

Policy and Procedures Manual

Misdemeanor Brooklyn Treatment Court

Misdemeanor Brooklyn Treatment Court
Criminal Court of the City of New York
120 Schermerhorn Street
Brooklyn, NY 11201

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MISSION STATEMENT

The mission of the Misdemeanor Brooklyn Treatment Court is to break the cycle of drugs, crime and incarceration for substance-abusing repeat misdemeanor offenders, improving their quality of life and reducing the incidence of drug-related crime on the streets and homes of Brooklyn. The Misdemeanor Brooklyn Treatment Court will mandate offenders to appropriate treatment; employ intensive judicial supervision and rigorous case management; utilize a system of graduated sanctions and rewards; and assist with educational, vocational and medical needs. Through a partnership consisting of the judge, prosecutor, defense bar, clinical staff and community-based treatment providers, the Misdemeanor Brooklyn Treatment Court will use its authority to instill a respect for the law and community and help participants reestablish a life without drugs.

INTRODUCTION

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

Overview

The screening process begins with a paper screening at arraignments where the court clerks identify all defendants who are charged with a designated misdemeanor offense; have twelve or more convictions and/or is on Probation or Parole; and have no prior violent convictions or pending violent charges. The Arraignment Part adjourns all "paper eligible" cases to MBTC for the next business day. There the District Attorney reviews the charges for preliminary consent to a treatment alternative; defendant completes a drug test and is assessed by clinical staff designated by the Court. Upon completion of the assessment, treatment plan and a court mandate, eligible defendants are offered the opportunity to plead guilty and have their sentence deferred until they complete the Court's treatment mandate. The final stage of the process involves intensive judicial monitoring by the Court as the defendant progresses through the treatment mandate. Successful participants have their pleas vacated and charges dismissed; those who fail to complete the court mandate are sentenced to a period of incarceration.

Preliminary Eligibility Criteria

1. Defendant must be charged with a non-violent class "A" misdemeanor; **and**
2. Defendant must have 12 or more felony and/or misdemeanor convictions
AND/OR
Defendant must be on Probation or Parole; **and**
3. Defendant must have no violent felony convictions
AND
Defendant must have no arson or sex crime convictions

Note: Defendants will sign a Consent to MBTC Interview at arraignments. Releases of Confidentiality will be executed the next day.

Intake

Cases adjourned to MBTC are evaluated by the District Attorney's Office and assessed for substance abuse treatment by a case manager or probation officer. The case manager or probation officer conducts a detailed psychosocial assessment using the Universal Treatment Application and administer a toxicology screen. If the District Attorney consents and the defendant is eligible for treatment, an offer is made. The defendant will typically be required to plead guilty to a class "A" misdemeanor and the Court defers sentence pending successful completion of a treatment program. If the defendant completes the court mandate, the court will allow her to withdraw her plea of guilty and the charges are dismissed. If the defendant does not complete the court's mandate a jail sentence is imposed.

Case Management

If a defendant pleads guilty and agrees to participate, the case manager will make the necessary referrals and placement to treatment and help the Court monitor treatment progress. Probation officers will also assess potential participants and make the necessary referrals and placements. The probation officer will have the additional capability of making visits to a participant's home or place of business to interview the defendant, his family and/or friends, conduct field toxicology tests and conduct curfew checks, allowing the court greater insight into the offender's home life, history and treatment needs.

Treatment Providers

MBTC has created linkages with approximately 45 community based treatment providers who will be accepting referrals from our case management staff. These providers include detox services, short term rehabilitation, outpatient and long term residential programs. Education and vocational training will be part of the Court's graduation requirements.

Treatment Modalities

MBTC case management staff will make treatment recommendations according to the individual needs of defendant. Treatment might consist of detox, short-term rehabilitation, out-patient or residential programs or a combination of treatment modalities.

Length of Treatment

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

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BROOKLYN TREATMENT PARTS

APD at 360 Adams Street

First Felony Offenders

- First Felony *Drug Offenders** 19 years of age and older

Predicate Felony Offenders

- Female Predicate *Drug Offenders** from the Blue, Grey & Orange Zones

STEP at 120 Schermerhorn Street

First Felony Offenders

- First Felony *Drug Offenders** or under 19 years of age
- First Felony *Marijuana Offenders***

Predicate Felony Offenders

- Male Predicate Felony *Drug Offenders**
- Female Predicate *Drug Offenders** from the Red and Green Zones

Non-Drug Offenses

- Any offender charged with following designated non-drug felonies:
 - ▶ PL§145 Criminal Mischief
 - ▶ PL§155 Grand Larceny
 - ▶ PL§165 Theft Offenses
 - ▶ PL§170 Forgery
 - ▶ PL§140.20 Burglary

The following definitions and criteria apply to both APD and STEP:

* Drug Offenders – includes anyone charged with any felony drug offense (PL§220) except PL§§220.18, 220.21, 220.41 and 220.43

** Marijuana Offenders – includes anyone charged with PL §§ 221.20, 221.25, 221.30, 221.45, 221.50 and 221.55

Eligible Offenders must have:

- 1. No prior violent felony convictions**
- 2. No pending violent felony charges**

MBTC at 120 Schermerhorn Street

Case must meet the following criteria:

1. Nonviolent class A misdemeanor
2. Defendant:
 - a. has 12 or more felony and/or misdemeanor convictions
AND/OR
 - b. is on probation or parole
3. Defendant must have:
 - a. no violent felony convictions
AND
 - b. no arson or sex crime convictions

Ineligible Charges –

Violent Misdemeanors Include:

§120.00 Assault 3°
§120.15 Menacing 3°
§120.20 Reckless Endangerment
§120.45 Stalking 3°
§130.20 Sexual Misconduct
§130.60 Sexual Abuse 2°
§135.05 Unlawful Imprisonment 2°
§205.05 Escape 3°
§215.50 Criminal Contempt 2°
§240.30 Aggravated Harassment 2°
§260.10 Endangering the Welfare of a Child
** Note: The charges listed above are examples of ineligible charges and are not meant to be all inclusive

SCREENING PROTOCOL

Arraignment Clerk

Pre-arraignment

1. Review Complaint and Rap Sheet using appropriate eligibility criteria to determine eligible charges and criminal history.
2. If eligible, mark the following with appropriate stamp (i.e., STEP eligible, BTC eligible, MBTC eligible):
 - Court papers
 - blue or yellow back and
 - covering manilla folder
 - Defense attorney's copy of the complaint
 - District Attorney's folder
3. Attach *Consent to Participate in Court Monitored Substance Abuse Treatment Assessment* to defense attorney's papers.

Post-arraignment

4. Enter Treatment Eligible defendant's name and information on appropriate "Hot Sheet" for early production on the next business day.
5. Place papers in the appropriate baskets for distribution to the treatment parts.

Associate Clerk

Pre-arraignment

6. Associate clerk is responsible for properly supervising arraignment staff and ensuring all Treatment Eligible cases are properly marked

Post-arraignment

7. Associate clerk is responsible for ensuring that all defendants are on appropriate "Hot Sheet" and that Treatment Eligible cases are placed in appropriate baskets.

Court Officer (Arraignments)

8. When distributing court papers notify defense attorney of Treatment Eligible cases
9. Ask defense attorney to submit *Consent to Participate in Court Monitored Substance Abuse Treatment Assessment* with *Notice of Appearance*. (Case should not be called without completed *Consent* attached to court paper's, unless defense attorney indicates that he has discussed the *Consent* with defendant and he has refused to sign the form. Case should be adjourned to appropriate treatment part even if defendant refuses to sign *Consent*)
10. If case is appropriately marked, when calling case into the record Bridge Officer should state one of the following: "Defendant is STEP eligible," "Defendant is BTC eligible," or "Defendant is MBTC eligible."
11. Ensure that all treatment cases are adjourned for the next business day.

*Note: Once papers have been marked STEP eligible, BTC eligible or MBTC eligible, the case **must** be adjourned to the marked treatment part. (Only the judge, in his/her discretion, may adjourn the case to an alternate part. Refusal by defendant or the district attorney should not prevent the case from being adjourned to the marked treatment part).*

MBTC/STEP Clerk

12. Retrieve yesterday's court papers from fifth floor and deliver to Resource Coordinator in courtroom for initialization into the Universal Treatment Application (UTA).
13. Obtain list of D.A. ineligible and otherwise ineligible defendants from resource coordinator for early adjournment to appropriate AP part.
14. Obtain list of "No addiction" defendants from resource coordinator for adjournment to appropriate AP part
15. Obtain list of eligible and "plea ready" defendants from resource coordinator and, if necessary, notify defense counsel that case is ready

Resource Coordinator

Pre-Assessment

16. Initialize case into the UTA.
17. Contact Assistant District Attorney for new defendant's eligibility status and plea bargain offers.
18. Close out D.A. ineligible cases in the UTA.
19. Assign clinical assessments of new cases to case assessor/manager, TASC Representative or probation officer (case manager) using established procedures. Ensure that all custodial candidates are assigned a gender appropriate case manager
20. Inform Lab Technician of the names of all eligible candidates and their case manger.

Post-Assessment

21. Edit and finalize treatment plan, confirm treatment plan on UTA and publish it electronically and print out treatment plan/recommendation from UTA and distribute to judge, assistant district attorney and defense counsel.
22. Notify part clerk that treatment plan has been prepared and distributed.
23. Remain available for conference with judge, assistant district attorney and defense counsel concerning plea bargain offer and treatment plan

For candidates accepting treatment offer

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

For candidates refusing treatment offer

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

Lab Technician

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

Released Candidates

34. For gender appropriate candidates, obtain monitored urine sample
35. For candidates of the opposite gender, notify on-call gender appropriate staff member to obtain monitored urine sample.
36. Check temperature and, upon suspicion, creatinine levels of each sample to safeguard against candidate tampering.
37. Perform toxicology screen using Roche immunoassay test equipment per manufacturer's guidelines.
38. Enter toxicology results in the UTA
39. Report results to case manager and resource coordinator.

Candidates in Custody

40. Distribute Roche test equipment marked with candidates name to assigned case manager. Ensure case manager is gender appropriate.
41. Note validity of each returned test cup.
42. When test equipment is returned, ensure that case manager noted the temperature and quality of sample. Check creatinine levels, if warranted.
43. Ensure that client confirmation mark is present on test cup label.
44. Enter toxicology results in the UTA.
45. Report results to resource coordinator.

Case Manager

46. Obtain list of day's assigned candidates

Released Candidates

47. Conduct psychosocial assessment

48. Obtain toxicology results from lab technician

Custodial Candidates

50. Check that candidate is gender appropriate.

51. Obtain test equipment with appropriate name from lab technician

52. Take custodial intake packet and test equipment to pens on 9th floor.

53. Conduct psychosocial assessment

54. Upon completion of psychosocial assessment, if the candidate is otherwise appropriate, obtain monitored urine sample.

55. Perform toxicology screen using Roche immunoassay test equipment per manufacturer's guidelines.

56. Note test validity and sample temperature on assessment.

57. Immediately note results on assessment

58. Note any suspicions concerning sample and report them to clinical director and lab technician

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

All Candidates

60. Verify identifications, community ties and medical and psychiatric information

61. Report eligibility status to resource coordinator

62. Submit Treatment Plan to resource coordinator

Revised 01/06/03

MBTC CLINICAL STAFF

Clinical Director

Management Analyst JG-25

Typical Background:

- advanced degree (MSW, MPA, JD)
- clinical (substance abuse treatment) and/or court experience

Responsibilities Include:

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

Resource Coordinator

Senior Court Analyst JG-21

Typical Background:

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

Responsibilities Include:

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

**Senior Case Manager/Assessor
Court Analyst JG-18**

Typical Background:

- clinical (substance abuse treatment) background
- CASAC
- bachelor's degree

Responsibilities include:

- includes all of **case manager's** responsibilities; and
- acts as backup **resource coordinator**;
- assists case managers, as needed, in areas of psycho-social assessment, treatment planning and monitoring

**Case Manager/Assessor
Assistant Court Analyst JG-16**

Typical Background:

- clinical (substance abuse treatment) background
- CASAC
- some higher education

Responsibilities include:

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

**Junior Case Manager/Assessor
Junior Court Analyst JG-12**

Typical Background:

- some clinical (substance abuse treatment) background

Responsibilities include:

- all of **case manager's** responsibilities but
- expected to need greater level of supervision and assistance from supervisor and senior case management staff

Lab Technician

Junior Court Analyst JG-12

STEP/MBTC

MTC

Typical Background:

- some clinical or clerical experience

Responsibilities include:

- conducts toxicology screens of drug court participants;
- conducts intake of treatment center participants
- assists with data entry in UTA
- acts as office manager

CONFIDENTIALITY – THE LAW

Statute

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

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

Section 290dd-2 (a).

