

The seal of the State of New York Unified Court System is a large, circular emblem. It features the text "State of New York" at the top and "Unified Court System" at the bottom. In the center, there is a shield supported by two female figures: Liberty on the left holding a torch and a scroll, and Justice on the right holding scales. Above the shield is an eagle with wings spread, perched on a globe. A banner at the bottom of the shield reads "EXCELSIOR".

# Policy and Procedures Manual

## **SCREENING & TREATMENT ENHANCEMENT PART** **Enhanced Drug Screening Project**

Screening & Treatment Enhancement Part  
Criminal Court of the City of New York  
120 Schermerhorn Street  
Brooklyn, NY 11201

## CONTENTS

<b>Mission Statements</b>	1
<b>Introduction</b>	2
<b>STEP Daily Operations Chart</b>	7
<b>Screening/Eligibility Criteria</b>	8
<b>Screening Protocol</b>	9
<b>STEP Clinical Staff</b>	14
<b>Confidentiality – The Law</b>	17
<b>Confidentiality – HIPAA</b>	26
<i>Order to Disclose Protected Health Information (Blanket Order)</i>	31
<i>Order to Disclose Protected Health Information (Individual Order)</i>	33
<i>HIPAA Notice and Explanation</i>	35
<b>Confidentiality – Procedures</b>	36
<i>CRC 3174 – Consent to Participate in Court Monitored Substance Abuse Treatment Assessment</i>	40
<i>CRC 3168 – Consent to Release Confidential Medical &amp; Psychiatric Information</i>	41
<i>CRC 3169 – Disclosure of Assessment</i>	42
<i>CRC 3170 – Disclosure of Treatment Progress</i>	43
<i>CRC 3171 – Consent for Release of Confidential HIV Information</i>	44
<i>CRC 3172 – General Consent</i>	45
<i>CRC 3173 – Prohibition on Disclosure</i>	46
<b>Assessment</b>	47
<i>Release of Inmate Property</i>	50
<i>HRA Referral Letter</i>	51
<i>Aftercare Letter Request</i>	52
<i>SSN Verification</i>	53
<i>UTA Assessment Tool</i>	54
<b>Treatment Plan/Recommendation</b>	78

<b>Urine Testing Protocol</b>	81
<b>Program Referral</b>	86
<i>Warrant Request</i>	89
<i>Declaration of Delinquency</i>	90
<i>Progress Form</i>	91
<i>Program Requirements – Outpatient</i>	93
<i>Program Requirements – Residential</i>	94
<i>Linkage Agreement</i>	95
<i>Network of Treatment and Social Service Providers</i>	98
<i>Network of Adolescent Social Service Providers</i>	104
<b>Supervision</b>	109
<i>Participant Handbook</i>	117
<i>Participant Handbook Summary Sheet</i>	145

## MISSION STATEMENTS

## **Enhanced Drug Screening Project**

The Enhanced Drug Screening Project is a centralized screening process that incorporates early identification of eligible offenders in need of substance abuse treatment with referral to community based treatment and frequent judicial monitoring of their progress.

## **Screening & Treatment Enhancement Part**

The Screening & Treatment Enhancement Part Young Adult Program seeks to promote public safety and reduce substance abuse among non-violent felony offenders, especially those aged 16 - 18, by providing cost effective judicially monitored treatment intervention that capitalizes on the participants' strengths and enlists community and family support to achieve treatment, educational and vocational goals.

# INTRODUCTION

The Enhanced Drug Screening Project is a pilot project, started in Brooklyn, intended to be used as a model for the rest of New York State. In this one county alone, over 80,000 criminal defendants have been screened in one year for eligibility in court-monitored substance abuse treatment. The screening is a two step process completed within 48 hours of the arrest, which includes a review of the each defendant's case by a court clerk at the stage before a defendant's initial court appearance, followed by a detailed clinical assessment and urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in one of Brooklyn's court-monitored substance abuse treatment programs, which include DTAP, the Screening & Treatment Enhancement Part, Brooklyn Treatment Court, the Misdemeanor Brooklyn Treatment Court and TASC.

This centralized screening process has resulted in the early identification of eligible offenders in need of substance abuse treatment and referral to appropriate community based treatment for non-violent offenders charged with certain designated drug and drug-related offenses. It has ameliorated the problem of dozens of treatment eligible offenders "falling between the cracks" each year - either not being referred to treatment until a case was trial ready or not receiving treatment at all. It has also prevented ineligible offenders from being sent to a court-monitored treatment program for assessment, which previously resulted in enormous wastes of court and clinical resources. This conservation of resources enabled the Brooklyn courts to expand treatment to populations previously ineligible for such intervention, such as 16-18 year olds charged with a nonviolent felony.

## **Problems with Prior Screening**

This Project coordinates and integrates the screening for drug treatment programs in Kings County. Working with the District Attorney's Office, Department of Probation, defense attorneys and treatment providers, a coordinated response has been developed to eliminate two previously existing systemic problems in Brooklyn:

- *Missed Opportunities:* The past system of screening felony drug offenders in Brooklyn, suffered from lack of coordination and integration, resulting in dozens of treatment-eligible offenders "falling between the cracks" each year. In some cases, this meant that defendants were not referred to treatment as quickly or as efficiently as possible - this includes not only Brooklyn Treatment Court, but the other existing treatment programs designed to serve offender populations (TASC and DTAP). In other cases, it meant that treatment-eligible offenders may not have received any treatment at all.
- *Wasted resources:* Flaws in the previous system also resulted in many cases being sent to Brooklyn Treatment Court, TASC and DTAP that were ultimately deemed ineligible for the program. This created system inefficiency - wasted assessments,

unnecessary court appearances, multiple urine tests - that made it difficult for the various Treatment Programs to expand their capacity to serve new clients.

## **Principles**

The Enhanced Drug Screening Project was developed and now operates using the following principles:

- *Universal:* Every defendant arrested in Brooklyn should be screened for eligibility in court-monitored substance treatment. Evenhanded justice requires that all defendants will be evaluated for eligibility.
- *Speed:* Speed in screening accomplishes three primary goals - 1) reaching an addicted offender at a moment of crisis, his arrest, 2) allowing clinical staff to use an objective tool, the urine toxicology screen, to assist in determination of addiction severity, and 3) allowing the court, prosecutor and defense lawyers to conserve valuable resources by directing eligible and interested offenders into court-monitored substance abuse treatment at the very beginning of the criminal filing.
- *Accuracy and Efficiency, Conservation of resources* requires that the screening is done with skill and accuracy that results in all eligible offenders being screening for court monitored substance abuse treatment and ineligible offenders being excluded from subsequent and more intensive clinical screening at the earliest stage of the process.
- *Integration:* The screening process should be fully integrated in the regular court case processing system.
- *Centralization:* Once eligibility and interest in court-monitored substance abuse treatment has been determined, court-monitored substance abuse treatment should be concentrated in Treatment Courts, that have the expertise, experience and clinical staff to successfully monitor continued treatment progress, leaving the regular court parts with the ability to handle their remaining cases with greater efficiency.

## **Overview**

### **Screening**

Screening is a two-step process. Step one is a paper screening at arraignments where the court clerks identify all defendants who are charged with a designated offense and have the requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to one of Brooklyn's three treatment parts. Cases eligible for the treatment parts are adjourned for the next business day. Step two includes a review by the District Attorney for

preliminary consent to a treatment alternative, a urine toxicology screen test and an assessment by TASC or court clinical staff.

### ***Plea and Progress***

Upon completion of the assessment and treatment plan, eligible defendants are offered the opportunity to plead guilty and have their sentence deferred until they complete the Court's treatment mandate. The final stage of the process involves intensive judicial monitoring by the Court as the defendant progresses through the treatment mandate. Successful participants have their pleas vacated and charges dismissed; those who fail to complete the court mandate are sentenced to a period of incarceration.

