



Criminal Court
of the
City of New York

**Drug Court Initiative
Annual Report
2009**

Hon. Fern Fisher
Deputy Chief Administrative Judge—NYC

Justin Barry
Chief Clerk

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CRIMINAL COURT OF THE CITY OF NEW YORK

DRUG COURT INITIATIVE

2009 ANNUAL REPORT

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HIGHLIGHTS

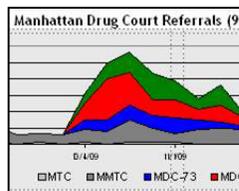
What's New



Foreword
by the
Chief Clerk

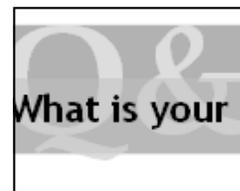
Pg 4

Intro to MDC



Pg 34

Word-for-Word



"Intro to
MDC," com-
mentary by
Darren
Edwards

Drug Court
staff voice
their opinion
on the sub-
ject at hand

Pg 36

Calendar Year 2009 - Executive Summary

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

Each court was developed with input from local prosecutors, the defense bar, treatment providers, probation and parole officials and court personnel and all operate under a deferred sentencing model with participants pleading guilty to criminal charges prior to acceptance into the program. Successful completion of the program results in a non-

jail disposition which typically involves a withdrawal of the guilty plea and dismissal of the charges. Failure to complete brings a jail or prison sentence. All of the drug courts recognize the disease concept of addiction and utilize a schedule of interim sanctions and rewards, bringing swift and sure judicial recognition of infractions and treatment milestones. Judges, lawyers and clinical staff recognize that relapse and missteps are often part of the recovery process, but participants are taught that violations of court and societal rules will have immediate, negative consequences. This successful drug court model, together with our excellent judges, clinical and court staff, are responsible for Drug Court Initiative's high retention and graduation rates.

Some 2009 Drug Court Initiative milestones:

- 5,474 defendants were referred to drug courts for evaluation;
- 669 defendants agreed to participate and pled guilty; and
- 97 participants graduated from drug court;

NOTE:

- Depending on the court, not everyone who is referred is entered into the UTA.
- Statistical results originate from data inputted in UTA between 1/1/09 and 12/31/09.



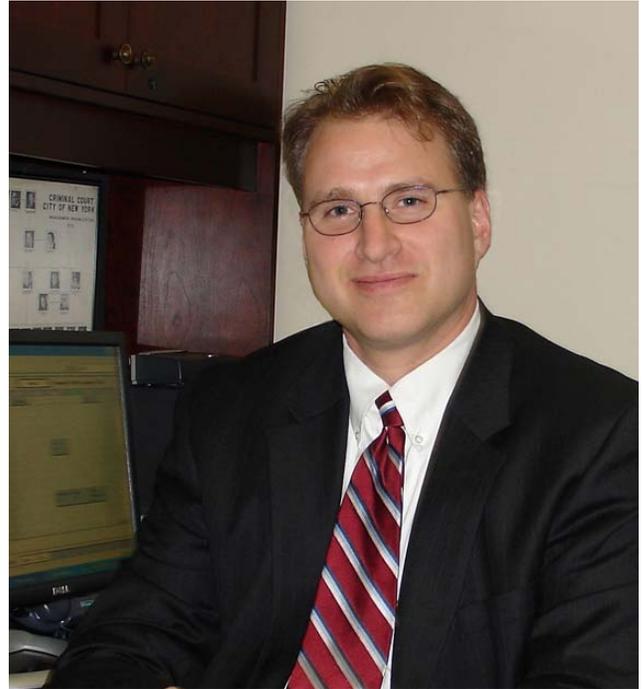
Introduction – Chief Clerk

By Justin Barry

The past year brought some significant changes to the New York City Drug Court Initiative. Judicial Diversion was implemented in October 2009 as part of a broader reform of the Rockefeller Drug Laws. While not the game-changer that it was in certain counties outside New York City, Judicial Diversion has had an impact on court-monitored substance treatment in New York City. At least one new Judicial Diversion Part was set up in all five counties of the City. Criminal Court participated in the planning and implementation of these new parts and, in Manhattan and Richmond Counties, actively partnered with the Supreme Courts by sharing clinical staff and other resources to assess and monitor these new participants.

Taking drug court and the District Attorneys' successful Drug Treatment Alternative to Prison (DTAP) programs as a model, Judicial Diversion seeks to expand treatment alternatives to a greater cross section of non-violent, felony offenders. For certain defendants, Judicial Diversion has given a judge discretion to allow participation in drug treatment that previously needed the consent of the prosecutor's office. For most of the City, Judicial Diversion has had minimal impact on the number of drug court referrals and pleas. While it is too soon to tell the full extent of the impact, Manhattan may be the one exception in the City. Manhattan has had a thriving felony drug court since 1999, but it only defendants whose cases were handled by the Office of the Special Narcotics Prosecutor were allowed to participate. Since October 2009, defendants prosecuted by the Manhattan District Attorneys Office are now eligible to participate in one of the County's three new Judicial Diversion parts. As a result, Manhattan has seen a rise in the number of defendants participating in its court-monitored substance abuse treatment programs and the coming year may very well show a re-apportionment of defendant participation in that County's programs.

Meanwhile the Drug Court Initiative continues to address, along with defendants' substance abuse



Justin Barry
Chief Clerk

and dependency, some of the other root causes of defendant's criminal behavior. With the assistance of the US Department of Justice and a \$200,000 grant, the Manhattan and Brooklyn treatment centers opened Career and Education in 2009. In each borough a dedicated Voc/Ed counselor now provides educational, job readiness and vocational placement services to every drug court participant. These Centers are an integral part of each treatment center, showing that treatment does not end with addressing substance abuse. It must also address any issue that prevents our participants from leading a healthy, productive and law-abiding life. Through a partnership with the New York City Department of Education, our Brooklyn drug courts have opened a GED classroom, where public school teachers offer classroom instruction at the courthouse for participants seeking their General Equivalency Diploma, a critical milestone required for almost any skilled position in today's competitive marketplace.

As part of the Criminal Court's Comprehensive

(Continued on page 6)



Introduction – Chief Clerk

(Continued from page 5)

Screening program, Arraignment staff reviewed over 375,000 cases citywide for drug court and, starting in October, Judicial Diversion eligibility. Almost 5,500 defendants were referred to one of the NYC drug courts for clinical evaluation. This is the highest yearly number of defendants ever referred for evaluation and an almost 40% increase over the programs first year in 2003.

Actual participation in a Criminal Court drug court is up slightly from last year with 669 pleas and agreements to participate in one of our felony or misdemeanor drug court programs.

Many individuals and organizations continue to have played a role in the successes outlined in these pages. Deputy Chief Administrative Judge for New York City Courts Fern Fisher has been extremely supportive to the City's drug courts throughout this critical period.

Supervising Judges William Miller (Kings), Melissa Jackson (New York), Deborah Stevens Modica (Queens), Alan Meyer (Richmond) have worked hand-in-hand with central administration to make these programs so successful. Director of the Uni-

fied Court System's Office of Policy and Planning Hon. Judy Harris Kluger and her staff, especially Bruna DiBiasie, Frank Jordan and Sky Davis have been instrumental in their support, both technical and administrative, as have Michael Magnani and Ann Bader from UCS Division of Grants and Program Development. The District Attorney's office of Bronx, Brooklyn, New York, Queens and Richmond counties, along with the citywide Office of the Special Narcotics Prosecutor deserve special mention for the support they have shown these innovative programs and all have worked alongside the Courts to implement the new provisions of the Judicial Diversion Law. The Legal Aid Society and the other defender associations throughout the city have also helped make this initiative a reality. Without our partners in the treatment community, drug courts would not be able to exist.

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

DRUG COURT QUIZ

[Answer on pg 13]

How many drug courts are there in New York State?



Summary Information - All Courts

Eligibility Criteria

Eligibility criteria are determined by the specific target populations decided on by steering committees during the planning phase of each drug court.

See the table below for specific eligibility criteria in each court.

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

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

* Misdemeanor cases only

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

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

Key to Drug Court Acronyms:

MBTC - Misdemeanor Brooklyn Treatment Court

MMTC - Manhattan Misdemeanor Treatment Court

MTC - Manhattan Treatment Court

QMTc - Queens Misdemeanor Treatment Court

SITC - Staten Island Treatment Court

STEP - Screening & Treatment Enhancement Part (Brooklyn)



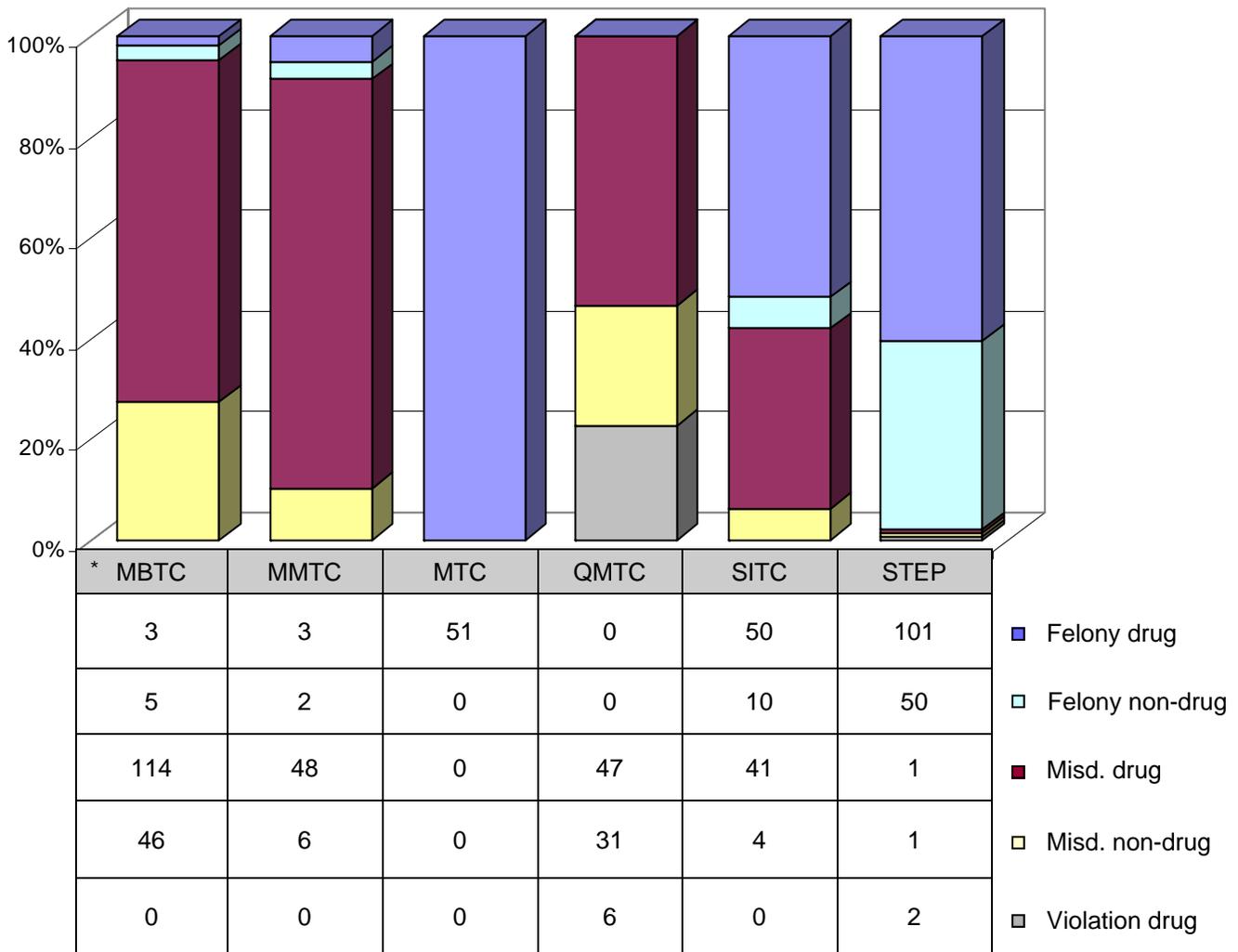
Summary Information - All Courts

Types of Arraignment Charges

For purpose of analysis, the arraignment charges of defendants entering into our drug courts are divided into felony/misdemeanor and drug/non-drug designations. About **forty-two percent (42%)** of drug court participants were arraigned on felony

charges - and of those, **76%** were arraigned on drug charges. **Fifty-one percent (51%)** of participants were arraigned on misdemeanor charges - and of those **74%** were arraigned on drug charges.

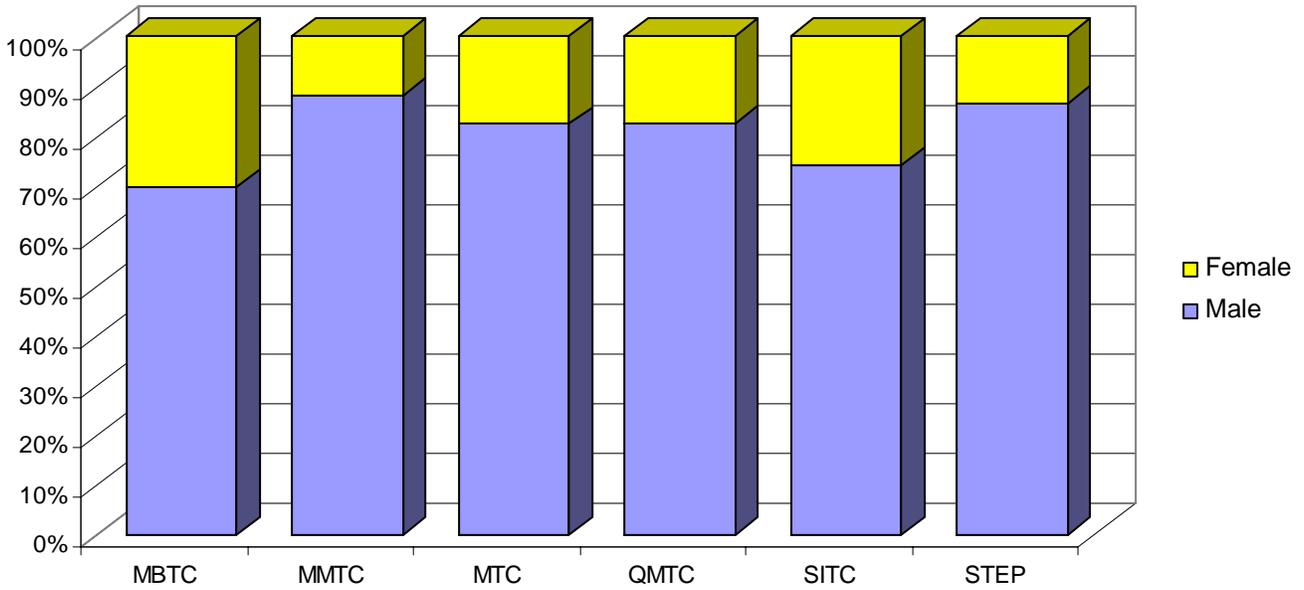
2009 Arraignment Charge of Drug Court Participants (Percentage of Total)



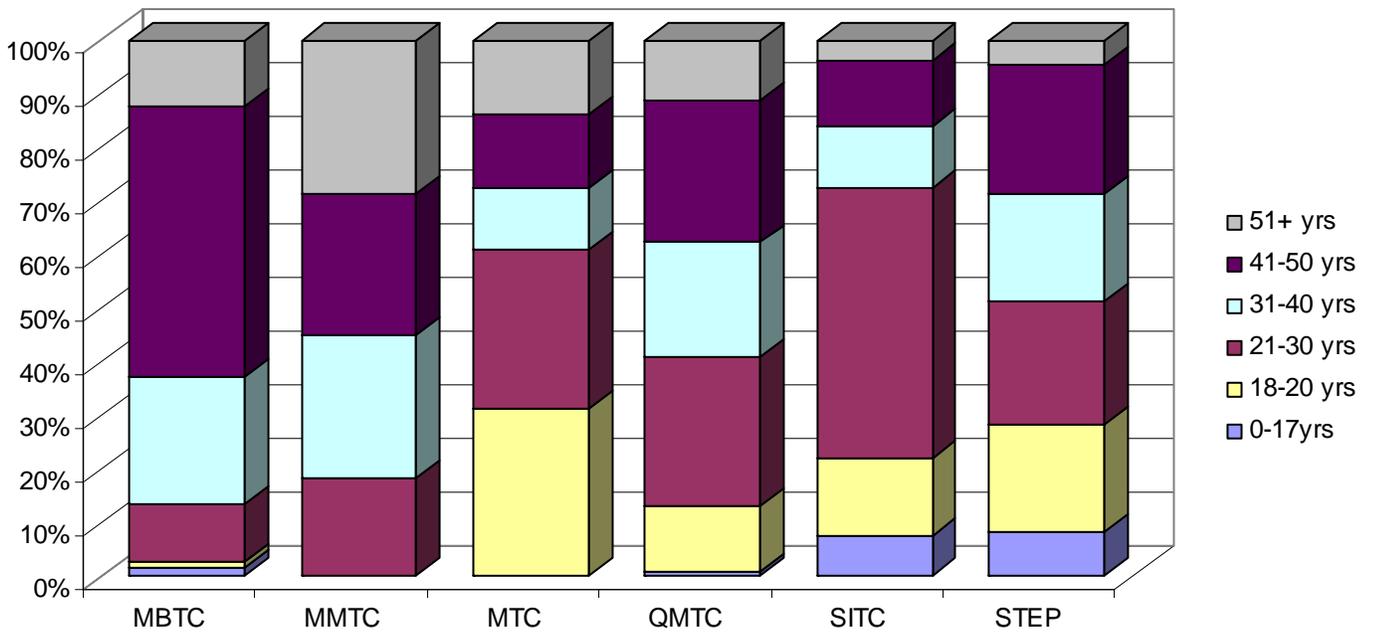
*Chart illustrates the number of participants arraigned for each drug court.



