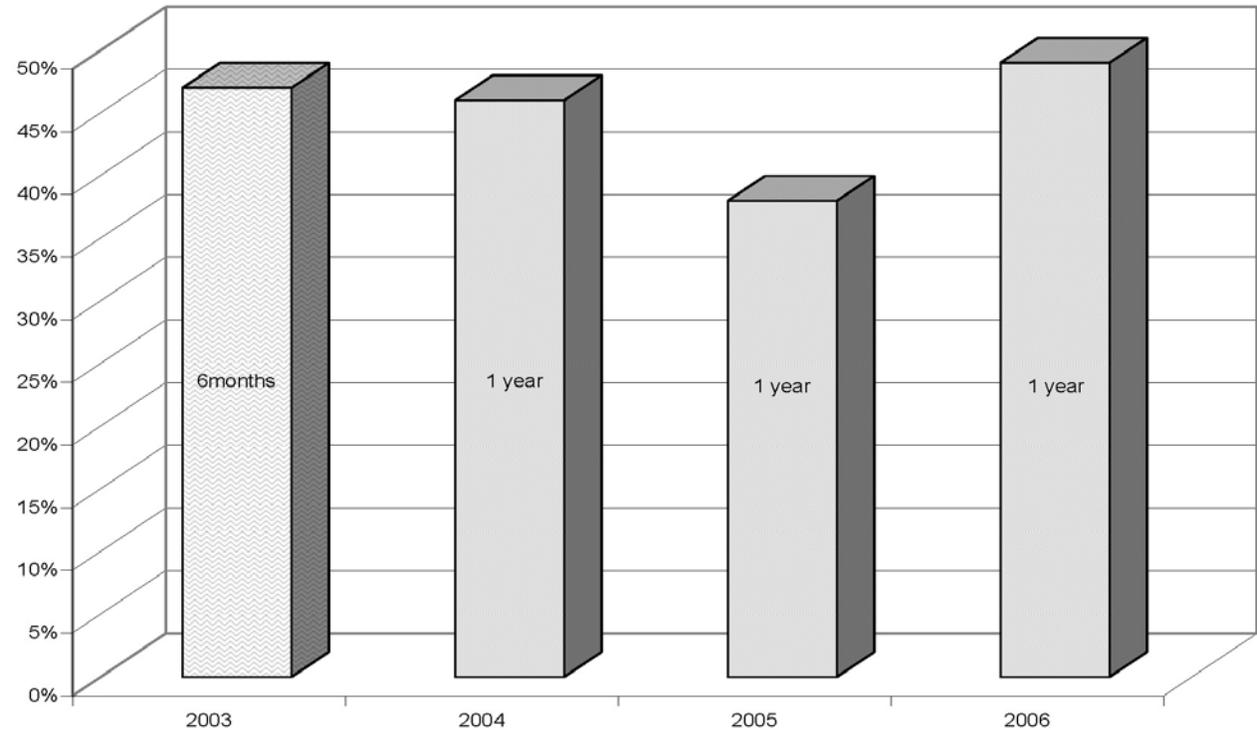
On average the MBTC daily caseload for 2006 was 176 cases. MBTC case managers typically monitor approximately 40-45 cases each.

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

MBTC Referrals and Pleas (Calendar Year)



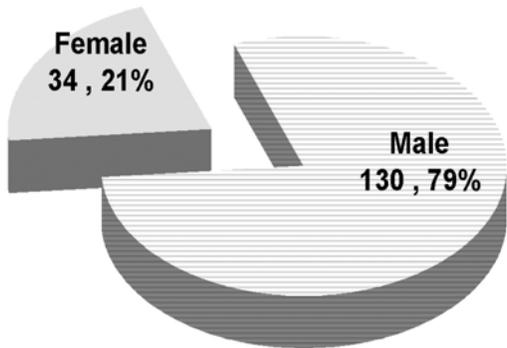
MBTC Retention Rates



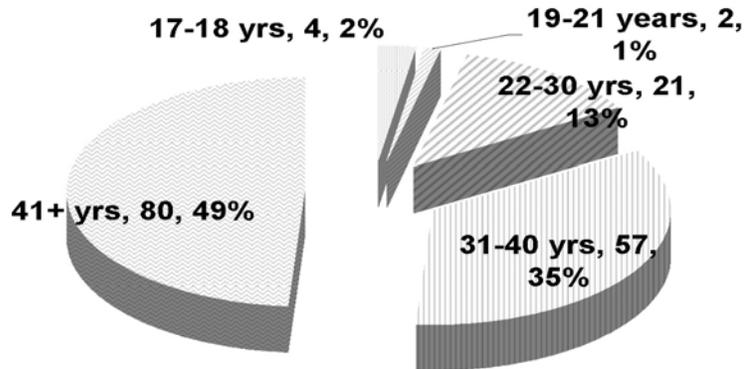


Misdemeanor Brooklyn Treatment Court

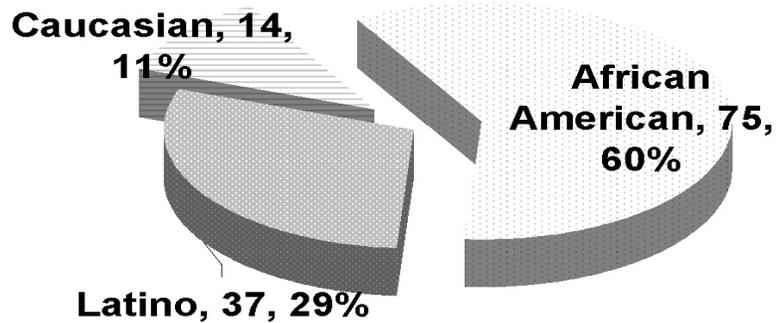
MBTC - Gender of Participants



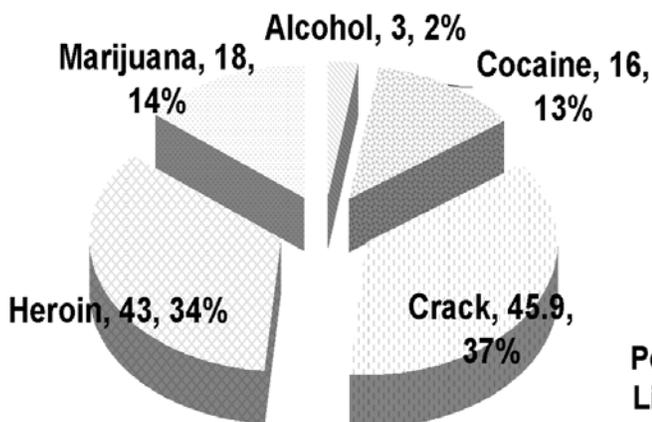
MBTC - Age of Participants



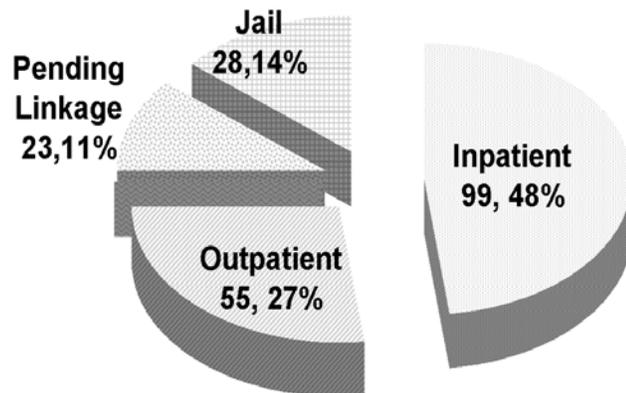
MBTC - Race/Ethnicity of Participants



MBTC - Participants' Drug of Choice



MBTC - Treatment Modalities of Participants





Manhattan Misdemeanor Treatment Court

MMTC Success Story - Mark R.

By Project Director I Kathleen McDonald

Mark R.'s case came to MMTC in May of 2004 as a referral from the Honorable Judge Ward of Pt N. Mark's case was a reduced felony and this was his only case, which was an exception to the cases that we normally take. At the time of this referral, MMTC had a policy that required potential clients to have 10 or more convictions. In this particular case all the parties involved, the court, the assigned district attorney and the defense counsel thought that Mark would benefit from MMTC.

Mark was a 27 year old that resided with his family. He was a college graduate that held a full-time job in the insurance field. He had reported that the only two controlled substances that he abused were Marijuana and Heroin, using only once a week and abusing up to 75 dollars a week of both. Mark had just enrolled in an outpatient program in Long Island so MMTC allowed him to continue to stay in treatment since our indication was that he was complying and doing well. MMTC had also confirmed that Mark was working; we wanted him to keep his job. Client took a plea and signed a contract with a 1 year jail alternative since he was being allowed treatment court.

For the first few adjournments, Mark reported and followed all the case management rules however, he continued to test positive for Opiates. MMTC referred Mark to detox/rehab. Upon his completion he was allowed to report back to his original outpatient program, he had housing and he still had his job so we felt he had a stable environment. He did fine for the two months that followed until he tested positive for Opiates, MMTC increased his toxicology, program and case management visits.

Mark got back on track until approximately 6 months later when he tested positive for Marijuana and Cocaine and Opiates. At this point, MMTC was suggesting residential treatment. However, the court was willing to allow one last attempt at outpatient. MMTC referred the client

back to outpatient but because he was on a drug that blocked the cravings for Heroin (Suboxone), no program would take him. He had to be drug free. At this point his doctor was not recommending that he detox off it.

