



Criminal Court
of the
City of New York

Drug Court Initiative
Annual Report
2008

Hon. Fern Fisher
Deputy Chief Administrative Judge—NYC

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Citywide Drug Court Coordinator



CRIMINAL COURT OF THE CITY OF NEW YORK

DRUG COURT INITIATIVE

2008 ANNUAL REPORT

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What's New



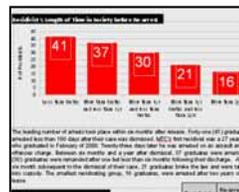
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Drug Court Website



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MTC Recidivism



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Calendar Year 2008 - Executive Summary

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

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

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

Some 2008 Drug Court Initiative milestones:

- 5,099 defendants were referred to drug courts for evaluation;
- 646 defendants agreed to participate and pled guilty; and
- 450 participants graduated from drug court;

2008 Comprehensive Screening developments:

- Full Implementation of the Comprehensive Screening Project in every borough of New York City

NOTE:

- Depending on the court, not everyone who is referred is entered into the UTA.
- Statistical results originate from data inputted in UTA between 1/1/08 and 12/31/08.



Introduction – Citywide Drug Court Coordinator

By Justin Barry

Citywide Drug Court Coordinator

With the full implementation of its Comprehensive Screening in every borough of the City, Criminal Court of the City of New York became the first jurisdiction in New York State to screen every defendant for eligibility for participation in the City's ten drug courts. It is a momentous milestone and it couldn't be more timely.

Beginning October 2009, new legislation will go into effect that authorizes judges throughout New York State to divert even more defendants into drug court programs through the passage of the new Judicial Diversion statute. Comprehensive Screening is in place in New York City ready to ensure the even larger pool of drug court candidates are given the opportunity to participate in this program that breaks the cycle of addiction and crime and makes our communities safer.

In every county, except Richmond, Comprehensive Screening consists of a three stage process with court clerical staff, prosecutors and clinical staff all working together to identify candidates for the drug court programs. (Because of it less complex .. but no less busy ... case tracking process, the Staten Island drug court judge is able to review all defendants for drug court participation). An amazing amount of hard work and coordination is required to screen every one of the 365,000 defendants arraigned each year in Criminal Court. In a setting where every minute counts and staff is under mandate to move cases through the court process as quickly as possible, clerks working in the arraignment part quickly and efficiently review every criminal complaint and every defendant's criminal history (that's 365,000 over the course of last year) to determine whether each defendant fits part of the broad eligibility criteria agreed to by the prosecution, defense and Court and should receive further consideration.

As early as the next day, the prosecution will individually review cases that make it past the clerk's screen in arraignments, giving their position on each defendant's appropriateness for treatment



Justin Barry
Citywide Drug Court Coordinator

from a community safety perspective.

At the conclusion of the psychosocial assessment of the defendant's surviving the two previous reviews, clinical staff provide the Court with a recommendation as to whether the defendant is addicted or abusing drugs, whether the defendant is an appropriate candidate for drug court participation and, if so, what kind of treatment services should be offered.

The entire process can be completed in as little as forty-eight hours after the arrest a defendant, again never losing sight of the goal of offering treatment to as many non-violent offenders as possible.

While screening provides the means of entry, or the "ticket," it is just the beginning. Treatment is the main attraction and this report highlights the incredible work that our drug court judges, clinical staff, clerical staff, prosecutors, defense lawyers, TASC representatives, treatment providers and other partner agencies do every day. This past

(Continued on page 6)



Introduction – Citywide Drug Court Coordinator

(Continued from page 5)

year, Criminal Court was able to start a pilot project that will provide enhanced vocational and educational services to participants in its Manhattan and Brooklyn drug courts. The US Department of Justice awarded the Court \$200,000 to open two Career and Education Centers and hire dedicated Voc/Ed counselors who will provide educational, job readiness and vocational placement services on-site at the courthouses. Showing that treatment does not end with addressing substance abuse, but must also address any issue that will prevent a participant from leading a healthy, productive and law-abiding life.

Many individuals and organizations have played a role in the successes outlined in these pages. Former Administrative Judge Juanita Bing Newton, who left Criminal Court in April 2009 to lead the NYS Judicial Institute, led the Drug Court Initiative through this exciting period of expansion and innovation. Supervising Judge William Miller (Kings), Melissa Jackson (New York) and Deborah Stevens

Modica (Queens) have worked hand-in-hand with central administration to make these programs so successful. Deputy Chief Administrative Judge Judy Harris Kluger and her staff, especially Bruna DiBiasie, Frank Jordan, Michael Magnani, Linda Baldwin and Ann Bader have been instrumental in their support, both technical and administrative. The District Attorney's office of Bronx, Brooklyn, New York, Queens and Richmond counties, along with the citywide Office of the Special Narcotics Prosecutor deserve special mention for the support they have shown these innovative programs. The Legal Aid Society and the other defender associations throughout the city have also helped make this initiative a reality. Without our partners in the treatment community, drug courts would not be able to exist.

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

DRUG COURT QUIZ:

[Answer(s) on pg 13]

1. In what year was the original Rockefeller Drug Law enacted?
2. What was the set mandatory minimum prison time for a class A-1 felony?



Summary Information - All Courts

Eligibility Criteria

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

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

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

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

* Misdemeanor cases only

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

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

Key to Drug Court Acronyms:

MBTC - Misdemeanor Brooklyn Treatment Court

MMTC - Manhattan Misdemeanor Treatment Court

MTC - Manhattan Treatment Court

QMTC - Queens Misdemeanor Treatment Court

SITC - Staten Island Treatment Court

STEP - Screening & Treatment Enhancement Part (Brooklyn)



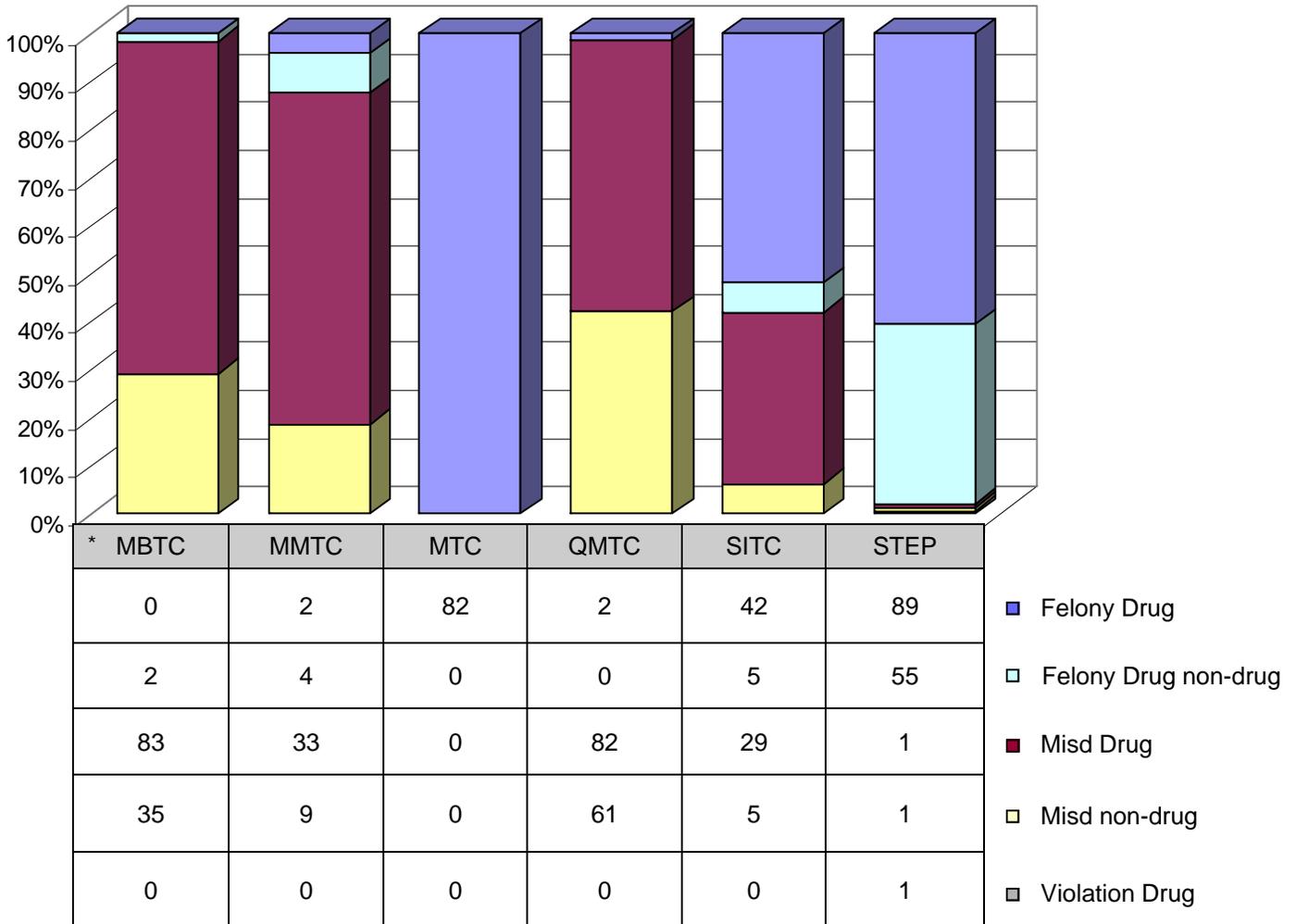
Summary Information - All Courts

Types of Arraignment Charges

For purpose of analysis, the arraignment charges of defendants entering into our drug courts are divided into felony/misdemeanor and drug/non-drug designations. About 46% of drug court participants were arraigned on felony charges - and of those, 79% were arraigned on drug charges. Fifty-four

percent (54%) of participants were arraigned on misdemeanor charges - and of those 72% were arraigned on drug charges.

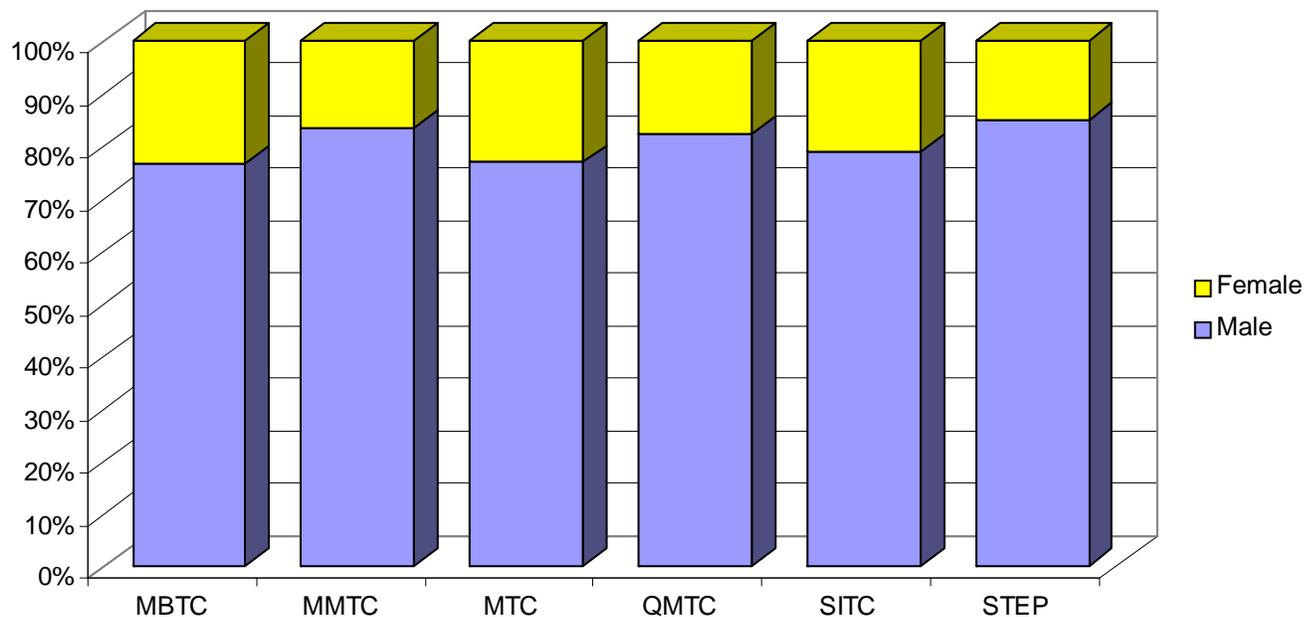
2008 Arraignment Charge of Drug Court Participants (Percentage of Total)



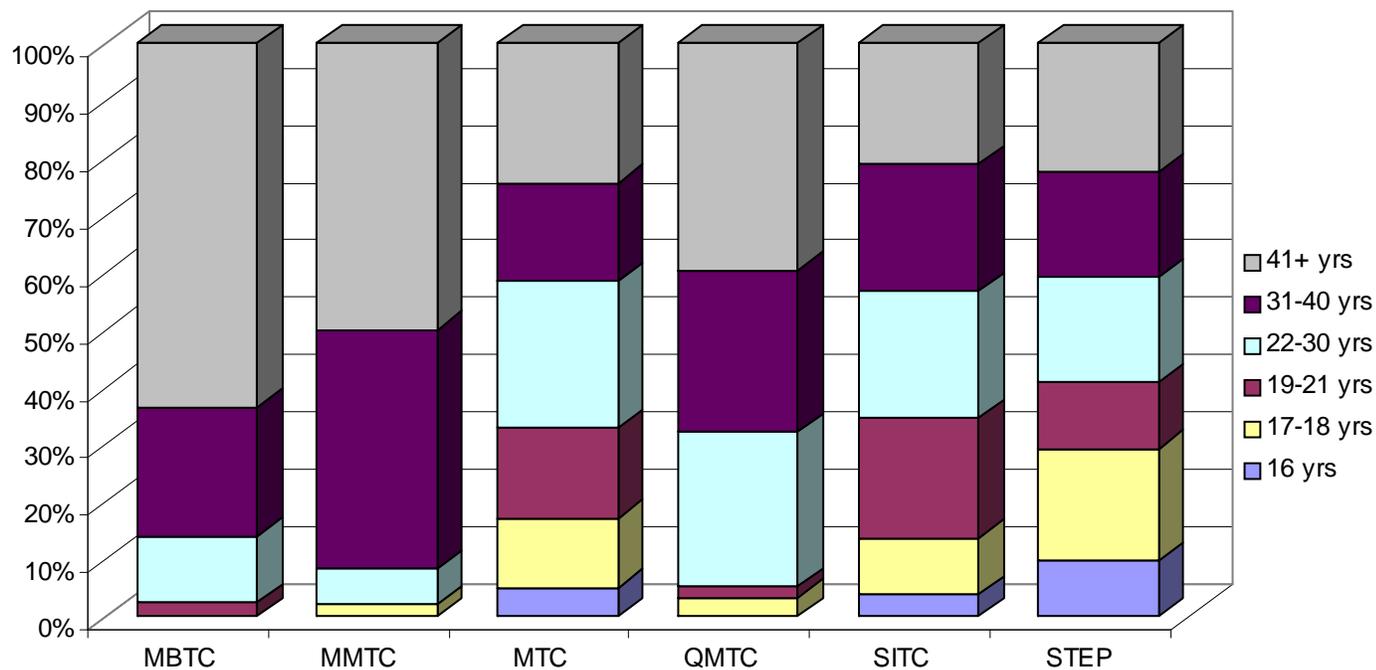
*Chart illustrates the number of participants arraigned for each drug court.



2008 Gender of Drug Court Participants (Percentage of Total)



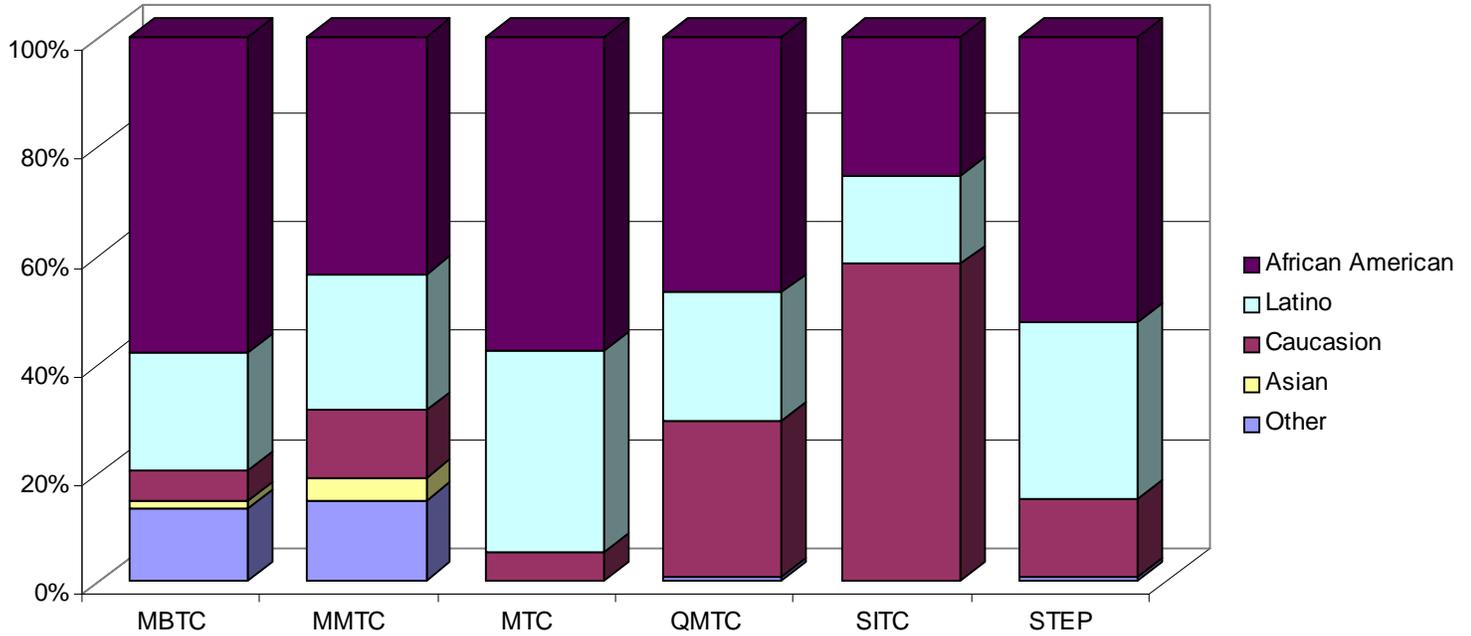
2008 Age of Drug Court Participants (Percentage of Total)



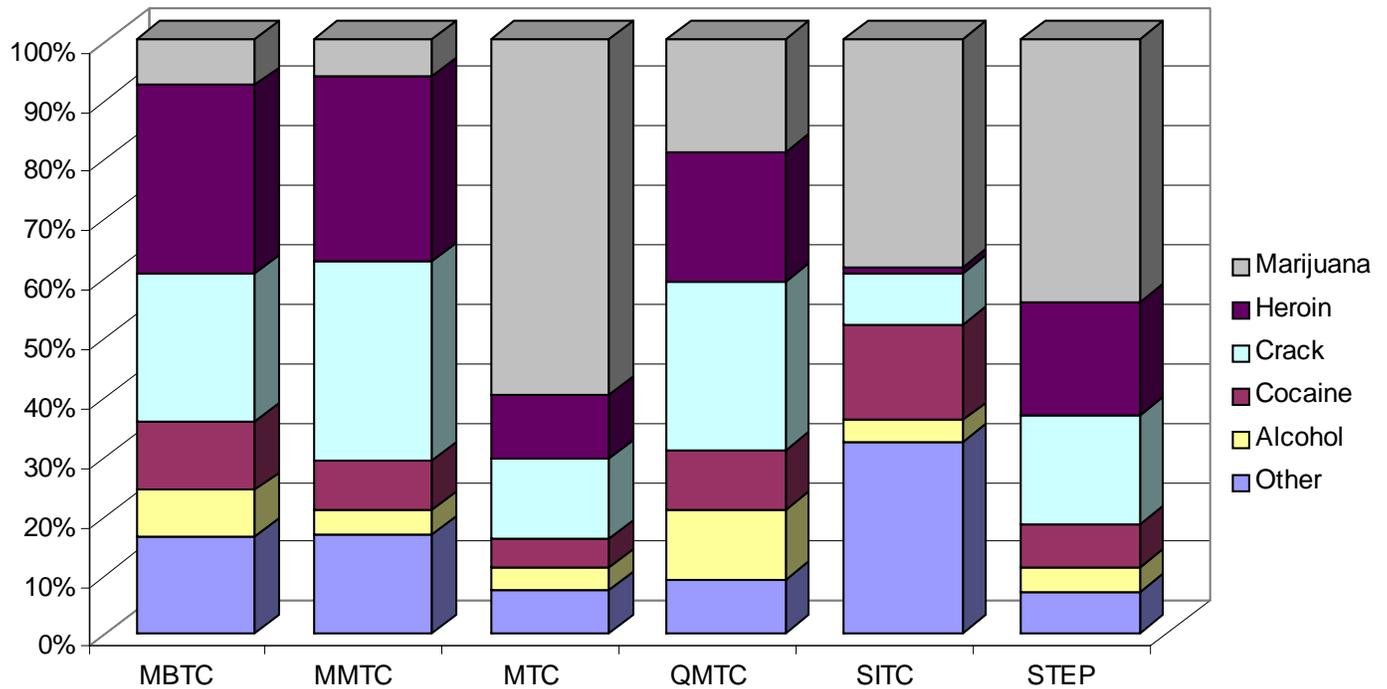


Summary Information - All Courts

2008 Ethnicity of Drug Court Participants (Percentage of Total)



2008 Drug of Choice of Drug Court Participants (Percentage of Total)



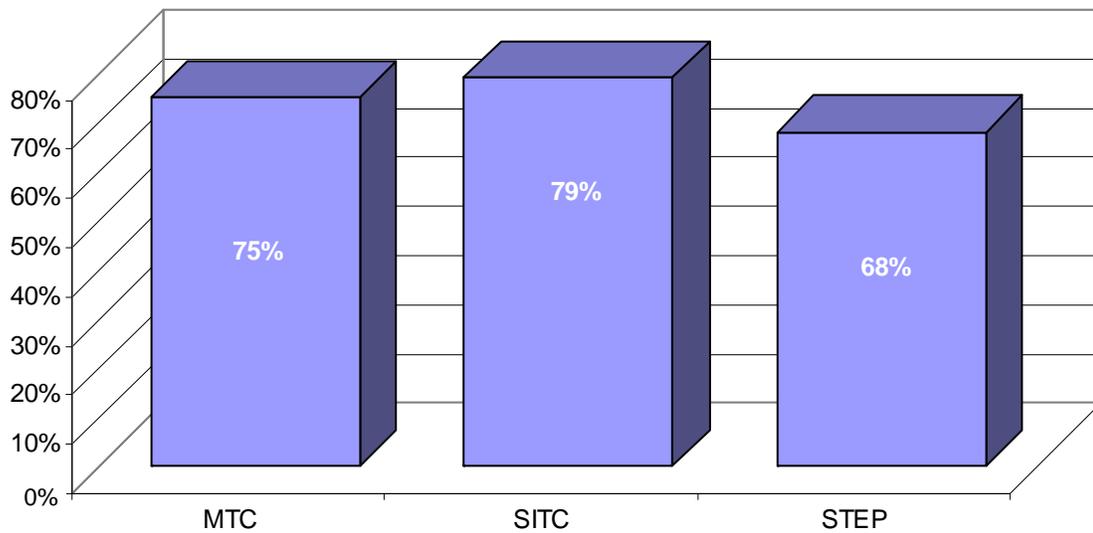


Retention Rates - All Courts

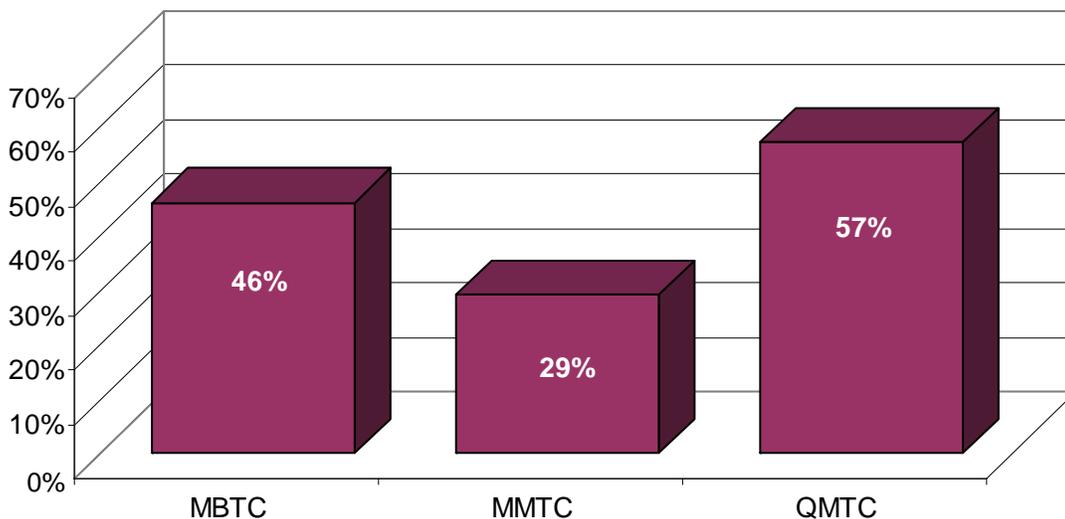
Nationally, retention rates are used to indicate the percentage of participants with positive outcomes within the treatment process. Retention rates are a critical measure of program success; a one year retention rate indicates the percentage of participants who, exactly one year after entering drug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