2009 Gender of Drug Court Participants (Percentage of Total)



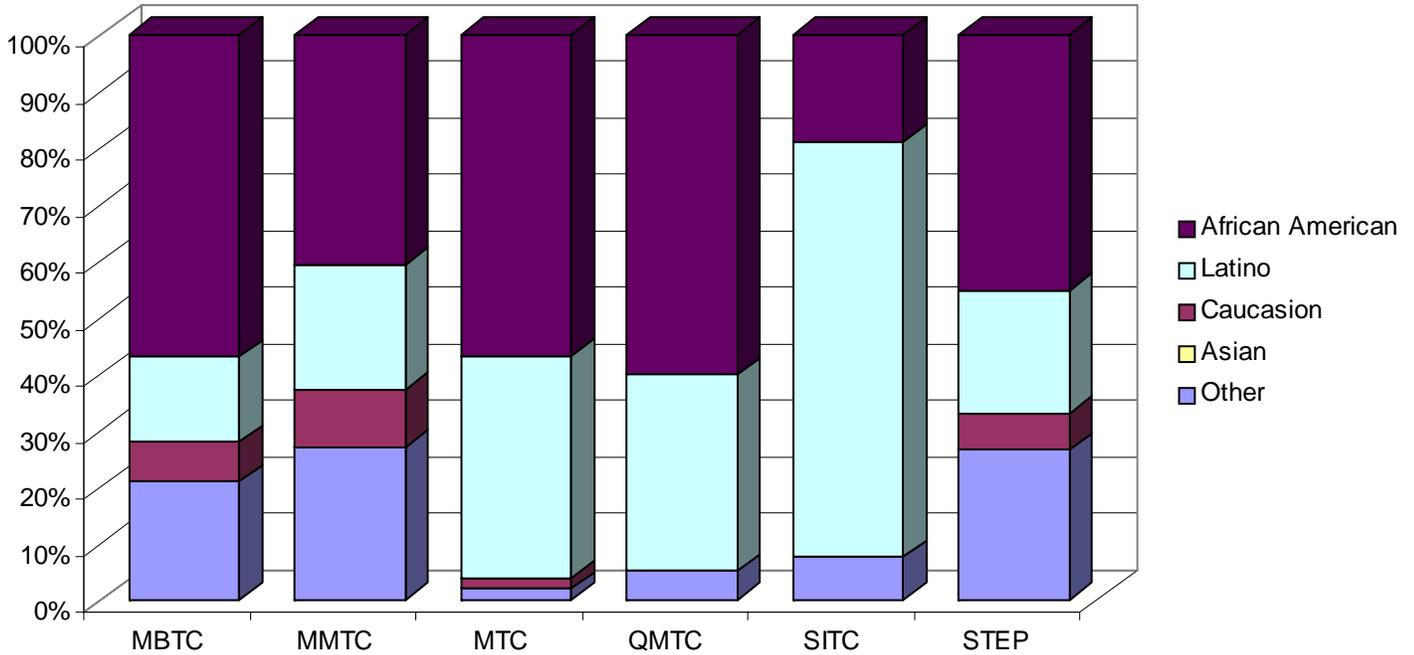
2009 Age of Drug Court Participants (Percentage of Total)



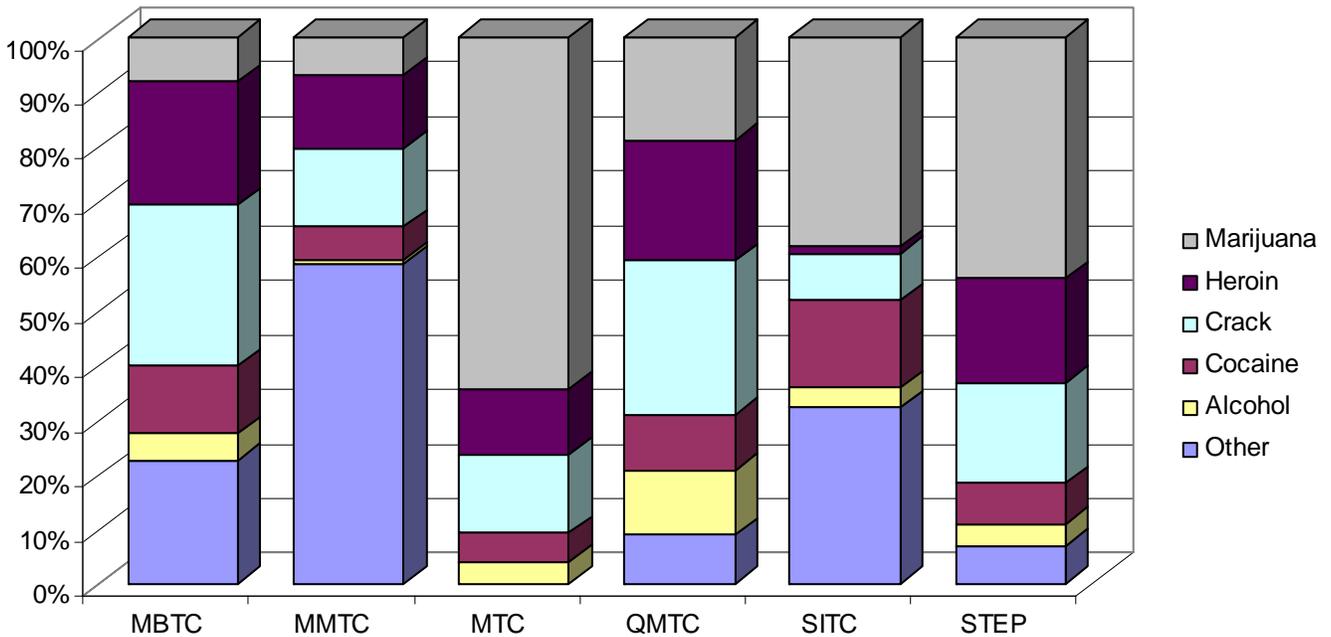


Summary Information - All Courts

2009 Ethnicity of Drug Court Participants (Percentage of Total)



2009 Drug of Choice of Drug Court Participants (Percentage of Total)



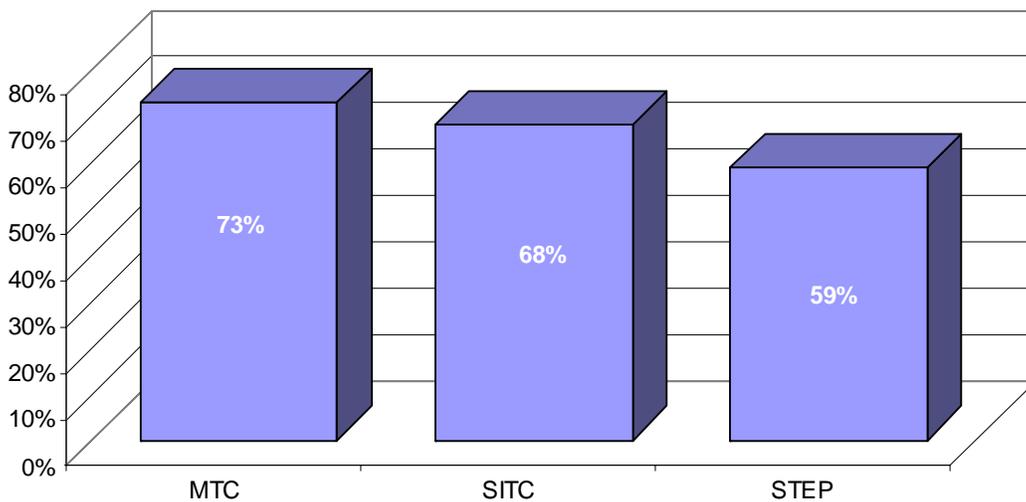


Retention Rates - All Courts

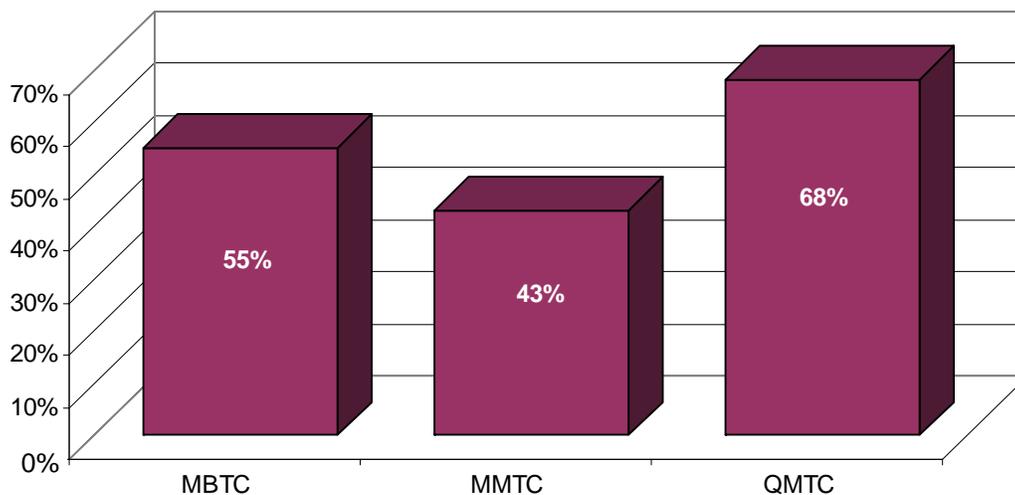
Nationally, retention rates are used to indicate the percentage of participants with positive outcomes within the treatment process. Retention rates are a critical measure of program success; a one year retention rate indicates the percentage of participants who, exactly one year after entering drug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

in 1998, it was projected that the national average [one year retention rate] for drug courts would be 60%. The average is slightly higher for felony courts in the Drug Treatment Court Initiative - around 66%. 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.

2009 Felony Drug Court Retention Rates (One Year)



2009 Misdemeanor Drug Court Retention Rates (Six Months)



* Steven Belenko, Sr. Scientist, Research Psychologist, Sr. Researcher whose primary research interests are in substance abuse and crime, the impact of drugs on the adult and juvenile justice systems, HIV risk behaviors and related service needs for offenders, the integration of treatment and other health services in criminal justice settings, and the implementation of evidence-based practice.



Comprehensive Screening

The Comprehensive Screening Project was started in Brooklyn in 2003 and expanded to the Bronx in 2005, Queens in 2006 and Manhattan in 2009. Because of its less complex case tracking process, the Staten Island drug court judge is able to review all defendants for drug court participation. The program screens every criminal defendant's eligibility for court-monitored substance abuse treatment. Screening is a three step process completed within a short time frame. Assessment includes a review of each defendant's case by a court clerk before a defendant's initial court appearance, a review by the prosecutor's office, followed by a detailed clinical assessment and, when possible, a urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in court-monitored substance abuse treatment. All of this is completed quickly—some counties within twenty-four hours of arraignment—and without any negative effect on arrest-to-arraignment times. An amazing effort!

Problems with Prior Screening

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

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

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

ents.

Principles

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

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

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

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

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

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

Screening

Screening is a three-step process. Step 1 is a paper screening at arraignments where court clerks identify all defendants charged with a designated offense and requisite criminal history. The 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. Step 3 involves an assessment by court clinical staff and, in some instances, a urine toxicology screen test.

Results

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

Statistical Information

An analysis of the number of defendants screened in each borough since Comprehensive Screening was implemented in Brooklyn shows the striking differences in the way that drug court eligible defendants are identified. In 2009, the Brooklyn drug

courts accounted for 65% of all defendants referred to a drug court for assessment. These three Brooklyn drug courts also accounted for 38% of all new participants. The Bronx drug courts account for 20% of the city referrals and 30% of new participants. Queens accounted for 12% of referrals and 14% of new participants.

Conclusion

Comprehensive Screening in New York City has developed a whole new approach for identifying eligible drug court participants. Instead of relying on sometimes overtaxed and overburdened judges or lawyers to identify drug court candidates, the Comprehensive Screening program trains court clerical staff to identify all eligible defendants resulting in a much larger eligible pool. The resulting number of defendants who agree to participate is also larger.

| COURT REFERRAL SOURCE | |
|--|---|
| Manhattan Misdemeanor Treatment Court | Arraignment Clerks |
| Manhattan Treatment Court | Arraignment Clerks, Office of Special Narcotics |
| Misdemeanor Brooklyn Treatment Court | Arraignment Clerks |
| Queens Misdemeanor Treatment Court | Arraignment Clerks |
| Screening & Treatment Enhancement Part | Arraignment Clerks |
| Staten Island Treatment Court | DA |

DRUG COURT QUIZ

[Question on pg 6]

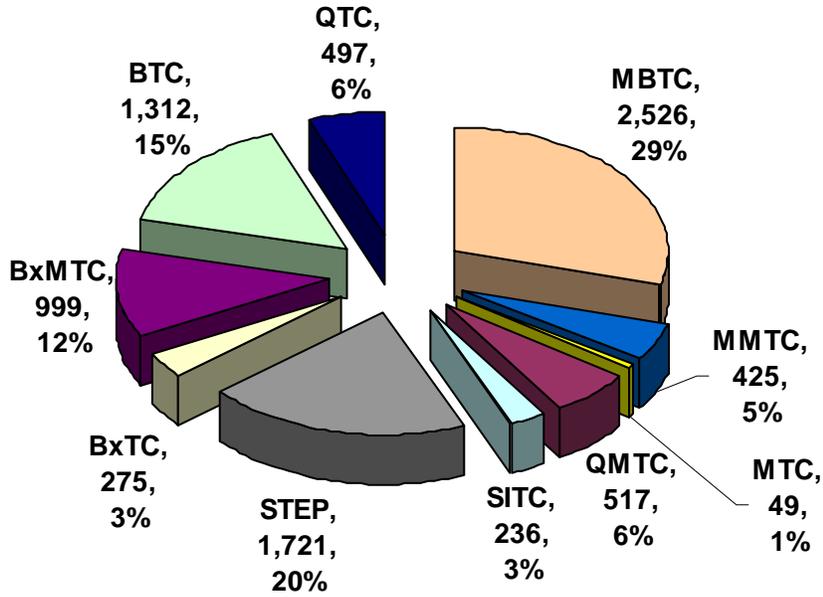
There are 180 drug courts in New York State.

Family Court - 55, Criminal Court - 94, Juvenile - 23, Town and Village - 8

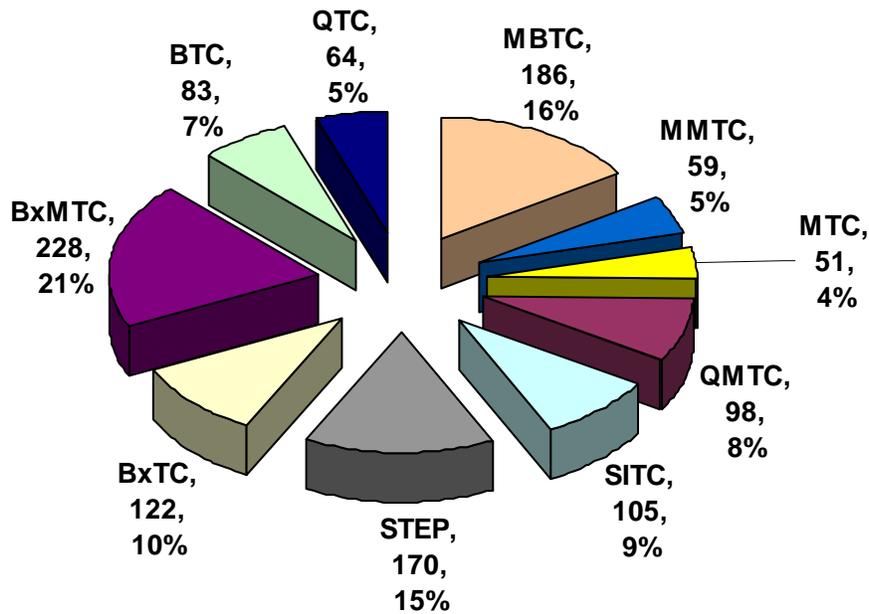


Comprehensive Screening

***^2009 Drug Court Referrals - Citywide**



***!2009 Drug Court Pleas - Citywide**



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

^ In 2009, citywide, there were 8,557 referrals.

! In 2009, citywide, there were 1,166 pleas taken.