After Mark continued to test positive two more times, Mark's doctor agreed to wean him off of Suboxone and MMTC referred Mark to a residential treatment.

Mark entered the Daytop Village short - term residential program in April of 2005. He took a leave from his job so that he could enter this 90 day program. Mark had a court appearance approximately one month after he was referred to short term residential treatment. His court update indicated that he was doing well, but a day after the appearance, MMTC was notified that Mark had deviated while he was in the city. Daytop Village reported that while with other clients and the driver of the van. Mark took them to his brother's restaurant for lunch. The court was informed and his case was advanced for a shorter date so this could be brought to the judge, district attorney and defense counsel's attention. On that court date Mark was sanctioned by the court to write an essay. Program opted not to discharge him and Mark's case was adjourned for short court dates so that the case could be monitored closer.

From this point on Mark continued to do well in treatment, he had finished the short - term residential program and was now in Daytop's outpatient program doing well. It seems that the pieces were finally all coming together for him. He was really connecting with his family and girlfriend; in fact they were attending family groups together. However, on 9.27.05, about 5 months after being in treatment. MMTC was notified that a lab from the program came back for Mark from two weeks prior and it was positive for Opiates. Mark was spoken to by his case manager at Daytop and he did not deny that he used. His case manager reported that he was honest and forthcoming. He disclosed that his mom was very ill and that he was very worried about her. He reported that was a trigger for him. He said that his girlfriend was



Manhattan Misdemeanor Treatment Court

threatening to throw him out unless he stopped using, he reported that his mom was to have open heart surgery and that he had no friends to share with, that all his close male bonds were users. He felt this was his rock bottom.

MMTC and Daytop spoke and it was decided that client would have his sessions increased back to 5 times a week for the next 30 days. If client continued to test positive a decision would be made if he should be sent upstate to do residential again. Mark reported to MMTC that his mom opted to have open heart surgery. He was very worried about her and reported that he was trying to stay focused and use the tools that the program taught him so that he would not pickup. He reported that for the first time he felt strong and he thought he was handling her illness well.

Approximately 6 months after the above incident, MMTC received a call from the Daytop Village program, Mark was requesting to have his treatment sessions reduced from 5 days a week to 2 or 4, client reported that he was hoping to enter the CASAC program through Daytop and needed the extra time so that he could attend the classes. Mark was in phase 4 of treatment with MMTC. He was given a graduation application and told that he would be included in the next ceremony as long as he continued to do well. Unfortunately, one month after he was given his application Daytop Village reported that Mark tested positive for Vicadin, he reported that it had been given to his

girlfriend by her dentist and he had taken it on two separate occasions. A referral back to residential was discussed again; client was told that he would report for additional case management sessions, three times a week. When Mark reported to treatment court the following week for toxicology testing, he was positive for Opiates once again, this time he said that it was not his name on the test cup, the spelling was wrong but similar to his

MMTC reported that it was the correct urine and test cup. Because of the spelling error MMTC felt that we had to forgive the results.

Mark continued in treatment, he reported to MMTC that he felt that he needed to enter therapy. MMTC worked it so that Mark could attend therapy, go to his groups and work in the Daytop Village Intern program. Mark reported to MMTC that once he got his schedule worked out, he hoped to attend grad school and earn a degree in Social Work.

Mark continued in treatment at Daytop Village Outpatient until his completion on October 2006. He finished the intern program and was offered a job at the Long Island facility. Mark continued to report for the next two months until he attended the MMTC graduation on December 2006.

Mark is still employed by Daytop Village, he is a Senior Case Manager and is still enrolled in graduate school.

Staff

Presiding Judge	Hon. Evelyn Laporte
Project Director II	Debra Hall-Martin
Project Director I	Kathleen McDonald
Case Manager II	Desiree Rivera
	Robert Rivera
Case Manager I	General Wright
	Lyndon Harding
	Darlene Buffalo
	Darryl Kittel
Case Technician	Sandra Thompson
Data Entry	Delores Dean

Introduction

The Manhattan Misdemeanor Treatment Court (MMTC) was restructured in May of 2003 to provide meaningful, long term substance abuse treatment for drug-abusing misdemeanor offenders prosecuted in New York County Criminal Court.

Eligibility and Identification

Defendants eligible for treatment in MMTC must:

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



Debra Hall-Martin
MTC/MMTC Project Director II

and/or

- be on parole or probation.

Exclusions:

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

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

will plead guilty to the misdemeanor charged and sign both waiver forms and MMTC Contract.

Court Structure

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

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

Given the nature of individuals' progress in treatment as well as the sanction structure, MMTC par-



Manhattan Misdemeanor Treatment Court

Participants generally complete treatment in twelve months.

Referrals, Refusals and Pleas

Since restructuring in 2003, 1,463 nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, out of which 217 (15%) have taken a plea and opted for treatment. Of the 1,246 who did not plead guilty and agree to participate, 598 (48%) refused to participate and 251 (20%) had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, 54 (25%) are currently in treatment, and 119 (55%) have failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2006, MMTC made up 13% of all referrals to, and 10% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - MMTC Participants

MMTC participants can be charged with either a misdemeanor drug or non-drug offense. The data collected thus far suggests that 40% have pled to a non-drug misdemeanor with 59% pleading to a misdemeanor drug offense.

Graduates and Failures

In the less than four years that MMTC has been operational, 31 (2%) participants have graduated. The following information is available for MMTC graduates:

8% of graduates were either full or part-time employed,

17% were receiving governmental assistance, and 15% were receiving Medicaid.

1% of MMTC participants were in school either full

or part-time.

7% of graduates had received vocational training.

Conversely, 119 (8%) participants have failed to complete MMTC since its restructuring. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MMTC. Forty-nine percent (49%) of the failures were involuntary. Forty-three percent (43%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MMTC's 31 graduates is between fifteen and sixteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

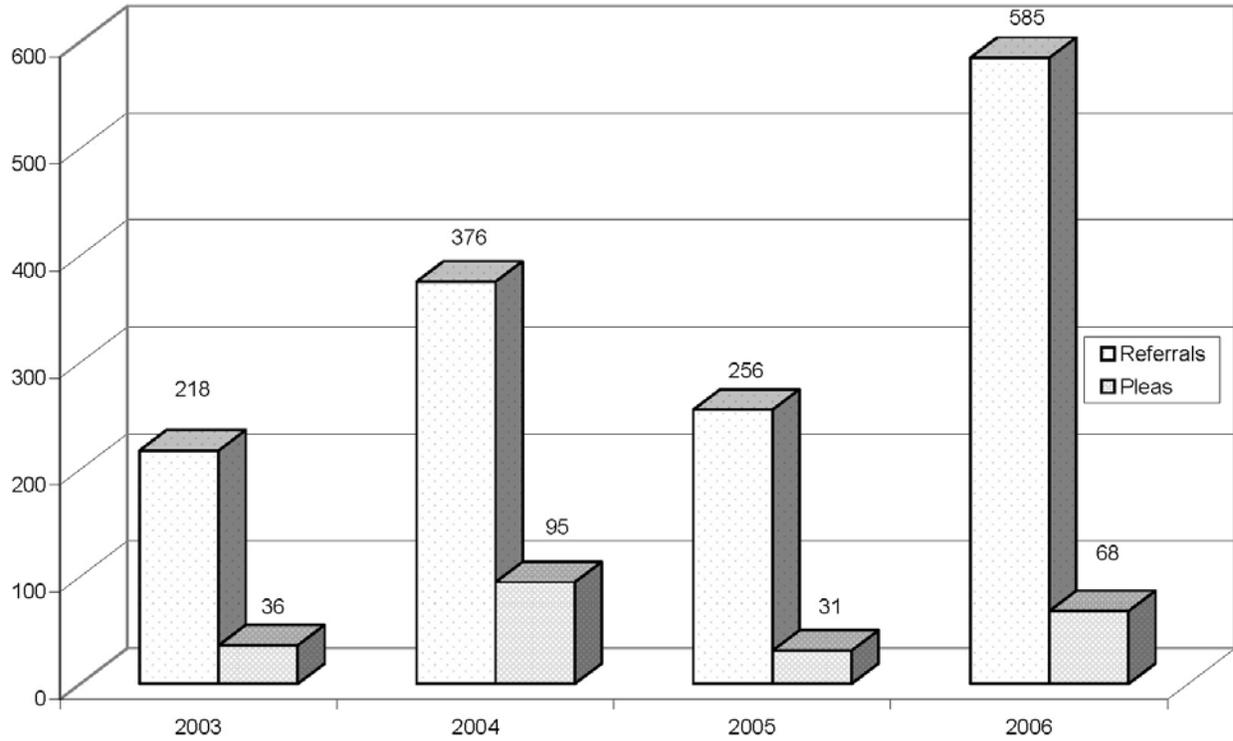
MMTC Operations

On average the MMTC daily caseload for 2006 was 54 cases. MMTC case managers typically monitor approximately 8-10 cases each.