### **STEP Young Adult Program and Drug Related Offenses**

Conservation of criminal justice resources by the more efficient screening process has allowed the court to offer court-monitored substance abuse treatment to offenders who had previously not been considered for such programs. These include non-violent offenders between the ages of 16 and 18 and offenders charged with non-violent, non-drug offenses that are nonetheless typically committed by individuals addicted to drugs, such as commercial burglaries, auto thefts and felony larceny.

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

STEP offers the adolescent offender an opportunity to attend community-based substance abuse treatment and receive referrals to other necessary ancillary services, such as educational programs, vocational training, medical and mental health services, housing and family counseling. The Court uses intensive judicial supervision and a system of graduated sanctions and rewards to maintain compliance with the court mandate. Probation officers and youth case managers offer intensive case management and have the ability to make home visits. They have the clinical expertise to counsel young adults and their families and they have the capacity to offer onsite counseling in the future. Upon completion of the court mandate, the Court vacates the guilty plea and dismisses the charges leaving the young adult with an opportunity to start over without a criminal record. Failure results in the imposition of a jail sentence.

## **Case Management**

Court employed case managers conduct assessments of eligible defendants. If a first felony offender pleads guilty and agrees to participate, the case manager makes the necessary referrals and placements into treatment and helps the Court monitor treatment progress. Probation officers also assess potential participants and make necessary referrals and placements. The probation officer has the additional capability of making visits to a participant's home or place of business, allowing the Court greater insight into the offender's home life, history and treatment needs.

The District Attorney's highly successful DTAP program for second felony offenders continues to assess and monitor cases in conjunction with Treatment Alternatives to Street Crime (TASC) personnel. While DTAP's basic structure remains unchanged, TASC personnel use the Universal Treatment Application (UTA), the court's database, to assess and monitor DTAP participants so that the court can easily track a participant's progress and intervene or give encouragement when necessary.

## **Treatment Providers**

STEP has created a working relationship with approximately 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. STEP has also developed relationships with programs that specialize in the treatment of adolescents, including educational, vocational and therapy programs.

## **Treatment Modalities**

STEP case managers make treatment recommendations according to the individual needs of first felony offender participants. Treatment might consist of detox, short-term rehabilitation, out-patient or residential programs or a combination of these modalities.

DTAP participants are required to enter and complete an 15-24 month residential program.

## **Length of Treatment**

STEP monitors first and second felony offenders and defendants originally charged with felony offenses but permitted to plead guilty to a lesser-included misdemeanor charge. Typical treatment mandates for each follow:

- Second Felony Offender (DTAP) - 15-24 months
- First Felony Offender (multiple cases) - 18-24 months
- First Felony Offender - 12-18 months
- Misdemeanor Disposition - 8-12 months

**(THIS PAGE INTENTIONALLY LEFT BLANK)**

Day 1

# STEP DAILY OPERATIONS CHART

## Pre-Arrestment Screening by Clerks for APD & STEP:

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

## ARRAIGNMENTS DAY & NIGHT

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

**Adjourn to APD for next business day**

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

**Adjourn to STEP for next business day**

## Not eligible:

Adjourn to AP1 for 180.80 day or other agreed upon date

## Refusal to Sign Consent:

Adjourn to STEP for next business day

Defendant and Defense Attorney Sign Client Consent In Arraignment

Day 2

## D.A. Reviews Case

## D.A. Makes Offer – Assessment By Clinical Staff

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

## D.A. makes no offer:

Adjourn to AP1 for 180.80 day or other agreed upon date

## Defendant Appropriate for Treatment:

- Resource Coordinator makes recommendation to Court

## Ineligible for treatment:

Adjourn to AP1 for 180.80 day or other agreed upon date

## Defense Attorney Conveys Offer

## Defendant Accepts Offer:

- Signs Waivers and Contract
- Plea Allocution
- Sentence Deferred

## Defendant Refuses Offer:

Adjourn to AP1 for 180.80 day or other agreed upon date

## SCREENING CRITERIA FOR BROOKLYN TREATMENT PARTS

### APD at 360 Adams Street

#### First Felony Offenders

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

#### Predicate Felony Offenders

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

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

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

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

#### **Eligible Offenders must have:**

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

### STEP at 120 Schermerhorn Street

#### First Felony Offenders

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

#### Predicate Felony Offenders

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

#### Non-Drug Offenses

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

### MBTC at 120 Schermerhorn Street

Case must meet the following criteria:

1. Nonviolent class A misdemeanor
2. Defendant:
  - a. has 10 or more felony and/or misdemeanor convictions AND/OR
  - b. is on probation or parole
3. Defendant must have:
  - a. no violent felony convictions AND
  - b. no arson or sex crime convictions

#### **Ineligible Charges –**

#### **Violent Misdemeanors Include:**

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

# SCREENING PROTOCOL

## **Arrestment Clerk**

### ***Pre-arrestment***

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

### ***Post-arrestment***

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

## **Associate Clerk**

### ***Pre-arrestment***

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

### ***Post-arrestment***

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

## **Court Officer (Arrestments)**

8. When distributing court papers notify defense attorney of Treatment Eligible cases

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

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

### **MBTC/STEP Clerk**

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

### **Resource Coordinator**

#### ***Pre-Assessment***

16. Initialize case into the UTA.
17. Contact Assistant District Attorney for new defendant's eligibility status and plea bargain offers.

18. Close out D.A. ineligible cases in the UTA.
19. Assign clinical assessments of new cases to case assessor/manager, TASC Representative or probation officer (case manager) using established procedures.
20. Inform Lab Technician of the names of all eligible candidates and their case manager.

***Post-Assessment***

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

***For candidates accepting treatment offer***

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

***For candidates refusing treatment offer***

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

**Lab Technician**

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

name.

### ***Released Candidates***

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

### ***Candidates in Custody***

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

### **Case Manager**

46. Obtain list of day's assigned candidates

### ***Released Candidates***

47. Conduct psychosocial assessment

48. Obtain toxicology results from lab technician

***Custodial Candidates***

50. Check that candidate is gender appropriate.

51. Obtain test equipment with appropriate name from lab technician

52. Take custodial intake packet and test equipment to pens on 9<sup>th</sup> floor.

53. Conduct psychosocial assessment

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

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

56. Note test validity and sample temperature on assessment.

57. Immediately note results on assessment

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

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

***All Candidates***

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

61. Report eligibility status to resource coordinator

62. Submit Treatment Plan to resource coordinator

Revised 01/06/03

# STEP CLINICAL STAFF

## **Clinical Director Management Analyst JG-25**

### Typical Background:

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

### Responsibilities Include:

- 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.

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

Typical Background

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

Responsibilities include

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

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

Typical Background

- clinical (substance abuse treatment) background
- CASAC
- 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.

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

Typical Background

- some clinical (substance abuse treatment) background

Responsibilities include

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

**Lab Technician**  
**Junior Court Analyst JG-12**

STEP/MBTC  
MTC

Typical Background

- some clinical or clerical experience

Responsibilities include:

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

# CONFIDENTIALITY – THE LAW

## **Statute**

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:

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

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

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

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

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

### **2.3 Purpose and Effect**

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

### **2.4 Criminal Penalty**

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

### **2.11 Definitions**

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

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

## **2.12 Applicability**

### (a) General

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

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

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

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

(6) Reports of suspected child abuse and neglect. Restrictions to not apply to reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities. However, the restrictions continue to apply to the original alcohol or

drug abuse patient records maintained by the program including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect

(d) Applicability to recipients of information

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

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

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

### **2.13 Confidentiality Restrictions**

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

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

### **2.17 Undercover agents and informants**

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

## **2.20 Relationship to State Laws**

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

## **2.22 Notice to patients of Federal confidentiality requirements**

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

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

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

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

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

## **2.31 Form of written consent**

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

## **2.32 Prohibition on redisclosure**

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

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

(a) A program may disclose information about a patient to those persons within the criminal justice system which have made participation in the program a condition of the disposition of any criminal proceedings against the 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.

