



# **Policy and Procedures Manual**

Queens Misdemeanor Treatment Court

**Queens Misdemeanor Treatment Court**

Criminal Court of the City of New York

125-01 Queens Boulevard

Kew Gardens, NY 11415



**Last Updated:  
September 9, 2006**

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

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**Visit the Queens Misdemeanor Treatment Court's website for a Powerpoint copy of this manual:**

[www.courts.state.ny.us/courts/2jd/QMTC/index.shtml](http://www.courts.state.ny.us/courts/2jd/QMTC/index.shtml)

# CONTENTS

<b>MISSION STATEMENT</b>	<b>1</b>
<b>INTRODUCTION</b>	<b>3</b>
<b>QMTC DAILY OPERATIONS</b>	<b>7</b>
<b>SCREENING /ELIGIBILITY CRITERIA</b>	<b>8</b>
<b>SCREENING PROTOCOL</b>	<b>9</b>
<b>QMTC CLINICAL STAFF</b>	<b>16</b>
<i>Role of Team Members</i>	<b>18</b>
<b>CONFIDENTIALITY – The Law</b>	<b>20</b>
<b>CONFIDENTIALITY – HIPAA</b>	<b>30</b>
<i>Order to Disclose Protected Health Information (Blanket Order)</i>	<b>35</b>
<i>Order to Disclose Protected Health Information (Individual Order)</i>	<b>36</b>
<i>HIPAA Notice and Explanation</i>	<b>38</b>
<i>Court Ordered Mandate for Treatment</i>	<b>39</b>
<b>CONFIDENTIALITY – Procedures</b>	<b>42</b>
<i>Authorization for Release, Disclosure and Re-disclosure     of Confidential Alcohol and/or Drug Abuse Patient Information</i>	<b>45</b>
<i>Consent to Release Confidential Medical &amp; Psychiatric     Information</i>	<b>46</b>
<i>Consent for Release of Confidential HIV Information</i>	<b>47</b>
<i>General Consent for the Release of Confidential Information</i>	<b>48</b>
<i>Prohibition on Disclosure of Information Concerning Clients in Alcohol     and Drug Abuse Treatment</i>	<b>49</b>
<b>ASSESSMENT</b>	<b>52</b>
<i>Release of Inmate Property</i>	<b>55</b>
<i>Birth Certificate Verification Letter</i>	<b>56</b>
<i>Social Security Verification</i>	<b>57</b>
<i>UTA Assessment Tool</i>	<b>58</b>



<b>TREATMENT PLAN / RECOMMENDATION</b>	<b>84</b>
<i>Treatment Plan Recommendation Form</i>	<b>88</b>
<b>PLEA AGREEMENT</b>	<b>90</b>
<i>QMTC 1004 – Plea Agreement</i>	<b>91</b>
<b>PROGRAM REFERRAL</b>	<b>94</b>
<i>QMTC Referral Letter</i>	<b>96</b>
<i>QMTC Treatment Program Form</i>	<b>98</b>
<i>Aftercare Letter Request</i>	<b>100</b>
<i>Educational Attendance and Progress Form</i>	<b>101</b>
<i>Treatment Progress Forms</i>	<b>102</b>
<i>Program Requirements – Outpatient</i>	<b>104</b>
<i>Program Requirements – Residential</i>	<b>105</b>
<i>Linkage Agreement</i>	<b>106</b>
<i>Referring Treatment Plan</i>	<b>108</b>
<i>Network of Treatment and Social Service Providers</i>	<b>110</b>
<b>URINE TESTING PROTOCOL</b>	<b>120</b>
<b>SUPERVISION</b>	<b>126</b>
<i>Declaration of Delinquency / Warrant Request</i>	<b>127</b>
<i>UTA Applications</i>	<b>128</b>
<i>Metrocard Reimbursement</i>	<b>139</b>
<i>Metrocard Log Form</i>	<b>140</b>
<i>Participant Handbook</i>	<b>141</b>



## **MISSION STATEMENT**

Queens Misdemeanor Treatment Court (QMTC), through intensive court intervention, seeks to promote public safety, reduce recidivism and improve the quality of life in the community, by identifying and treating qualified misdemeanor offenders with a history of substance abuse.

## **GOALS**

### ***QMTC seeks to :***

Intervene by mandating drug-addicted offenders to court supervised treatment as an alternative to incarceration;

Provide intensive case management in an effort to promote compliance with court mandates;

Educate the drug-addicted offender about relapse, recovery, sobriety through workshops conducted with community treatment providers;

Provide the offender with appropriate tools needed for long-term sobriety;

Through health education, reducing high-risk behaviors and identifying and treating the health problems of high-risk offenders; and

Address vocational, educational, or employment needs.





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## INTRODUCTION

QMTC serves as alternative to incarceration program that allows drug abusing persistent misdemeanor offenders the opportunity to participate in drug treatment in lieu of incarceration. This initiative was established as a response to the growing concerns of defendants repeatedly arrested for misdemeanor offences who commit these crimes to support their substance abuse.

QMTC was developed through the cooperative efforts of the Criminal Court of New York City, the Queens District Attorney's Office, the defense bar, the New York City Department of Probation and Treatment Alternatives to Street Crime (TASC), to address the issues of recidivism among nonviolent misdemeanor drug offenders in Queens County.

QMTC targets drug-dependent, non-violent misdemeanor offenders. To ensure defendant's quick entry into a treatment program, QMTC screens for eligibility prior to arraignment. Defendants who agree to participate in QMTC must sign a contract that outlines the terms and conditions of the program. Each defendant must enter a plea of guilty to the top charge and sentence is deferred during the treatment period. Case Managers develop treatment plans based on defendants' history of drug abuse and ties to the community. Depending upon individual needs, treatment mandates last anywhere from 9 to 12 months.

The QMTC Presiding Judge requires all defendants to appear in court on a regular basis to monitor progress in treatment. Prior to each court appearance, the team reviews each defendant's progress at a "staffing, " ensuring that the team has a coordinated strategy and a united response for the judge to address with each defendant in open court. To encourage abstinence, frequent and random drug testing occurs at QMTC as well as the defendant's treatment program. The court imposes sanctions for noncompliant behavior and acknowledges achievements and incentives. If a participant successfully completes the court mandate, the court vacates the guilty plea and dismiss the case. If a participant is terminated, the Judge imposes the agreed upon jail term.



## **PRELIMINARY IDENTIFICATION CRITERIA**

Defendants eligible for treatment in QMTC must:

- be charged with a non-violent, class “A” misdemeanor offense
- have 3 or more prior arrests and/or convictions
- be 16 years or older

Exclusions:

- any prior violent felony convictions
- any prior sex or arson convictions

## **INTAKE/CASE MANAGEMENT**

Upon arrival at the Treatment Court Case Management Office, each defendant participates in an orientation by the treatment staff. The orientation includes urinalysis and a confidential interview by a case manager using the Universal Treatment Application (UTA) psycho-social assessment. The purpose of this evaluation is to determine whether defendant abuses drugs, if so, the level of addiction, and to evaluate defendant’s life circumstances.

QMTC staff then determines whether treatment intervention is appropriate and develops a treatment plan. The treatment staff recommends a treatment plan to the Court based on severity of addiction, the defendant’s community ties, and his/her criminal history. The treatment plan sets forth the type of treatment program and frequency of attendance required. The treatment staff identifies community based treatment appropriate providers and will assist the willing participant in the with entry into an appropriate program. If the results of the evaluation reveal that defendant is not an addict or not eligible to participate, the individual is considered an unsuitable candidate for treatment intervention and the case is sent through the court process.

## **TREATMENT PROVIDERS**

QMTC has created relationships with over 50 community-based treatment providers who accept referrals from our case management staff. These providers include detox services, short term rehabilitation, outpatient and long term residential programs.



## **TREATMENT MODALITIES**

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

## **LENGTH OF TREATMENT**

The typical treatment mandate is nine to twelve months, however this is dependant upon the participant's individual progress through the program. The average length of time in treatment is around eleven months. If the defendant successfully completes his mandate, the plea is vacated and the charge dismissed. Should the defendant fail QMTC, the defendant will receive the promised jail alternative.



## CASE PROCESSING

The Judge, Prosecution, Defense Attorney, and other court personnel “paper screen” cases for eligibility in arraignments. Any case deemed eligible is adjourned for QMTC on its next operation day. Once the case is sent to QMTC, the Case Management staff will conduct a Psycho-Social assessment using the Courts database, the Universal Treatment Application.

If the defendant is found to be in need in treatment, a treatment recommendation is made to the Court, indicating whether the defendant is in need of detoxification, short-term rehabilitation, outpatient, or long-term residential treatment. The recommendation is based on the defendant’s severity of addiction, community ties, and the defendant’s criminal justice history. The Case Manager will then refer the defendant to an appropriate Treatment Provider that will address the needs of the defendant. If there is no discernable addiction, the case is sent to another part.

After the assessment and treatment plan is presented to the Court, the defendant has the opportunity to meet with their attorney to decide either to accept or not accept the proposed treatment plan. If the defendant chooses to accept the treatment plan and wishes to participate in QMTC, the defendant must plead guilty to the charge(s) and sign a contract agreeing to enter treatment and comply with the court’s mandate or face the agreed jail alternative. If the defendant successfully completes his treatment mandate (9-12 months), the plea is vacated and the charge(s) are dismissed. Should the defendant fail QMTC, the defendant will receive the promised jail alternative.

The defendant will appear in court regularly for update progress reports. Depending on the progress of treatment, the defendant may appear more/less frequently. The defendant’s treatment plan can be amended depending on the defendants progress in treatment.



**Preliminary Marking by Clerks for QTC and QMTC:**

**QTC Eligible**

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

**Exclusions**

- no prior felony convictions
- no previous treatment court offer

**QMTC Eligible**

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

**Exclusions**

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

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

**Ineligible – Adjournd to APN**  
 for 180.80 day or other agreed upon date

Cases marked QTC Eligible  
**Adjournd to APN**

Cases marked QMTC Eligible  
**Adjournd to QMTC**

**Ineligible – Adjournd to AP Part**  
 for 170.70 day or other agreed upon date

**Case Conference in APN: Grand Jury Action**

- No DA Offer
- Defendant Refuses Offer
- Defendant clinically ineligible

**D.A. Reviews Case**

**D.A. makes offer on record**

- Defendant present in courtroom

**Defendant consents to interview**

**Clinical Assessment**

- Assessed by court clinical staff

**Defendant Eligible:**

- Plea Allocation
- Sentence Deferred

**D.A. Reviews Case**

**Defendant consents to interview**

**Clinical Assessment**

- Assessed by court clinical staff

**Defendant Eligible:**

- Plea Allocation
- Sentence Deferred

**Adjournd to AP Part:**

- No DA Offer
- Defendant Refuses Offer
- Defendant clinically ineligible

**AP Part: Case conference**

**APN AP6**

**QTC**

**AP PT.**

**QMTC**

**ARRAIGNMENTS**

# SCREENING/ELIGIBILITY CRITERIA

## QUEENS MISDEMEANOR TREATMENT COURT

### ELIGIBILITY FOR TREATMENT COURT

1. CHARGED WITH A "NON-VIOLENT" CLASS A MISDEMEANOR
2. HAS 3 OR MORE PRIOR ARRESTS

### EXCLUSIONS

1. PRIOR FELONY CONVICTIONS
2. PRIOR SEX OR ARSON CONVICTIONS

### Ineligible "Violent" Misdemeanor Offenses

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

QMTC 1001 (5/06)



# SCREENING PROTOCOL

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## 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., QTC eligible, QMTC eligible):
  - a. Court papers
    - i. blue or yellow back and
    - ii. covering manilla folder
  - b. Defense attorney's copy of the complaint
  - c. District Attorney's folder



### Post-arraignment

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

## Associate Clerk

### Pre-arraignment

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

### Post-arraignment

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



# SCREENING PROTOCOL

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## Court Officer (Arraignments)

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

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

## QMTC Clerk

10. Deliver yesterday's court papers to Resource Coordinator in courtroom for initialization into the Universal Treatment Application (UTA).
11. Obtain list of D.A. ineligible and otherwise ineligible defendants from resource coordinator for early adjournment to appropriate AP part.
12. Obtain list of "No addiction" defendants from resource coordinator for adjournment to appropriate AP part
13. 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***

14. Initialize case into the UTA.
15. Contact Assistant District Attorney for new defendant's eligibility status and plea bargain offers.
16. Close out D.A. ineligible cases in the UTA.