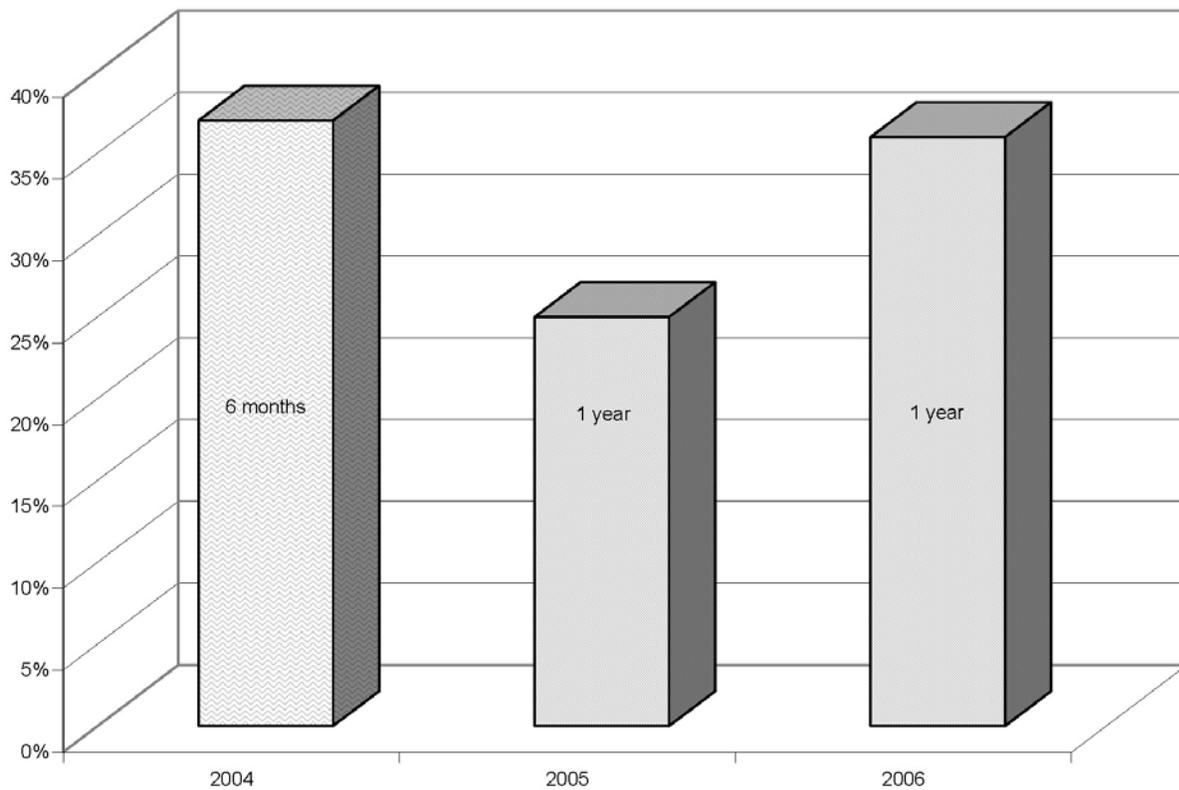
Treatment modality decisions are made based on the initial clinical assessment, and change based on MMTC case management decisions under the supervision of the MMTC operations director.



MMTC Referrals and Pleas (Calendar Year)



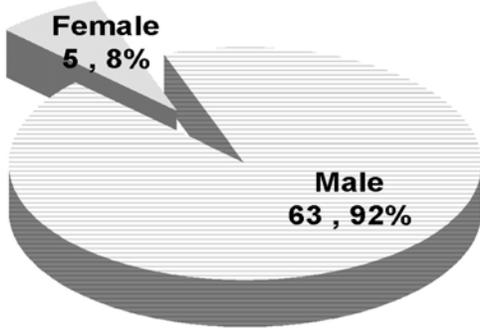
MMTC Retention Rates



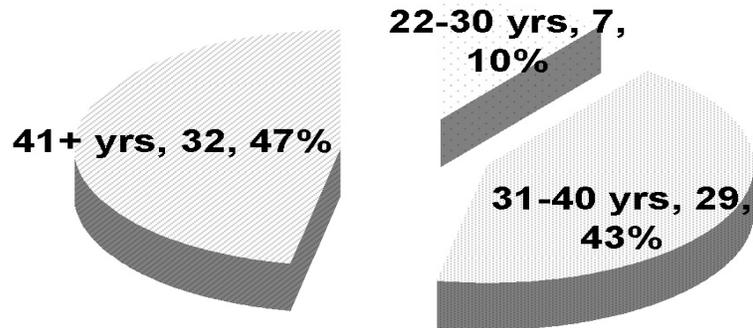


Manhattan Misdemeanor Treatment Court

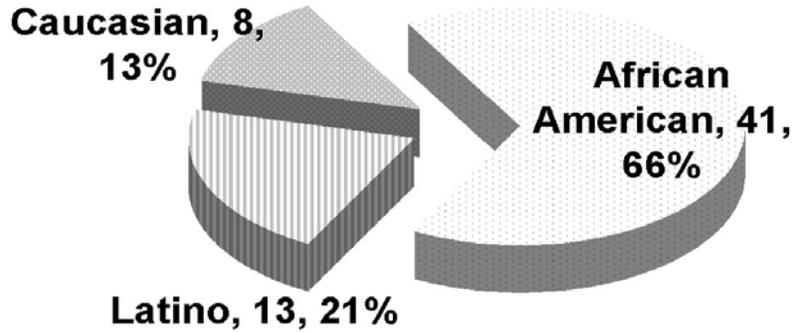
MMTC - Gender of Participants



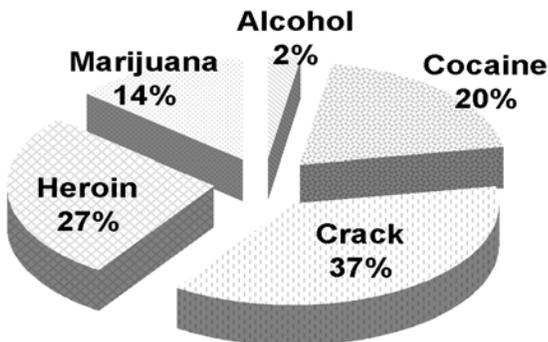
MMTC - Age of Participants



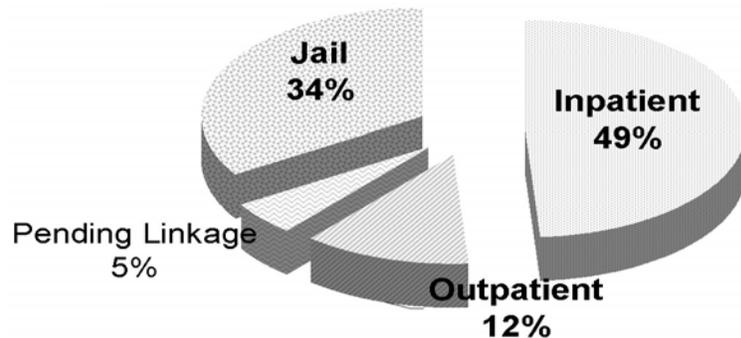
MMTC - Race/Ethnicity of Participants



MMTC - Participants' Drug of Choice



MMTC Treatment Modalities of Participants





Manhattan Treatment Court

MTC Success Story - Sal P.

By Project Director II Debra Hall-Martin

The dictionary defines success as a favorable, or satisfactory outcome or result. This is Sal P.'s success story.

Sal was referred to the Manhattan Treatment Court (MTC) on November 14, 2004, after having pleaded guilty to Attempted Criminal Sale of a Controlled Substance in the 3rd Degree. At the time he was 51 years old. He had been abusing heroin off-and-on for the past 32 years, abusing cocaine, taking 80mg of methadone daily, living with his mother, and did not have a high school diploma or GED. With all of that going on, he somehow managed to maintain employment at Verizon for the past 23 years. The challenge would be developing a treatment plan to address his substance abuse needs and save his job and pension.

MTC started out by referring him to detox and rehab since he was still actively using heroin and cocaine. Due to the arrest and subsequent administrative discharge, the methadone clinic was decreasing his methadone dosage 10mg per week, which was not sustaining him. Referring him for detox and rehab required going through his insurance carrier which was not in agreement with the courts recommendation. After cutting through the red tape, MTC was able to place him in detox and rehab. Four (4) days after he completed the rehab, he relapsed.

The next step MTC took was to get his employer involved. We had Sal contact the Employee Assistance Program (EAP) at Verizon. We required Sal to sign a consent enabling us speak to Verizon. We wanted to save his job, but his job was becoming less important as his usage spiraled out of control. He was sanctioned, with a remand, until we could work on a placement with EAP. While he was incarcerated, he was detoxed off of methadone. In collaboration with the EAP unit, he was referred to a short stay/three month residential program at St. Christopher's, an EAP affiliate. EAP promised that his job would be secure and

that when he completed St. Christopher's, he could return to work.

Sal did very well at St. Christopher's and after he completed, he was referred to Lower Eastside Service Center's evening outpatient program in May 2005. LESC gave him the flexibility to attend late evening groups after work. Within a month, Sal relapsed and stopped reporting. A warrant was issued and he returned three days later. He was remanded and MTC began the process to refer him to long term residential treatment.

In August 2005, after being in jail for fifteen days, Sal was released to enter Daytop's six month residential program. Now with his addiction being addressed, he started to have problems with his employer. Verizon considered Sal as abandoning his job and terminated him. Termination meant no pension or benefits.