STEP DAILY OPERATIONS CHART

Day 1

Pre-Arraignment Screening by Clerks for APD & STEP:

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

ARRAIGNMENTS DAY & NIGHT

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

Adjourn to APD for next business day

- First felony drug offenders under 19 years
- Male predicate 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 no offer:
Adjourn to AP1 for 180.80 day or other agreed upon date

D.A. Makes Offer – Assessment By Clinical Staff

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

Defendant Appropriate for Treatment:

- Resource Coordinator makes recommendation to Court

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



Comprehensive Screening

MBTC DAILY OPERATIONS CHART

DAY 1

Pre-Arraignment Screening by Clerks :

1. Must be charged with a non-violent class A misdemeanor, *and*
2. a. Must have 10 or more felony and/or misdemeanor convictions
AND/OR
3. b. Must be on Probation or Parole; *and*
a. Must have NO violent felony convictions
AND
b. Must have NO arson or sex crimes convictions

**ARRAIGNMENTS
DAY
&
NIGHT**

**Refusal or Failure to Sign
Consent:**
Adjourn to MBTC for next day

IF Eligible:
Defendant and Defense Attorney execute Client Consent in Arraignments

If not eligible:
Adjourn to zone AP Part for 170.70 day or other agreed upon date

DAY 2

D.A. Review of Case

D.A. Makes Offer – Assessment by Clinical Staff

- All defendants given urine test; and sign Releases of Confidentiality
- All defendants assessed by court clinical staff and/or Probation Officer using complete psycho-social assessment

D.A. makes no offer:
Adjourn to zone AP Part for 170.70 day or other agreed upon date

Defendant Appropriate for Treatment:
- Resource Coordinator makes recommendation to Court

Defendant refuses plea offer:
Case goes to zone AP Part unless defendant waives 170.70 & 30.30 to consider treatment
• offer remains the same

Defense Attorney Conveys Offer

Defendant Accepts Offer: Defendant Signs Contract
Plea Allocation
Sentence Deferred

If rejected for treatment :
Adjourn to zone AP Part for 170.70 day or other agreed upon date

Revised: 09/06/02



COMPREHENSIVE SCREENING – QUEENS

D A Y 1

D A Y 1

Preliminary Marking by Clerks for QTC and QMTC:

QTC Eligible

- felony narcotic charge
- designated non-drug felony
- 17 years or older

Exclusions

- no prior felony convictions
- no previous treatment court offer

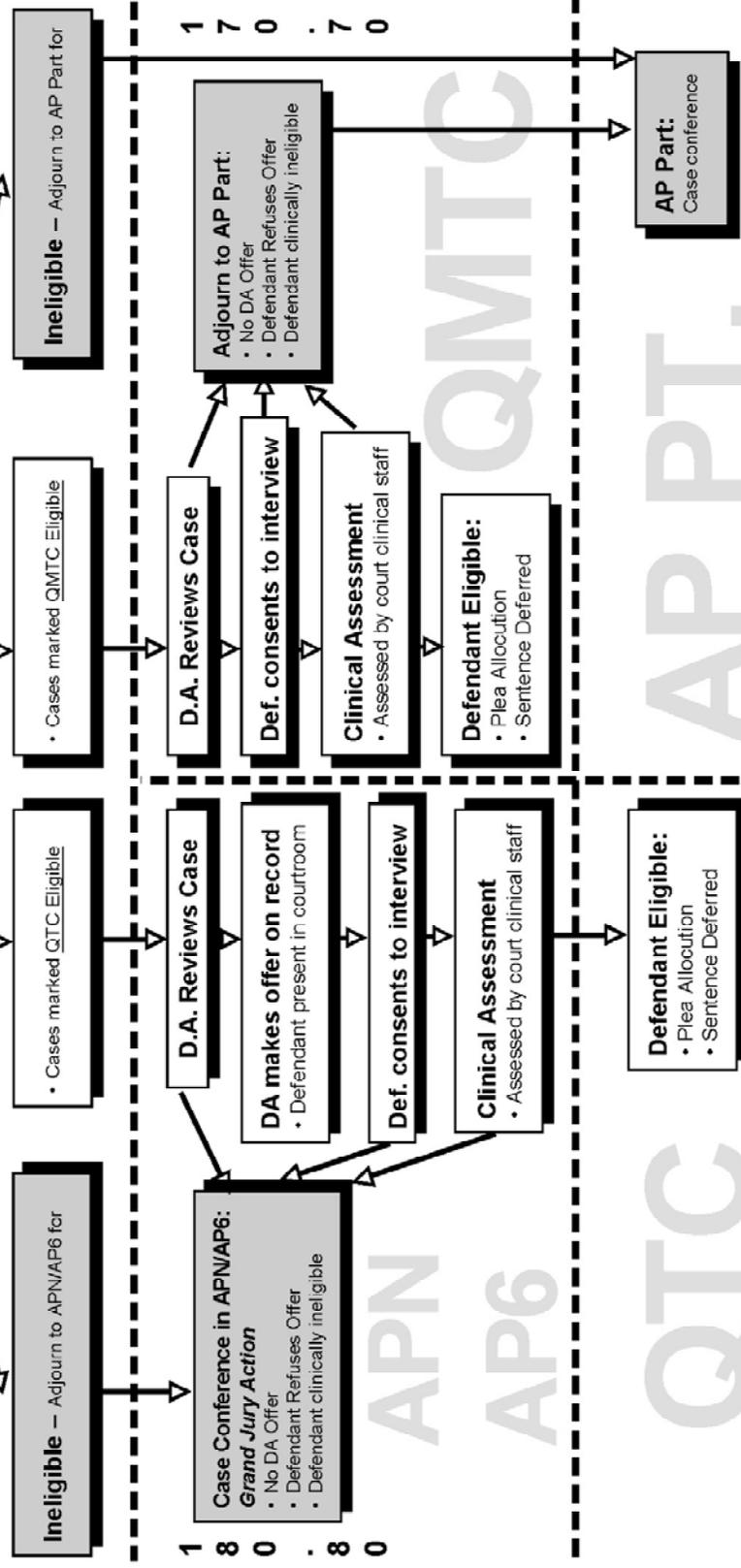
QMTC Eligible

- "non-violent" misdemeanor offense
- 3 or more prior convictions

Exclusions

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

ARRAIGNMENTS (AM & PM)
(Nothing precludes disposition of QMTC eligible cases)

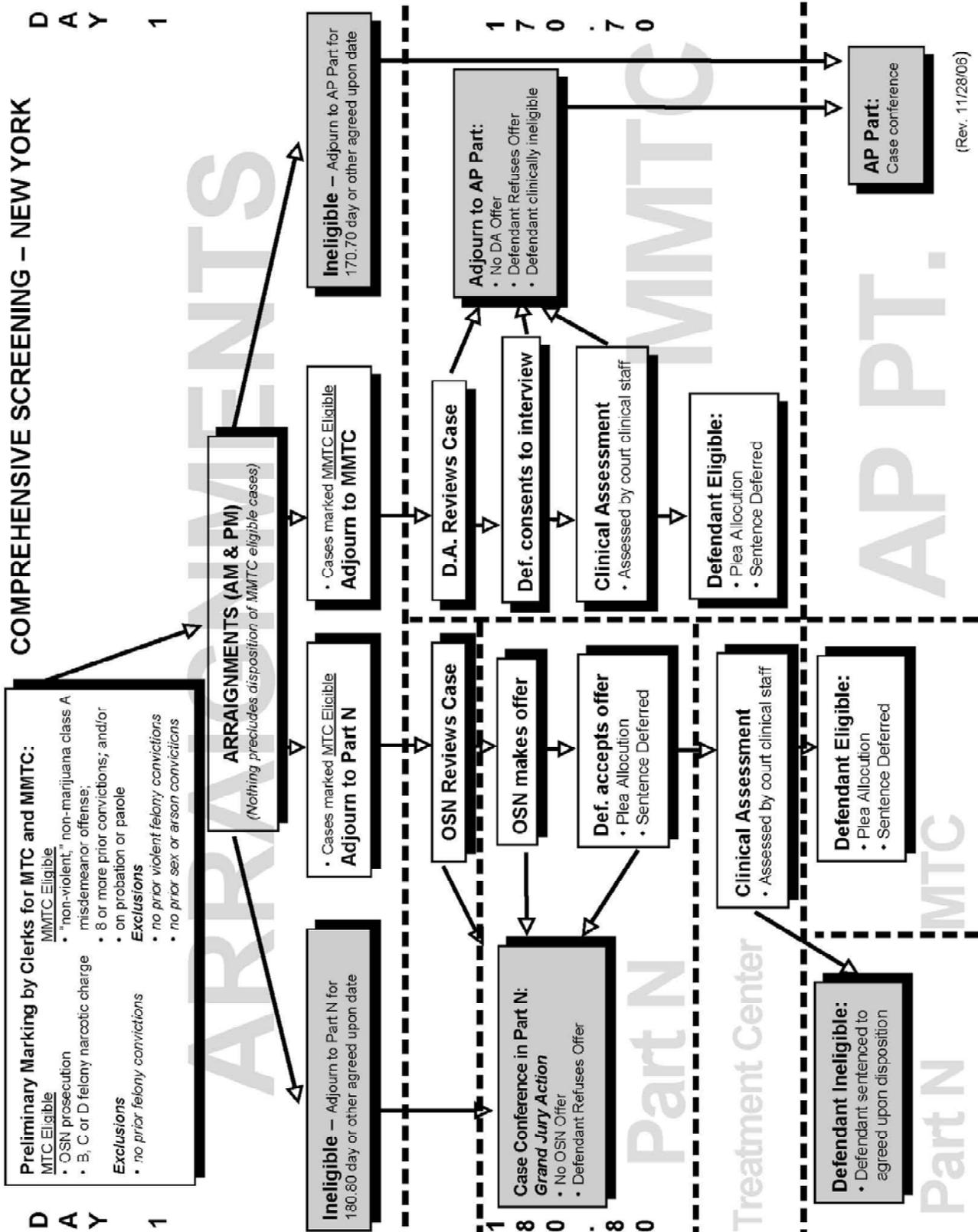


1 7 0 . 7 0

1 8 0 . 8 0



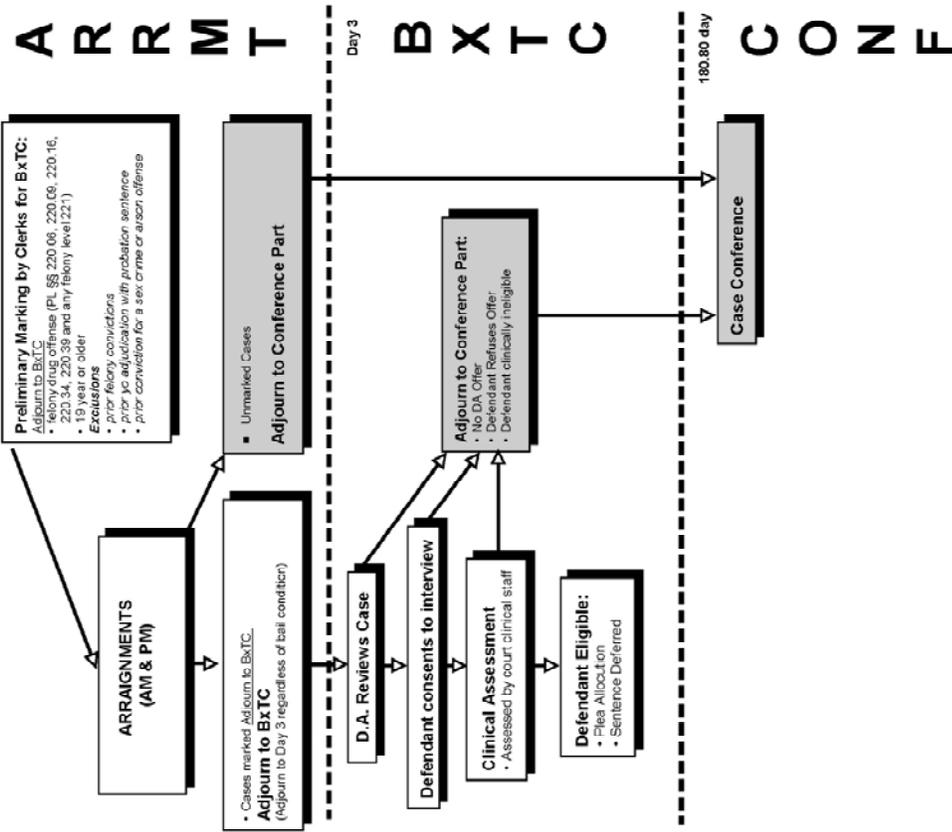
Comprehensive Screening





Bronx Treatment Court SCREENING CASE FLOW

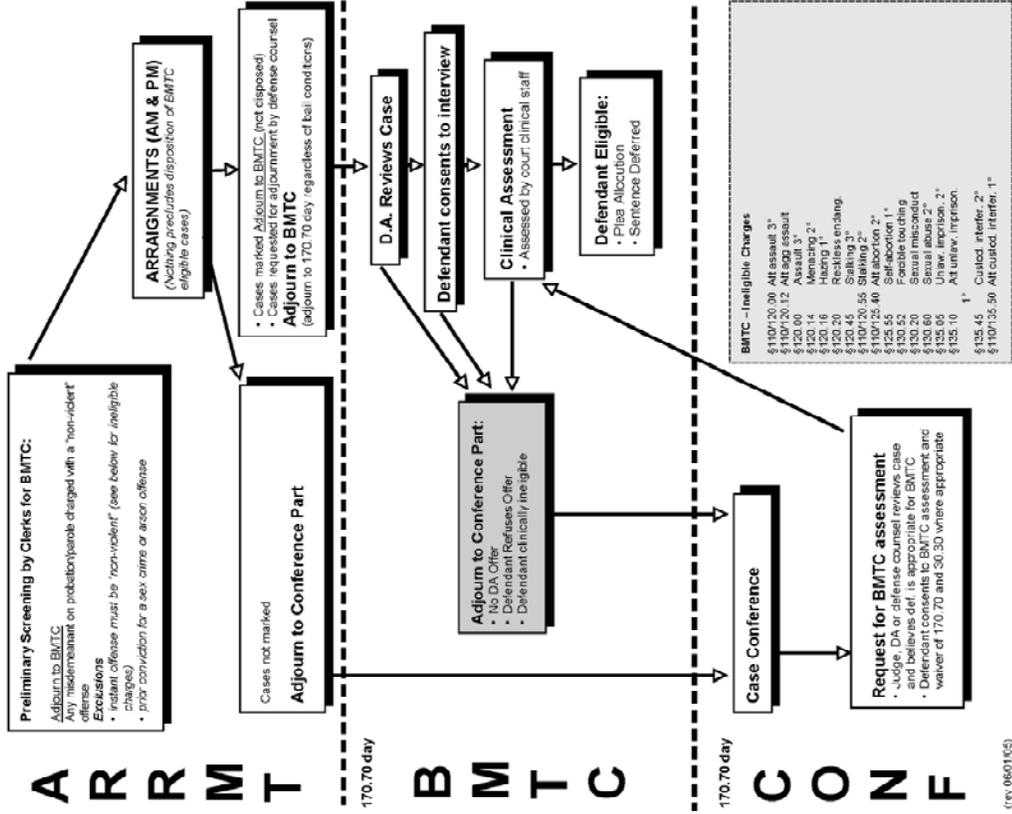
Day 1



(rev. 06/14/05)

Bronx Misdemeanor Treatment Court CASE FLOW

Day 1



(rev. 06/01/05)



Comprehensive Screening

Length of Time - Arrest to Assessment & Assessment to Plea

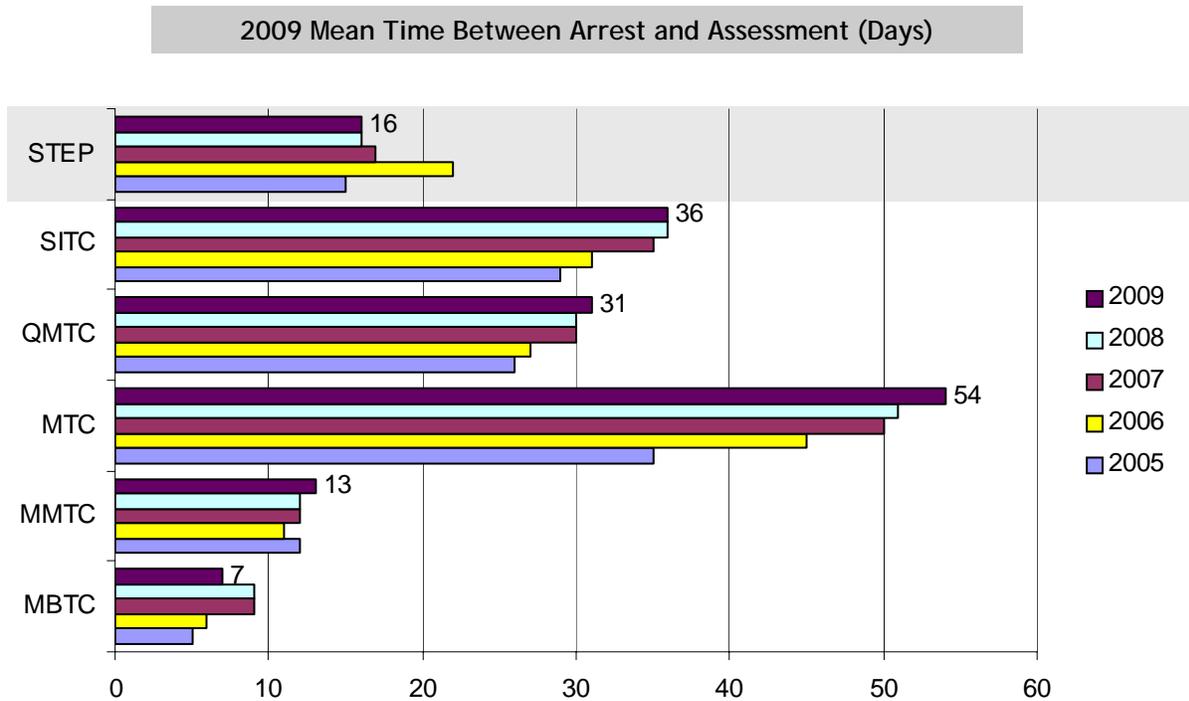
Length of time between arrest and assessment (intake) varies from court to court and delays can frequently be linked to the referral source.