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 Gtiganon or an administrative proceeding in which the patient offers testimony or other evidence pertaining to the content of the confidential communications.

#### **2.64 Procedures and criteria for orders authorizing disclosures for noncriminal purposes**

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

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

(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>1</sup>

## CONFIDENTIALITY – HIPAA

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

---

<sup>1</sup>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... [t]he 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... [a]ll 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.

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. *Accordingly, New York State drug treatment courts are not covered entities under HIPAA.*

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

Even though New York State's drug treatment courts are not covered entities under HIPAA, however, drug treatment courts' operations will be affected *indirectly* by HIPAA's privacy regulations because the treatment and other health care providers that work with

drug treatment courts will, in all likelihood, themselves be covered entities subject to the mandates of HIPAA. Accordingly, understanding the requirements of HIPAA's privacy regulations will help the drug treatment courts to work with these providers as they adapt their policies to be in compliance with HIPAA.

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

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

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

Accordingly, drug treatment courts can obtain protected health information from treatment and other health care providers in compliance with HIPAA in any one of the following three

ways: (1) by requiring treatment and other health care providers to obtain HIPAA-compliant consents or authorizations from their clients; (2) by issuing a Standing HIPAA Order; or (3) by issuing individualized HIPAA Orders on a case-by-case basis.

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

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

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

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

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

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

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

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

5. 45 C.F.R. § 160.103.

6. 45 C.F.R. 160.103 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)(l).

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)

**[NAME OF COURT]  
STATE OF NEW YORK**

**ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION**

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

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

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

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

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

**ATTACHMENT A**

**SAMPLE**

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

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

DATED: \_\_\_\_\_

\_\_\_\_\_

Judge/Justice

ATTACHMENT A

At Part \_\_\_ of the \_\_\_\_\_ Court County of \_\_\_\_\_  
at \_\_\_\_\_,  
New York, on the \_\_\_\_\_ day \_\_\_\_\_ of, 2003

Present: Hon. \_\_\_\_\_

THE PEOPLE OF THE STATE OF NEW YORK

-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

[Name of Treatment or Health Care Provider]

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

DATED: \_\_\_\_\_

\_\_\_\_\_

Judge/Justice

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

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

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

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

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

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

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

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

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

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

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

# CONFIDENTIALITY

## Introduction

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

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

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

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

## Consent Procedure

### *Arraignments*

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

1. Defendant is notified in writing of his/her rights under the federal rules
2. Defendant consents to start the clinical assessment process as soon as possible on the date following his arraignment without waiting for his attorney to appear.

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

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

## **Clinical Assessment**

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

1. **CRC 3168 – Consent to Release Confidential Medical and Psychiatric Information**
2. **CRC 3170 – Disclosure of Treatment Progress**
3. **CRC 3171 – Consent for Release of Confidential HIV Related Information** (optional)
4. **CRC 3169 – Disclosure of Assessment and Evaluation**
5. **CRC 3172 – General Consent to Release Confidential Information** (optional)

### ***CRC 3168 – Consent to Release Confidential Medical and Psychiatric Information***

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

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

### ***CRC 3169 – Disclosure of Assessment and Evaluation***

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

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

### ***CRC 3170 – Disclosure of Treatment Progress***

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

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

### ***CRC 3171 – Consent for Release of Confidential HIV Related Information***

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

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

### ***CRC 3172 – General Consent to Release Confidential Information***

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

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

### **Monitoring Progress**

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

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

### **Communication with Outside Agencies**

All clinical staff should use the greatest care when corresponding with any outside agency concerning any information relating to a participant's substance abuse treatment. Only necessary information should be sent to an outside agency and clinical staff should be sure that the right agency is contacted. All correspondence concerning a participant's treatment, either by mail or fax should include **CRC 3173 Prohibition on Disclosure of Information Concerning Clients in Alcohol and Drug Abuse Treatment** as a cover sheet. This form serves a dual purpose:

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

### **Courtroom**

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

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

**THE PEOPLE OF THE STATE OF NEW YORK,**

**against**

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



\_\_\_\_\_, Defendant.

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

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

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

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

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

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

\_\_\_\_\_  
(Signature of Attorney)

**Criminal Court of the City of New York**  
Screening & Treatment Enhancement Part  
120 Schermerhorn Street  
Brooklyn, NY 11201

**For Court Use Only:**  
 Defendant Refuses  
to Sign Consent

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



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

**Part I**

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

**Part II**

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

- \_\_\_\_\_ STEP clinical staff
- \_\_\_\_\_ New York City Department of Probation
- \_\_\_\_\_ Treatment Alternatives to Street Crime (TASC).

*[Check and Initial appropriate box(es)]*

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

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

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

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

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

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

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

CRC 3168 (rev. 04/27/04)

**Criminal Court of the City of New York**  
Screening & Treatment Enhancement Part  
120 Schermerhorn Street  
Brooklyn, NY 11201

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



I, \_\_\_\_\_, Case # \_\_\_\_\_

(Name of Defendant)

hereby consent to communications between \_\_\_\_\_ and \_\_\_\_\_

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

- \_\_\_\_\_ Screening & Treatment Enhancement Part (STEP)
- \_\_\_\_\_ Department of Probation
- \_\_\_\_\_ Treatment Alternatives to Street Crime (TASC).

[Check and Initial appropriate box(es)]

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

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness or Parent if Defendant Under 18

CRC 3169 (rev. 04/27/04)

**Criminal Court of the City of New York**  
Screening & Treatment Enhancement Part  
120 Schermerhorn St.  
Brooklyn, NY 11201

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



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

- \_\_\_\_\_ Screening & Treatment Enhancement Part (STEP)
- \_\_\_\_\_ Department of Probation of the City of New York

\_\_\_\_\_ Treatment Alternatives to Street Crime (TASC) and its staff  
*[Check and Initial appropriate box(es)]*

to receive information from and release information to:

\_\_\_\_\_

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness or Parent if Defendant Under 18

CRC 3170 (rev. 04/27/04)

**Criminal Court of the City of New York**  
Screening & Treatment Enhancement Part  
120 Schermerhorn Street  
Brooklyn, NY 11201



### Consent For the Release of Confidential HIV Related Information

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

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

\_\_\_\_\_

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

\_\_\_\_\_

3. Name and address of Agency releasing the information:

\_\_\_\_\_

\_\_\_\_\_

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

- \_\_\_\_\_ Screening & Treatment Enhancement Part
- \_\_\_\_\_ Department of Probation
- \_\_\_\_\_ Treatment Alternatives to Street Crimes (TASC)

*[Check and Initial appropriate box(es)]*

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

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

6. The reason for this release of information:

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

7. Time during which release is authorized:

**For the duration of my participation with the Screening & Treatment Enhancement Part.**

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

\_\_\_\_\_  
Date

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

CRC 3171 (rev. 04/27/04)

**Criminal Court of the City of New York**  
Screening & Treatment Enhancement Part  
120 Schermerhorn Street



Brooklyn, New York 11201

### General Consent for the Release of Confidential Information

I, \_\_\_\_\_ authorize  
*(Name of Defendant)*

\_\_\_\_\_  
*(Name of Person/Program)*

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

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

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

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

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

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

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

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

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

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

CRC 3172 (rev. 04/27/04)  
**Criminal Court of the City Of New York**  
Screening & Treatment Enhancement Part  
120 Schermerhorn Street

Brooklyn, NY 11201

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

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

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

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

**PHONE: (718) 643-1034**

**FAX: (718) 643-5775**

CRC 3173 (rev. 04/27/04)