MTC worked with his defense attorney and his union to try to remedy the problem. Daytop allotted him extra visits to meet with his attorney to fight his employment termination. His claim was denied and his attorney promised she would appeal.

Sal continued to work on himself and was counseled on how to confront disappointments and losses in life. In addition, now jobless, Sal was preparing himself to re-enter the job market at 52 years of age. He obtained his GED in December of 2005.

Sal completed six months of residential treatment upstate and was transferred to the city for re-entry. Given the loss of his employment, he was referred to a job readiness agency for employment assistance in July 2006. By August, NADAP had linked him with a job at Gristedes working part-time. His attorney also won the appeal and he was going to receive his pension benefits.

Everything seemed to be going well for Sal, then he was dealt another blow. He moved out of residential treatment on 10/17/06, and his mother suffered a major heart attack on 10/18/06. This was the first trial to test his recovery. Sal was mentally and physically clean by now, and he



Manhattan Treatment Court

knew he didn't need to use heroin to get through this. Fortunately, his mother made a full recovery and Sal courageously maintained his sobriety through the whole ordeal.

In February 2007, Sal received his first pension check. The income from his pension, plus the earnings from his part-time job, calculated to enough funds to sustain him financially. Along

with completing the program and obtaining his GED, on February 14th, he was given a Valentine's Day gift of a dismissal.

Sal's story is a reinforcement of how treatment court's team approach works. Without the full investment of all the parties, Sal's story would have probably turned out differently.

Staff

Presiding Judge	Hon. Patricia Nunez
Project Director II	Debra Hall-Martin
Project Director I	Kathleen McDonald
Case Manager II	Desiree Rivera
	Robert Rivera
Case Manager I	General Wright
	Lyndon Harding
	Darlene Buffalo
	Darryl Kittel
Case Technician	Sandra Thompson
Data Entry	Delores Dean

Introduction

The Criminal Court of the City of New York's first drug court, Manhattan Treatment Court (MTC) started accepting cases in 1998 and operates as a collaborative effort between the Court, the Mayor's Office of the Criminal Justice Coordinator, the Office of the Special Narcotics Prosecutor (OSN), the defense bar and community-based treatment providers.

Eligibility and Identification

Defendants eligible for treatment in MTC must:

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

Exclusions

- defendants with prior felony convictions; and



Honorable Patricia Nunez

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

Court staff start the identification process of eligible defendants before the defendant's arraignment on the felony complaint. Court clerks review charges and criminal histories for "paper eligibility" (criteria listed on previous page). If a case is eligible for MTC, the clerk will endorse the court papers with a "Treatment Court" stamp so that all parties will be informed of the defendant's eligibil-



ity. Eligible cases are typically adjourned to Part N on the 180.80 day (or five days after arraignment) and the arraignment staff provide defendant and defense counsel with an MTC Referral Form, advising them of the adjourned date and the necessary paperwork the defendant should, if possible, bring to the court when he/she returns. Between arraignment and appearance in Part N, the Office of the Special Narcotics Prosecutor (OSN) will screen the case a second time in order to decide if the defendant is paper eligible and if they should be offered an MTC disposition. If the case remains eligible, defendants interested in participating in the MTC program will plead guilty to the felony charge and execute a MTC application and waiver form. MTC staff then conduct an in-depth assessment to determine clinical eligibility. If the MTC clinical staff makes a determination of no discernable drug addiction, the Court sentences the defendant to the alternative offer that was promised at the time of plea.

Court Structure

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

MTC participants undergo twelve to eighteen months of treatment, consisting of three phases each at least four months in duration. To move between phases, participants must abstain from any drug use and comply with all rules and regulations. While in treatment, the Court holds participants accountable for any infractions they commit. MTC uses a system of graduated sanctions and re-

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

Referrals, Refusals and Pleas

Since its inception in 1998, 1,366 nonviolent felony drug offenders have been referred to MTC for assessment, out of which 1,009 (74%) have pled guilty and opted for treatment. Of the 357 defendants who did not take the plea, 62 (17%) refused to participate. Of those who were accepted by MTC and took a plea, 368 (36%) graduated, 209 (21%) are currently in treatment, and 425 (42%) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2006, MTC made up 3% of all referrals to, and 12% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - MTC Participants

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

Graduates and Failures

Since 1998, 370 (28%) participants have graduated from MTC. The following information is available for MTC graduates:

- 68% of MTC graduates were either full or part-time employed,
- 23% were receiving governmental assistance,
- 39% were receiving Medicaid,
- 16% of MTC Graduates had received a high school



Manhattan Treatment Court

- diploma or GED while undergoing treatment,
- 11% were either in full or part-time school,
- 36% of graduates received vocational training.

Conversely, 425 (28%) MTC participants have failed to complete the court mandate. 74% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MTC. 17% of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MTC's 370 graduates is between

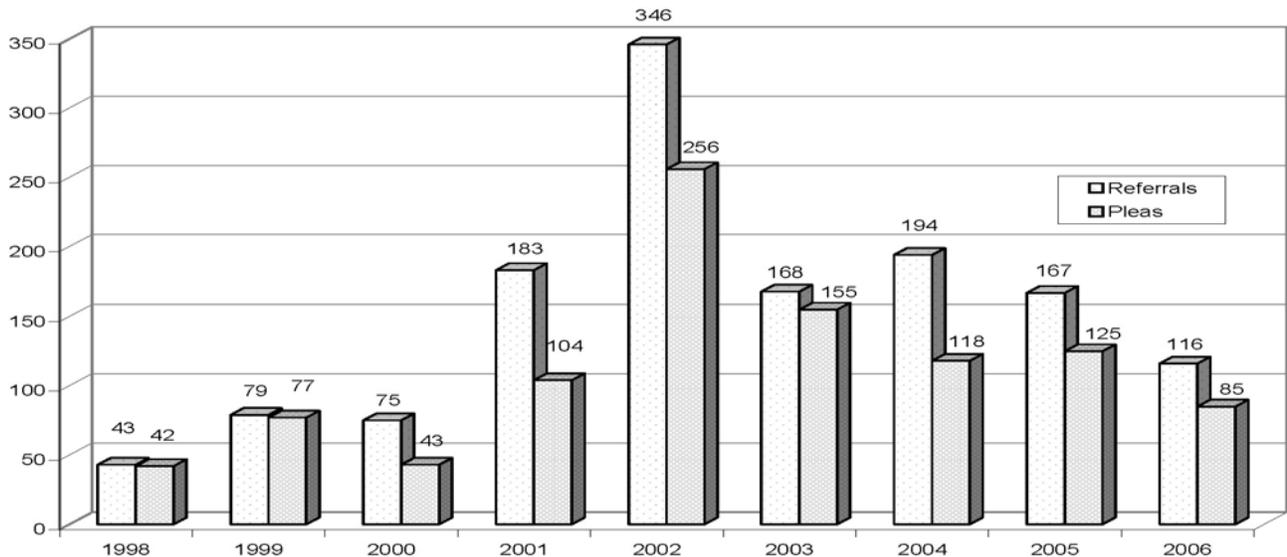
eighteen and nineteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

MTC Operations

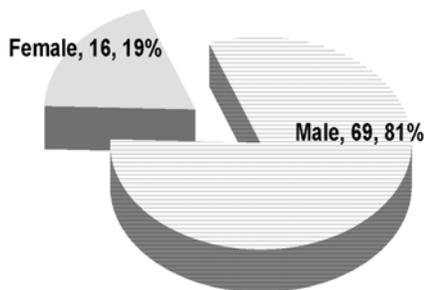
On average the MTC daily caseload for 2006 was approximately 209 cases. MTC case managers typically monitor 30-35 participants each. In 2006, the average number of participants out on a warrant was 13.

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

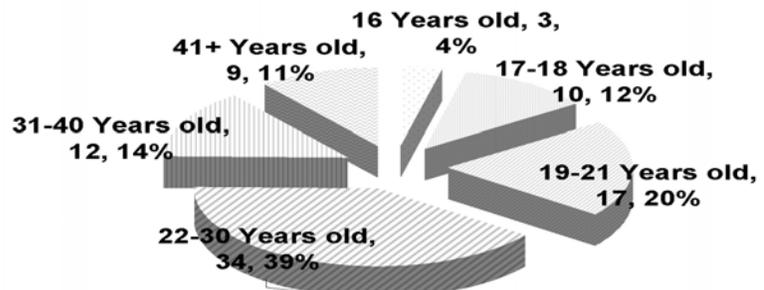
MTC Referrals and Pleas (Calendar Year)