On average, it takes less than two months for defendants to be assessed for treatment in SITC and

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

Length of Time - Full Intake (Arrest to Plea)

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



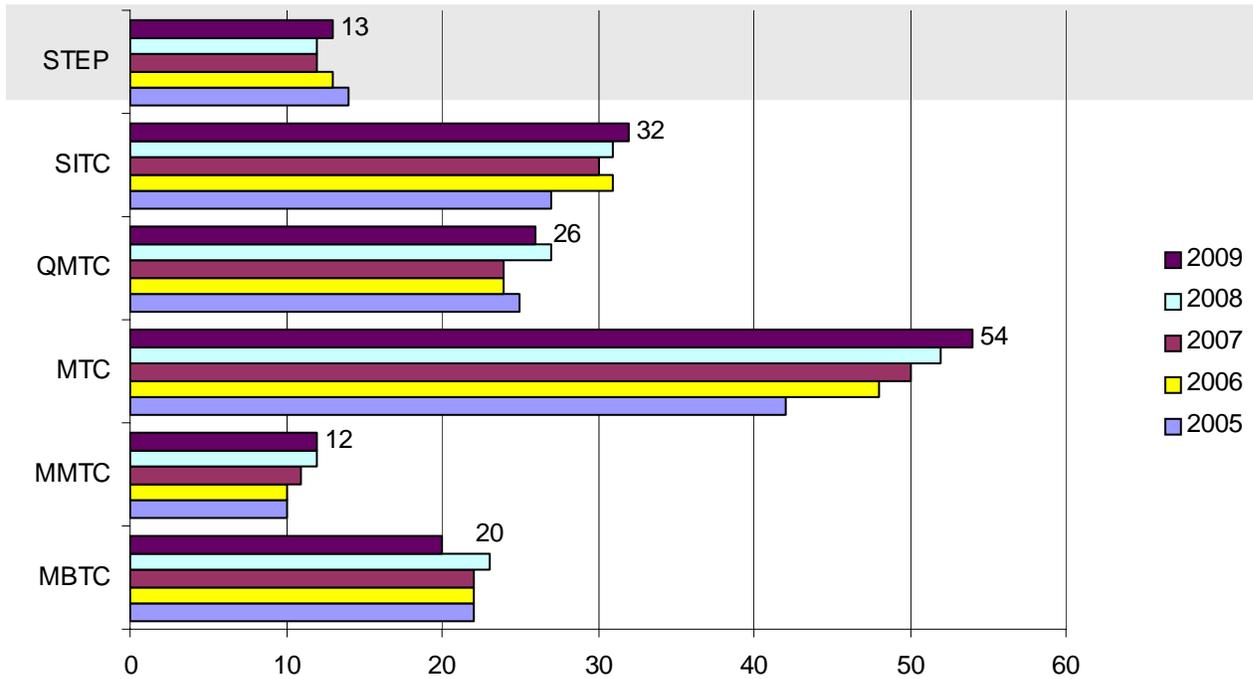
In 2009, the average time between arrest and assessment for STEP is 16 days.

32,155

The total number of drug court referrals city-wide between 1998 and 2009. (Excludes the Bronx, QTC and BTC)

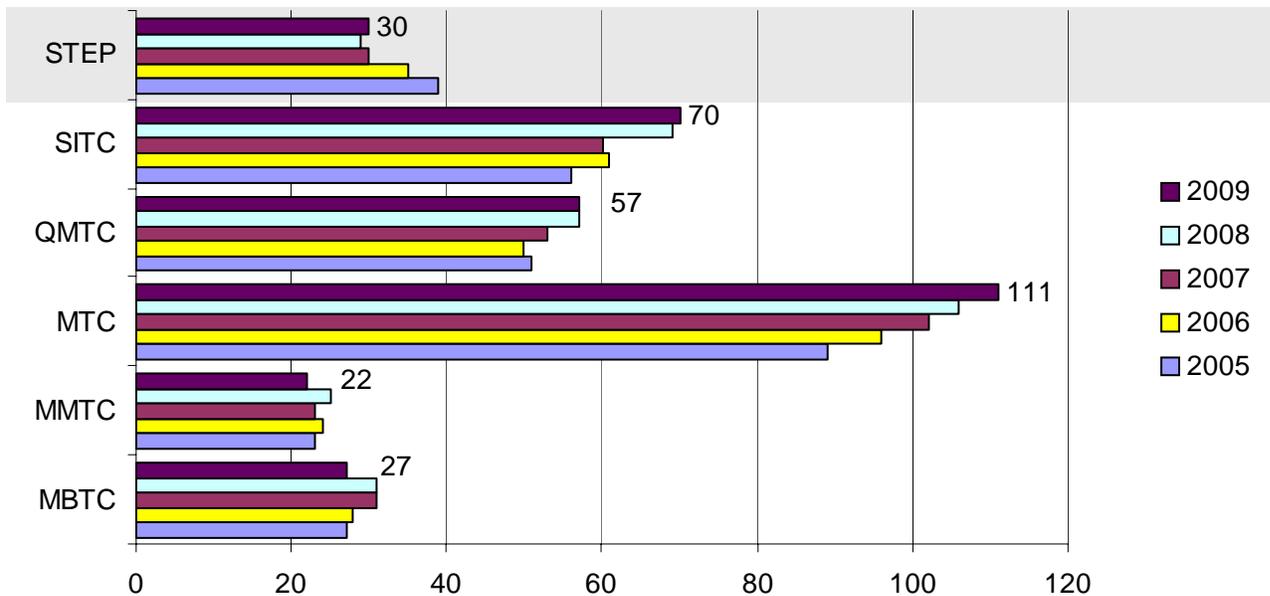


2009 Mean Time Between Assessment and Plea (Days)



In 2009, the average time between assessment and plea for STEP is 13 days.

2009 Mean Time Between Arrest and Plea (Days)



In 2009, the average time between arrest and assessment for STEP is 30 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 |
| Case Managers | Eligia Carradero D'Wana Haynesworth Jeffrey Martinez Russell Oliver |

a new Bronx Misdemeanor Treatment Court, started April 2005, and implementation of the Bronx comprehensive screening project to quickly and efficiently identify eligible drug court defendants. The Bronx comprehensive screening pilot started in the summer of 2005 with screening in the Bronx day arraignment parts, was expanded to night arraignments in the spring of 2006.

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

Introduction

Starting in November 2004, administrative oversight of many Criminal Court operations in the Bronx, including drug courts, was transferred to the newly created Bronx Criminal Division.

Criminal Court worked with Bronx administrators, judges and drug court personnel on the creation of

| 2009 | Bronx Treatment Court | Bronx Misdemeanor Treatment Court |
|------------|-----------------------|-----------------------------------|
| Referral | 275 | 999 |
| Pleas | 122 | 228 |
| Open Cases | 170 | 126 |
| Graduates | 41 | 82 |

5,855 The total number of pleas citywide between 1998 and 2009. (Excludes the Bronx, QTC and BTC)



Screening and Treatment Enhancement Part





Screening & Treatment Enhancement Part



Honorable Joseph E. Gubbay

Program Description

Staff

| | |
|--------------------------|-----------------------|
| Presiding Judge | Hon. Joseph E. Gubbay |
| Project Director II | Mia Santiago |
| Resource Coordinator III | Alyson Reiff |
| Probation Officer | Barbara Miles |
| Case Manager II | General Wright |
| Case Managers I | Lisa Tighe |
| | Christina Douglas |
| | Shatia Eaddy |
| | Theresa Good |
| | Melinda Pavia |
| | Lucy Perez |
| Case Technician | Tyrone Obee |
| Voc/Ed Case Mgr II | Yadira Moncion |
| Voc/Ed Case Mgr | Miriam Famanian |
| DOE Liaison | Joshua Horsford |

Introduction

In January 2003, the Screening & Treatment Enhancement Part (STEP) opened in the Kings County

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

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

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

Eligibility and Identification

Eligible defendants must:

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

Exclusions:

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

STEP Young Adult Program and Drug Related Offenses

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



Screening & Treatment Enhancement Part

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, 11,084 non-violent felony drug offenders have been referred to STEP for clinical assessment, of which 1,402 (13%) pled guilty and agreed to participate in treatment. Of the 9,682 who did not plead guilty, 3,012 (31%) refused to participate and 1,218 (12%) had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, 896 (64%) graduated, 159 (11%) are currently in treatment, and 493 (35%) failed to complete their court mandate.

Intake and Referral Data

In calendar year 2009, STEP made up 20% of all referrals, and 15% of all pleas taken, 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 six years that STEP has been operational, 896 (64%) participants graduated. The following information is available for STEP graduates:

- 20% of graduates were either full or part-time employed
- 20% were receiving governmental assistance
- 56% were receiving Medicaid
- 29% of STEP participants were either in school,

full or part-time

- 20% of graduates had received vocational training

Conversely, 493 (35%) participants failed to complete their court mandate. Eighty-four percent (84%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in STEP. Sixteen percent (16%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence. STEP closes warrant cases after one consecutive year, which made up for about 1% of the failures.

Length of Stay/Retention Rates

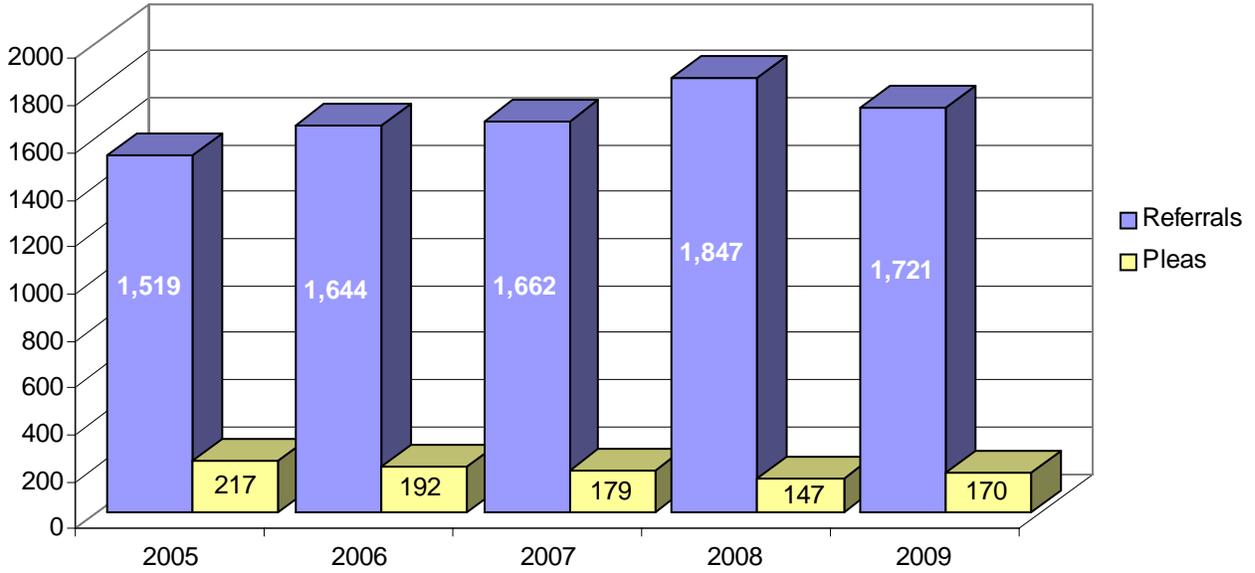
The average length of treatment (based on graduation date) for STEP's 896 graduates was sixteen months. Retention rate includes data for participants who completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

STEP Operations

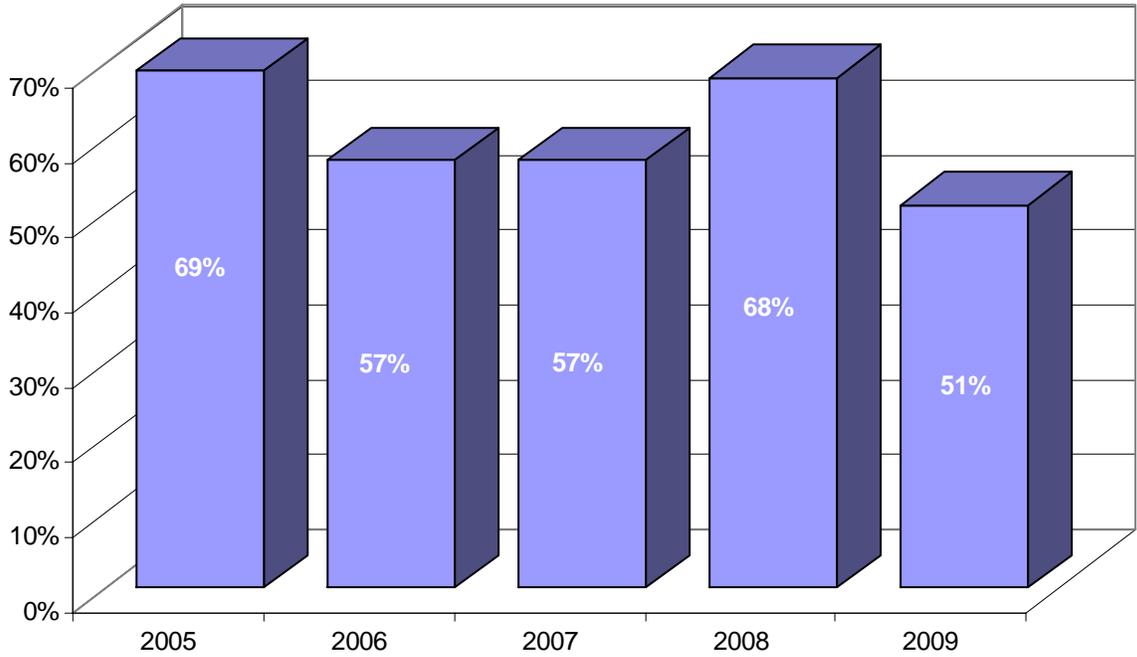
In 2009 the average STEP caseload on any given day was 159 cases. Each case manager typically monitored between 20-25 participants at any given time in 2009. Treatment modality decisions are made by the STEP case management team under the supervision of the project director.



STEP Referrals and Pleas (Calendar Year)



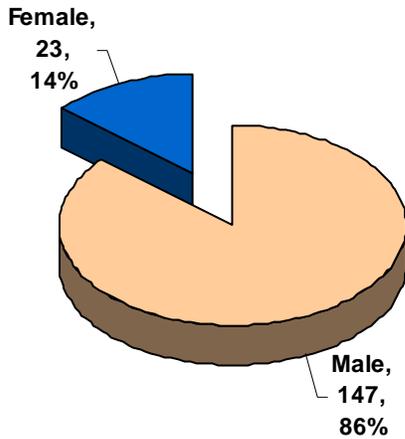
STEP Retention Rates



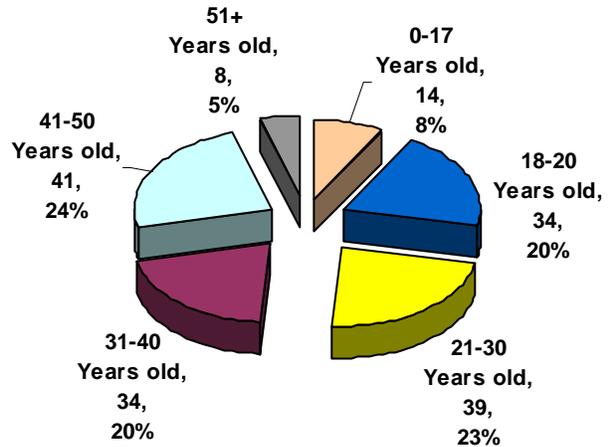


Screening & Treatment Enhancement Part

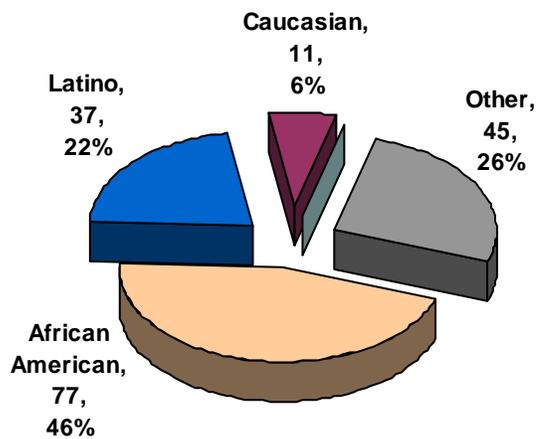
***STEP - Gender of Participants**



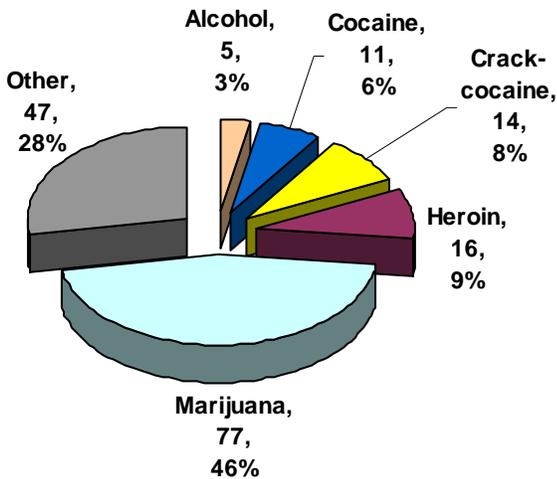
***STEP - Age of Participants**



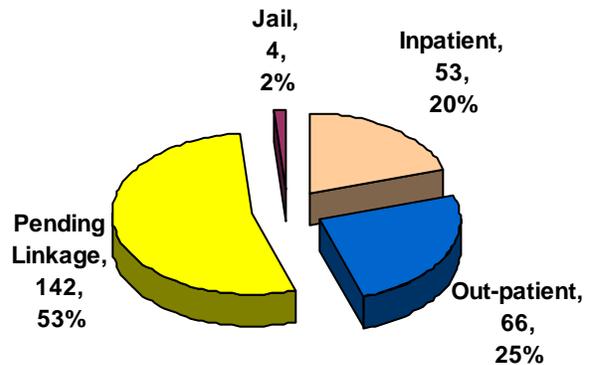
***STEP - Race/Ethnicity of Participants**



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



***STEP - Treatment Modalities of Participants**



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



Misdemeanor Brooklyn Treatment Court





Misdemeanor Brooklyn Treatment Court



Honorable Betty J. Williams

Program Description

Staff

| | |
|--------------------------|---------------------|
| Presiding Judge | Hon. Betty Williams |
| Project Director II | Mia Santiago |
| Resource Coordinator III | Michael Torres |
| Probation Officer | Barbara Miles |
| Case Manager II | General Wright |
| Case Managers I | Lisa Tighe |
| | Christina Douglas |
| | Shatia Eaddy |
| | Theresa Good |
| | Melinda Pavia |
| | Lucy Perez |
| Case Technician | Tyrone Obee |
| Voc/Ed Case Mgr II | Yadira Moncion |
| Voc/Ed Case Mgr | Miriam Famania |
| DOE Liaison | Joshua Horsford |

Introduction

In January 2003, the Misdemeanor Brooklyn Treatment Court (MBTC) opened in the Kings County Criminal Court to provide an alternative to incar-

ceration for drug-addicted misdemeanor offenders. The intended target population of the MBTC program is misdemeanor offenders with long histories of recidivism. MBTC functions as a collaborative effort between the Court, the Kings County District Attorney's office, defense bar and the treatment community.