**ASSESSMENT**

1. **Assignment.** The resource coordinator will assign any new and eligible cases and enter information into the Universal Treatment Application every morning by 9:30am. Case managers/probation officers will check the main screen of the UTA for assignment as soon after 9:30am as practicable. Resource coordinator will review new case assignments in the morning staff meeting.
2. **Custody or Release.** Upon assignment of new case, case manager/probation officer ascertain from resource coordinator whether defendant is in custody or released on bail or own recognizance. Resource coordinator will inform case manager/probation officer when defendants are produced by the Department of Corrections. If the arraignment judge released the defendant at arraignment, case manager/probation officer will conduct interview and psychosocial assessment at his/her workstation. If the defendant is in the custody of the Department Corrections, case manager/probation officer will conduct interview and psychosocial assessment in the designated 9<sup>th</sup> floor interview area.
3. **Assessment Packet.** The assessment packets will become the hard file for each defendant. Each assessment packet should contain the following forms prior to commencement of the assessment:
  - ✓ CRC 3168 – Consent to Release Confidential Medical and Psychiatric Information
  - ✓ CRC 3170 – Disclosure of Treatment Progress
  - ✓ CRC 3171 – Consent for Release of Confidential HIV Related Information
  - ✓ CRC 3169 – Disclosure of Assessment and Evaluation
  - ✓ CRC 3172 – General Consent to Release Confidential Information
  - ✓ Social Security Verification
  - ✓ HRA Referral Letter
  - ✓ Aftercare Request
  - ✓ UTA Assessment Tool – 24 pages (only for defendants in custody)
  - ✓ Release of Inmate Property
4. **Explanation of Program.** Case manager/probation officer will start the assessment process by introducing himself/herself and giving a short explanation of the STEP program and what the assessment process entails. The explanation should include the following elements:
  - STEP is voluntary
  - if defendant is eligible and agrees to participate, he/she will be required to plead guilty to a criminal charge and sentence will be deferred. If defendant successfully completes the court mandate, charges are typically

dismissed. If the 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 will plead guilty to, length of treatment mandate and the jail alternative should be left for the defense attorney to explain to the defendant.

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

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

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

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

**Brooklyn, NY 11201  
Release of Inmate Property**

To: Supervisor

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

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

Re: Release of inmate property

This letter is written on behalf of \_\_\_\_\_, Book & Case # \_\_\_\_\_  
Rikers Island. Please be advised that on \_\_\_\_\_, \_\_\_\_\_ is  
scheduled to appear in the Criminal Court before Judge Joseph E. Gubbay. He/she will  
be released on the aforementioned court date at the Screening and Treatment  
Enhancement Part to be placed into a residential drug treatment program under Court  
order.

The undersigned will be transporting \_\_\_\_\_ directly from the  
Screening and Treatment Enhancement Part 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 Screening and  
Treatment Enhancement Part on \_\_\_\_\_. Any help you provide in this  
matter is greatly appreciated.

Please feel free to contact me at \_\_\_\_\_ for further information.  
Again, thank you for your attention to this matter.

Sincerely,

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

Screening And Treatment Enhancement Part  
120 Schermerhorn St  
Brooklyn, NY 11201

**HRA Referral Letter**

Date:

Re: Client Name \_\_\_\_\_  
S.S.# \_\_\_\_\_ DOB \_\_\_\_\_

To Whom it may concern:

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

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

Duration of Mandated Treatment: \_\_\_\_\_

This client's progress will be monitored by Screening and Treatment Enhancement Part, specifically,

STEP Case Manager/Phone: \_\_\_\_\_

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

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

Program Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Program Phone: \_\_\_\_\_

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

Sincerely,

Screening and Treatment Enhancement Part  
120 Schermerhorn Street

Brooklyn, NY 11201

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

Correctional Health Services

Re: \_\_\_\_\_

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

To Whom It May Concern:

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

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

Thank you for your assistance.

STEP Case Manager \_\_\_\_\_

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

**Misdemeanor Brooklyn Treatment Court (MBTC)**  
**Screening and Treatment Enhancement Part (STEP)**  
City of New York Criminal Court  
120 Schermerhorn Street  
Brooklyn, NY 11201

Client ID# \_\_\_\_\_ Case ID# \_\_\_\_\_

# UTA ASSESSMENT TOOL

**FAX: (718)643-3538**

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

To Mr Howard Noble:

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

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

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

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

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

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

Town/Borough/State Born In: \_\_\_\_\_

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

\_\_\_\_\_ Client \_\_\_\_\_ Date

Is this Information verified by the Social Security Administration:

Yes \_\_\_\_\_

No \_\_\_\_\_

**Date** \_\_\_\_\_ **Interview for** \_\_\_\_\_

---

## **Demographics**

---

Last Name



Do you have it with you?	<input type="checkbox"/>	
Social Security Card	yes	no
Do you have it with you?	<input type="checkbox"/>	
PA Card	yes	no
Do you have it with you?	<input type="checkbox"/>	
Medicaid Card	yes	no
Do you have it with you?	<input type="checkbox"/>	
Number		
Benefits Card (Medicaid Card)	yes	no
Do you have it with you?	<input type="checkbox"/>	
Client ID number		
Sequence Number		
Insurance Company Number		
Policy Number		
Passport	yes	no
Do you have it with you?	<input type="checkbox"/>	
Passport Number		
Country		
Green Card	yes	no
Do you have it with you?	<input type="checkbox"/>	
Green card number		
dd214	yes	no
Do you have it with you?	<input type="checkbox"/>	
Driver's License		
Do you have it with you?	<input type="checkbox"/>	
Number		
State		
Employment ID	yes	no
Do you have it with you?	<input type="checkbox"/>	



---

**Contact at Present Address**

---

Last Name

First Name

Relationship

---

**Mailing Address**

---

Is there another mailing address? yes no

Street Address

Apartment

City

State

Zip

---

**Second Contact**

---

Do you have a second contact? yes no

First Name

Last Name

Street Address

Apartment

City

State

Zip

Does this contact have a phone? yes no

Telephone number

Relationship to client

---

**Education**

---

What is your current education status?

What type of school?

Highest grade completed

Have you received a high school diploma?      yes      no

Have you received a GED?      yes      no

Ever attended special education classes?      yes      no

Nature of the special education?

---

### **Vocational Education**

---

Ever Attended vocational/technical courses?      yes      no

What courses?

Did you complete the courses?      yes      no

---

### **Employment**

---

What is your current employment status?

How long unemployed?

Most recent employment?

When did that job end?

Employer's name

Employer's street address

Employer's city

Employer's state

Employer's zip

Employer's telephone number

Supervisor's name

Working hours

How long employed here?

Employment verified?      yes      no

Other professional trade or skill?

Have you ever been employed?      yes      no

Longest period employed at any job

Last earnings before taxes

---

**Financial Support**

---

What is your primary financial support?

Currently receiving government assistance?    yes    no

- Division of AIDS Services (DAS)
- Food stamps
- Home Relief
- Medicaid
- SSI/SSD
- Unemployment compensation
- Welfare, including AFDC, ADC, WEP
- WIC

How much assistance in the past year?

---

**Veteran Status**

---

Are you a veteran?    yes    no

What type of discharge?

Are you eligible for veteran's benefits?    yes    no

    Currently receiving veterans benefits?    yes    no

    Currently receiving veteran's services?    yes    no

        Ever received veteran's services?    yes    no

---

**Home Environment**

---

With whom are you currently living?

    How many adults live in this residence?

    How long have you lived in this arrangement?

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



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

yes      no

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

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

yes      no

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

---

**Legal Issues**

---

Are you named in any current orders of protection?

yes      no

County/Borough Issued:

Date Issued:

Who named you?