1998, it was projected that the national average [one year retention rate] for drug courts would be 60%. The average is slightly higher for felony courts in the Drug Treatment Court Initiative - around 71%. Misdemeanor courts were not included in the analysis of one year retention rates since the length of treatment is shorter (between 8-9 months). Instead, a six-month retention rate is shown in the second chart below.

2008 Felony Drug Court Retention Rates (One Year)



2008 Misdemeanor Drug Court Retention Rates (Six Months)





Comprehensive Screening

The Comprehensive Screening Project was started in Brooklyn in 2003 and expanded to the Bronx in 2005, Queens in 2006 and Manhattan in 2008. Because of its less complex case tracking process, the Staten Island drug court judge is able to review all defendants for drug court participation. The program screens every criminal defendant's eligibility for court-monitored substance abuse treatment. Screening is a three-step process completed within a short time frame. Assessment includes a review of each defendant's case by a court clerk before a defendant's initial court appearance, a review by the prosecutor's office, followed by a detailed clinical assessment and, when possible, a urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in court-monitored substance abuse treatment. All of this is completed quickly—some counties within twenty-four hours of arraignment—and without any negative effect on arrest-to-arraignment times. An amazing effort!

Problems with Prior Screening

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

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

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

ents.

Principles

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

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

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

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

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

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

Screening

Screening is a three-step process. Step 1 is a paper screening at arraignments where court clerks identify all defendants charged with a designated offense and requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to a treatment court. Eligible cases are adjourned for a short date in the treatment court.



Step 2 includes a review by the District Attorney for preliminary consent to treatment alternative. Step 3 involves an assessment by court clinical staff and, in some instances, a urine toxicology screen test.

Results

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

Statistical Information

An analysis of the number of defendants screened in each borough since Comprehensive Screening was implemented in Brooklyn shows the striking differences in the way that drug court eligible defendants are identified. In 2008, the two Brooklyn drug courts accounted for 64% of all defendants referred to a drug court for assessment. These three Brooklyn drug courts also accounted for 30% of all new participants. The Bronx drug courts account for 20% of the city referrals and 28% of new participants. Queens accounted for 8% of referrals and 19% of new participants.

Conclusion

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

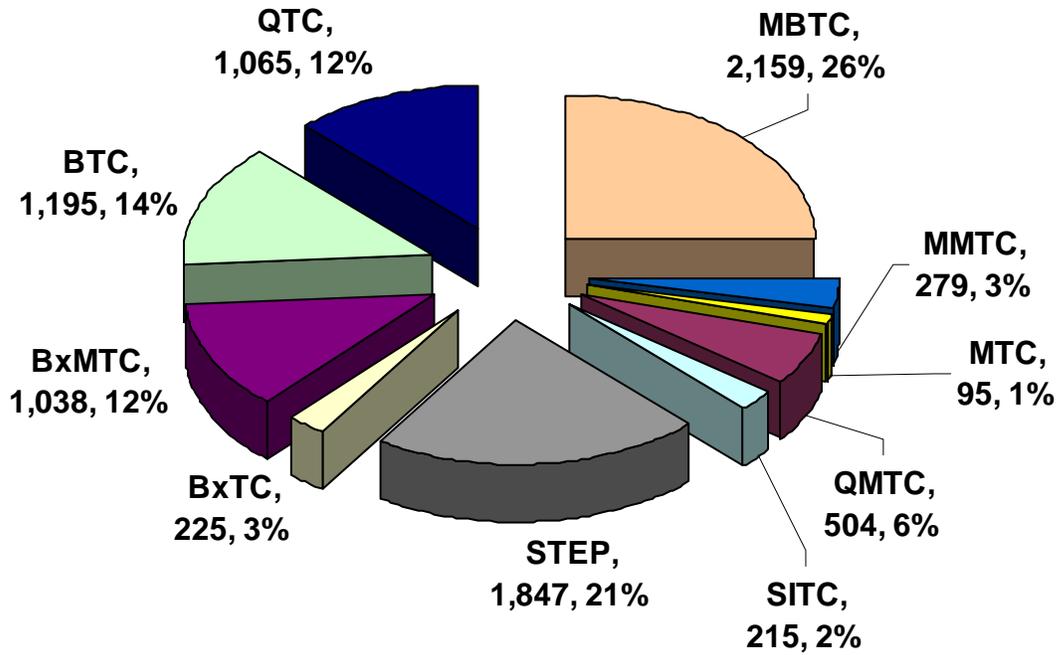
COURT REFERRAL SOURCE	
Manhattan Misdemeanor Treatment Court	Arraignment Clerks
Manhattan Treatment Court	Arraignment Clerks, Office of Special Narcotics
Misdemeanor Brooklyn Treatment Court	Arraignment Clerks
Queens Misdemeanor Treatment Court	Arraignment Clerks
Screening & Treatment Enhancement Part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

DRUG COURT QUIZ: [Question(s) on pg 6]	1. 1973 2. 15 years to life
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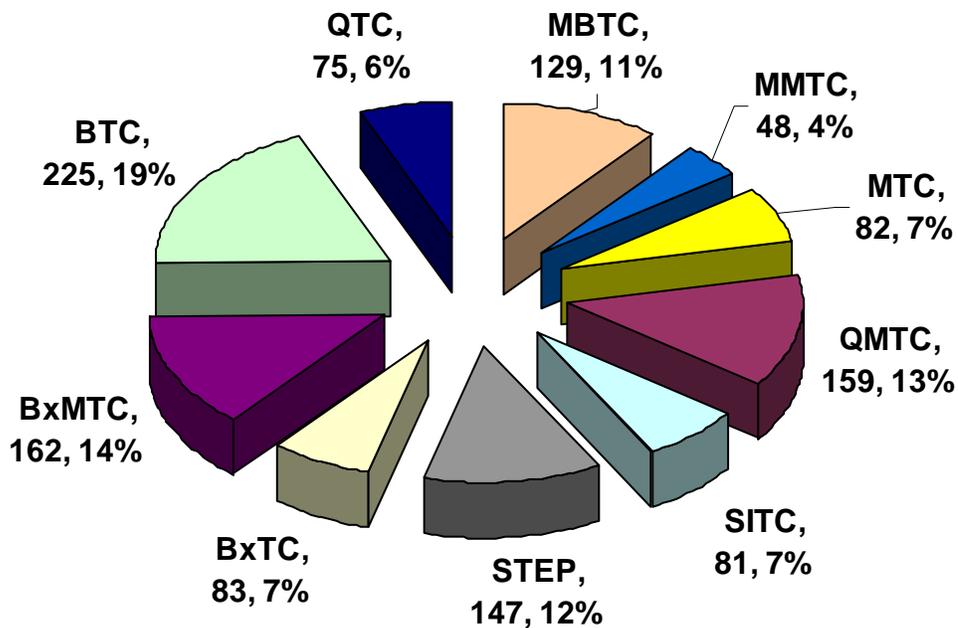


Comprehensive Screening

*2008 Drug Court Referrals - Citywide



*2008 Drug Court Pleas - Citywide



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



STEP DAILY OPERATIONS CHART

Day 1

Pre-Arrestment Screening by Clerks for APD & STEP:

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

ARRAIGNMENTS DAY & NIGHT

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

Adjourn to APD for next business day

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

Adjourn to STEP for next business day

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

Refusal to Sign Consent:
Adjourn to STEP for next business day

Defendant and Defense Attorney Sign Client Consent In Arraignment

Day 2

D.A. Reviews Case

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

D.A. Makes Offer – Assessment By Clinical Staff

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

Defendant Appropriate for Treatment:

- Resource Coordinator makes recommendation to Court

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

Defense Attorney Conveys Offer

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

Defendant Accepts Offer:

- Signs Waivers and Contract
- Plea Allocation
- Sentence Deferred

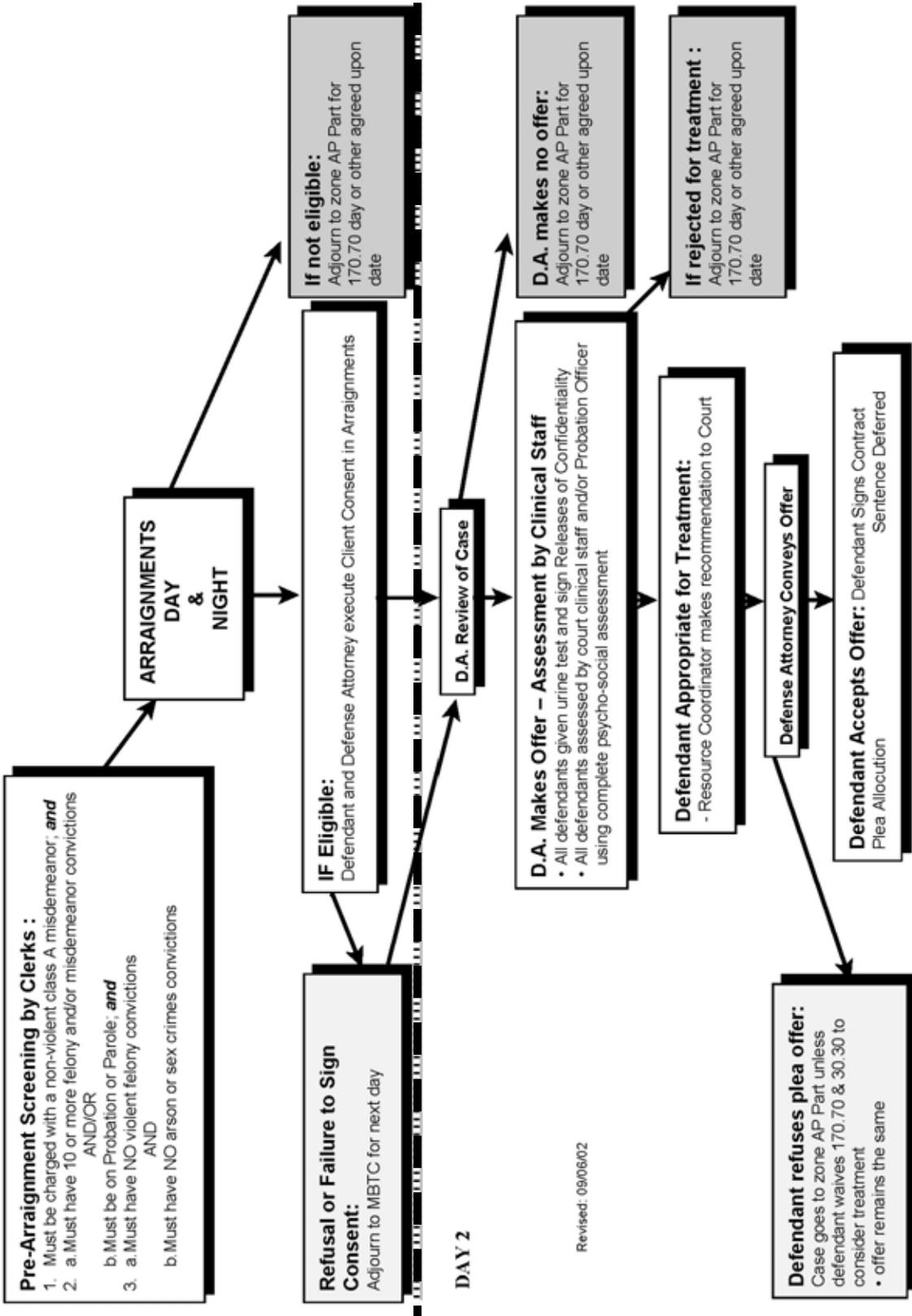
Revised: 12/16/03



Comprehensive Screening

MBTC DAILY OPERATIONS CHART

DAY 1



Revised: 09/06/02



COMPREHENSIVE SCREENING – QUEENS

D A Y 1

Preliminary Marking by Clerks for QTC and QMTC:

QTC Eligible

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

Exclusions

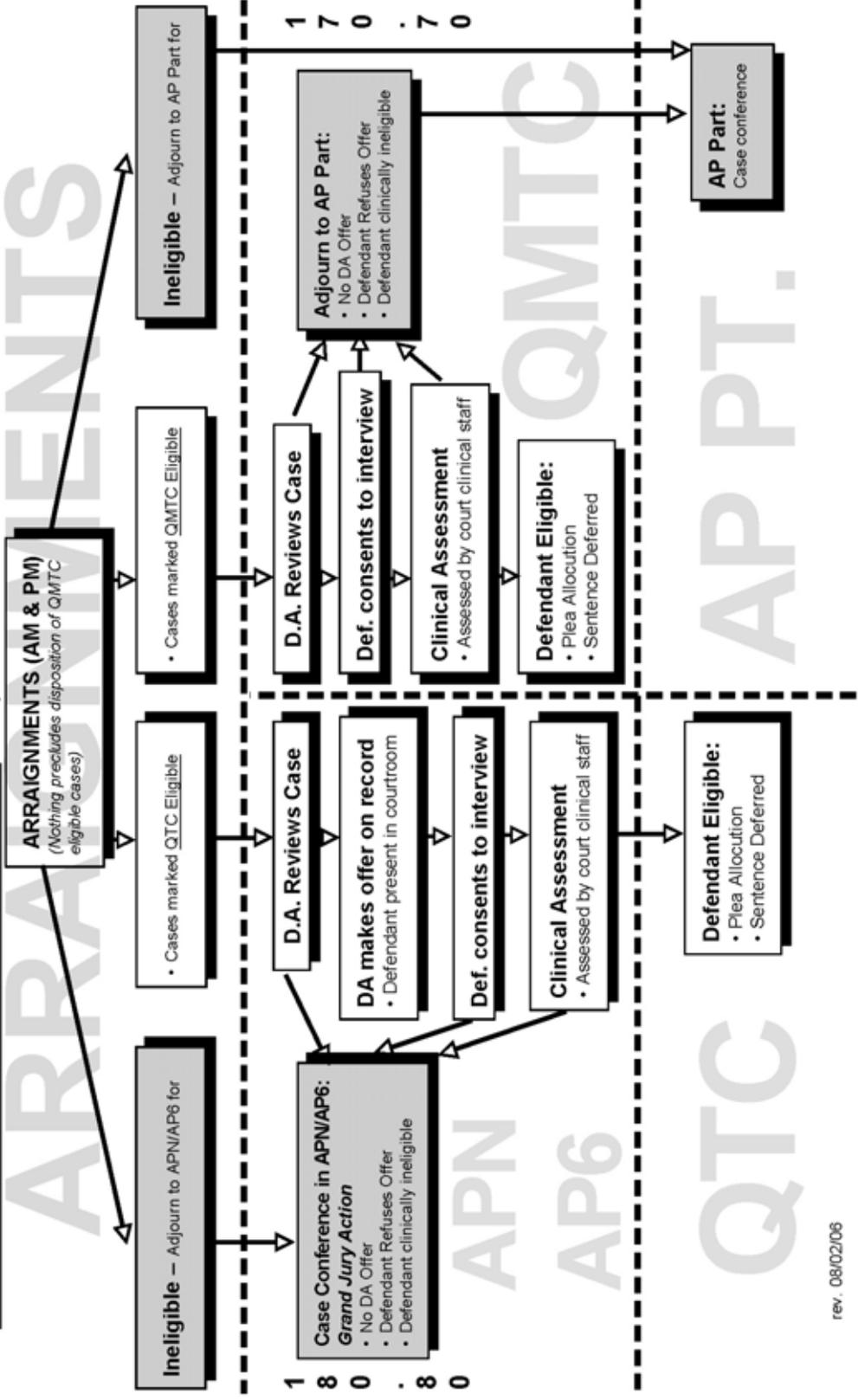
- no prior felony convictions
- no previous treatment court offer

QMTC Eligible

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

Exclusions

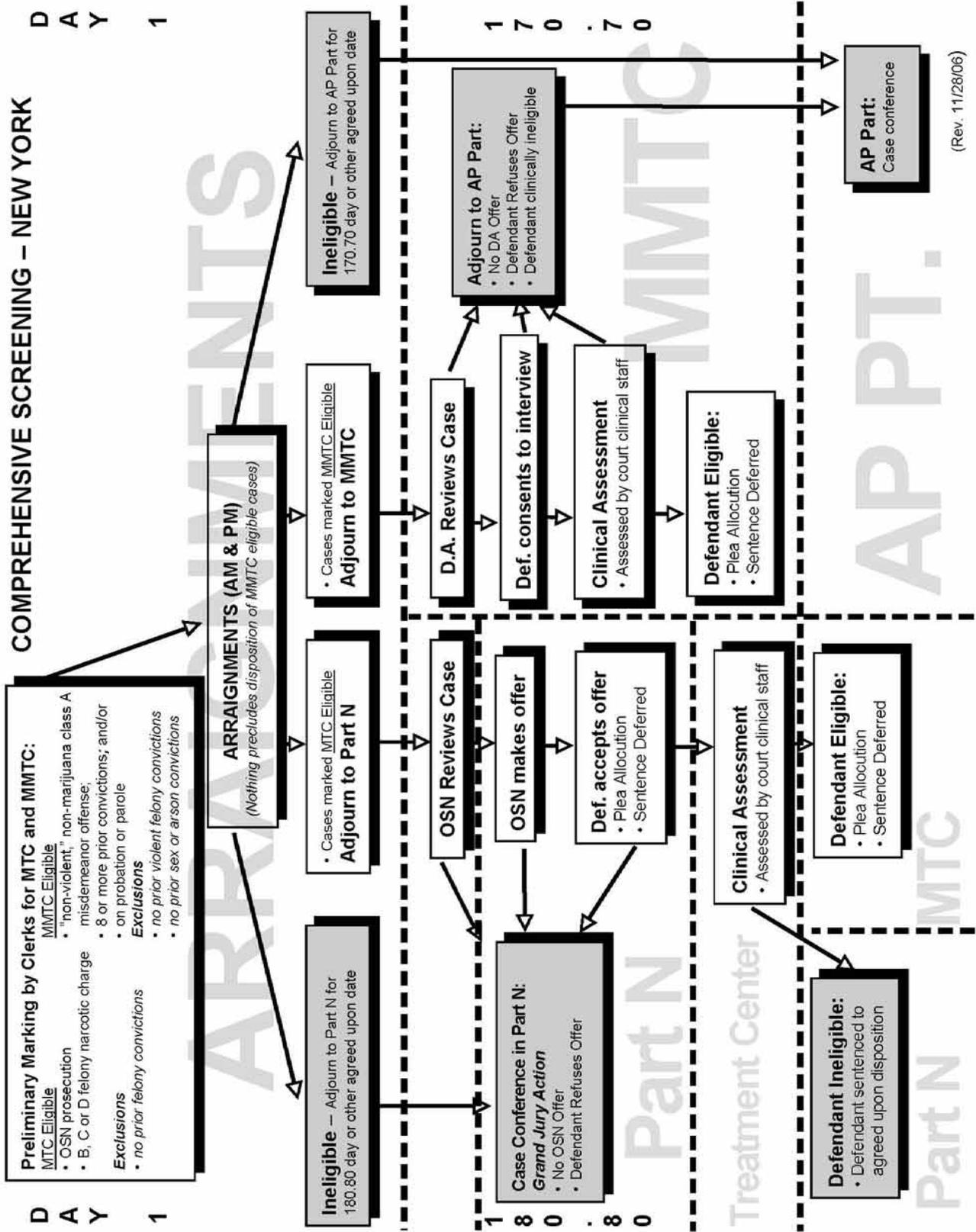
- no prior violent felony convictions
- no prior sex or arson convictions