Eligibility and Identification

Eligible defendants must:

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

Exclusions:

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

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

Court Structure

Defendants who agree to participate in MBTC must plead guilty to a misdemeanor charge. The Court defers sentence for a minimum of eight months while the defendants participate in substance abuse treatment. A clinical assessment recommends a treatment plan that best suits each participant's needs. Treatment plans can include



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

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

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

Referrals, Refusals and Pleas

Since its inception in 2003, 12,779 defendants have been referred to MBTC for clinical assessment, of which 1,489 (12%) have taken a plea and opted for treatment. Of the 11,290 who did not take the plea, 6,071 (54%) refused to participate. Of those who were accepted by MBTC and agreed to participate, 667 (45%) graduated, 114 (10%) are currently in treatment, and 837 (56%) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2009, MBTC made up 29% of all referrals for clinical assessment, and 16% of all

pleas taken, in Drug Treatment Court Initiative.

Descriptive Data - MBTC Participants

Arrestment charges differ for MBTC participants, with about 61% charged with a misdemeanor drug offense and 25% charged with misdemeanor non-drug offenses.

Graduates and Failures

So far, 667 (45%) participants graduated from MBTC. The following information is available for MBTC graduates:

- 9% of MBTC graduates were either full or part-time employed
- 22% were receiving governmental assistance
- 27% were receiving Medicaid
- 8% of MBTC participants were either in full or part-time school
- 9% of graduates had participated in vocational training

Conversely, 837 (56%) participants failed to complete the court mandate. Sixty percent (60%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants, or an arrest for a new charge making him/her ineligible for continuing in MBTC. Forty percent (40%) 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 667 graduates was twelve months. Retention rate includes data for participants who graduated (retained), whose cases were still open and active in treatment (retained), who failed to complete treatment (not retained), and for whom the Court issued a bench warrant (not retained), prior to the analysis date.

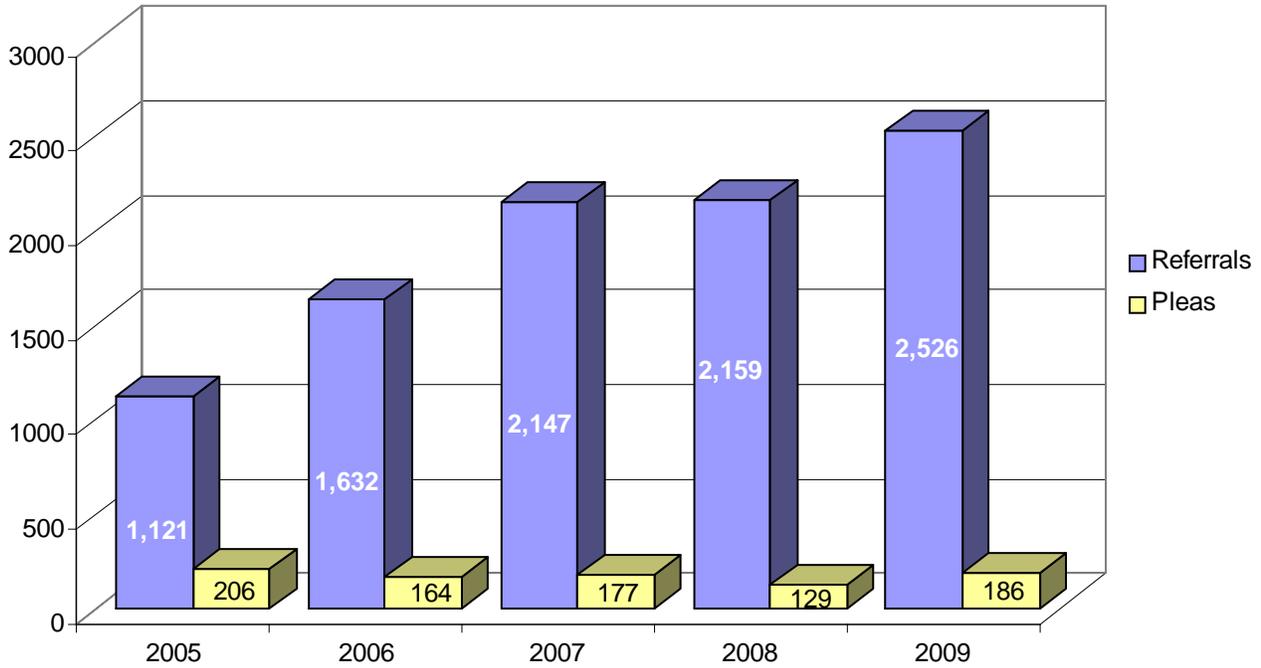
MBTC Operations

On average the MBTC daily caseload for 2009 was 114 cases. Each MBTC case manager typically monitored approximately 10-15 cases.

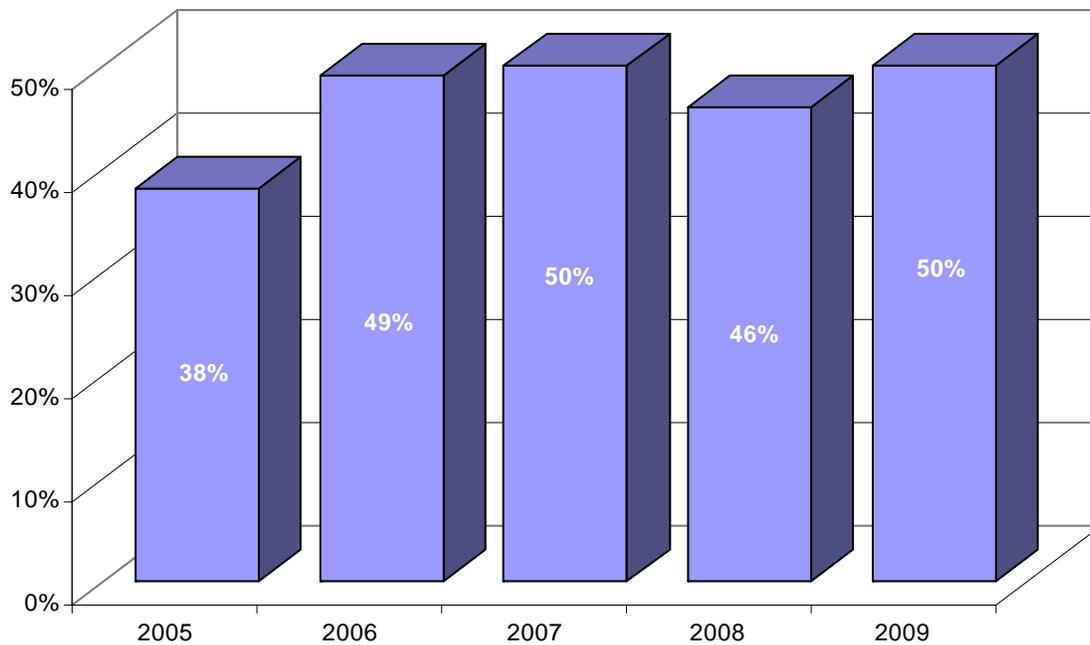


Misdemeanor Brooklyn Treatment Court

MBTC Referrals and Pleas (Calendar Year)

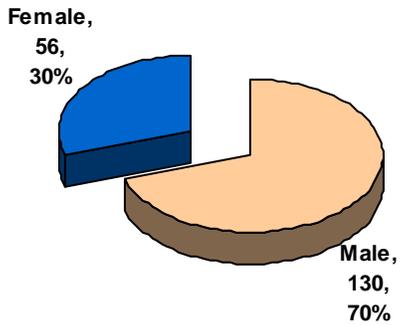


MBTC Retention Rates

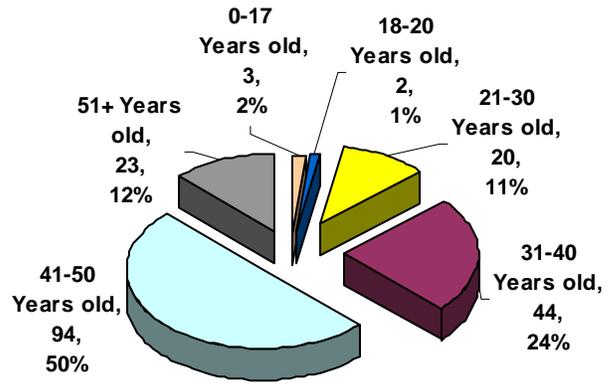




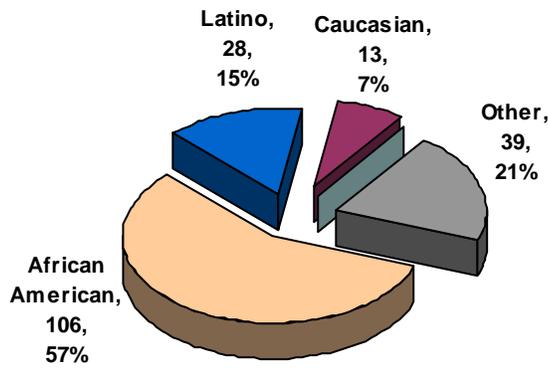
*MBTC - Gender of Participants



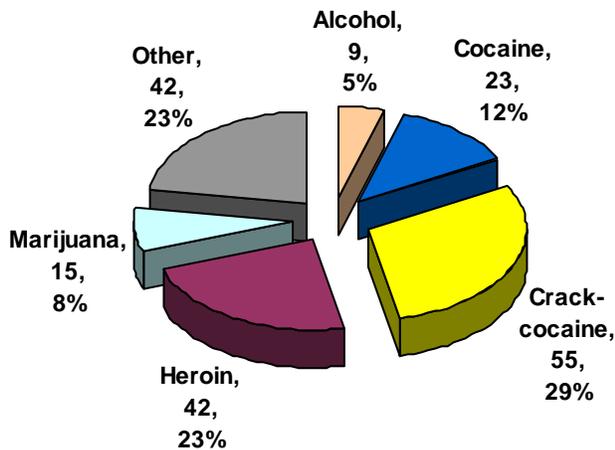
*MBTC - Age of Participants



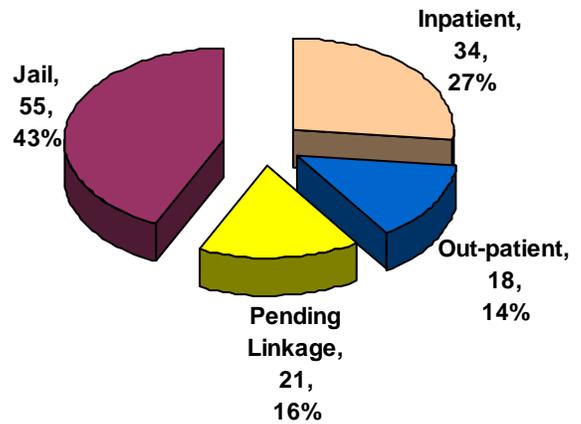
*MBTC - Race/Ethnicity of Participants



*MBTC - Participant's Drug of Choice



*MBTC - Treatment Modalities of Participants



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



Intro to Manhattan Diversion Court (MDC)

By Darren J. Edwards

"As soon as Manhattan Diversion Court (MDC) opened, they came in droves. My staff and I were overwhelmed. The defendants requesting participation in Judicial Diversion must understand that the same rigorous treatment in place for our current drug court participants, will also apply to them," reports Debra Hall-Martin, Manhattan Drug Courts Project Director II.

On the first Monday of October, Manhattan Case Manager Darlene

In the first week, 23 defendants were referred to MDC for treatment. By the end 2009, 302 defendants were referred to MDC.



Sherry Haynes,
MDC Resource Coordinator I

Buffalo sat across and questioned Manhattan's first Judicial Diversion (MDC) referral. Assessed at the Drug Court office, Mr. Smith—what I will call him—is thirty-nine year old, white male. He has never been married, has no dependants and has been homeless for about one year prior to his arrest. Mr. Smith used marijuana for the first time at age seventeen, started using alcohol at nineteen and now indicates that heroin is his primary choice of drug. He admits sharing needles to get high and selling his personal belongings to support his addiction. Mr. Smith explains

he has detoxed ten times: the last time was four years ago.

Two days later, Ms. Buffalo interviewed MDC's second treatment referral, a twenty-five year old, homeless, African-American male, who we will call Mr. Brown. Homeless for the last six months, he is separated from his wife and three year old son. He has attended a year of college. Mr. Brown began drinking alcohol at age seventeen, used marijuana at nineteen, and now blends marijuana with heroin. A week after his interview with Ms. Buffalo, Mr. Brown stands before

Judge Ellen Coin as one of the first defendants in Manhattan to formally request judicial diversion.

Both defendants were arrested on Class B felonies, would have been very unlikely candidates for treatment programs twenty years ago, instead facing incarceration.

In May 1973, Governor Nelson Rockefeller passed tough anti-drug legislation, collectively known as the "Rockefeller Drug Laws," in response to the growing drug epidemic in New York State that began in the late



Intro to Manhattan Diversion Court (MDC)

1960s. Between 1970 and 1980 the state prison population double and then tripled between 1980 and 1990. The NYS prison operating budget nearly doubled.

In April of 2009, the New York State legislature approved a repeal of much of the Rockefeller Drug Laws and gave judges discretion to divert certain non-violent felons to treatment as an alternative to prison.

Along with similar Courts throughout the City and the State, the Unified Court System opened three new Judicial Diversion parts in Manhattan in October of 2009. The Manhattan Diversion Court (MDC) Part 92, Part 73 and Part N —where Mr. Smith’s and Mr. Brown’s cases are heard— are supreme court

parts that offer treatment to felony offenders, who face non-violent crimes and abuse drugs.

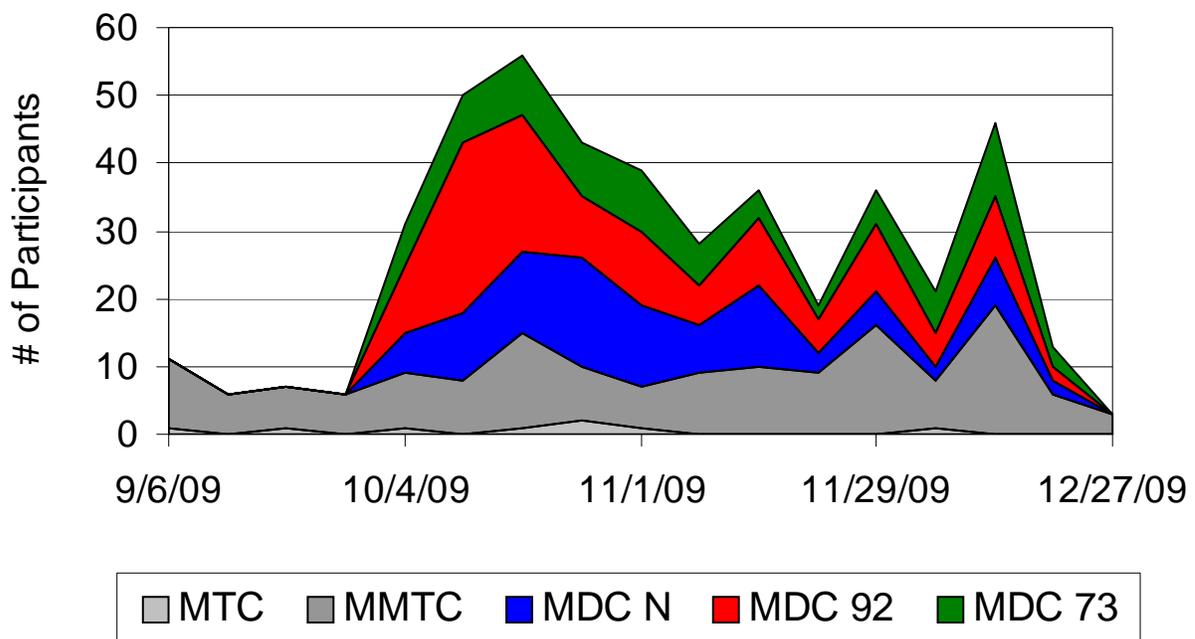
Soon after opening, all three courts experienced a large volume of new cases. In the first week, twenty-three (23) defendants were referred to MDC for treatment. By the end of 2009, 302 defendants were referred to MDC. Of the 302 offenders referred to MDC, sixty-nine (69) (23%) have pled guilty and opted for treatment. And of the 233 that did not plead guilty, sixteen (16) (7%) refused to participate. Data illustrate that in just three months, MDC had more referrals and pleas than three other existing and fully operational drug parts in the city.