MTC - Gender of Participants

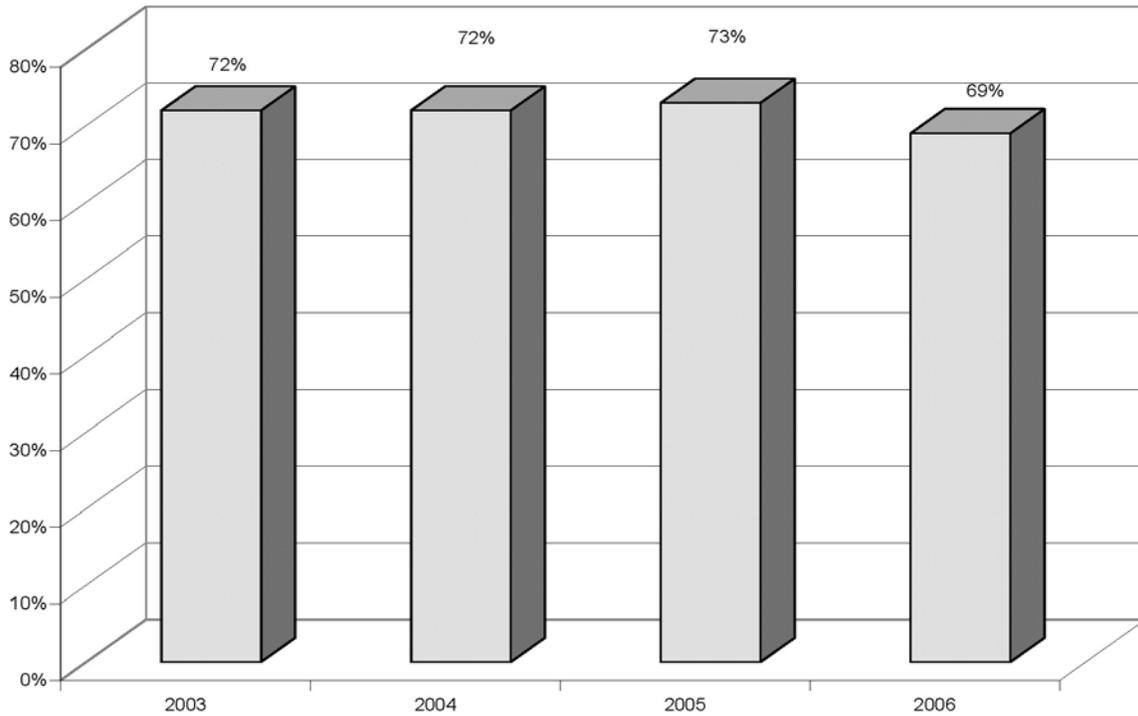


MTC - Age of Participants

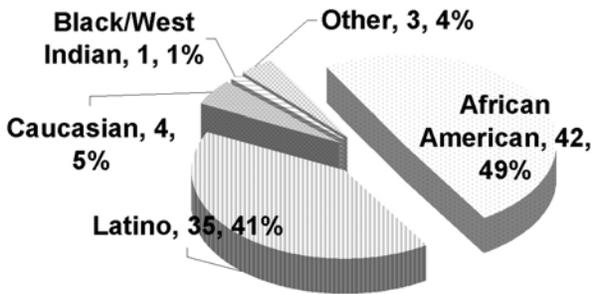




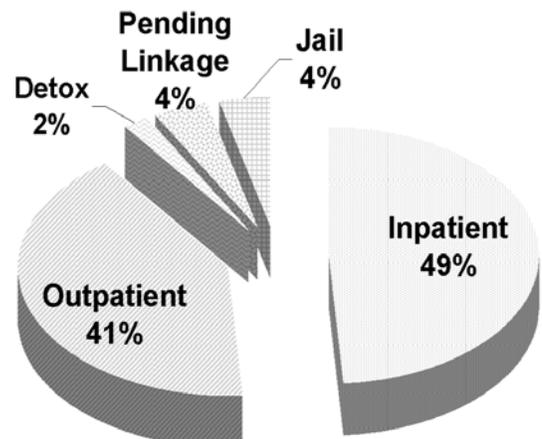
MTC Retention Rates (One Year)



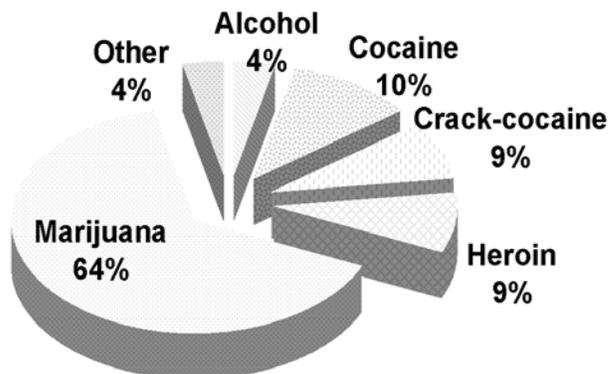
MTC - Race/Ethnicity of Participants



MTC - Treatment Modalities of Participants



MTC - Participants' Drug of Choice





Queens Misdemeanor Treatment Court

QMTTC Success Story - Milan

By Honorable Joseph Zayas

As the Presiding Judge of the Queens Misdemeanor Treatment Court (QMTTC), I feel very fortunate that I have the opportunity to hear, on a daily basis, the poignant stories of recovery of those whose lives have been radically transformed by the intervention of drug treatment. As a Judge attempting to dispense justice in a New York City courtroom, there is really nothing more satisfying than seeing someone slowly but surely overcome drug addiction. Consider the transformed life of Milan J.

Milan was referred to QMTTC when he was 27 years old. At the time, he had already accumulated one felony conviction, and 5 misdemeanor convictions, including a conviction for criminal possession of a controlled substance and a conviction for driving while intoxicated. Apparently, during this period no one intervened in Milan's life to address his drug and alcohol addiction. Yet, his life was quickly falling apart and unraveling at the seams. His common law spouse was on the verge of leaving him and he managed to get fired from his well-paying job as a counter person in an automobile parts store. Although he had two sons (one year old and five years old) and was the step-father to an adolescent daughter, he knew that he was not being much of a father to them.

His life was miserable; he was becoming estranged from his own family and he was incessantly tormented by the chains of his powerful addiction.

In March 2006, Milan was arrested again, accused of resisting arrest and criminal possession of a controlled substance in the seventh degree (two misdemeanors). The allegation was that Milan dropped six bags of heroin on the ground as he saw the police approach, and, when stopped by the police, he resisted arrest.

Fortunately, the Judge in arraignments that date was able to discern that defendant needed drug treatment intervention and she referred defendant's case to QMTTC. The Judge's endorsement in

the court file - that "defendant [was] crying and asking for help" - gave me a glimpse into Milan's heart and mind: it told me that QMTTC needed to place Milan in treatment immediately, while his heart was still soft and while he recognized his desperate need.

Two days after his arraignment, Milan, in jail on \$2,500 bail, appeared before me in QMTTC and was assessed for a treatment program by one of our case managers, Donna Teekasingh, who was very impressed with the sincerity of Milan's interest in treatment. The assessment report indicated that defendant began using drugs and alcohol when he was only 15 years old. The recommendation was that defendant be immediately placed at an outpatient treatment program, Daytop Village, in Brooklyn.

When Milan appeared before me for the first time, he struck me as someone who was deeply grieved by the ugly turns that his life had taken, but also deeply appreciative that a new direction was being set before him. During our interaction, I could see the torment in his eyes and could hear the hoarse desperation in his voice. Milan was crying and bursting with emotion - to the point where at times he simply could not speak.

After accepting Milan's guilty plea and informing him that I was going to release him from jail so that he could begin treatment, I asked him a very pointed question: why was he seeking treatment at this point in his life. As he fought back tears, Milan talked about his two sons and his fiancé again and said, "I want to do it for myself, Your Honor."

For the next nine months in Milan's life, Milan continued to take a long, hard look in the mirror as he went into battle against his addiction. During his recovery, Milan exhibited extraordinary integrity and honesty, as well as extraordinary bravery and humility. Milan quickly obtained employment at another automobile parts store and reconnected with his children and his fiancé. I was personally so impressed with the genuine and heart-felt nature of his recovery that I took the unprecedented



step of asking him if he would speak at our next graduation ceremony - as a current participant, however, not as a graduate.

Milan has remained drug-free for nine months and on January 11, 2007, I had the great pleasure of vacating Milan's guilty plea and dismissing his case. At the time of the dismissal, Milan expressed his extraordinary gratitude for the help that QMTC offered him. In his dismissal application, he wrote:

"Before I entered treatment I lost contact with my children. I lost sight of what I had. My life in treatment has turned my life around. I'm back home with my kids and soon-to-be wife. Treatment also helped my career move forward and keeps me focused. . . . I wake up everyday and think back to what I was willing to lose for drugs. That keeps me focused." Milan is scheduled to get married in April, 2007.

Staff

Presiding Judge	Hon. Joseph Zayas
Project Director II	Naima Aiken
Resource Coordinator III	Lisa Babb
Case Managers I	Patrick Clayton Daisy Oliveras Donna Teekasingh
TASC Representatives	Mark Smith

Introduction

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

Funding

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

Eligibility and Identification

Eligible defendants must:

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

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



Honorable Joseph Zayas

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



Queens Misdemeanor Treatment Court

to participate must execute a contract and plead guilty to the misdemeanor charge. The court will defer sentence while the defendant participates in treatment.

Court Structure

Defendants accepted into QMTC plead guilty to a misdemeanor charge and the Court defers sentence while the defendant participates in nine months of treatment. Based on an initial clinical assessment, participants each receive a treatment plan that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment, accrue a total of nine months time without sanctions, make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. The Court will allow participants who successfully complete their court mandate to withdraw their plea and dismiss the charges. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, of between 4 months and 12 months.

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

provider. In Phase Three, the participants develop goals for post-graduation, continue re-integration with the community, maintain abstinence and participation with outside support systems, and focus on rehabilitation. Upon completion of the three phases, participants graduate and the Court will allow the withdrawal of the guilty plea and dismiss the charges. Failure to complete the treatment mandate results in the Court imposing a sentence of incarceration.