Drug 1:  
 Dosage:  
 What for:  
 Drug 2:  
 Dosage:  
 What for:  
 Drug 3:  
 Dosage:  
 What for:  
 Drug 4:  
 Dosage:  
 What for:

---

**Mental Health**

---

Ever felt or been told you were out of control at any time while NOT under the influence?	yes	no
Number of times?		
Ever see or hear things?	yes	no
Have you ever set a fire?	yes	no
Number of times		
Have you ever attempted suicide?	yes	no
Number of times:		
Most recent date:		
Are you currently considering suicide?	yes	no
Do you have a plan?	yes	no
Have you ever considered harming yourself?	yes	no
Ever planned to harm yourself?	yes	no
Number of times:		
Most recent date:		
Have you ever considered harming others?	yes	no

Ever planned to harm others?	yes	no
Ever attempted to harm others?	yes	no
Number of times:		
Most recent date:		
Ever received counseling for mental health problems?	yes	no
Number of episodes:		
Are you currently receiving treatment for mental health problems?	yes	no
Current care provider:		
Counselor name:		
Counselor phone:		
Ever hospitalized for mental health reasons?	yes	no
Number of times:		
Most recent hospital name:		
Most recent date:		
Most recent reason:		
Have you ever taken medication for mental health reasons?	yes	no
Currently taking meds for mental health reasons?	yes	no
Drug 1:		
Dosage:		
What for:		
Drug 2:		
Dosage:		
What for:		
Drug 3:		
Dosage:		
What for:		







---

**Treatment Barriers**

---

Are there any current barriers to treatment? yes      no

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

---

**Service Needs**

---

Are there any current service needs? yes      no

- dental
- domestic violence
- educational
- employment
- entitlements
- family related
- health-related for children
- housing
- legal
- medical care
- mental health

- other services
- pre-natal
- sexual/emotional/physical abuse
- vocational

---

**Treatment Desired**

---

What type of treatment does the client desire?

---

**Motivation:**

---

I think drugs are a serious problem in my life

- Agree       2       3       4       Disagree

My family will support me in treatment

- Agree       2       3       4       Disagree

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

- Agree       2       3       4       Disagree

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

- Agree       2       3       4       Disagree

I have too many responsibilities to enter treatment

- Agree       2       3       4       Disagree

I am willing to enter treatment as soon as possible

- Agree       2       3       4       Disagree

I am worried about who will care for my children

- Agree       2       3       4       Disagree

I believe I can stop using drugs on my own

- Agree       2       3       4       Disagree

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

- Agree       2       3       4       Disagree

---

**Impression/Assessment**

---

General Comments:

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

Was the client cooperative during the interview?      yes      no

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

---

### **Alcohol Use**

---

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

Professional assessment of alcohol use:

---

### **Alcohol Use Indicators**

---

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

### **Drug Use**

---

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

Professional assessment of drug use:

---

### **Drug Use Indicators**

---

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

- Verification

---

**Mental Health**

---

Professional assessment of mental health:

---

**Mental Health Indicators:**

---

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

---

**Treatment**

---

Is client motivated to attend treatment?

---

**Treatment Defining Factors:**

---

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

---

**Professional treatment recommendation:**

---

- AA/NA
- Aftercare
- Ambulatory detox

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

---

**Current Medical Condition**

---

Indicate all current medical conditions:

- AIDS
- Asthma
- Blind
- Cancer
- Dental
- Developmentally disabled
- Diabetes
- Eye Glasses
- Hearing impaired
- Heart condition
- Hepatitis
- High blood pressure
- HIV
- Other
- Physically Disabled

- Seizure disorder
- STD
- TB
- Ulcers
- Wheelchair bound

---

**HIV Information**

---

Has client signed an HIV consent form or volunteered

HIV information?	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**

---

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

---

**Drug Use Detailed Information**

---

**Biological****First Name****Last Name****Gender****DOB****Relationship**

Present Live

Agency Name

Foster Last Name

Foster First Name

Other Parent Name

Provide Finance

Guardian

Lost Reason

Custody

Importance Custody

Ever Lost Custody

Regain Custody

---

**Biological****First Name****Last Name****Gender****DOB****Relationship**

Present Live

Agency Name

Foster Last Name

Foster First Name

Other Parent Name

Provide Finance

Guardian

Lost Reason

Custody

Importance Custody

Ever Lost Custody

Regain Custody

---

**Family Case Detailed Information**

---

Case Type

County/Borough

Next Court Date

Open/Close



# TREATMENT PLAN/RECOMMENDATION

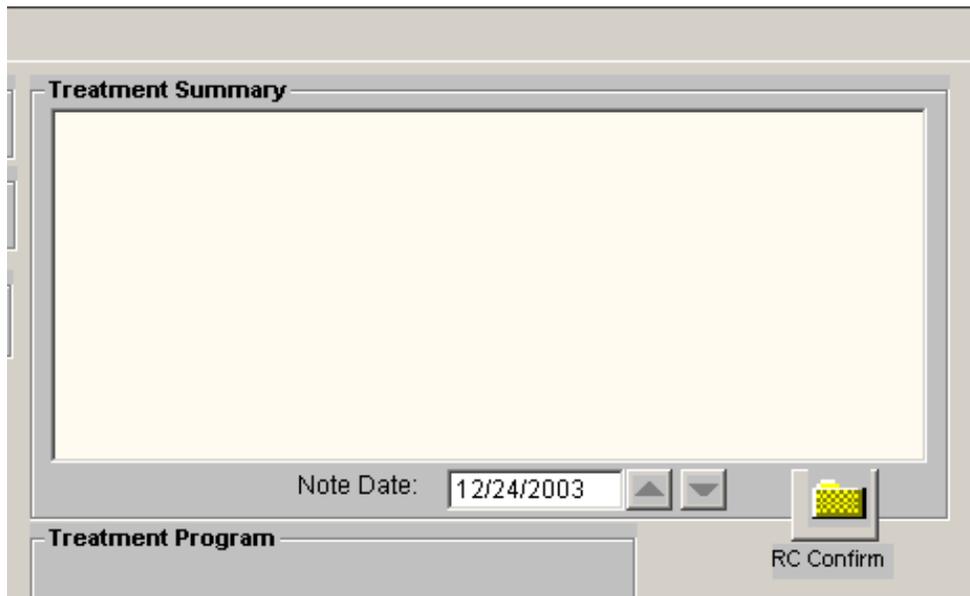
## Completion of Assessment

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

## Verification

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

## Treatment Plan Recommendation/Update



The screenshot shows a software window with a title bar. Inside the window, there is a section titled "Treatment Summary" which contains a large, empty text area. Below this text area, there is a "Note Date:" label followed by a text input field containing "12/24/2003". To the right of the date field are two small arrow buttons (up and down). Further right is a yellow folder icon. Below the "Treatment Summary" section, there is a section titled "Treatment Program" which is partially visible. At the bottom right of the window, there is a button labeled "RC Confirm".

## Ineligible Candidates

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

**Note: It is MBTC policy to protect the confidentiality of candidates immigration status.** If the defendant is ineligible for reasons relating to immigration status, case manager should indicate only that defendant is “ineligible for court-monitored substance abuse treatment.”

### **Eligible Candidates**

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

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

- Demographics
  - ✓ name
  - ✓ age
  - ✓ race/ethnicity
  - ✓ address
  - ✓ telephone
  - ✓ who defendant currently lives with
  - ✓ telephone number (if available)
- Substance Abuse History
  - ✓ primary drug of choice
  - ✓ length of abuse
  - ✓ any secondary drug(s) of abuse
  - ✓ frequency of use
  - ✓ cost of drug habit
  - ✓ prior treatment concept
- Results of Urinalysis
- Employment/Education
  - ✓ education background (including literacy)
  - ✓ employment history/status
- Family/Community Ties
  - ✓ family with whom candidate resides or is close too
  - ✓ any additional ties to the community
  - ✓ drug availability in candidate’s neighborhood
- Mental/Physical Health

- ✓ any medical condition that would impact treatment, referral or placement
- ✓ any psychiatric or organic condition that could effect treatment, referral or placement
- Treatment Recommendation
  - ✓ substance abuse treatment modality(ies) recommended
  - ✓ short explanation of reason why recommendation was made
  - ✓ recommendation for ancillary services
  - ✓ whether recommendation is made subject to verification or any other condition.