# SCREENING PROTOCOL

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17. Assign clinical assessments of new cases to case manager or TASC Representative (case manager) using established procedures. Ensure that all custodial candidates are assigned a gender appropriate case manager

## ***Post-Assessment***

18. 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.
19. Notify part clerk that treatment plan has been prepared and distributed.
20. Remain available for conference with judge, assistant district attorney and defense counsel concerning plea bargain offer and treatment plan

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

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

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

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

## **Lab Technician**

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



# SCREENING PROTOCOL

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## ***Released Candidates***

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

## ***Candidates in Custody***

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

## **Case Manager**

43. Obtain list of day's assigned candidates

## ***Released Candidates***

44. Conduct psychosocial assessment
45. Obtain toxicology results from lab technician



# SCREENING PROTOCOL

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## ***Custodial Candidates***

46. Check that candidate is gender appropriate.
47. Obtain test equipment with appropriate name from lab technician
48. Take custodial intake packet and test equipment to pens on 9th floor.
49. Conduct psychosocial assessment
50. Upon completion of psychosocial assessment, if the candidate is otherwise appropriate, obtain monitored urine sample.
51. Perform toxicology screen using Roche immunoassay test equipment per manufacturer's guidelines.
52. Note test validity and sample temperature on assessment.
53. Immediately note results on assessment
54. Note any suspicions concerning sample and report them to clinical director and lab technician
55. Upon return to the Treatment Center, report results and deliver testing equipment to lab technician for verification, UTA input and disposal.

## ***All Candidates***

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

Revised 08/25/04





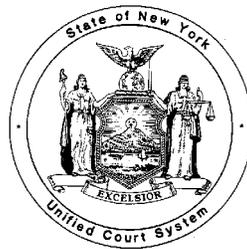
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# QMTC CLINICAL STAFF



## **QMTC CLINICAL STAFF**

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### **Director**

#### **Management Analyst JG-25**

Typical Background:

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

Responsibilities Include:

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

### **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 appropriate parties,
  - giving recommendations to the Court on treatment issues, including possible sanctions, rewards and modifications to treatment plans,
  - relaying court instructions to the clinical staff,
  - supervise staff in the absence of Director.

## QMTC CLINICAL STAFF

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*(Continued)*

### **Case Manager**

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

Typical Background:

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

Responsibilities include:

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



## QMTC CLINICAL STAFF

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### *Role of the Team Members*

The QMTC team currently consists of the Presiding Judge, Assistant District Attorney, Defense Attorneys, Clinical Director, Resource Coordinator, and Case Management.

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



# CONFIDENTIALITY –

## The Law



# CONFIDENTIALITY

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## *The Law*

### STATUTES

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

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

Under subsection (b) (1), the content of any record referred to in (a) can be disclosed with the prior written consent of the patient, but only to the extent and under the circumstances and purposes delineated in regulations for such disclosure. Pursuant to subsection (b) (2), the contents of such a record may be disclosed without the patient's written consent, in the following circumstances: (A) to medical personnel "to the extent necessary to meet a bona fide medical emergency;" (B) to research personnel who may not identify any particular patient. and (C) "if authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause 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. 42 U.S.C. §290dd-2(b)(2)(C) provides further guidance for a court assessing "good cause":

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

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

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



# CONFIDENTIALITY

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## *The Law (Continued)*

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

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

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

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

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

### **2.3 PURPOSE AND EFFECT**

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

### **2.4 CRIMINAL PENALTY**

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

### **2.11 DEFINITIONS**

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

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



# CONFIDENTIALITY

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## *The Law (Continued)*

### **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 purpose of treating alcohol or drug abuse, making a diagnosis for treatment, or making a referral for treatment:

#### (b) Federal assistance.

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

#### (c) Exceptions

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



# CONFIDENTIALITY

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## *The Law (Continued)*

(6) Reports of suspected child abuse and neglect. Restrictions do 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 or drug abuse.

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

## **2.13 CONFIDENTIALITY RESTRICTIONS**

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



# CONFIDENTIALITY

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## *The Law (Continued)*

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

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

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

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

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

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

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

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

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

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



# CONFIDENTIALITY

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## *The Law (Continued)*

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

### **2.31 FORM OF WRITTEN CONSENT**

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

### **2.32 PROHIBITION ON REDISCLOSURE**

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

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

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

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

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



# CONFIDENTIALITY

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## *The Law (Continued)*

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

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

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

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

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

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

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

### **2.63 CONFIDENTIAL COMMUNICATIONS**

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



# CONFIDENTIALITY

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## *The Law (Continued)*

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

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

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

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

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

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

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

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

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



# CONFIDENTIALITY

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## *The Law (Continued)*

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

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

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

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

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

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

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

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

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

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

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

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



# CONFIDENTIALITY – HIPAA



# CONFIDENTIALITY

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## HIPAA

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

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

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

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

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

Although drug treatment courts certainly use or disclose protected health information regularly as part of their operations, New York State's drug treatment courts do not fall under the regulations' definition of a covered entity. First, drug treatment courts are neither health plans nor health care clearinghouses. Second, although some drug treatment courts may be considered health care providers under HIPAA<sup>6</sup>, New York State's drug treatment courts do not, in any event, currently engage in those specific electronic transactions (see footnote 4) that would make them the type of health care providers that are covered entities under HIPAA.

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



# CONFIDENTIALITY

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## *HIPAA (Continued)*

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

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

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

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

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

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

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



# CONFIDENTIALITY

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## *HIPAA (Continued)*

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

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

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

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

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

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



# CONFIDENTIALITY

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## *HIPAA (Continued)*

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

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

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

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

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

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

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

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

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

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



# CONFIDENTIALITY

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## HIPAA (Continued)

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



# CONFIDENTIALITY

*Order to Disclose Protected Health Information (Continued)*

**SAMPLE**

**[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

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: \_\_\_\_\_



# CONFIDENTIALITY

## Order to Disclose Protected Health Information (Continued)

**SAMPLE**

### 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

-against-

### **ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION**

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 the Drug Treatment  
[Name of Treatment or Health Care Provider]

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: \_\_\_\_\_



## CONFIDENTIALITY

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### *Order to Disclose Protected Health Information (Continued)*

*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.



# CONFIDENTIALITY

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## HIPAA Notice and Explanation

**SAMPLE**

### NOTICE

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

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

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

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

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

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



**CONFIDENTIALITY**

*Court Order Mandate for Treatment*

**SAMPLE**

CRIMINAL COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS: CRIMINAL TERM

PART: QMTC

-----  
THE PEOPLE OF THE STATE OF NEW YORK

Order:

v.

Date:

DOC. No.:

Defendant

-----  
HON. ZAYAS, JOSEPH

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

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

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

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

This constitutes the order of the Court.

\_\_\_\_\_  
Joseph Zayas  
Criminal Court

Dated:

Kew Gardens, NY





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

Naima Aiken  
Project Director  
125-01 Queens Blvd.  
Kew Gardens, NY 11415  
naiken@courts.state.ny.us

**Visit the Queens Misdemeanor Treatment Court's website for a Powerpoint copy of this manual:**

[www.courts.state.ny.us/courts/2jd/QMTC/index.shtml](http://www.courts.state.ny.us/courts/2jd/QMTC/index.shtml)

# CONFIDENTIALITY – Procedures



# CONFIDENTIALITY

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## *Procedures*

### INTRODUCTION

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

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

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

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

### CONSENT PROCEDURE

#### *Clinical Assessment*

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



# CONFIDENTIALITY

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## *Procedures (Continued)*

1. **Authorization for Release, Disclosure and Re-Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information**
2. **Consent to Release Confidential Medical and Psychiatric Information**
3. **Authorization for Release of Confidential HIV-Related Information** (if applicable)
4. **General Consent to Release Confidential Information** (optional)

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

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

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

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

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

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

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

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

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

### **General Consent to Release Confidential Information**

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



# CONFIDENTIALITY

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## *Procedures (Continued)*

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

## MONITORING PROGRESS

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

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

## COMMUNICATION WITH OUTSIDE AGENCIES

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

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

## COURTROOM

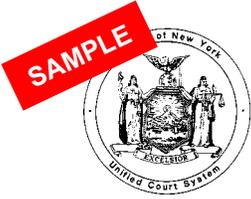
Disclosure of treatment information routinely happens in the courtroom during a participant's court appearance, the same information discussed in court may not be discussed or re-disclosed by treatment staff unless authorized by a signed "Release" or by one of the exceptions listed above. Although it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





# CONFIDENTIALITY

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



**QUEENS MISDEMEANOR TREATMENT COURT**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
125-01 Queens Boulevard, Kew Gardens NY 11415  
P: (718) 298-0911  
F: (212) 419-8443

### **CONSENT TO RELEASE OF CONFIDENTIAL MEDICAL AND/OR PSYCHIATRIC INFORMATION**

I, \_\_\_\_\_, authorize the Queens Misdemeanor Treatment Court  
*(Name of agency information to be disclosed to)*  
clinical staff permission to obtain my medical/psychiatric records from:

\_\_\_\_\_  
Name of agency/person disclosing information

Address

I also hereby authorize the clinical staff of QMTC to re-disclose the released information to treatment providers and other agencies to the extent necessary for referral, placement and maintenance in substances abuse treatment and other social services.

I understand 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 Queens Misdemeanor Treatment Court and affiliates has officially ended.

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

DOB: \_\_\_\_\_

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



# CONFIDENTIALITY

## Authorization for Release of Confidential HIV Related Information



**QUEENS MISDEMEANOR TREATMENT COURT**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
125-01 Queens Boulevard, Kew Gardens NY 11415  
P: (718) 298-0911  
F: (212) 419-8443



### **AUTHORIZATION FOR 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 or 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:  
Queens Misdemeanor Treatment Court  
125-01 Queens Boulevard  
Kew Gardens, New York 11415

5. I also authorize the Queens Misdemeanor Treatment Court to re-disclose this information to the agencies listed (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 substances abuse treatment and/or social services)**

7. Time during which release is authorized:

**For the duration of my participation with the Queens Misdemeanor 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 any time.***

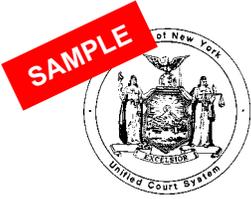
\_\_\_\_\_  
**Signature**

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



# CONFIDENTIALITY

## General Consent for the Release of Confidential Information



**QUEENS MISDEMEANOR TREATMENT COURT**  
CRIMINAL COURT OF THE CITY OF NEW YORK  
125-01 Queens Boulevard, Kew Gardens NY 11415  
P: (718) 298-0911  
F: (212) 419-8443

### GENERAL CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

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

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

to disclose to \_\_\_\_\_  
the following information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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



## CONFIDENTIALITY

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



#### **QUEENS MISDEMEANOR TREATMENT COURT**

CRIMINAL COURT OF THE CITY OF NEW YORK

125-01 Queens Boulevard, Kew Gardens NY 11415

P: (718) 298-0911

F: (212) 419-8443

**SAMPLE**

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

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

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

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

**PHONE: (718) 520-2373**

**FAX: (212) 419-8443**

(rev. 04/27/04)





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

Naima Aiken  
Project Director  
125-01 Queens Blvd.  
Kew Gardens, NY 11415  
naiken@courts.state.ny.us

**Visit the Queens Misdemeanor Treatment Court's website for a Powerpoint copy of this manual:**

[www.courts.state.ny.us/courts/2jd/QMTC/index.shtml](http://www.courts.state.ny.us/courts/2jd/QMTC/index.shtml)

# ASSESSMENT



## ASSESSMENT

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



# ASSESSMENT

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(Continued)

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

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

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

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

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



# ASSESSMENT

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(Continued)

The UTA Assessment includes seventeen (17) sections. All 17 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. **Trauma**
13. **Drug Use** (*Drug Use Detail* should be filled out completely)
14. **Treatment History**
15. **Summary**
16. **Assessment**
17. **Interview Summary**

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



# ASSESSMENT

## Release of Inmate Property Form



### QUEENS MISDEMEANOR TREATMENT COURT

CRIMINAL COURT OF THE CITY OF NEW YORK

125-01 Queens Boulevard, Kew Gardens NY 11415

P: (718) 298-0911

F: (212) 419-8443

**SAMPLE**

### RELEASE OF INMATE PROPERTY

**To: Supervisor Rikers Island**

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

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

**Re: Release of inmate property**

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

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

Please be advised that on \_\_\_\_\_, \_\_\_\_\_ is scheduled to appear in the Criminal Court before Judge Joseph Zayas. He/she will be released on the aforementioned court date at the Queens Misdemeanor Treatment Court to be placed into a Residential drug treatment program under the Court order.