rev. 08/02/06



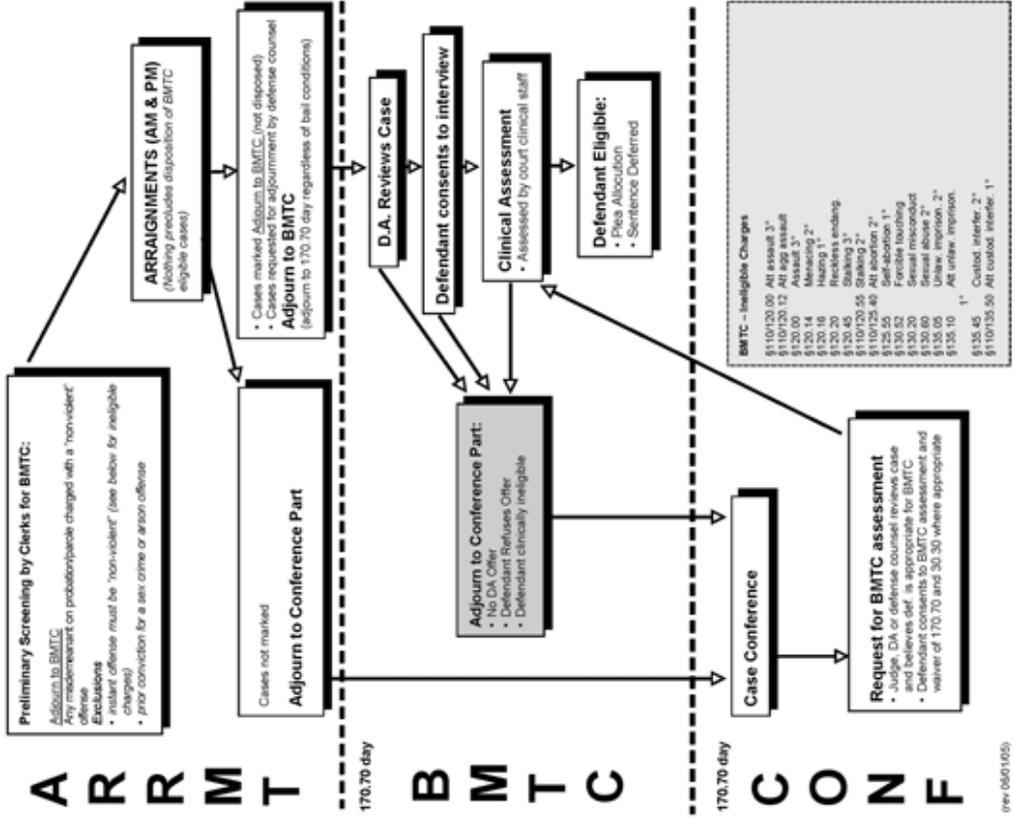
Comprehensive Screening





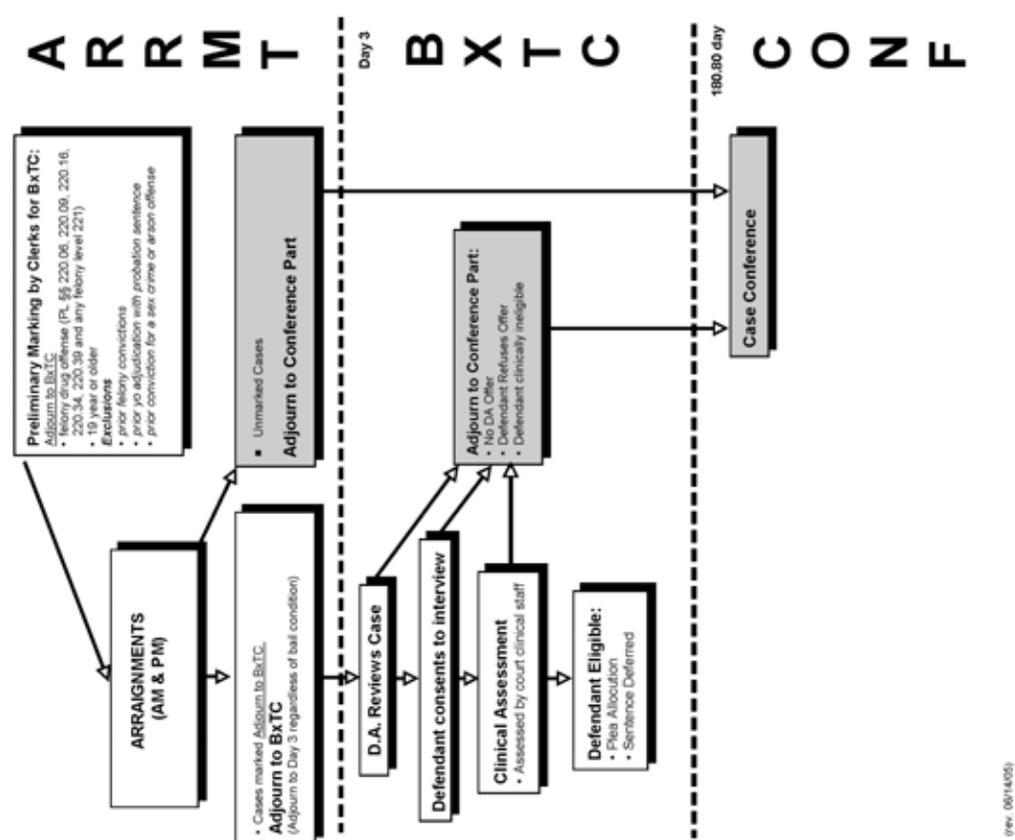
Bronx Misdemeanor Treatment Court CASE FLOW

Day 1
ARRMT
Day 1
ARRMT



Bronx Treatment Court SCREENING CASE FLOW

Day 1
ARRMT
Day 3
BXTC
Day 1
CONF



(rev. 06/14/05)

(rev. 06/01/05)



Comprehensive Screening

Length of Time - Arrest to Assessment & Assessment to Plea

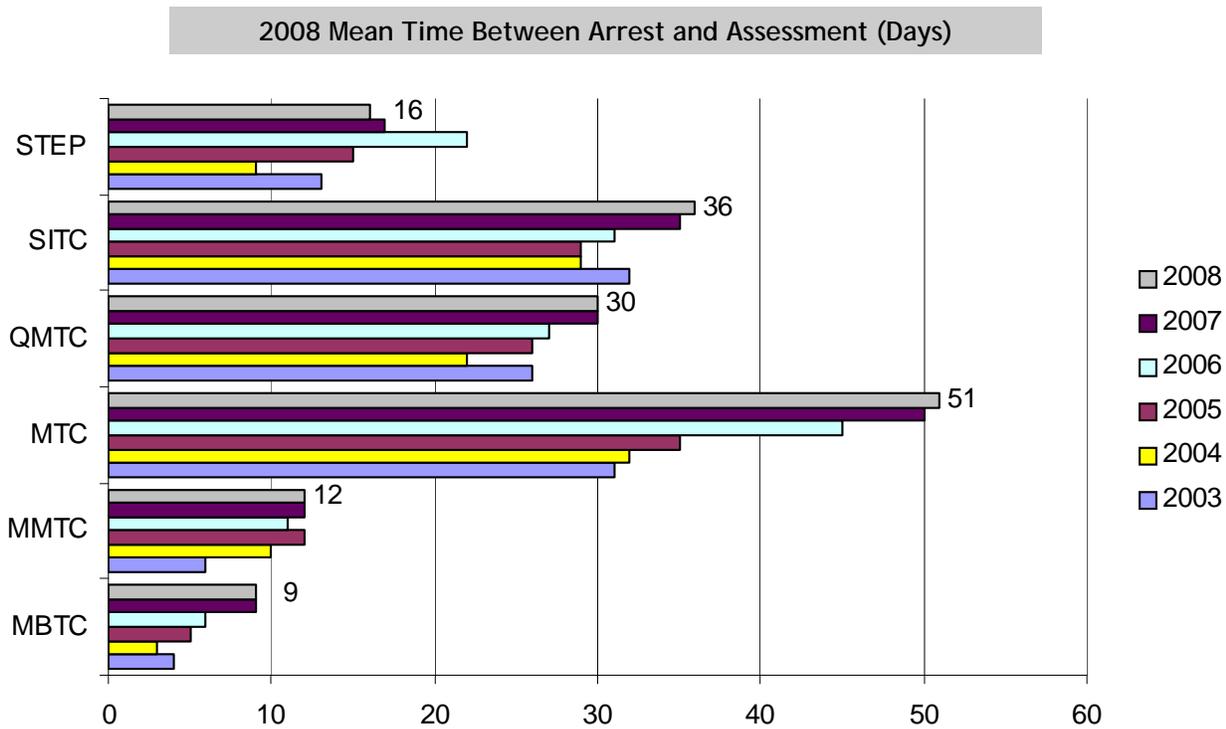
Length of time between arrest and assessment (intake) varies from court to court and delays can frequently be linked to the referral source.

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

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

Length of Time - Full Intake (Arrest to Plea)

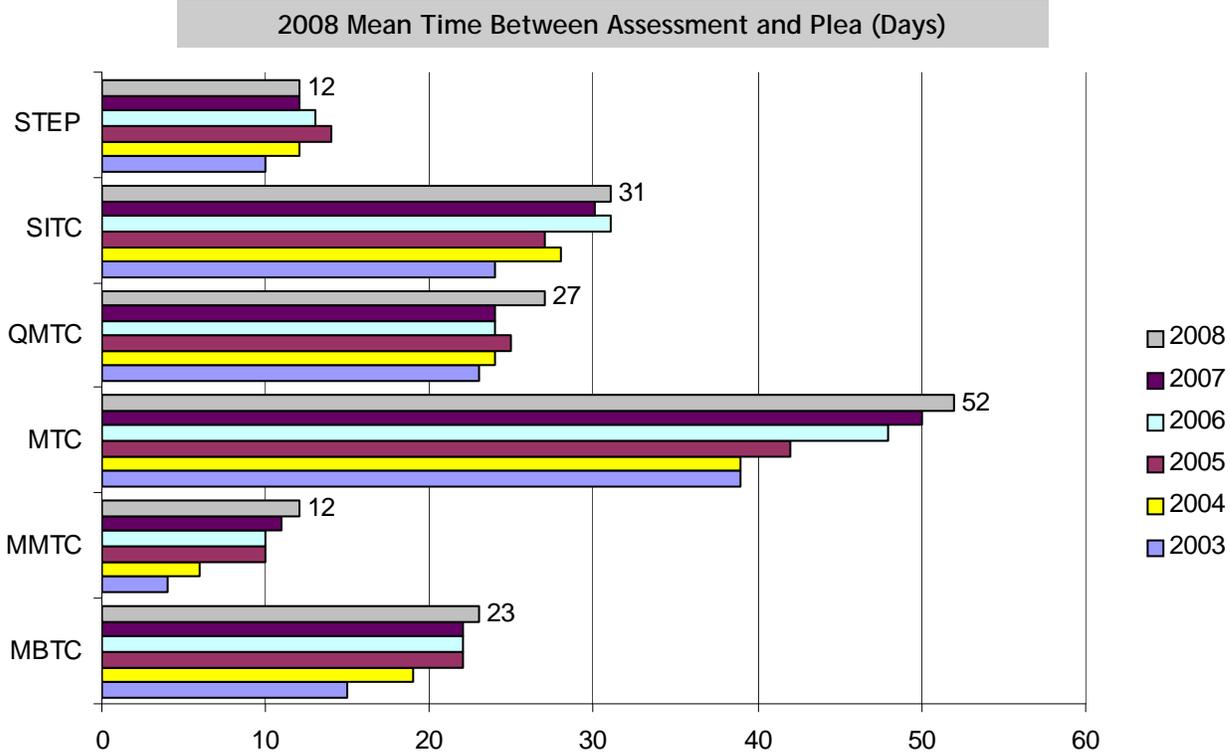
See on page 21 for average length of time between arrest and plea.



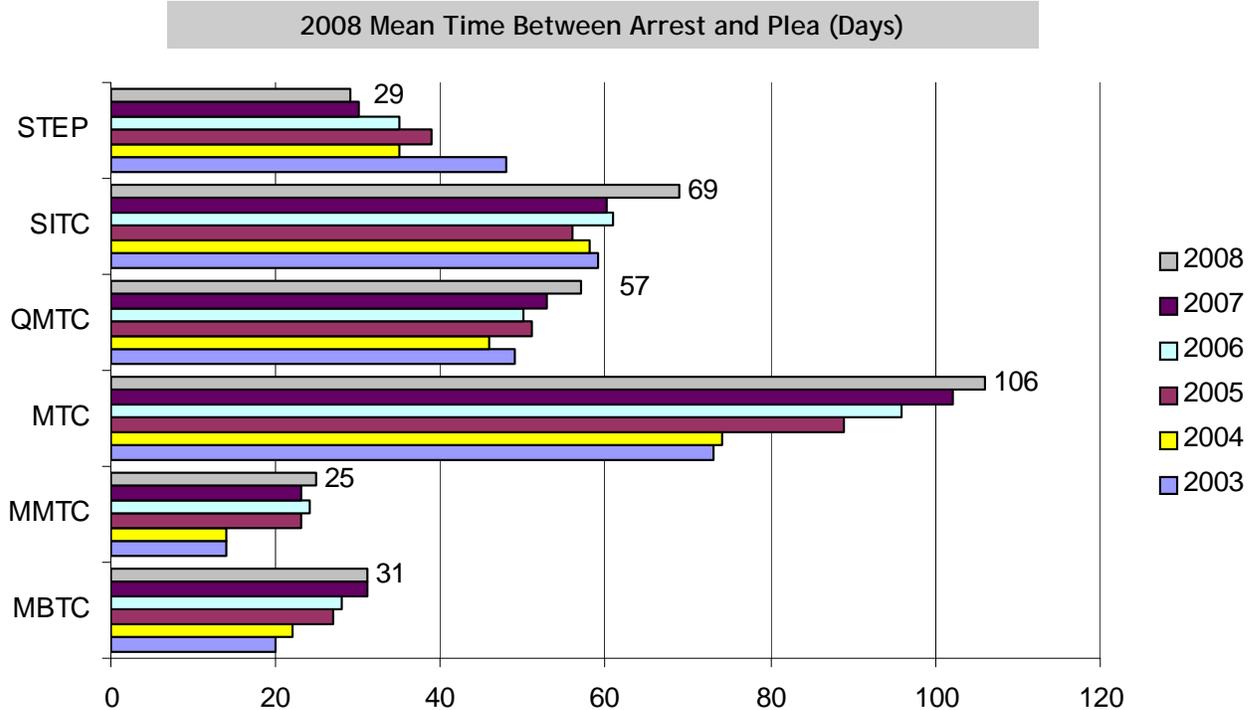
In 2008, the average time between arrest and assessment for STEP is 16 days.

26,680

The total number of drug court referrals city-wide between 1998 and 2008. (Excludes Bronx and BTC)



In 2008, the average time between assessment and plea for STEP is 12 days.



In 2008, the average time between arrest and assessment for STEP is 29 days.



Bronx Treatment Court & Bronx Misdemeanor Treatment Court

Program Description

Staff

Presiding Judge	Hon. Laura Safer Espinoza
Project Director	Martha Epstein
Resource Coordinator	William Rosario
Case Managers	Eligia Carradero D'Wana Haynesworth Jeffrey Martinez Russell Oliver

Introduction

In an effort to better utilize scarce judicial resources and react more efficiently and effectively to changes in arrest patterns, Criminal Court has participated in a pilot project to reorganize the case processing structure of the Bronx criminal justice system. Starting in November 2004, administrative oversight of many Criminal Court opera-

tions in the Bronx, including drug courts, was transferred to the newly created Bronx Criminal Division.

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

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

2008	Bronx Treatment Court	Bronx Misdemeanor Treatment Court
Referral	225	1,038
Pleas	83	162
Open Cases	182	248
Graduates	77	71

5,204 The total number of pleas citywide between 1998 and 2008. (Excludes Bronx and BTC)



NEW YORK CITY CRIMINAL COURT: DRUG COURT INITIATIVE

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DRUG COURTS:

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 - MISDEMEANOR (MBTC)
- Manhattan
 - FELONY (MTC)
 - MISDEMEANOR (MMTC)
- Queens
 - MISDEMEANOR (QMTc)
- Staten Island
 - FELONY (SITC)

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Welcome to NYC Drug Court



Welcome to the Drug Courts of New York City Criminal Court. Here you will find information on the six drug courts. Criminal Court operates in Brooklyn, Manhattan, Queens and Staten Island. Drug courts are a partnership between the Court, prosecutors, law enforcement, defense bar and treatment and education providers. Each drug court places non-violent, drug-addicted offenders into treatment in an effort to break the cycle of drug abuse, addiction, crime and jail. While each drug court has the same goals and uses the same guiding principles, each one operates in its own unique way. These pages will give you information on individual programs, including rules of participation and results. We hope you find this information helpful!



Justin Barry,
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 www.nycourts.gov/nycdrugcourt

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ANNOUNCEMENTS

05/25/09
**Memorial Day
 Offices Closed**

02/27/09
**STEP Dismissal
 Ceremony
 11:00 AM**

02/20/09
**MBTC Dismissal
 Ceremony
 11:00 AM**

02/16/09
**Washington's
 Birthday
 Offices Closed**

[Court
 Terminology](#)

[Career
 Opportunities](#)



Screening & Treatment Enhancement Part



Program Description

Staff

Presiding Judge	Hon. Joseph Gubbay
Project Director II	Mia Santiago
Resource Coordinator III	Alyson Reiff
Probation Officer	Barbara Miles
Case Manager II	General Wright
Case Managers I	Lisa Kelly Christina Douglas Shatia Eaddy
Case Technician	Tyrone Obee
Voc/Ed Counselor	Monique Emerson
DOE Liaison	Crystal Williams

Introduction

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

STEP's Young Adult Program was developed to ad-

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

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

Eligibility and Identification

Eligible defendants must:

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

Exclusions

Defendant may not have:

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

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



offered the opportunity to plead guilty and have their sentence deferred until they complete the Court's treatment mandate.

Court Structure

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

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

To move between phases, participants must abstain from drug use and remain compliant with program rules and regulations. While in treatment, participants are held accountable for any infractions they commit. STEP uses a system of graduated incentives and sanctions to encourage compliance. The most common infractions are violations of program rules, and tardiness. Sanctions for these infractions include increased weekly treatment hours, essay writing, job training referrals and increased court appearances. More serious infractions include missed positive urine samples, missed court appearances and absence from a treatment program without permission, which can result in a sanction of jail time. New arrests typically result in a jail based sanction and/or the imposition of the jail alternative.

STEP Young Adult Program and Drug Related Offenses

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

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

Referrals, Refusals and Pleas

Since accepting its first case in 2003, **9,363** non-



Screening & Treatment Enhancement Part

violent felony drug offenders have been referred to STEP for clinical assessment, out of which 1,232 (13%) have pled guilty and agreed to participate in treatment. Of the 8,131 who did not plead guilty, 2,364 (29%) refused to participate and 1,104 (14%) had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, 718 (58%) have graduated, 337 (27%) are currently in treatment, and 457 (37%) have failed to complete their court mandate.

Intake and Referral Data

In calendar year 2008, STEP made up 29% of all referrals to, and 16% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - STEP Participants

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

Graduates and Failures

In the less than five years that STEP has been operational, 718 (58%) participants have graduated. The following information is available for STEP graduates:

- 22% of graduates were either full or part-time employed
- 20% were receiving governmental assistance
- 60% were receiving Medicaid
- 32% of STEP participants were either in school, full or part-time
- 22% of graduates had received vocational training

Conversely, 457 (37%) participants have failed to complete their court mandate. Sixty-nine percent (69%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to

complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in STEP. Fourteen Percent (14%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence. STEP closes warrant cases after one consecutive year, which made up for about 1% of the failures.