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

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

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

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

The statute contains a section specifically addressing the use of such records in criminal proceedings:

Except as authorized by a court order granted under subsection (b)(2)(C) of this

section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

§ 290dd-2(c).

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

Subsection (g) specifically provides for regulations to carry out the purposes of the statute, including “procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section.” (290dd-2(g)).

Regulations - 42 CFR 2.1 et seq.

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

2.3 Purpose and Effect

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

2.4 Criminal Penalty

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

2.11 Definitions

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

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

2.12 Applicability

(a) General -

(1) Restrictions on disclosure. The restrictions on disclosure in these regulations apply to

any information, whether or not recorded, which:

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

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

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

(b) Federal assistance.

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

(c) Exceptions

...

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

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

(d) Applicability to recipients of information

(1) Restriction on the use of information -- The restriction on the use of any information subject to these regulations to initiate or substantiate any criminal charges against a patient

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

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

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

2.13 Confidentiality Restrictions

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

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

2.17 Undercover agents and informants

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

2.20 Relationship to State Laws

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

2.22 Notice to patients of Federal confidentiality requirements

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

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

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

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

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

2.31 Form of written consent

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

2.32 Prohibition on redisclosure

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

2.35 Disclosures to elements of the criminal justice system which have referred patients

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

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

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

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

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

2.61 Legal Effect of Order

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

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

2.62 Order not applicable to records disclosed without content to researchers.

auditors, and evaluators.

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

2.63 Confidential communications

A court order may authorize disclosure of confidential communications made by a patient to a program only if: the disclosure is necessary to protect against an existing threat to life or of seriously bodily injury, including circumstances which constitute suspected child abuse and neglect and verbal threats against third parties;

The disclosure is necessary in connection with investigation or prosecution of an extremely serious crime, such as one which directly threatens loss of life or serious bodily injury, including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, or child abuse and neglect; or

The disclosure is in connection with litigation or an administrative proceeding in which the patient offers testimony or other evidence pertaining to the content of the confidential communications.

2.64 Procedures and criteria for orders authorizing disclosures for noncriminal purposes

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

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

2.65 Procedures and Criteria for orders authorizing disclosure and use of records to criminally investigate or prosecute patients

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

(b) Notice and hearing. Unless an order under 2.66 is sought with an order under this section (investigation of the program or person holding the records), the person holding the records must be given adequate notice of an application by a person performing a law

enforcement function; an opportunity to appear and be heard for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order; an opportunity to be represented by counsel independent of counsel for an applicant who is a person performing a law enforcement function.

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

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

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

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

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

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

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

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

2.67 Orders authorizing the use of undercover agents and informants to criminally investigate employees or agents of a program

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

of the program are engaged in criminal misconduct.

(e) No information obtained by an undercover agent may be used to criminally investigate or prosecute any patient or as the basis for an application for an order under 2.65 of these regulations.¹

CONFIDENTIALITY – HIPAA

¹New York's Mental Hygiene Law

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

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

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

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

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

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

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

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

Protected health information is defined in the regulations as information relating to the past, present or future health condition of an individual that identifies or can be used to identify the individual.³ A *covered entity* is defined in the regulations as either (1) a health care provider that engages in certain electronic transactions (such as the electronic transmission of health care claims, health claims attachments, health care payment and remittance advice, and other administrative documents related to the payment of health care costs⁴); (2) a health plan; or (3) a health care clearinghouse.⁵

Although drug treatment courts certainly use or disclose protected health information regularly as part of their operations, New York State's drug treatment courts do not fall under the regulations' definition of a covered entity. First, drug treatment courts are neither

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

² See 65 F.R. 82462, at 82618.

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

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

⁵ 45 C.F.R. § 160.103.

health plans nor health care clearinghouses. Second, although some drug treatment courts may be considered health care providers under HIPAA⁶, New York State's drug treatment courts do not, in any event, currently engage in those specific electronic transactions (see footnote 4) that would make them the type of health care providers that are covered entities under HIPAA. *Accordingly, New York State drug treatment courts are not covered entities under HIPAA.*

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

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

General Provisions of HIPAA's Privacy Regulations

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

- to the individual who is the subject of the protected health information⁷;
- to carry out treatment, payment, or health care operations, if a valid consent has been obtained in accordance with Section 164.506 or, if a consent is not required, pursuant to Section 164.506(a)⁸;
- under an allowed exception (for example, for judicial and administrative proceedings, for law enforcement purposes, for research purposes, or pursuant to a valid subpoena)⁹;
- pursuant to a valid "authorization", if the disclosure is not to carry out treatment,

⁶45 C.F.R. 100.103 defines "health care provider" as "any . . . person or organization who furnishes, bills, or is paid for healthcare in the normal course of business." Some New York State drug treatment courts may be said to furnish healthcare, because 45 C.F.R. § 160.103 defines "health care" as including "assessment . . . with respect to the physical or mental condition, or functional status of an individual".

⁷ 45 C.F.R. 164.502(a).

⁸ 45 C.F.R. 164.502(a), 164.506.

⁹ 45 C.F.R. 164.510, 164.512, 164.514.

payment, or health care operations¹⁰;

- where the protected health information has been “deidentified” in accordance with Section 164.514 (and is, therefore, no longer protected health information)¹¹;
- to a “business associate,” if the covered entity receives satisfactory assurances that the business associate will appropriately safeguard the information¹².

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

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

The regulations also spell out certain “Administrative Requirements” that a covered entity must follow with respect to the safeguarding of health information, namely, (1) that it designate a “privacy official” to be the person responsible for the development and implementation of the policies and procedures of the entity; (2) that it designate a contact person or office to be the person to whom complaints or questions concerning the information contained in the privacy notices will be directed; and (3) that it put in place “appropriate administrative, technical and physical safeguards to protect the privacy of protected information.”¹⁴

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

How HIPAA May Affect New York Drug Courts

¹⁰ 45 C.F.R. 164.502(a).

¹¹ 45 C.F.R. 164.502(d).

¹² Certain third parties who transmit or receive protected health information to or from covered entities may fall under the definition of a “business associate”. Business associates must sign agreements in which they agree to handle such information in compliance with HIPAA’s regulations. 45 C.F.R. 164.502(e).

¹³ 45 C.F.R. 164.502(b)

¹⁴ 45 C.F.R. 164.530.

¹⁵ 45 C.F.R. 160.310.

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

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

The Office of Court Drug Treatment Programs has developed samples of two such "HIPAA orders" that may be used by drug treatment courts to obtain protected health information regarding one or more drug court participants from a treatment or other health care provider when that provider has not yet obtained an appropriate HIPAA consent or authorization from its client(s). The first is a Standing HIPAA Order that, once executed by a particular drug treatment court, could be used to obtain protected health information from any treatment or other health care provider concerning any participant of that drug court. The second is a more limited HIPAA Order, to be used when a Standing HIPAA Order has not been issued and when a drug court requires protected health information concerning a particular participant from a particular treatment or other health care provider. Samples of the two types of orders are attached to this memorandum as Attachments A and B.

Accordingly, drug treatment courts can obtain protected health information from treatment and other health care providers in compliance with HIPAA in any one of the following three ways: (1) by requiring treatment and other health care providers to obtain HIPAA-compliant

¹⁶45 C.F.R. 164.512(e)(1).

¹⁷Any disclosures made by the treatment provider must conform to the Privacy Rule's "minimally necessary" standard, however, and may contain only the protected health information expressly authorized by such order. 45 C.F.R. 164.512(e)(1)(i).

consents or authorizations from their clients; (2) by issuing a Standing HIPAA Order; or (3) by issuing individualized HIPAA Orders on a case-by-case basis.

Continued Applicability of State and Federal Confidentiality Law and Regulations

HIPAA's privacy regulations will not require a change in the operations of drug treatment courts. *Drug treatment courts will continue to comply with current federal and state laws and regulations concerning the confidentiality of substance abuse patient records¹⁸ and must continue to obtain waivers of confidentiality from their participants as current procedures dictate.*

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

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

SAMPLE

¹⁸In addressing the exception created for disclosures made in response to an order of a court, DHHS specifically discussed the continued applicability of the federal law concerning the confidentiality of substance abuse patient records, 42 U.S.C. 290dd-2 and its implementing regulations, 42 C.F.R. Part 2, specifically noting that "these more stringent rules will remain in effect." (64 F.R. 59918, at 59959)

¹⁹In responding to comments to the proposed privacy regulations regarding the concern for potential re-disclosure of protected health information by non-covered entities who have received such information pursuant to an exception in the privacy regulations (such as drug treatment courts do when they pass on protected health information to their evaluators), DHHS stated that "[u]nder HIPAA, we have the authority to restrict re-disclosure of protected health information only by covered entities" and that any other re-disclosures "are not within the purview of this rule." Accordingly, the HIPAA regulations will not require New York State drug treatment courts to change the manner in which they allow access to participant data by their evaluators for the purposes of research and evaluation of drug treatment court programs. (65 F.R. 82462, at 82672)

[NAME OF COURT]
STATE OF NEW YORK

ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION

WHEREAS one of the purposes of the _____ [Name of Drug Treatment Court] _____ (the "Drug Treatment Court") is to monitor closely the progress of defendants ("Participants") appearing in the Drug Treatment Court in their substance abuse treatment; and

WHEREAS Participants' enrollment in a substance abuse treatment program is a condition of Participants' continued participation in the Drug Treatment Court; and

WHEREAS the Drug Treatment Court requires timely and accurate information concerning Participants' attendance and progress in treatment in order to adequately monitor the effectiveness and progress of Participants' participation in treatment; and

WHEREAS, from time to time, the Drug Treatment Court may direct a Participant to receive additional health-related services in connection with the Participant's involvement in the Drug Treatment Court, from which follow-up information concerning the diagnosis and prescribed treatment of the Participant must be received by the Drug Treatment Court staff in order for the Court to properly monitor and modify the Participant's treatment plan; and

WHEREAS this Court recognizes that the privacy regulations promulgated by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") have imposed restrictions on the ability of health care providers to disclose protected health information concerning a particular individual to third parties except under particular circumstances; and

ATTACHMENT A

SAMPLE

WHEREAS HIPAA's privacy regulations contain an exception permitting health care providers to disclose protected health information "in the course of any judicial or administrative proceeding . . . in response to an order of a court or administrative tribunal" (45 C.F.R. 164.512(e)(1));

THEREFORE, it is hereby ORDERED that all substance abuse treatment and other health care providers to whom a Participant is referred by the Drug Treatment Court disclose to the Drug Treatment Court and/or its staff, upon request, subject to the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2), information concerning, as applicable, the treatment recommendation, diagnosis, attendance, scope of treatment, treatment progress and quality of participation, dates and results of toxicology testing, and termination or completion of treatment concerning such Participant of the Drug Treatment Court.