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

Sincerely,

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



# ASSESSMENT

## Birth Certificate Request



### QUEENS MISDEMEANOR TREATMENT COURT

CRIMINAL COURT OF THE CITY OF NEW YORK

125-01 Queens Boulevard, Kew Gardens NY 11415

P: (718) 298-0911

F: (212) 419-8443

### BIRTH CERTIFICATE REQUEST

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

VIA FAX: 212-442-0946

Dear Ms. McNeill:

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

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

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

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

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

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

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

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

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

Thanks for your assistance

Sincerely,

Case Manager  
Queens Misdemeanor Treatment Court



# ASSESSMENT

## Social Security Number Verification Form



### QUEENS MISDEMEANOR TREATMENT COURT

CRIMINAL COURT OF THE CITY OF NEW YORK

125-01 Queens Boulevard, Kew Gardens NY 11415

P: (718) 298-0911

F: (212) 419-8443

SAMPLE

### SOCIAL SECURITY NUMBER VERIFICATION

Social Security Administration  
155-01 Jamaica Avenue  
Jamaica, NY 11432  
(718) 557-6051

Dear Mr. Hebron:

I hereby am requesting social security verification and I am 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 QMTC

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

Is this information requested verified by the Social Security Administration:

YES \_\_\_\_\_

NO \_\_\_\_\_



# ASSESSMENT

UTA Assessment Tool

PAGE 1 OF 24

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

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

## DEMOGRAPHICS

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



# ASSESSMENT

## IDENTIFICATIONS REPORTED

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



# ASSESSMENT

## IDENTIFICATIONS REPORTED

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

## LIVING ARRANGEMENTS

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

## PRESENT ADDRESS

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



# ASSESSMENT

UTA Assessment Tool

PAGE 4 OF 24

## CONTACT AT PRESENT ADDRESS

Last Name

First Name

Relationship

## MAILING ADDRESS

Is there another mailing address? Yes No

Street Address

Apartment

City

State

Zip Code

## SECOND CONTACT

Do you have a second contact? Yes No

First Name

Last Name

Street Address

Apartment

City

State

Zip Code

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?



# ASSESSMENT

## VOCATIONAL EDUCATION

Ever attended vocational or technical courses?	Yes	No
What courses?	<input type="text"/>	
Did you complete the courses?	Yes	No

## EMPLOYMENT

What is your current employment status?	<input type="text"/>	
How long unemployed?	<input type="text"/>	
Most recent employment?	<input type="text"/>	
When did that job end?	<input type="text"/>	
Employer's name	<input type="text"/>	
Employer's Address	<input type="text"/>	
Employer's City	<input type="text"/>	
Employer's State	<input type="text"/>	
Employer's Zip Code	<input type="text"/>	
Employer's Telephone Number	<input type="text"/>	
Supervisor's name	<input type="text"/>	
Working Hours	<input type="text"/>	
How long employed there?	<input type="text"/>	
Employment verified?	Yes	No
Other professional skill or trade?	<input type="text"/>	
Have you ever been employed	Yes	No
Longest period at any job?	<input type="text"/>	
Last earnings before taxes?	<input type="text"/>	

## FINANCIAL SUPPORT

What is your primary means of financial support?	<input type="text"/>	
Currently receiving government assistance?	Yes	No
Division of AIDS Services (DAS)	<input type="checkbox"/>	
Food Stamps	<input type="checkbox"/>	
Home Relief	<input type="checkbox"/>	
Medicaid	<input type="checkbox"/>	
SSI/SSD	<input type="checkbox"/>	



# ASSESSMENT

## UTA Assessment Tool

### FINANCIAL SUPPORT

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

### VETERAN STATUS

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

### HOME ENVIRONMENT

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



# ASSESSMENT

## HOME ENVIRONMENT

Has your spouse/partner or any of the people with whom you are living ever been treated for an alcohol or drug problem?

	Yes	No
Children	<input type="checkbox"/>	
Father	<input type="checkbox"/>	
Mother	<input type="checkbox"/>	
Foster Parent	<input type="checkbox"/>	
Friends	<input type="checkbox"/>	
Grandparents	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other relatives	<input type="checkbox"/>	
Spouse/partner	<input type="checkbox"/>	

## SOCIAL ENVIRONMENT

Is the neighborhood in which you currently live safe?

Yes No

What is the drug availability in your neighborhood?

Have any of your friends or other family members (not living with you) ever been incarcerated for 30 days or longer?

Yes No

Do any of your friends or other family members (not living with you) abuse alcohol or drugs?

Yes No

Children	<input type="checkbox"/>	
Father	<input type="checkbox"/>	
Mother	<input type="checkbox"/>	
Foster Parent	<input type="checkbox"/>	
Friends	<input type="checkbox"/>	
Grandparents	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other relative	<input type="checkbox"/>	
Spouse/partner	<input type="checkbox"/>	



# ASSESSMENT

## SOCIAL ENVIRONMENT

Is there anyone in your life who provides you with emotional support?	Yes	No
Children	<input type="checkbox"/>	
Clergy	<input type="checkbox"/>	
Father	<input type="checkbox"/>	
Mother	<input type="checkbox"/>	
Friends	<input type="checkbox"/>	
Grandparents	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Other relative	<input type="checkbox"/>	
Spouse/partner	<input type="checkbox"/>	

## LEGAL ISSUES

Are you named in any current orders of protection?	Yes	No
County/Borough Issued:	<input type="text"/>	
Date issued:	<input type="text"/>	
Who named you?	<input type="text"/>	
Verified though Domestic Violence Registry?	Yes	No

## CHILDREN

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

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

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



# ASSESSMENT

## CHILDREN

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

## PHYSICAL HEALTH

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



# ASSESSMENT

## PHYSICAL HEALTH

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



# ASSESSMENT

## MENTAL HEALTH

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

Yes No

Number of times

Ever see or hear things?

Yes No

Have you ever set a fire?

Yes No

Number of times

Have you ever considered harming yourself?

Yes No

Ever planned to harm yourself?

Yes No

Number of times

Most recent date:

Are you currently taking medication for mental health reasons?

Yes No

Drug 1

Dosage

What for

Drug 2

Dosage

What for

Drug 3

Dosage

What for

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

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

Yes No

Want to harm yourself?

Yes No

Think about suicide?

Yes No

Have a suicide plan?

Yes No

Attempt suicide?

Yes No

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

Attempt Suicide?

Yes No



# ASSESSMENT

## UTA Assessment Tool

PAGE 12 OF 24

### REFERRAL DECISION SCALE (RDS)

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

### MAJOR DEPRESSION

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

### DYSTHYMIA

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

### REFERRALS

<i>Referral for MH Evaluation?</i>	Yes	No
------------------------------------	-----	----

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

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



# ASSESSMENT

## UTA Assessment Tool

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

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

### GENERALIZED ANXIETY DISORDER

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

Are these worries present most days? Yes                      No

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

### POST TRAUMATIC STRESS DISORDER

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

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

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

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

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

### REFERRALS

Referral for a MH Evaluation? Yes                      No

### MENTAL HEALTH TREATMENT HISTORY

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

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

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

Agency:	<input type="text"/>
Address:	<input type="text"/>
Physician/Counselor:	<input type="text"/>
Phone:	<input type="text"/>



# ASSESSMENT

## MENTAL HEALTH TREATMENT HISTORY

Have you ever been hospitalized for any mental health reason?	Yes	No
If yes, how many times?	<input type="text"/>	
What was the most recent hospital you were admitted to?	<input type="text"/>	
What was the month and year of admission?	<input type="text"/>	
Why were you admitted?	<input type="text"/>	

## MENTAL HEALTH DIAGNOSIS

### EMOTIONAL ABUSE

Have you ever been emotionally abused?	Yes	No
If yes, how old were you when it first began happening?	<input type="text"/>	
Are you currently being emotionally abused?	Yes	No
Are you currently living in the same home as the abuser?	Yes	No

### PHYSICAL ABUSE

Have you ever been physically abused?	Yes	No
If yes, how old were you when it first began happening?	<input type="text"/>	
Are you currently being physically abused?	Yes	No
Are you currently living in the same home as the abuser?	Yes	No

### SEXUAL ABUSE

Have you ever been sexually abused?	Yes	No
If yes, how old were you when it first began happening?	<input type="text"/>	
Are you currently being sexually abused?	Yes	No
Are you currently living in the same home as the abuser?	Yes	No

### FEAR

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



# ASSESSMENT

## ORDER OF PROTECTION

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

## ALCOHOL

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

## DRUGS

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



# ASSESSMENT

## UTA Assessment Tool

### TREATMENT HISTORY

Have you ever been in treatment?	Yes	No
How many times have you entered drug treatment - including AA and NA?	<input type="text"/>	<input type="text"/>
How many times have you not completed treatment?	<input type="text"/>	<input type="text"/>
What was the longest, uninterrupted duration of time you spent in treatment?	<input type="text"/>	<input type="text"/>
Are you currently in a treatment program?	Yes	No
What type of program?	<input type="text"/>	<input type="text"/>
If you are taking methadone, what is the dosage?	<input type="text"/>	<input type="text"/>
Name of the program you are currently attending?	<input type="text"/>	<input type="text"/>
How long have you been at this program?	<input type="text"/>	<input type="text"/>
Most recent treatment?	<input type="text"/>	<input type="text"/>
What type of program?	<input type="text"/>	<input type="text"/>
If you were taking methadone, what was the dosage?	<input type="text"/>	<input type="text"/>
What was the name of the last treatment program you were in?	<input type="text"/>	<input type="text"/>
How long were you in this program?	<input type="text"/>	<input type="text"/>
Have you ever completed detox?	Yes	No
How many times have you been through detox?	<input type="text"/>	<input type="text"/>
What was the date of your last detox?	<input type="text"/>	<input type="text"/>
What was the last drug you entered detox for?	<input type="text"/>	<input type="text"/>
Longest period of voluntary abstinence from drugs and alcohol?	<input type="text"/>	<input type="text"/>

### TREATMENT BARRIERS

Are there any current barriers to treatment?	Yes	No
Child care	<input type="checkbox"/>	<input type="checkbox"/>
Conflict with school	<input type="checkbox"/>	<input type="checkbox"/>
Cost	<input type="checkbox"/>	<input type="checkbox"/>
Didn't know where to go for help	<input type="checkbox"/>	<input type="checkbox"/>
Family/friend resistance	<input type="checkbox"/>	<input type="checkbox"/>
Lost interest	<input type="checkbox"/>	<input type="checkbox"/>



# ASSESSMENT

## TREATMENT BARRIERS

- None
- Other
- Physical Health
- Religious beliefs
- Transportation
- Work schedule

## SERVICE NEEDS

- | Are there any current service needs? | Yes                      | No |
|--------------------------------------|--------------------------|----|
| Dental                               | <input type="checkbox"/> |    |
| Domestic violence                    | <input type="checkbox"/> |    |
| Educational                          | <input type="checkbox"/> |    |
| Employment                           | <input type="checkbox"/> |    |
| Entitlements                         | <input type="checkbox"/> |    |
| Family-related                       | <input type="checkbox"/> |    |
| Health-related for children          | <input type="checkbox"/> |    |
| Housing                              | <input type="checkbox"/> |    |
| Legal                                | <input type="checkbox"/> |    |
| Medical care                         | <input type="checkbox"/> |    |
| Mental health                        | <input type="checkbox"/> |    |
| Other services                       | <input type="checkbox"/> |    |
| Pre-natal                            | <input type="checkbox"/> |    |
| Sexual/emotional/physical abuse      | <input type="checkbox"/> |    |
| Vocational                           | <input type="checkbox"/> |    |

## TREATMENT DESIRED

What type of treatment does the client desire?



# ASSESSMENT

## MOTIVATION

I think drugs are a serious problem in my life

Agree     2     3     4     Disagree

My family will support me in treatment

Agree     2     3     4     Disagree

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

Agree     2     3     4     Disagree

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

Agree     2     3     4     Disagree

I have too many responsibilities to enter treatment

Agree     2     3     4     Disagree

I am willing to enter treatment as soon as possible

Agree     2     3     4     Disagree

I am worried about who will care for my children

Agree     2     3     4     Disagree

I believe I can stop using drugs on my own

Agree     2     3     4     Disagree

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

Agree     2     3     4     Disagree

## IMPRESSION/ASSESSMENT

General comments:

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

Was the client cooperative during the interview?

Yes                      No

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



# ASSESSMENT

## ALCOHOL USE

Does the client admit to alcohol use or a problem with alcohol?