Length of Stay/Retention Rates

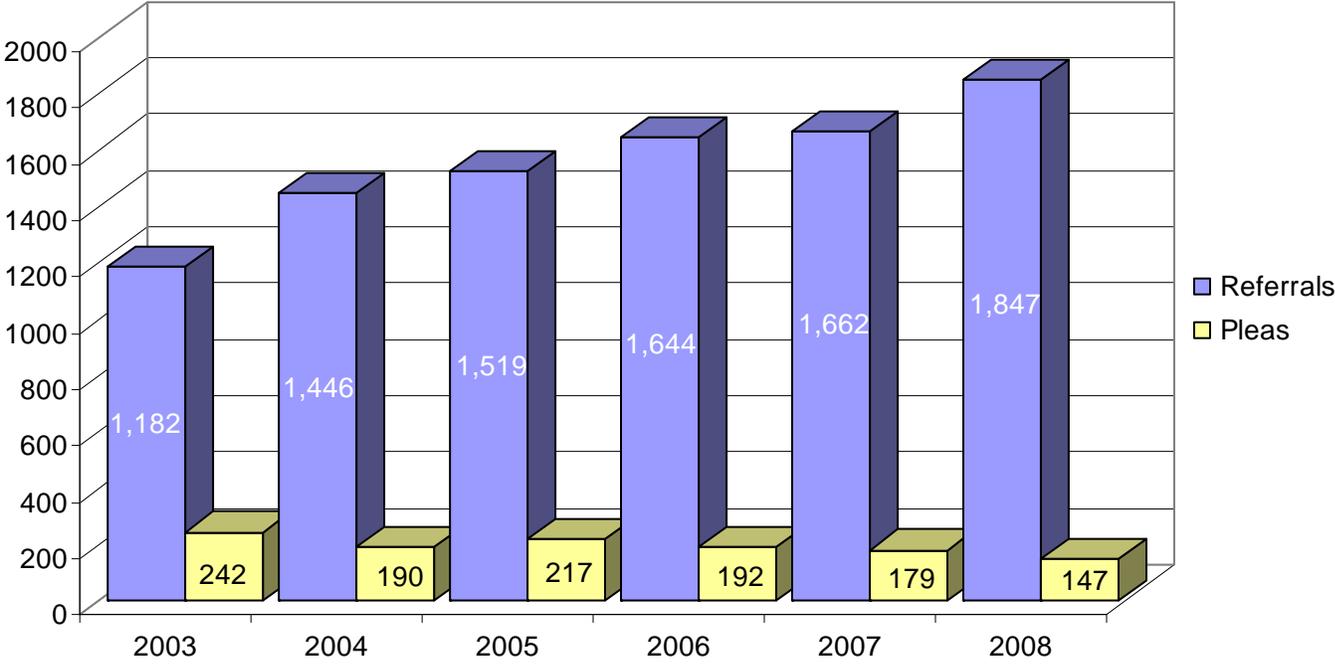
The average length of treatment (based on graduation date) for STEP's 718 graduates is sixteen months. Retention rate includes data for participants who have completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

STEP Operations

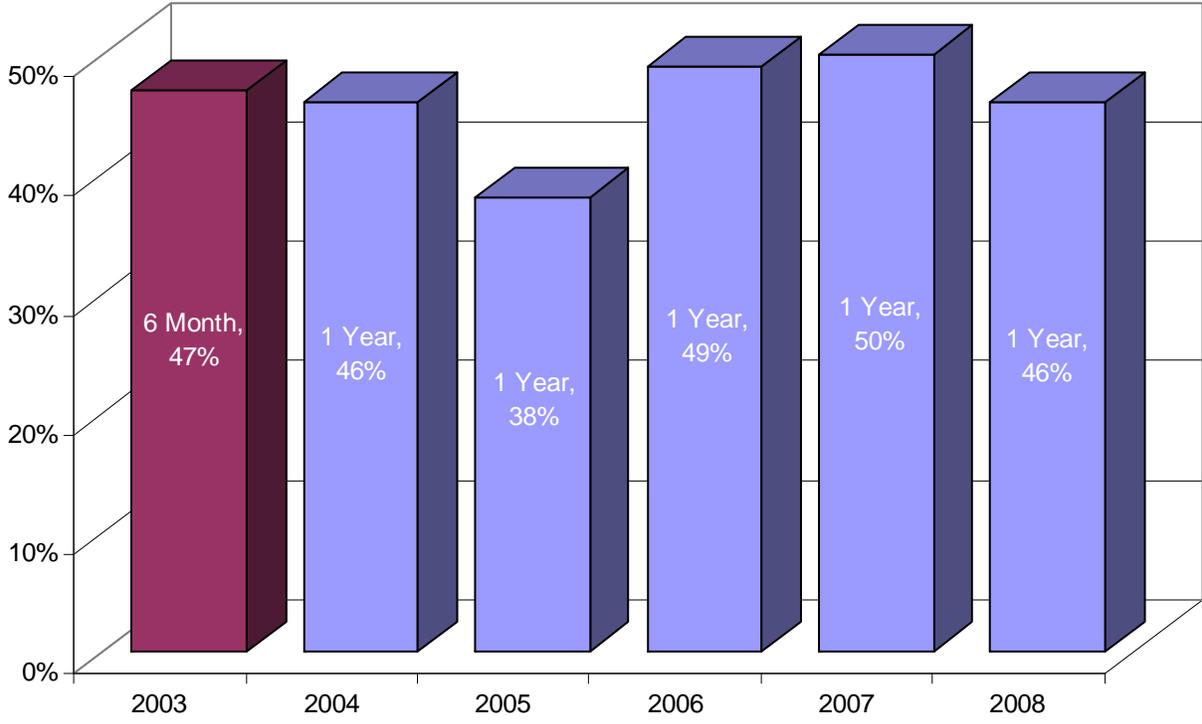
On average STEP caseload was 201 cases for any given day in 2008. Case managers typically monitored between 20-25 participants each at any given time in 2008. Treatment modality decisions are made by the STEP case management team under the supervision of the project director.



STEP Referrals and Pleas (Calendar Year)



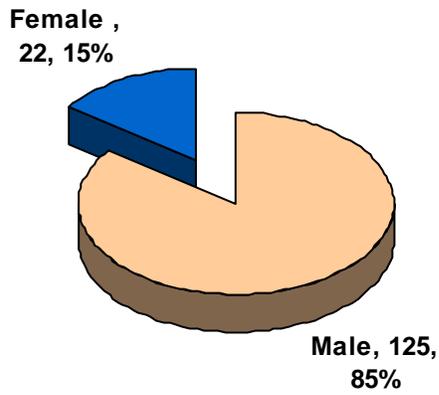
STEP Retention Rates



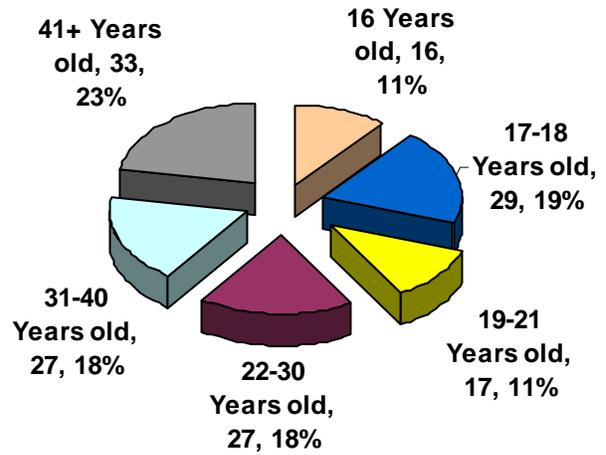


Screening & Treatment Enhancement Part

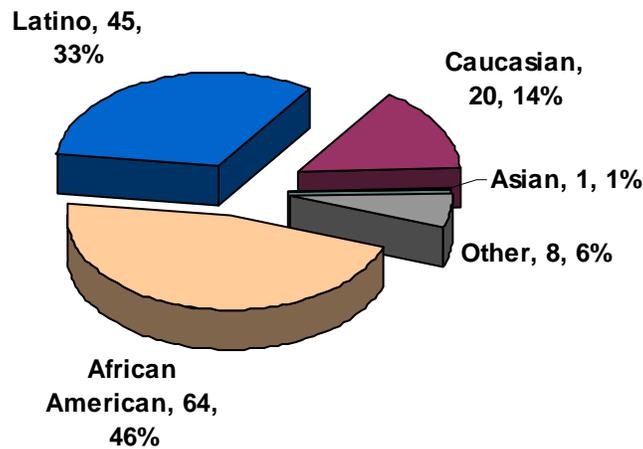
*STEP - Gender of Participants



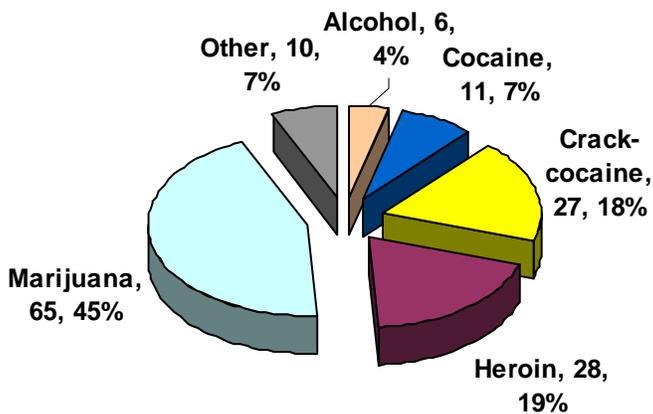
*STEP - Age of Participants



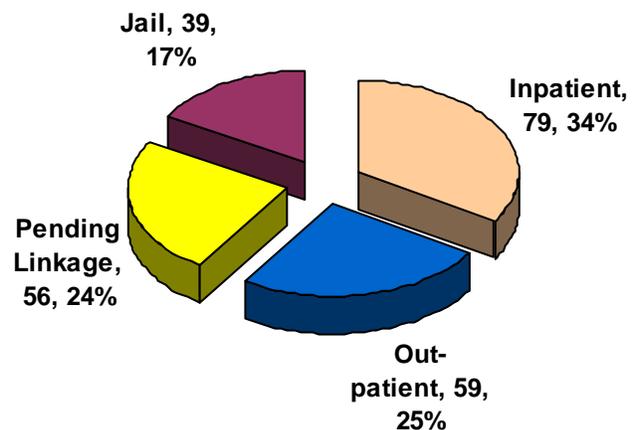
*STEP - Race/Ethnicity of Participants



*STEP - Participant's Drug of Choice



*STEP - Treatment Modalities of Participants



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



HOME

CITY-WIDE INFO >>

ESPAÑOL >>

Tribunales Antidrogas:

Brooklyn

DELITOS MAYORES (STEP)

DELITOS MENORES (MBTC)

Manhattan

DELITOS MAYORES (MTC)

DELITOS MENORES (MMTC)

Queens

DELITOS MENORES (QMTIC)

Staten Island

DELITOS MAYORES (SITC)

Bienvenido a Las Salas De Tratamiento Para La Drogadicción



Bienvenido a las Salas de Tratamiento para la Drogadicción del Tribunal Penal de la Ciudad de Nueva York. Aquí encontrará información acerca de las seis Salas de Tratamiento para la Drogadicción. El Tribunal Penal de la Ciudad de Nueva York funciona en Brooklyn, Manhattan, Queens y en Staten Island. Las Salas de Tratamiento para la Drogadicción en cada condado están organizadas y administradas por la fiscalía, agentes de

1 de abril de 2009 2:46 PM

Publicaciones

- [Folleto STEP](#)
- [Folleto MBTC](#)
- [Folleto MTC](#)
- [Folleto MMTC](#)
- [Folleto QMTC](#)

ANUNCIO

19 de Enero de 2009

Perspectiva General



Los Tribunales de Tratamiento para la Drogadicción tuvieron su origen en una idea que fue implementada en Miami, Florida en 1989. Para combatir una epidemia de crack, juristas en esa ciudad se dieron cuenta de que había que romper el ciclo de adicción y reincidencia para reducir la drogadicción y los delitos relacionados con las drogas. El concepto básico de los Tribunales de Tratamiento para la Drogadicción implica una drástica intervención por parte del Tribunal, con la colaboración de un equipo integral que incluye a la defensa, la fiscalía, profesionales en el tratamiento de la drogadicción.

Oficina Administrativa Del Tribunal Penal



El Tribunal Penal de la Ciudad de Nueva York es dirigido por una Juez Administradora quien tiene jurisdicción en toda la ciudad y es responsable del funcionamiento general del Tribunal. Para el desempeño de su cargo, la Juez Administradora Juanita Bing Newton cuenta con la ayuda de tres Jueces Supervisores: una en Manhattan, la Honorable Melissa Jackson; una en Queens, la Honorable Deborah Stevens-Modica; y un tercer juez, quien supervisa los Tribunales en los condados de Kings y Richmond, el Honorable William Miller.

Bajo la dirección de la Juez Administradora, el Secretario Judicial Principal del Tribunal supervisa a los empleados que no son parte del personal judicial. Para este propósito, el Secretario Judicial Principal William H. Etheridge III cuenta con la ayuda del Primer Subsecretario Judicial para la gestión del Tribunal en toda la ciudad, Vincent Modica. Además, el Secretario Judicial Principal, tiene el apoyo de cuatro Secretarios Judiciales Principales en cada condado, quienes junto con los Jueces Supervisores, controlan la gestión diaria en cada uno de los condados.

Publicaciones



Estos recursos son información básica y guías provisionales de la Iniciativa del Tribunal de Tratamiento para la Drogadicción del Tribunal Penal de la Ciudad de Nueva York. Los materiales están divididos en cinco categorías principales: informes anuales, que proporcionan datos estadísticos y dan un perfil de los jueces, los empleados y los participantes; manuales de políticas y procedimientos, que generalmente son utilizados como referencia y como guía general; guías, que están diseñadas para responder a preguntas, aclarar dudas y proveer información general acerca del programa del Tribunal de Tratamiento para la Drogadicción; Handbooks-Spanish provee la información equivalente que ofrecen las guías, pero en la lengua española, para nuestra segunda mayor población; y los folletos suplementarios, los cuales ofrecen una explicación breve acerca del programa del Tribunal de Tratamiento para la Drogadicción.

Haga Click en publicaciones para obtener un Documento en Formato Portable (PDF, por sus siglas en inglés).

Folleto en Español:

- [Folleto STEP](#)
- [Folleto MBTC](#)

Personal



Trabajadores Sociales - Llevan a cabo la evaluación inicial de los candidatos que han sido remitidos, los inscriben para recibir el tratamiento y someten los informes acerca del cumplimiento de los participantes con los programas de dependencia química y recuperación. Los trabajadores sociales supervisan todos los aspectos del tratamiento para garantizar que el programa está proporcionando el nivel apropiado de tratamiento y los servicios necesarios durante todas las fases del programa. Los trabajadores sociales sirven de intermediarios entre los Tribunales de Tratamiento para la Drogadicción y los proveedores de servicios.

Director del Proyecto - Supervisa al personal clínico (coordinador de recursos, evaluadores de casos/administradores, técnicos de laboratorio, almacenaje de datos) de uno o dos Tribunales de Tratamiento para la Drogadicción, mantienen una relación de trabajo con el personal del Tribunal, ayudan a desarrollar políticas, procedimientos y capacitación del personal, mantienen la red de proveedores de tratamiento y se aseguran del cumplimiento de las exigencias judiciales.

Coordinador de Recursos - Es el vínculo primario entre el Tribunal, la fiscalía, el colegio de abogados defensores, el personal del Tribunal, el personal clínico y los proveedores de tratamiento.

Trabajador Social (Principal) II - Incluye todas las responsabilidades de los trabajadores sociales. También puede desempeñarse como



Misdemeanor Brooklyn Treatment Court



Program Description

Staff

Presiding Judge	Hon. Betty Williams
Project Director II	Mia Santiago
Resource Coordinator III	Michael Torres
Probation Officers	Barbara Miles
Case Manager II	General Wright
Case Managers I	Lisa Kelly
	Christina Douglas
	Shatia Eaddy
Case Technician	Tyrone Obee
Voc/Ed Counselor	Monique Emerson
DOE Liaison	Crystal Williams

Introduction

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

Eligibility and Identification

Eligible defendants must:

- be charged with a "nonviolent" class A misde-

meanor

- have ten or more prior criminal convictions
- be on parole or probation

Exclusions:

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

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

Court Structure

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

MBTC participants undergo a minimum of eight months in treatment, consisting of four phases.



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

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

Referrals, Refusals and Pleas

Since beginning to accept cases in 2003, 10,253 defendants have been referred to MBTC for clinical assessment, out of which 1,300 (13%) have taken a plea and opted for treatment. Of the 8,953 who did not take the plea, 4,677 (52%) refused to participate. Of those who were accepted by MBTC and agreed to participate, 520 (40%) have graduated, 161 (12%) are currently in treatment, and 745 (57%) have failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2008, MBTC made up 35% of all referrals for clinical assessment to, and 14% of all pleas taken in, Drug Treatment Court Initiative.

Descriptive Data - MBTC Participants

Arrest charges differ for MBTC participants, with about 64% charged with a misdemeanor drug offense and 27% charged with misdemeanor non-drug offenses.

Graduates and Failures

So far, 520 (40%) participants have graduated from MBTC. The following information is available for MBTC graduates:

- 11% of MBTC graduates were either full or part-time employed
- 29% were receiving governmental assistance
- 35% were receiving Medicaid
- 11% of MBTC participants were either in full or part-time school
- 12% of graduates had participated in vocational training

Conversely, 745 (57%) participants have failed to complete the court mandate. Sixty-one percent (61%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants, or an arrest for a new charge making him/her ineligible for continuing in MBTC. Thirty-nine percent (39%) of failures were voluntary, defined as a participant who opted out of treatment after taking his/her plea and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MBTC's 520 graduates is twelve months. Retention rate includes data for participants who had graduated (retained), whose cases were still open and active (retained), who had failed to complete treatment (not retained), and for whom the Court had issued a bench warrant (not retained), prior to the analysis date.

MBTC Operations

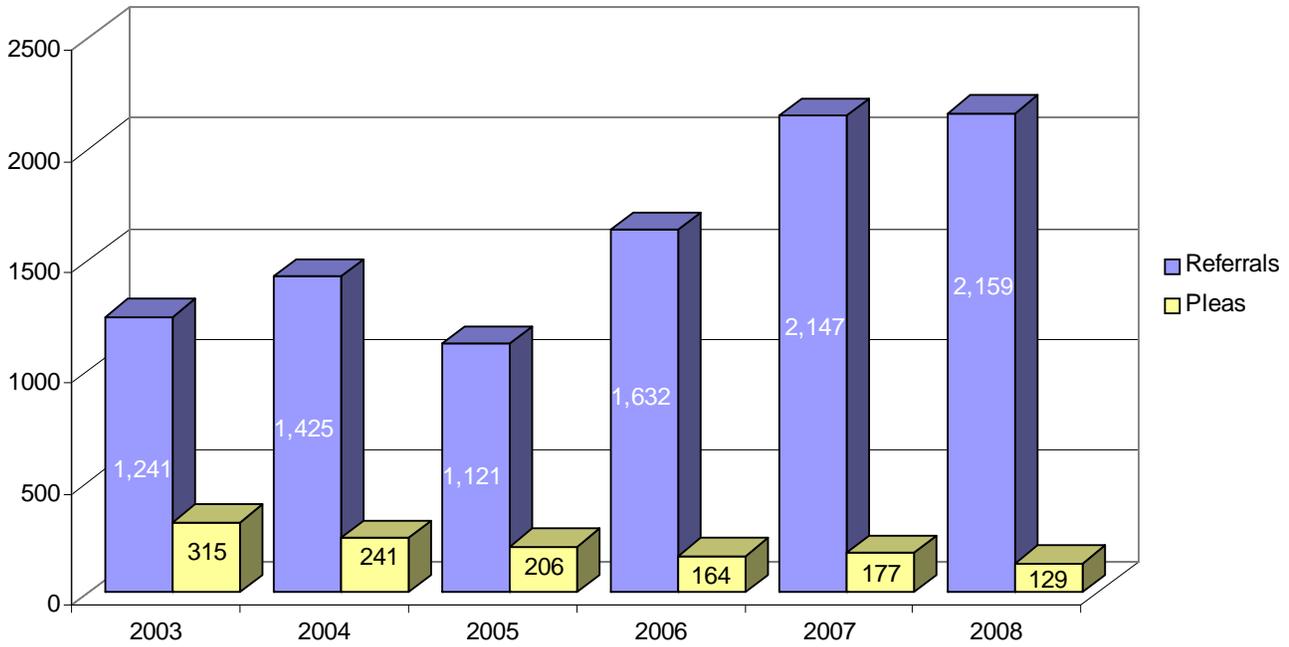
On average the MBTC daily caseload for 2008 was 108 cases. MBTC case managers typically monitor approximately 10-15 cases each.

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

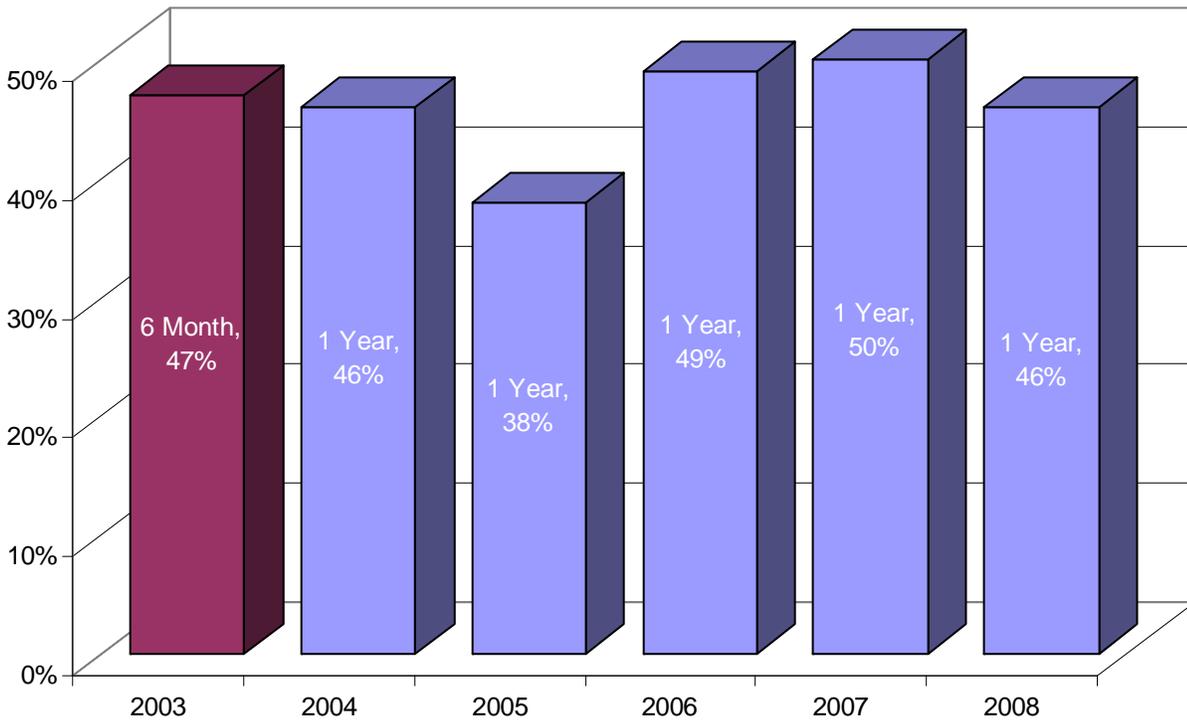


Misdemeanor Brooklyn Treatment Court

MBTC Referrals and Pleas (Calendar Year)

