



Drug Court Initiative Annual Report 2011

Hon. Barry Kamins

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**CRIMINAL COURT OF THE CITY OF NEW YORK DRUG COURT INITIATIVE
2011 ANNUAL REPORT**

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“10 Quotes”

SITC graduates had lots to say about their experiences with Drug Court. Out of hundreds, we randomly selected ten.

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A Teenager Reconnects with Something Positive



Hon. Joseph E. Gubbay’s popular 2007 chronicle was first featured on the Drug Court website and now within these pages.

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A Director’s Dedication



Kings Project Director Mia Santiago speaks on her experiences with Drug Court and offers some advice.

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Calendar Year 2011 - 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 thirteen 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, 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. Success-

ful 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 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 2011 Drug Court Initiative milestones:

- ***4,872 defendants were referred to drug courts for evaluation;**
- ***682 defendants agreed to participate and pled guilty; and**
- ***322 participants graduated from drug court.**

7,462

The total number of drug court pleas citywide between 1998 and 2011.

Includes MBTC, MMTTC, MTC, QMTC, SITC, STEP, MDC-N, MDC-73 and MDC-92.

NOTE:

- Depending on the court, not everyone who is referred is entered into the UTA.
- Statistical results originate from data inputted in UTA between 1/1/11 and 12/31/11.

* Includes Judicial Diversion Courts.



Introduction – Citywide Problem Solving Courts Coordinator



Lisa Lindsay
Citywide Problem Solving Courts Coordinator

To say that 2011 was a challenging year would be an understatement. The Unified Court System was in the middle of an unprecedented fiscal crisis and budget cuts which resulted in losing a number of experienced personnel in the Drug Treatment Courts. With dedication, hard work and ingenuity, the judicial and non-judicial drug court staff effectively managed diversion/treatment cases, continuing its mission to hold criminal offenders accountable and increasing the likelihood of successful rehabilitation. I applaud the hard work of all the judges, court and clinical staff who continue to transform the lives of addicted offenders under these challenging times.

This past year, the Department of Justice, Office on Violence Against Women, awarded the Queens Misdemeanor Treatment Court (QMTc) a grant to provide drug court defendants, who are also victims of domestic violence or physical abuse, with trauma-informed counseling and advocacy services aimed at addressing their trauma history and diverting them into services. The grant allows QMTc to contract with STEPS to End Family Violence in hiring an on-site Domestic Violence Advocate. The advocate will provide counseling, case management, shelter assistance, crisis intervention and safety planning.

The Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, also awarded QMTc a grant to provide collaborative services between QMTc, Queens Mental Health Recovery Court and the Queens Prostitution Diversion Court. QMTc will contract with EAC, Inc. to hire case managers to assess the defendants for substance abuse, mental health diagnosis and symptoms and trauma issues. The case managers will use these assessments to link the defendants to the appropriate services and level of care.

Many individuals and organizations continue to play a role in the successes outlined in these pages. Criminal Court wishes to acknowledge the Deputy Chief Administrative Judge for New York City Courts Fern Fisher for the support provided to all of the City's drug courts. The new Administrative Judge for New York City Criminal Court Barry Kamins for his support and validation of the importance of the drug courts.

Supervising Judges William Miller (Kings), Melissa Jackson (New York), Deborah Stevens Modica (Queens), Alan Meyer (Richmond) work hand-in-hand with central administration to make these programs successful.

Director of the Unified Court System's Office of Policy and Planning Hon. Judy Harris Kluger and her staff, especially Bruna DiBiasi, Joseph Parisio and Sky Davis have been instrumental in their support, both technical and administrative, as have Michael Magnani and Ann Bader from UCS Division of Grants and Program Development.

The District Attorney's office of Bronx, Brooklyn, New York, Queens and Richmond counties, along with the citywide Office of the Special Narcotics Prosecutor deserve special mention for the support they have shown these innovative programs all have worked alongside the Courts to implement the new provisions of the Judicial Diversion Law. The Legal Aid Society and the other defender associations throughout the city have also helped make this initiative a reality. Without our partners in the treatment community, drug courts would not be able to exist.



NYC DRUG COURT TIMELINE

2011

Lisa Lindsay appointed Problem-Solving Courts Coordinator



2009

In October, three Manhattan Diversion Court (MDC), Supreme Court parts MDC-N, MDC-92 and MDC-73, open

The Brooklyn and Manhattan Career and Educational Centers open in August



2007

In August, Queens Mental Health Court opens

2004

The Staten Island Treatment Court's misdemeanor part begins to take cases

2003

The Screening Treatment Enhancement Part (STEP) and the Misdemeanor Brooklyn Treatment Court (MBTC) both open

2002

Queens Misdemeanor Treatment Court (QMTC) opens

Inception of the Staten Island Treatment Court felony part (SITCF)



2000

Chief Judge Judith Kaye announces her plan to implement drug court in every county

1998

Manhattan Misdemeanor Treatment Court (MMTC) opens in the spring

In the fall, Manhattan Treatment Court (MTC), a felony drug court opens



1996

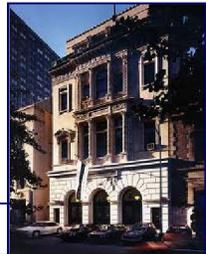
The first felony domestic violence court opens in Brooklyn

1995

The first drug court opens in Rochester

1993

New York's first community court opens in Midtown Manhattan





Summary Information - All Courts

Eligibility Criteria

Eligibility criteria are determined by the specific target populations decided by the 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

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

Key to Drug Court Acronyms (Above Chart):

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)

Other Drug Court Acronyms:

MDC-N - Manhattan Diversion Court, Part N
 MDC-73 - Manhattan Diversion Court, Part 73
 MDC-92 - Manhattan Diversion Court, Part 92
 BTC - Brooklyn Treatment Court
 BxTC - Bronx Treatment Court
 BxMTC - Bronx Misdemeanor Treatment Court



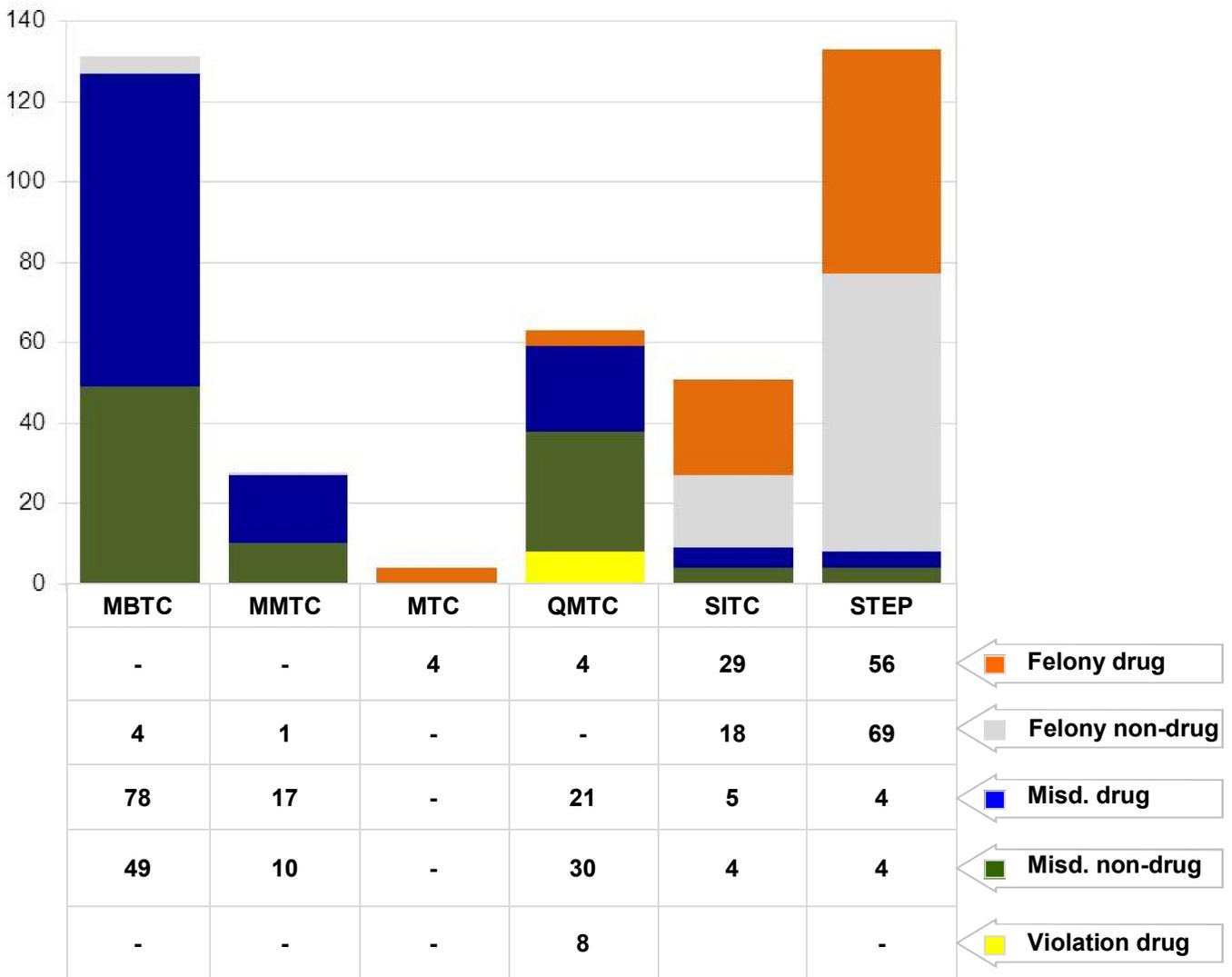
Summary Information - All Courts

Types of Arraignment Charges

For purpose of analysis, the arraignment charges of defendants entering into our drug courts are divided into felony/misdemeanor and drug/non-drug designations. About **forty-four percent (44%)** of drug court participants

were arraigned on felony charges - and of those, **50%** were arraigned on drug charges. **Fifty-three percent (53%)** of participants were arraigned on misdemeanor charges - and of those, **56%** were arraigned on drug charges.

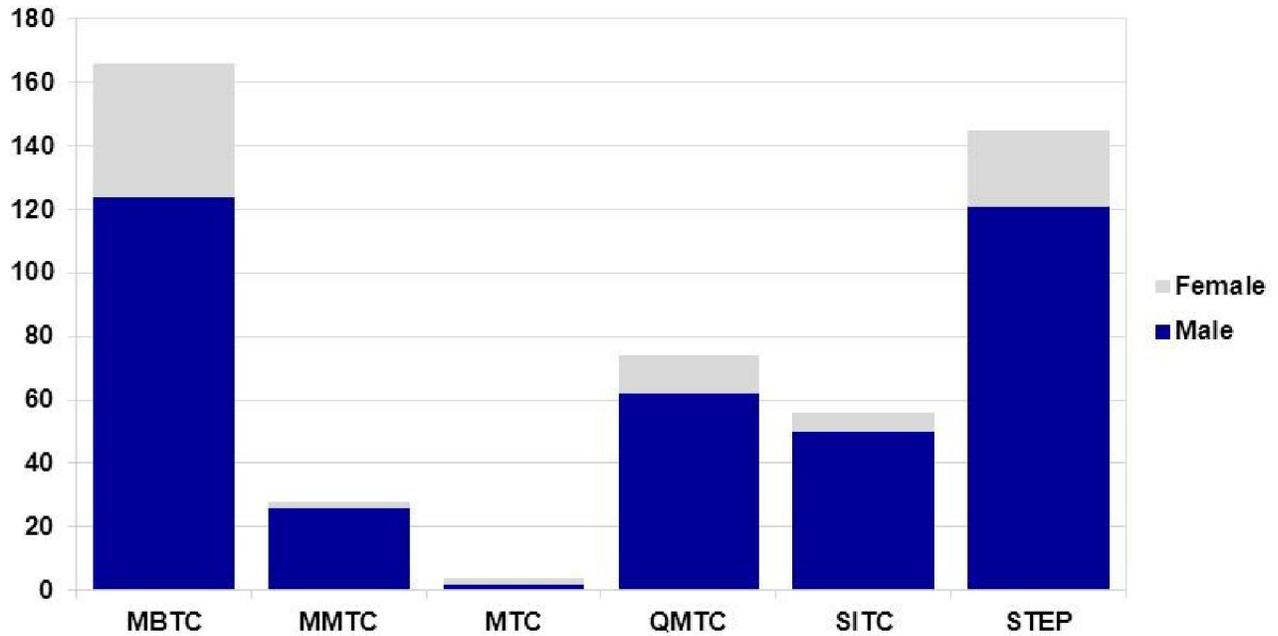
***2011 Arraignment Charge of Drug Court Participants (Percentage of Total)**



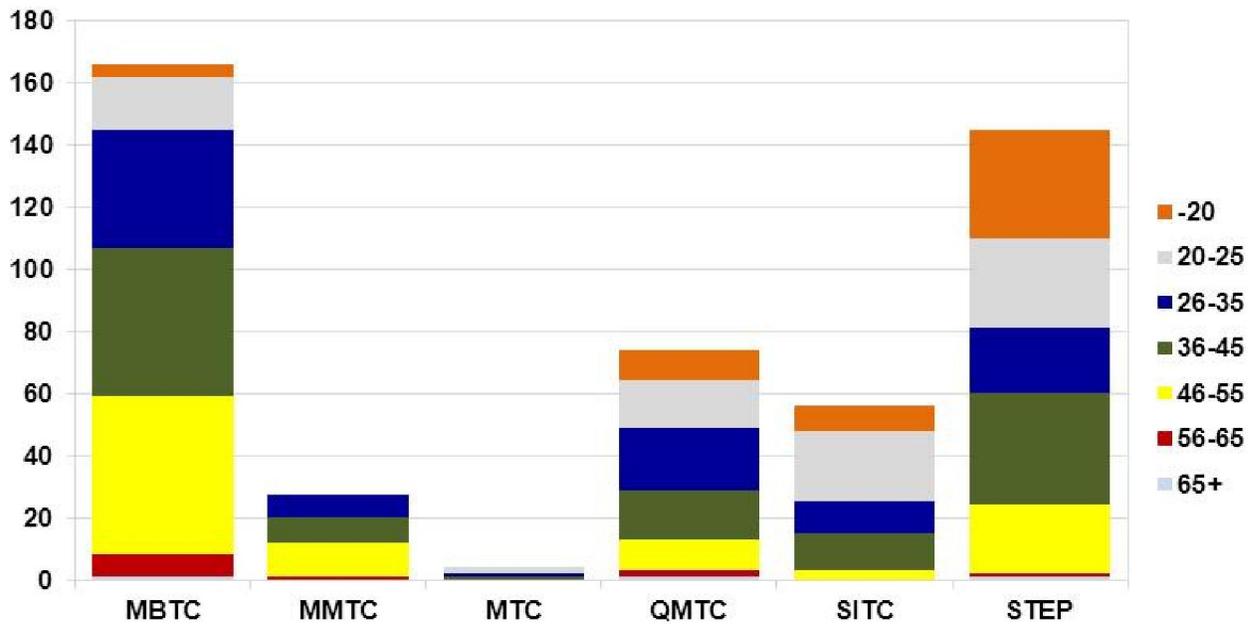
*Chart illustrates the number of participants arraigned for each drug court.