Yes

No

Professional assessment of alcohol use

## ALCOHOL USE INDICATORS

Criminal History

Environmental Instability

Physical Appearance

Positive Drug Test

Relationship/Family Problems

School/Employment Disruption

Verification

## DRUG USE

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

Yes

No

Professional assessment of drug use

## DRUG USE INDICATORS

Criminal History

Environmental Instability

Physical Appearance

Positive Drug Test

Relationship/Family Problems

School/Employment Disruption

Verification

## MENTAL HEALTH

Professional assessment of mental



# ASSESSMENT

## MENTAL HEALTH INDICATORS

- Disorientation
- Disturbances of Mood/Affect
- Environmental Instability
- Evidence of Thought Disorder or Disturbance
- Mental Health Treatment History
- Physical Appearance
- 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



# ASSESSMENT

## PROFESSIONAL TREATMENT RECOMMENDATION

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

## CURRENT MEDICAL CONDITION

Indicate all current medical conditions:

- AIDS
- Asthma
- Blind
- Cancer
- Dental
- Developmentally Disabled
- Diabetes
- Eye Glasses
- Hearing Impaired
- Heart Condition
- Hepatitis
- High Blood Pressure
- HIV
- Other
- Physically Disabled
- Seizure Disorder
- STD
- TB
- Ulcers
- Wheelchair Bound



# ASSESSMENT

## HIV INFORMATION

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

Have you ever been tested for HIV? Yes No

Are you HIV positive? Yes No

Have you ever received treatment for HIV? Yes No

Are you currently receiving treatment for HIV? Yes No

What is your CD4/T-cell count?

## DRUG USE DETAILED INFORMATION

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

## DRUG USE DETAILED INFORMATION

### Biological

First Name

Last Name

Gender

DOB

Relationship

Presently Lives

Agency Name

Foster Last Name

Foster First Name

Other Parent Name



# ASSESSMENT

## DRUG USE DETAILED INFORMATION

Provide Finance	<input type="text"/>
Guardian	<input type="text"/>
Lost Reason	<input type="text"/>
Custody	<input type="text"/>
Importance Custody	<input type="text"/>
Ever lost Custody	Yes                  No
Regained Custody	Yes                  No

### Biological

First Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	<input type="text"/>
DOB	<input type="text"/>
Relationship	<input type="text"/>
Presently Lives	<input type="text"/>
Agency Name	<input type="text"/>
Foster Last Name	<input type="text"/>
Foster First Name	<input type="text"/>
Other Parent Name	<input type="text"/>
Provide Finance	<input type="text"/>
Guardian	<input type="text"/>
Lost Reason	<input type="text"/>
Custody	<input type="text"/>
Importance Custody	<input type="text"/>
Ever lost Custody	Yes                  No
Regained Custody	Yes                  No

## FAMILY CASE DETAILED INFORMATION

Case Type	<input type="text"/>
County/Borough	<input type="text"/>
Next Court Date	<input type="text"/>
Open/Close	<input type="text"/>



# ASSESSMENT

*UTA Assessment Tool*

PAGE 24 OF 24

## INTERVIEW COMMENTS FOR:

Interviewer Signature \_\_\_\_\_

Interview Date \_\_\_\_\_





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

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**Visit the Queens Misdemeanor Treatment Court's website for a Powerpoint copy of this manual:**

[www.courts.state.ny.us/courts/2jd/QMTC/index.shtml](http://www.courts.state.ny.us/courts/2jd/QMTC/index.shtml)

# TREATMENT PLAN/ RECOMMENDATION



## TREATMENT PLAN/RECOMMENDATION

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### UTA Assessment Tool- Demographics

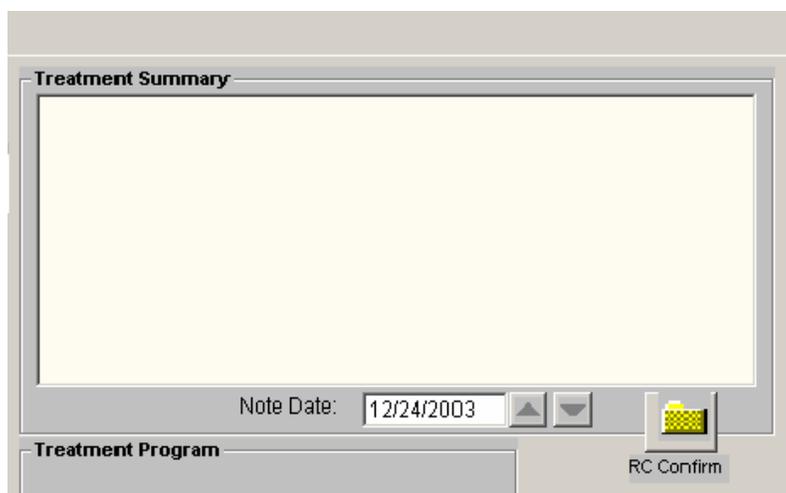
#### COMPLETION OF ASSESSMENT

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

#### VERIFICATION

Case manager will 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 displays a software interface for the UTA Assessment Tool. The main window is titled "Treatment Summary" and contains a large, empty text area for input. Below this area, there is a "Note Date:" field with the date "12/24/2003" entered. To the right of the date field are two small navigation buttons (up and down arrows) and a folder icon. Below the folder icon is a button labeled "RC Confirm". At the bottom left of the window, there is a section labeled "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 QMTC policy to protect the confidentiality of candidates immigration status.**

# TREATMENT PLAN/RECOMMENDATION

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## *UTA Assessment Tool- Demographics (Continued)*

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

### **ELIGIBLE CANDIDATE**

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

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

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



## TREATMENT PLAN/RECOMMENDATION

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### *UTA Assessment Tool- Demographics (Continued)*

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



# TREATMENT PLAN/RECOMMENDATION

Treatment Plan Recommendation Form

SAMPLE

## QUEENS MISDEMEANOR TREATMENT COURT

### TREATMENT PLAN RECOMMENDATION FORM

#### TREATMENT LEVELS

##### LEVEL 1 (OUTPATIENT)-

Completed O/P or residential toxicology.

Urine Test Freq.  
RANDOM  
Min 1x/month

Program Freq.  
1x/week

Court Freq.  
1x/5 weeks

Case Mgmt. Freq.  
1x/month...or as  
needed

##### LEVEL 2 (OUTPATIENT)

Urine Test Freq.  
1x/week

Program Freq.  
5x/week

Court Freq.  
1x/month

Case Mgmt. Freq.  
1x/month... or as  
needed.

##### LEVEL 3 (RESIDENTIAL)

Urine Test Freq.  
1x/month

Program Freq.  
7x/week

Count Freq.  
1x/month

Case Mgmt. Freq.  
1x/month

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

Urine Test Freq.  
Monthly  
be

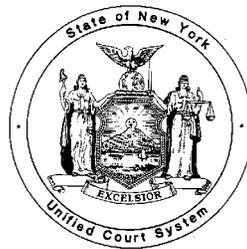
Program Freq.  
7x/week (MTAR)

Court Freq.  
1x/month

Case Mgmt. Freq  
1x/month... (must  
drug free before  
getting case dis-  
missed)



# PLEA AGREEMENT



## PLEA AGREEMENT

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If the defendant is eligible for treatment as reported in the Treatment Plan/Recommendation, the defendant is then required to execute the **CRC 3149 - Plea Agreement** in open court. The plea agreement enumerates the terms and conditions of the defendant's participation in the QMTC program.



# PLEA AGREEMENT

## CRC 3149- Plea Agreement Form

New York City Criminal Court  
Queens County- QMTC

The People of the State of New York  
- Against -

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

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



### QUEENS MISDEMEANOR TREATMENT COURT PLEA AGREEMENT

WHEREAS the defendant, having been arrested and now charged under a Criminal Court complaint docket # \_\_\_\_\_ with the crime of \_\_\_\_\_; and

WHEREAS the defendant has discussed all the facts and circumstances of this matter fully with his/her attorney, as well as all the provisos contained below in this agreement and understands same, and that the defendant understands the nature of the rights he/she has agreed to waive, including the waiver of the right to prosecution by information and the right to appeal;

IT IS HEREBY STIPULATED AND AGREED, by and between the defendant, the People, and their respective counsel, with the approval of the Court, that this matter shall be adjudicated pursuant to the following conditions:

1. That defendant will enter a guilty to the charge of \_\_\_\_\_ under Docket # \_\_\_\_\_ with a promised sentence of \_\_\_\_\_, said sentence held in abeyance pending entry into, successful completion of, and graduation from the Queens Misdemeanor Treatment Court program;
2. That upon successful completion of the program as determined by the Court, the People will join in the defendant's motion to vacated his/her plea and sentence, and dismiss the Docket covered by this agreement, in the interest of justice.
3. That the defendant understands that upon his/her failure to satisfactorily complete the assigned Queens Misdemeanor Treatment Program requirements, the alternative jail sentence will be imposed;
4. That the defendant hereby waives any claim that an adjournment or deferral or sentencing is unreasonable;
5. That the defendant waives the right to any appeal or post-judgment motion on the grounds of deprivation of speedy trial or sentence as provided under the Federal and State Constitutions and any statute of the State of New York, including, but not limited to CPL sections: 30.20, 30.30, and 380.30;
6. That the defendant agrees that the Court permit him/her the opportunity for rehabilitation and the he/she afford the Court an opportunity to review his/her efforts and progress in this regard with a view toward assisting the defendant to become a productive member of society;
7. That the defendant agrees to execute all consent forms for the release of confidential information to enable the Court, the defendant's attorney, case managers and the District Attorney's office, Queens TASC, NYC Probation Department to place, treat, and monitor the defendant in an external treatment program;
8. The defendant acknowledges that he/she has received a copy of the Rules and Regulation s of the Queens Misdemeanor Treatment Court program and agrees to be bound by said Rules and Regulations;
9. The presiding QMTC Judge has complete discretion with respect to any and all issues related to and arising from this Plea Agreement using the QMTC Rules and Regulations only as a guide in determining the Court's action;
10. This Agreement contains the complete agreement between the defendant, the defendant's Attorney, the District Attorney's office and the Court with respect to the subject matter contained herein. No representations, either oral or in writing, except those contained expressly in this Agreement, were made to induce either party to enter into this Agreement.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Assistant District Attorney  
for Richard A. Brown,  
District Attorney, Queens County

\_\_\_\_\_  
Defendant's Attorney

\_\_\_\_\_  
Judge, N.Y.C Criminal Court





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

Naima Aiken  
Project Director  
125-01 Queens Blvd.  
Kew Gardens, NY 11415  
naiken@courts.state.ny.us

**Visit the Queens Misdemeanor Treatment Court's website for a Powerpoint copy of this manual:**

[www.courts.state.ny.us/courts/2jd/QMTC/index.shtml](http://www.courts.state.ny.us/courts/2jd/QMTC/index.shtml)

# PROGRAM REFERRAL



## PROGRAM REFERRAL

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

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

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



# PROGRAM REFERRAL

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(Continued)

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

## ***Treatment Referrals.***

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



## PROGRAM REFERRAL

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(Continued)

- ✓ a possible increase in the amount of random toxicology screens done by the program (day treatment providers are required to tests their QMTC 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 QMTC participant misses 5 consecutive days of treatment.

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

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

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

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

- medical
- psychiatric
- recreation

## PROGRAM REFERRAL

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*(Continued)*

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

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



# PROGRAM REFERRAL

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QMTC Referral Letter

**SAMPLE**

## QUEENS MISDEMEANOR TREATMENT COURT

CRIMINAL COURT OF THE CITY OF NEW YORK  
125-01 Queens Boulevard, Kew Gardens NY 11415  
P: (718) 298-0911  
F: (212) 419-8443

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

HRA/NADAP

109 East 16th Street  
New York, New York 10038

To Whom It May Concern:

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

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

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

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

### **Case Manager/Phone**

\_\_\_\_\_

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

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

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

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

Sincerely,

Naima L. Aiken  
Project Director



# PROGRAM REFERRAL

## QMTC Treatment Program Referral



### QUEENS MISDEMEANOR TREATMENT COURT

CRIMINAL COURT OF THE CITY OF NEW YORK  
125-01 Queens Boulevard, Kew Gardens NY 11415  
P: (718) 298-0911  
F: (212) 419-8443

**SAMPLE**

### QMTC TREATMENT PROGRAM REFERRAL

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

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

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

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

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

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

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

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

**Treatment conditions set by the court:**

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

QMTC phase of treatment: \_\_\_\_\_

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

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

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

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

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

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

Next QMTC Case Management visit: \_\_\_\_\_

**Additional services mandated/instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**Attachments:** psychosocial    release forms    aftercare letter



# PROGRAM REFERRAL

## Aftercare Letter Request Form



### QUEENS MISDEMEANOR TREATMENT COURT

CRIMINAL COURT OF THE CITY OF NEW YORK  
125-01 Queens Boulevard, Kew Gardens NY 11415  
P: (718) 298-0911  
F: (212) 419-8443

#### **FAX COVERSHEET**

#### **AFTERCARE LETTER REQUEST**

DATE: \_\_\_\_\_

TO: **Mr. D. Lawrence (VCBC)**  
**Fax (718) 579-1559/ telephone (718) 579-8366**

**Jean Lawson (All other facilities including adolescent & females)**  
**Fax (718) 546-4000 / telephone (718) 546-4044**

FROM: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RE: **Aftercare letter request.**

#### Comments

This message is intended for the use of the individual to which it is addressed and may contain information this is privilege, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this facsimile or the information herein by anyone other than the intended recipient is prohibited. If you have received this facsimile in error, please notify us by telephone and return the facsimile by mail.