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

Referrals, Refusals and Pleas

Since it started taking cases in 2002, 1,509 nonviolent misdemeanor drug offenders have been referred to QMTC for clinical assessment, out of which 490 (32%) have pled guilty and agreed to participate in treatment. Of the 1,019 who did not plead guilty, 476 (47%) refused to participate. Of those who agreed to participate and pled guilty, 165 (34%) have graduated, 106 (22%) are currently in treatment, and 186 (38%) have failed to complete the court mandate.

Intake, Referral and Participant Data

In calendar year 2006, QMTC made up 10% of all of all referrals to, and 17% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - QMTC Participants

QMTC participants can be charged with misde-



meanor drug or non-drug offenses. Breakdown of arraignment charge is about 76% drug and 41% non-drug offenses.

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

Graduates and Failures

165 (12%) participants have graduated from QMTC since its inception. The following information is available for QMTC graduates:

49% of graduates were employed, either full or part-time,

91% were receiving governmental assistance,

96% were receiving Medicaid,

18% of QMTC graduates were in school, either full or part-time,

16% participated in vocational training.

Conversely, 186 (12%) QMTC participants have failed to complete treatment. 48% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new

charge making him/her ineligible for continuing in QMTC. 40% of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for QMTC's 165 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained).

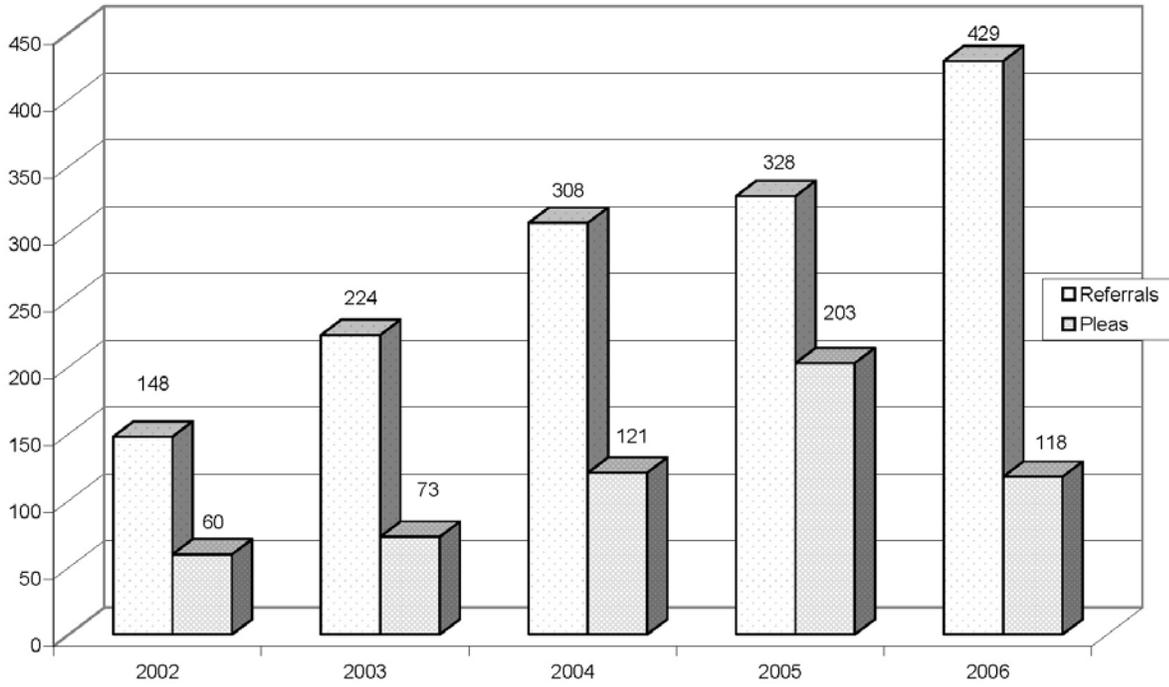
QMTC Operations

On average the daily QMTC caseload for 2006 was 106 cases. QMTC case managers typically monitor approximately 25-30 cases each. Treatment modality decisions are made by the QMTC case management team under the supervision of the resource coordinator.

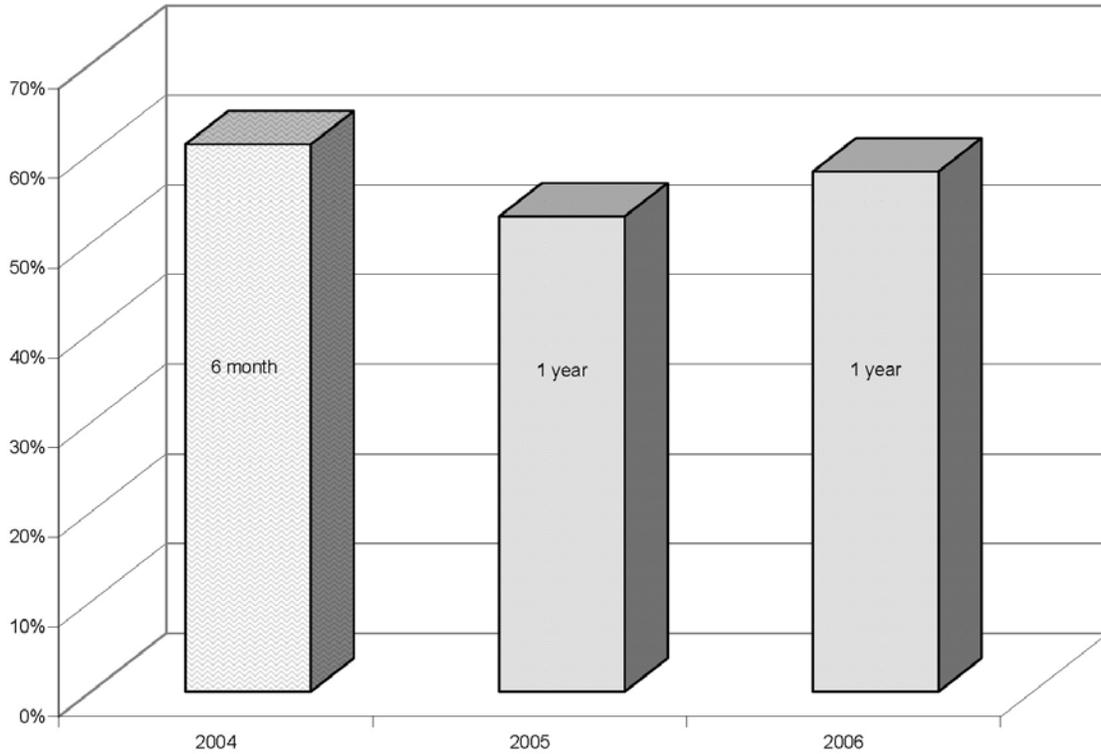


Queens Misdemeanor Treatment Court

QMTC Referrals and Pleas (Calendar Year)