2011 Gender of Drug Court Participants (Percentage of Total)



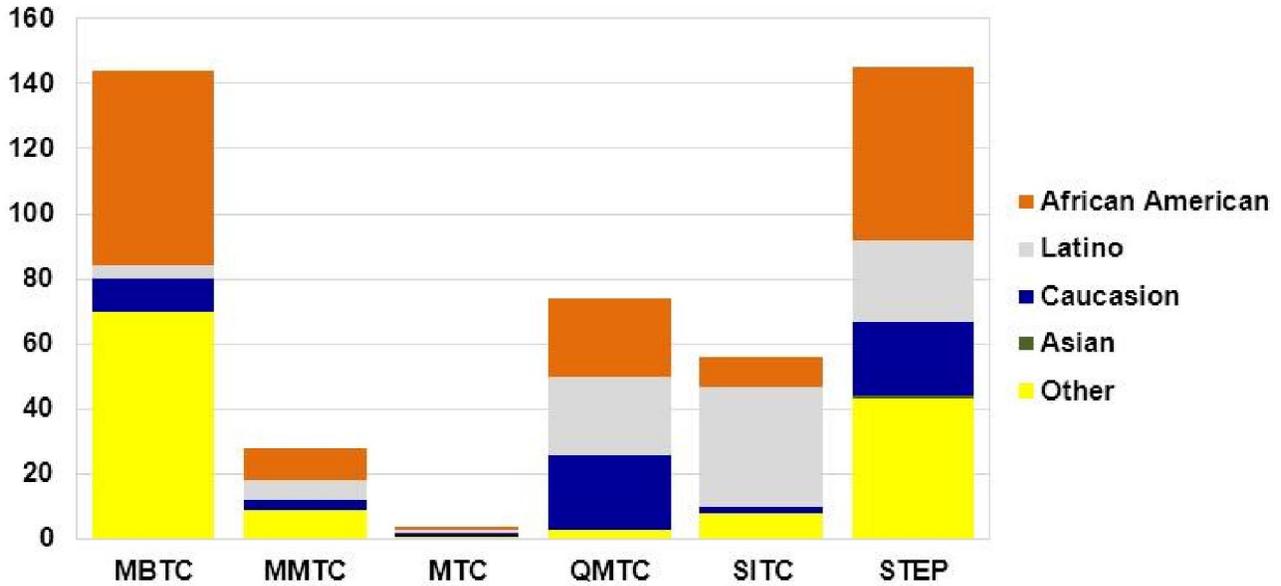
2011 Age of Drug Court Participants (Percentage of Total)



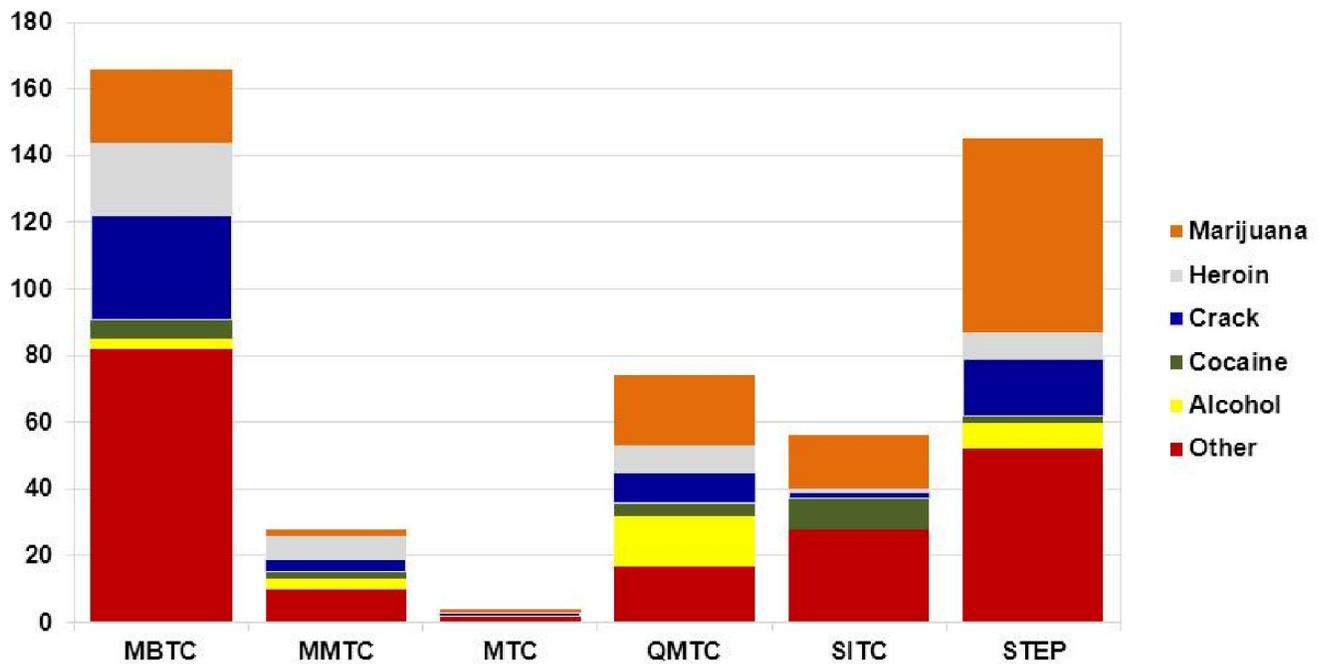


Summary Information - All Courts

2011 Ethnicity of Drug Court Participants (Percentage of Total)



2011 Drug of Choice of Drug Court Participants (Percentage of Total)



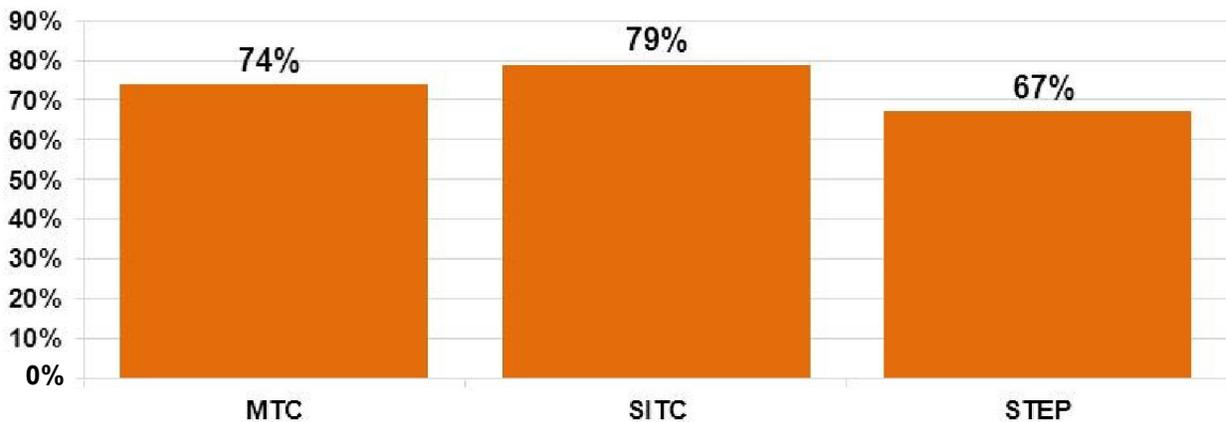


Retention Rates - All Courts

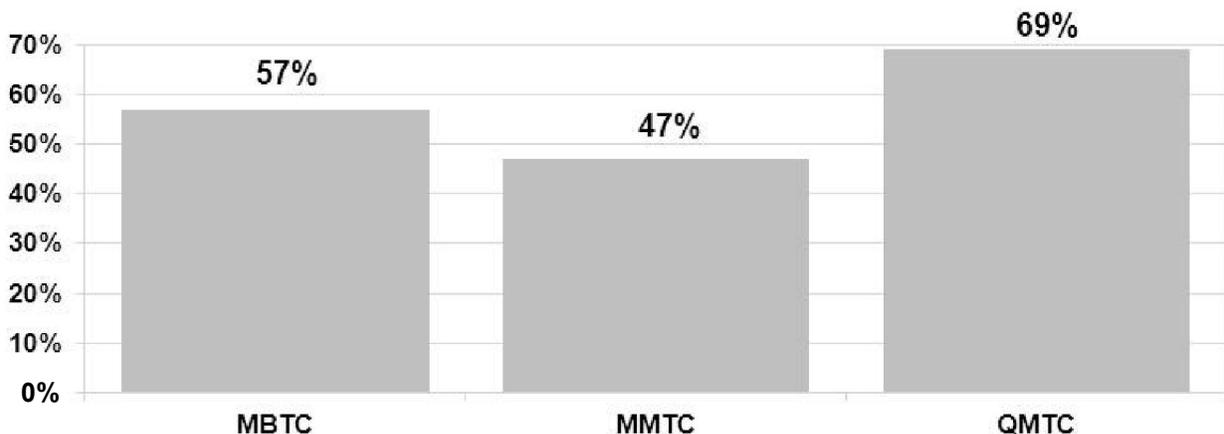
Nationally, retention rates are used to indicate the percentage of participants with positive outcomes within the treatment process. Retention rates are a critical measure of program success; a one year retention rate indicates the percentage of participants who, exactly one year after entering drug court, had

either graduated or remained active in the program. The average retention rate for felony courts in the Drug Treatment Court Initiative is **73%**. Misdemeanor courts were not included in the analysis of one year retention rates since the length of treatment is shorter (between 8-9 months). The average retention rate for Misdemeanor courts in the Drug Treatment Court Initiative is **58%**.

2011 Felony Drug Court Retention Rates (One Year)



2011 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 2009. Because of its less complex case tracking process, the Staten Island drug court judge is able to review all defendants for drug court participation. The program screens every criminal defendant's eligibility for court-monitored substance abuse treatment. Screening is a three step process completed within a short time frame. Assessment includes a review of each defendant's case by a court clerk before a defendant's initial court appearance, a review by the prosecutor's office, followed by a detailed clinical assessment and, when possible, a urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in court-monitored substance abuse treatment. All of this is completed quickly—some counties within twenty-four hours of arraignment—and without any negative effect on arrest-to-arraignment times. An amazing effort!

Problems with Prior Screening

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

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

Wasted resources: Flaws in the previous sys-

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

Principles

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

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

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

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

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

Centralization: Once eligibility and interest in court-monitored substance abuse treatment



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

Screening

Screening is a three-step process. Step 1 is a paper screening at arraignments where court clerks identify all defendants charged with a designated offense and requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to a treatment court. Eligible cases are adjourned for a short date in the treatment court. Step 2 includes a review by the District Attorney for preliminary consent to treatment alternative. Step 3 involves an assessment by court clinical staff and, in some instances, a urine toxicology screen test.

Results

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

Statistical Information

An analysis of the number of defendants screened in each borough, since Comprehensive Screening was implemented in Brooklyn, shows the striking differences in the way that drug court eligible defendants are identified. In 2011, the Brooklyn drug courts accounted for 61% of all defendants referred to a drug court for assessment. These three Brooklyn drug courts also accounted for 34% of all new participants. The Bronx drug courts account for 12% of the city referrals and 25% of new participants. Queens accounted for 15% of referrals and 17% of new participants. (See Charts on Page 14)

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.

A comprehensive screening operation chart has been placed in each court section.

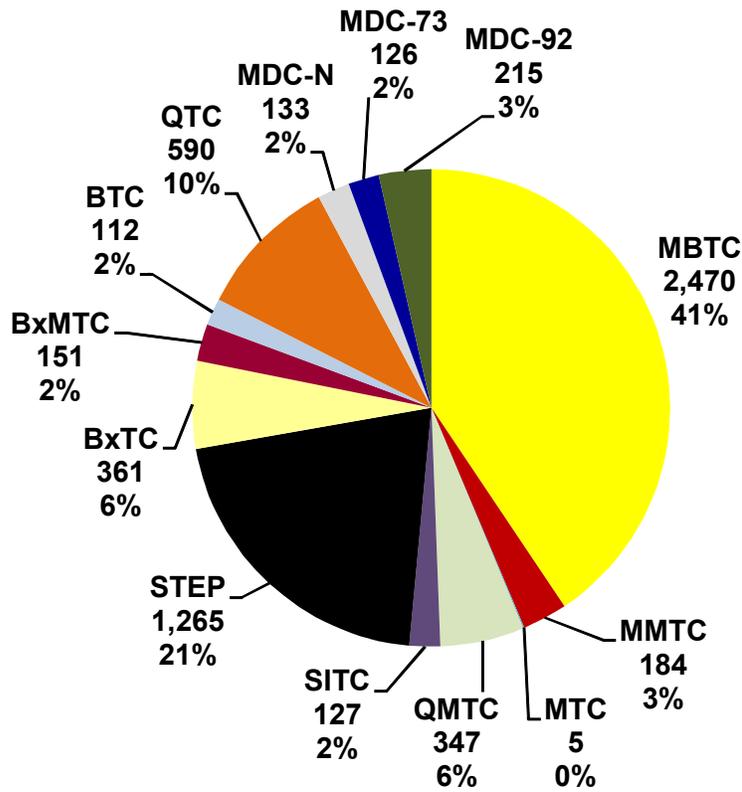
COURT REFERRAL SOURCE

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	District Attorney



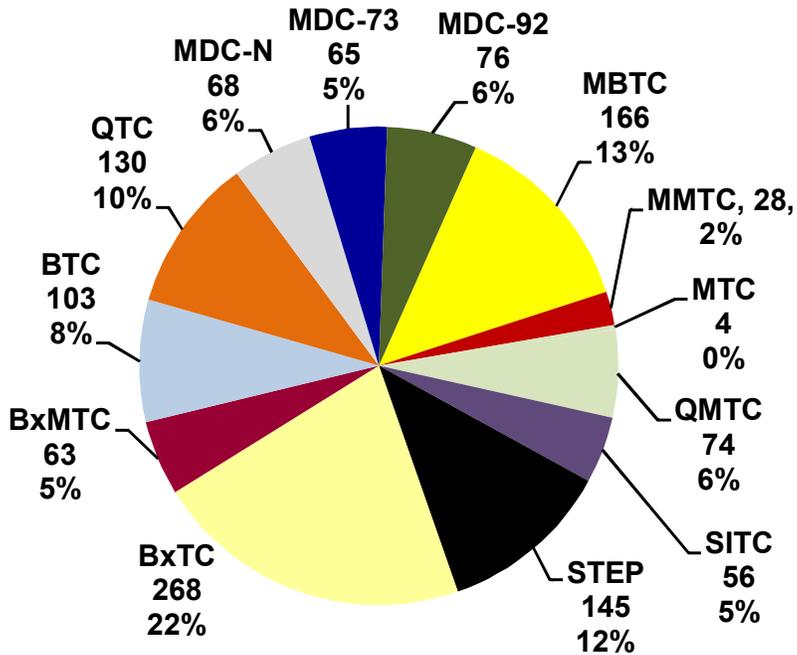
***2011 Drug Court Referrals - Citywide**

6,086
Total Number of
Citywide Referrals



***2011 Drug Court Pleas - Citywide**

1,246
Total Number of
Citywide Pleas



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



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.

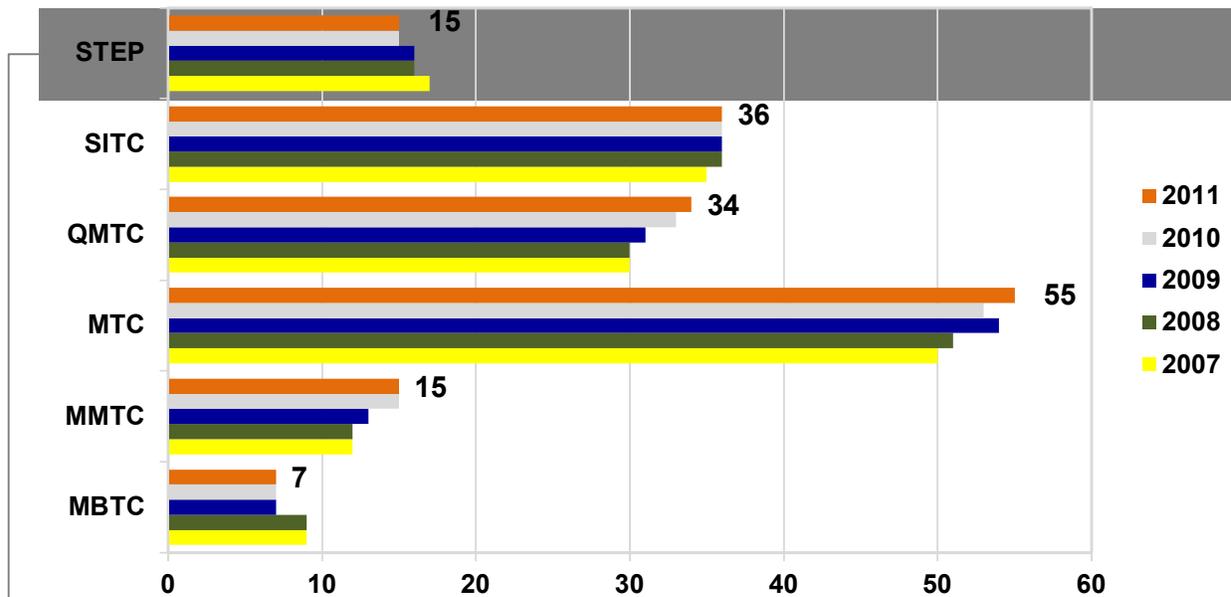
On average, it takes less than two months for defendants to be assessed for treatment in

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 the next page for average length of time between arrest and plea.

2011 Mean Time Between Arrest and Assessment (Days)



In 2011, the average time between arrest and assessment for STEP was 15 days.