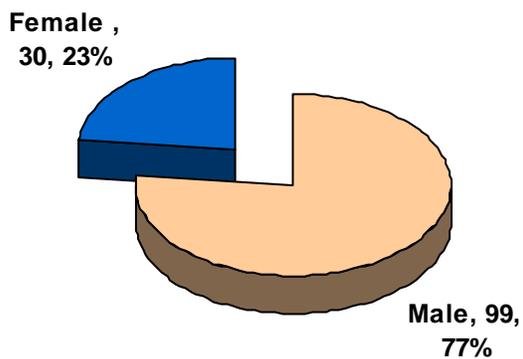


MBTC Retention Rates

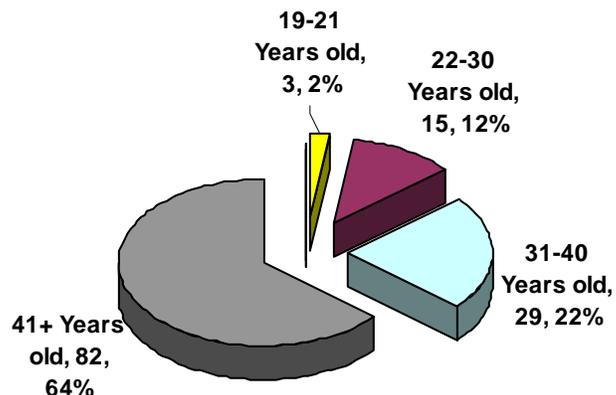




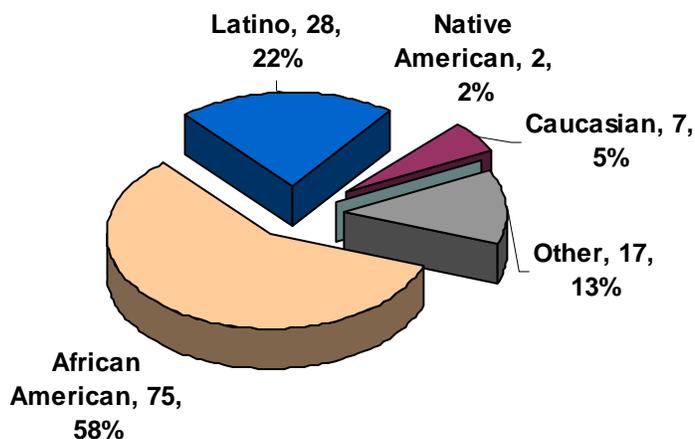
*MBTC - Gender of Participants



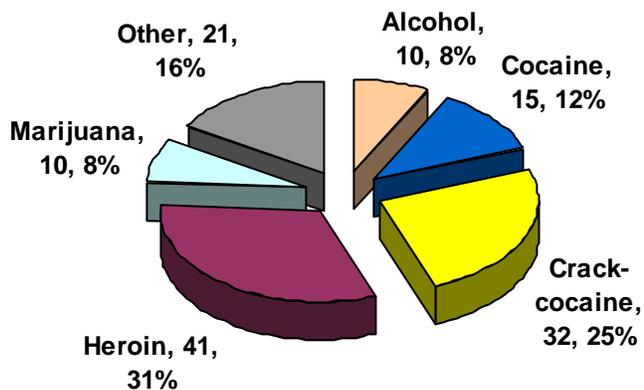
*MBTC - Age of Participants



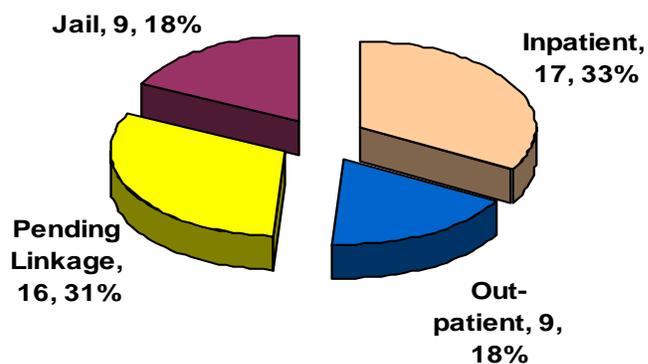
*MBTC - Race/Ethnicity of Participants



*MBTC - Participant's Drug of Choice



*MBTC - Treatment Modalities of Participants



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



Overview



Drug Courts have their roots in an idea that was developed in Miami, Florida in 1989. In response to a crack epidemic, jurists in Miami realized that the endless cycle of addiction and recidivism needed to be broken to reduce drug use and drug-related crime. The basic concept behind drug courts involves a dramatic intervention by the court in cooperation with an entire team including the defense, prosecution, treatment, education, and law enforcement. In return for a promise of a reduced sentence, appropriate non-violent addicted offenders are given the option of entering voluntarily into court-supervised treatment. The rules and conditions of participation are clearly stated in a contract entered into by the defendant, the defense attorney, the district attorney, and the court. The results have been overwhelmingly positive and drug courts have gone into operation all over the country.

New York State leads the nation in the expansion and institutionalization of drug courts into daily court operations. Chief Judge Judith Kaye recognized the benefits of the program and had the vision to ask that it be implemented in every jurisdiction in the State. The Office of Court Drug Treatment Programs (OCDTP), directed by Deputy Chief Administrative Judge Judy Harris Kluger, is currently involved in an intensive effort to make court drug treatment programs available Statewide. As of October 1, 2007 there were 171 drug courts in operation, 91 in the criminal

New York City Criminal Court Administration



The City of New York Criminal Court is headed by a citywide Administrative Judge who is responsible for the overall operation of the Court. Administrative Judge Juanita Bing Newton is assisted in this task by three Supervising Judges, one from Manhattan - Honorable Melissa Jackson, one from Queens - Honorable Deborah Stevens Modica and a third who supervises courts in Kings and Richmond counties - Honorable William Miller.

Under the direction of the Administrative Judge, the Chief Clerk of the court oversees the Court's staff of non-judicial personnel. Chief Clerk William H. Etheridge III is assisted in this task by the First Deputy Chief Clerk for the citywide operations, Vincent Modica. In addition, the Chief Clerk is supported by four Borough Chief Clerks who, along with the Supervising Judge, oversee the day-to-day operations in each county.

**100 Centre Street, NY, NY 10013
P: 646.386.4700 F: 212.374.3004
www.nycourts.gov/nycdrugcourt**



Manhattan Misdemeanor Treatment Court



Program Description

Staff

Presiding Judge	Hon. Anthony Ferrara
Project Director II	Debra Hall-Martin
Project Director I	Kathleen McDonald
Case Manager II	Desiree Rivera Robert Rivera
Case Manager I	Lyndon Harding Darlene Buffalo Darryl Kittel
Case Technician	Miriam Famania

Introduction

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

Eligibility and Identification

Defendants eligible for treatment in MMTC must:

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

Exclusions:

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

tions

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

Court Structure

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

MMTC participants undergo a minimum of eight months of treatment, consisting of four phases. To move between phases, participants must abstain from any drug use, lead a law-abiding life and comply with all rules and regulations. While in



Manhattan Misdemeanor Treatment Court

treatment, the Court holds participants accountable for any infractions they commit. MMTC uses a system of graduated sanctions and rewards to maintain compliance. The most common infractions include a positive or missed urine sample, violation of program rules, and tardiness. Possible sanctions for these include increased weekly treatment hours, essay writing, and increased frequency of court appearances. More severe infractions include missing court appearances and absconding from a treatment program. The Court may respond to this type of infraction with a jail sanction. New arrests precipitate a review of the participant's case and may result in termination from the MMTC program. Incentives include thirty and sixty day acknowledgment, ninety day journal, and phase advancement public recognition.

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

Referrals, Refusals and Pleas

Since restructuring in 2003, 2,107 nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, out of which 361 (17%) have taken a plea and opted for treatment. Of the 1,746 who did not plead guilty and agree to participate, 960 (55%) refused to participate and 328 (19%) had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, 40 (11%) are currently in treatment, and 214 (59%) have failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2008, MMTC made up 4% of all referrals to, and 5% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - MMTC Participants

MMTC participants can be charged with either a misdemeanor drug or non-drug offense. The data collected thus far suggests that 19% have pled to a non-drug misdemeanor with 69% pleading to a misdemeanor drug offense.

Graduates and Failures

In the less than eight years that MMTC has been operational, 66 (18%) participants have graduated. The following information is available for MMTC graduates:

- 15% of graduates were either full or part-time employed,
- 20% were receiving governmental assistance
- 29% were receiving Medicaid
- 8% of MMTC participants were in school either full or part-time
- 15% of graduates had received vocational training

Conversely, 214 (59%) participants have failed to complete MMTC since its restructuring. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MMTC. Fifty-six percent (56%) of the failures were involuntary. Thirty-eight percent (38%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MMTC's 66 graduates is between fifteen and sixteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

MMTC Operations

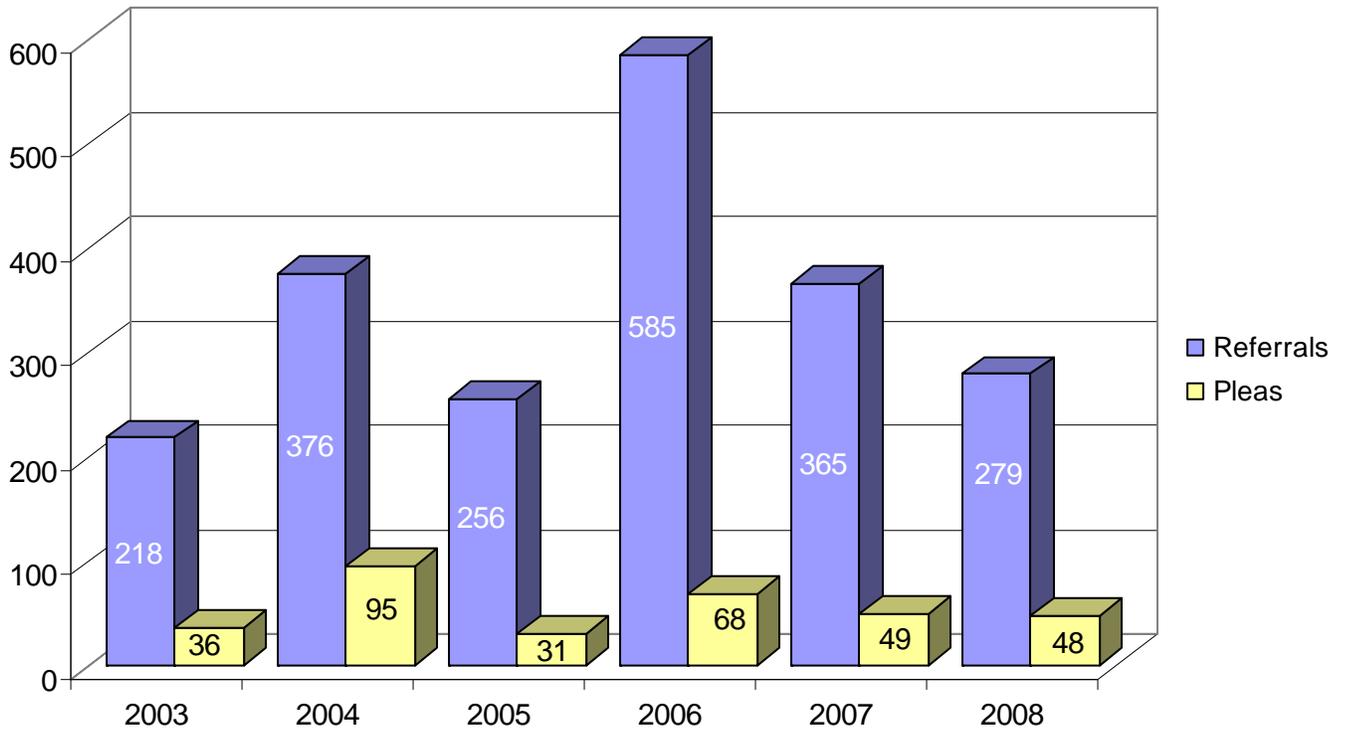
On average the MMTC daily caseload for 2008 was 40 cases. MMTC case managers typically monitor approximately 5-10 cases each.

Treatment modality decisions are made based on the initial clinical assessment, and change based

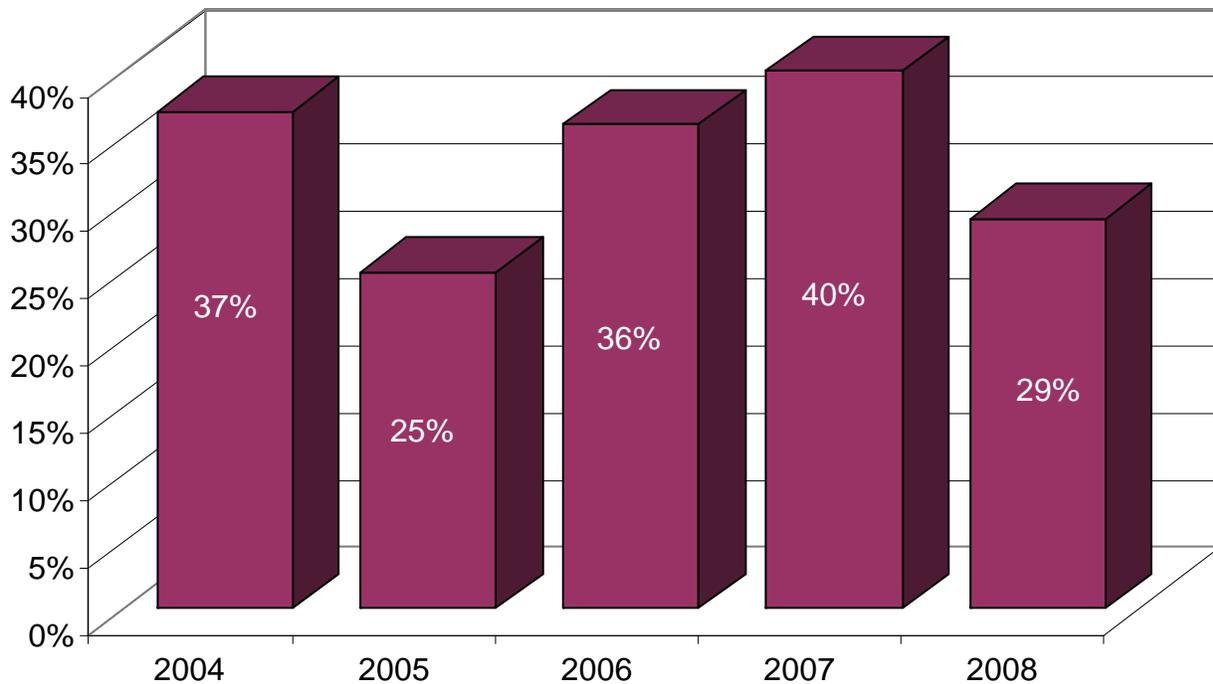


on MMTC case management decisions under the supervision of the MMTC operations director.

MMTC Referrals and Pleas (Calendar Year)



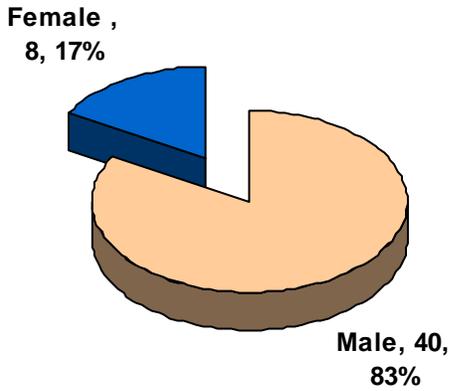
MMTC Retention Rates (Six Months)



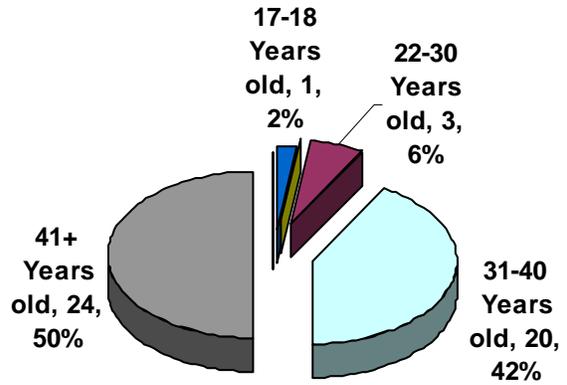


Manhattan Misdemeanor Treatment Court

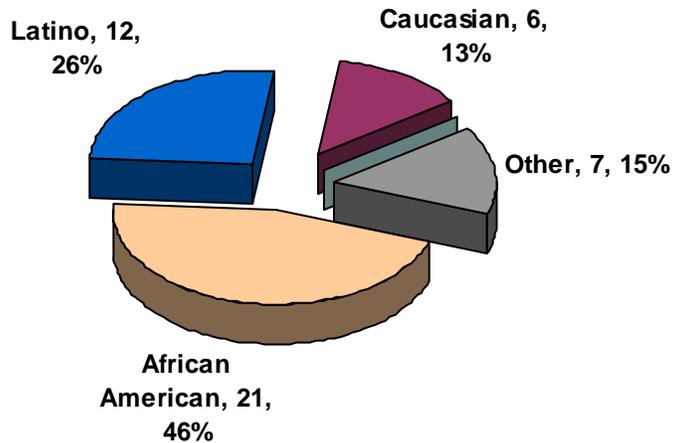
*MMTC - Gender of Participants



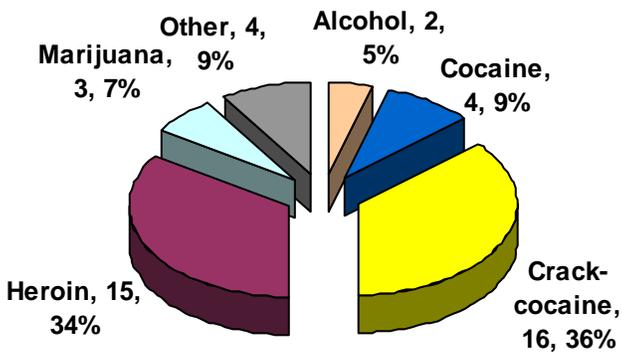
*MMTC - Age of Participants



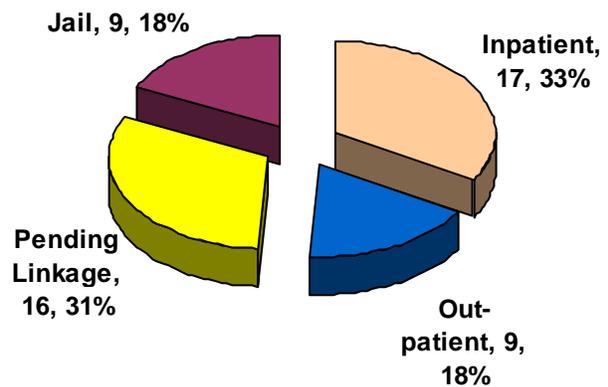
*MMTC - Race/Ethnicity of Participants



*MMTC - Participant's Drug of Choice



*MMTC - Treatment Modalities of Participants



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



Locations & Directions



Criminal Court, Drug Court, operates in four boroughs which are Manhattan, Brooklyn, Queens and Staten Island. They are all accessible by MTA trains and buses or by car. We recommend mass transit since parking is often difficult to find. However, if you decide to drive, click on "P" for parking facilities in New York City.

For a more complete view of MTA subway, bus, railroad maps and additional transit information, please click here: MTA.INFO

Our general office hours are from 9:00am to 5:00pm. Contact your Case Manager for late-day information which vary by court.



Criminal Court Judges



The Treatment Court Judge offers a balance between responsibility and successful treatment through weekly or monthly court appearances. These constant status court appearances allow the Treatment Court Judge to give appropriate rewards and sanctions for compliant and non-compliant behavior. The Treatment Court judge is a pivotal team member in the treatment process, actively using the Court's authority to demonstrate interest in the defendant's welfare and to emphasize the serious nature of the defendant's behavior.

Read "[In Desperate Need](#)" by QMTC Judge, Honorable Joseph A. Zayas

Read "[A Teenager Reconnects with Something Positive](#)" by STEP Judge, Honorable Joseph E. Gubbay



Manhattan Treatment Court



Program Description

Staff

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

Introduction

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

Eligibility and Identification

Defendants eligible for treatment in MTC must:

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

- Probation Violators

Exclusions

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

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

Court Structure

Defendants who agree to participate in MTC must plead guilty to a felony charge. The Court defers sentence for twelve to eighteen months while the defendants participates in substance abuse treatment. A clinical assessment recommends a treatment plan that best suits each participant’s needs. Treatment plans can include intensive outpatient, detox, short term outpatient, short term residen-



tial or long-term residential programs. Defendants are expected to have completed all phases of treatment and obtain a high school diploma/GED, vocational training, school, and/or employment by the time of completion if necessary. For those who successfully complete the MTC mandate, the Court will vacate the plea and dismiss the charges. Those who fail to complete the court mandate typically receive a jail sentence of one year in jail.

MTC participants undergo twelve to eighteen months of treatment, consisting of three phases each at least four months in duration. To move between phases, participants must abstain from any drug use and comply with all rules and regulations. While in treatment, the Court holds participants accountable for any infractions they commit. MTC uses a system of graduated sanctions and rewards to maintain compliance. The most common infractions include positive or missed urine sample, violation of program rules, missing days and tardiness. Possible sanctions for these include increased weekly treatment hours, essay writing, and increased frequency of court appearances and curfew. More severe infractions include missing court appearances and absconding from a treatment program. The Court may respond to this type of infraction with a jail sanction. New arrests precipitate a review of the participant's case and may result in termination from the program. Given the nature of participants' progress in treatment as well as the sanction structure, MTC participants generally complete the program in twenty-one months.

Referrals, Refusals and Pleas

Since its inception in 1998, 1,553 nonviolent felony drug offenders have been referred to MTC for assessment, out of which 1,163 (75%) have pled guilty and opted for treatment. Of the 390 defendants who did not take the plea, 77 (20%) refused to participate. Of those who were accepted by MTC and took a plea, 480 (41%) graduated, 169 (15%) are currently in treatment, and 551 (47%) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2008, MTC made up 1% of all referrals to, and 9% of all pleas taken in, the Drug

Treatment Court Initiative.

Descriptive Data - MTC Participants

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

Graduates and Failures

Since 1998, 480 (39%) participants have graduated from MTC. The following information is available for MTC graduates:

- 73% of MTC graduates were either full or part-time employed
- 23% were receiving governmental assistance
- 39% were receiving Medicaid
- % of MTC Graduates had received a high school diploma or GED while undergoing treatment
- 13% were either in full or part-time school
- 38% of graduates received vocational training

Conversely, 551 (47%) MTC participants have failed to complete the court mandate. Seventy-four percent (74%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MTC. Eighteen percent (18%) of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for MTC's 480 graduates is between eighteen and nineteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.