DATED: _____
Judge/Justice

ATTACHMENT A

At Part ___ of the _____ Court County of _____
at _____,
New York, on the _____ day _____ of, 2003

Present: Hon. _____

THE PEOPLE OF THE STATE OF NEW YORK

**ORDER TO DISCLOSE PROTECTED
HEALTH INFORMATION**

-against-

Docket/SCI/IND# _____

_____,

Defendant

WHEREAS the above-referenced Defendant is currently a participant in the
_____(the "Drug Treatment Court"); and

[Name of Drug Treatment Court]

WHEREAS Defendant's participation in a substance abuse treatment program is a
condition of Defendant's continued participation in the Drug Treatment Court; and

WHEREAS the Drug Treatment Court requires timely and accurate information
concerning Defendant's attendance and progress in treatment in order to adequately
monitor the effectiveness and progress of Defendant's participation in treatment;

ORDERED that _____ disclose to

[Name of Treatment or Health Care Provider]

the Drug Treatment Court and/or its staff, subject to the federal regulations governing the
Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2), information
concerning, as applicable, the treatment recommendation, diagnosis, attendance, scope
of treatment, treatment progress and quality of participation, dates and results of toxicology
testing, and termination or completion of treatment concerning, the above named
Defendant.

DATED: _____

Judge/Justice

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

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

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

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

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

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

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

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

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

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

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

CONFIDENTIALITY

Introduction

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

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

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

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

Consent Procedure

Arraignments

While not a legally binding consent to release confidential information, **CRC 3174 Consent to Participate in Court Monitored Substance Abuse Treatment Assessment and Client Notification of Confidentiality of Alcohol and Drug Abuse Patient Records Pursuant to 42 C.F.R. §2.22(d) (Client Consent)** contains important information about every individual's right under the federal rules. The *Client Consent* is given to every defendant whose case is marked by the arraignment clerk as eligible for one of the court-monitored substance abuse treatment programs available in program. This signed document serves a two fold purpose:

1. Defendant is notified in writing of his/her rights under the federal rules

2. Defendant consents to start the clinical assessment process as soon as possible on the date following his arraignment without waiting for his attorney to appear.

**The Court Officer in arraignment should hand the Client Consent to the defendant's attorney before the attorney-client interview at arraignment with the rest of the arraignment packet. The attorney should discuss the document with the defendant and the defendant should sign the document when the case is called into the record before the judge.*

If the defendant refuses to, or for some other reason does not, sign the Client Consent, MBTC clinical staff should wait for the defense attorney to appear in the MBTC courtroom or give verbal consent over the telephone before conducting a clinical assessment. If the defendant consents to the assessment, he/she should be given a copy of the Client Consent form by the MBTC resource coordinator or other member of the MBTC clinical staff before the start of the assessment. A signature is not necessary.

Clinical Assessment

Before the full clinical assessment may begin the case manager or probation officer must explain and obtain the signature of the defendant on the following Releases of Confidentiality:

1. **CRC 3161 – Consent to Release Confidential Medical and Psychiatric Information**
2. **CRC 3162 – Disclosure of Treatment Progress**
3. **CRC 3163 – Consent for Release of Confidential HIV Related Information** (optional)
4. **CRC 3165 – Disclosure of Assessment and Evaluation**
5. **CRC 3164 – General Consent to Release Confidential Information** (optional)

CRC 3161 – Consent to Release Confidential Medical and Psychiatric Information

This is a two part release. Part I applies to all MBTC participants and must be signed by all. This allows the Treatment Center to gain access to a participant's Tuberculosis screen and re-disclose that information to necessary outside agencies. Part II must be completed if the defendant has been treated for a medical or psychiatric condition and we must obtain records of that treatment in order to refer, place or monitor the individual in treatment.

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

CRC 3165 – Disclosure of Assessment and Evaluation

This release allows the case manager or probation officer to share information obtained during the clinical assessment with community-based treatment providers for the purpose of referring the potential candidate for admission to the program.

Termination: This release remains in effect until we receive an answer on eligibility from the treatment program to which the defendant was referred.

CRC 3162 – Disclosure of Treatment Progress

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

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

CRC 3163 – Consent for Release of Confidential HIV Related Information

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

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

CRC 3164 – General Consent to Release Confidential Information

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

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

Monitoring Progress

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

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

Communication with Outside Agencies

All clinical staff should use the greatest care when corresponding with any outside agency concerning any information relating to a participant's substance abuse treatment. Only necessary information should be sent to an outside agency and clinical staff should be sure that the right agency is contacted. All correspondence concerning a participant's treatment,

either by mail or fax should include ***CRC 3166 Prohibition on Disclosure of Information Concerning Clients in Alcohol and Drug Abuse Treatment*** as a cover sheet. This form serves a dual purpose:

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

Courtroom

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

CONSENT TO PARTICIPATE IN COURT MONITORED SUBSTANCE ABUSE TREATMENT ASSESSMENT
AND
CLIENT NOTIFICATION OF CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS
PURSUANT TO 42 C.F.R. §2.22(d)

THE PEOPLE OF THE STATE OF NEW YORK,



against

Docket# _____

_____, Defendant.

I, _____, after speaking with my attorney, agree to the following:

1. I consent to be assessed by, and provide a urine sample to, a Brooklyn Treatment Court (BTC) case manager, Misdemeanor Brooklyn Treatment Court (MBTC) case manager, New York City Probation Officer, Screening & Treatment Enhancement Part (STEP) case assessor or Treatment Alternative to Street Crimes (TASC) Representative (hereinafter collectively referred to as the "case manager"). The object of the assessment and drug screen is to determine whether I have a substance abuse or alcohol problem and am eligible to participate in a treatment program.
2. I understand that the confidentiality of alcohol and drug abuse patient records maintained by the BTC Treatment Center, Department of Probation, STEP/MBTC Treatment Center or TASC office (hereinafter collectively referred to as the "Treatment Center") is protected by federal law and regulations. Generally, any employee of the Treatment Center may not say to a person outside the Treatment Center that a client is monitored by the Treatment Center, or disclose any information identifying a client as an alcohol or drug abuser *Unless*:
 - A. I consent in writing;
 - B. The disclosure is allowed by court order;
 - C. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. If you suspect that someone in the Treatment Center has violated this rule, you should report this to the Project Director of the Treatment Center.

3. I understand that Treatment Center staff will ask me to sign releases (consent in writing), so they may share confidential information with treatment programs and other necessary agencies for the purpose of enrolling me in appropriate treatment.
4. I understand that federal regulations will not prevent Treatment Center staff from reporting information about a crime committed by a client either at the Treatment Center or against any person who works for the Treatment Center or about any threat to commit such a crime.
5. I understand that federal regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. I also understand that under New York State law, if I disclose child abuse or neglect to a case manager, that information must be reported to the authorities.
6. I understand that in order to protect me or other people, the Treatment Center staff will take appropriate action if I express an intention to harm myself or anyone else.
7. I understand that failure to sign this form may delay my eligibility assessment for court monitored substance abuse treatment, but that my case will still be adjourned to STEP, BTC or MBTC for the next business day.

(Signature of Client)

(Signature of Attorney)

Criminal Court of the City of New York
Misdemeanor Brooklyn Treatment Court
120 Schermerhorn Street
Brooklyn, NY 11201

For Court Use Only:
 Defendant Refuses
to Sign Consent



Consent for the Release of Confidential Medical and Psychiatric Information

I, _____, hereby agree to the following: *(Name of Defendant)*

Part I

I hereby consent to a health screening and TB test to be administered by the Misdemeanor Brooklyn Treatment Court (MBTC) health services providers, specifically, the New York City Department of Health and/or the New York University Division of Nursing. I understand that this health screening is necessary for placement in substance abuse treatment and is mandatory for all MBTC participants. I consent to the re-disclosure of TB test information to treatment and or social service providers to the extent necessary for referral and placement.

Part II

I also authorize _____ *(Name and address of agency or provider)* to release my medical and/or psychiatric records to the:

- _____ MBTC clinical staff
- _____ New York City Department of Probation
- _____ Treatment Alternatives to Street Crime (TASC).

[Check and Initial appropriate box(es)]

I also hereby authorize the clinical and health care staff of above-indicated agency/agencies to re-disclose this information to substance abuse treatment providers when required for my admission.

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

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

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

Date

Signature of Defendant

CRC 3161 (rev. 04/27/04)

Witness

Criminal Court of the City of New York
Misdemeanor Brooklyn Treatment Court
120 Schermerhorn St.
Brooklyn, NY 11201

Consent for the Release of Confidential Information:
Disclosure of Treatment Progress

I, _____, Case # _____, do hereby authorize:
(Name of Defendant)

- _____ Misdemeanor Brooklyn Treatment Court (MBTC)
- _____ Department of Probation of the City of New York
- _____ Treatment Alternatives to Street Crime (TASC) and its staff

[Check and Initial appropriate box(es)]

to receive information from and release information to:

(Treatment Program and/or any other program to which I am referred)

I understand that information pertaining to my attendance and progress in treatment is protected by Federal Regulation 42CFR Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I willingly and voluntarily authorize the above-indicated agency/agencies and the staff at any other mandated treatment program to disclose information regarding my previous treatment episodes, current and previous substance abuse history, current need for treatment as well as progress, attendance and degree of participation in any treatment or components thereof as mandated by the Court to the Judge, all employees of the Court, the district attorney's office and my defense attorney and his/her law firm as necessary to monitor my court mandated treatment, and allow for its re-disclosure to the New York State Division of Parole, New York City Department of Probation, New York City Department of Education, New York City Police Department, New York City Department of Correction, The Brooklyn Hospital Center, New York University Division of Nursing and Treatment Alternatives to Street Crime.

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

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

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

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

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



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

Date

Signature of Defendant

Witness or Parent if Defendant Under 18

CRC 3162 (rev. 04/27/04)

Criminal Court of the City of New York
Misdemeanor Brooklyn Treatment Court
120 Schermerhorn Street
Brooklyn, NY 11201

Consent For the Release of Confidential HIV Related Information

Confidential HIV related Information is any information indicating that a person had an HIV related test or has HIV infection, HIV related illness or AIDS or any information which could indicate that a person had potentially been exposed to HIV. Under New York State Law, except for certain people, confidential HIV related information can only be given to persons you allow to have it, by signing a release form. You can ask for a list of people who can be given confidential HIV information without a release form. By signing this form you are allowing the exchange of HIV related information to the below listed parties. If you experience discrimination because of release of HIV related information, you may contact the New York State Division for Human Rights at (212) 870-8400 of the New York City Commission on Human Rights at (212) 306-7500. These agencies are responsible for protecting your rights.

1. Name of Person whose HIV related Information will be released:

2. Name of Person signing this Consent Form (if different from above):

3. Name and address of Agency releasing the information:

4. The confidential HIV related information is being released to:

- _____ Misdemeanor Brooklyn Treatment Court
- _____ Department of Probation
- _____ Treatment Alternatives to Street Crimes (TASC)

[Check and Initial appropriate box(es)]

5. I also authorize agency/agencies indicated in Number 4 above to re-disclose this information to the agencies (address included) below for the purpose of providing assistance in receiving needed services

6. The reason for this release of information:

To prepare and implement an appropriate treatment plan (which may include residential or outpatient substance abuse treatment and/or social services)

7. Time during which release is authorized:



For the duration of my participation with the Misdemeanor Brooklyn Treatment Court.

My questions about this form have been answered. I know that I do not have to allow release of HIV related information and that I can change my mind at anytime.

Date

Signature of Defendant

CRC 3163 (rev. 04/27/04)

Criminal Court of the City of New York
Misdemeanor Brooklyn Treatment Court
120 Schermerhorn Street
Brooklyn, New York 11201



General Consent for the Release of Confidential Information

I, _____
 ___ authorize
 (Name of Defendant)

 (Name of Person/Program)

to disclose to _____
 the following information: _____

The purpose for such disclosure is: _____

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

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

 Date

 Signature

 Witness

CRC 3164 (rev. 04/27/04)

Criminal Court of the City of New York
 Misdemeanor Brooklyn Treatment Court
 120 Schermerhorn Street
 Brooklyn, NY 11201



Consent for the Release of Confidential Information:
Disclosure of Assessment and Evaluation to Treatment Program

I, _____, Case # _____

(Name of Defendant)
hereby consent to communications between _____ and
(Treatment Program and/or any other program to which I am referred)

- _____ Misdemeanor Brooklyn Treatment Court (MBTC)
- _____ Department of Probation
- _____ Treatment Alternatives to Street Crime (TASC).

[Check and Initial appropriate box(es)]

The purpose for the disclosure of information is a referral for admission to a treatment program. The information to be disclosed will be the above-indicated agency/agencies clinical assessment and any other information relevant for the purpose of a referral, admission and placement into a treatment program.