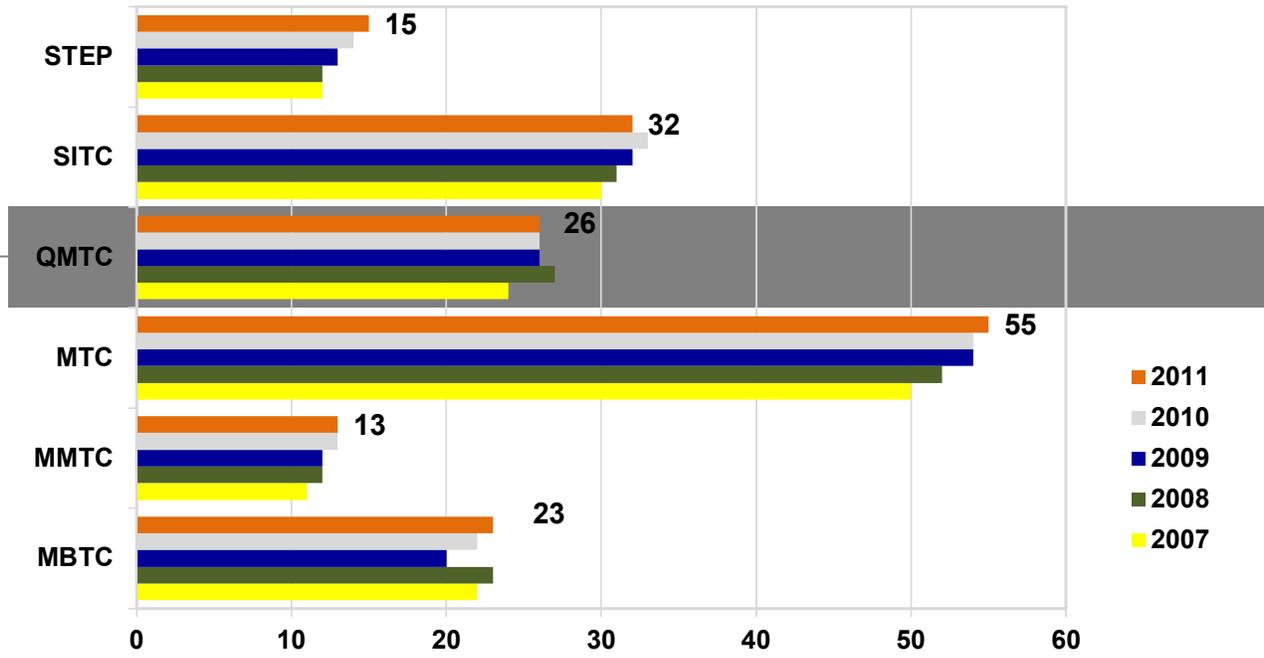
43,092

The total number of drug court referrals citywide between 1998 and 2011.

Includes MBTC, MMTC, MTC, QMTC, SITC, STEP, MDC-N, MDC-73 and MDC-92.

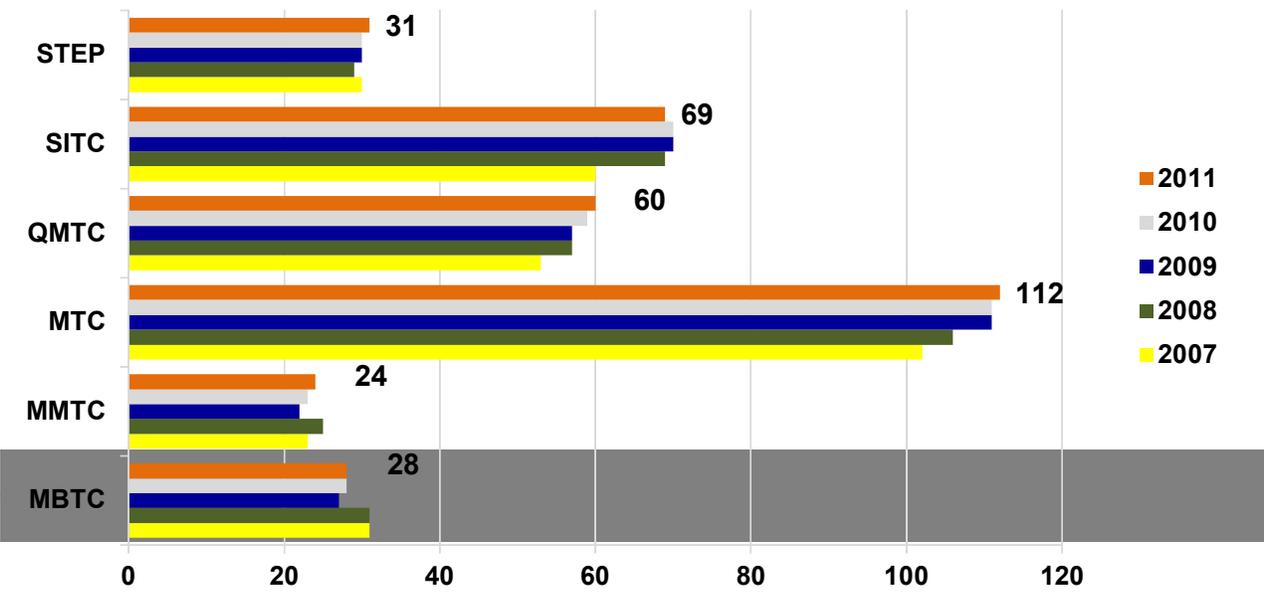


2011 Mean Time Between Assessment and Plea (Days)



In 2011, the average time between assessment and plea for QMTC was 26 days.

2011 Mean Time Between Arrest and Plea (Days)



In 2011, the average time between arrest and assessment for MBTC was 28 days.



“10 QUOTES”

The following are testimonies regarding Drug Court treatment, sanctioning and support selected from a few of our Staten Island Treatment Court graduates. Hear it from the participants themselves. Drug Treatment Court Works!

Regarding Treatment:

“Honestly, I am very grateful for the privilege to change my life around. It gave me the opportunity to get the help I would not have volunteered for. Outpatient helped me and , after relapse, I was referred to 90 Days of rehabilitation. That helped me unbelievably. It is where I had the time to really work on myself. I would tell someone who is just entering Treatment Court to really work the program and not fight it because it is an amazing opportunity. Unfortunately, I did the things I did, but I had the opportunity to fix my mistakes.” (JS)

“They saved my life! I will forever thank them.” (AM)

“My treatment program helped a lot. The staff is full of extremely helpful counselors. They helped me through every step of treatment. I want to be successful in life and I could not do that addicted to drugs. Thanks to SITC and my treatment program I am ready to continue on my path of sobriety and take it to the next level.” (JD)



“I think being sanctioned helped me to open my eyes to a better lifestyle. I now work full time, support myself. I have grown as a person. It feels amazing to be an individual.” (AM)

“Being sanctioned to jail gave me time to think about what I want out of life, plus I had time to think about the past, what my life could have been without the drugs.” (LL)

Regarding Sober Support:

“Major obstacles I faced were breaking away from old friends and old hangouts and realizing I had a problem. I went to church as well as AA and NA meetings to develop sober support. At meetings I've met plenty of people who helped me with my issues. I have a sponsor whom I call always to keep me on my feet. I've developed a sober lifestyle with sober people. I always pray to my higher power.” (DD)

“Over the past year I built a decently sized sober network, including a sponsor and sober family members and friends. NA meetings became the glue that held my recovery together and I have the friendly and accepting people at these meetings to thank for my completing of treatment Court and graduating from my treatment program.” (RT)

“I have so much support from my family, and my program--they did not give up on me. Church, it was like a relief. I prayed and asked God to please help me to stay sober. And peers, people who went through what I did, but stayed sober.” (LL)

On Sanctioning:

“Being sanctioned showed me that drug abuse isn't healthy nor is any drug worth my freedom. It gave me an opportunity to start fresh. I have worked on myself for a long time. I have made so many positive changes. I have my life back and my family back. I am sober and happy now.” (DD)

“Being sanctioned encouraged me to fully commit myself to my recovery. It reminded me that my situation had serious consequences if I was not going to abide by the rules.” (RT)



Bronx Judicial Diversion/ Treatment Court

Program Description

Staff

Presiding Judge	Hon. John S. Moore
Project Director	Martha Epstein
Resource Coord.	William Rosario
Case Managers	Eligia Carradero D'Wana Haynesworth Jeffrey Martinez Russell Oliver

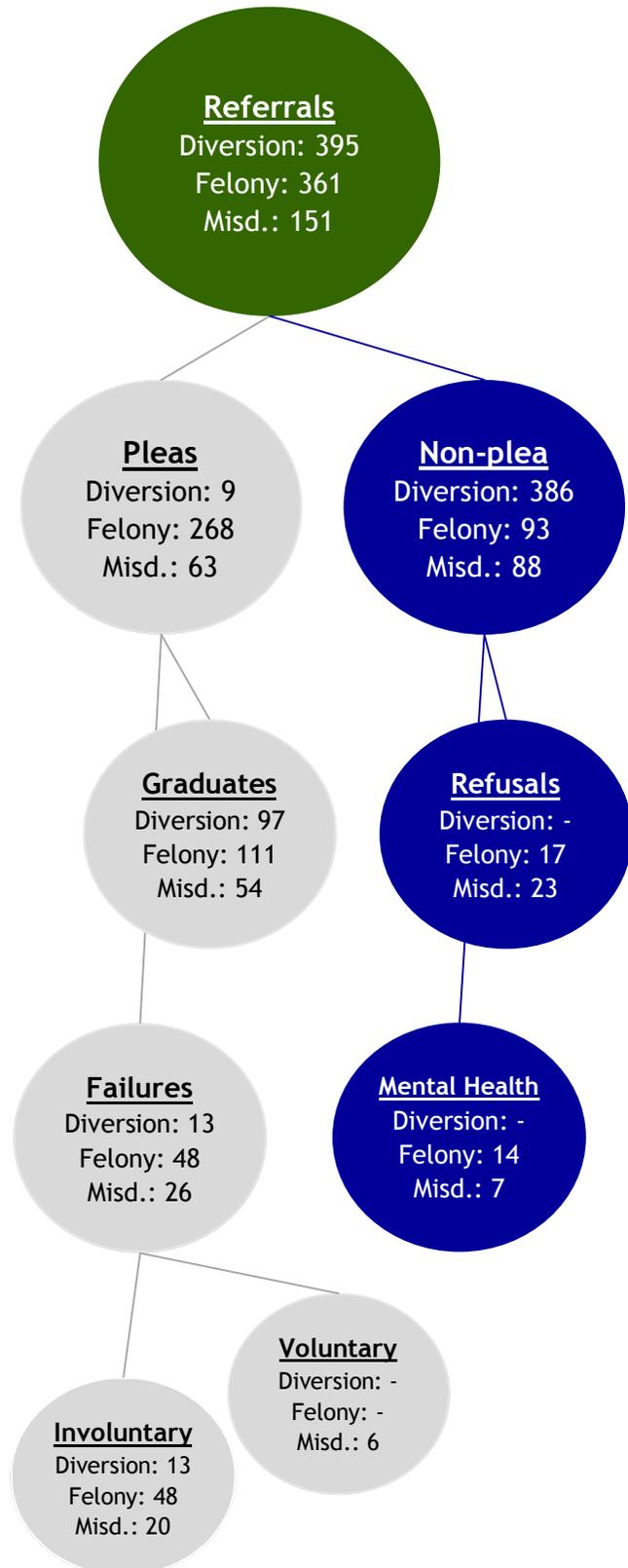
Introduction

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

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

The adjacent graph provides summary information for the Bronx Treatment Court and the Bronx Misdemeanor Treatment Court with a brief overview of new drug court referrals and pleas.

On average in 2011, BxTC had a caseload of approximately 185 participants at any given time. Each Case Manager had a caseload of approximately 40-50 clients.





Manhattan Diversion Courts (MDC-N, MDC-92, MDC-73)

Program Description

Staff

Presiding Judge-MDCN Hon. Ellen Coin
 Presiding Judge-MDC73 Hon. Eduardo Padro
 Presiding Judge-MDC92 Hon. Patricia Nunez

Project Director Debra Hall-Martin
 Resource Coordinator Sherry Haynes
 Case Manager Darlene Smith

Introduction

In October 2009, the Manhattan Diversion Courts opened in New York County.

Referrals, Refusals and Pleas

Since accepting its first case in 2009, 1,347 felony drug offenders have been referred to MDC for clinical assessment, of which 541 (40%) pled guilty and agreed to participate in treatment. Of the 806 who did not plead guilty, 142 (18%) refused to participate and

40 (5%) had violent criminal histories that made them ineligible. Of those who were accepted by MDC and pled guilty, 37 participants graduated, approximately 185 (34%) are currently in treatment, and 97 (18%) failed to complete their court mandate.

Intake and Referral Data

In calendar year 2011, the Manhattan Diversion Courts made up 474 (8%) of all referrals, and 209 (17%) of all pleas taken in the Drug Treatment Court Initiative.

Intake and Referral Data

In 2011, the average MDC caseload on any given day was approximately 85 cases each. The case manager typically monitored between 35 -40 participants at any given time.

The Treatment modality decisions are made by the MDC case management team under the supervision of Project Director Debra Hall-Martin.

2011	MDC-N	MDC-73	MDC-92
Referral	133	126	215
Pleas	68	65	76
Open Cases	183	158	186
Graduates	14	10	3
Failures	13	19	27
Males	63	57	62
Females	5	8	14
Highest # Race/Ethnicity	10 (Black)	27 (Black)	34 (Black)
Highest # Age group	18 (26-35)	16 (36-45)	22 (36-45)
Highest # Primary Drug of Choice	19 (Heroin)	16 (Crack)	18 (Heroin)



A Teenager Reconnects with Something Positive



By Hon. Joseph E. Gubbay,
Judge of the Criminal Court
of the City of New York

I first met Robby D. when he appeared in my courtroom, the Brooklyn Screening Treatment and Enhancement Part (STEP), in June 2005, charged with selling crack-cocaine to an undercover police officer. He was a 16-year-old marijuana-dependent high school drop-out and the middle child of a family of seven children, living in a single-person household with his mother. He sold the drugs for money to buy stylish clothing, to fit in. He had no financial resources and no job. His friends were involved in drug dealing and he joined. He presented a case similar to many of the nearly 300 young men in the STEP program, leading a lifestyle with little accountability.

During the following 18 months, and more than 30 court appearances, I saw him achieve abstinence from marijuana dependency. I saw him obtain his GED and secure gainful employment. I saw him develop a closer bond with his family. I saw him grow into a more mature, and more responsible young man who began to discover his true self, that of a thoughtful, caring and decent individual. I saw him comply with the treatment mandate and earn the dismissal of the pending felony charges that could have burdened him for the rest of his life. Upon graduation from the STEP program, he walked out of the courtroom with a clean record and the hope of a brighter future.

Robby wrote, “Before entering STEP I was a nobody. In my time in STEP I have learned that I am more than what I was before. I learned that I am a smart young man that could go places, far places, and I could do anything I put my mind to. I learned that life is beautiful and I should not be wasting it, I should be cherishing it”. Eighteen months earlier, however, this new beginning was not certain.

In April 2005, Robby was arrested for misdemeanor drug possession, which was adjourned in contemplation of dismissal. Two months later, only one block from his Brooklyn home, Robby, along with his friend, sold three bags of crack-cocaine to an undercover police officer. He was arrested and the following day arraigned in Kings County Criminal Court on felony charges carrying penalties of up to nine years in state prison. The case was adjourned to STEP for assessment.

The Kings County District Attorney’s Office reviewed the case and determined that a treatment offer was appropriate. Assessment revealed that Robby’s drug of choice was marijuana, which he had begun smoking when he was 14. He dropped out of high school, it was unlikely that he would ever graduate.

The goal of the treatment mandate was to eliminate Robby’s dependency on marijuana and to provide him with an opportunity to pursue his education and vocational goals. Given his relatively stable home life and moderate drug dependency, an outpatient treatment plan was recommended, which mandated daily drug treatment and general education classes.

“I was a nobody. In my time in STEP I have learned that I am more than what I was before.”