MTC Operations

On average the MTC daily caseload for 2008 was

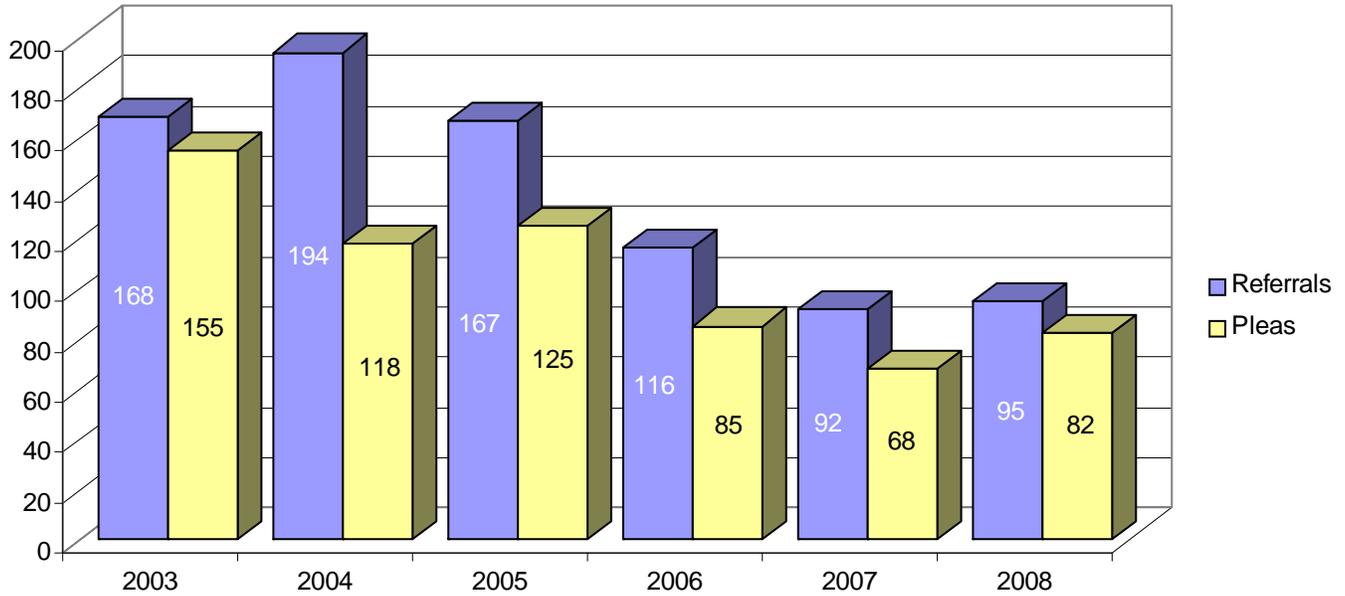


Manhattan Treatment Court

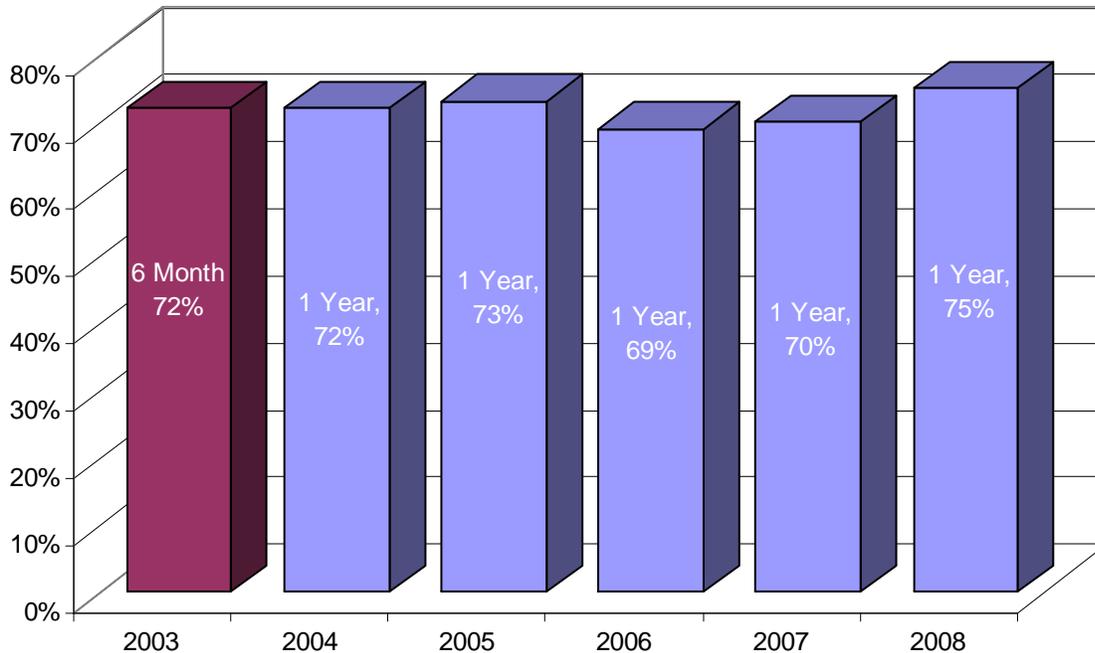
approximately 162 cases. MTC case managers typically monitor 30-35 participants each. In 2008, the average number of participants out on a warrant was 8.

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

MTC Referrals and Pleas (Calendar Year)

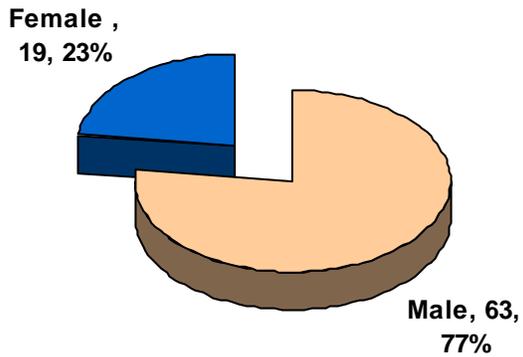


MTC Retention Rates

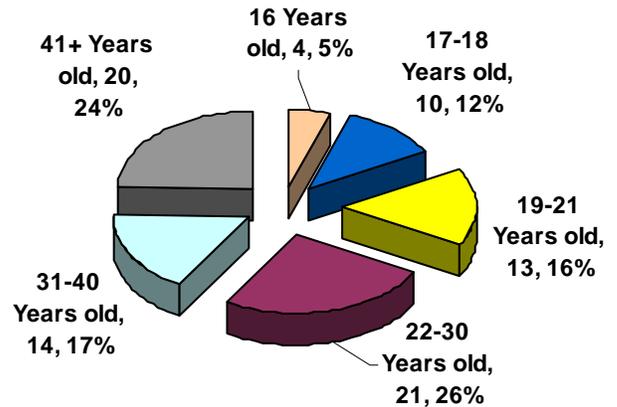




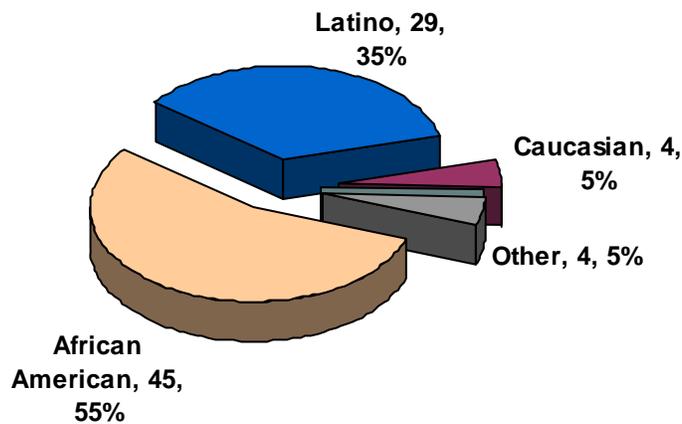
***MTC - Gender of Participants**



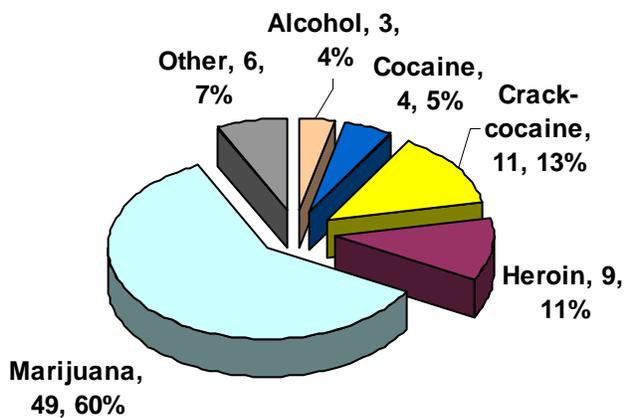
***MTC - Age of Participants**



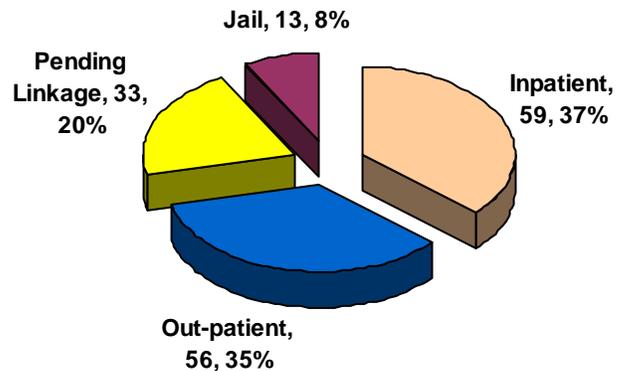
***MTC - Race/Ethnicity of Participant's**



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



***MTC - Treatment Modalities of Participant**



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



RECIDIVISM - Manhattan Treatment Court

RECIDIVISM SAMPLING STUDY

In an effort to gauge the impact that a participant's graduation from the Manhattan Treatment Court program has on criminal behavior, NYC Criminal Court staff studied the recidivism of graduates. The study was not meant to take the place of larger, systematic studies that track recidivism of all drug court participants using different definitions or standards. In fact, in the coming months and years, MTC and the rest of the Drug Court Initiative will be cooperating fully in the NYS Division of Criminal Justice Services effort to comprehensively track recidivism rates of all drug court and judicial diversion participants throughout the State. This study was conducted in an effort to give timely feedback to the MTC team on the effectiveness of the program and allow necessary adjustments of policies and procedures to improve success rates. The results of this study, offered in the following pages, are presented as just one indicator of the effectiveness of the MTC program.

DEFINITION

Various agencies and research studies define recidivism in different ways. **In this study, recidivism is defined as any graduate from MTC who has been arrested (not necessarily convicted or sentenced) on a felony charge after graduating from MTC.**

DATA COLLECTION

- A list was compiled of MTC graduates from January 1, 1998 to December 31, 2007 using the UTA (Universal Treatment Application) and SPSS (Statistical Package for the Social Sciences). For each graduate, the list contained their birth name, gender, age, race, drug of choice-when assessed, date of graduation, and NYSID (New York State Identification Number).
- The graduates' NYSID numbers were run in the NCIC (National Crime Information Center) database twice, first in June 2007 and then January 2008. For confidentiality reasons, results were never printed.
- An appropriate identity match was made by connecting key specifications such as the graduate's NY-SID number, birth name, race, age, aliases, date-of-birth, and Social Security Number from the "MTC Graduate Database" and the NCIC database.
- A graduates' date of dismissal was then used as a point of reference to determine whether to classify as a recidivist or not. If a post-graduate was rearrested, the date of arrest(s), charge(s) and location(s) were then recorded.

CRIMINAL DATA

NCIC - is a computerized index of criminal justice information (i.e.- criminal record history information, fugitives, stolen properties, missing persons), available to Federal, state, and local law enforcement and other criminal justice agencies. Out of the **435** graduates, **422** precise matches were made which is approximately a **97%** efficiency ratio. Three percent (**3%**) or **13** graduates possessed inadequate data such as flawed NYSID numbers. For these graduates, no further research was conducted. (In some borough's

METHODOLOGY

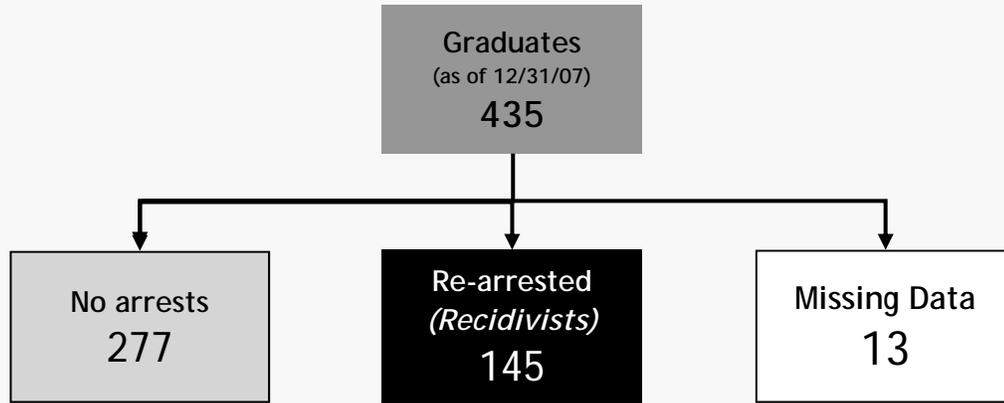
Only MTC graduates were studied in this research. The criteria to identify a graduate for this inquiry was simple. Any participants who fulfilled their court order plea agreement and had their indictment dismissed between January 1, 1998 and December 31, 2007, were included. A graduate became a recidivist if they had a felony arrest after their date of graduation. The data was then analyzed as if all graduates had the same date of dismissal.

64% of MTC graduates had no new arrests recorded post-graduation date



RECIDIVISM - Manhattan Treatment Court

This is one of six studies that will be conducted within the coming years involving the drug courts. The upcoming reports will not only focus on participants and graduates, but compare various control groups as well.



As of 12/31/07, MTC **435** participants successfully completed their court ordered mandate and had their cases dismissed. Out of the **435** graduates, **277** had no felony arrests recorded after their drug court graduation date. On the other hand, **145** were re-arrested for a felony offense. Thirteen (**13**) graduates had missing data (mostly incorrect NYSID numbers). The ratio of graduates with no-arrest versus re-arrest is approximately **2:1**. In sum, this research found that as of December 31, 2007, based on their criminal record, just about **64%** of MTC graduates abstained from serious criminal activity, whereas **33%** were arrested on felony charges after graduating.

Graduates Annually (1999 - 2007)

Since inception, MTC has graduated **435** participants. Of the **435** graduates, **323 (74%)** were referred to MTC by the Office of Special Narcotics. The remaining **112 (25%)** graduates were sent to MTC from the Department of Probation. Eight-three (**83**) or **19%** probation violators graduated, while **29** or **7%** on interim probation supervision graduated. The following table provides an annual total of graduates for MTC.

	MTC	Violation of Probation (VOP)	Interim Probation Supervision (IPS)	Total
2007	53	2	9	64
2006	42	6	5	53
2005	46	9	4	59
2004	53	25	8	86
2003	47	24	3	74
2002	22	15	0	37
2001	30	1	0	31
2000	26	1	0	27
1999	4	0	0	4
TOTALS	323	83	29	435

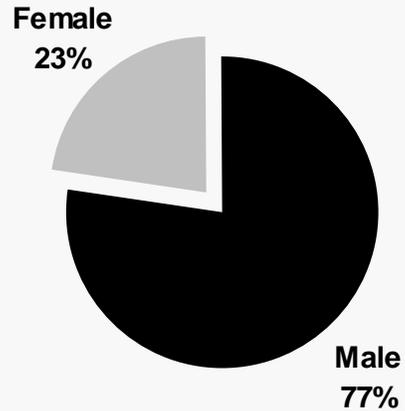


RECIDIVISM - Manhattan Treatment Court

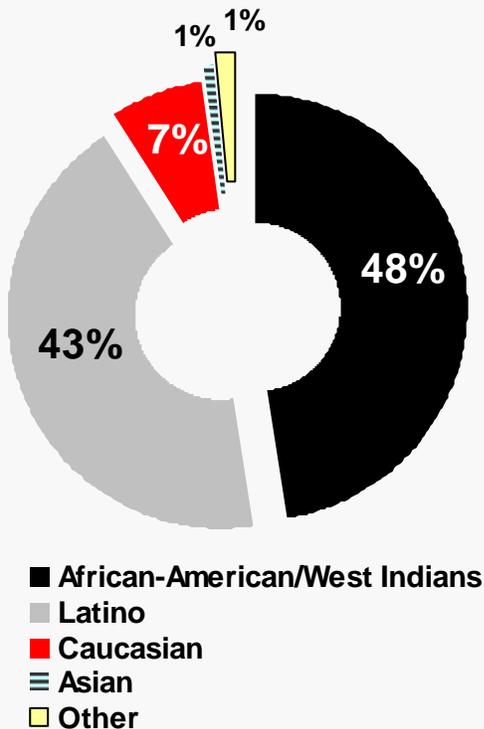
Graduate's Gender

In Drug Court, males have always made up a greater proportion of the participant population than females. Of the **435 MTC** graduates, **336 (77%)** were males and **99 (23%)** females. The ratio of males to females is approximately **37 to 1**.

In 2004, a record number of both male and female participants graduated - **60** males and **20** females. This followed a record high number of MTC referrals and pleas in 2002, a few months after September 11th.



Graduate's Ethnicity



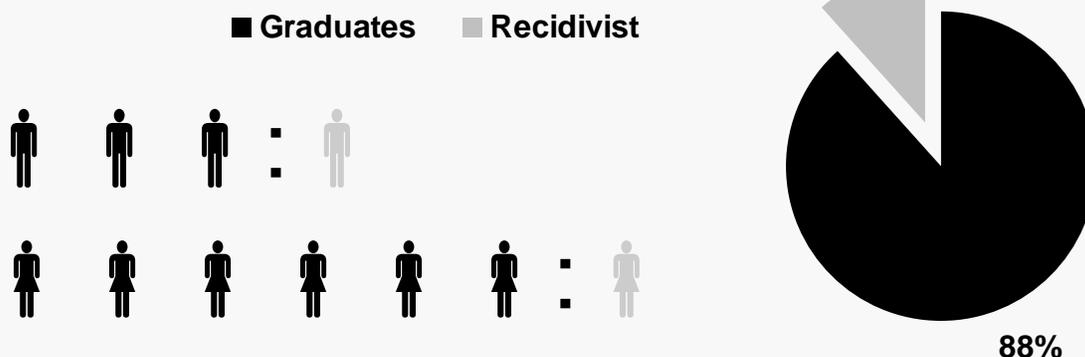
MTC serves one of the most diverse cities in the world and its **435** graduates reflect that diversity. Two hundred and seven (**207**) African-Americans, **48%** of the total, have graduated from MTC. Of these **207**, **142** were male and **65** female. Latinos accounted for **27%** of MTC's graduates. Of the **188** Latino graduates, **161** were male, or **52%** of the total Latino population. Latino males make up the second largest group of MTC's population after African-American males. There were **27 (18%)** female Latino graduates. Thirty (**30**) Caucasian graduates and **4** Asian graduates accounted for **8%** of the total MTC graduates. Six (**6**) graduates considered themselves of different ethnicity than the options provided.

77% of MTC graduates were male (2003 - 2007)



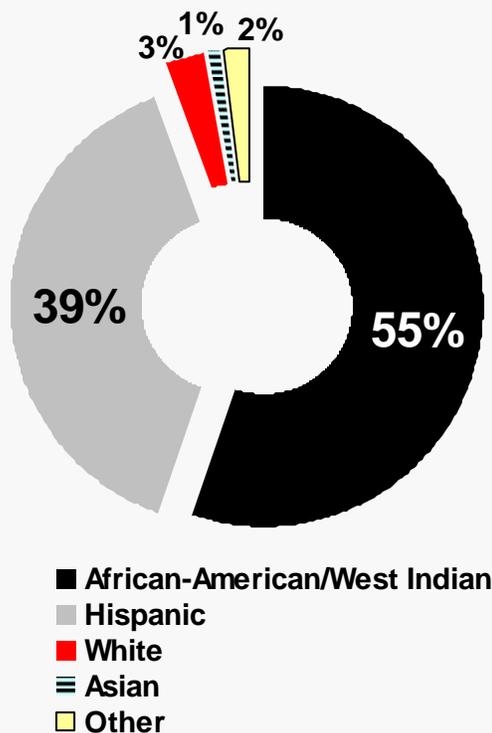
RECIDIVISM - Manhattan Treatment Court

Recidivist's Gender



Out of the **145** graduates arrested on a felony matter after their graduation from MTC, **129 (88%)** were males and **16 (12%)** were females. This research suggests that women are less likely to re-offend. For every **six (6)** female graduates, there was just one recidivist. The ratio for male graduates is approximately **3:1**.

Recidivist's Ethnicity



The ethnicity of the **145** recidivists follows:

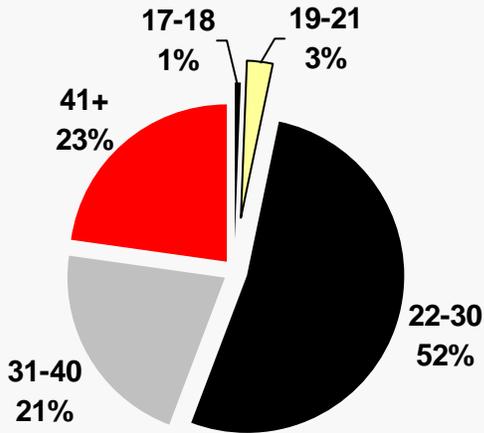
- **55%** African-Americans;
- **39%** Latinos;
- **3%** Caucasians;
- **1%** Asian American; and
- **2%** felt they were of different origin.

Of the **80** African-American recidivists, **67** were men and **13** were women. Of the **57** Latino recidivists, **55** were male and **2** were females. The remaining **7 (6%)** males were either Caucasian, Asian or classified themselves as "Other."



RECIDIVISM - Manhattan Treatment Court

Recidivist's Age Distribution



Out of the 145 graduates arrested for a new felony offense, 76 or 52% fell in the 22-30 years old age group. The 41 and over age group accounted for 33 (23%) graduates. The 31-40 age group comprised 21% the recidivists. The smaller cohort groups, 17-18 year olds and 19-21 year olds, had the smallest amount of graduates totaling 4 graduates combined.

	Males	Females	Males and Females
Minimum age	18	24	18
Maximum age	72	50	72
Mean or average age	32	39	33
Median or middle age in the list of ages	28	39	29
Mode or the most repeated age	24	37	24
Range or difference between the maximum and minimum age	54	26	54

MTC serves participants across a broad age range. In the cohort captured in the recidivism study, the oldest male participant was 72 years old. The oldest female participant was 50. The youngest male participant captured in this study was 18 and the youngest female was 24. The average age of male recidivists was 32, and females 39. The average age for both genders was 34. The median or middle age out of the male age group was 28, and 39 for females. The median age for both genders was 29. The mode or age most repeated among males was 24, and 37 for females. The mode for both genders was 24. The range or the difference between the oldest and youngest male was 54, for females 26, and for both males and females the range was 54.