### **Sample Treatment Summary Entry**

Public, John/17  
6/3/03

Assessment Note:

Urinalysis: Positive cocaine and marijuana

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

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

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

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

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

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

# URINE TESTING PROTOCOL

The Screening & Treatment Enhancement Part (STEP) uses the Varian TesTcup 5, Varian TesTcup Pro5 and the Varian TesTstik 3 immunoassay tests.

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

## **SCREENING & TREATMENT ENHANCEMENT PART PROTOCOL**

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

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

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

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

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

### ***Released Defendants***

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

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

## ***Defendants in Custody***

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

### Male Defendants

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

### Female Defendants

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

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

## **DRUG RETENTION TIMES**

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

- Cocaine, Heroin(opiates), and methadone are generally excreted within 3 days or 72 hours after ingestion. Benzodiazepines are excreted within 3 days for therapeutic use. In the case of chronic use it can occasionally take up to 4-6 weeks.

- Marijuana (THC/Cannabinoids) excretion times vary depending on many factors. Variations occur exclusively with marijuana and not other drugs because the body stores THC in adipose (fat) tissues and slowly releases it back into the bloodstream. The exact mechanism that controls excretion is not known and many other variables affect the process, specifically, metabolic rate, physical condition, frequency of urination, fluid intake, kidney function, as well frequency and duration of prior use. In some situations, due to erratic patterns of excretion, it is possible to test negative one day and positive a day or two later without having used the substance. The average amount of time elapsing prior to consistently negative test results after the cessation of marijuana use is as follows:

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

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

### INTERPRETING THE RESULT

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

### POPPY SEEDS

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

## CROSS REACTIVITY

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

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

## ADULTERATION

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

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

## PROCEDURE FOR CHALLENGING THE RESULTS OF URINALYSIS TESTING

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

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

- Positive samples are refrigerated in the locked STEP laboratory for a period of 24 hours. After 24 hours, samples are discarded.
- If a participant wishes to challenge, he/she must do so through his/her attorney, within the 24 hour period following submission of the sample. The attorney must notify both the Court and the Treatment Center. The challenge need not be in writing.

- ❑ Using a list of labs in the area, the attorney must arrange for the sample to be picked up by a lab for testing. (Treatment programs cannot be used.)
- ❑ Should the sample test positive, the participant will be subject to whatever sanction s/he may have previously been exposed to but also to an additional sanction on the basis of the false challenge. A false challenge is considered a B level infraction.
- ❑ Should the sample test negative, the Court will defer to the lab's finding and replace the positive result with a negative result in the treatment center and court records.

# PROGRAM REFERRAL

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

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

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

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

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

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

manager/probation officer will also coordinate with the program to which the participant will be referred so that the program's intake department can assist the participant in obtaining Medicaid benefits.

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

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

1. Before making a referral for program evaluation consider the candidate/participants needs. The case manager/probation officer should consider the following factors:
  - ✓ severity of addiction
  - ✓ treatment history
  - ✓ housing
  - ✓ mental health
  - ✓ physical health
  - ✓ availability of self help groups
  - ✓ education
  - ✓ employment
  - ✓ transportation/ability to travel
2. Unless authorized by clinical director, case manager/probation officer may only refer a participant to a program or organization listed in the **STEP/MBTC Network of Treatment and Social Service Providers** or the **STEP Network of Adolescent Social Service Providers**. (Programs on these networks have been informed of the STEP rules and protocols, see **Requirements for Outpatient Settings** and **Requirements for Residential Settings** and they have been required to execute a **Linkage Agreement** indicating that they will comply with all of the courts rules and requirements).
3. Contact community-based treatment provider. Inform the provider's intake staff that this is a court referral with consequent special requirements. These special

monitoring requirements include:

- ✓ monthly written reports using dedicated ***New York State Unified Court System Drug Court Treatment Progress Report Form***;
- ✓ verbal updates of any circumstances that might require the intervention of the judge;
- ✓ a possible increase in the amount of random toxicology screens done by the program (day treatment providers are required to test their STEP 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 STEP participant misses 5 consecutive days of treatment.

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

Ancillary Services that may need to be considered:

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

## STEP Declaration of Delinquency/Warrant Request

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

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

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

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

Supreme Court of the State of New York  
County of Kings : Part STEP

Next Court Date \_\_\_\_\_

-----X

THE PEOPLE OF THE STATE OF NEW YORK : SCI/IND# \_\_\_\_\_

:

-Against-

: Dkt# \_\_\_\_\_

,Defendant. :

-----X

VIOLATIONS OF CONDITIONS OF RELEASE

1. I am the Clinical Director for the Screening and Treatment Enhancement Part (STEP) located at 120 Schermerhorn Street, Brooklyn, NY 11201.
2. As a condition of release pending sentence, the Court ordered the above-named defendant to attend and participate in substance abuse treatment, specifically \_\_\_\_\_
3. The defendant, after evaluation by the STEP clinical staff was referred to the above-mentioned program(s). Based on information from \_\_\_\_\_ the defendant has left the program prior to completion, in violation of the court's order. Specifically, the defendant \_\_\_\_\_
4. Therefore, as a result of defendant's failure to comply with court ordered condition of release, it is hereby requested that the court issue a bench warrant. Upon defendant's return to court, we ask the presiding judge to review the prior order releasing the defendant on his/her own recognizance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Director

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Justice Joseph E. Gubbay



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

**DATE OF REPORT:** \_\_\_\_\_  
**REPORT PERIOD COVERING:**  
 \_\_\_\_\_ to \_\_\_\_\_

**CLIENT INFORMATION**

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

**COURT INFORMATION**

Court:	Case Manager:	Telephone:	FAX:
--------	---------------	------------	------

**TREATMENT AGENCY**

**RECOMMENDATION**

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

**TREATMENT SCHEDULE**

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

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

**TREATMENT AREAS**

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

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

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

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

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

**TREATMENT SUMMARY/COMMENTS**

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

---



---



---



---



---



---

**ANCILLARY SERVICES** (Indicate all services participant is attending)

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

Treatment Summary/Comments:  


---



---



---



---

\*Include Page 2 for all Family Court Reports and Additional Comments (Page 2 is not required for Non-Family Court cases)

New York State Unified Court System  
Drug Court Treatment Progress Form

Page 2 (Mandatory for all Family Treatment Court Cases)  
Client 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

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

(rev. 11/12/03)

120 Schermerhorn Street  
Brooklyn, NY 11201

## Outpatient Settings

### ***Information Exchange Requirements***

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

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

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

Screening and Treatment Enhancement Part  
120 Schermerhorn Street

## Brooklyn, NY 11201

### Residential Settings

#### *Information Exchange Requirements*

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

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

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

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

**Screening and Treatment Enhancement Part  
Linkage Agreement and Memorandum of Understanding**

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

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

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

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

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

return to a program at a specified time, the Provider will immediately (within 24 hours) notify the Court.