With his attorney and mother present, a felony guilty plea was entered, He was placed on “interim probation” whereby his case manager would be a probation officer assigned to STEP on a full-time basis. (The New York Department of Probation has assigned two probation officers on a full-time basis to act as case managers for STEP participants who are currently sentenced to probation or young persons in need of greater supervision.) Robby and I signed a contract stating that if he complied with the treatment mandate, the case would be dismissed, but if he failed, he would go to jail for one year. [\(Continued on page 57\)](#)

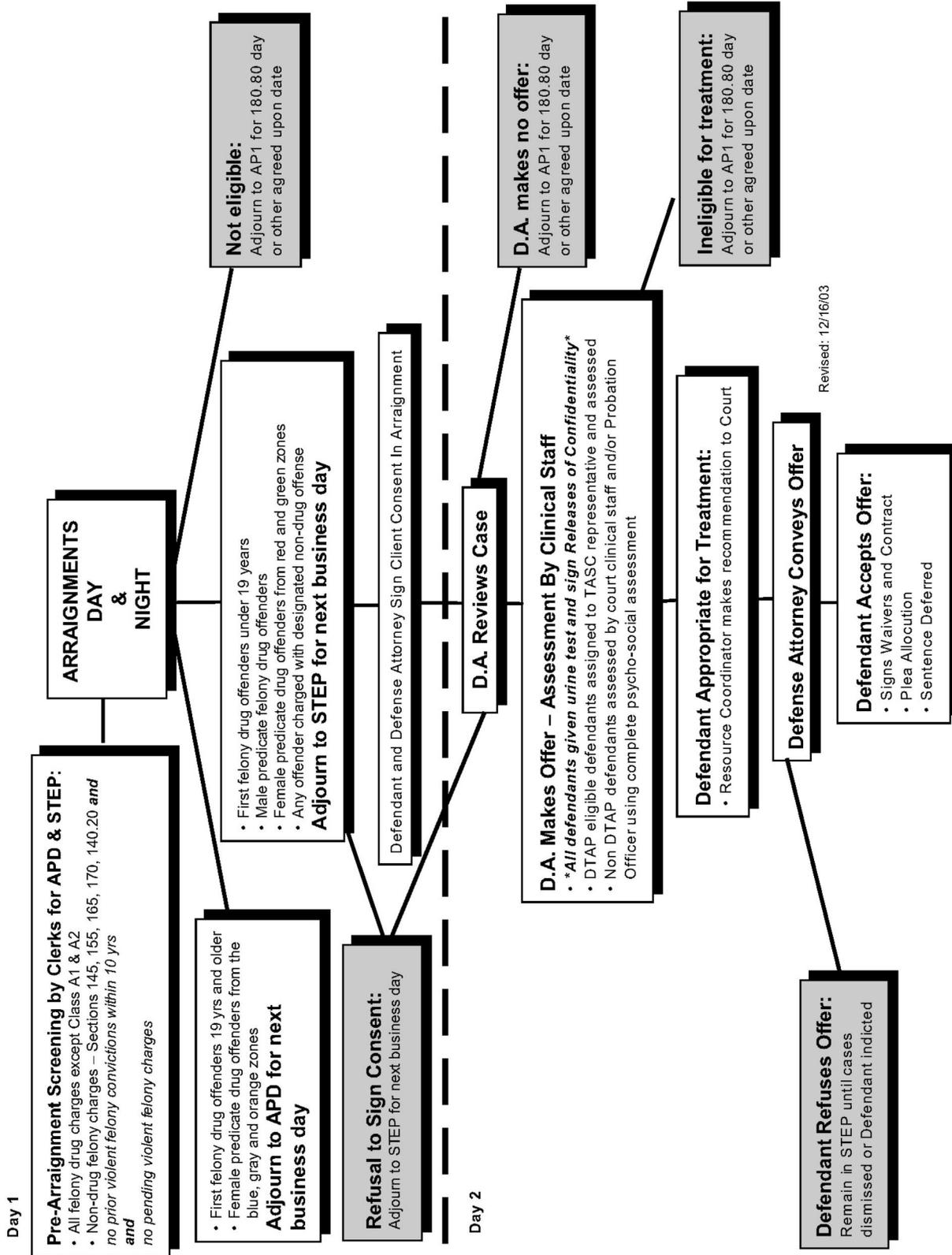


Screening and Treatment Enhancement Part





Screening & Treatment Enhancement Part Daily Operations Chart





Screening & Treatment Enhancement Part



Michael Torres, Resource Coordinator III and Theresa Good, Case Manager I

Program Description

Staff

Presiding Judge	Hon. Joseph E. Gubbay
Project Director II	Mia Santiago
Resource Coord. III	Alyson Reiff
Probation Officer	Barbara Miles
Case Manager II	General Wright
Case Managers I	Lisa Tighe Shatia Eaddy Theresa Good Melinda Pavia Lucy Perez Shama Greenidge
Case Technician	Lyndon Harding
Voc/Ed Case Mgr II	Yadira Moncion
Voc/Ed Case Mgr	Miriam Famania
DOE Liaison	Kristen Murphy
Lab Tech	Lyndon Harding

Introduction

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

Referrals, Refusals and Pleas

Since accepting its first case in 2003, **13,911** nonviolent felony drug offenders have been referred to STEP for clinical assessment, of which **1,724 (12%)** pled guilty and agreed to participate in treatment. Of the **12,187** who did not plea guilty, **3,819 (31%)** refused to participate and **1,371 (11%)** had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, **1,146 (66%)** graduated, **245 (14%)** are currently in treatment, and **575**



Screening & Treatment Enhancement Part

(33%) failed to complete their court mandate.

Intake and Referral Data

In calendar year 2011, STEP made up 20% of all referrals, and 12% of all pleastaken, the Drug Treatment Court Initiative.

Descriptive Data - STEP Participants

Arraignment charges differ for STEP participants, with most charged with felony drug charges, and a 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 seven years that STEP has been operational, 1,146 (66%) participants graduated. The following information is available for STEP graduates:

- 30% of graduates were either full or part-time employed
- 31% were receiving governmental assistance
- 82% were receiving Medicaid
- 48% of STEP participants were either in school, full or part-time
- 35% of graduates had received vocational training

Conversely, 575 (33%) participants failed to complete their court mandate. Eighty-five percent (85%) 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

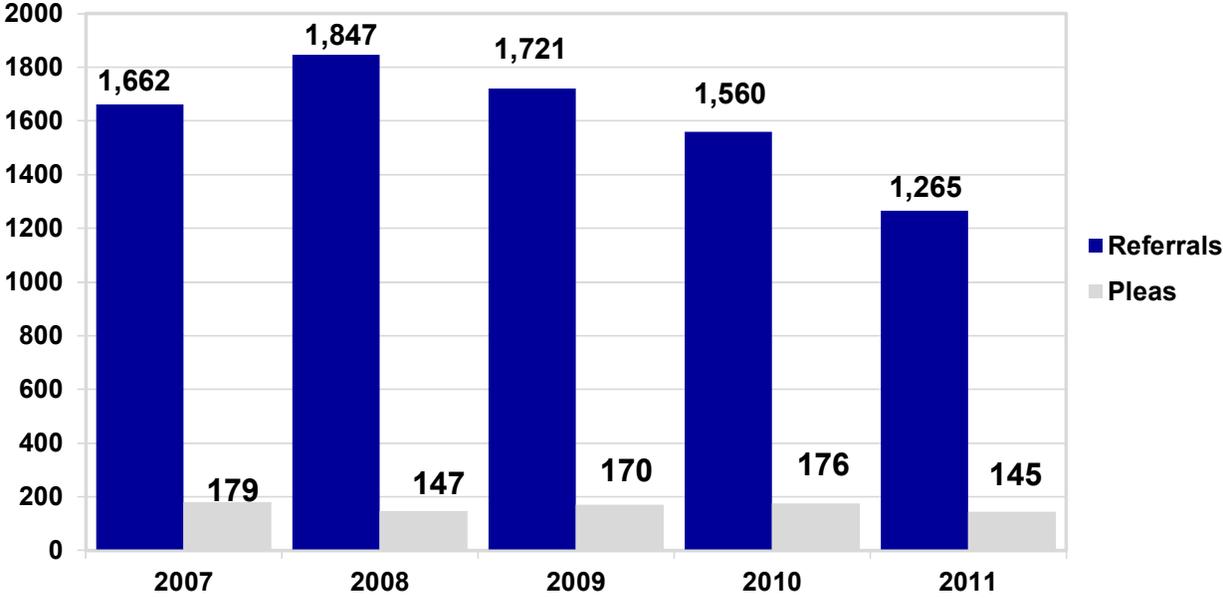
The average length of treatment (based on graduation date) for STEP's 1,146 graduates was eighteen months. Retention rate includes data for participants who completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

STEP Operations

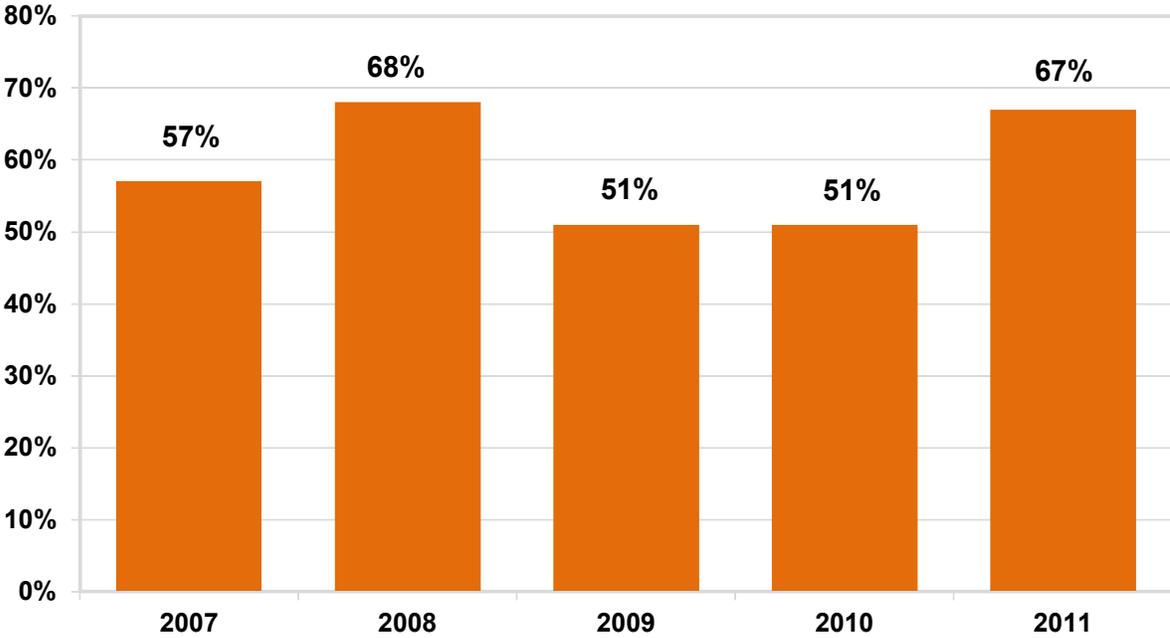
In 2011 the average STEP caseload on any given day was 245 cases. Each case manager typically monitored between 30-35 participants at any given time in 2011. Treatment modality decisions are made by the STEP case management team under the supervision of the project director.



STEP Referrals and Pleas (Calendar Year)

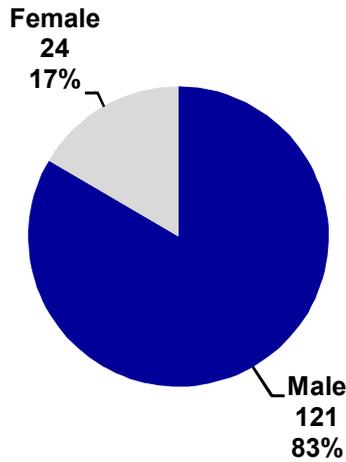


STEP Retention Rates

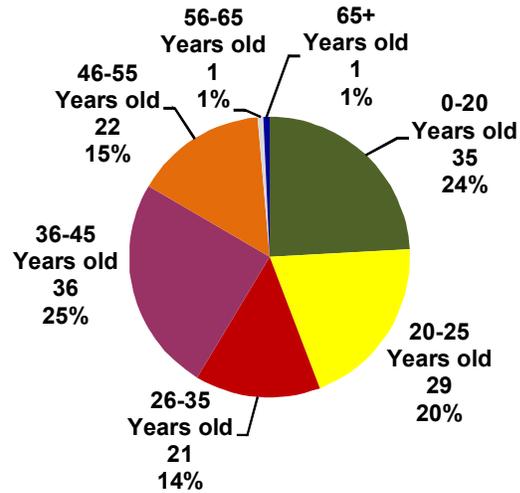




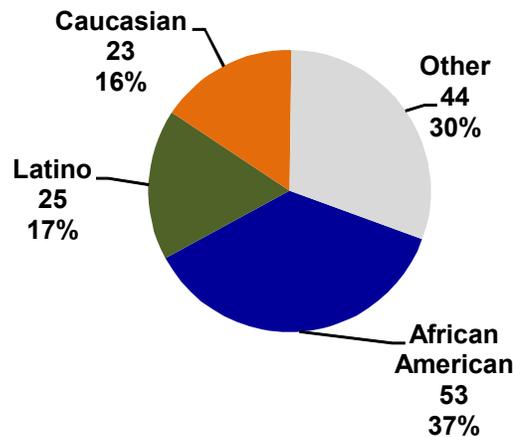
*STEP - Gender of Participants



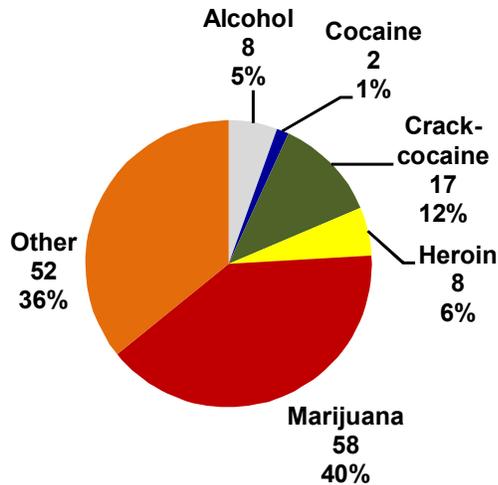
*STEP - Age of Participants



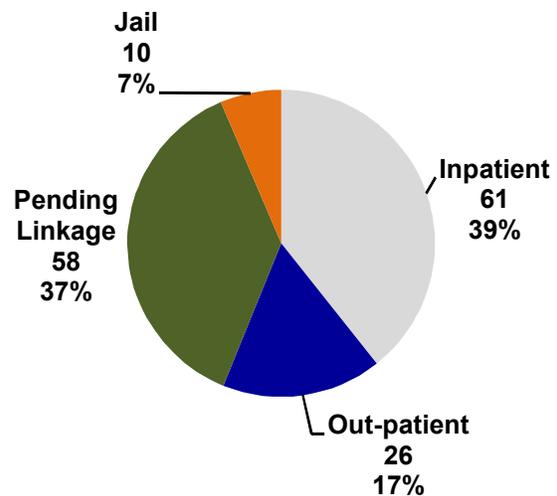
*STEP - Race/Ethnicity of Participants



*STEP - Participant's Drug of Choice



*STEP - Treatment Modalities of Participants



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



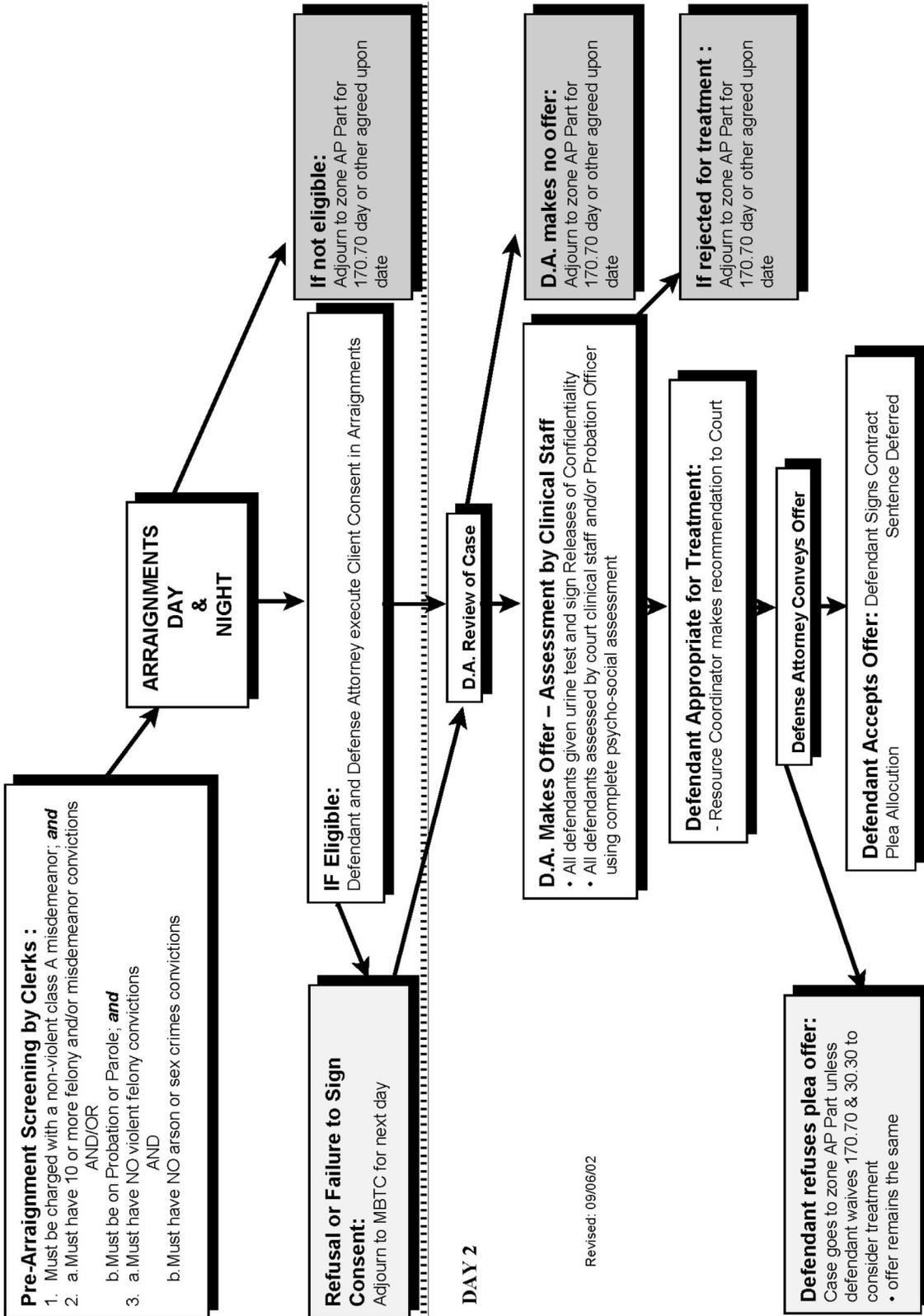
Misdemeanor Brooklyn Treatment Court





Misdemeanor Brooklyn Treatment Court Daily Operational Chart

DAY 1



DAY 2

Revised: 09/06/02



Misdemeanor Brooklyn Treatment Court



Lisa Tighe, Case Manager I and Kristen Murphy, Department of Education Liaison

Program Description

Staff

Presiding Judge	Hon. Betty Williams
Project Director II	Mia Santiago
Resource Coord. III	Michael Torres
Probation Officer	Barbara Miles
Case Manager II	General Wright
Case Managers I	Lisa Tighe
	Shatia Eaddy
	Theresa Good
	Melinda Pavia
	Lucy Perez
	Shama Greenidge
Case Technician	Lyndon Harding
Voc/Ed Case Mgr II	Yadira Moncion
Voc/Ed Case Mgr	Miriam Famania
DOE Liaison	Kristen Murphy
Lab Tech	Lyndon Harding

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.