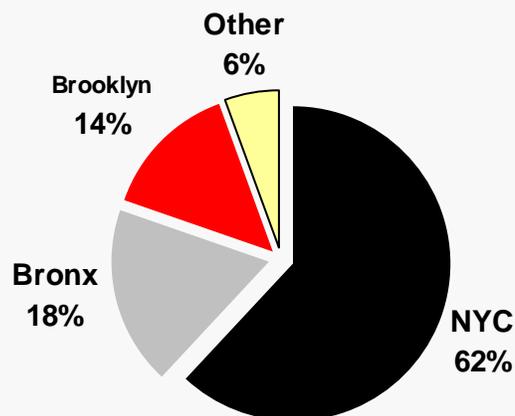
52% of recidivists fell in the 22-30 age group



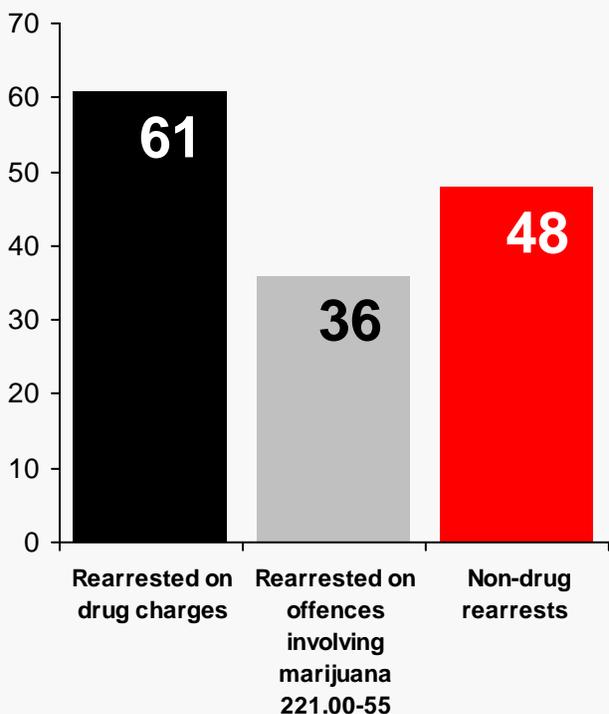
RECIDIVISM - Manhattan Treatment Court

Recidivist's Arrest Location

More than half of the **145** recidivists, **88 (62%)** were arrested in Manhattan. The remaining portion were arrested in Brooklyn, the Bronx and upstate New York. Of the **145** recidivists, **26 (18%)** graduates were arrested in the Bronx, and **20 (14%)** in Brooklyn. A smaller group of **8 (6%)** were taken into custody outside NYC; namely, Albany, Utica, White Plains, Westchester, Yonkers and Schenectady. The data also indicates that in most cases, recidivists were arrested close to or in the same location as the crime that originally brought them to drug court.



Recidivist's Arrest Charge(s)

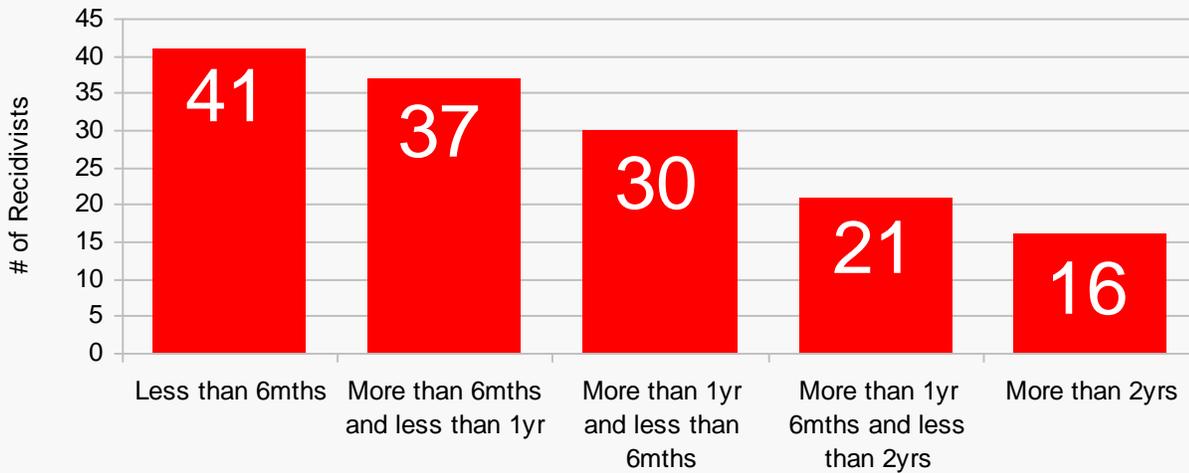


Of the **145** recidivists, **61 (42%)** were arrested on drug offenses (Penal Law Article 220). Of the **145**, **36 (25%)** recidivists were arrested on offenses involving marijuana (PL Article 221), and **48 (33%)** recidivists were arrested on non-drug charges. Burglary and related offenses (PL Article 140) accounted for the greatest portion of non-drug arrests, followed by assault and related offenses (PL Article 120). Other arrest charges include firearms offenses, theft, criminal mischief, larceny, forgery and related offenses and, offenses against public order. Of the **145** recidivist, **66 (46%)** recidivists were detained on both a drug/marijuana offense and a non-drug charge. Approximately **70%** of re-arrest charge(s) match the charge(s) on the case that initially brought them to drug court.



RECIDIVISM - Manhattan Treatment Court

Recidivist's Length of Time in Community before Re-arrest



The greatest number of arrests took place within six-months after completing drug court. Of the **145** recidivists, **41 (21%)** were arrested within **180** days from their MTC dismissal. MTC's first recidivist was a **27** year old male who graduated in February of 2000. Twenty-three days later, he was arrested on an assault and related offenses charge. Between six month and one year after dismissal, **37** graduates included in this study were arrested. Thirty graduates were arrested after one year but less eighteen months than following their successful completion of MTC. More than eighteen months subsequent to the dismissal of their case, **21** graduates were arrested. The smallest recidivating group, **16** graduates, were arrested more than two years after their MTC dismissal.

Number of Arrests of Recidivists

The number of felony arrests for the group studied range from one to nine times. Out of the **145** recidivists, **65** graduates were arrested just once, mostly on drug related offenses. Three recidivists were arrested nine times. Two out of these three recidivists were females and both were over **35** years of age. From 2000 to 2008, **21** recidivists were arrested three times. Of the **21** recidivists, **11** were arrested for drug related charges, while the remaining **10** recidivists were arrested on non-drug related charges. One 27 year old female recidivist was arrested **8** times after her graduation in 2003. She was arrested twice on drug related charges and once for burglary.

Recidivists	Re-arrests post graduation
65	1
39	2
21	3
8	4
6	5
2	6
0	7
1	8
3	9
145	

28% of the study group recidivated with 6 months of their release



RECIDIVISM - Manhattan Treatment Court

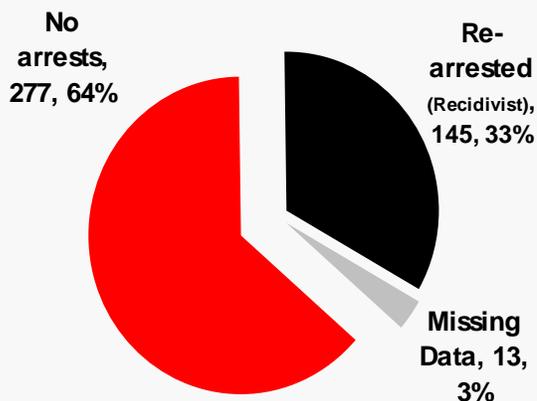
No Arrest

MTC graduated its first participant on November 5, 1999: That graduate has not been arrested since then.

This research found that approximately 64% or 227 out of 435 graduates had no felony arrests after MTC dismissal.

The largest ethnic group to graduate is Black/African Americans, followed by Latinos.

- Of the 227 graduates without re-arrest, 196 were males. The average age for this group is 44. The oldest male graduate is a 71 year old, African American Brooklyn resident. In contrast, the youngest in this group is 20.
- Eighty-one (81) females account 32% of graduates without re-arrest. The average age for the female graduates without re-arrest is 35. The oldest female graduate without re-arrest is a 68 year old, African American Manhattan resident. The youngest female graduate in this group is 22.



No Arrests - Profile of a Graduate (Before and After)

Initials: **C. B.**
 Gender: **Male**
 Race/Ethnicity: **African American**

Graduate ran through NCIC 12/31/09.
 Conversation with Alumni on 10/14/09.

Placed into custody in 1999 on a controlled substance charge and entered MTC in the same year.

Graduated: 4/2001

Before	After
MTC Participation Age: 53	Current Age: 59
Drug: Crack (since age 33)/ Alcohol (since age 18)	Drug: Drug free for the past 6 years
Education: 12 Grade/Diploma	Education: Obtained CDL License and Basic Education during treatment. Returns to Samaritan Village to speak to current participants.
Residence: Homeless (living on street)	Residence: Apartment Renter, Brooklyn
Financial Means: None	Financial Means: Currently works full-time for Access-a-Ride
Prior Treatment: 3 times (uncompleted)	Prior Treatment: Completed 4th treatment in 2001
Children: 3 (No contact)	Children: Reconnected with 3 children and 5 grandchildren
Prior Arrests: 12	Current Arrests: No arrests since graduation date



Staff



Case Managers performs initial screenings on referred respondents, link them with treatment, and provide the ongoing reports on participant compliance with their chemical dependency and recovery programs. The Case Managers monitor all areas of treatment to ensure that the program is delivering the proper level of treatment and services needed during all phases of the program. The Case Managers act as liaisons between Drug Court and treatment providers.

Project Director - supervises 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 - primary liaison between the court, the district attorney, defense bar, court and clinical staff and treatment providers.

(Senior) Case Manager II - includes all of case manager's responsibilities; and may act as backup resource coordinator; assists case managers, as needed, in areas of psycho-social assessment, treatment planning and monitoring

Case Manager I - conducts psycho-social assessments of new clients; prepare treatment plans; coordinate and facilitate client's entry into substance abuse treatment; intensively

Publications



These resources are informational essentials and provisional guides of The New York City Criminal Court Drug Court Initiative. The materials are divided into five main categories: annual reports which supplies statistical data and profiles judges, staff and participants; policy and procedure manuals which is generally used as a reference and as a general guide; handbooks which are designed to answer questions, address concerns and provide overall information about the Drug Court program; handbooks-spanish provide the equivalent information that handbooks offer but in the spanish language for our second largest population; and the supplement brochures which offer a brief explanation about the Drug Court program.

[Click on publication for a PDF copy.](#)

Annual Reports





Queens Misdemeanor Treatment Court



Staff

Presiding Judge	Hon. Joseph Zayas
Project Director II	Naima Aiken
Resource Coordinator III	Lisa Babb
Case Managers I	Patrick Clayton
	Daisy Oliveras
	Diana George

Introduction

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

Funding

QMTTC implemented with the help of grants from the federal government's Bureau of Justice Assistance. It is now fully funded by the New York Unified Court System.

Eligibility and Identification

Eligible defendants must:

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

*(The Queens District Attorney's office has agreed

to review certain felony filings and, if eligible, refer them to QMTTC upon a determination that they are prepared to reduce the felony charges to misdemeanors).

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

Court Structure

Defendants accepted into QMTTC plead guilty to a misdemeanor charge and the Court defers sentence while the defendant participates in nine to twelve months of treatment. Based on an initial clinical assessment, participants each receive a treatment plan that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. The Court will allow participants who successfully complete their court mandate to withdraw their plea and dismiss the charges. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, of between 4 months and 12 months.

QMTTC participants complete nine months of treatment consisting of three phases. During Phase One, court clinical staff will draft a plan of treat-



Queens Misdemeanor Treatment Court

ment, help the participant obtain any entitlements needed to pay for treatment such as medicaid and SSI, place participants in a community-based treatment program and, ultimately, establish abstinence. In order to advance to Phase Two, participants must accrue at least three consecutive months of abstinence and a total of one to three months of participation in treatment without sanctions. In Phase Two participants will be stabilized in treatment, develop outside support systems, and, depending on progress, set short term goals such as education or vocational training. To advance to Phase Three, participants must accrue no less than three months of abstinence, a total of three to six months of participation in treatment without sanctions, and participate in workshops or programs as directed by QMTC or the treatment provider. In Phase Three, the participants develop goals for post-graduation, continue re-integration with the community, maintain abstinence and participation with outside support systems, and focus on rehabilitation. Upon completion of the three phases, participants graduate and the Court will allow the withdrawal of the guilty plea and dismiss the charges. Failure to complete the treatment mandate results in the Court imposing a sentence of incarceration.

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

Referrals, Refusals and Pleas

Since it started taking cases in 2002, 2,484 nonvio-

lent misdemeanor drug offenders have been referred to QMTC for clinical assessment, out of which 798 (32%) have pled guilty and agreed to participate in treatment. Of the 1,686 who did not plead guilty, 869 (52%) refused to participate. Of those who agreed to participate and pled guilty, 323 (40%) have graduated, 142 (18%) are currently in treatment, and 301 (38%) have failed to complete the court mandate.

Intake, Referral and Participant Data

In calendar year 2008, QMTC made up 8% of all of all referrals to, and 19% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - QMTC Participants

QMTC participants can be charged with misdemeanor drug or non-drug offenses. Breakdown of arraignment charge is about 57% drug and 42% non-drug offenses.

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

Graduates and Failures

323 (40%) participants have graduated from QMTC since its inception. The following information is available for QMTC graduates:

- 38% of graduates were employed, either full or part-time
- 82% were receiving governmental assistance
- 95% were receiving Medicaid
- 23% of QMTC graduates were in school, either full or part-time
- 15% participated in vocational training

Conversely, 301 (39%) QMTC participants have failed to complete treatment. Fifty-one percent (51%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in QMTC. Thirty-nine percent (39%) of failures were voluntary, meaning that the participant opted out of treatment court and



elected to serve his/her jail sentence.

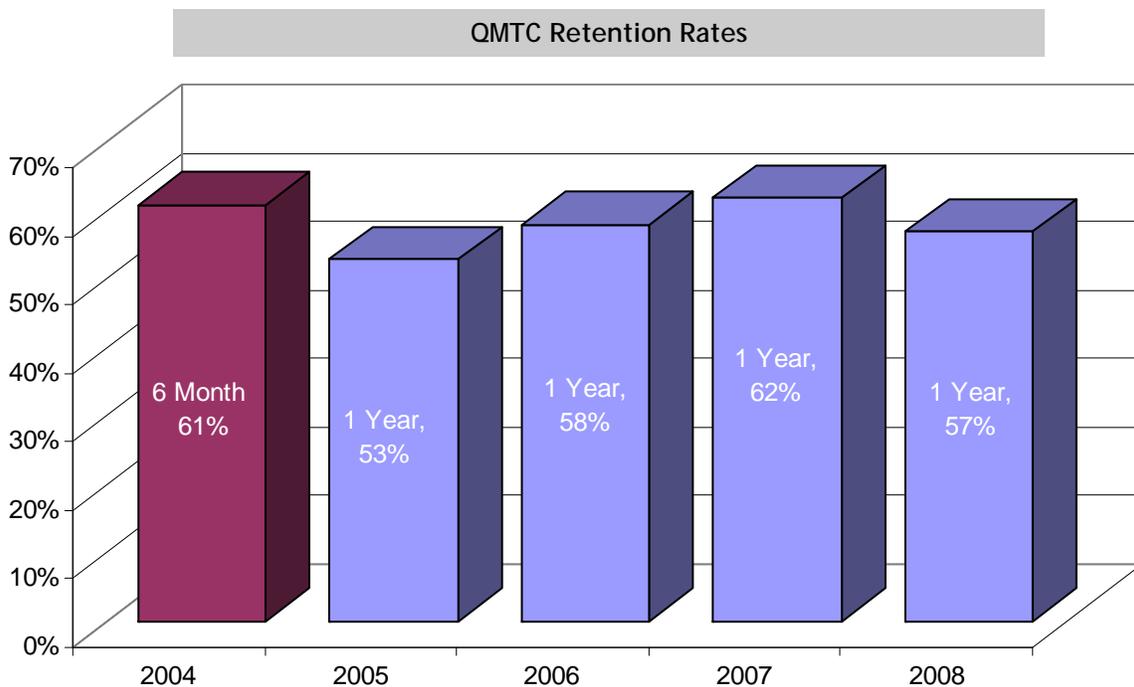
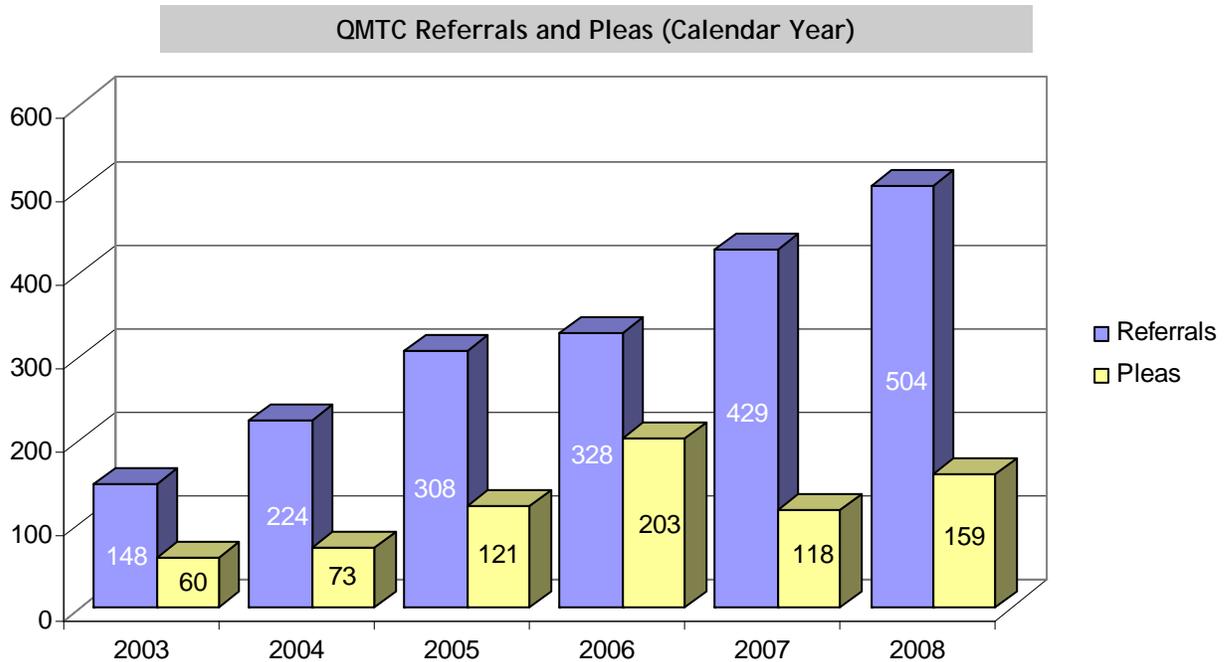
Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for QMTC's 323 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not

retained), and who warranted (not retained).

QMTC Operations

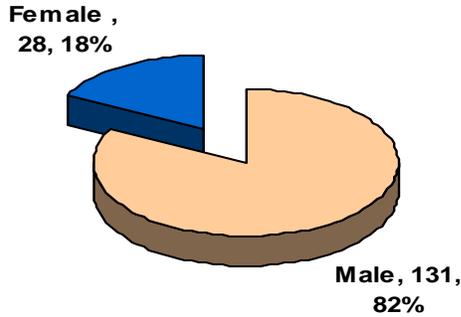
On average the daily QMTC caseload for 2006 was 142 cases. QMTC case managers typically monitor approximately 35-40 cases each. Treatment modality decisions are made by the QMTC case manage-



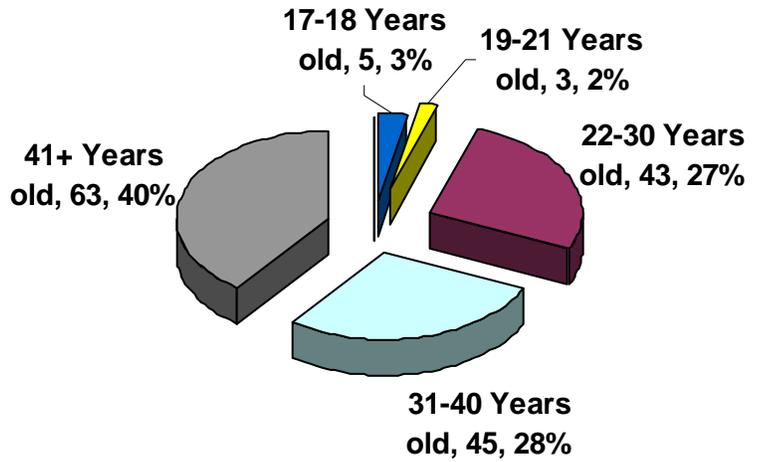


Queens Misdemeanor Treatment Court

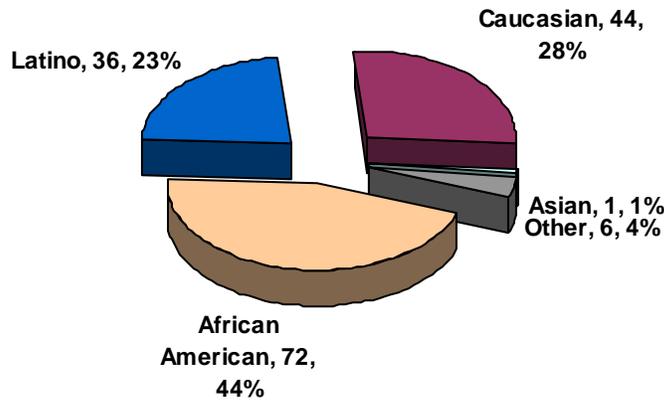
*QMTc - Gender of Participants



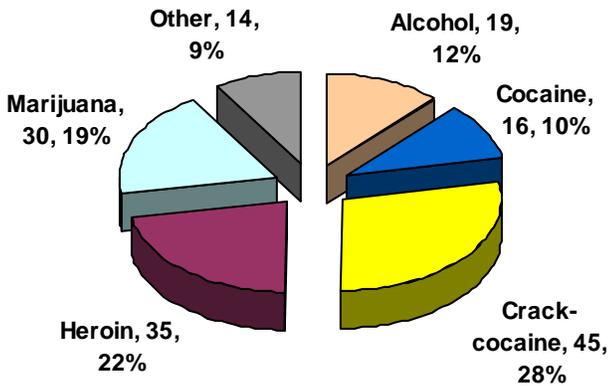
*QMTc - Age of Participants



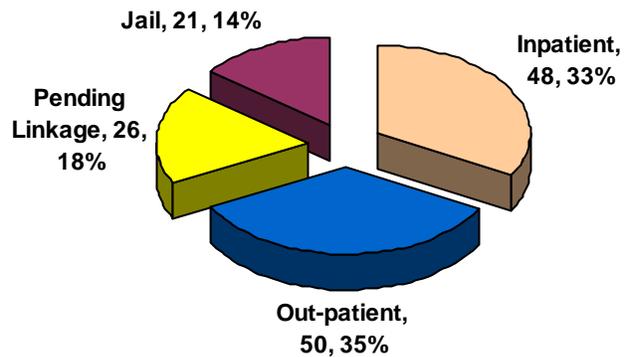
*QMTc - Race/Ethnicity of Participants



*QMTc - Participant's Drug of Choice



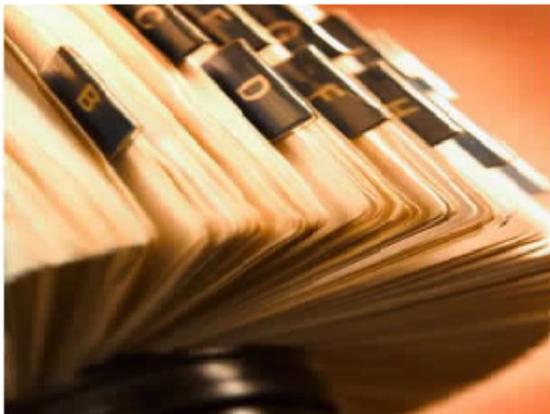
*QMTc - Treatment Modalities of Participants



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



Contact Us



Thank you for visiting our website - www.nycourts.gov/nycdrugcourt. Please provide us feedback so that we can continue to enhance the site to better serve you. Your feedback is valuable to us.