This information has been disclosed to you from records protected by Federal Confidentiality rules (42CFRpart2). The Federal rule 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 42CFRpart 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 of drug abuse client/patient.



# PROGRAM REFERRAL

## Educational Attendance and Progress Form



### Queens Misdemeanor Treatment Court Educational Attendance and Progress Form

SAMPLE

<b>Student Name:</b>	<b>Start Date:</b>
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#### COURT INFORMATION

<b>Case Manager:</b>	<b>Telephone:</b>	<b>Fax:</b>
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#### SCHOOL/AGENCY INFORMATION

<b>Agency/School Name:</b>	<b>Address:</b>
<b>Instructor Name:</b>	<b>Telephone:</b>

#### SCHOOL SCHEDULE

<b>Days of the week student attends:</b> ( check appropriate box )	Mon	Tue	Wed	Thurs	Fri	Sat
---	-----	-----	-----	-------	-----	-----

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

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

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

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

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

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

#### COMMENTS

**Authorized Signature:** \_\_\_\_\_

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





# PROGRAM REFERRAL

Treatment Progress Form- Page 2



New York State Unified Court System  
Drug Court Treatment Progress Form

Page 2 (Mandatory for all Family Treatment Court Cases)  
Clients Name: \_\_\_\_\_

## UPDATE ON CHILDREN (Mandatory for Family Treatment Court)

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

### CLIENT SELF-REPORTED:

### TREATMENT PROVIDER OBSERVED:

### FAMILY SERVICES:

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

## ADDITIONAL COMMENTS (Not Required)

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



# PROGRAM REFERRAL

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## *Program Requirements- Outpatient*

### **QUEENS MISDEMEANOR TREATMENT COURT**

CRIMINAL COURT OF THE CITY OF NEW YORK

125-01 Queens Boulevard, Kew Gardens NY 11415

P: (718) 298-0911

F: (212) 419-8443

#### **Information Exchange Requirements**

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

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

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



# PROGRAM REFERRAL

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## *Program Requirements- Residential*

### **QUEENS MISDEMEANOR TREATMENT COURT**

CRIMINAL COURT OF THE CITY OF NEW YORK

125-01 Queens Boulevard, Kew Gardens NY 11415

P: (718) 298-0911

F: (212) 419-8443

#### **Information Exchange Requirements**

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

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

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

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



# PROGRAM REFERRAL

## Linkage Agreement and Memorandum of Understanding

**SAMPLE**

### QUEENS MISDEMEANOR TREATMENT COURT Linkage Agreement and Memorandum of Understanding

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

\_\_\_\_\_ (Herein after referred to as "Provider")

located at: \_\_\_\_\_

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

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.



# PROGRAM REFERRAL

## *Linkage Agreement and Memorandum of Understanding (Continued)*

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



# PROGRAM REFERRAL

*Referring Treatment Plan*

**SAMPLE**

## QUEENS MISDEMEANOR TREATMENT COURT

CRIMINAL COURT OF THE CITY OF NEW YORK  
125-01 Queens Boulevard, Kew Gardens NY 11415  
P: (718) 298-0911  
F: (212) 419-8443

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

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

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

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

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

To Whom It May Concern:

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

Pursuant to a plea, Honorable Joseph Zayas of the Criminal Court Part, Queens County, has sentenced the defendant, Mr./Ms. \_\_\_\_\_ to your treatment facility. A copy of the defendant's plea agreement is attached.

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

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



# PROGRAM REFERRAL

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Referring Treatment Plan- Page 2

**SAMPLE**

In the event you find an QMTC referral inappropriate for intake during the admission process, QMTC must be notified immediately. Attached you will find a Program Admission Denial Form which will explain to us why the client was inappropriate for treatment at your facility. We request that this form have both the client's signature and the intake supervisor's signature, acknowledging that the client was informed that he/she was not appropriate for treatment and that he/she must be escorted back to QMTC by the program forthwith. If it is after business hours or near the end of the business day, then the client must be escorted back to QMTC at 9:00am the following morning. Once the supervisor of intake and the client have both signed this form, please fax it to (212) 419 - 8443.

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

Any significant changes in a defendant's treatment status must be reported to his/her case manager immediately. Mr./Ms. \_\_\_\_\_'s QMTC case manager is \_\_\_\_\_. He/she can be reached at (718) 298-0911. In addition to the phone calls that your facility will make to keep QMTC advised of a participant's status, QMTC's case managers will contact you weekly to check on a participant's progress. In the event that a participant absconds from treatment, or commits an infraction requiring termination, you must immediately telephone the client's QMTC case manager and fax a termination report to (212) 419 -8443, outlining the events leading up to their termination, followed by mailing the original termination report to the defendant's case manager at the Queens Misdemeanor Treatment Court. Please note, that if the participant did not abscond, then the treatment program must escort the participant back to QMTC

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

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

Yours truly,

\_\_\_\_\_  
Queens Misdemeanor Treatment Court Representative



# PROGRAM REFERRAL

## QMTC Treatment Provider Network

PROVIDER NAME	ADDRESS	CONTACT PERSON	CONTACT NUMBER
820 RIVER STREET	145-53 SOUTH ROAD, JAMAICA, NY 11435		
ACI	500 W. 57TH ST., NY, NY 10019	DOUG NELSON	212-293-3000
ALPHA SCHOOL	2400 LINDEN BLVD, BKLYN, NY 11208	RITA NEWMAN	718-257-5800
ARGUS	760 E. 160TH, BX, NY 10456	CYNTHIA ELLIS	718-401-5773
ARMS ACRES	1841 BWAY, SUITE 300, NY, NY 10023	MS.LORD	212-399-6901
ARMS ACRES	80-02 KEW GARDENS RD, KEW GARDENS NY 11415		718-520-1513
ASSOC. HR THE HELP OF RETARDED CHIDREN AND ADULTS	200 PARK AVE. SO., NY, NY 10003	RHONDA MARRIMON	212-780-2570
AURORA	78-39 PARSONS BLVD, FLUSHING NY 1136		718-969-7000
AURORA	78-31 PARSONS BLVD, 3RD FLOOR		718-696-7000
BASICS	1062-64 FRANKLIN AVE,BX, NY 10456		
BETH PERAEL MEDICAL	10 NATHAN D PERLAMEN PLACE		
BRC			
BRIDGE BACK LIFE	175 REMSEN ST., BK, NY 11201	JOHN CAMERAN	718-852-5552
BRIDGE BACK LIFE	290 MADISON AVE., NY, NY 10017	HELEN	212-679-4960
BRONX ALCOHOL TRT CRT		DARLENE VALERIE	718-904-0026
BRONX LEBANON	321 E. TRETMONT AVE BX ,NY 10457	TAMMY HAZE	718-518-3700
CABUM MEDICAL CTR	227 E. 19TH ST., NY, NY 10003	ADMISSION	212-995-6466
CANARSIE AWARE	ROCKAWAY PARKWAY, BK, NY		718-257-3195
CENTER COMPREHENSIVE HEALTH PRACTICE	163 E. 97TH ST, NY, NY 10029	BARBARA BONDS	212-360-7400
CIS	111 JOHN ST., 9TH FLR, 10038		212-964-0128
CONEY ISLAND HOSPITAL DETOX CTR	2601 OCEAN PARKWAY, BK, NY		718-616-3000
CONIFER PARK	79 GLENRIDGE RD, GLENVILLE,NY 12305		800-989-6446
CORNERSTONE	57W 57TH ST., NY, NY 10019		212-755-0200
CORNERSTONE	233 7TH ST ., GARDEN CITY, NY	LAURIE	516-877-2300
COUNSELING	89-31 161 ST., SUITE 708, JAMAICA, NY 11432		718-858-6631



# PROGRAM REFERRAL

## QMTC Treatment Provider Network (Continued)

PROVIDER NAME	ADDRESS	CONTACT PERSON	CONTACT NUMBER
CREEDMORE	80-45 WINCHESTER BLVD,,QUEENS BLVD 11427		718-464-7500
CREEDMORE ATC	80-45 WINCHESTER BLVD, QUEENS, BLVD 11427, BLDG. 19 CBU 15	DEBBIE EGEL	718-464-7500
CTR FOR MARITAL AND FAMILY THERAPY	408 JAY ST., 5TH FLR, BK, NY 11201	AL	718-243-1111
CUMBERLAND	100 NORTH PORTLAND AVE , BK , NY 11205	MR.GARRET	718-260-7643
DAMON HOUSE	1154 DEKALB AVE BK, NY	MINNIE BREWER	718-443-7170
DAMON HOUSE	1154 DEKALB AVE, BKLYN, NY 11221	WENDELL WILLIAMS	718-443-7170
DAY TOP	500 8TH AVE NY, NY 10018	MS.CANTY	212-904-1500
DAY TOP	P.O.BOX 368, PARKSVILLE, NY 12768	KIM COVINGTON	845-292-6373
DAY TOP	88 FOX HOLLOW RD , RHINEBACK, NY 12572		845-876-3789
DAY TOP	401 STATE ST., BK, NY	MS. PEARCE	718-625-1368
DAY TOP	16 WINCHESTER SQ., BX, NY 10461	MS.DAVIDS	718-822-1217
DAY TOP	P.O.BOX 340 SWAN LAKE, NY, NY 12783	KELLI ARPINO	845-292-6880
DAY TOP	P.O.BOX 340 SWAN (RHINEBECK)	EUGENE MEQUILLIEN	914-876-4060
DAY TOP	166-10 91ST. AVE, JAMAICA, NY 11432	GERALD GRIFFIN	718-523-8288
DAY TOP	STATE ST		718-625-1388
DAY TOP	P.O. BOX 831 RHINEBECK 12572	W.GIARDIAN	914-876-5400
DAY TOP	401 STATE ST.		845-876-5858
DAY TOP			718-625-1388
DYNAMITE YOUTH	5803 RT 42 FALLSBURG, NY 12733	BARBARA S MIKE B	718-376-7923
EDUCATIONAL ALLIANCE	37 E. 10TH, NY, NY		
EL REGRESSO	232 METROPOLITAN AVE, BK, NY 11221		718-782-6673
ELMCOR	107-20 NORTHERN BLVD, CORONA, NY 11368	LORRAIN DEWER	718-651-0096
ELMCOR	107-20 NORTHERN BLVD, CORONA, NY 11368	MR.EROLL SAM	718-651-0096
ELMHURST	79-01 BWAY, ELMHURST, NY 11373	DETER WRIGHT	718-334-4608
ELMHURST HOSPITAL	79-01 BWAY, ELMHURST, NY 11373		718-334-3195
ELMONT TRT. CENTER		JOHN CUNNINGHAM	516-437-0440



# PROGRAM REFERRAL

## QMTC Treatment Provider Network (Continued)

PROVIDER NAME	ADDRESS	CONTACT PERSON	CONTACT NUMBER
ELMONT	40 ELMONT RD., ELMONT NY	JOHN CURRINGHAM	516-437-0440
FAITH MISSION	114-40 VAN WYCK EXP., SO. OZONE PARK, NY 11420	DR.MOHAMAD YARUB	718-322-3455
FAMILY COSULTANT	38 PARK AVE., BAYSHORE, NY, 11700	JEAN WATERS	631-666-6330
FAMILY HOUSE RESIDENCE	39 HENDRICKS ST., BK, NY 11207	DERRICK JENKINS	718-964-9021
FAR ROCKAWAY TX CTR	327 BEACH 19TH ST., FAR ROCKAWAY, NY 11691	CAROLE MUSUMECI	718-868-8200
FLATBUSH TRT CTR	1763 FLATBUSH AVE, BK, NY 11210	ROD CUSHLEY	718-951-9009
FLUSHING HOSPITAL		MILDRED	718-670-5540
FREEPORT PRIDE	33 GUY LOMBARDO AVE., FREEPORT, NY 11520		516-546-2822
GOODWELL INDUSTRIES	42-15 CRESCENT ST. GROUND FLR., L.I. CITY, NY 11101	ALEXANDRA LAMARI	718-391-0338
GREENHOPE	448 E 119TH ST., NY, NY 10035	RONALD SAAB	212-369-5100
GREENWICH HOUSE	122 W. 27TH ST., NY, NY		212-691-5900
HANAC	30TH AVE. ASTORIA, QUEENS, NY		
HELP PSI	1401 UNIVERSITY AVENUE, BRONX, NY 10452		718- 681-8700
HILLSIDE REHAB	JAMAICA, NY		
HISPANIC COUNSELING CTR	344 FULTON AVE., HEMPSTEAD, NY 11550	ANA JOHNSON	516-538-2613
INTERCARE	51 EAST 25TH STREET, NEW YORK, NY 10010	RACHAEL RAVIN X305	212- 532-0303
INTERFAITH	555 PROSPECT PLACE, 9TH FL., BROOKLYN, NY 11238		718-935-7000
INTERLINE	8900 SUPTIN BLVD, JAMAICA, QUEENS, NY 11435	KAREN MASSEY	718-206-1368
INTERLINE	148-39 HILLSIDE AVE., JAMAICA, NY 11435	KAREN MASSEY	718-206-1368
INWARD HOUSE	UPPER FERNDALE RD, P.O. BOX 470		845-292-6000
J-CAP/ NEW SPIRIT (ALCOHOL)	162-04 SOUTH RD, JAMAICA NY 11433	AKOSUA COBB, DIRCETOR	718-291-4844
J-CAP/ OP	162-04 SOUTH RD, JAMAICA, NY 11433		718-526-1626
J-CAP/ RESIDENTIAL	116-30 SUTPHIN BLVD. JAMAICA, NY 11434		718-322-2500
KINGSBORO	754-56 LEXINGTON AVE, BROOKLYN, NY	MS CARUTH	718-453-3200
KINGSCOUNTY MICA			