Referrals, Refusals and Pleas

Since its inception in 2003, **17,655** defendants have been referred to MBTC for clinical assessment, of which **1,813 (10%)** have taken a plea and opted for treatment. Of the **15,842** who did not take the plea, **8,568**



Misdemeanor Brooklyn Treatment Court

(54%) refused to participate. Of those who were accepted by MBTC and agreed to participate, 853 (47%) graduated, 173 (9%) are currently in treatment, and 1,011 (56%) failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2011, MBTC made up 39% of all referrals for clinical assessment, and 14% of all pleas taken, in Drug Treatment Court Initiative.

Descriptive Data - MBTC Participants

Arraignment charges differ for MBTC participants, with about 47% charged with a misdemeanor drug offense and 29% charged with misdemeanor non-drug offenses.

Graduates and Failures

So far, 853 (47%) participants graduated from MBTC. The following information is available for MBTC graduates:

- 26% of MBTC graduates were either full or part-time employed
- 77% were receiving governmental assistance
- 90% were receiving Medicaid
- 32% of MBTC participants were either in full or part-time school
- 52% of graduates had participated in vocational training

Conversely, 1,011 (56%) participants failed to complete the court mandate. Sixty percent (60%) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants, or an arrest for a new charge making him/her in-

eligible 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 853 graduates was twelve months. Retention rate includes data for participants who graduated (retained), whose cases were still open and active in treatment (retained), who failed to complete treatment (not retained), and for whom the Court issued a bench warrant (not retained), prior to the analysis date.

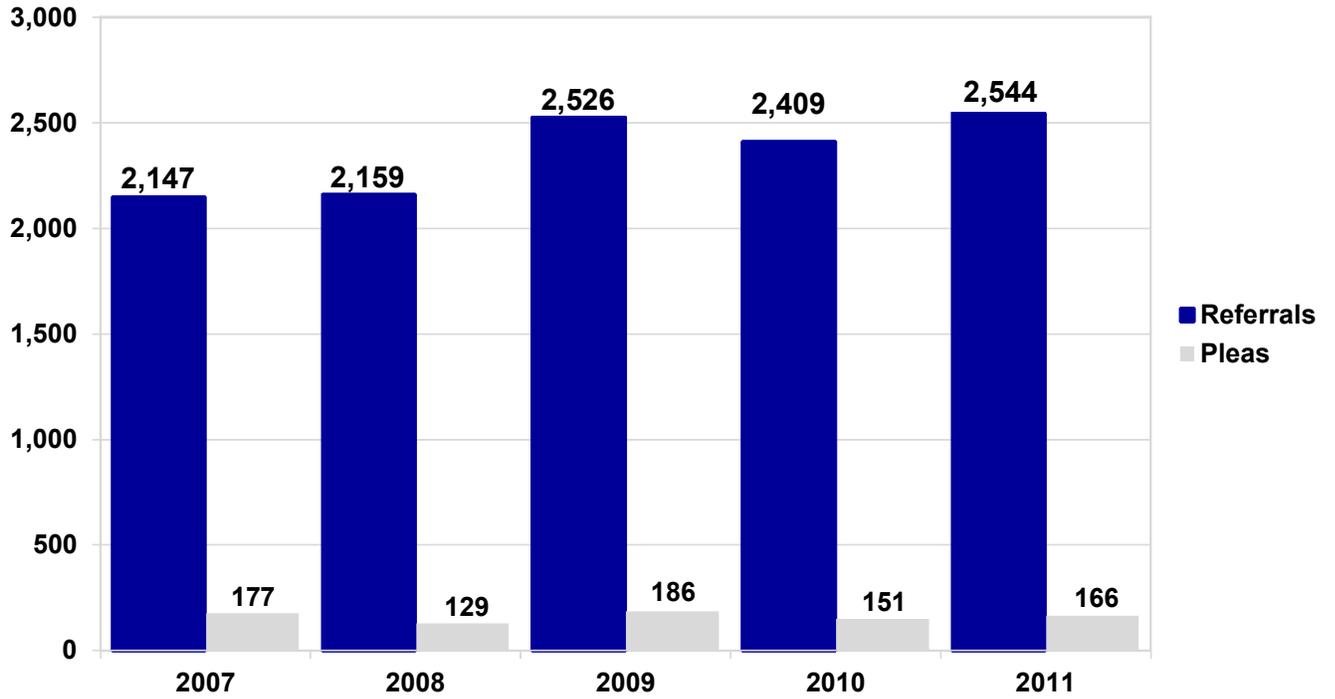
MBTC Operations

On average the MBTC daily caseload for 2011 was 170 cases. Each MBTC case manager typically monitored approximately 15-20 cases.

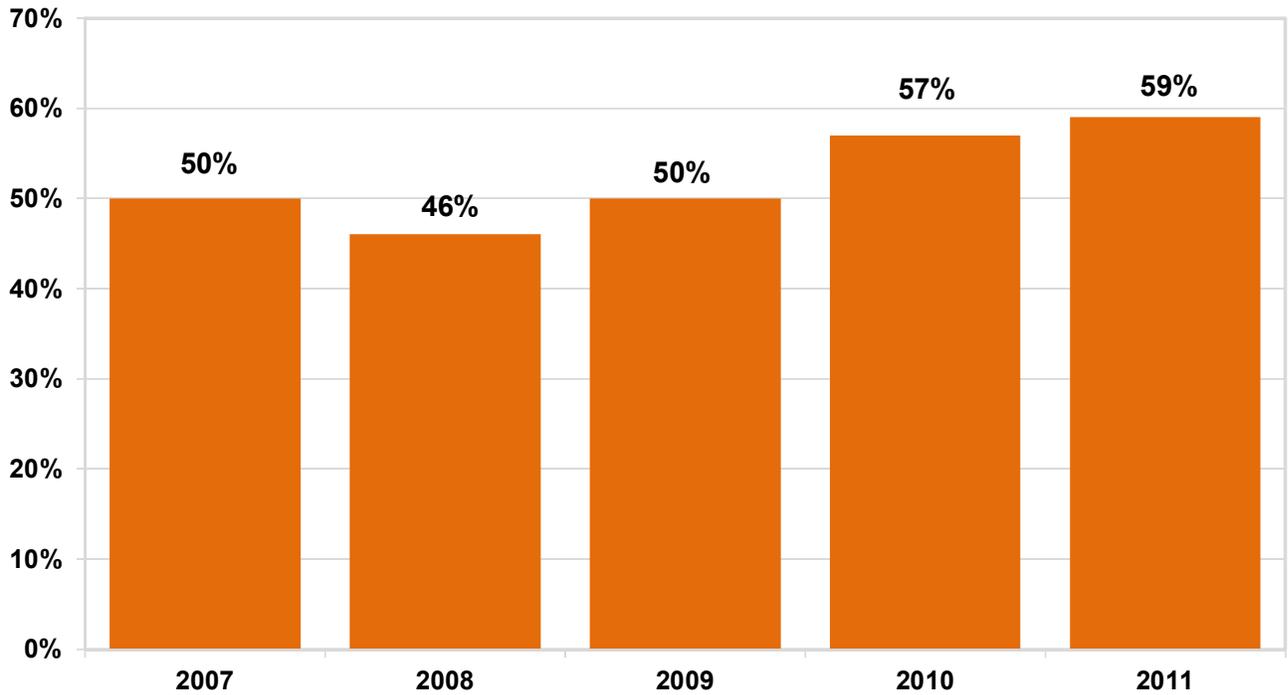
Treatment modality decisions are made based on the initial clinical assessment, and changed based on MBTC case management decisions under the supervision of the Project Director.



MBTC Referrals and Pleas (Calendar Year)

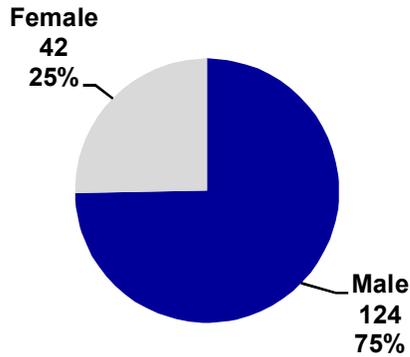


MBTC Retention Rates

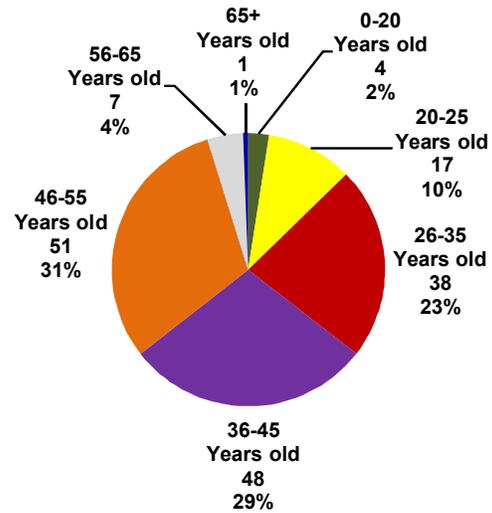




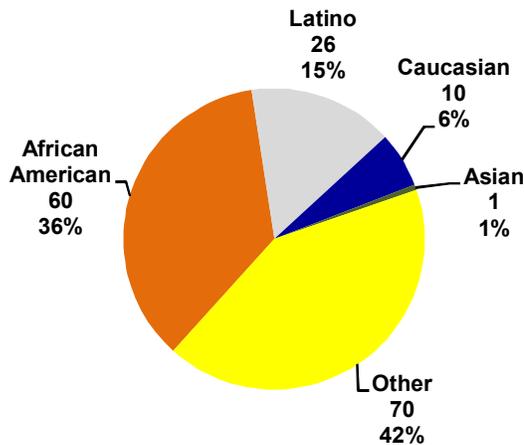
*MBTC - Gender of Participants



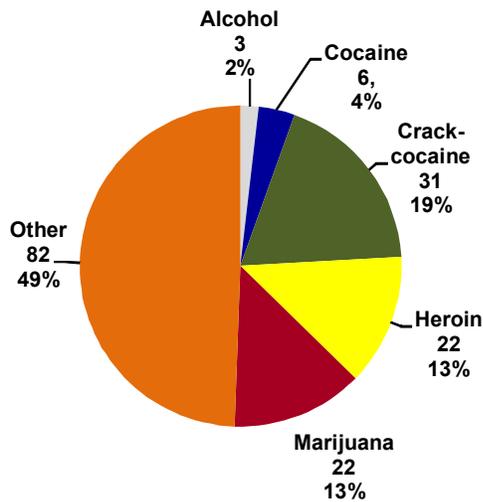
*MBTC - Age of Participants



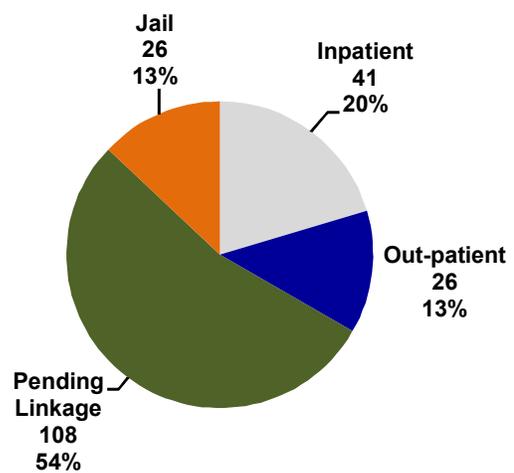
*MBTC - Race/Ethnicity of Participants



*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.

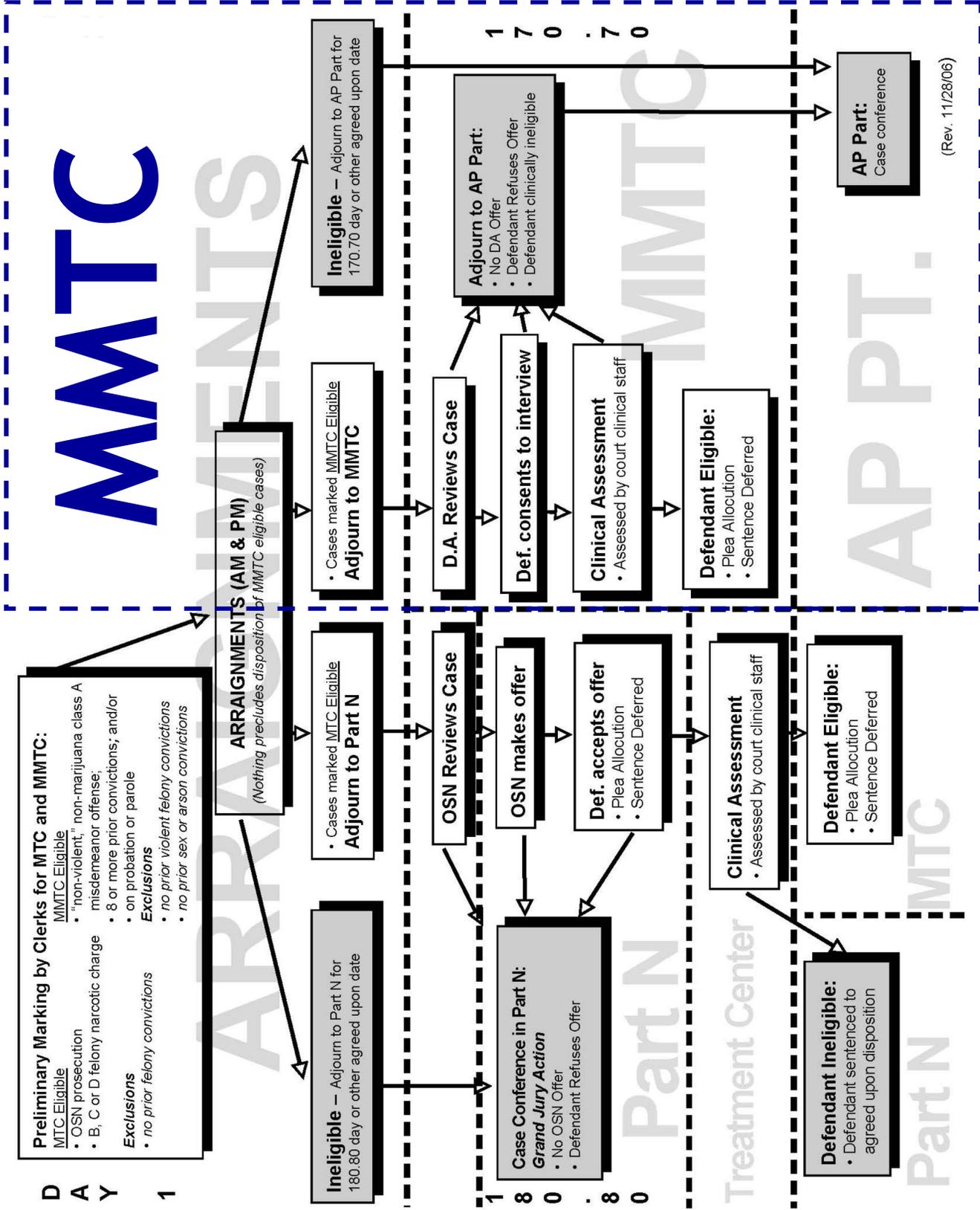


Manhattan Misdemeanor Treatment Court





Manhattan Misdemeanor Treatment Court Daily Operational Chart





Manhattan Misdemeanor Treatment Court



Kathleen McDonald, Project Director I and Richard Cruz, Case Manager I

Program Description

Staff

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

Introduction

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

Referrals, Refusals and Pleas

Since restructuring in 2003, **3,052** nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, of which **489 (16%)** have taken a plea and opted for treatment. Of the **2,563** who did not plea guilty and agreed to participate, **1,518 (59%)** refused to participate and **430 (17%)** had violent arrest histories rendering them



Manhattan Misdemeanor Treatment Court

ineligible. Of those who were accepted by MMTC and took the plea, **25 (5%)** are currently in treatment, and **282 (58%)** failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2009, MMTC made up **3%** of all referrals, and **2%** 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 **36%** have pled to a non-drug misdemeanor with **61%** pleading to a misdemeanor drug offense.