National studies and statistics

confirm that drug treatment court works! Such initiatives reduce costs, recidivism rates, and does rehabilitate addicts into drug-free, law abiding, tax-paying citizens when treatment is used appropriately.

Sherry Haynes, MDC Resource Coordinator I, assigned to the MDC parts and familiar with all the cases. Ms. Haynes expresses, “The judges are proficient at selecting defendants who are fit for treatment when all the facts are presented to them. When the defendants appear in MDC court for the first time, many look downtrodden. For those who truly decide to take advantage of MDC’s opportunities, in a few months, you can begin to see the difference.”

Manhattan Drug Court Referrals (9/6/09 - 12/27/09)





Word-for-Word*

Q & A

What is your opinion on the Rockefeller Drug Reform of 2009?



"I believe that the law reform is a crucial step in bringing the clinical and legal worlds closer together."

- Richard Cruz, MTC/MMTC/MDC

"It has added an incredible amount of cases to the caseload."

- Kathleen McDonald, MMTC



"I feel that the Rockefeller Drug Law Reform gives an opportunity to non-violent offenders to change their lives around by giving them treatment and life skills."

- Diane George, QMTC

"This sounds like a very vigorous plan."

- Michael Torres, MBTC



"I feel that it was well needed!"

- Tyrone Obee, STEP/MBTC

"I think with the success of Drug Treatment Courts here and throughout New York State, there has come a new respect for drug treatment as an alternative to incarceration."

- Ellen Burns, SITC/SITCM



Thank you all for your participation! *The opinions of the individuals above do not reflect that of the New York City Drug Court.



Manhattan Misdemeanor Treatment Court





Manhattan Misdemeanor Treatment Court



Honorable Rita Mella

Program Description

Staff

| | |
|---------------------|-------------------------|
| Presiding Judge | Hon. Rita Mella |
| Project Director II | Debra Hall-Martin |
| Project Director I | Kathleen McDonald |
| Case Manager II | Desiree Rivera |
| | Robert Rivera |
| Case Manager I | Darlene Buffalo |
| | Richard Cruz |
| | Lyndon Harding |
| | Darryl Kittel |
| | Darlene Smith |
| Case Technician | Monique Emerson |
| Voc/Ed Case Mgr II | Shannon Castang-Feggins |

Introduction

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

Eligibility and Identification

Defendants eligible for treatment in MMTC must:

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

Exclusions:

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

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

Court Structure

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



Manhattan Misdemeanor Treatment Court

sent of the prosecutor, vacate the plea and dismiss the charges or sentence the participant to a conditional discharge. Those who fail to complete the court mandate typically receive a jail sentence of six months.

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

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

Referrals, Refusals and Pleas

Since restructuring in 2003, 2,531 nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, of which 420 (17%) have taken a plea and opted for treatment. Of the 2,111 who did not plead guilty and agreed to participate, 1,217 (58%) refused to participate and 357 (17%) had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, 52 (12%) are currently in treatment, and 237 (56%) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2009, MMTC made up 5% of all referrals, and 5% 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 10% have pled to a non-drug misdemeanor with 81% pleading to a misdemeanor drug offense.

Graduates and Failures

In the less than eight years that MMTC has been operational, 90 (21%) participants have graduated. The following information is available for MMTC graduates:

- 19% of graduates were either full or part-time employed,
- 29% were receiving governmental assistance
- 39% were receiving Medicaid
- 9% of MMTC participants were in school either full or part-time
- 18% of graduates had received vocational training

Conversely, 237 (56%) participants failed to complete MMTC since its restructuring. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MMTC. Sixty-two percent (62%) of the failures were involuntary. Twenty-one percent (21%) 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 90 graduates is between fifteen and sixteen months. Retention rate includes data for participants who graduated (re-tained), were still open and active in treatment (retained), who failed to complete treatment and were sen-



tenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

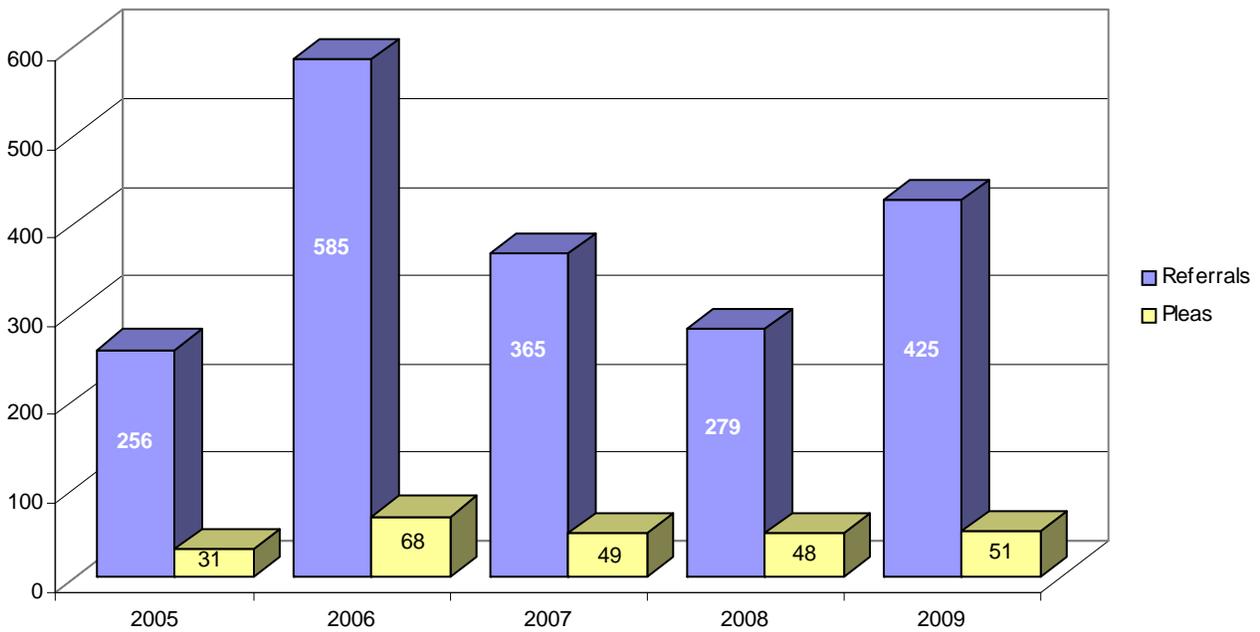
MMTC Operations

On average the MMTC daily caseload for 2009 was 52 cases. Each MMTC case manager typically

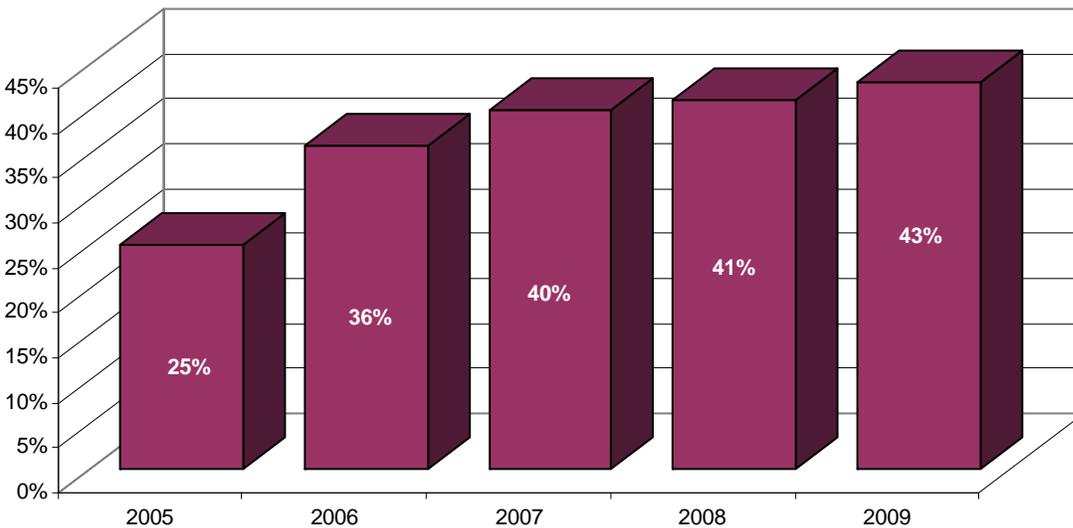
Monitored approximately 5-10 cases.

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)



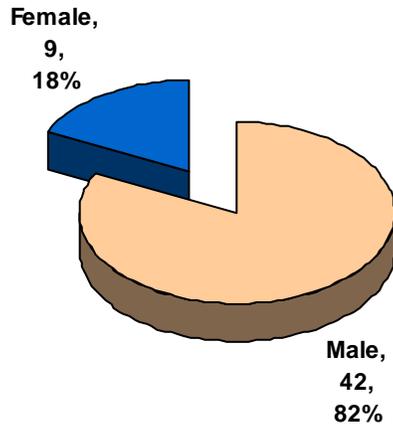
MMTC Retention Rates (Six Months)



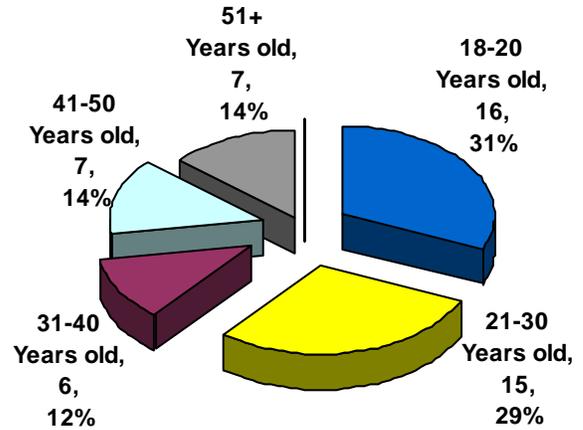


Manhattan Misdemeanor Treatment Court

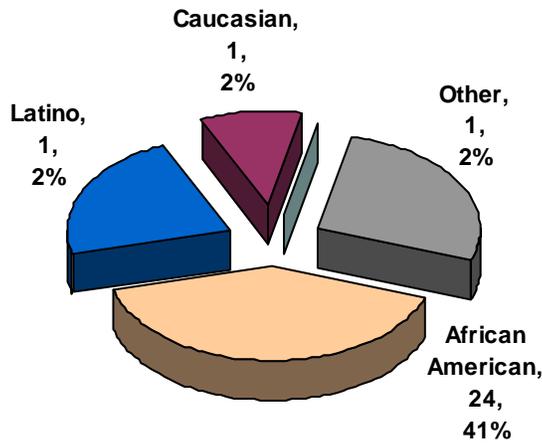
*MMTC - Gender of Participants



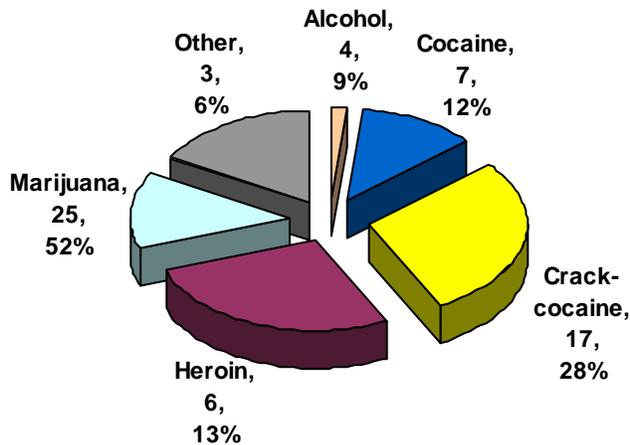
*MMTC - Age of Participants



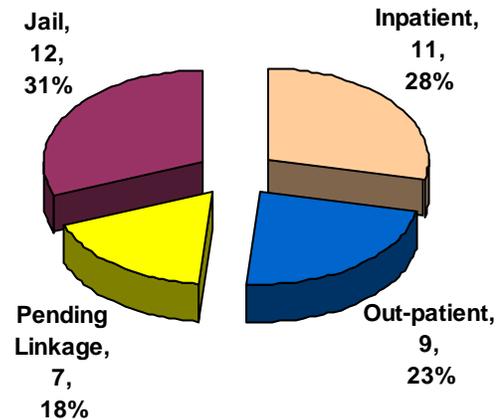
*MMTC - Race/Ethnicity of Participants



*MMTC - Participant's Drug of Choice



*MMTC - Treatment Modalities of Participants



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



Manhattan Treatment Court





Manhattan Treatment Court



Honorable Ellen M. Coin

Program Description

Staff

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

Introduction

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

Eligibility and Identification

Defendants eligible for treatment in MTC must:

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

Exclusions:

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

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



Court Structure

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

Referrals, Refusals and Pleas

Since its inception in 1998, 1,603 nonviolent felony drug offenders have been referred to MTC for assessment, of which 1,213 (76%) have pled guilty

and opted for treatment. Of the 390 defendants who did not take the plea, 83 (21%) refused to participate. Of those who were accepted by MTC and took a plea, 542 (47%) graduated, 141 (36%) are currently in treatment, and 542 (47%) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2009, MTC made up 1% of all referrals, and 4% 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, 542 (45%) participants graduated from MTC. The following information is available for MTC graduates:

- 73% of MTC graduates were either full or part-time employed
- 24% were receiving governmental assistance
- 41% were receiving Medicaid
- 16% of MTC Graduates received a high school diploma or GED while undergoing treatment
- 13% were either in full or part-time school
- 36% of graduates received vocational training

Conversely, 542 (45%) MTC participants failed to complete the court mandate. Eighty-one percent (81%) 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. Nineteen percent (19%) 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 542 graduates was between eighteen and nineteen months. Retention rate includes data for participants who graduated



Manhattan Treatment Court

(retained), were still open and active in treatment (retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

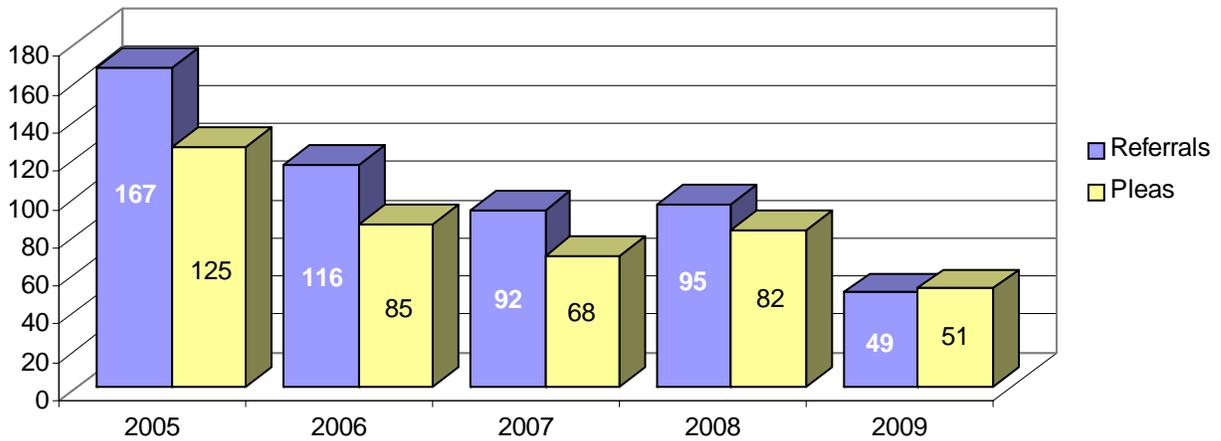
MTC Operations

On average the MTC daily caseload for 2009 was

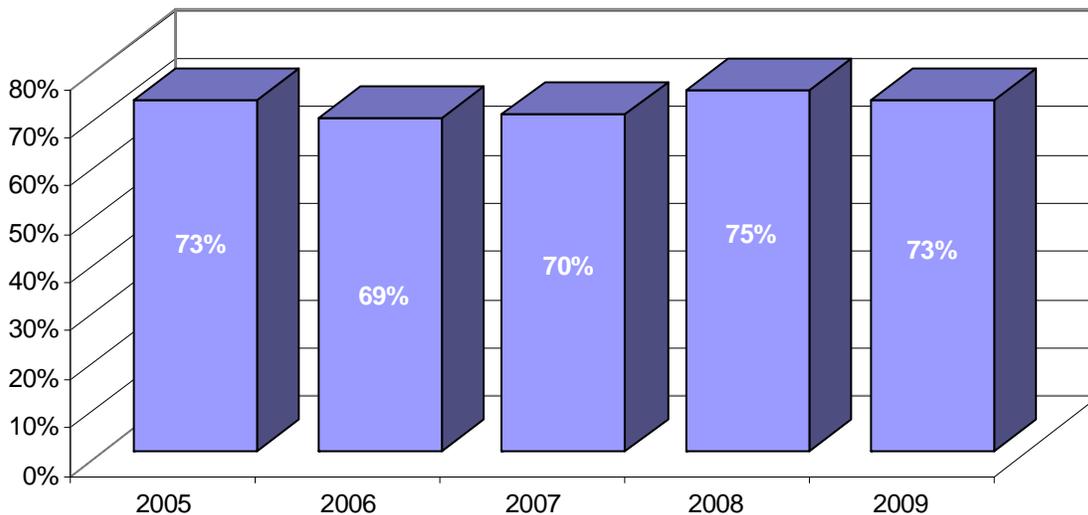
approximately 141 cases. Each MTC case manager typically monitored 30-35 participants. In 2009, the average number of participants out on a warrant was 8.