I authorize the above-indicated agency/agencies to re-disclose the information pertaining to my referral and admission process to the following parties: the judge, the district attorney’s office, my defense attorney, New York City Department of Probation, New York City Department of Education and the New York State Division of Parole. I understand that this information may be re-disclosed in open court during standard courtroom proceedings.

I understand that this consent will remain in effect and cannot be revoked by me until the Treatment Program has informed the staff of the above-indicated agency/agencies whether I have been accepted.

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

I further understand that the information pertaining to my referral and placement in treatment is protected by Federal Regulation 42 CFR, Part 2, “Confidentiality of Alcohol and Drug Abuse Patient Records” and cannot be disclosed without my written consent unless otherwise provided by the regulations.

Date Signature of Defendant

CRC 3165 (rev. 04/27/04) _____
Witness or Parent if Defendant Under 18

Criminal Court of the City of New York
Misdemeanor Brooklyn Treatment Court
120 Schermerhorn Street

Brooklyn, NY 11201

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

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

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

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

PHONE: (718) 643-1034

FAX: (718) 643-5775

CRC 3166 (rev. 04/27/04)

ASSESSMENT

1. **Assignment.** The resource coordinator will assign any new and eligible cases and enter information into the Universal Treatment Application every morning by 9:30am. Case managers/probation officers will check the main screen of the UTA for assignment as soon after 9:30am as practicable. Resource coordinator will review new case assignments in the morning staff meeting.
2. **Custody or Release.** Upon assignment of new case, case manager/probation officer ascertain from resource coordinator whether defendant is in custody or released on bail or own recognizance. Resource coordinator will inform case manager/probation officer when defendants are produced by the Department of Corrections. If the arraignment judge released the defendant at arraignment, case manager/probation officer will conduct interview and psychosocial assessment at his/her workstation. If the defendant is in the custody of the Department Corrections, case manager/probation officer will conduct interview and psychosocial assessment in the designated 9th floor interview area.
3. **Assessment Packet.** The assessment packets will become the hard file for each defendant. Each assessment packet should contain the following forms prior to commencement of the assessment:
 - ✓ CRC 3161 – Consent to Release Confidential Medical and Psychiatric Information
 - ✓ CRC 3162 – Disclosure of Treatment Progress
 - ✓ CRC 3163 – Consent for Release of Confidential HIV Related Information
 - ✓ CRC 3165 – Disclosure of Assessment and Evaluation
 - ✓ CRC 3164 – General Consent to Release Confidential Information
 - ✓ Social Security Verification
 - ✓ HRA Referral Letter
 - ✓ Aftercare Request
 - ✓ UTA Assessment Tool – 24 pages (only for defendants in custody)
 - ✓ Release of Inmate Property
4. **Explanation of Program.** Case manager/probation officer will start the assessment process by introducing himself/herself and giving a short explanation of the MBTC program and what the assessment process entails. The explanation should include the following elements:
 - MBTC is voluntary
 - if defendant is eligible and agrees to participate, he/she will be required to plead guilty to a criminal charge and sentence will be deferred. If defendant successfully completes the court mandate, charges are typically dismissed. If the defendants pleads guilty and fails to complete the mandate, a jail sentence will be imposed.
 - Beside substance abuse treatment, the defendant may be required to participate in any one or more of the following ancillary services and reach certain objective goals:
 - ▶ educational services
 - ▶ vocational services
 - ▶ medical or psychiatric treatment

- ▶ self-help groups
- ▶ community service

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

5. **Releases of Confidentiality.** Before the formal assessment begins, defendant should sign all appropriate *Consent to Interview* and *Releases of Confidentiality* (see *Confidentiality* Section for detailed information). If defendant refuses to sign releases, case manager/probation officer should not proceed with interview.
6. **Assessment.** All psychosocial assessments will be conducted using the assessment tool incorporated in the Universal Treatment Application (UTA). The assessment should take approximately 30-45 minutes to complete.

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

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

The UTA Assessment includes eighteen (18) sections. All 18 must be completed in as much detail as possible. The Sections are Listed below:

1. **Demographics**
2. **Identifications**
3. **Residence**
4. **Employment/Education**
5. **Finance/Services**
6. **Social Environment**
7. **Children**
8. **Family Court**
9. **Physical Health**
10. **Medical**
11. **Mental Health**
12. **Mental Health Two**
13. **Trauma**
14. **Drug Use** (*Drug Use Detail* should be filled out completely)
15. **Treatment History**
16. **Summary**

17. Assessment

18. Interview Summary

7. **Urinalysis.** Case manager/probation officer will obtain a urine sample and conduct the appropriate toxicology screen for every defendant that completes a psychosocial assessment.

8. **Physical and/or Mental Health Issues.** If during the course of the assessment, it becomes clear that the defendant may have physical and/or mental health problems that may complicate referral and placement into appropriate substance abuse treatment, case manager/probation officer and resource coordinator must notify clinical director immediately. The clinical director will make the determination as to whether MBTC will attempt to work with defendant, refer the matter to a different agency (such as TADD or Mental Health Court) or recommend to the Court that the defendant be returned to regular court processing.

**Misdemeanor Brooklyn Treatment Court
120 Schermerhorn St
Brooklyn, NY 11201
Release of Inmate Property**

To: Supervisor Rikers Island

From: _____

Date: _____

Re: Release of inmate property

This letter is written on behalf of _____, Book & Case #_____. Please be advised that on_____, _____ is scheduled to appear in the Criminal Court before Judge Wayne Saitta. He/she will be released on the aforementioned court date at the Misdemeanor Brooklyn Treatment Court to be placed into a residential drug treatment program under Court order.

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

Sincerely,

Case Manager

Misdemeanor Brooklyn Treatment Court
120 Schermerhorn St
Brooklyn, NY 11201

HRA Referral Letter

Date:

Re: Client Name _____

S.S.# _____ DOB _____

To Whom it may concern:

As a condition of a plea agreement, the above named individual has been mandated to substance abuse treatment by Judge Wayne Saitta of Criminal Court of the City of New York in Brooklyn. Should s/he fail to complete treatment as monitored by the Misdemeanor Brooklyn Treatment Court, s/he will face incarceration. The following are the terms of the mandate as set by the Court:

Date: _____

Duration of Mandated Treatment: _____

This client's progress will be monitored by Misdemeanor Brooklyn Treatment, specifically,

MBTC Case Manager/Phone: _____

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

Program Name: _____

Program Address: _____

Start Date: _____ Program Phone: _____

Please contact the listed case manager, should you have any questions or concerns.

Sincerely,

**Misdemeanor Brooklyn Treatment Court
120 Schermerhorn Street
Brooklyn, NY 11201**

Dear Client: Please take this letter to Medical and wait for the After Care letter from Medical Personnel.

Correctional Health Services

Re: _____

B&C #: _____

To Whom It May Concern:

Please accept this letter on behalf of the above client as an aftercare letter request for the following information: PPD results(including chest X-ray results), Treatment, Medication, and /or Follow-up.(Please include Methadone detoxification, if necessary).

The above said client is being referred to a residential treatment program and this information is needed to help facilitate this process. The client has been asked to have this information in writing for the next court appearance: _____.

Date

Thank you for your assistance.

MBTC Case Manager _____

Phone # _____

Misdemeanor Brooklyn Treatment Court (MBTC)
Screening and Treatment Enhancement Part (STEP)
City of New York Criminal Court
120 Schermerhorn Street

Client ID# _____ Case ID# _____

UTA ASSESSMENT TOOL

Brooklyn, NY 11201

FAX: (718)643-3538

Social Security Administration
New York, NY
Phone: (718)330-2075
Fax: (718)330-1783

To Mr Howard Noble:

I am requesting verification and I am hereby submitting the following information to execute this application:

Name: _____

Social Security Number: _____

Date of Birth: _____

Mother's Maiden Name: _____

Father's Name: _____

Town/Borough/State Born In: _____

I authorize the Social Security Administration to release my social security number to MBTC/STEP

Client Date

Is this Information verified by the Social Security Administration:

Yes _____ No _____

Date _____ Interview for _____

Demographics

Last Name

First Name

Middle Initial

Gender male Female

Maiden Name

Is client known by a different name ?

 AKA Last Name

 AKA First Name

 AKA Middle Initial

Referral Source

Does client speak another language?

 Does the client require an interpreter? yes no

 Interpreter Language

Ability to read English is:

Ability to write English is:

Date of Birth

Age

US citizen

US resident

Date of residency

Where were you born?

Social Security Number

Race/Ethnicity

 Hispanic group

Marital Status

Sexual Preference

Where did assessment take place

Identifications Reported

Birth Certificate yes no

 Do you have it with you?

Social Security Card yes no

Do you have it with you?

PA Card yes no

Do you have it with you?

Medicaid Card yes no

Do you have it with you?

Number

Benefits Card (Medicaid Card) yes no

Do you have it with you?

Client ID number

Sequence Number

Insurance Company Number

Policy Number

Passport yes no

Do you have it with you?

Passport Number

Country

Green Card yes no

Do you have it with you?

Green card number

dd214 yes no

Do you have it with you?

Driver's License

Do you have it with you?

Number

State

Employment ID yes no

Do you have it with you?

Employer

HA Card yes no

Do you have it with you?

Number

Other

Number

Living Arrangements

Have you ever been homeless? yes no

Are you currently homeless? yes no

How long?

Do you currently live in a shelter?

Have you ever lived in a shelter?

Present Address

Do you have a current address? yes no

Street Address

Apartment number

City

State

Zip

Type of Residence

Length of time at residence?

Do you have a telephone

Telephone number

Cellular or Beeper Number

Contact at Present Address

Last Name

First Name

Relationship

Mailing Address

Is there another mailing address? yes no

Street Address

Apartment

City

State

Zip

Second Contact

Do you have a second contact? yes no

First Name

Last Name

Street Address

Apartment

City

State

Zip

Does this contact have a phone? yes no

Telephone number

Relationship to client

Education

What is your current education status?

What type of school?

Highest grade completed

Have you received a high school diploma? yes no

Have you received a GED? yes no

Ever attended special education classes? yes no

Nature of the special education?

Vocational Education

Ever Attended vocational/technical courses? yes no

What courses?

Did you complete the courses? yes no

Employment

What is your current employment status?

How long unemployed?

Most recent employment?

When did that job end?

Employer's name

Employer's street address

Employer's city

Employer's state

Employer's zip

Employer's telephone number

Supervisor's name

Working hours

How long employed here?

Employment verified? yes no

Other professional trade or skill?

Have you ever been employed? yes no

Longest period employed at any job

Last earnings before taxes

Financial Support

What is your primary financial support?

Currently receiving government assistance? yesno

Division of AIDS Services (DAS)

Food stamps

Home Relief

Medicaid

SSI/SSD

- Unemployment compensation
- Welfare, including AFDC, ADC, WEP
- WIC

How much assistance in the past year?

Veteran Status

Are you a veteran? yes no

What type of discharge?

Are you eligible for veteran's benefits? yes no

Currently receiving veterans benefits? yes no

Currently receiving veteran's services? yes no

Ever received veteran's services? yes no

Home Environment

With whom are you currently living?

How many adults live in this residence?

How long have you lived in this arrangement?

Has your spouse/partner or any of the people with whom you are living ever been incarcerated for 30 days or longer? yes no

Does your spouse/partner or any of the other people with whom you are currently living abuse alcohol or drugs? yes no

Children

Father

Foster parent

Friends

Grandparent

Mother

Other

Other relatives

Sibling

Spouse/partner

Has your spouse/partner or any of the people with whom you are living ever been treated for a drug or alcohol problem?yes no

- Children
- Father
- Foster parent
- Friends
- Grandparent
- Mother
- Other
- Other relatives
- Sibling
- Spouse/partner

Social Environment

Is the neighborhood in which you currently live safe?

What is the drug availability in you neighborhood?