Graduates and Failures

In the less than eight years that MMTC has been operational, **122 (25%)** participants have graduated. The following information is available for MMTC graduates:

- **35%** of graduates were either full or part-time employed,
- **56%** were receiving governmental assistance
- **29%** were receiving Medicaid
- **20%** of MMTC participants were in school either full or part-time
- **31%** of graduates had received vocational training

Conversely, **282 (58%)** participants failed to complete MMTC since its restructuring. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete

treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MMTC. Sixty percent (**64%**) of the failures were involuntary. Thirty-six percent (**36%**) 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 **122** graduates is between fifteen and sixteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

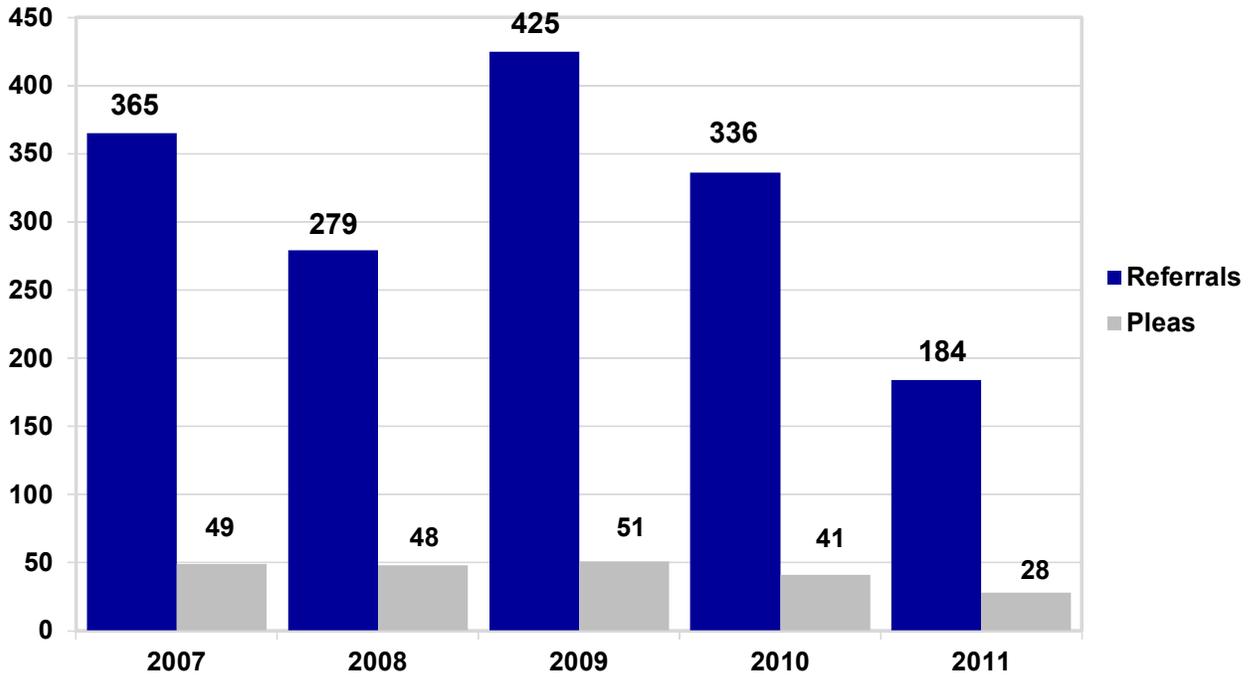
MMTC Operations

On average the MMTC daily caseload for 2011 was **25** cases. Each MMTC case manager typically monitor approximately **1-5 MMTC** cases. These case managers also handle caseloads from the other Manhattan Treatment Diversion Courts.

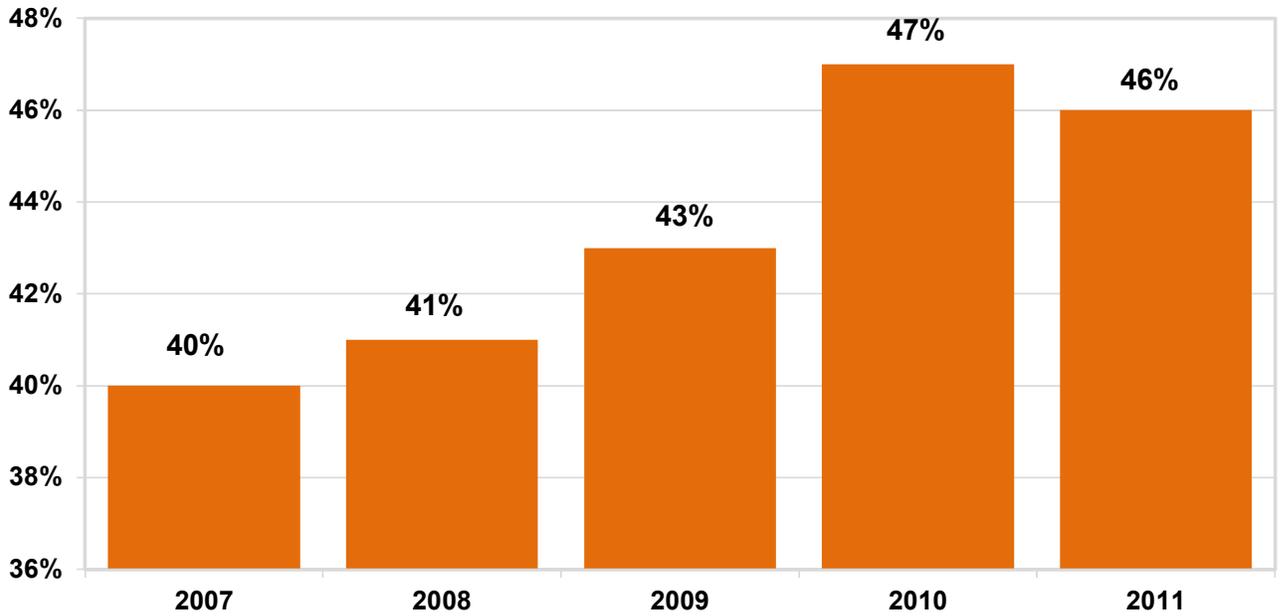
Treatment modality decisions are made based on the initial clinical assessment, and change based on MMTC case management decisions under the supervision of the MMTC operations director.



MMTC Referrals and Pleas (Calendar Year)

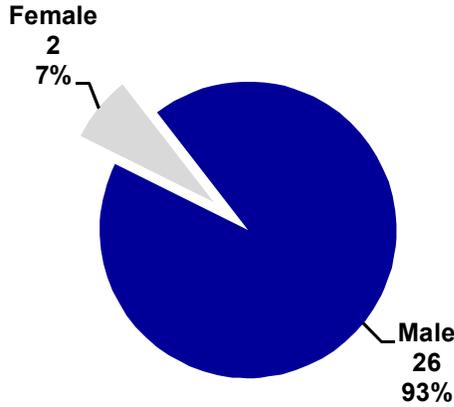


MMTC Retention Rates (Six Months)

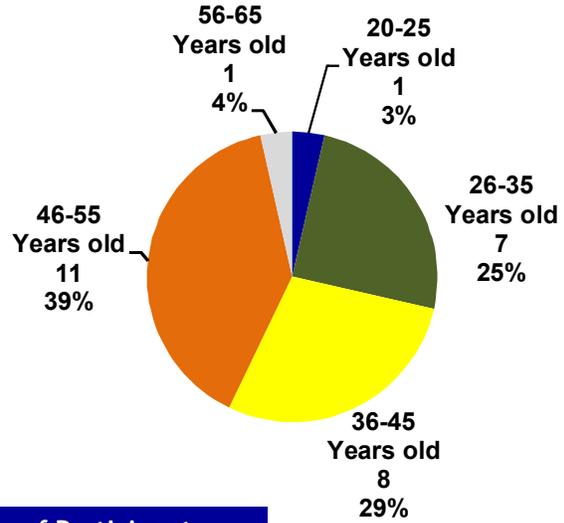




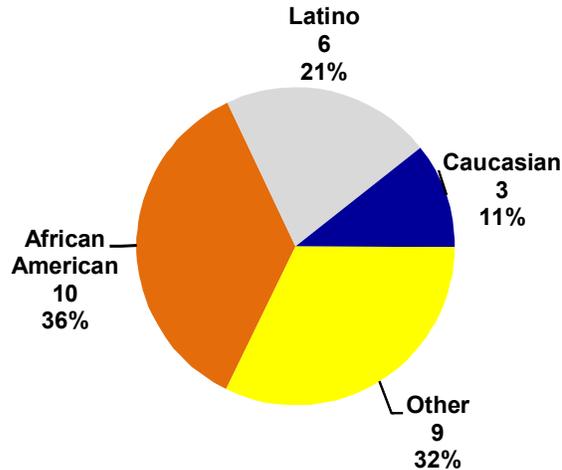
*MMTC - Gender of Participants



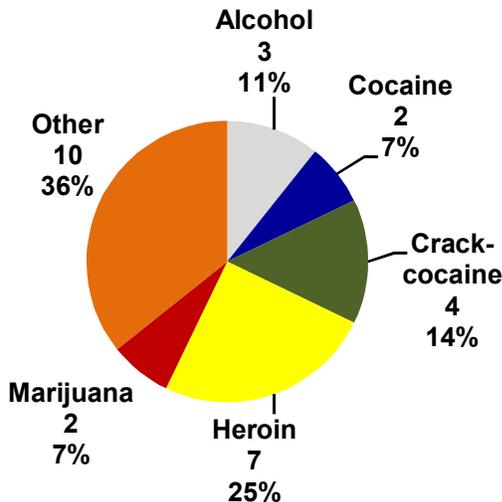
*MMTC - Age of Participants



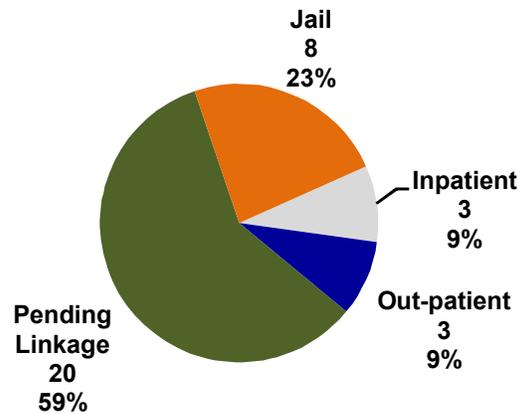
*MMTC - Race/Ethnicity of Participants



*MMTC - Participant's Drug of Choice



*MMTC - Treatment Modalities of Participants



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



Manhattan Treatment Court





Manhattan Treatment Court Daily Operational Chart

D A Y 1

COMPREHENSIVE SCREENING – NEW YORK

ARRAIGNMENTS (AM & PM)

Preliminary Marking by Clerks for MTC and MMTC:

MTC-Eligible

- OSN prosecution
- B, C or D felony narcotic charge

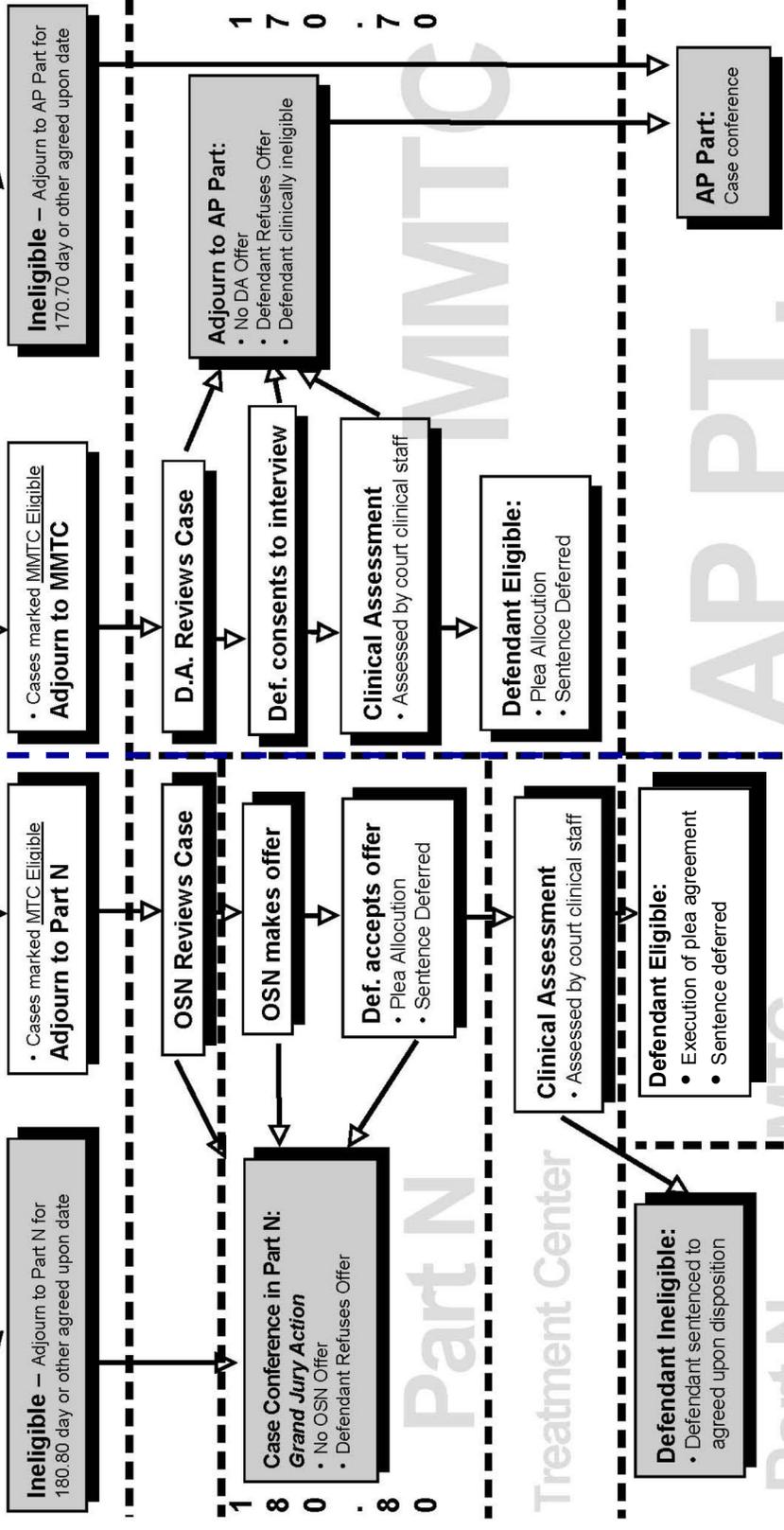
Exclusions

- no prior felony convictions
- "non-violent," non-marijuana class A misdemeanor offense;
- 8 or more prior convictions; and/or
- on probation or parole

Exclusions

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

ARRAIGNMENTS (AM & PM)
(Nothing precludes disposition by MMTC eligible cases)



(Rev. 11/28/06)



Manhattan Treatment Court



Darryl Kittel, Case Manager I and Laverne Chin, Resource Coordinator III

Program Description

Staff

Presiding Judge	Hon. Ellen Coin
Project Director II	Debra Hall-Martin
Resource Coord. III	Laverne Chin
Case Manager II	Desiree Rivera Robert Rivera
Case Manager I	Darlene Buffalo Richard Cruz Lyndon Harding Darryl Kittel Darlene Smith
Case Technician	Monique Emerson
Voc/Ed Case Mgr II	Shannon Castang-Feggins

Introduction

The 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 Office of the Special Narcotics Prosecutor (OSN), the defense bar and community-based treatment providers.

Referrals, Refusals and Pleas

Since its inception in 1998, **1,1630** nonviolent felony drug offenders have been referred to MTC for assessment, of which **1,236 (76%)** have pled guilty and opted for treatment. Of the **394** defendants who did not take the plea, **84 (21%)** refused to par-



Manhattan Treatment Court

ticipate. Of those who were accepted by MTC and took a plea, **579 (47%)** graduated, **36 (3%)** are currently in treatment, and **579 (50%)** failed to complete treatment.

Intake, Referral and Participant Data

In calendar year 2011, MTC made up less than 1% of all referrals and 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, **579 (47%)** participants graduated from MTC. The following information is available for MTC graduates:

- **70%** of MTC graduates were either full or part-time employed
- **22%** were receiving governmental assistance
- **37%** were receiving Medicaid
- **27%** of MTC Graduates received a high school diploma or GED while undergoing treatment
- **13%** were either in full or part-time school
- **34%** of graduates received vocational training

Conversely, **579 (50%)** MTC participants failed to complete the court mandate. **Eighty percent (80%)** 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 com-

plete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MTC. **Twenty percent (20%)** 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 **579** graduates was between eighteen and nineteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment retained), who failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court issued a bench warrant (not retained), one year prior to the analysis date.