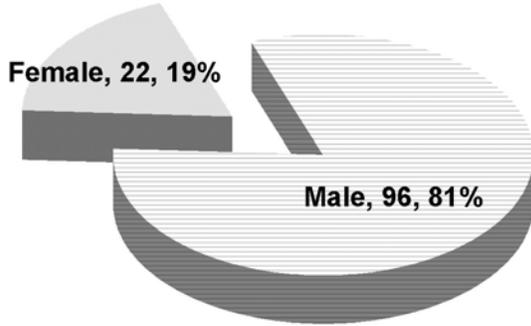


QMTC Retention Rates

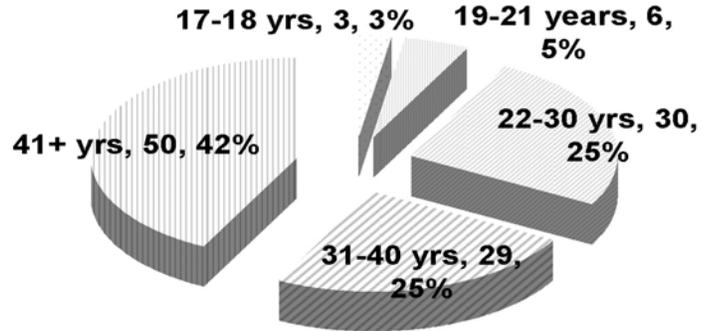




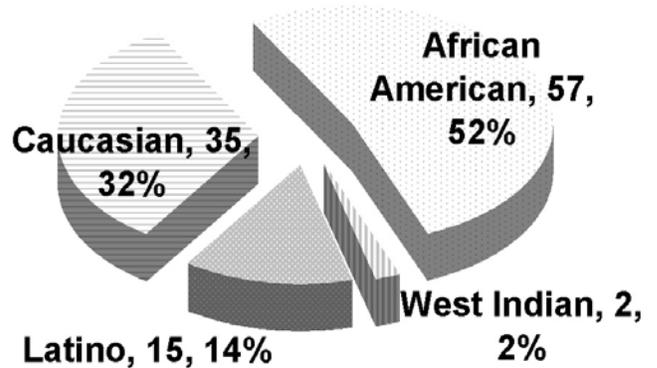
QMTTC - Gender of Participants



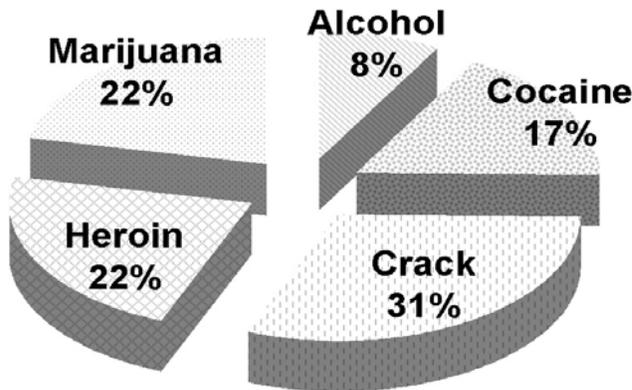
QMTTC - Age of Participants



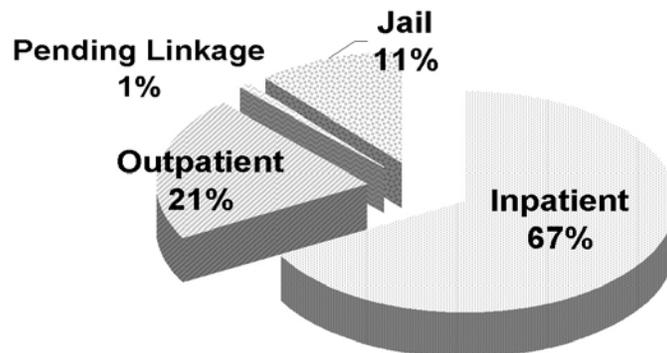
QMTTC - Race/Ethnicity of Participants



QMTTC - Participants' Drug of Choice



QMTTC Treatment Modalities of Participants





Staten Island Treatment Court

SITC Success Story - Michael R.

By Project Director II Ellen B Burns

Oftentimes the greatest challenges offer up the greatest rewards. In this case, the reward was the successful completion and graduation of a Staten Island Treatment Court participant, and it came when the defendant and the SITC Team met a fistful of challenges with a structured, consistent and determined approach.

Michael R. was not someone whom I would expect to succeed in SITC, given our stringent requirements. This non-violent drug-related first-time felony offender had a string of misdemeanor convictions—technically eligible for SITC, and his history of petit larceny, misdemeanor drug possession cases and warrants were indicative of someone suffering from a long-time addiction. The district attorney offered him treatment court.

The Staten Island TASC case manager's assessment of Michael determined his drug of choice was heroin. He had been on methadone for 15 years, at 80 mgs. This compounded the challenge for Michael: despite methadone, he was using illicit substances and, in order to complete SITC, he would have to make a concerted effort to detox off methadone, yet remain substance free.

When we factored in underlying mental health issues, estrangement from wife and children, a professional affiliation coupled with unemployment, my expectations diminished further. One thing that we did not want to do was to subject Michael to an unattainable goal and set him up for another failure in life.

Determination played the dominant role in the success story of Michael, a determination fueled by the fact that with this last arrest he had hit bottom and had gained new insight into his life. Determination changed Michael's attitude from avoidance to commitment; that, in turn, influenced the Judge, the SITC Team, the treatment program, his treatment peers, and his family.

Initially, things did not go smoothly. Michael relapsed four times, every time his methadone dose was lowered below 40 mgs. It took some months before he was stabilized on psychiatric medication. In response, the Judge saw Michael weekly, not just to ensure compliance, but also to offer structure and support. As Michael progressed, he began to re-establish connections with his family, who were determined to help him once he made the commitment to recovery. They participated in the family support group at the treatment program, and began to attend court sessions, where the Judge invited them to stand with Michael when his case was called.

Each step forward Michael took engendered a positive response by the Judge, the Team, the treatment program and his family, which, as he told me later, validated his efforts and helped him to stay on the right track. It took nearly eighteen months for Michael to fulfill the SITC graduation requirements. In the end, his psychiatrist recommended that Michael be maintained on methadone for medical reasons, but at under 30 mgs, a minimum dosage. Near to the completion of his mandate, Michael obtained full-time employment and developed a budget to address the debt he had incurred while he was using. Ultimately, he reunited with his family.

Michael stops by the Staten Island TASC office periodically. Two years after graduating from SITC, he maintains sobriety and employment, continues to participate at the treatment program, and is living a law-abiding life with his family.



Staten Island Treatment Court

Staff

Presiding Judge	Hon. Alan Myer
Project Director II	Ellen Burns
Case Technician	Monique Emerson

Introduction

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

Funding

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

Eligibility and Identification

Eligible defendants must:

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

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

Screening is a two-step process based on objective criteria - the first is a determination of “paper eligibility” and the second is clinical eligibility. Identification of “paper eligible” drug charges is done by the assistant district attorney who screens all felony drug arrests prior to arraignments. The cases of eligible defendants are stamped “SITC Eligible” and the court papers are filed. If the defendant is “paper” eligible, a TASC case manager will pre-screen the defendant in the pens or the courthouse. If still eligible, defense counsel will inform the defendant of the treatment court option. Interested defendants agree to adjourn the



Honorable Alan Meyer

case to treatment court and TASC performs a comprehensive clinical assessment in the interim. Before participating, Defendants will execute a contract, which requires him/her to plead guilty to the felony charge and the Court will defer sentence while the defendant participates in treatment.

Court Structure

Defendants accepted into SITC plead guilty to a felony charge and the Court defers sentence while the defendant participates in twelve to eighteen months of treatment. Based on an initial clinical assessment, participants each receive a treatment plan that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants must complete all phases of treatment, accrue 12 months of sanctionless time and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment by the



Staten Island Treatment Court

time the complete their court mandate. The Court will allow participants who successfully complete their court mandate to withdraw their plea and dismiss the charges. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, typically one year in jail.

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

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

SITC participants typically complete treatment in approximately eighteen months.

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

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

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

By 31 December 2006, SITCM had accepted a total of 56 misdemeanor participants; 12 were actively participating; 21 had been expelled; and 23 had graduated from treatment court.

Non-Drug Cases

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

Offenders with non-drug offenses are referred to treatment court by the district attorney or are often considered for eligibility by the Team at the request of defense attorneys. In 2006, SITC accepted six defendants with non-drug offenses (5 SITCF; 1 SITCM). Two (1 SITCF; 1 SITCM) have been expelled and sentenced for noncompliance; four (all SITCF) are actively participating. That makes a total of 23 non-drug cases accepted into SITC since February 2003.

With increasing numbers of SITCM participants we



hope to include separate demographic and retention data for SITCM program in next year's Annual Report.

Referrals, Refusals and Pleas

Since it started accepting cases in 2002, 548 non-violent drug offenders have been referred to SITC for clinical assessment, out of which 241 (44%) have pled guilty and agreed to participate in treatment. Of the 307 who did not plead guilty, 104 (34%) refused to participate. Of those who were accepted by SITC and pled guilty, 105 (43%) have graduated, 93 (38%) are currently in treatment, and 46 (19%) have failed to complete their court mandate.

Intake, Referral and Participant Data

In calendar year 2006, SITC made up 3% of all referrals, and 9% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - SITC Participants

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

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

Graduates and Failures

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

67% of graduates were employed, either full or part-time,

21% were receiving governmental assistance, and

39% were receiving Medicaid.

34% of SITC participants were in school, either full or part-time.

14% of SITC graduates participated in vocational training.

Conversely, 46 (3%) participants have failed to complete treatment. 22% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in SITC. The other 46% of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for SITC's 105 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained), one year prior to the analysis date.

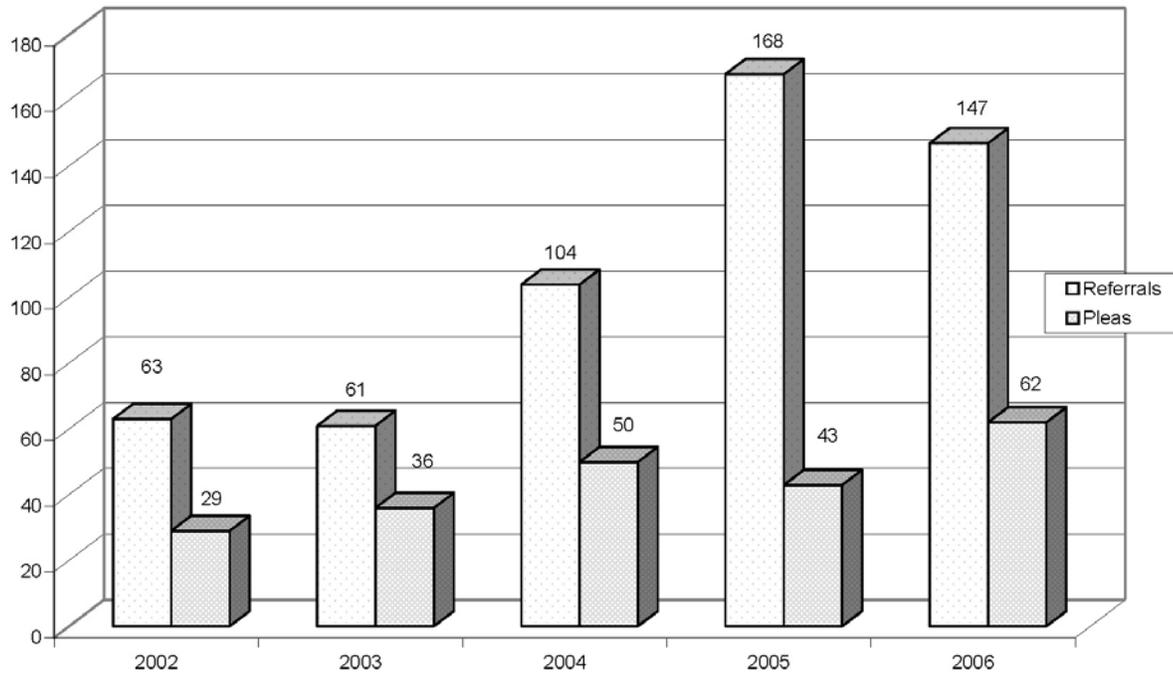
SITC Operations

SITC, on a daily basis, handles an average of 94 cases. TASC is responsible for monitoring SITC participants and, at present, has devoted case managers to SITC each of whom work only part time on SITC cases. Treatment modality decisions are based on the initial TASC assessment but are subject to change based upon the participant's performance throughout the program.