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

MTC Referrals and Pleas (Calendar Year)

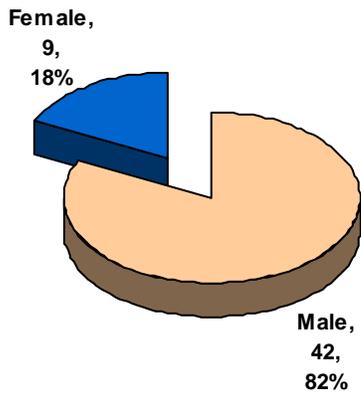


MTC Retention Rates

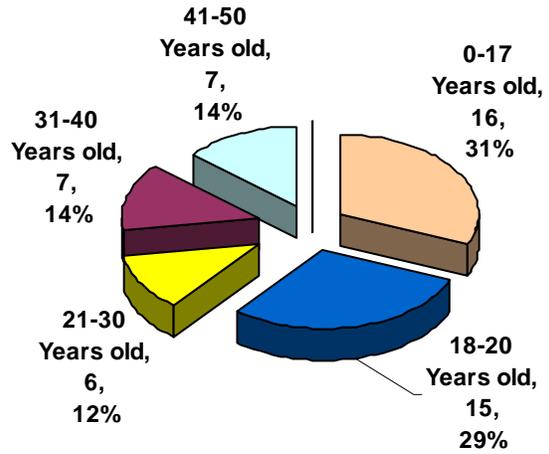




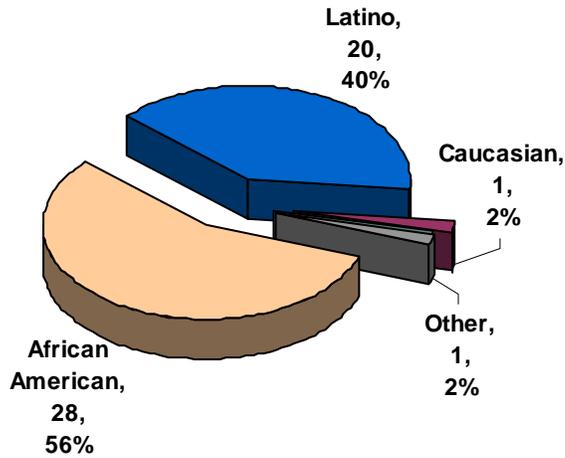
*MTC - Gender of Participants



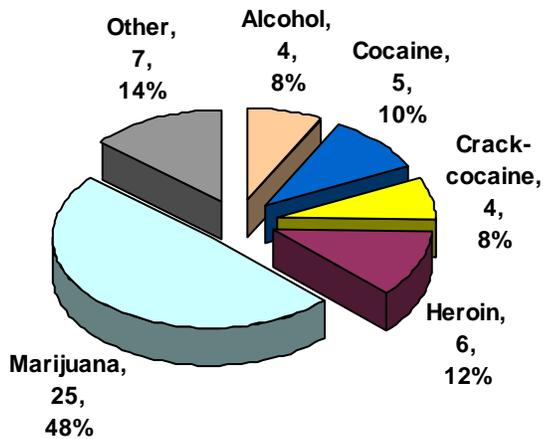
*MTC - Age of Participants



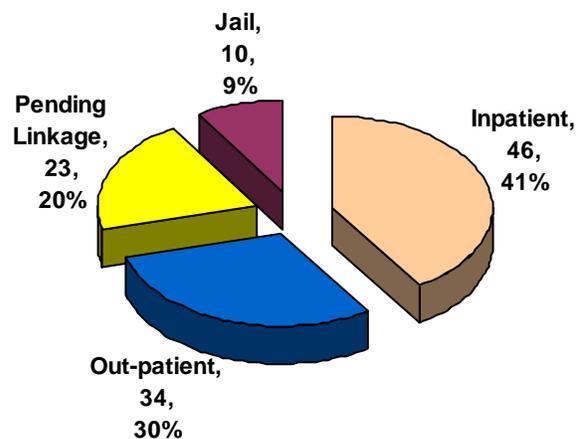
*MTC - Race/Ethnicity of Participant's



*MTC - Participant's Drug of Choice



*MTC - Treatment Modalities of Participant



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



Queens Misdemeanor Treatment Court





Queens Misdemeanor Treatment Court



Honorable Joseph A. Zayas

Program Description

Staff

| | |
|--------------------------|-------------------|
| Presiding Judge | Hon. Joseph Zayas |
| Project Director II | Naima Aiken |
| Resource Coordinator III | Lisa Babb |
| Case Managers I | Jose Figueroa |
| | Diana George |
| | Christina Hardial |

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 implemented with the help of grants from

the federal government's Bureau of Justice Assistance. It is now fully funded by the New York Unified Court System.

Eligibility and Identification

Eligible defendants must:

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

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

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

Court Structure

Defendants accepted into QMTC plead guilty to a misdemeanor charge and the Court defers sentence while the defendant participates in nine to twelve months of treatment. Based on an initial clinical assessment, participants each receive a treatment plan that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training,



Queens Misdemeanor Treatment Court

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 its inception in 2002, 3,001 nonviolent misdemeanor drug offenders have been referred to QMTC for clinical assessment, of which 896 (30%) pled guilty and agreed to participate in treatment. Of the 2,105 who did not plead guilty, 1,051 (50%) refused to participate. Of those who agreed to participate and pled guilty, 435 (48%) graduated, 137 (11%) are currently in treatment, and 320 (36%) failed to complete the court mandate.

Intake, Referral and Participant Data

In calendar year 2009, QMTC made up 6% of all referrals, and 8% of all pleas taken in the Drug Treatment Court Initiative.

Descriptive Data - QMTC Participants

QMTC participants can be charged with misdemeanor drug or non-drug offenses. Breakdown of arraignment charge is about 60% drug and 40% non-drug offenses.

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

Graduates and Failures

435 (48%) participants graduated from QMTC since its inception. The following information is available for QMTC graduates:

- 34% of graduates were employed, either full or part-time
- 74% were receiving governmental assistance
- 87% were receiving Medicaid
- 24% of QMTC graduates were in school, either full or part-time
- 14% participated in vocational training



Conversely, 320 (36%) QMTC participants failed to complete treatment. Fifty-eight percent (58%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in QMTC. Forty-two percent (42%) 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

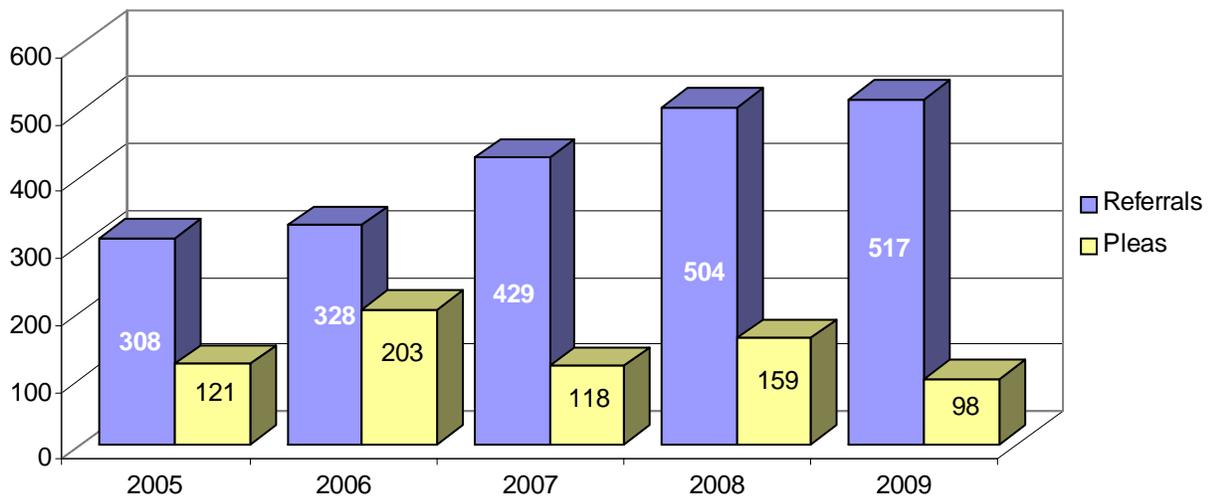
The average length of treatment (based on gradua-

tion date) for QMTC's 435 graduates was eighteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment (not retained), for whom the court issued a bench warrant (not retained).

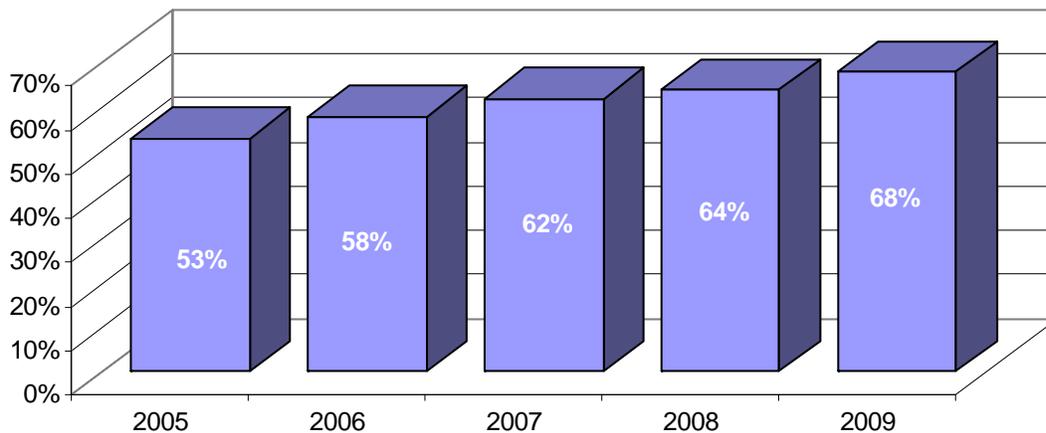
QMTC Operations

On average the daily QMTC caseload for 2009 was 137 cases. Each QMTC case manager typically monitored approximately 35-40 cases. Treatment modality decisions are made by the QMTC case management team under the supervision of the resource coordinator.

QMTC Referrals and Pleas (Calendar Year)



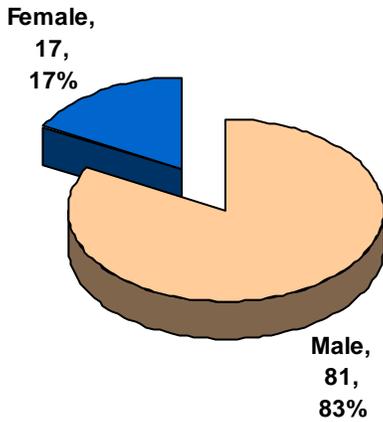
QMTC Retention Rates



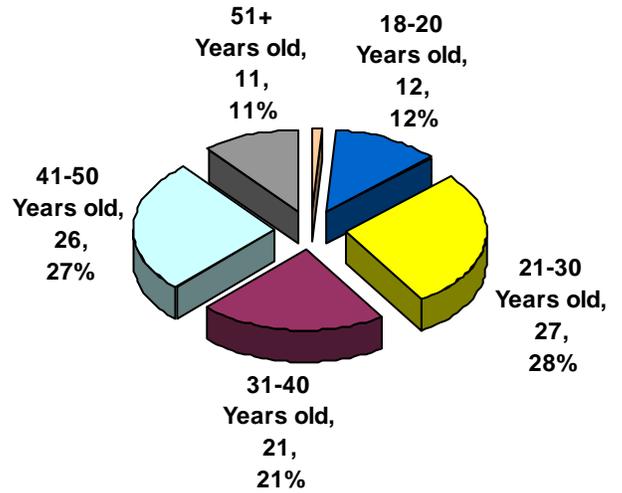


Queens Misdemeanor Treatment Court

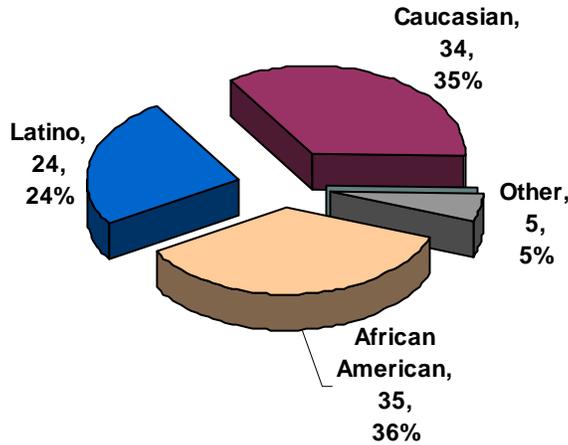
*QMTc - Gender of Participants



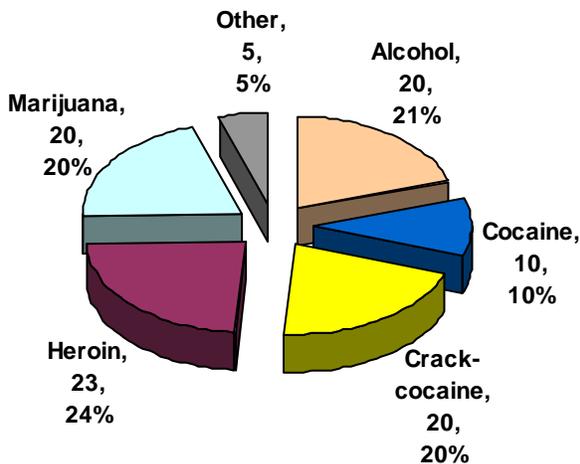
*QMTc - Age of Participants



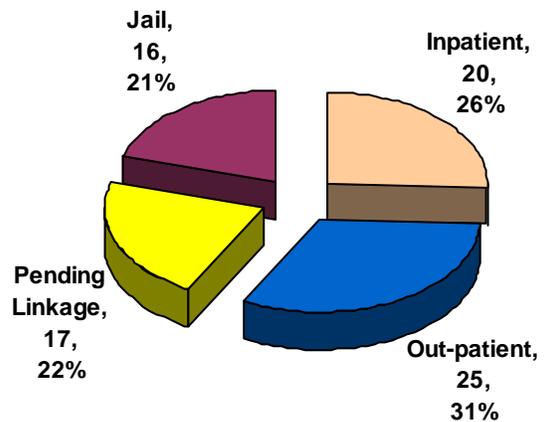
*QMTc - Race/Ethnicity of Participants



*QMTc - Participant's Drug of Choice



*QMTc - Treatment Modalities of Participants



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



Staten Island Treatment Court





Staten Island Treatment Court



Honorable Alan J. Meyer

Program Description

Staff

| | |
|---------------------|-----------------|
| Presiding Judge | Hon. Alan Meyer |
| Project Director II | Ellen Burns |
| Case Technician | Sandra Thompson |

Introduction

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

Funding

SITC is funded by the New York Unified Court System and was implemented with the assistance of a grant from the federal government's Bureau of Justice Assistance.

Eligibility and Identification

Eligible defendants must:

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

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

Court Structure

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



complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, typically one year in jail.

SITC participants must complete twelve to eighteen months of treatment, consisting of three phases of four-month each. TASC assesses the participant in the beginning of Phase One, determining level of addiction and treatment plan, assisting 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, felony participants must abstain from any drug use (including alcohol), be compliant with program rules and regulations, and remain sanctionless for at least four months. While in treatment, participants are held accountable for any infractions they commit. SITC uses a schedule of interim, graduated incentives and sanctions to encourage compliance. The most common infractions include positive or missed urine toxicology tests, arriving late at treatment program, and violations of program rules. Sanctions for these infractions include a thirty-day hold on phase time, increased drug testing, increased treatment and court attendance, curfew, community service hours and/or a referral to a higher level of care (detox, 28-Day Rehabilitation or residential treatment). Sanctions for some infractions may also include jail time. When sanctioned, participants lose any phase time they have accrued.

The Court addresses new arrests at the time they occur and typically imposes an immediate jail-based sanction. The participant is subject to sentence per the original agreement, pending the outcome of the new case.

SITC felony participants generally complete treatment within eighteen months.

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

The SITC Misdemeanor Part began accepting cases in March 2004. SITCM accepts 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.

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. 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.

A total of 435 drug-related cases were accepted into SITC from February 14, 2003 through December 31, 2009 (252 SITCF; 183 SITCM). Of those who entered SITC on non-drug pleas since 2003, 236 participants graduated and 73 failed at the end of 2009.

In 2009, SITC accepted 105 defendants with non-drug offenses (39 SITCF; 66 SITCM). Of those, 30 (14 SITCF; 16 SITCM) graduated; 9 (4 SITCF; 5 SITCM) were expelled and sentenced; and 65 (37 SITCF; 28 SITCM) were still participating.

Referrals, Refusals and Pleas

Since its inception in 2002, 1,157 nonviolent drug offenders have been referred to SITC for clinical assessment, of which 435 (38%) pled guilty and



Staten Island Treatment Court

agreed to participate in treatment. Of the 722 who did not plead guilty, 191 (26%) refused to participate. Of those who were accepted by SITC and pled guilty, 236 (54%) graduated, 158 (36%) are currently in treatment, and 73 (17%) failed to complete their court mandate.

Intake, Referral and Participant Data

In calendar year 2009, SITC made up 3% of all referrals, and 9% of all pleas taken in the Drug Treatment Court Initiative.

Descriptive Data - SITC Participants

Although most participants are felony drug offenders, SITC does accept offenders charged with non-violent, drug-related felonies. Defendants with misdemeanor drug and drug-related charges have been eligible to participate since 2004, and currently represent approximately 33% of SITC's population.

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

Graduates and Failures

236 (54%) participants graduated from SITC since its inception. The following information is available for SITC graduates:

- 34% of graduates were employed, either full or part-time
- 13% were receiving governmental assistance
- 45% were receiving Medicaid
- 27% of SITC participants were in school, either full or part-time
- 14% of SITC graduates participated in vocational training

Conversely, 73 (17%) participants have failed to complete treatment. Thirty percent (30%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for

continuing in SITC. The other 70% of failures were voluntary, meaning that the participant opted out of SITC and elected to serve the jail sentence.