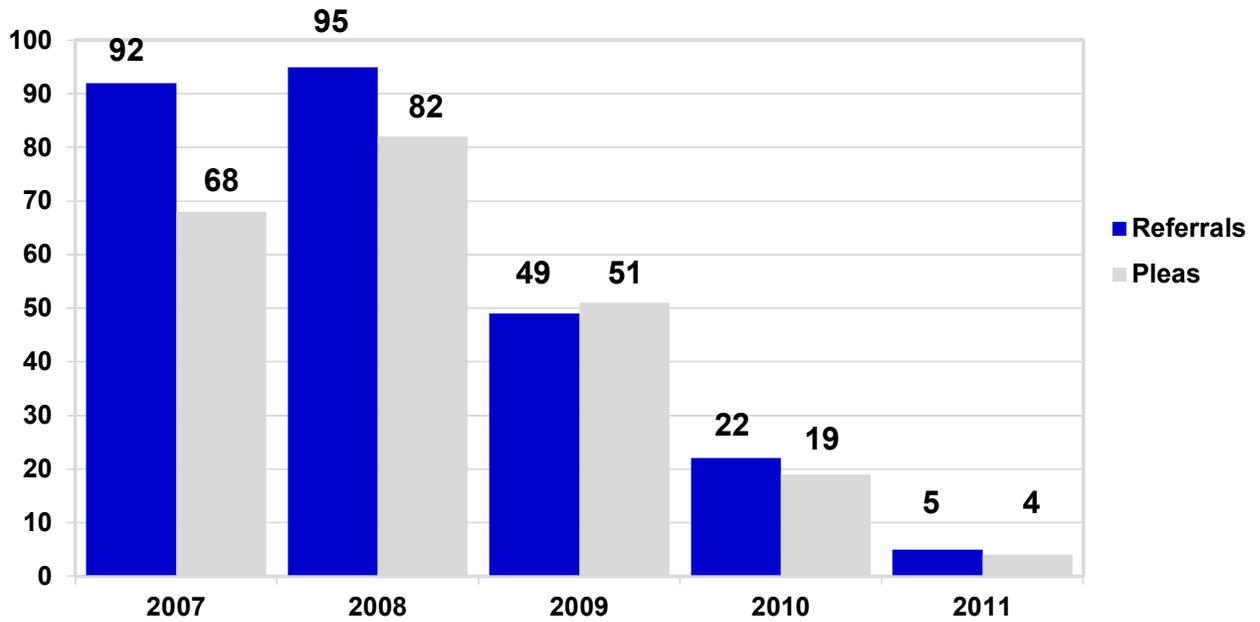
MTC Operations

On average the MTC daily caseload for 2011 was **37** cases. Each MTC case manager typically monitor approximately **5-10** MTC cases. These case managers also handle case-loads from the other Manhattan Treatment Diversion Courts.

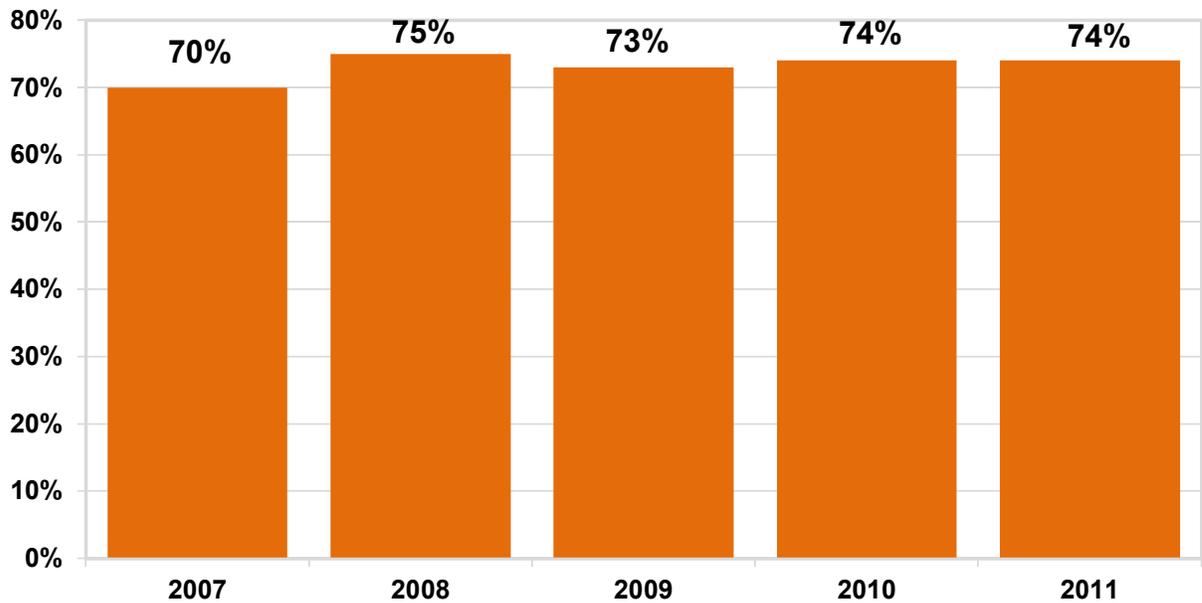
Treatment modality decisions are made based on the initial clinical assessment, and change based on MTC case management decisions under the supervision of the MTC operations director.



MTC Referrals and Pleas (Calendar Year)

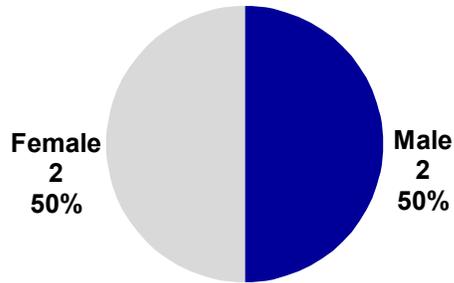


MTC Retention Rates

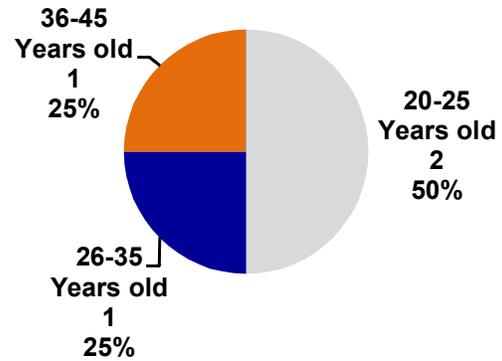




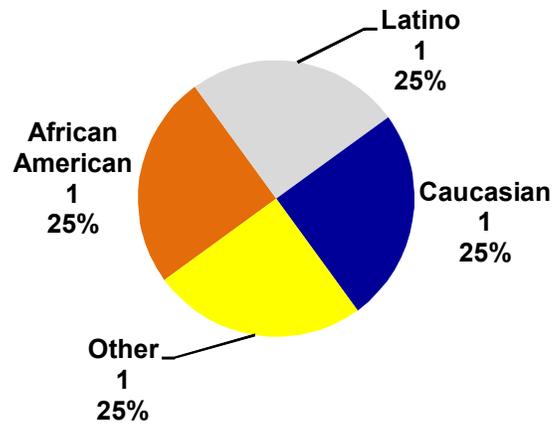
*MTC - Gender of Participants



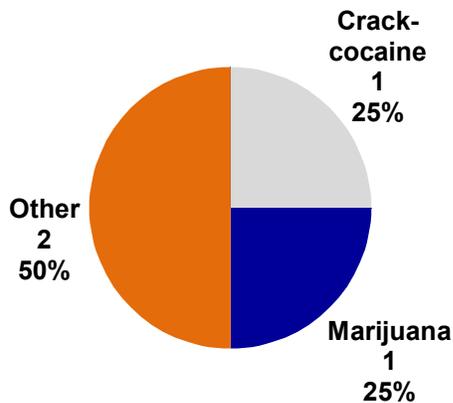
*MTC - Age of Participants



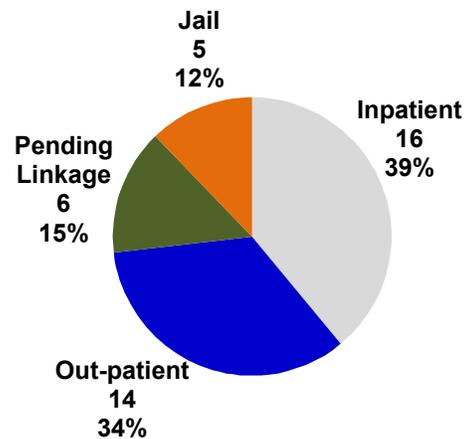
*MTC - Race/Ethnicity of Participant's



*MTC - Participant's Drug of Choice



*MTC - Treatment Modalities of Participant



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

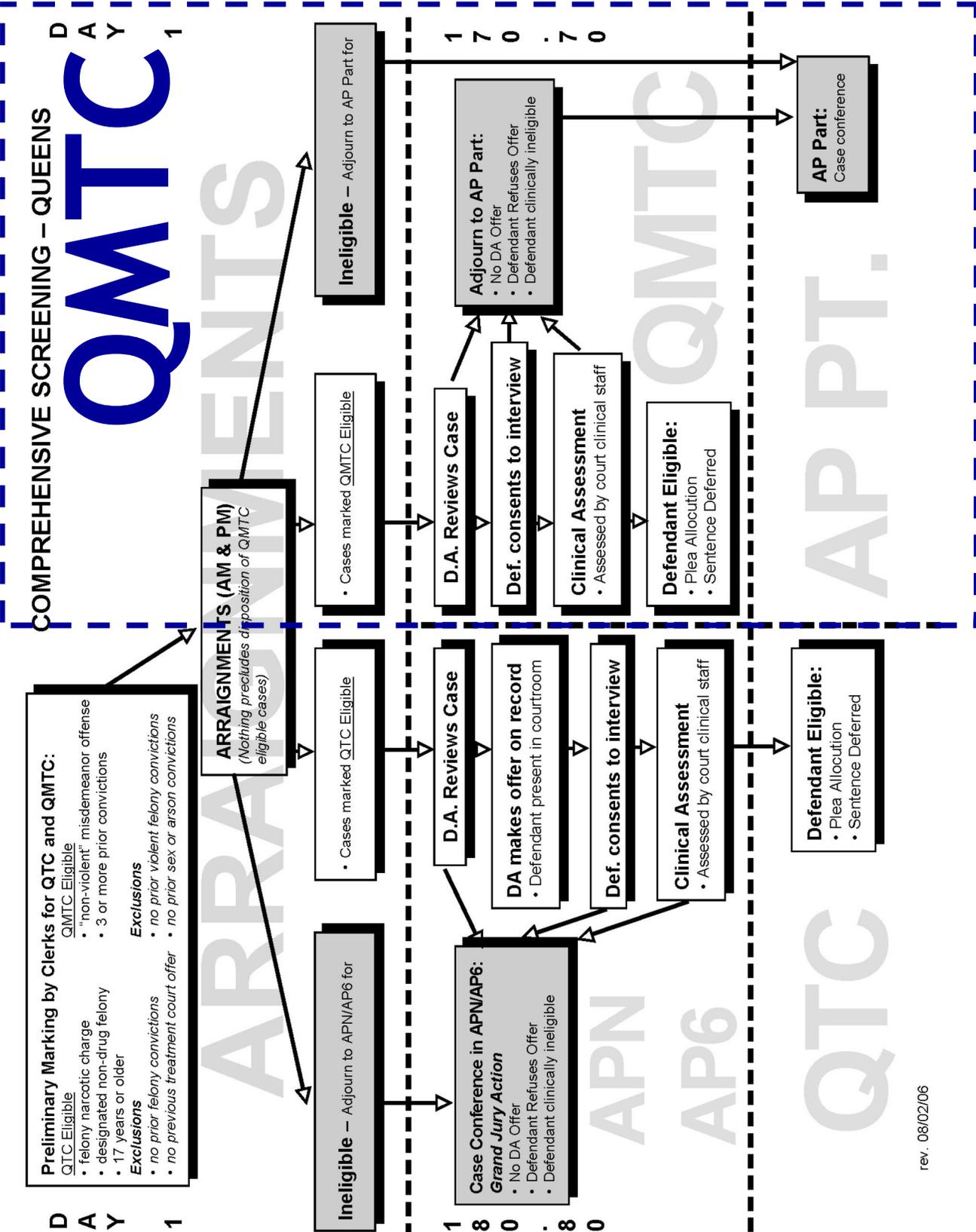


Queens Misdemeanor Treatment Court





Queens Misdemeanor Treatment Court Daily Operational Chart





Queens Misdemeanor Treatment Court



Diana George, Case Manager I and Jose Figueroa, Case Manager I

Program Description

Staff

Presiding Judge	Hon. Toko Serita
Project Director II	Naima Aiken
Resource Coordinator III	Lisa Babb
Case Managers I	Jose Figueroa Diana George
TASC Case Manager	Brian Delaney

Introduction

In 2002, the Queens Misdemeanor Treatment Court (QMTC) opened in the Queens Criminal Court as an alternative to incarceration for non-violent drug-abusing, misdemeanor offenders. QMTC functions as a collaborative effort between the Court, the Queens Coun-

ty District Attorney's office, Treatment Alternatives to Street Crime, the defense bar and community-based treatment providers.

Referrals, Refusals and Pleas

Since its inception in 2002, **3,881** nonviolent misdemeanor drug offenders have been referred to QMTC for clinical assessment, of which **1,055 (27%)** pled guilty and agreed to participate in treatment. Of the **2,826** who did not plea guilty, **1,337 (47%)** refused to participate. Of those who agreed to participate and pled guilty, **532 (50%)** graduated, **106 (10%)** are currently in treatment, and **368 (37%)** failed to complete the court mandate.



Queens Misdemeanor Treatment Court

Intake, Referral and Participant Data

In calendar year 2011, QMTC made up **6%** of all referrals, and **6%** 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 **28%** drug and **40%** non-drug offenses.

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

Graduates and Failures

Since inception, **532 (50%)** participants have graduated from QMTC. The following information is available for QMTC graduates:

- **42%** of graduates were employed, either full or part-time
- **70%** were receiving governmental assistance
- **82%** were receiving Medicaid
- **25%** of QMTC graduates were in school, either full or part-time
- **18%** participated in vocational training

Conversely, **368 (35%)** QMTC participants failed to complete treatment. Fifty-seven percent (**57%**) of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in QMTC. Forty-two percent (**42%**) of failures were voluntary, meaning that the participant opted out of

treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates

The average length of treatment (based on graduation date) for QMTC's **532** graduates was eighteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment (not retained), for whom the court issued a bench warrant (not retained).

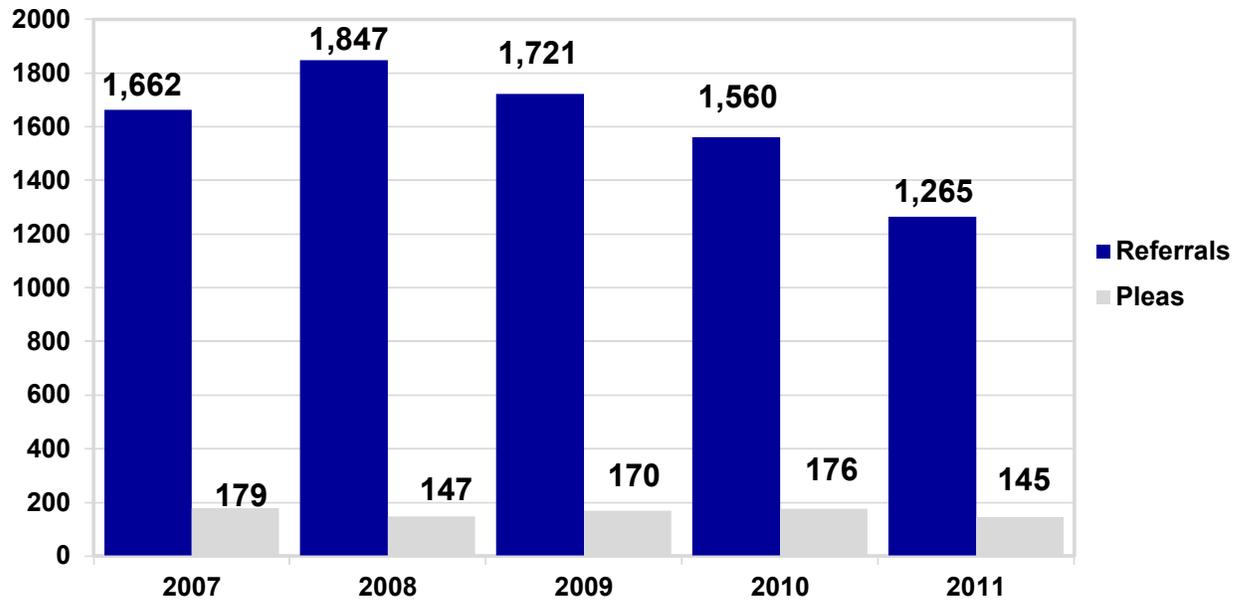
QMTC Operations

On average the daily QMTC caseload for 2011 was **105** cases. Each QMTC case manager typically monitored approximately **30-45** cases.