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For comments and other inquires, send email to: info@nycourts.gov/nycdrugcourt

Click on location for contact information.

Administrative Office

Brooklyn - [STEP](#) / [MBTC](#)

Manhattan - [MTC](#) / [MMTC](#)

Queens - [OMTC](#)

Related Links



This section contains links to other government (federal, state and local) and relative non-government web sites selected to assist the Drug Court community interconnect with one another.

Click on link to get site information.

National Sites:

- [US Immigration Support](#)
- [US Social Security Administration](#)
- [US Department of Health & Human Services \(Medicare\)](#)

New York State Sites:

- [New York State Court Website](#)
- [New York State Division of Housing and Community Renewal](#)
- [New York State Division of Human Rights](#)
- [New York State Office of Children and Family Services](#)
- [New York State Office of Mental Health](#)

New York City Sites:

- [Official New York City Website](#)
- [New York City Department of Buildings](#)
- [New York City Children Services](#)



Staten Island Treatment Court



Program Description

Staff

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

Introduction

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

Funding

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

Eligibility and Identification

Eligible defendants must:

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

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

Court Structure

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

SITC participants must complete twelve to eighteen months of treatment, consisting of three phases of four-month each. TASC assesses the participant in the beginning of Phase One, determin-



ing level of addiction and treatment plan, assisting the participant in obtaining any entitlements to pay for treatment such as Medicaid and SSI and, ultimately, placing the participant in an appropriate community-based treatment program. In Phase Two participants stabilize themselves in treatment and, depending on their progress, short term goals such as education or vocational training may be set. Finally, in Phase Three, the participants focus on rehabilitation - working to re-establish family ties and engaging in school or vocational training.

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

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

SITC felony participants generally complete treatment within eighteen months.

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

The SITC Misdemeanor Part began accepting cases in March 2004. SITCM will accept offenders with multiple misdemeanor offenses and prior felonies on a case-by-case basis. SITCM offers are made after team discussion and, frequently in response to defense attorney's requests, SITCM also accepts

first-arrest misdemeanor offenders. Defendants charged with violent offenses are not eligible.

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

By 31 December 2008, SITCM had accepted 104 misdemeanor participants: 19 were actively participating, 32 had been expelled, and 53 had graduated from the SITC Misdemeanor Part.

With the growth in numbers of SITCM participants, we hope to incorporate separate demographic and retention data for SITCM in the 2009 Annual Report.

Non-Drug Cases

In February 2003, SITC accepted its first drug-related case, a defendant charged with PL155.35, Grand Larceny third degree, at the request of the defense attorney and after negotiations between the defense attorney and the district attorney. Offenders with non-drug offenses are referred to treatment court by the district attorney or are often considered for eligibility by the Team at the request of defense attorneys.

A total of 46 drug-related cases were accepted into SITC from 14 February 2003 through 31 December 2008 (16 SITCF; 30 SITCM). Of those who entered SITC on non-drug pleas since 2003, 19 participants graduated and 18 failed at the end of 2008.

In 2008, SITC accepted 13 defendants with non-drug offenses (8 SITCF; 5 SITCM). Of those, 2 (1 SITCF; 1 SITCM) graduated; 3 (1 SITCF; 2 SITCM) were expelled and sentenced; and 8 (3 SITCF; 5 SITCM) were still participating.

Referrals, Refusals and Pleas

Since it started accepting cases in 2002, 902 non-violent drug offenders have been referred to SITC



Staten Island Treatment Court

for clinical assessment, out of which 350 (38%) have pled guilty and agreed to participate in treatment. Of the 570 who did not plead guilty, 166 (29%) refused to participate. Of those who were accepted by SITC and pled guilty, 178 (51%) have graduated, 131 (37%) are currently in treatment, and 88 (25%) have failed to complete their court mandate.

Intake, Referral and Participant Data

In calendar year 2008, SITC made up 2% of all referrals, and 7% of all pleas taken in, the Drug Treatment Court Initiative.

Descriptive Data - SITC Participants

Although most participants are felony drug offenders, SITC does accept offenders charged with non-violent, drug-related felonies on a case-by-case basis. Defendants with misdemeanor drug and drug-related charges have been eligible to participate since 2004, and currently represent approximately 30% of SITC's population.

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

Graduates and Failures

178 (50%) participants have graduated from SITC since its inception. The following information is available for SITC graduates:

- 64% of graduates were employed, either full or part-time
- 21% were receiving governmental assistance
- 42% were receiving Medicaid
- 29% of SITC participants were in school, either full or part-time
- 12% of SITC graduates participated in vocational training

Conversely, 88 (25%) participants have failed to complete treatment. Eleven percent (11%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treat-

ment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in SITC. The other 27% of failures were voluntary, meaning that the participant opted out of SITC and elected to serve the jail sentence.

Length of Stay/Retention Rates

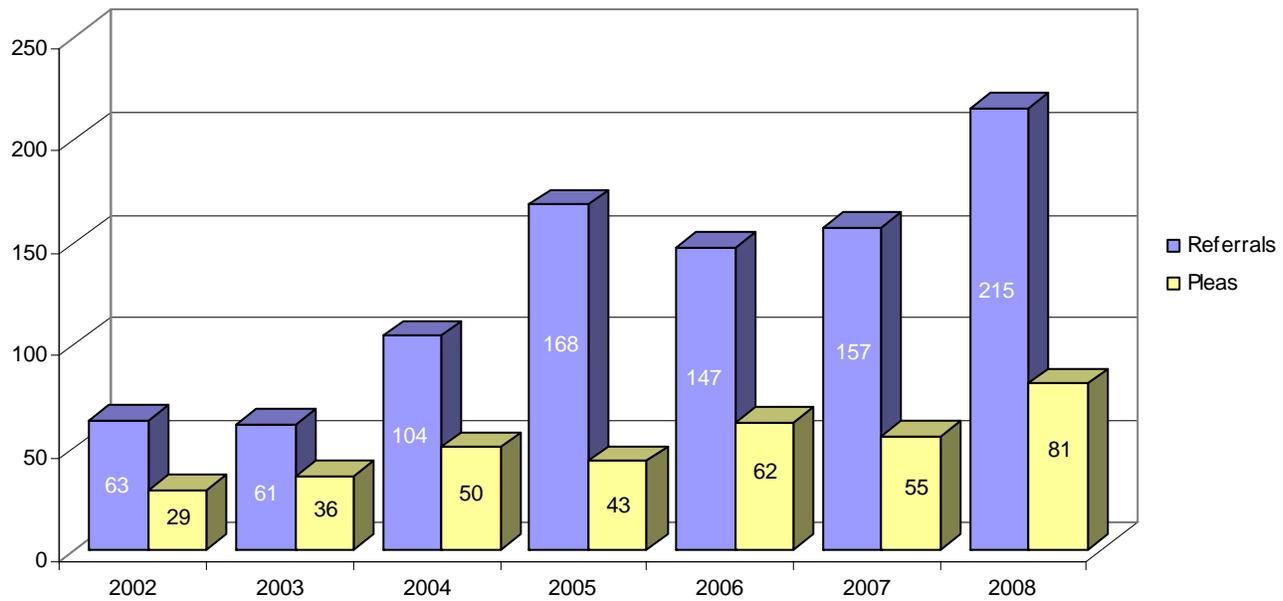
The average length of treatment (based on graduation date) for SITC's 178 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained), one year prior to the analysis date.

SITC Operations

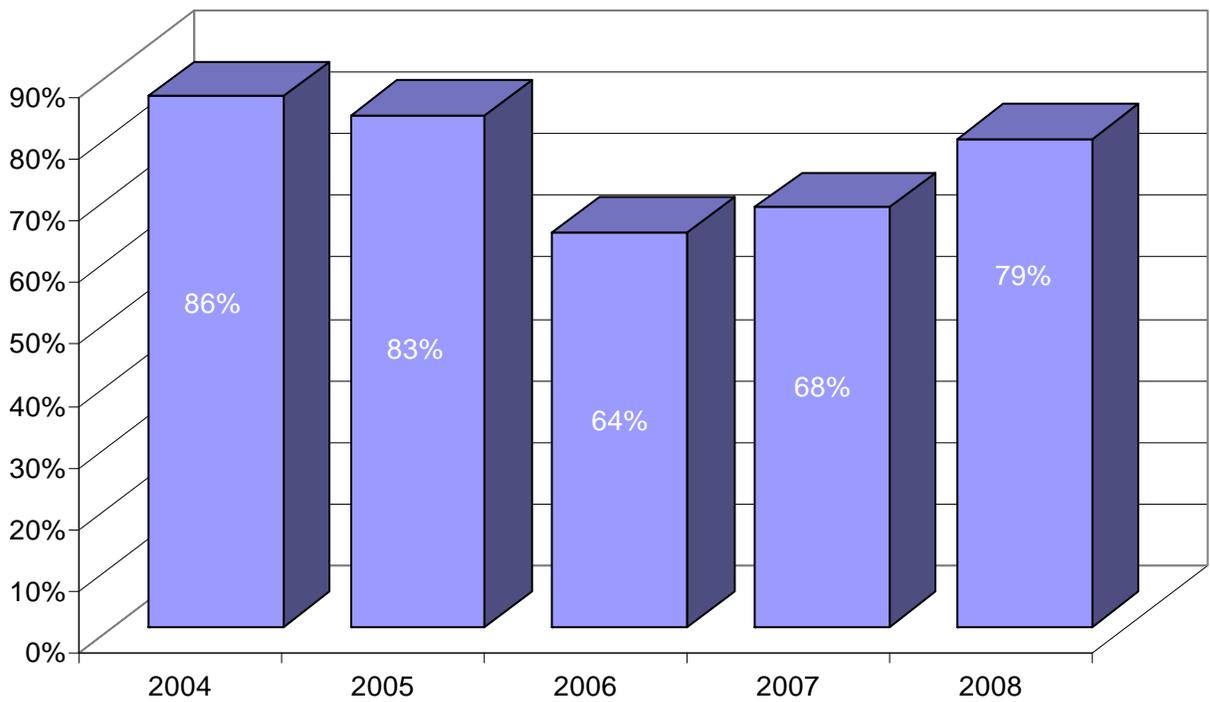
SITC, on a daily basis, handles an average of 131 cases. TASC is responsible for monitoring SITC participants and, at present, has devoted case managers to SITC each of whom work only part time on SITC cases. Treatment modality decisions are based on the initial TASC assessment but are subject to change based upon the participant's performance throughout the program.



SITC Referrals and Pleas (Calendar Year)

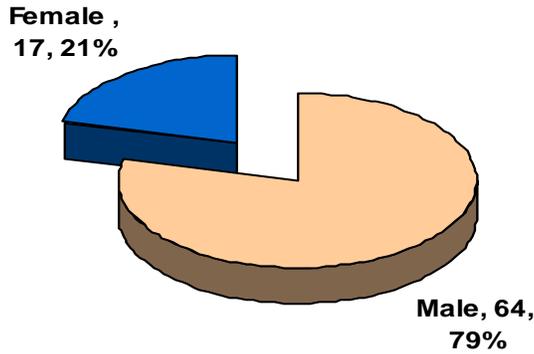


SITC Retention Rates (One Year)

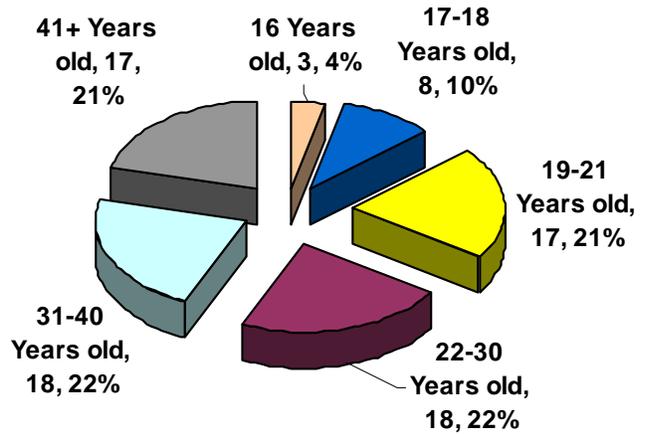




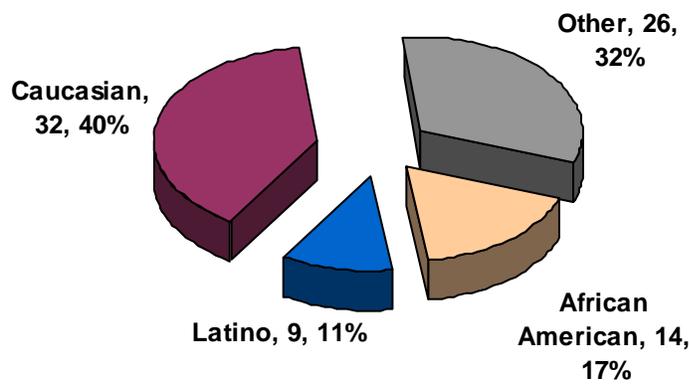
*SITC - Gender of Participants



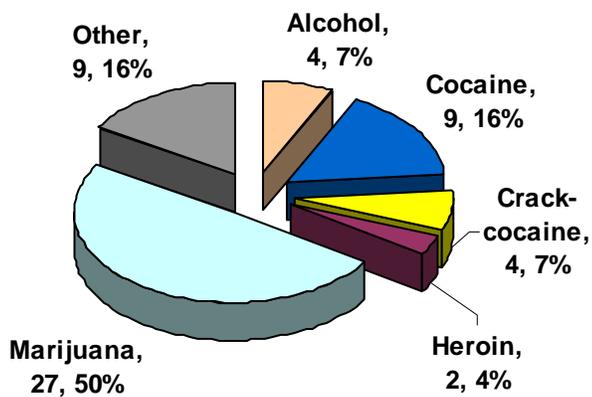
*SITC - Age of Participants



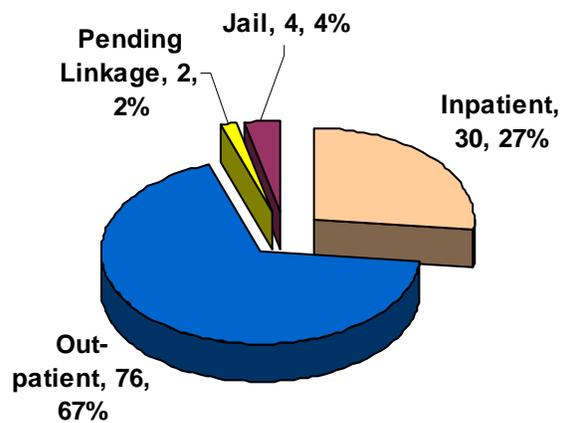
*SITC - Race/Ethnicity of Participants



*SITC - Participant's Drug of Choice



*SITC - Treatment Modalities of Participants



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



2008 STATISTICAL SUMMARY

ARRAIGNMENT CHARGE	↑= Increase from last year				↓= Decrease from last year		Totals
	MBTC	MMTC	MTC	QMTC	SITC	STEP	
MISDEMEANOR DRUG	83↓	33↓	0	82↑	29↑	1↓	228
MISDEMEANOR NON-DRUG	35↓	9↑	0	61↑	5↑	1↓	111
FELONY DRUG	0↓	2↑	82↑	2↓	42↓	89↓	217
FELONY NON-DRUG	2	4↑	0	0	5↓	55↓	66
VIOLATION DRUG						1	1
	129	48	82	145	81	147	623
GENDER							
MALES	99↓	40↓	63↑	131↑	65↑	125↓	522
FEMALES	30↑	5↑	19↑	28↓	17↑	22↑	124
	129	48	82	159	81	147	646
AGE							
-16	0	0↓	4↑	0	3↑	14↓	21
17-18	0↓	1↑	10↑	5↑	8↑	29↓	53
19-21	3↓	0	13↓	13↓	17↑	17↓	53
22-30	15↓	3↓	21↑	43↑	18↓	27↑	127
31-40	29↓	20↑	14↑	45↑	18↑	27↑	153
41+	82↑	24↓	20↑	63↓	17↑	33↓	239
	129	48	82	159	81	147	646
RACE							
AFRICAN AMERICAN	75↓	21↓	45↑	58↑	14↑	53↓	320
LATINO	28↓	12↓	29↑	34↑	9	45↓	182
CAUCASIAN	7↓	6↑	4↓	37↑	32↑	20↑	97
OTHER	19↑	9↑	4↓	6↓	26↓	9↓	48
	129	48	82	159	81	147	664
DRUG OF CHOICE							
ALCOHOL	10↓	2↓	3	19↑	3↓	6↓	43
COCAINE	15↓	4↑	4↓	16↓	13↓	11↑	63
CRACK	32↓	16↑	11↑	45↑	7↑	27↓	138
HEROIN	41↓	15↓	9↑	35	1↓	28↑	129
MARIJUANA	10↓	3↓	49↑	30↑	31↑	65↓	188
OTHER	21↑	8↑	6↑	14↓	10↑	10↑	85
	129	48	82	159	81	147	646
INCEPTION - 12/31/08							
REFERRALS	10253	2107	1553	2484	920	9363	26680
PLEAS	1300	361	1163	798	350	1232	5204
REFUSED	4677	960	77	869	166	2364	9113
CRIMINAL HISTORY	285	328	21	104	28	1104	1870
GRADS	520	66	480	323	178	718	2285
FAILED	745	214	551	301	88	457	2356
VOLUNTARY	290	82	98	117	39	65	691
INVOLUNTARY	451	120	409	153	15	315	1463
1/31/08 - 12/31/08							
REFERRALS	2159	279	95	504	215	1847	5099
PLEAS	129	48	82	159	81	147	646
REFUSED	24	231	13	345	134	1700	2447
CRIMINAL HISTORY	0	0	0	1	0	0	1
GRADS	100	15	41	83	39	172	450
FAILED	72	28	49	49	11	85	294
VOLUNTARY	18	7	4	15	4	15	63
INVOLUNTARY	54	21	41	28	2	60	206
AVG. CASELOADS							
	108↓	39↑	169↑	142↑	117↑	201↓	
RETENTION RATES (%)							
	46	29	75	57	79↑	68	
2008 GRADUATES (%)							
EMPLOYED (FULL OR PART)	12	4	30	14	37	25	
GOV'T ASSISTANCE	36	6	10	32	21	22	
MEDICAID	44	9	16	38	13	68	
IN SCHOOL (FULL OR PART)	14	2	5	10	24	37	
VOCATIONAL TRAINING	15	4	16	6	8	24	



New York City Criminal Court: Drug Court Initiative - Windows Internet Explorer

http://www.nycourts.gov/courts/nyc/drug_treatment/

File Edit View Favorites Tools Help

New York City Criminal Court: Drug Court Initiative

NEW YORK CITY CRIMINAL COURT: DRUG COURT INITIATIVE

CITY-WIDE INFO:

HOME

MENU >>

Brooklyn

FELONY (STEP)

MISDEMEANOR (MBTC)

Manhattan

FELONY (MTC)

MISDEMEANOR (MMTC)

Queens

MISDEMEANOR (QMTC)

Staten Island

FELONY (SITC)

Welcome to Drug Court

Welcome to the Drug Courts of New York City Criminal Court. Here you will find information on the six drug courts. Criminal Court operates in Brooklyn, Manhattan, Queens and Staten Island. Drug courts are a partnership between the Court, prosecutors, law enforcement, defense bar and treatment and education providers. Each drug court places non-violent, drug-addicted offenders into treatment in an effort to break the cycle of drug abuse, addiction, crime and jail. While each drug court has the same goals and uses the same guiding principles, each one operates in its own unique way. These pages will give you information on individual programs, including rules of

August 22, 2008
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Drug Court Graduates' Corner

[Drug Courts 2006 Annual Report](#)

ANNOUNCEMENTS

09/01/08
**Labor Day
Offices Closed**

07/04/08
**Independence Day
Offices Closed**

New York State Unified Court System

HOME

COURTS

LITIGANTS

ATTORNEYS

JURORS

JUDGES

CAREERS

SEARCH

Done

start No... 2 I... 2 S... St... Ma... Cal... Ch... An...

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