Length of Stay/Retention Rates

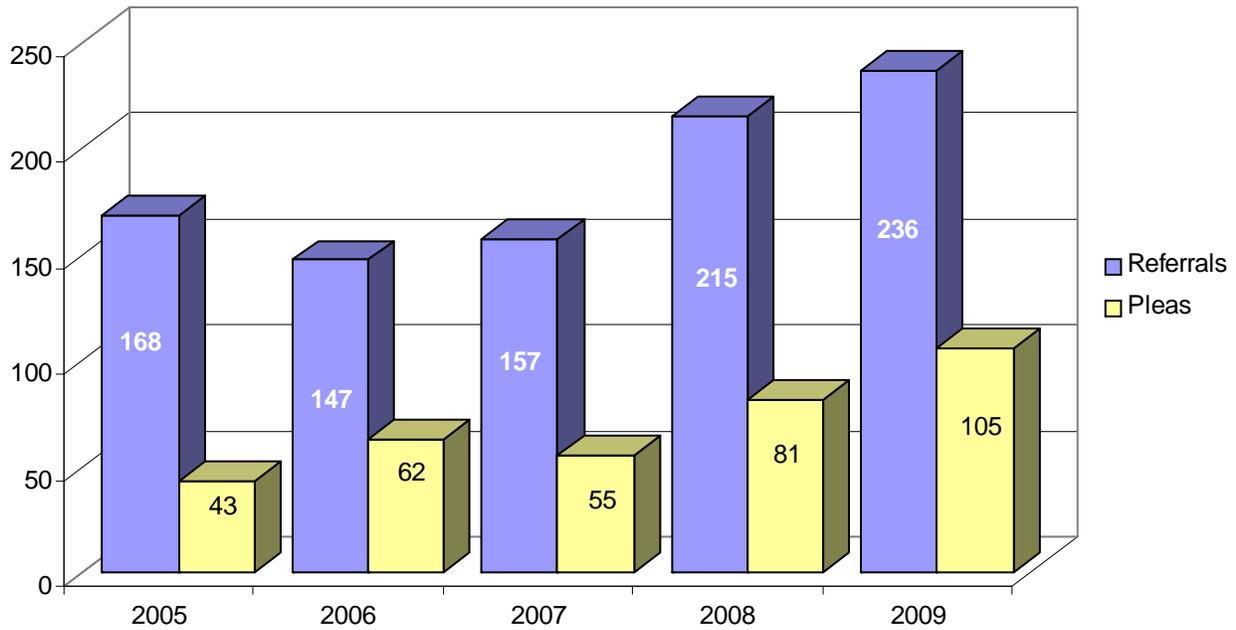
The average length of treatment (based on graduation date) for SITC's 237 graduates was eighteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment (not retained), and who warranted (not retained), one year prior to the analysis date.

SITC Operations

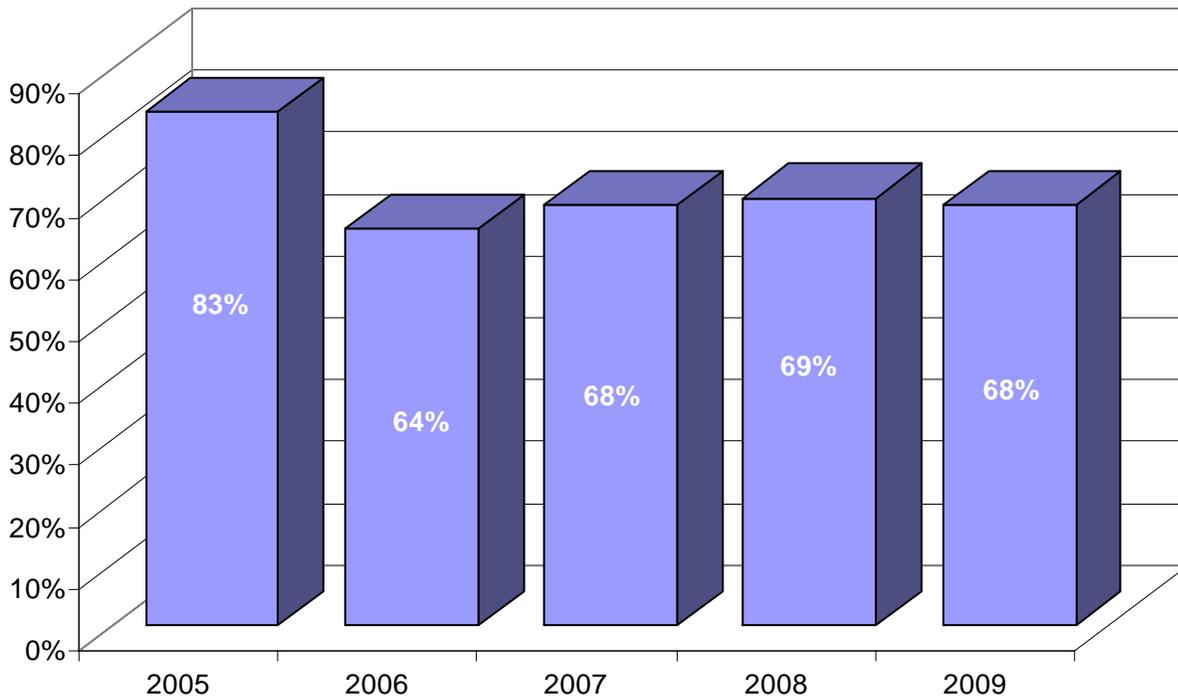
SITC, on a daily basis, handles an average of 158 cases. TASC is responsible for monitoring SITC participants and, at present, has devoted case managers to SITC each of whom work only part time on SITC cases. Treatment modality decisions are based on the initial TASC assessment but are subject to change based upon the participant's performance throughout the program.



SITC Referrals and Pleas (Calendar Year)

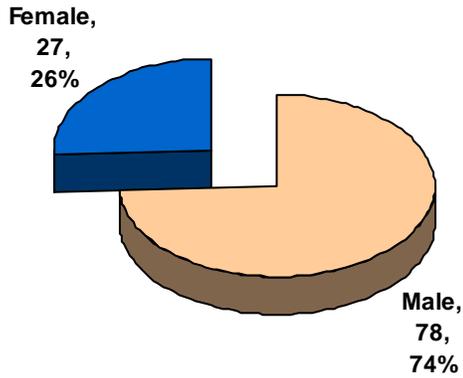


SITC Retention Rates (One Year)

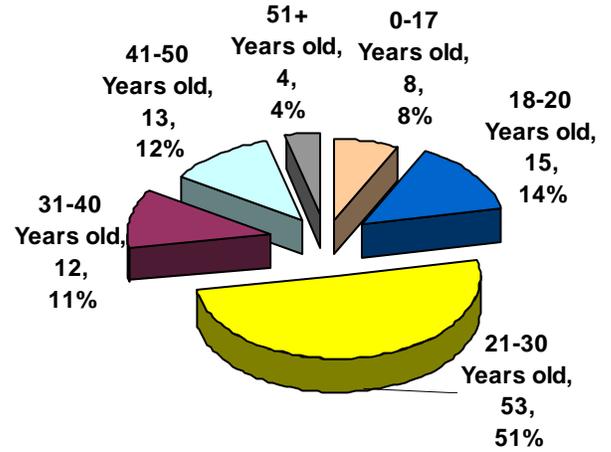




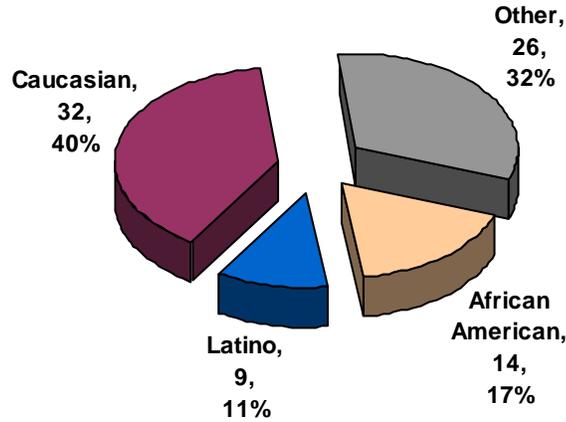
***SITC - Gender of Participants**



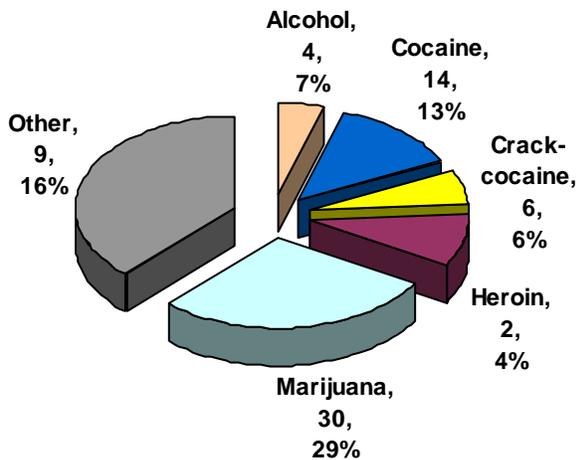
***SITC - Age of Participants**



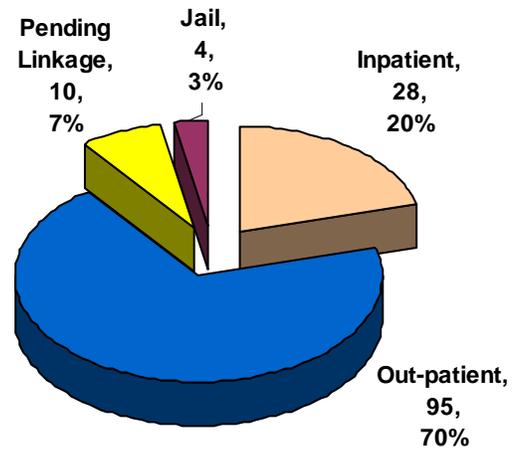
***SITC - Race/Ethnicity of Participants**



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



***SITC - Treatment Modalities of Participants**



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



2009 STATISTICAL SUMMARY

| ARRAIGNMENT CHARGE | ↑= Increase from last year | | | | ↓= Decrease from last year | | Totals |
|-----------------------------|----------------------------|------|------|------|----------------------------|-------|--------|
| | MBTC | MMTC | MTC | QMTC | SITC | STEP | |
| MISDEMEANOR DRUG | 114↑ | 48↑ | - | 47↓ | 41↑ | 1 | 251 |
| MISDEMEANOR NON-DRUG | 46↑ | 6↓ | - | 31↓ | 4↓ | 1 | 88 |
| FELONY DRUG | 3↑ | 3↑ | 51↓ | - | 50↑ | 107↑ | 214 |
| FELONY NON-DRUG | 5↑ | 2↓ | - | - | 10↑ | 50↓ | 67 |
| VIOLATION DRUG | - | - | - | 6↑ | - | 2↑ | 8 |
| MISSING | 18↑ | - | - | 14↑ | - | 9↑ | 41 |
| | 186↑ | 59↑ | 51↓ | 98↓ | 105↑ | 170↑ | 669 |
| GENDER | | | | | | | |
| MALES | 130↑ | 52↑ | 42↓ | 81↓ | 78↑ | 147↑ | 530 |
| FEMALES | 56↑ | 7↑ | 9↓ | 17↓ | 27↑ | 23↑ | 139 |
| | 186↑ | 59↑ | 51↓ | 98↓ | 105↑ | 170↑ | 669 |
| AGE | | | | | | | |
| -18 | 3↑ | - | 4↑ | - | 3↑ | 14↓ | 26 |
| 19-20 | 2↑ | 1↑ | 16↑ | 5↑ | 8↑ | 29↓ | 79 |
| 21-30 | 20↑ | 9↑ | 15↑ | 27↑ | 53↑ | 39↑ | 163 |
| 31-40 | 44↑ | 13↑ | 6↑ | 21↓ | 12↓ | 34↑ | 130 |
| 41-50 | 94↑ | 23↑ | 7↓ | 26↓ | 13↓ | 41↑ | 204 |
| 51+ | 23↓ | 14↓ | 7↓ | 11↓ | 4↓ | 8↓ | 67 |
| | 186↑ | 59↑ | 51↓ | 98↓ | 105↑ | 170↑ | 669 |
| RACE | | | | | | | |
| AFRICAN AMERICAN | 106↑ | 24↑ | 29↓ | 59↑ | 20↓ | 77↑ | 281 |
| LATINO | 28 | 13↑ | 20↓ | - | 77↑ | 37↓ | 175 |
| CAUCASIAN | 13↑ | 6 | 1↓ | 34↓ | - | 11↓ | 65 |
| OTHER | 39↑ | 16↑ | 1↑ | 5↑ | 8↑ | 45↑ | 39 |
| | 186↑ | 59↑ | 51↓ | 98↓ | 105↑ | 170↑ | 669 |
| DRUG OF CHOICE | | | | | | | |
| ALCOHOL | 9↓ | 1↓ | 4↑ | 20↑ | 5↑ | 5↓ | 44 |
| COCAINE | 23↑ | 7↑ | 5↑ | 10↓ | 14↑ | 11 | 70 |
| CRACK | 55↑ | 17↑ | 4↓ | 20↓ | 6↓ | 14↓ | 116 |
| HEROIN | 42↑ | 16↑ | 6↓ | 23↓ | 10↑ | 16↓ | 113 |
| MARIJUANA | 15↑ | 8↑ | 25↓ | 20↓ | 30↓ | 77↑ | 175 |
| OTHER | 2↓ | - | 3↓ | 3↓ | 40↑ | 4↓ | 52 |
| MISSING | 40↑ | 10↑ | 4↑ | 2↑ | - | 43↑ | 99 |
| | 186↑ | 59↑ | 51↓ | 98↓ | 105↑ | 170↑ | 669 |
| INCEPTION - 12/31/09 | | | | | | | |
| REFERRALS | 12779 | 2531 | 1603 | 3001 | 1157 | 11084 | 32155 |
| PLEAS | 1489 | 420 | 1213 | 896 | 435 | 1402 | 5855 |
| REFUSED | 6071 | 1217 | 83 | 1051 | 191 | 3012 | 11625 |
| CRIMINAL HISTORY | 667 | 357 | 21 | 122 | 37 | 1218 | 2047 |
| GRADS | 837 | 90 | 542 | 435 | 236 | 896 | 2866 |
| FAILED | 837 | 237 | 542 | 320 | 73 | 493 | 2502 |
| VOLUNTARY | 336 | 89 | 104 | 133 | 51 | 80 | 793 |
| INVOLUNTARY | 501 | 148 | 438 | 187 | 22 | 413 | 1709 |
| 1/31/09 - 12/31/09 | | | | | | | |
| REFERRALS | 2526 | 452 | 49 | 517 | 236 | 1721 | 5474 |
| PLEAS | 186 | 59 | 51 | 98 | 105 | 170 | 669 |
| REFUSED | 1372 | 256 | 4 | 180 | 21 | 642 | 2475 |
| CRIMINAL HISTORY | 4 | 29 | - | 18 | 9 | 115 | 175 |
| GRADS | 95 | 10 | 51 | 92 | 25 | 96 | 97 |
| FAILED | 52 | 19 | 3 | 15 | 4 | 20 | 113 |
| VOLUNTARY | 25 | 3 | 1 | 4 | 2 | 5 | 40 |
| INVOLUNTARY | 27 | 16 | 2 | 11 | 2 | 15 | 73 |
| AVG. CASELOADS | | | | | | | |
| | 114 | 52 | 141 | 137 | 158 | 159 | |
| RETENTION RATES (%) | | | | | | | |
| | 55 | 43 | 73 | 68 | 68 | 59 | |
| INCEPTION GRADUATES | | | | | | | |
| EMPLOYED (FULL OR PART) | 61 | 17 | 399 | 150 | 148 | 178 | 953 |
| GOV'T ASSISTANCE | 150 | 26 | 131 | 323 | 55 | 179 | 864 |
| MEDICAID | 183 | 35 | 221 | 377 | 107 | 505 | 1428 |
| IN SCHOOL (FULL OR PART) | 57 | 8 | 71 | 104 | 65 | 262 | 567 |
| VOCATIONAL TRAINING | 62 | 16 | 195 | 61 | 32 | 184 | 550 |



www.nycourts.gov/nycdrugcourt

The screenshot shows the website for the New York City Criminal Court Drug Court Initiative. The main header reads "NEW YORK CITY CRIMINAL COURT: DRUG COURT INITIATIVE". A navigation sidebar on the left lists drug courts by borough: Brooklyn (FELONY (STEP), MISDEMEANOR (MBTC)), Manhattan (FELONY (MTC), MISDEMEANOR (MMTC)), Queens (MISDEMEANOR (QMT)), and Staten Island (FELONY (SITC)). The main content area features a "Welcome to NYC Drug Court" message, a "View Drug Court Video" link (9:5 minutes), a "Text Transcript" link, and a photo of a court session with a sign that reads "MISDEMEANOR BROOKLYN TREATMENT COURT". A right-hand sidebar shows the date "August 3, 2010 9:57 AM", a "Drug Court Graduates' Corner" link, a "Drug Courts 2008 Annual Report" link, and an "ANNOUNCEMENTS" section listing: "06/18/10 MBTC Dismissal Ceremony", "06/11/10 STEP Dismissal Ceremony", and "06/04/10 MTC Dismissal Ceremony" with "Office Open: 9:00am - 12:30am". A vertical sidebar on the far right lists site navigation options: HOME, COURTS, LITIGANTS, ATTORNEYS, JURORS, JUDGES, CAREERS, and SEARCH.

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

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