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

Do any of your family members or friends (not living with you) abuse alcohol or drugs?
yes no

- Children
- Father
- Foster parent
- Friends
- Grandparent
- Mother
- Other
- Other relatives
- Sibling
- Spouse/partner

Is there anyone in you life who provides you with emotional support?

yes no

Children

Clergy

Father

Foster parent

Friends

Grandparent

Mother

Other

Other relatives

Sibling

Spouse/partner

Legal Issues

Are you named in any current orders of protection? yes no

County/Borough Issued:

Date Issued:

Who named you?

Verified through Domestic Violence Registry? yes no

Children

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

How many non-biological children under the age of 18 live in your home?

Physical Health

Seen a medical doctor within the past 2 years? yesno

Type of medical insurance:

Name of HMO/Insurer:

Contact name:

Contact phone:

Have you ever been pregnant? yes no

How many times have you been pregnant?

How many miscarriages have you had?

How many were born addicted to drugs/alcohol?

Are you currently pregnant? yes no

What is your due date?

What are your intentions?

Have you been hospitalized for reasons other
than pregnancy in the last five years? yes no

Number of times:

Most recent hospital:

Most recent admission date:

Have you ever had a TB test? yes no

Last TB test:

Was your last TB test positive? yes no

Did you have a chest X-ray?

Currently taking meds for physical condition? yesno

Drug 1:

Dosage:

What for:

Drug 2:

Dosage:

What for:

Drug 3:

Dosage:

What for:

Drug 4:

Dosage:

What for:

Mental Health

Ever felt or been told you were out of control at
any time while NOT under the influence? yes no

Number of times?

Have you ever set a fire? yes no

Number of times

Have you ever considered harming yourself? yes no

Ever planned to harm yourself? yes no

Number of times:

Most recent date:

Currently taking meds for mental health

reasons? yes no

Drug 1:

Dosage:

What for:

Drug 2:

Dosage:

What for:

Drug 3:

Dosage:

What for:

Suicide Risk – In the past month did you:

1. Think that you would be better off dead or wish you were dead? yes no
2. Want to harm yourself? yes no
3. Think about suicide? yes no
4. Have a suicide plan? yes no
5. Attempt suicide? yes no

Suicide Risk – In your life time, did you ever:

1. Attempt suicide? yes no

Referral Decision Scale (RDS)

1. Have you ever believed that people were watching or following you or spying on you?
yes no
 2. Have you ever believed that you were being poisoned or plotted against by others?
yes no
 3. Have you ever believed that someone could control your mind by putting thoughts in your head or taking thoughts out of your head? yes no
 4. Have you ever felt that other people knew your thoughts and could read your mind?
yes no
-

Major Depression

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

Dysthymia

1. Have you felt sad, low or depressed most of the time for the last two years? yes no
 2. Was this period interrupted by your feeling OK? yes no
-

Referrals

referral for MH Evaluation

Manic Episode (Do not consider times when you were intoxicated)

1. Have you ever had a period of time when you were feeling extremely happy or so full of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? yes no
2. Are you currently feeling extremely happy or full of energy? yes no

3. Have you ever been persistently irritable, for several days, so you had arguments or verbal or physical fights, or shouted at people outside your family? yes no
4. Have you or others noticed that you are more irritable or have over-reacted, compared to other people, even in situations that you felt were justified? yes no

Panic Disorder (Do not consider times when you were intoxicated)

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

Generalized Anxiety Disorder

1. Have you worried excessively or felt uncomfortable for reasons you cannot explain over the past 6 months? yes no
2. Are these worries present most days? yes no
3. Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing? yes no

Post Traumatic Stress Disorder

1. Have you ever experienced or witnessed or had treatment for a traumatic event that included or threatened you or someone else? yes no
2. Have you ever been a victim of a violent crime? yes no
3. Have you ever been threatened or wounded by a gun or a knife? yes no
4. Has anyone ever coerced you or forced you to engage in a sexual act? yes no
5. Have you ever re-experienced the event in a distressing way (such as dreams, intense recollections, flashbacks or physical reactions)? yes no

Referrals

referral for MH evaluation

Mental Health Treatment History

Have you ever received counseling or treatment for mental health problems? yes no

Are you currently receiving counseling or treatment for any other mental health problems? yes no

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

Agency

Address

Physician/Counselor

Phone

Have you ever been hospitalized for any mental health reason? yes no

If yes, how many times?

What was the most recent hospital you were admitted to?

What was the month and year of admission?

Why were you admitted?

Mental Health Diagnosis

Emotional Abuse

Have you ever been emotionally abused? yes no

If yes, how old were you when it first began happening?

Are you currently being emotionally abused? yes no

Are you currently living in the same house as the abuser? yes no

Physical Abuse

Have you ever been physically abused? yes no

If yes, how old were you when it first began happening?

Are you currently being physically abused? yes no

Are you currently living in the same house as the abuser? yes no

Sexual Abuse

Have you ever been sexually abused? yes no

If yes, how old were you when it first began happening?

Are you currently being sexually abused? yes no

Are you currently living in the same house as the abuser? yes no

Fear

Has anyone made you feel afraid, intimidated or threatened you? yes no

Has anyone hit, slapped, shoved, punched or kicked you? yes no

Do you feel that you are currently in danger of being hurt by someone you love? yes no

If so, who are you in fear of and why?

What is their relationship to you?

Order of Protection

Are you named in any current orders of protection? yes no

County/Borough Issued:

Date Issued:

Who named you?

Verified through Domestic Violence registry? yes no

Does anyone have an Order of Protection against you? yes no

Alcohol

Have you ever used alcohol? yesno

How old were you when you first used
alcohol?

Have you ever felt the need to cut
down on your drinking? yes no

Do you feel annoyed by people

Complaining about your drinking? yes no

Do you ever feel guilty about drinking? yes no

Do you ever drink an eye-opener? yes no

Drugs

Have you ever used drugs? yes no

What was the first drug you ever used?

How old were you when you first used
this drug?

What is your primary drug of choice?

Do you frequently use 2 substances together? yes no

Drug 1

Drug 2

Are you currently in withdrawal? yes no

Have you ever shared a needle, cooker, etc.
to get high? yes no

Ever sold belongings to buy drugs? yes no

Ever traded sex for drugs? yes no

Do you abstain from using drugs while
pregnant? yes no

Do you smoke cigarettes? yes no

Treatment History

Have you ever been in treatment? yes no

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

How many times have you not completed
treatment?

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

Are you currently in a treatment program? yes no

What type of program?

If you are taking methadone, what is the
dosage?

Name of the program you are currently
attending:

How long have you been at this program:

Most recent treatment:

What type of program?

If you were taking Methadone, what was the dosage?

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

How long were you in this program?

Have you ever completed detox? yes no

How many times have you been through detox?

What was the date of your last detox?

What was the last drug you entered detox for?

Longest period of voluntary abstinence from drugs and alcohol:

Treatment Barriers

Are there any current barriers to treatment? yes no

- child care
- conflict with school
- cost
- didn't know where to go for help
- family/friend resistance
- lost interest
- none
- other
- physical health
- religious beliefs
- transportation
- work schedule

Service Needs

Are there any current service needs? yes no

- dental
- domestic violence
- educational
- employment
- entitlements
- family related
- health-related for children
- housing
- legal
- medical care
- mental health
- other services
- pre-natal
- sexual/emotional/physical abuse
- vocational

Treatment Desired

What type of treatment does the client desire?

Motivation:

I think drugs are a serious problem in my life

- Agree 2 3 4 Disagree

My family will support me in treatment

- Agree 2 3 4 Disagree

I am tired of using drugs and want to change, but can't do it on my own

- Agree 2 3 4 Disagree

I am here because I was arrested, I don't need treatment

- Agree 2 3 4 Disagree

I have too many responsibilities to enter treatment

- Agree 2 3 4 Disagree

I am willing to enter treatment as soon as possible

Agree 2 3 4 Disagree

I am worried about who will care for my children

Agree 2 3 4 Disagree

I believe I can stop using drugs on my own

Agree 2 3 4 Disagree

If I can't get help here I will try another treatment program

Agree 2 3 4 Disagree

Impression/Assessment

General Comments:

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

Was the client cooperative during the interview? yes no

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

Alcohol Use

Does the client admit to alcohol use or a problem with alcohol? yes no

Professional assessment of alcohol use:

Alcohol Use Indicators

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

Drug Use

Does the client admit to drug use or a problem with drugs?

yes no

Professional assessment of drug use:

Drug Use Indicators

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

Mental Health

Professional assessment of mental health:

Mental Health Indicators:

- Disorientation
 - Disturbances of Mood/Affect
 - Environmental Instability
 - Evidence of thought disorder or disturbance
 - Mental Health Treatment History
 - Physical Appearance/Presentation
 - Verification
-

Treatment

Is client motivated to attend treatment?

Treatment Defining Factors:

- childcare

- homeless
 - Medical Insurance
 - Medical issues
 - MICA
 - None
 - Physical disability
-

Professional treatment recommendation:

- AA/NA
 - Aftercare
 - Ambulatory detox
 - Day treatment
 - Halfway House
 - Inpatient (long-term)
 - Inpatient (short-term)
 - Intensive outpatient
 - Methadone
 - None
 - OMH Supportive Living
 - Outpatient
 - Residential detox
 - Social service (non-tx)
 - TRP
-

Current Medical Condition

Indicate all current medical conditions:

- AIDS
- Asthma
- Blind
- Cancer
- Dental

- Developmentally disabled
- Diabetes
- Eye Glasses
- Hearing impaired
- Heart condition
- Hepatitis
- High blood pressure
- HIV
- Other
- Physically Disabled
- Seizure disorder
- STD
- TB
- Ulcers
- Wheelchair bound

HIV Information

Has client signed an HIV consent form or volunteered

HIV information? yesno

Have you ever been tested for HIV yesno

Are you HIV positive? yesno

Have you ever received treatment for HIV? yesno

Are you currently receiving treatment for HIV? yesno

What is your CD4/T-cell count?

Drug Use Detailed Information

Drug Type	Duration of Use	Last Used	Frequency of Use in the Last 30 days	Route Admin	Money spent	Overdose	General Note

Children Information

Biological

First Name

Last Name

Gender DOB Relationship

Present Live

Agency Name

Foster Last Name

Foster First Name

Other Parent Name

Provide Finance

Guardian

Lost Reason

Custody

Importance Custody

Ever Lost Custody

Regain Custody

Biological

First Name

Last Name

Gender DOB Relationship

Present Live

Agency Name
Foster Last Name
Foster First Name
Other Parent Name
Provide Finance
Guardian
Lost Reason
Custody
Importance Custody
Ever Lost Custody
Regain Custody

Family Case Detailed Information

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

Interview Comments for:

Interviewer Signature: _____

Interview Date: _____

TREATMENT PLAN/RECOMMENDATION

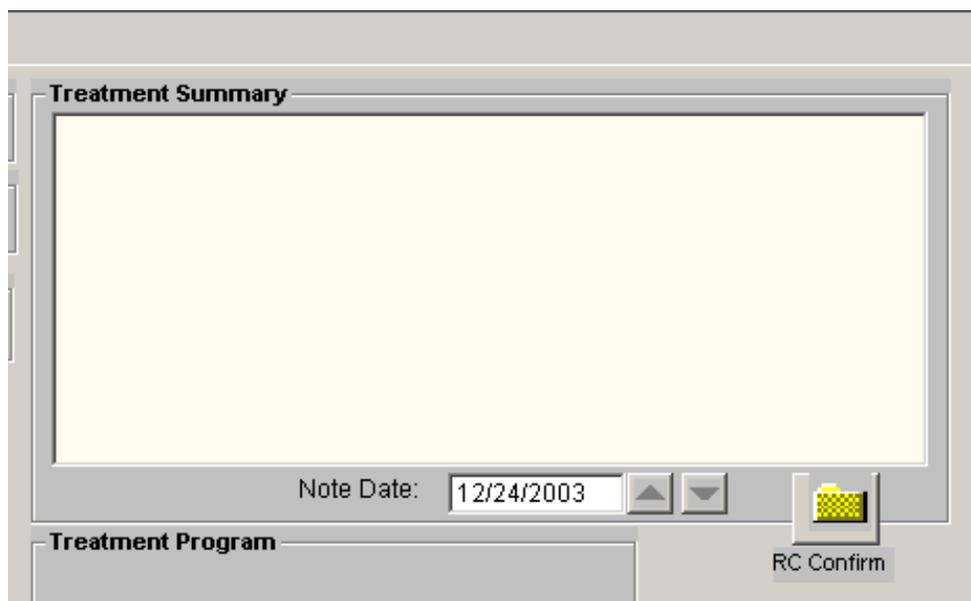
Completion of Assessment

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

Verification

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

Treatment Plan Recommendation/Update



The screenshot shows a software interface with a main window titled "Treatment Summary". The window contains a large, empty yellow rectangular area. Below this area, there is a "Note Date:" field with the value "12/24/2003" and two small arrow buttons. To the right of the date field is a yellow folder icon with a green checkmark, labeled "RC Confirm". Below the main window, there is a section titled "Treatment Program" which is currently empty.