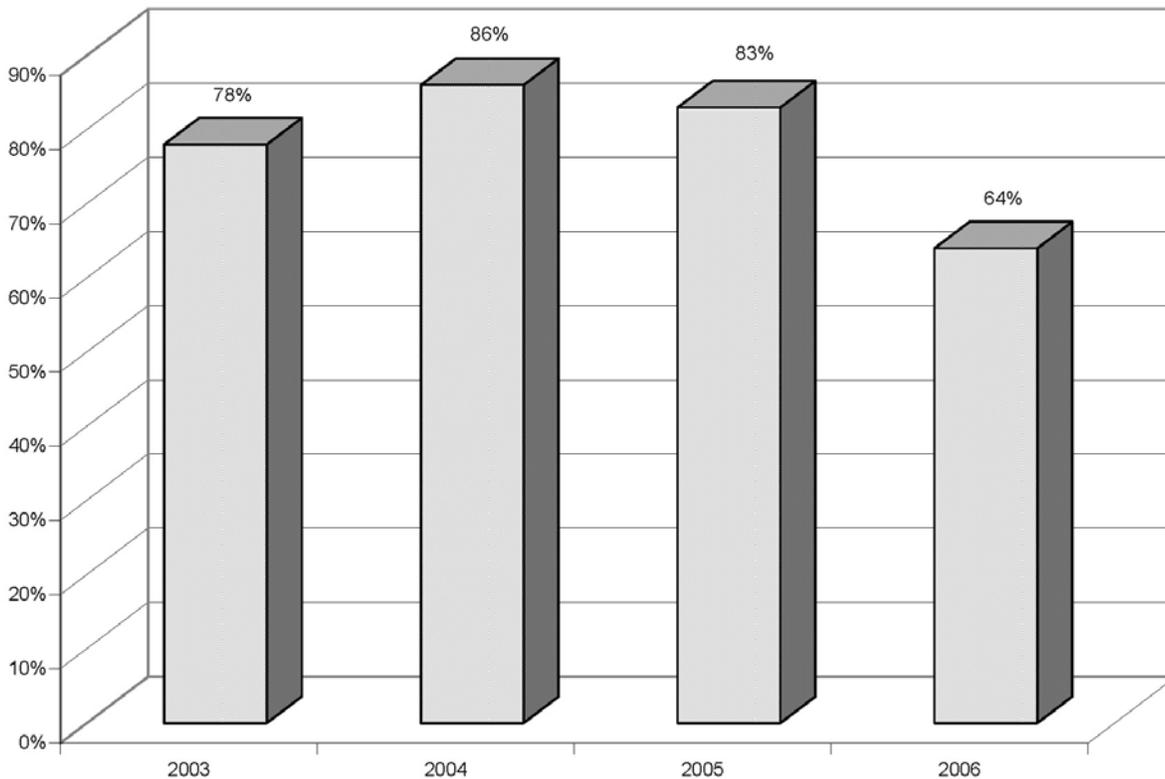


Staten Island Treatment Court

SITC Referrals and Pleas (Calendar Year)

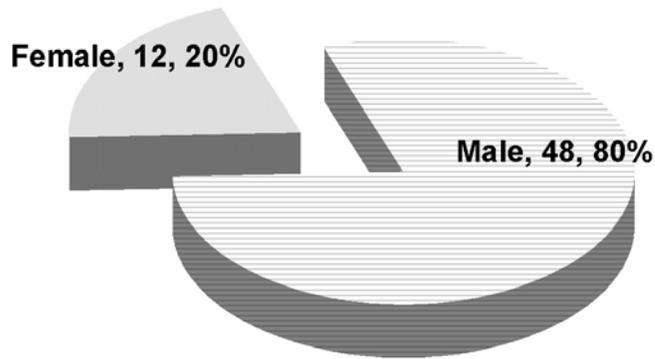


SITC Retention Rates (One Year)

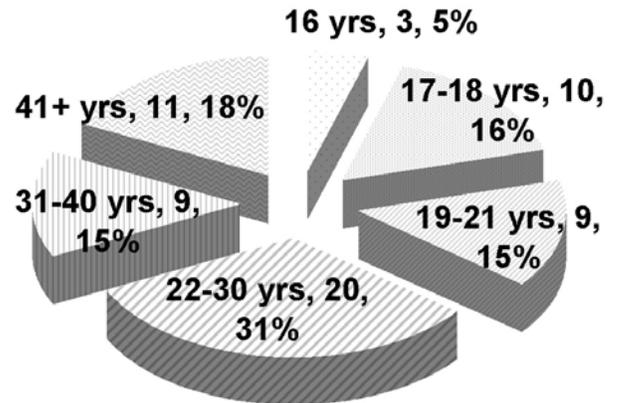




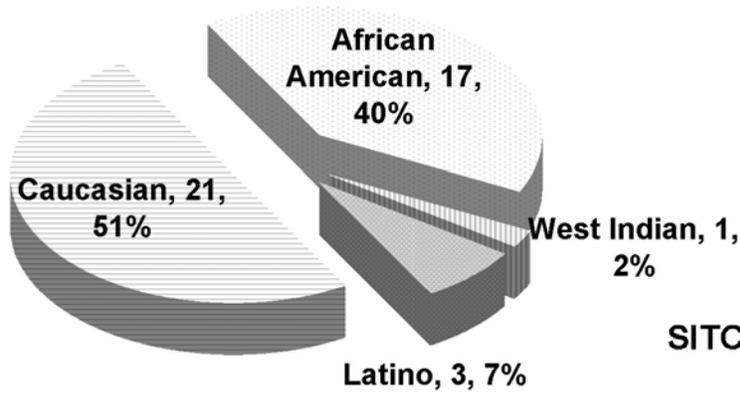
SITC - Gender of Participants



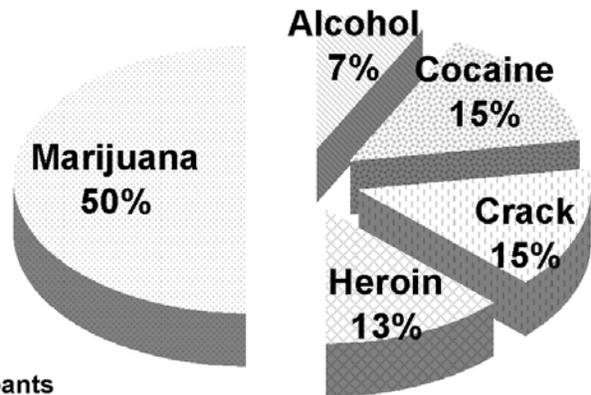
SITC - Age of Participants



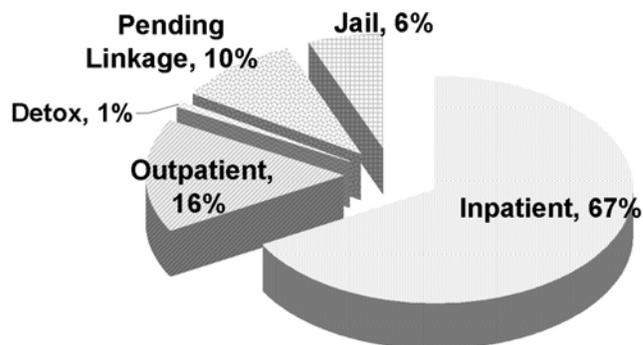
SITC - Race/Ethnicity of Participants



SITC - Participants' Drug of Choice



SITC Treatment Modalities of Participants





New York City Criminal - Windows Internet Explorer

http://nycourts.gov/courts/nyc/criminal/index.shtml

Google

New York City Criminal

New York State Unified Court System

NYC Criminal

General Information

NY City Criminal Court Annual Reports:
2005
2004

Drug Court Initiative Annual Reports:
2005
2004

Frequently Asked Questions

Content also available in: [Español](#)

Special Projects

Glossary

Caseload Statistics

Other Courts

New York City Criminal Court

NYC Criminal Courts: Kings County, Bronx County, Queens County, New York County, Richmond County, Citywide Summons, Redhook Community Justice Center, Midtown Community Court

Queens County

Midtown Community Court

Criminal Court of the City of New York

New York County

Redhook Community Justice Center

Richmond County

Citywide Summons

Hon. Juanita Bina Newton

COURTS

LITIGANTS

ATTORNEYS

JURORS

JUDGES

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SEARCH

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