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

**TERMINATION**

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

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

**(THIS PAGE INTENTIONALLY LEFT BLANK)**

STEP

Network of Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Aurora	78-31 Parsons Blvd	Flushing NY	Ira Crispin	(718) 969-7000		8/15/02	09/19/02	Residential	All	MICA Adults Youth Education
B.A.S.I.C.S. (Bronx Addiction Services Integrated Concepts Systems)	1064 Franklin Ave.	Bronx, NY 10456	Jose Rosario	(718) 861-5650	(718) 861-1247	06/07/02	08/30/02	Residential	Men	Spanish
Bedford-Stuyvesant Alcoholism Treatment Center	1121 Bedford Ave	Brooklyn, NY 11216	Xavier Keyes	(718) 636-4205		05/10/02		Outpatient & Halfway House	All	No Benefits Alcohol
Bridge Back to Life	175 Remsen St	Brooklyn, NY 11201	Patricia Clark-Watson	(718) 852-5552		05/03/02		Outpatient	All	Methadone Track 1&2 MICA Marijuana Day Rehab
Camelot	263 Port Richmond Ave	Staten Island, NY 10302	Jewel Haggerty	(718) 981-8117	(718) 981-9344	T/C7/31/02	09/4/02	Outpatient Residential	Adults	Substance Abuse Education/ Vocational
Canarsie Aware, Inc	1285 Rockaway Parkway	Brooklyn, NY	Wayne Harris	(718) 257-3195	(718) 257-5560	7/31/02	09/4/02	Outpatient	All	Adults HIV Education Youth
CASES (non-Substance abuse)	78 Livingston St (346	Brooklyn, NY 11201	Jasmin Redhead	(718) 643-2722 x104	(718) 643-8735	05/01/02	8/8/02 Non-linkage	Outpatient	Under 19 Jail bound Felony Only	YO Education Activities

STEP

Network of Social Service Providers

Updated: 09/04/02

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

STEP

Network of Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Daytop Village (Outpatient)	401 State St	Brooklyn, NY 11201	Sylvia Thomas	(718) 625-1388	(718) 625-8958	05/07/02	08/1/02	Outpatient	All	YO
Daytop Village (Residential)	500 8 <sup>th</sup> Ave	New York, NY 10018	Ellen Barbella	(212) 904-1500	(212) 904-1555	06/24/02	08/1/02	Residential	All	Adolescent
Educational Alliance	371 East 10 <sup>th</sup> St	New York NY	David Gibson	(212) 780-2300 X-456		08/16/02	08/30/02	Outpatient Residential	All	MICA Adults Youth Education Homeless
El Regreso	189-191 South 2 <sup>nd</sup> St.	Brooklyn, NY 11211	Miquel Cordova	(718) 384-6400	(718) 384-0540	05/21/02		Residential Outpatient	Men-Residential Women-Residential to open 2003 All	Spanish Homeless
Flatbush Addiction Treatment Center	1463 Flatbush Ave	Brooklyn, NY 11210	Lucas Matthiesse n	(718) 951-9009	(718) 951-9719	04/25/02	08/5/02	Outpatient	All	MICA DWI Day Rehab
Institute for Community Living	415-417 State St	Brooklyn NY 11201	Gurline Gorr	(718) 625-4635		06/27/02		Residential	All	MICA
Kingsboro Addiction Treatment Center	754 Lexington Ave	Brooklyn, NY 11221	Robert Fisher	(718) 453-5297	(718) 453-4785	06/27/02		Short term Rehab	All	Rehab
Lake Grove	111 Moriches	Lake Grove	CD-Anthony	(631)-205-1950	(631) 205-	T/C 8/20/02		Outpatient Residential	All	Substance abuse

STEP

Network of Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
	Rd	NY 11755	Grimaldi Jamie Stewart		9439/1687			Halfway		MICA Training Voc/Edu Youth -opc
Liberty Management/ Arms Acres, Conifer Park, & Arm Acres o/p	1841 Broadway	New York, NY	Connie Pentony	(917) 733-5885	(212) 399-7068	05/07/02	09/19/02	Detox/Rehab Outpatient	All	MICA Adolescent Spanish Women
Lower Eastside Service Center (LESC)	46 East Broadway	New York, NY 10002	Larry Taub	(212) 566-7706	(212) 732-5224	06/18/02	08/6/02	Residential Outpatient	All	Methadone Track 1 & 2 Methadone-to-Abstinence Residential Short Stay
Lutheran Medical Center	514 49 <sup>th</sup> St	Brooklyn NY	Mary Ann Malone	(718) 437-5233		8/14/02	09/4/02	Detox Outpatient	All	MICA Methadone Spanish Women Youth
Mid Brooklyn MH Clinic	2020 Coney Island Ave	Brooklyn NY		(718) 676-4210		8/30/02		Outpatient	MICA/Severe Adults	Mental Health
New Directions	202-206 Flatbush Ave.	Brooklyn, NY 11217	Marc Wurgaft	(718) 398-0800	(718) 789-8807	05/01/02	08/7/02	Outpatient	All	MICA Methadone Track 2 Parole Spanish

STEP

Network of Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
Odyssey House	219 East 121 <sup>st</sup> Street	New York, NY 10035	Frank Dominelli	(212) 987-5104	(212) 987-5179	06/24/02 8/12/02	08/30/02	Residential	All	Women & Child Elderly
Outreach Project	117-11 Myrtle Ave.	Richmond Hill, NY 11418	Kevin Wadalavag e	(718) 847-9233 x316	(718) 849-1093	05/13/02	09/23/02	Outpatient Residential	All	Adolescent Women Polish Spanish
Phoenix House	55 Flatbush Ave	Brooklyn, NY 11217	Mary Herbert	(718) 858-2462	(718) 855-4783	05/06/02 08/13/02		Residential	All	Y.O.
Project Return Foundation	1600 Macombs Rd.	Bronx, NY 10452	Elaine Duvicette	(718) 299-3300	(718) 299-5905	05/20/02		Residential Outpatient	All	Women w/ children MICA
Promesa	1776 Clay Ave	Bronx NY		(718) 299-1100				Residential	Adults	Spanish
Queens Village Committee for Mental Health/J-CAP	116-30 Sutphin Blvd.	Jamaica, NY 11434	Michael Woodberry	(718) 322-2500	(718) 322-1883	06/11/02		Residential Outpatient	All	Marijuana YO
Samaritan Village	88-83 Van Wyck Expy	Jamaica, NY 11435	Steve Rockman	(718) 206-1990	(718) 206-0051	05/24/02	08/30/02	Residential Outpatient	All	MICA ST Resid. MTA
Seafield	8712 4 <sup>th</sup> Ave	Brooklyn NY 11209	CD Jo Venturelli	(718) 630-5515	(718) 491-2038	T/C 8/20/02		Detox Rehab Outpatient		

STEP

Network of Social Service Providers

Updated: 09/04/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Linkage Date	Modalities	Populations	Special Needs Population
								Halfway		
St Luke's Hospital-	1000 10 <sup>th</sup> Ave	New York NY	Dr. Brian Corby(clinical Director)	(212)523 7156		T/C 8/8/02		Detox OutPatient Rehab?	All	MICA Youth
St Vincent's	1310 Rockaway Parkway/ 333 Atlantic Ave	Brooklyn, NY	Barbara Cajdler/ Guy Maganero	(718) 257-3880	(718)2 57-3538	7/31/02	08/29/02	Outpatient	Adults/ACS	Accepts Medicaid eligible/ pending ACS kids
TRI Center	175 Remsen St.	Brooklyn, NY 11201	Derrick Horton	(718) 858-4050	(718) 858-4137	04/30/02	08/13/02	Outpatient	All	Women Spanish
United Bronx Parents: Mrs. A's Place, La Casita, Casita Esperanza	773 Prospect Ave	Bronx, NY 10455	Joan Standora	(718) 292-9808	(718) 589-2986	06/24/02	08/1/02	Residential Outpatient	All	Women & Child HIV Homeless Methadone
Vertias	931 Columbus Ave	New York, NY 10025	Michael Noth	(212) 864-4128	(212) 864-7987	07/09/02	08/7/02	Residential	All	Young Mothers
VIP Community Services	770 East 176 <sup>th</sup> St	Bronx, NY 10460	Anna Matos-Delgado	(718) 583-5315	(718) 583-6301	06/26/02		Residential Outpatient Methadone Maintenance	All	Methadone Track 1&2 MTA Residential Women