Ineligible Candidates

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

Note: It is MBTC policy to protect the confidentiality of candidates immigration status. If the defendant is ineligible for reasons relating to immigration status, case

manager should indicate only that defendant is “ineligible for court-monitored substance abuse treatment.”

Eligible Candidates

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

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

- Demographics
 - ✓ name
 - ✓ age
 - ✓ race/ethnicity
 - ✓ address
 - ✓ telephone
 - ✓ who defendant currently lives with
 - ✓ telephone number (if available)

- Substance Abuse History
 - ✓ primary drug of choice
 - ✓ length of abuse
 - ✓ any secondary drug(s) of abuse
 - ✓ frequency of use
 - ✓ cost of drug habit
 - ✓ prior treatment concept

- Results of Urinalysis

- Employment/Education
 - ✓ education background (including literacy)
 - ✓ employment history/status

- Family/Community Ties
 - ✓ family with whom candidate resides or is close too
 - any additional ties to the community
 - ✓ drug availability in candidate’s neighborhood

- Mental/Physical Health
 - ✓ any medical condition that would impact treatment, referral or placement
 - ✓ any psychiatric or organic condition that could effect treatment, referral or placement

- Treatment Recommendation

- ✓ substance abuse treatment modality(ies) recommended
- ✓ short explanation of reason why recommendation was made
- ✓ recommendation for ancillary services
- ✓ whether recommendation is made subject to verification or any other condition.

Sample Treatment Summary Entry

Public, John/17
6/3/03

Assessment Note:

Urinalysis: Positive cocaine and marijuana

Mr. Public is a 17 year-old Hispanic Male who reports that he resides with his grandparents, Esther and Michael Public, at 136 Main Street, Brooklyn, NY (718) 555-1630. He reports that his mother is incarcerated and that he has never know his father

Substance Abuse History: Mr. Public reports marijuana as his primary drug of choice, having used it since the age of 15. He often smokes marijuana with cocaine, which is known as a "woolly." Mr. Public reports that he spends at least \$50.00 per week on drugs and uses almost everyday. He reports no prior experience with drug treatment.

Employment/ Education: Mr. Public reports that he dropped out of the 11th grade. Mr. Public's stepmother reported that her stepson is illiterate and is in need of services. He is presently attending CAMBA INC.

Family/ Community Ties: Mr. Public reports a strong family relationship with his grandparents. Mr. Public reports his neighborhood as somewhat safe as drugs are not easily available.

Mental/Physical Health: Mr. Public reports that he has a learning disability. He reports no physical health or psychiatric issues.

Treatment Recommendation: Intensive Outpatient program is recommended as Mr. Public has had no prior experience with drug treatment, and is currently in need of educational and vocational training.

URINE TESTING PROTOCOL

The Misdemeanor Brooklyn Treatment Court (MBTC) uses the Varian TesTcup 5, Varian TesTcup Pro5 and the Varian TesTstik 3 immunoassay tests.

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

MISDEMEANOR BROOKLYN TREATMENT COURT PROTOCOL

Candidate/Assessment Toxicology Screening

Case manager/probation officer will obtain a urine sample and conduct the appropriate toxicology screen for every defendant that completes a psychosocial assessment.

Participant/Monitoring Toxicology Screening

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

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

Released Defendants

A lab technician or case manager/probation officer trained to use the Varian testing equipment, conducts and administers the testing component. The lab technician also escorts and observes male participants in providing their samples. Female case managers or probation officers escort and observe the collection of samples from female participants. The procedure for collecting urine is as follows:

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

Defendants in Custody

Case manager/probation officer trained to use the Varian testing equipment, conducts and administers the testing component. The procedure for collecting urine is as follows:

Male Defendants

1. Participant name is written on a pre-labeled specimen cup or TesTcup by the case manager/probation officer.
2. Participant is instructed by the case manager/probation officer to read the name on the cup and ensure that it is their cup.
3. Participant is transferred from interview pen to adjacent holding pen, given TesTcup and, if case manager/probation officer is male, case manager/probation officer observes urine collection. (Female case manager/probation officer does not observe sample collection for male participants).

Female Defendants

1. Participant name is written on a pre-labeled specimen cup or TesTcup by the case manager/probation officer.
2. Participant is instructed by the case manager/probation officer to read the name on the cup and ensure that it is their cup.
3. Participant is given TesTcup and, if case manager/probation officer is female, case manager/probation officer observes urine collection in interview pen. (Male case manager/probation officer does not observe sample collection for female participants).

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

DRUG RETENTION TIMES

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

- Cocaine, Heroin(opiates), and methadone are generally excreted within 3 days or 72 hours after ingestion. Benzodiazepines are excreted within 3 days for therapeutic use. In the case of chronic use it can occasionally take up to 4-6 weeks.
- Marijuana (THC/Cannabinoids) excretion times vary depending on many factors. Variations occur exclusively with marijuana and not other drugs because the body stores THC in adipose (fat) tissues and slowly releases it back into the bloodstream. The exact mechanism that controls excretion is not known and many other variables

affect the process, specifically, metabolic rate, physical condition, frequency of urination, fluid intake, kidney function, as well frequency and duration of prior use. In some situations, due to erratic patterns of excretion, it is possible to test negative one day and positive a day or two later without having used the substance. The average amount of time elapsing prior to consistently negative test results after the cessation of marijuana use is as follows:

Occasional Smoker: (1x week):	3 -5 days
Moderate smoker: (4x a week)	5 -10 days
Heavy smoker: (daily)	10-15 days
Chronic (daily use over several months)	20-25 days

In an effort to accommodate differing excretion rates for THC, all users are given the benefit of the doubt and are given 30 days to completely excrete THC.

INTERPRETING THE RESULT

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

POPPY SEEDS

It is, in fact, possible to test positive for opiates after having consumed poppy seeds, for example on a bagel or in a muffin. Poppy seeds contain trace amounts of opium, and opium, as well as heroin, is derived from the poppy plant. Depending on the processing of the poppy seeds, a food product may or may not contain amounts of opium. Although not every consumption of poppy seeds will test positive for opiates, participants are advised that they are responsible for ensuring that no poppy seeds are ingested. MBTC does have testing equipment that uses a higher cutoff level to factor out the ingestion of poppy seeds. Upon a first-time claim from a participant that he or she ingested poppy seeds and that is the reason for a positive result for opiates, MBTC will re-test using the Varian TesTcup 300. If the result of this test indicates sample is negative for opiates, the test for that date will be considered negative. The participant will then be advised to refrain from ingesting poppy seeds. All subsequent positive results where a claim is made regarding poppy seeds will remain positive for opiates.

CROSS REACTIVITY

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

Should a participant provide a prescription or verifiable proof of medical treatment involving medication that does in fact have the potential to produce a positive result, the urine is

recorded as negative for that particular substance, but positive for prescription medications.

ADULTERATION

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

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

PROCEDURE FOR CHALLENGING THE RESULTS OF URINALYSIS TESTING

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

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

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

PROGRAM REFERRAL

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

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

Medical and Mental Health Clearance.

Defendants in Custody. Case manager/probation officer will complete the **Aftercare Letter Request** and hand it to the participant at the time of plea and the signing of the MBTC contract. This letter requests that the Department Corrections supply MBTC with necessary medical information including PPD (tuberculosis screening) results, chest x-rays, any medical treatment or medication that the participant has received and any information relating to methadone that the Corrections medical department may have prescribed to the participant during his time in custody.

Released Defendants. Case manager/probation officer will refer the participant to the appropriate community-based medical facility to obtain necessary medical or psychiatric evaluations and/or treatment. Case manager/probation officer should execute and forward **CRC 3168 – Consent to Release Confidential Medical and Psychiatric Information** to the medical center to facilitate the necessary sharing of information.

Benefits/Program Payment. Case manager/probation officer must help the participant obtain and coordinate health insurance benefits to enter a community-based substance abuse treatment program. Many defendants eligible for MBTC intervention will not be covered by private health insurance. For these defendants, case manager is responsible for assisting the defendant in notifying the New York City Human Resources Administration (HRA) that the defendant has been mandated by the judge to attend a substance abuse treatment program. This is normally done by completing the **HRA Referral Letter**, handing it to the defendant and directing him/her to bring it to HRA. Case manager/probation will assist participant in obtaining an appointment at the appropriate HRA office either to apply for Medicaid benefits or notify HRA that Medicaid benefits are necessary for court mandated substance abuse treatment. Case manager/probation officer will also coordinate

with the program to which the participant will be referred so that the program's intake department can assist the participant in obtaining Medicaid benefits.

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

Treatment Referrals. *Note: If possible, case manager should have a treatment program evaluation scheduled or a date for admission for the defendant at the time of plea or acceptance of the terms and condition of MBTC.*

1. Before making a referral for program evaluation consider the candidate/participants needs. The case manager/probation officer should consider the following factors:
 - ✓ severity of addiction
 - ✓ treatment history
 - ✓ housing
 - ✓ mental health
 - ✓ physical health
 - ✓ availability of self help groups
 - ✓ education
 - ✓ employment
 - ✓ transportation/ability to travel
2. Unless authorized by clinical director, case manager/probation officer may only refer a participant to a program or organization listed in the **STEP/MBTC Network of Treatment and Social Service Providers** or the **MBTC Network of Adolescent Social Service Providers**. (Programs on these networks have been informed of the MBTC rules and protocols, see **Requirements for Outpatient Settings** and **Requirements for Residential Settings** and they have been required to execute a **Linkage Agreement** indicating that they will comply with all of the courts rules and requirements).
3. Contact community-based treatment provider. Inform the provider's intake staff that this is a court referral with consequent special requirements. These special monitoring requirements include:
 - ✓ monthly written reports using dedicated **New York State Unified Court System Drug Court Treatment Progress Report Form**;
 - ✓ verbal updates of any circumstances that might require the intervention of the judge;
 - ✓ a possible increase in the amount of random toxicology screens done by the

- program (day treatment providers are required to tests their MBTC participants at least twice each week); and
- ✓ Expedited reporting of discharge or flight from the program
 - ▶ Residential programs must report this immediately
 - ▶ Outpatient programs must report this information when the MBTC participant misses 5 consecutive days of treatment.

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

Ancillary Services that may need to be considered:

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

MBTC Declaration of Delinquency/Warrant Request

Date: _____

Case Manager: _____

Reviewed By: _____

Client Name	Dkt#	Next Court Date	Program Name & Address	Details & Dates of Delinquency

Revised: 09/23/03
C:\MyFiles\MBTC\Policy and Procedures Manual\Consolidated Manual.wpd



Criminal Court of the City of New York
County of Kings : Part MBTC

Next Court Date _____

-----X
THE PEOPLE OF THE STATE OF NEW YORK : SCI/IND# _____

-Against-

:
: Dkt# _____

,Defendant. :

-----X

VIOLATIONS OF CONDITIONS OF RELEASE

1. I am the Clinical Director for the Misdemeanor Brooklyn Treatment Court (MBTC) located at 120 Schermerhorn Street, Brooklyn, NY 11201.