# PROGRAM REFERRAL

## QMTC Treatment Provider Network (Continued)

PROVIDER NAME	ADDRESS	CONTACT PERSON	CONTACT NUMBER
LESC			
LINK	185 MERRICK RD., SUITE 2D, LYNBROOK, NY 11563	DENNIS DUNN	516-887-4848
LONG ISLAND JEWISH			
MANHATTAN ATC	600 E. 125 STREET. BLDG 105, NEW YORK, NY	NEVEL HALSTEAD	212-369-0500
MERCY HOSPITAL	385 OAK STREET, GARDEN CITY, NEW YORK 11530	EMIL ZAKUTNY, D.S.W. DIRECTOR AND ERICA COOK	516-745-1120
NARCO FREEDOM	528 MORRIS AVENUE, BRONX, NY 10451		718-402-9010
NARCO FREEDOM	337-339 WEST 51ST. STREET, NEW YORK, N.Y. 10019	ELIZABETH	212-957-0776
NARCO FREEDOM	37-14 34TH ST., LONG ISLAND CITY, NEW YORK 11101		718-786-3476
NARCO FREEDOM BRIDGE PLAZA	37-18 34TH ST., LIC, NY 11101	JOYCE EDWARDS	718-786-3476
NEW VISION	70-35 113TH ST., FOREST HILLS, NY 11375	ALTAMISE (718) 298-9020	718-990-4637
NORTH GENERAL	1824 MADISON AVENUE, NEW YORK, NEW YORK	ROSEMARIE ARCHILLA, MS. MCFARLIN RN INTAKE INPATIENT DETOX.	212-423-4801
NORTH GENERAL DETOX	1879 MADISON AVE., NEW YORK, NY 10035		212-423-1314
NRI	337-339 WEST 51ST STREET	BRENDA X202 OR ELIOTT DRISTILLE PROG DIR	212-957-0776
ODYSSEY ELDER CARE FACILITY	MABON BLDG. 13 WARDS ISLAND, NY 10035		212-426-6677
ODYSSEY HOUSE BX OUTPATIENT	953 SOUTHERN BOULEVARD, BRONX, N.Y. 10459		718-860-2994
ODYSSEY OUTPATIENT	953 SOUTHERN BLVD, BX, NY 10459		718-361-1600
ODYSSEY/ADOLESCENT	309 EAST 6TH STREET, NY, NY 10003		212-477-9493
ODYSSEY/MABON	MABON BUILDING 13, WARDS ISLAND, NY 10035		212-860-6461
ODYSSEY/MAIN	219 EAST 121ST STREET, NY,NY 10035	RANJI LACHMANSINGH COURT LIASION.(212)987-5173,5113	212-987-5181
OPEN ARMS	65-37 QUEENS BLVD, WOODSIDE, NY 11377	DR. FOGEL	718-429-0400



# PROGRAM REFERRAL

## QMTC Treatment Provider Network (Continued)

PROVIDER NAME	ADDRESS	CONTACT PERSON	CONTACT NUMBER
OUTREACH PROJECT	117-11 MYRTLE AVENUE, RICHMOND HILL, N.Y.	BETTY ANN MCCAULEY	718-847-9233
OUTREACH PROJECT	117-11 MYRTLE AVE, RICHMOND HILL, NY	MR. GAFFNEY	718-847-9233
PAC PROGRAM	35-01 QUEENS BLVD., LIC, NY 11101	MARIA MENDEZ	718-729-6868
PALLADIA	1600 MACOMBS ROAD, BRONX, N.Y. 10452	PRIMARY COUNSELOR/ SANDRA LINCOLN	718-294-4184
PHOENIX ACADEMY/ YORKTOWN	BOX 458, STONEY STREET, SHRUB OAK, NY 10588	MARY MANETTI/SIDNEY HARGRAVE (DIR)	914-962-2491
PHOENIX HOUSE (BRENTWOOD)	PILGRIM PSYCHIATRIC CENTER, BLDG 5 WEST BRENTWOOD, NY 11717		631-306-5700
PHOENIX HOUSE (BRONX)	480 EAST 185TH STREET, BRONX, NEW YORK 10458		718-584-7170
PHOENIX HOUSE (CAREER ACADEMY)	50 JAY STREET, BROOKLYN, NY 11201		718-222-6600
PHOENIX HOUSE-- (OUTREACH)	223 WEST 80TH STREET, NY, NY 10023	KENNETH GRIMES -- COURT OUTREACH COUNSELOR	212-595-5810
QUEENS GENERAL DETOX			
REALIZATION CENTER	19 UNION SQUARE WEST-7TH FLOOR, NEW YORK, NY 10003		212-627-9600
REFLECTIONS (ELMHURST HOSPITAL)	FLUSHING HOSPITAL MEDICAL CENTER 45TH AVENUE AT PARSONS BOULEVARD, FLUSHING, NEW YORK, 11355	JAMES BAYLIS	718-670-5079
REFLECTIONS TRT. PROGRAM @ FLUSHING HOSPITAL	45TH AVE @ PARSONS BLVD, FLUSHING, NY 11355	JAMES BAYLIS	718-670-5079
SAMARITAN VILLAGE ELLENVILLE	751 BRIGGS HIGHWAY, ELLENVILLE, NY 12428		845-647-8006
SAMARITAN VILLAGE HIGHBRIDGE	13-81 UNIVERSITY AVE, BRONX, NY 10045		718-681-9300
SAMARITAN VILLAGE OUTPATIENT TREATMENT PROGRAM	144-10 JAMAICA AVE., JAMAICA, NY 11435	ANTHONY CIRILO, TOMMY LOBARCA	718-206-1990
SAMARITAN VILLAGE VA	327 WEST 43RD ST (SV-7), NEW YORK, NY 10036		212-333-5445
SEAFIELD	7 SEAFIELD LANE, WEST HAMPTON BEACH, NY 11978		516-288-1122
SEAFIELD	370 W. BWAY, LONG BEACH, NY 11561		631-288-1122 X634



## PROGRAM REFERRAL

*QMTC Treatment Provider Network (Continued)*

PROVIDER NAME	ADDRESS	CONTACT PERSON	CONTACT NUMBER
SEAFIELD MEDFORD	2852 ROUTE 112, MEDFORD, NEW YORK 11763	LISA HULAHAN	631-451-6007
SERENDIPITY	977 BEFORD AVENUE, BROOKLYN, NY 11205	MS WASHINGTON/ ASST. DIR MS. CHILDRESS	718-398-0096
SERENDIPITY II	944 BEDFORD AVENUE., BROOKLYN, NY 11205		718-802-0572
SOUTH BEACH REHABILITATION AND ORTHOPEDIC	42-80 HYLAN BOULEVARD, STATEN ISLAND, NEW YORK 10312		718-227-1832
SOUTH OAKS HOSPITAL OUT PATIENT DRUG CLINIC	400 SUNRISE HIGHWAY, AMITYVILLE, NY 11701	ANNE SHAFLOWITZ, ASAC	631-264-5005
THE PAC PROGRAM	35-01 QUEENS BLVD, L.I.C, NY 11101	ANNA MARIA MENDEZ, CASAC	718-729-6868
VERITAS, INC	W 108 TH ST, NY, NY	MIKE LLOYD	212-663-1539
WESTERN QUEENS RECOVERY SERVICES	62-07 WOODSIDE AVE, WOODSIDE, N.Y. 11377	LAURIE DRUCKER	718-898-5085



# PROGRAM REFERRAL

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## COURTS

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

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

## CASE MANAGEMENT

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

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

## FORMAL REPORTING

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

## ABSCONDING OR TERMINATION FROM PROGRAM

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



## PROGRAM REFERRAL

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*(Continued)*

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

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





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

Naima Aiken  
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125-01 Queens Blvd.  
Kew Gardens, NY 11415  
naiken@courts.state.ny.us

**Visit the Queens Misdemeanor Treatment Court's website for a Powerpoint copy of this manual:**

[www.courts.state.ny.us/courts/2jd/QMTC/index.shtml](http://www.courts.state.ny.us/courts/2jd/QMTC/index.shtml)

# URINE TESTING PROTOCOL



# **URINE TESTING PROTOCOL**

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

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

## **QUEENS MISDEMEANOR TREATMENT COURT PROTOCOL**

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

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

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

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

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

### **Released Defendants**

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

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



# URINE TESTING PROTOCOL

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

## DRUG RETENTION TIMES

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

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

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



# URINE TESTING PROTOCOL

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## **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. QMTC 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, QMTC will re-test using the Varian Testcup 3000. If the result of this test indicates sample is negative for opiates, the test for that date will be considered negative. The participant will then be advised to refrain from ingesting poppy seeds. All subsequent positive results where a claim is made regarding poppy seeds will remain positive for opiates.

## **CROSS REACTIVITY**

Some medications with similar chemical structures may sometimes produce positive results in certain tests. For instance, Tylenol with Codeine will produce a positive result for opiates (codeine is a morphine derivative). ABMC and Varian provide QMTC 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.



# URINE TESTING PROTOCOL

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## 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 QMTC will test for levels of creatinine, a substance naturally occurring at certain levels in urine. Low levels of creatinine may indicate an attempt to "waterload." Participants suspected of "waterloading" will be given one opportunity to return to court to give a sample with normal creatinine levels.

## PROCEDURE FOR CHALLENGING THE RESULTS OF URINALYSIS TESTING

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

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

- Positive samples are refrigerated in the locked QMTC 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.





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

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Project Director  
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# SUPERVISION



# SUPERVISION

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## CASE MANAGEMENT

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

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

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

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

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



# SUPERVISION

## QMTC Declaration of Delinquency/Warrant Request

**SAMPLE**

### QMTC DECLARATION OF DELINQUENCY/WARRANT REQUEST

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

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

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

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



# SUPERVISION

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## *Universal Treatment Application- Court Attendance*

### **GENERAL**

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

### **POLICY**

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



# SUPERVISION

## Universal Treatment Application- Edit Case

### EDIT CASE

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

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

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

OK Cancel

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





# SUPERVISION

## Universal Treatment Application- Court Dates

### COURT DATES

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

Court Dates	Compliance	Drug Tests	Treatment Programs	Social Services	Onsite Services
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Court Attendance			
Date	Court Disposition	Result	Comment
12/15/05	Open		

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

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



# SUPERVISION

## Universal Treatment Application- Compliance

### COMPLIANCE

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

Court Dates	<b>Compliance</b>	Drug Tests	Treatment Programs	Social Services	Onsite Services
-------------	-------------------	------------	--------------------	-----------------	-----------------

<b>Compliance Summary</b>					
		<b>Attendance</b>			
Date	Drug Test	Court	Detox	Treatment	Jail
12/17/2004					

<b>Court</b>					

<b>Program</b>					

<b>Drug Test Results</b>					
	<b>Pos</b>	<b>Neg</b>	<b>N/A</b>	<b>Not Collected</b>	
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"/>	<input type="text"/>	<b>Comments:</b>
Benzodiazepine:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
PCP (phencyclidine):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>	
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"/>	<input type="text"/>	
Methadone:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>	<b>Onsite:</b>
Barbiturates:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Prescription Meds:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>	

<b>Edit Case</b>	<b>Treatment Plan</b>	<b>Case Notes</b>	<b>Save</b>	<b>Print</b>	<b>Close</b>
------------------	-----------------------	-------------------	-------------	--------------	--------------



# SUPERVISION

## Universal Treatment Application- Drug Tests

### DRUG TESTS

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

Test Date	Not Collected	TH	He	Co	Be	Am	PC	Al	Me	Ba	PM	Forgiven
Fri 12/17/2004		Green	Green	Red	Green	White						

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

Clean Days reset Date:  
Clean Days count: 0

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



# SUPERVISION

## Universal Treatment Application- Treatment Programs

### TREATMENT PROGRAMS

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

The screenshot displays a software interface with several tabs: Court Dates, Compliance, Drug Tests, Treatment Programs (selected), Social Services, and Onsite Services. The main window is divided into two panes. The left pane, titled 'Attendance', contains a table with two rows of data:

Date	Status	Notes
12/17/04		
12/17/04	Present	Indiv. Substance

The right pane, titled 'Treatment Programs', shows details for the 'Addicts Rehabilitation Center'. It includes the following information:

- Start Date: 12/17/2004
- Modality: Intensive outpatient
- Inactive Reason:
- Address: 1881 Park Ave New York, NY 10035
- Phone: (212) 427-1342 Fax: (212) 427-3751
- Operates: residential
- Facility Type: therapeutic community
- Treatment: Yes
- Social Services: Yes

At the bottom of the interface, there are several buttons: 'New', 'Delete', 'Next Date', 'Date Range' (with 'From: 00/00/00' and 'To: 00/00/00' fields), 'Modify Programs', and 'Rolodex'. A bottom toolbar contains icons for 'Edit Case', 'Treatment Plan', 'Case Notes', 'Save', 'Print', and 'Close'.