STEPNetwork of Adolescent Service Providers Updated 9/4/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Modalities	Populations	Services	Notes
Aurora®	78-31 Parsons Blvd	Flushing NY	Ira Crispin	(718) 969-7000		8/15/02	Residential	Youth Adults	MICA Education	Good for lower IQ/MICA Structured
Camelot®	273 Heberton Ave	Staten Island	Joe Alexander	(718)-816-6589	(718)-816-1868	T/C: 7/31/02 9/4/02 L	Residential	Young men up to 21	Residential GED/ Voc Training/College	Family Involvement, Very good for young men in need of all areas of growth, marijuana
Canarsie Aware	1285 Rockaway Parkway	Brooklyn, NY	Wayne Harris	(718)-257-3195		7/31/02 9/4/02 L	Outpatient	14-18 M/F (All Adults)	Substance abuse Education, Voc Training HIV/Health, Behavior Modification	Specializes in Youth, Structured Tx program
CASES (non-substance abuse)	78 Livingston St (346 Broadway NY,NY)	Brooklyn, NY 11201	Jasmin Redhead/ Alita Feyhe	(718) 643-2722 x104	(718) 643-8735	05/01/02 08/8/02	Outpatient	Under 19 Jail bound Felony Only	Activities/Rec Education Employment Health	6 month program with rigorous reporting requirements

STEPNetwork of Adolescent Service Providers Updated 9/4/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Modalities	Populations	Services	Notes
Daytop	401 State St	Brooklyn NY	Sylvia Thomas	(718) 625-8958		5/7/02 8/1/02 L	Outpatient	Youth M/F	Substance Abuse Education	M-F 9-3- Education M-F 3-5 Clinical
Daytop®	500 8 <sup>th</sup> Ave	New York NY	Paul Fuller/ Hadassah Diaz	(212)-904-1500 (x235, x221)		6/24/02 8/1/02 L	Residential	Youth M/F	Substance Abuse Education Training	3, 6,9,12 month programs Generally MBTC/STEP to use 12 12 month model
Dynamite®	1830 Coney Island Ave	Brooklyn NY	Barbara S Mike Buckley	(718)376-7923		8/8/02 8/30/02 L	Residential	13-21 yrs old	Substance Abuse Education Mild MICA	Mostly middle Class Family Involvement
EDNY	186 Montague Street	Brooklyn NY11201	Michele Nelson	(718)858-6631	(718)243-2714	4/22/02	Outpatient	All		Spanish Family Marijuana Methadone 1&2
Education Alliance	371 East 10 <sup>th</sup> St	New York NY	David Gibson	(212)780-2300		8/16/02 8/30/02 L	Residential Outpatient	Youth Adults	Substance Abuse Mental Health/ MICA Education	

STEPNetwork of Adolescent Service Providers Updated 9/4/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Modalities	Populations	Services	Notes
				X-456					Family	
Jewish Board/ Midwood Break Free	2020 Coney Island Ave	Brooklyn NY	Debra Rivera	(718) 676-4302	(718) 676-4299	8/30/02	Outpatient	Youth	Prevention/Substance Abuse Education Behavior Family	MICA/Severe School on site Intensive TX (Adult MICA clinic)
Lutheran Medical Center	514-49 <sup>th</sup> St	Brooklyn NY	MaryAnn Malone	(718)437 5233/ 5209		8/14/02 9/4/02 L	Outpatient (Detox)	Youth Adults	Substance Abuse Education Family Anger	At present time 2x's awk group 1x awk 1:1
Odyssey House ®	309-11 East 6 <sup>th</sup> St	New York NY	Dr. Dominelli	(212)78 0-1515  (917)20 5-5618		8/12/02 8/30/02 L	Residential	Youth	Substance abuse Education	Monitor closely for Gang activity—Kids did NOT look happy at ALL
Outreach Project ®	960 Manhattan Ave	Greenpoint NY	Shawn Lynn	(718) 383-7200			Outpatient Residential- Ridgewood	12-18 yrs old- Residential	Substance Abuse	Adult Women Polish/Greenpoint Youth

STEPNetwork of Adolescent Service Providers Updated 9/4/02

Agency Name	Street Address	City, State, Zip Code	Contact	Phone	Fax	Meeting Date	Modalities	Populations	Services	Notes
Phoenix House ®	55 Flatbush Ave	Brooklyn NY	Mary Herbert	(718)-858-2462	(718)-855-4783	8/13/02	Residential	14- 20 yrs old	Substance Abuse Education/ Training	Youth M/F
Phoenix House	80 <sup>th</sup> Street	New York NY	Mary Herbert	(718)-858-2462	(718) 855 4783	8/13/02	Outpatient	13-18 yrs old	Substance Abuse Education	Family involvement required
St Luke's Hospital	1000 10 <sup>th</sup> Ave/114 <sup>th</sup> St & Amsterdam	New York NY	Dr. Brian Corby (Clinical Director)	(212) 523-7156		T/C 8/8/02	Outpatient	Youth	Substance Abuse Mental Health/MICA Education	Intensive OUTPT
St Vincent's	1310 Rockaway Parkway	Brooklyn, NY	Barbara Cajdler/Gu y Maganero	(718)-257-3880	(718)-257-3580	7/31/02 8/28/02 L	Outpatient	Youth in Fostercare, (all adults)	Substance abuse, Vocation/Training for kids in fostercare	Stronger adult services, has connections to other institutions(mica)

Name/Agency	Address	City/State/Zip	Contact	Phone	Fax	Date/Meeting	Modalities	Populations	Services
The Door	555 Broome Street	New York, NY	Nathan Smith	(212) 941-9090	(212) 941-0714	07/25/02	Outpatient	12-21 years of age	Ed Ca De Co Le He Re

## SUPERVISION

### ***Frequency.***

#### **Court**

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

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

#### **Case Management**

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

*Outpatient* – Outpatient participants will typically have to make more frequent visits to the Treatment Center. At the beginning of the participant's mandate visits will be very frequent (e.g., as frequent as every day until the participant is fully participating in treatment). Unless authorized by the judge or the clinical director, the participant should visit the case manager/probation officer at least every two weeks in Phase I of the STEP 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 STEP case manager/probation officer two days before the participant is to appear before the court. Providers may submit additional paperwork but the **New York State Unified Court System Drug Court Treatment Progress Report Form** must be filled out completely.

**Abscinding or Termination from Program.** Treatment providers are required to immediately report any flight or termination from their program to the case manager/probation officer. Residential must report this information immediately and day treatment programs must report a termination immediately and report to the case manager/probation officer when the participant has missed five (5) consecutive days of treatment. Upon communication from a program that a participant has absconded or been terminated from the program, the case manager/probation officer should comply with the following procedure. If the absconding or terminated participant reports to the treatment center, he/she should be immediately sent to court and the resource coordinator should be informed of the circumstances surrounding his termination. If possible, the case manager/probation officer should enter the pertinent information in the UTA so that the court has a written record of the facts. All written reports should be made immediately available to the court. If the participant does not report to the STEP treatment center, the case manager/probation officer must immediately complete a **Warrant Request** and submit to the clinical director. The clinical director must then immediately complete and submit a **Declaration of Delinquency** to the judge. The judge will typically then order a Bench Warrant for the arrest of the participant.

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

**Court Dates**

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

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

**Court Attendance**

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

**Court Mandate**

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

New Delete

Edit Case Treatment Plan Case Notes Save Print Close

Ready | 2-3-04 10:24:28

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

## Compliance

112

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

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

### Compliance Summary

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

### Court

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

### Program

### Drug Test Results

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

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

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

Edit Case Treatment Plan Case Notes Save Print Close

## Drug Tests

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

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Test Date: 09/22/03

Not Collect:

**Pos Neg N/A**

THC (marijuana):

Heroin (opiates):

Cocaine:

Benzodiazepine:

PCP (phencylidine):

Amphetamine:

Alcohol:

Methadone:

Barbiturates:

Prescription Meds:

Onsite: Yes

Apparatus: Cup

Comment:

**Drug Test History**

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

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

Clean Days reset Date: Clean Days count: 281

New

Modify >>

Cancel

Display

Delete

Edit Case
Treatment Plan
Case Notes
Save
Print
Close

Ready | 2-3-04 10:29:02

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





**(THIS PAGE INTENTIONALLY LEFT BLANK)**