2. As a condition of release pending sentence, the Court ordered the above-named defendant to attend and participate in substance abuse treatment, specifically

3. The defendant, after evaluation by the MBTC clinical staff was referred to the above-mentioned program(s). Based on information from

_____ the defendant has left the program prior to completion, in violation of the court's order. Specifically, the defendant

_____.

4. Therefore, as a result of defendant's failure to comply with court ordered condition of release, it is hereby requested that the court issue a bench warrant. Upon defendant's return to court, we ask the presiding judge to review the prior order releasing the defendant on his/her own recognizance.

Date

Clinical Director

On the basis of the above information, there is a reasonable cause to believe that the defendant has violated a condition of his/her release pending sentence. Accordingly, subject to final review, it is hereby declared that the defendant is in violation of his/her conditions of release. Therefore, a warrant shall issue directing the defendant to be taken into custody and brought before the court. C.L. 530.60(1), 410.60.

Date

Judge Wayne Saitta



**New York State Unified Court System
Drug Court Treatment Progress Form**

DATE OF REPORT: _____
REPORT PERIOD COVERING:
 _____ to _____

CLIENT INFORMATION

Name:	Drug of Choice:	Date of Admission: _/_/____	Est Date of Completion: _/_/____	Dkt#/SCI# (Court Use Only)
-------	-----------------	--------------------------------	-------------------------------------	----------------------------

COURT INFORMATION

Court:	Case Manager:	Telephone:	FAX:
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TREATMENT AGENCY

RECOMMENDATION

Treatment Agency Name:	Type/Modality:	Preparer's Signature:	<input type="checkbox"/> Maintain Current Treatment Status <input type="checkbox"/> Referral for Additional Services <input type="checkbox"/> Consider for Completion <input type="checkbox"/> Revise Treatment Plan <input type="checkbox"/> Being Considered for Discharge
Program Counselor:	Program Contact:	Contact Telephone:	

TREATMENT SCHEDULE

TREATMENT ATTENDANCE P=Present/E= Excused/A=Absent/L=Late (Attendance not required for residential)

Month	days/wk (circle) M T W Th F Sa	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
# sessions/wk	#hrs/wk	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

TREATMENT AREAS

TOXICOLOGY (P=Positive, N=Negative, L=Lab/Pending)

(N/A=not applicable, E=excellent, G=good, I=improved, NI=needs)

Treatment Area	N/A	E	G	I	NI
Attitude towards Treatment	<input type="checkbox"/>				
Stability of med/psych health	<input type="checkbox"/>				
Status of Entitlements	<input type="checkbox"/>				
Family system status	<input type="checkbox"/>				
Participates in all aspects of program	<input type="checkbox"/>				
Develop social support network	<input type="checkbox"/>				
Educational/Vocational/Employment	<input type="checkbox"/>				

Date	THC	Her	Coc	Bez	Amp	PCP	Alc	Meth	Barb	PM	Notes

Key: THC=THC; Her=Heroin; Coc=Cocaine; Bez=Benzodiazepine; Amp=Amphetamine;
 PCP=PCP; Alc=Alcohol; Meth=Methodone; Barb=Barbituates; PM=Prescription Medication

TREATMENT SUMMARY/COMMENTS

(Please be specific and include recommendations, aftercare information, other relevant progress. Include program's response to identified problems, changes in treatment plan, achievements, and issues with which the court may be able to assist)

ANCILLARY SERVICES (Indicate all services participant is attending)

Type of Service	days/wk (circle)	# absences	# attended	Treatment Summary/Comments:
<input type="checkbox"/> Comm. Service	M T W Th F Sa			
<input type="checkbox"/> Educ./Voc. Ed.	M T W Th F Sa			
<input type="checkbox"/> Med./Psych.	M T W Th F Sa			
<input type="checkbox"/> Parenting	M T W Th F Sa			
<input type="checkbox"/> Probation	M T W Th F Sa			
<input type="checkbox"/> Support Grp	M T W Th F Sa			
<input type="checkbox"/> Other	M T W Th F Sa			

**Misdemeanor Brooklyn Treatment Court
120 Schermerhorn Street
Brooklyn, NY 11201**

Outpatient Settings

Information Exchange Requirements

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

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

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

**Misdemeanor Brooklyn Treatment Court
120 Schermerhorn Street
Brooklyn, NY 11201**

Residential Settings

Information Exchange Requirements

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

- Immediate notification* of termination, discharge or "splits" (*written and verbal*)
- Immediate notification of "Cardinal Rule " breaks (*written and/or verbal*)
- Immediate notification of hospitalization or significant disruption of treatment process (*written and/or verbal*)
- Ongoing, consistent telephone contact regarding treatment progress of client
- Notification of all: (*written and/or verbal*)
 - Contracts / learning experiences
 - Phase / stage advancements
 - Rule breaking
 - Privilege revocation
 - Achievements /accomplishments
- Monthly Standardized Reports** for client, faxed to MBTC Case Manager (*written - submitted on MBTC form*)
- Letters or documentation regarding special issues or circumstances, upon request

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

**** Monthly reports are essential, though should serve as back up to verbal and/or written information exchange that must occur much more frequently.**

Revised: 04/23/02

**Misdemeanor Brooklyn Treatment Court
Linkage Agreement and Memorandum of Understanding**

The following is a referral/linkage agreement between the **Misdemeanor Brooklyn Treatment Court** (herein after referred to as “Court”) located at 120 Schermerhorn Street, Brooklyn, NY 11201 and

_____ (Herein after referred to as “Provider”)

located at: _____

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

1. Prior to the signing this agreement, the Provider shall provide to the Court written copies of 1) the Provider’s established policy regarding acceptance potential clients, 2) any regulations regarding confidentiality as well as 3) all regulations impacting treatment and client expectations.
2. At the time of referral to the Provider, the Court will provide the Provider with a referral package including assessment information and all information regarding Court-mandated terms of treatment for that specific client as well as copies of existing linkage agreements and information exchange requirements.
3. The Court will provide written Consent to Release Information Forms by fax to the agency upon referral of a client. The Provider shall make all final determinations regarding the suitability of potential clients consistent with established program criteria and this agreement and will immediately (within 24 hours) notify the Court of all final decisions regarding admissibility for every referred client.
4. If a client is found unsuitable for admission, the Provider, after contacting the Court, may make subsequent referrals without the same modality to Court approved Providers.
5. If subsequent referrals for an unsuitable client cannot be made by the Provider, the Provider must immediately (within 24 hours) notify the Court and immediately instruct the client to return to the Court for further referrals by Court staff.
6. The confidentiality and exchange of client information between the Court and the Provider shall be governed by regulations specified in the Court’s Consent Forms and applicable Provider regulations.
7. For every client of the Court, the Provider will identify a liaison as well as a “back up” with whom to exchange information and ensure consistent communication with the Court.
8. To the extent possible, the Provider will adhere to treatment terms and requirements as set forth in the Court-mandated terms of treatment but will make all other determinations regarding content and scope of treatment consistent with Court-mandated terms of treatment and will notify the Court in writing of all such determinations.
9. Providers accepting Court clients must provide regular consistent and observed urine testing as per Court-mandated terms of treatment and provide those results to the Court as per information exchange agreements.
10. If, after admission, the Provider can no longer provide services consistent with the Court’s mandate, the Provider will notify the Court immediately (within 24 hours) to discuss alternative plans and referrals.
11. If a client fails to appear for admission, leaves against or without permission of the Court and/or Provider or fails to return to a program at a specified time, the Provider will immediately (within 24 hours) notify the Court.

12. The Provider will submit all written reports and accounts as set forth in the Information Exchange Requirements provided by the Court and will provide information including but not limited to attendance, scope of treatment, quality of participation, all urine test dates and results, problems, achievements and treatment accomplishments.
13. To the extent possible, the Court will endeavor to establish and maintain a **partnership with the Provider** where treatment decisions for specific clients are mutually acceptable and information is easily accessible.
14. In some situations, the Provider may be asked to participate and/or testify in a court proceeding.
15. To ensure a collaboration, the Provider is encouraged to initiate communication with the Court regarding a client's treatment or any related issues as often as necessary. To the extent possible, the Provider may seek to use the Court as a motivator for treatment compliance.

TERMINATION

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

Print Name & Title(On behalf of the Court) Print Name & Title (On behalf of the Provider)

Signed Date Signed Date

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STEP and MBTC
 Network of Treatment and Social Service Providers
 Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Aurora	78-31 Parsons Blvd	Flushing NY	Ira Crispin	(718) 969-7000		8/15/02	09/19/02	Residential	All	MICA Adults Youth Education
B.A.S.I.C.S. (Bronx Addiction Services Integrated Concepts Systems)	1064 Franklin Ave.	Bronx, NY 10456	Jose Rosario	(718) 861-5650	(718) 861-1247	06/07/02	08/30/02	Residential	Men	Spanish
Bedford-Stuyvesant Alcoholism Treatment Center	1121 Bedford Ave	Brooklyn, NY 11216	Xavier Keyes	(718) 636-4205		05/10/02		Outpatient & Halfway House	All	No Benefits Alcohol
Bridge Back to Life	175 Remsen St	Brooklyn, NY 11201	Patricia Clark-Watson	(718) 852-5552		05/03/02		Outpatient	All	Methadone Track 1&2 MICA Marijuana Day Rehab
Camelot	263 Port Richmond Ave	Staten Island, NY 10302	Jewel Haggerty	(718) 981-8117	(718) 981-9344	T/C7/31/02	09/4/02	Outpatient Residential	Adults	Substance Abuse Education/ Vocational
Canarsie Aware, Inc	1285 Rockaway Parkway	Brooklyn, NY	Wayne Harris	(718) 257-3195	(718) 257-5560	7/31/02	09/4/02	Outpatient	All	Adults HIV Education Youth
CASES (non-	78 Livingston	Brooklyn, NY	Jasmin Redhead	(718) 643-2722	(718) 643-	05/01/02	8/8/02 Non-	Outpatient	Under 19 Jail bound	YO Education

STEP and MBTC

Network of Treatment and Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Substance abuse)	St (346 Broadway, NY,NY)	11201		x104	8735		linkage		Felony Only	Activities
Coney Island Hospital	2201 Neptune Ave.	Brooklyn, NY 11224	Jaime Rosario	(718) 714-2921	(718) 714 2910	05/14/02	07/09/02	Outpatient Detox	All	MICA Marijuana
Cornerstone /Medical Arts Center Hospital	57 West 57 th Street	New York, NY	Arlene Lewis/ Marty Kaplan	(212) 755-0200		8/12/02	09/23/02	Detox Rehab Outpatient Half way House	Adults	Women Hispanic/Latino
Counseling Service EDNY	186 Montague St.	Brooklyn, NY	Michele Nelson	(718) 858-6631	(718) 243-2715	04/22/02		Outpatient	All	Methadone Tracks 1&2 Probation Parole Spanish Family Program
Crossroads	39 West 19 th Street, 3d floor	New York, NY 10011	Kathleen O'Boyle	(212) 691-1911	(212) 675-0825	05/02/02	8/30/02	Outpatient	Women	Women Marijuana MICA Methadone Track 1&2
Cumberland Diagnostic and Treatment Center	100 N. Portland	Brooklyn, NY 11205	Beverly Butler	(718) 260 7787	(718) 260-7896	05/15/02		Outpatient	All	Marijuana Adolescent Geriatric MICA Alcohol
Damon House	1154-56 DeKalb Ave	Brooklyn NY	Mr. Lavel	(718)44 3-7170		T/C 8/26/02		Residential	Adults	Spanish