Case Managers are responsible for updating treatment information.



# SUPERVISION

## Universal Treatment Application- Social Services

### SOCIAL SERVICES

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

The screenshot displays a software interface with the following components:

- Tabs:** Court Dates, Compliance, Drug Tests, Treatment Programs, **Social Services**, Onsite Services
- Attendance Table:**

Date	Status
12/17/2004	Attended
- Buttons:** New, Delete
- Fields:** First Attendance : [ ]
- Assigned Services:** ACS/CPS Services
- Social Services List:** 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
- Toolbar:** Edit Case, Treatment Plan, Case Notes, Save, Print, Close

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



# SUPERVISION

## Universal Treatment Application- Onsite Service

### ONSITE SERVICE

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

The screenshot shows a software interface with a top navigation bar containing tabs: Court Dates, Compliance, Drug Tests, Treatment Programs, Social Services, and Onsite Services. The Onsite Services tab is active. The main area is divided into two panels. The left panel is titled 'Attendance' and contains a large empty grey box. Below it is a 'First Attendance' field and 'New' and 'Delete' buttons. The right panel is titled 'Assigned Services' and contains an empty white box. Below it are a 'Start Date' field, an 'Active Only' checkbox (checked), and buttons for 'Assign Service', 'Set Active', 'Set Inactive', and 'Delete'. Below the right panel is another empty white box titled 'Onsite Services'. At the bottom of the window is a toolbar with icons and labels for 'Edit Case', 'Treatment Plan', 'Case Notes', 'Save', 'Print', and 'Close'.

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

# SUPERVISION

## Universal Treatment Application- Treatment Plan

### TREATMENT PLAN

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

The screenshot shows a software interface for managing a treatment plan. It features several sections:

- Court Dates:** Next: 12/15/2005, Last: 00.00/0000
- Release Status:** Released (highlighted in green)
- Case Manager:** z\_none
- Open Status:** Pending (highlighted in yellow) with a Change button.
- Band:** Recommendation (with a hand icon) and 12/17/2004. Below are Detail, Confirm, and Delete buttons.
- Treatment Summary:** A large empty text area.
- Note Date:** 12/15/2005 with up/down arrows and an RC Confirm button.
- Treatment Program:** Addicts Rehabilitation Center, Intensive outpatient starting 12/17/2004.
- Table:** A table with columns Date, Event, Date, and Response. One entry is visible: 12/17/2004, Dirty/missed urine.
- Buttons:** Infraction, Achievement, Sanctions, Rewards.
- Footer:** Edit Case, Case Notes, Save, Print, Close.

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



# SUPERVISION

## Universal Treatment Application- Exit Status

### EXIT STATUS

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

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

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



## SUPERVISION

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### *Metrocard Reimbursement*

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

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

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



# SUPERVISION

## Metrocard Reimbursement

**SAMPLE**

### QMTC METROCARD LOG

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

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

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

Clients Name	# of Metrocards Received	Signature (required)	Date



# SUPERVISION

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*QMTTC Handbook- Guidelines and Program Information for Participants*

SAMPLE

Q U E E N S

M I S D E M E A N O R

T R E A T M E N T

C O U R T



## Handbook

Guidelines and Program Information  
for Participants



# Contents

Welcome to QMTTC	3
What is QMTTC?	4
What's in it for me?	5
QMTTC Rules	6-8
STEP Phase Description and Sanction Schedule	9-14
Graduation	15
QMTTC Expectations	16-18
QMTTC Support Services	19-22
QMTTC Team	23
Important Numbers	24

For more information or to provide comments contact:

Queens Misdemeanor Treatment Court  
125-01 Queens Boulevard  
Kew Gardens, New York 11415  
(718) 520-2373

**Revision Date: 2/3/06**



# Welcome to QMTC

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This handbook is designed to:

- ? Let you know what QMTC is all about
  - ? Answer your questions
  - ? Address your concerns
- 

As a Queens Misdemeanor Treatment Court (QMTC) participant, you must follow the instructions given in court by the Judge and the rules and treatment plan given to you by your Case Manager and Primary Treatment Provider. This handbook will explain what is expected of you. It will also provide general information about the QMTC program.

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



# What is QMTC?

QMTC is a special courtroom in the Queens Criminal Court. It is a program for misdemeanor offenders arrested in Queens, who face misdemeanor charges and who also abuse drugs. Instead of jail or probation, QMTC will help you enter and stay in a drug or alcohol treatment program. The QMTC program includes regular court appearances and supervision by the QMTC judge.

After your arrest you were given the choice of joining QMTC or having your case go through the regular court process. If you abuse drugs and are eligible for the QMTC program, your Case Manager will work with you to build a treatment plan. While you are in treatment, the Judge will closely watch your progress.

## What do I have to do?

If you agree to participate, you sign an agreement. This agreement is a contract between you and the Judge. It explains what is expected of you and what will happen if you do not follow the rules. Before you sign your agreement, you should speak with your Defense Attorney and have your questions answered. While you are in a treatment program, the Judge, prosecutor, your lawyer and your case manager will monitor your progress in treatment. Your case manager will be in constant contact with your treatment program staff. Your urine will be tested regularly. **You must stop using drugs and alcohol.**

## How long will I be involved in QMTC?

The amount of time you spend in QMTC will depend on the crime you were originally charged with, your criminal history, your plea and your individual progress in treatment. Most people will spend anywhere from nine to twelve months in the QMTC program.

If you have any questions, speak to your Defense Attorney.

**If the Judge says you can no longer participate or you ask to stop participating, the Judge will sentence you to the jail time you and your lawyer agreed to when you pled guilty.**

# What's in it for me?

## Rewards

QMTTC acknowledges progress in the following ways:

- ✓ Recognition by the Judge and your peers
- ✓ Less frequent appearances in court
- ✓ Less frequent visits to your program
- ✓ Avoid penalty assessment of \$120.00 and license suspension of 6 months
- ✓ Dismissal of your charges



## To successfully complete QMTTC you must:

- ✓ Complete or be near completion of treatment
- ✓ Follow all program rules and
- ✓ Participate in all required activities and
- ✓ Give negative urine tests for a minimum of 4 months



## A New Beginning

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

In the rest of this Handbook, you will find information on what you need to do and where you can turn for help. Remember - there are many people who make up the QMTTC Team, and they all want to see you succeed. If you take the help that is offered, you will discover many ways to make a better life for yourself.

# R

ules:

## What are the rules of QMTTC?

To remain in QMTTC you must follow these rules:

1. **Appear in Court as scheduled:**  
Arrive on time for all court appearances. If you are not here on time, you may wait all day for your case to be called or a warrant will be issued for your arrest
2. **Arrive on time for all other appointments as scheduled.**  
Failure to keep appointments may result in sanctions from the Court
3. **Stop using and carrying drugs, alcohol and drug paraphernalia**
4. **Do not threaten, harass or use violence against anyone**
5. **Do not leave the treatment program, the Court or the QMTTC office without permission**
6. **Respect the property of the treatment program, the Court and the QMTTC office and always clean up after yourself**
7. **Dress appropriately for court and case management visits (no hats, doo rags, tank tops, shorts or pants that hang below your hips or offensive language attire)**
8. **In court, address the Judge as Your Honor or Judge (not Miss or Mister)**
9. **Be Honest at all times**
10. **Live a law-abiding life. Do not get re-arrested! A new arrest can result in a sanction and possible termination from QMTTC and the alternative sentence imposed. Do not arrive drunk or high, or under the influence of alcohol or other substances. You can not alter your treatment plan without consulting your Case Manager.**



## SUPERVISION

### QMTC Handbook- Appear in Court as Scheduled/ Follow your Treatment Plan

### Appear in Court as Scheduled

You will have to appear in front of the Judge regularly. The Judge will be given reports on how you are doing on your drug and alcohol tests and attendance and progress in your treatment program. The Judge will ask you about your progress and discuss any problems you may be having.

Depending on your situation, you may have to come to court several times a month. As you make progress, you will come to Court less often.

There may be times when your lawyer cannot appear with you in court, because your case is advanced after the QMTC staff received information or your lawyer has a conflict with other matters. Your lawyer will be notified of all scheduled appearances.

**On the day of your Court Appearance, you must arrive at the QMTC office at 9:00am and stay until the Judge says that you may go.**

### Follow your Treatment Plan

After you first meet, your Case Manager will develop a Treatment Plan. Your Treatment Plan will explain the following things:

- ✓ Attendance at a substance abuse treatment program
- ✓ Regular drug and alcohol testing
- ✓ Medical screening
- ✓ Attendance at an educational/vocational program
- ✓ Participation in self-help groups

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



**Your Treatment Plan will vary according to your progress. It is your responsibility to keep all scheduled appointments and to arrive on time. You must go over your Treatment Plan with your Case Manager and follow it carefully.**

## SUPERVISION

*QMTC Handbook- Complete QMTC Phases*

### Complete QMTC Phases

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



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

# Steps to Success!

## QMTTC Phases

Using information from your initial interview and the results of your drug test, your case manager will recommend a course of treatment for you known as your Treatment Plan.

Like everyone else who participates in the QMTTC program, you must move through 3 Phases of Treatment. In each phase you must have 3 drug-free months in-a-row before you can move to the next phase.

The 3 Phases of Advancement will differ in length for everyone as they move through the QMTTC program. You must complete each requirement before you can move to the next Phase.

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

In all phases you must:

- Meet with your Case Manager as directed
- Attend Court as instructed
- Give drug and alcohol test samples as directed
- Follow your Treatment Plan

**The QMTTC staff and your program will recommend to the Judge when you are ready to move to the next phase**



# SUPERVISION

## *QMTTC Handbook- Phase I, Alternative*

### **PHASE I** **Alternative**

All QMTTC participants enter in Phase I. Phase I begins after you sign your QMTTC agreement.

#### **Goals:**

- Choose the ALTERNATIVE of treatment rather than drug use
- Build a foundation of abstinence and work towards a drug-free lifestyle.

**How to Do It:** You become a participant in the Treatment Court program. QMTTC will diagnose your addiction and determine a treatment plan based on your needs and the severity of your drug abuse. QMTTC will place you in a treatment program and you will begin to stop using drugs and alcohol.

To move to Phase II, you must meet the Phase I requirement, which is:

- 3 months in a row clean time without sanctions in treatment.

Remember that moving to the next phase will only happen when you recognize you have an Alternative to the lifestyle you have been living.



# SUPERVISION

## QMTC Handbook- Court Responses to New Arrests and Infractions

### Court Responses to New Arrests and Infractions

	Type of Arrest	Court Imposed Response	Action
New Arrest	New Violent Arrest (Felony) New Felony (Non-violent)	No Sanction Available Jail	Imposition of Jail Alternative Imposition of Jail alternative/ possible last chance at OMTC/ band review?
	New Non-Violent Arrest "A" misdemeanor arrest		Jail: Number of Days at Judge's Discretion <ul style="list-style-type: none"> <li>• Loss of current phase</li> <li>• Full band review</li> </ul>

Infraction	Court Imposed Sanction	Possible Consequence
<p>The following "A" infractions will immediately result in a Court Imposed Sanction:</p> <ul style="list-style-type: none"> <li>• Abscond or Termination from Program with Involuntary Return to Court</li> </ul>	<p><b>1st Sanction:</b></p> <ul style="list-style-type: none"> <li>• 7-10 Days Jail</li> <li>• Change in Program/Modality</li> </ul> <p><b>2nd Sanction:</b></p> <ul style="list-style-type: none"> <li>• 15- 20 Days Jail</li> </ul> <p><b>3rd Occurrence:</b></p> <ul style="list-style-type: none"> <li>• Failure: Jail Sentence</li> </ul>	<p><b>At every Sanction:</b></p> <ul style="list-style-type: none"> <li>• Full Treatment Level Review</li> <li>• Return to Earliest Phase of Treatment</li> <li>• Increase in Jail Alternative</li> <li>• Termination from QMTC</li> </ul>
<p>The following "B" infractions will immediately result in a Court Imposed Sanction:</p> <ul style="list-style-type: none"> <li>• Abscond or Termination from Program with Voluntary Return to Court</li> <li>• Substituted or Tampered Urine</li> <li>• Submitting Fraudulent Documentation to the Court</li> </ul>	<p><b>1st Sanction:</b></p> <ul style="list-style-type: none"> <li>• Lunch Remand</li> <li>• 2 Days Penalty Box</li> <li>• Essay/Letter Writing</li> <li>• Detox/Rehab</li> <li>• Phase Change</li> </ul> <p><b>2nd Sanction:</b></p> <ul style="list-style-type: none"> <li>• 1-3 Days Jail</li> <li>• Program/Modality Change</li> </ul> <p><b>3rd Sanction:</b></p> <ul style="list-style-type: none"> <li>• 3-6 Days Jail</li> </ul> <p><b>4th Sanction:</b></p> <ul style="list-style-type: none"> <li>• Any of the Above</li> </ul> <p><b>5th Occurrence:</b></p> <ul style="list-style-type: none"> <li>• Failure: Jail Sentence</li> </ul>	<p><b>Possible Consequence at Every Sanction:</b></p> <ul style="list-style-type: none"> <li>• Full Treatment Level Review</li> <li>• Return to Beginning of Current or Earlier Treatment Phase</li> <li>• Treatment Modality Change</li> <li>• Termination from QMTC</li> </ul>
<p>The following "C" infractions will immediately result in a Court Imposed Sanction:</p> <ul style="list-style-type: none"> <li>• Positive or Missed Urine</li> <li>• Missed Appointment</li> <li>• Rule Breaking at Program not Resulting in Termination</li> <li>• Two Late Arrivals at QMTC or TASC office</li> </ul> <p style="text-align: center;"><b>The Judge Retains Discretion to Depart from the Sanction Guidelines</b></p>	<p><b>1st Sanction:</b></p> <ul style="list-style-type: none"> <li>• 1 Day Court Observation</li> <li>• Court Frequency Increase</li> <li>• Essay/Letter Writing</li> <li>• Detox/Rehab</li> <li>• Phase Change</li> </ul> <p><b>2nd Sanction:</b></p> <ul style="list-style-type: none"> <li>• Any of the above</li> <li>• 1 Day in Pens</li> </ul> <p><b>3rd Sanction:</b></p> <ul style="list-style-type: none"> <li>• 1-3 Days Jail</li> </ul> <p><b>4th Sanction:</b></p> <ul style="list-style-type: none"> <li>• 2-4 Days Jail</li> </ul> <p><b>5th Sanction:</b></p> <ul style="list-style-type: none"> <li>• Program/Modality Change</li> <li>• Failure: Jail Sentence</li> </ul>	<p><b>Possible Consequence at Every Sanction:</b></p> <ul style="list-style-type: none"> <li>• Increased Case Management Visits and Urine Tests</li> <li>• Detox/Rehab</li> <li>• Journal Writing</li> <li>• Loss of Program Privileges</li> <li>• Loss of Compliance Time. The Amount Depending on Current Phase Level</li> </ul>



# SUPERVISION

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*QMTC Handbook- Phase II, Action*

## PHASE II Action

### Goals:

- Get yourself stable in treatment
- Take ACTION by looking at the reasons why you have abused drugs
- Rise to the challenge of recovery as a way of life

**How to Do It:** You will stabilize yourself in treatment and set goals for your education, employment, vocational training and reconnecting with family

To move to Phase III you must meet all Phase II requirements.

### They are:

- No less than 3 months of abstinence;
- 3-6 months of participation in treatment without sanctions;
- participation in parenting skills, domestic violence, and other workshops and programs, as directed by QMTC

Remember that moving to the next phase is based on the Actions you take to work towards your Recovery.



## PHASE III Achievements

### Goals:

- Using your recovery skills
- Vocational skills and educational ACHIEVEMENTS
- Getting a job
- Continuing to reconnect with your family
- A new start into your community
- Develop goals for post-graduation, abstinence, and independent living

**How to Do It:** You are now in the final phase of treatment. Having remained clean for a long period of time, you will work on rehabilitation. You will work on reconnecting with your family and educational, vocational and career development.

Once you have done everything you need to do for Phase III, you will be eligible to have your case dismissed and to graduate from QMTC.

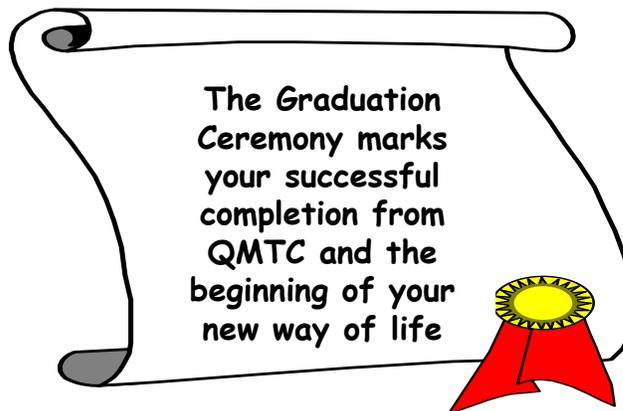
### Specific Requirements are:

No less than 3 months of abstinence or sanctionless time; successful completion or near completion of treatment; submission of a graduation application, indicating accomplishment and goals in the following areas- treatment, education, vocation or employment; stable housing.

Now that you have chosen an **ALTERNATIVE**, worked on **ACTIONS** and succeeded in your **ACHIEVEMENTS**, you are ready for *Graduation*.

# G

## raduation: A time to celebrate your accomplishments



You will be able to invite your family and friends to join you at your QMTC Graduation Ceremony.

### **Requirements for Graduation:**

No less than 3 months of abstinence or sanctionless time in phase 3: successful completion or near completion of treatment; submission of a graduation application, indicating accomplishment and goals in the following areas- treatment, education, vocation or employment; stable housing.

# QMTC

## Expectations

What else is expected of me?

The expectations of QMTC are:

- Obey the Law
- Stop all drug-related activity
- Stop drinking alcohol
- Communicate with your case manager
- Treat others with respect
- Comply with drug screening

These expectations are explained in detail in the next pages.

The goals you set up with your Case Manager may also include:

- Healthcare
- Education
- Employment

These goals are explained in detail on page 20.

## SUPERVISION

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### *QMTC Handbook- Expectations*

### **Treat others with respect:**

You should respect the opinions and feelings of other people in QMTC. Verbal or physical threats to anyone will not be tolerated. Any inappropriate behavior will immediately be reported to the Judge and may result in a severe sanction or your termination from the program.

You must dress appropriately for your court appearances and treatment appointments. Clothes having a drug, alcohol, criminal or violent theme, advertising alcohol or drug use or showing any gang affiliation are not allowed. Sunglasses are not to be worn in court unless approved by a doctor.

**Note:** You will not be asked to be an informant in this program. You will not be asked to discuss any information concerning anyone's behavior or progress except your own.

### **Cease all drug related activity:**

You may not possess, sell, or use alcohol, marijuana and all other illegal drugs. You also may not possess or use any drug paraphernalia.

Any relapse by you involving drugs and/or alcohol must be reported to your Treatment Program immediately.

Any drugs that a doctor prescribes for you must be reported to your program immediately. You will be required to bring the prescribed medication in its original container.

**You will be asked while in QMTC to obtain non-narcotic prescriptions. If you need a narcotic, you will have to obtain this in writing.**



## SUPERVISION

*QMTC Handbook- Treat Others With Respect/ Cease All Drug Related Activities*

### **Comply with Drug and Alcohol Screening:**

One of the primary goals of QMTC is to help you remain drug and alcohol free. A positive drug test or your admission of drug or alcohol use may result in a sanction or change in treatment. Repeated drug or alcohol use may result in change in treatment or termination from QMTC. Drug and alcohol tests will be done at your treatment program and at the QMTC Treatment Center. You will be tested throughout all 3 phases of QMTC.

**If you are in an outpatient treatment program, you must complete at least 2 drug test each week. If your program does not give you a drug test and you do not report to QMTC for a drug test, you need to appear at QMTC for drug testing. Failure to comply will result in a sanction.**

### **Stop Drinking Alcohol:**

Drinking any kind of alcohol is not allowed while you are part of the QMTC program. Use of alcohol can be just as harmful as illegal drugs for someone who struggles with addiction. You will be tested for alcohol use and a positive alcohol test can result in a sanction.

### **Be Law Abiding:**

You must not break the law again. Any more criminal acts may result in being terminated from QMTC.

You must immediately report any new arrest to  
your case manager.

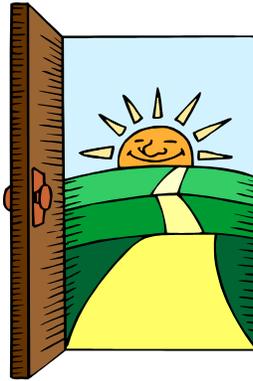
### **Communicate with Your Case Manager:**

- Keep in regular contact with your case manager
- Talk about issues involving your treatment
- Get permission to travel outside of the state



## SUPERVISION

*QMTC Handbook- Comply With Drug and Alcohol Screening/ Stop Drinking Alcohol/ Be Law Abiding/ Communicate With Your Case Manager*



## Support Services

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

The QMTC team recognizes that recovery is not easy, but we praise your effort and courage to change.

Together, we can make it work.

# Health



Developing healthy living habits and knowing how to handle physical and emotional problems are essential for your success in avoiding drugs and succeeding in the QMTTC program.

QMTTC can help you get the following health services:

- Doctor and dentist
- TB (Tuberculosis) screening
- Testing for STD's (sexually transmitted diseases), Hepatitis and HIV
- Pregnancy testing
- Health and nutritional counseling
- Psychological testing and treatment

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



# Education

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

QMTTC can help you get the following educational programs:

-  **High School:** if you need help with a particular subject or area, QMTTC will help you find a tutor.
-  **GED:** work toward your high school equivalency diploma.
-  **Vocational:** QMTTC can help you find training in many fields, from food service and haircutting to computer technology and auto mechanics.
-  **College:** if you are ready to take this step, QMTTC can help you with decisions about when and where to go and how to afford it.



# Employment

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

Employment referral services include:

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

You will also get information on how to:

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



# QMTC Team

The Queens Misdemeanor Treatment Court Team understands that addiction is a treatable disease and is dedicated to supporting the recovery of every QMTC participant.

The QMTC Team includes:

- Judge;
- Your lawyer and other members of the defense bar;
- The Office of the Special Narcotics Prosecutor; and
- Your case manager and other members of the QMTC treatment staff

The Team meets before every Treatment Court session to assess and monitor the progress of each case that the Judge will hear that day.

At these meeting, the Team members discuss the each participant scheduled for court appearance that day and the Judge decides the appropriate actions to take, including rewards and sanctions.



# SUPERVISION

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QMTTC Handbook- The Team

## **I** mportant Names and Numbers:

**Queens Misdemeanor Treatment Court**  
125-01 Queens Boulevard  
Kew Gardens, NY 11415  
Main Number (718) 520-2373

### **Important names and numbers to know:**

#### **My Attorney:**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

#### **My Case Manager:**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

#### **My Treatment Program:**

\_\_\_\_\_  
Name \_\_\_\_\_

Phone # \_\_\_\_\_

### **Self-Help Meetings**

You can obtain information, schedules and locations for local self-help groups from QMTTC, your Case Manager and/or your treatment provider.





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

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**Visit the Queens Misdemeanor Treatment Court's website for a Powerpoint copy of this manual:**

[www.courts.state.ny.us/courts/2jd/QMTC/index.shtml](http://www.courts.state.ny.us/courts/2jd/QMTC/index.shtml)