STEP and MBTC

Network of Treatment and Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Daytop Village (Outpatient)	401 State St	Brooklyn, NY 11201	Sylvia Thomas	(718) 625-1388	(718) 625-8958	05/07/02	08/1/02	Outpatient	All	YO
Daytop Village (Residential)	500 8 th Ave	New York, NY 10018	Ellen Barbella	(212) 904-1500	(212) 904-1555	06/24/02	08/1/02	Residential	All	Adolescent
Educational Alliance	371 East 10 th St	New York NY	David Gibson	(212) 780-2300 X-456		08/16/02	08/30/02	Outpatient Residential	All	MICA Adults Youth Education Homeless
El Regreso	189-191 South 2 nd St.	Brooklyn, NY 11211	Miquel Cordova	(718) 384-6400	(718) 384-0540	05/21/02		Residential Outpatient	Men-Residential Women-Residential to open 2003 All	Spanish Homeless
Flatbush Addiction Treatment Center	1463 Flatbush Ave	Brooklyn, NY 11210	Lucas Matthiesse n	(718) 951-9009	(718) 951-9719	04/25/02	08/5/02	Outpatient	All	MICA DWI Day Rehab
Institute for Community Living	415-417 State St	Brooklyn NY 11201	Gurline Gorr	(718) 625-4635		06/27/02		Residential	All	MICA
Kingsboro Addiction Treatment Center	754 Lexington Ave	Brooklyn, NY 11221	Robert Fisher	(718) 453-5297	(718) 453-4785	06/27/02		Short term Rehab	All	Rehab

STEP and MBTC

Network of Treatment and Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Lake Grove	111 Moriches Rd	Lake Grove NY 11755	CD-Anthony Grimaldi Jamie Stewart	(631)-205-1950	(631) 205-9439/1687	T/C 8/20/02		Outpatient Residential Halfway	All	Substance abuse MICA Training Voc/Edu Youth -opc
Liberty Management/ Arms Acres, Conifer Park, & Arm Acres o/p	1841 Broadway	New York, NY	Connie Pentony	(917) 733-5885	(212) 399-7068	05/07/02	09/19/02	Detox/Rehab Outpatient	All	MICA Adolescent Spanish Women
Lower Eastside Service Center (LESC)	46 East Broadway	New York, NY 10002	Larry Taub	(212) 566-7706	(212) 732-5224	06/18/02	08/6/02	Residential Outpatient	All	Methadone Track 1 & 2 Methadone-to-Abstinence Residential Short Stay
Lutheran Medical Center	514 49 th St	Brooklyn NY	Mary Ann Malone	(718) 437-5233		8/14/02	09/4/02	Detox Outpatient	All	MICA Methadone Spanish Women Youth
Mid Brooklyn MH Clinic	2020 Coney Island Ave	Brooklyn NY		(718) 676-4210		8/30/02		Outpatient	MICA/Severe Adults	Mental Health

STEP and MBTC

Network of Treatment and Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
New Directions	202-206 Flatbush Ave.	Brooklyn, NY 11217	Marc Wurgaft	(718) 398-0800	(718) 789-8807	05/01/02	08/7/02	Outpatient	All	MICA Methadone Track 2 Parole Spanish
Odyssey House	219 East 121 st Street	New York, NY 10035	Frank Dominelli	(212) 987-5104	(212) 987-5179	06/24/02 8/12/02	08/30/02	Residential	All	Women & Child Elderly
Outreach Project	117-11 Myrtle Ave.	Richmond Hill, NY 11418	Kevin Wadalavag e	(718) 847-9233 x316	(718) 849-1093	05/13/02	09/23/02	Outpatient Residential	All	Adolescent Women Polish Spanish
Phoenix House	55 Flatbush Ave	Brooklyn, NY 11217	Mary Herbert	(718) 858-2462	(718) 855-4783	05/06/02 08/13/02		Residential	All	Y.O.
Project Return Foundation	1600 Macombs Rd.	Bronx, NY 10452	Elaine Duvicette	(718) 299-3300	(718) 299-5905	05/20/02		Residential Outpatient	All	Women w/ children MICA
Promesa	1776 Clay Ave	Bronx NY		(718) 299-1100				Residential	Adults	Spanish
Queens Village Committee for Mental Health/J-CAP	116-30 Sutphin Blvd.	Jamaica, NY 11434	Michael Woodberry	(718) 322-2500	(718) 322-1883	06/11/02		Residential Outpatient	All	Marijuana YO

STEP and MBTC

Network of Treatment and Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Samaritan Village	88-83 Van Wyck Expy	Jamaica, NY 11435	Steve Rockman	(718) 206-1990	(718) 206-0051	05/24/02	08/30/02	Residential Outpatient	All	MICA ST Resid. MTA
Seafield	8712 4 th Ave	Brooklyn NY 11209	CD Jo Venturelli	(718) 630-5515	(718) 491-2038	T/C 8/20/02		Detox Rehab Outpatient Halfway		
St Luke's Hospital-	1000 10 th Ave	New York NY	Dr. Brian Corby(clinical Director)	(212)523 7156		T/C 8/8/02		Detox OutPatient Rehab?	All	MICA Youth
St Vincent's	1310 Rockaway Parkway/ 333 Atlantic Ave	Brooklyn, NY	Barbara Cajdler/ Guy Maganero	(718) 257-3880	(718)2 57-3538	7/31/02	08/29/02	Outpatient	Adults/ACS	Accepts Medicaid eligible/ pending ACS kids
TRI Center	175 Remsen St.	Brooklyn, NY 11201	Derrick Horton	(718) 858-4050	(718) 858-4137	04/30/02	08/13/02	Outpatient	All	Women Spanish
United Bronx Parents: Mrs. A's Place, La Casita, Casita Esperanza	773 Prospect Ave	Bronx, NY 10455	Joan Standora	(718) 292-9808	(718) 589-2986	06/24/02	08/1/02	Residential Outpatient	All	Women & Child HIV Homeless Methadone

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Vertias	931 Columbus Ave	New York, NY 10025	Michael Noth	(212) 864-4128	(212) 864-7987	07/09/02	08/7/02	Residential	All	Young Mothers
VIP Community Services	770 East 176 th St	Bronx, NY 10460	Anna Matos-Delgado	(718) 583-5315	(718) 583-6301	06/26/02		Residential Outpatient Methadone Maintenance	All	Methadone Track 1&2 MTA Residential Women

SUPERVISION

Frequency

Court

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

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

Case Management

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

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

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

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

Upon communication from a program that a participant has absconded or been terminated from the program, the case manager/probation officer should comply with

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

Universal Treatment Application. Case manager/probation officer must ensure that the all pertinent information is completed and filled out in the UTA before the participant's court appearance. All tabs under the Monitoring section must be completed including:

Court Dates

Brooklyn STEP Treatment Court - [Monitor: Adams, Jerome T. Id: 369, Docket #: 7418-02]

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Court Attendance

Date	Court Disposition	Result	Comment
03/10/04	Open		
02/02/04	CONTINUED/ADJOURNED	Attended	adjusting well. neg. adj. 3/10
01/07/04	CONTINUED/ADJOURNED	Excused	Still in diagnostic unit @ Daytop. excused from court. adj. 2/2
12/02/03	CONTINUED/ADJOURNED	Attended	yor'd for daytop bed
11/25/03	CONTINUED/ADJOURNED	Excused	Full intake info provided. Pick up 12/2 for Daytop. Need aftercare letter.
11/20/03	CONTINUED/ADJOURNED	Excused	interview by Daytop. needs mother to financially clear him. adj. 11/25
11/13/03	CONTINUED/ADJOURNED	Attended	J. giving 2nd chance. Interviewed by Daytop. potential placem. 11/20
11/03/03	CONTINUED/ADJOURNED	Attended	I&S requested
10/29/03	CONTINUED/ADJOURNED	Attended	New arrest- misd. THC possession. Remanded until 11/3. neg tox.
10/22/03	CONTINUED/ADJOURNED	Attended	doing well in tx but may get d/c due to not obtaining medicaid. adj. 1 wk for compliance.
10/07/03	CONTINUED/ADJOURNED	Attended	compliant and neg. J. addressed new arrest. Still being expored. adj. 10/22
09/30/03	CONTINUED/ADJOURNED	Attended	adv. from 10/14. New arrest.220.03. J. to review papers. neg tox. adj. 10/7

Court Mandate

Arraign Type	Felony Non-Dri	Jail Alt.	1 yr	Parole Vio.	No
Plea Date	04/30/2003	DUI/DWI	No	Youth Offnd.	Yes
Plea Type	Felony	Adjudic.	Post		
Tx Duration	12 months	Probation Vio.	No		

New Delete

Edit Case Treatment Plan Case Notes Save Print Close

Ready | 12-3-04 10:24:28

Start | P... | N... | W... | B... | N... | G... | 10:24 AM

Compliance

Brooklyn STEP Treatment Court - [Monitor: Adams, Jerome T. Id: 369, Docket #: 7418-02]

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Compliance Summary

Date	Drug Test	Attendance			
		Court	Detox	Treatment	Jail
09/22/2003					
09/22/2003					
09/02/2003					
08/29/2003					
08/28/2003					
08/27/2003					
08/26/2003					
08/25/2003					
08/22/2003					
08/21/2003					

Court

Court Action: CONTINUED/ADJOURNED
 Attendance: **Attended**
 Comment: adjusting well. neg. adj. 3/10

Program

Drug Test Results

	Pos	Neg	N/A	Not Collected:
THC (marijuana):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Heroin (opiates):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Cocaine:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Benzodiazepine:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
PCP (phencyclidine):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Amphetamine:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Alcohol:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Methadone:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Onsite: <input type="text"/>
Barbiturates:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Yes
Prescription Meds:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	

Ready | 12-3-04 10:27:11

Start | P... | N... | W... | B... | N... | G... | 10:27 AM

Drug Tests

Brooklyn STEP Treatment Court - [Monitor: Adams, Jerome T. Id: 369, Docket #: 7418-02]

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Test Date: 09/22/03

Not Collect:

Pos Neg N/A

THC (marijuana):

Heroin (opiates):

Cocaine:

Benzodiazepine:

PCP (phencyclidine):

Amphetamine:

Alcohol:

Methadone:

Barbiturates:

Prescription Meds:

Onsite:

Apparatus:

Comment:

Drug Test History

Test Date	Not Collected	TH	He	Co	Be	Am	PC	Al	Me	Ba	PM	Forgive
Tue 10/7/2003												
Tue 9/30/2003												
Mon 9/22/2003												
Mon 9/22/2003												
Tue 9/2/2003												
Wed 8/6/2003												
Thu 7/17/2003												
Thu 6/26/2003												
Wed 6/11/2003												
Thu 5/29/2003												
Thu 5/15/2003												

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

Clean Days reset Date:

Clean Days count: 281

Edit Case
Treatment Plan
Case Notes
Save
Print
Close

Ready | 12-3-04 10:29:02

Start | P... | N... | W... | B... | N... | G... | 10:29 AM

Program Attendance

Brooklyn STEP Treatment Court - [Monitor: Adams, Jerome T. Id: 369, Docket #: 7418-02]

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Attendance

08/29/03	Attended		
08/28/03	Attended		
08/27/03	Attended		
08/26/03	Attended		
08/25/03	Attended		
08/22/03	Absent	Group Counseling	
08/21/03	Attended		
08/20/03	Absent	Group Counseling	
08/19/03	Attended		
08/18/03	Attended		
08/14/03	Attended		
08/13/03	Attended		
08/12/03	Attended		
08/11/03	Attended		cit was late
08/08/03	Attended		
08/06/03	Attended		
08/05/03	Attended		
08/04/03	Excused		
08/01/03	Excused		

New Delete

Treatment Programs

Daytop Village - Adolescent Residence
Alpha School Inc.

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

2400 Linden Blvd. Brooklyn, N.Y. 11208

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

Operates
Facility Type outpatient
Treatment Yes
Social Services No

Modify Programs Rolodex

Edit Case Treatment Plan Case Notes Save Print Close

Ready | 12-3-04 10:30:21

Start | P... N... W... B... N... G... | 10:30 AM

Ancillary Services Attendance

Brooklyn STEP Treatment Court - [Monitor: Adams, Jerome T. Id: 369, Docket #: 7418-02]

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Attendance

First Attendance :

Assigned Services

Start Date: Active Only

Social Services

- ACS/CPS Services
- Acupuncture
- Alumni/Aftercare Services
- Case Management (Contacts)
- Child Care
- Community Service/Volunteer Work
- Dental Services
- Domestic Violence Counseling
- Educational Training
- Housing Services

Ready | 12-3-04 10:31:07

Start | P... | N... | W... | B... | N... | G... | 10:31 AM

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