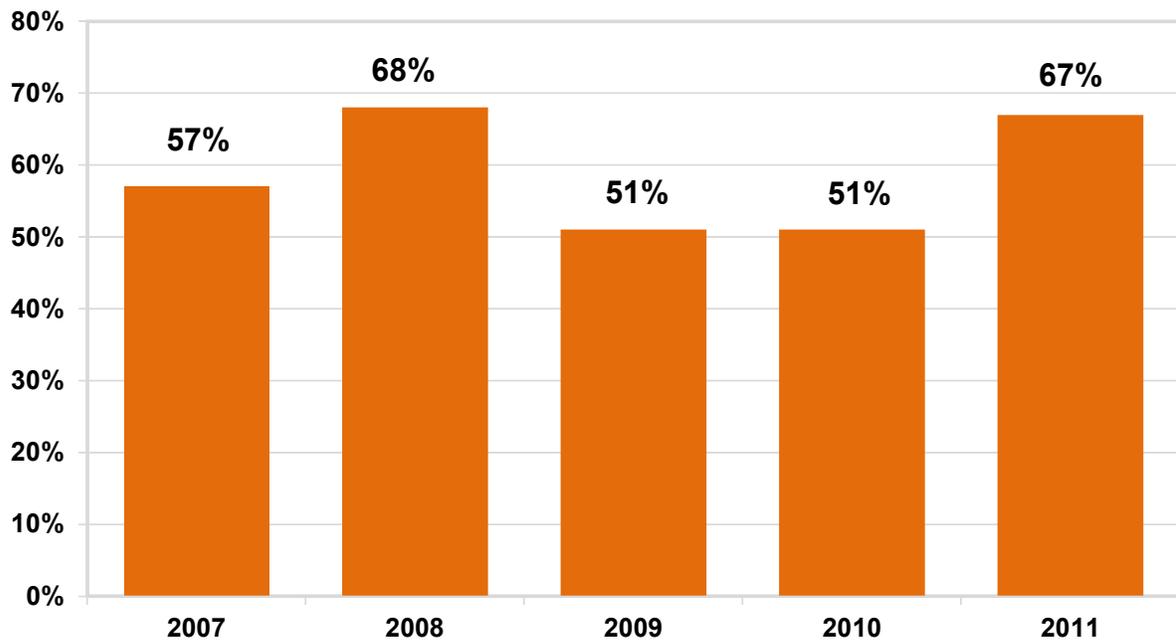
Treatment modality decisions are made by the QMTC case management team under the supervision of the Project Director.



QMTC Referrals and Pleas (Calendar Year)

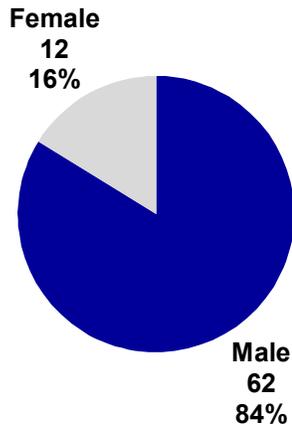


QMTC Retention Rates

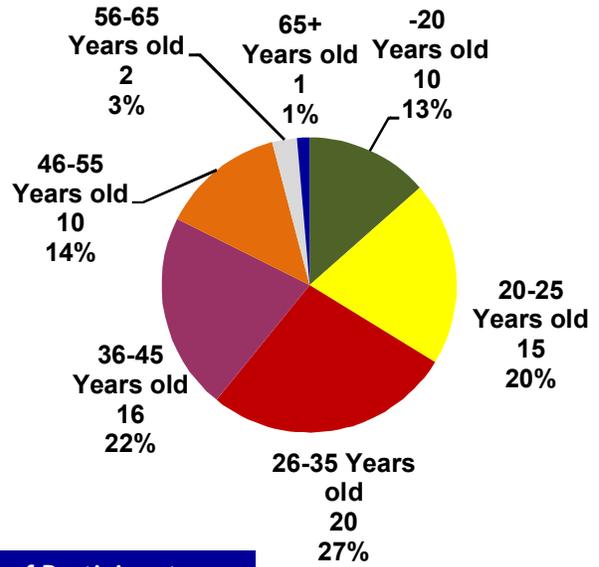




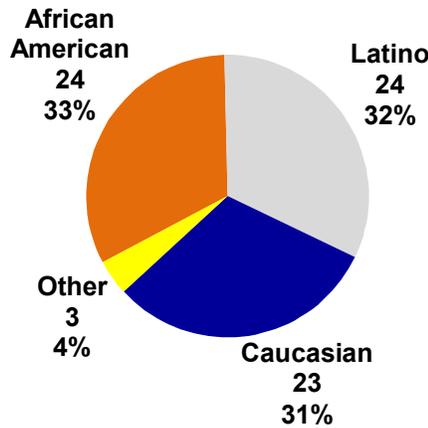
***QMTc - Gender of Participants**



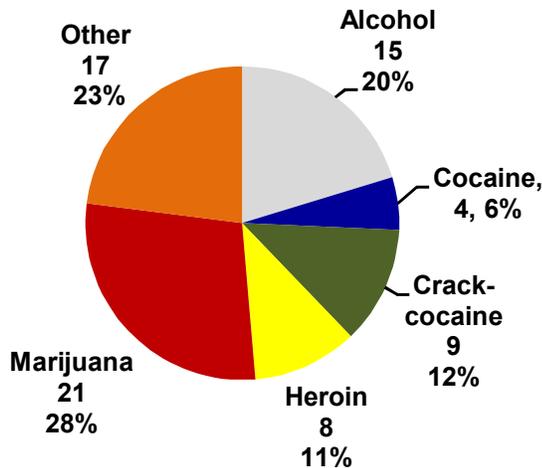
***QMTc - Age of Participants**



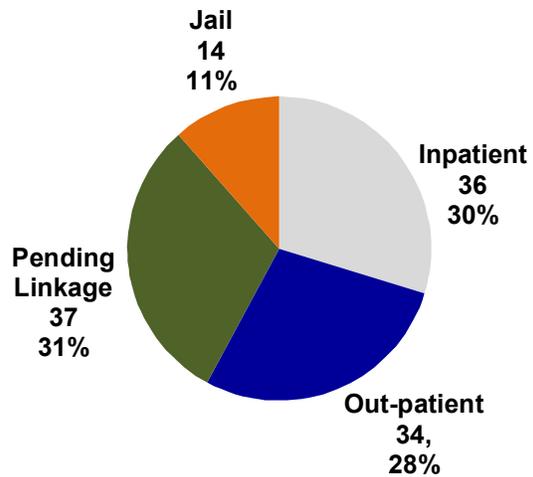
***QMTc - Race/Ethnicity of Participants**



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



***QMTc - Treatment Modalities of Participants**



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

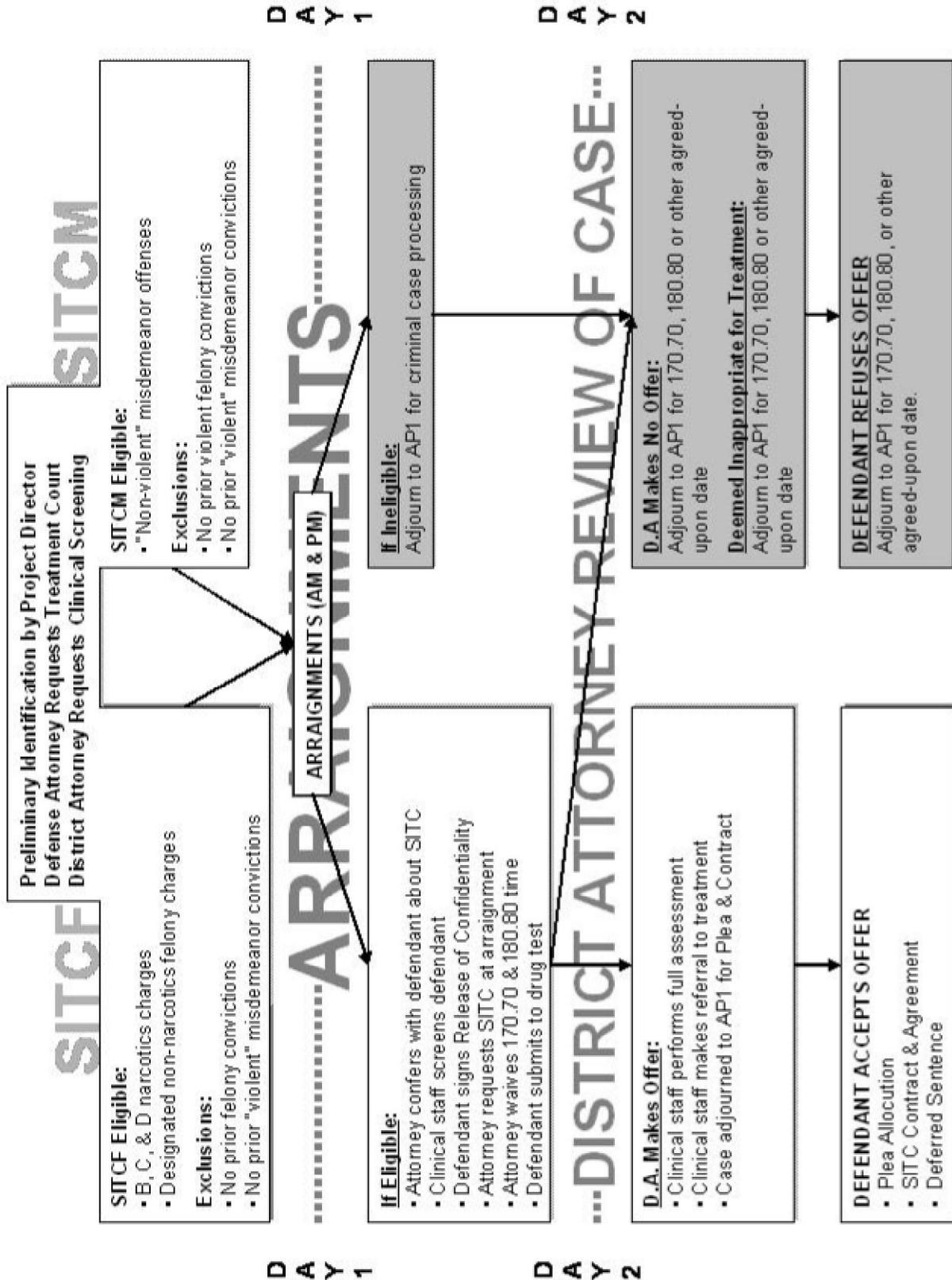


Staten Island Treatment Court





Staten Island Treatment Court Daily Operational Chart





Staten Island Treatment Court & Staten Island Treatment Court Misd.



Ellen Burns, Project Director II and Shatia Eaddy, Case Manager I

Program Description

Staff

Presiding Judge	Hon. Alan Meyer
Project Director II	Ellen Burns
Case Manager I	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.

Referrals, Refusals and Pleas

Since its inception in 2002, **1,553** nonviolent drug offenders have been referred to Staten Island Drug Courts for clinical assessment, of which **604 (38%)** pled guilty and agreed to participate in treatment. Of the **949** who did not plea guilty, **244 (26%)** refused to participate. Of those who were accepted by Drug Court and pled guilty, **378 (62%)** graduated, **140 (23%)** are currently in treatment, and **107 (17 %)** failed to complete their court mandate.



Staten Island Treatment Court

Intake, Referral and Participant Data

In calendar year 2011, Staten Island Drug Court made up **2%** of all referrals, and **5%** of all pleas taken in the Drug Treatment Court Initiative.

Descriptive Data - SITC Participants

Although most participants are felony drug offenders, SITC does accept offenders charged with non-violent, drug-related felonies. Defendants with misdemeanor drug and drug-related charges have been eligible participants of the Staten Island Treatment Court Misdemeanor part (SITCM) since 2004, and currently represent approximately **30%** of the Drug Court population in Staten Island.

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

Graduates and Failures

378 (62%) participants graduated from Drug Court since its inception. The following information is available for the graduates:

- **60%** of graduates were employed, either full or part-time
- **25%** were receiving governmental assistance
- **48%** were receiving Medicaid
- **31%** of SITC participants were in school, either full or part-time
- **38%** of SITC graduates participated in vocational training

Conversely, **107 (17%)** participants have failed to complete treatment. Twenty-three percent (**41%**) of the failures were in-

voluntary. 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 Drug Court. On the other hand, **59%** of failures were voluntary, meaning that the participant opted out of Drug Court and elected to serve the jail sentence.

Length of Stay/Retention Rates

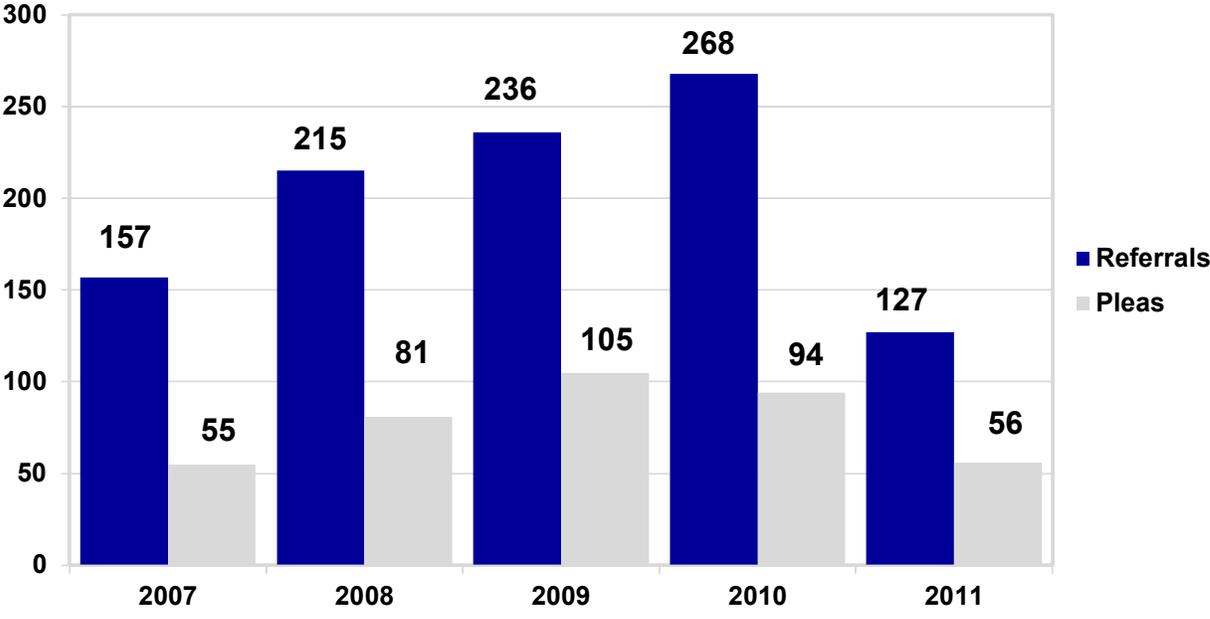
The average length of treatment (based on graduation date) for SITC's **378** graduates was eighteen months. Retention rate includes data for participants who graduated (retained), were still open and active in treatment (retained), who failed to complete treatment (not retained), and who warranted (not retained), one year prior to the analysis date.

SITC Operations

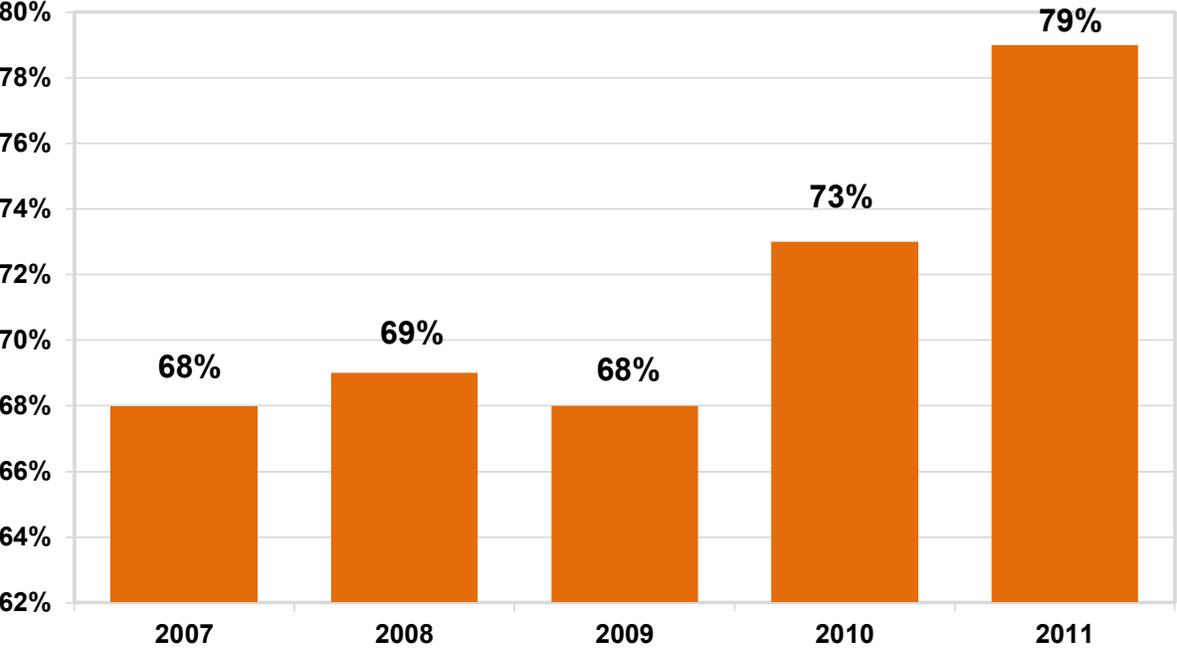
Staten Island Drug Courts, on a daily basis, handles an average of **140** cases. SITC has two case managers who share the responsibility for monitoring SITC participants with Staten Island TASC, each of whom has approximately 1/3 of the total case load. SITC and TASC clinical staff make the initial assessment and referrals to appropriate treatment modalities, and they monitor SITC participants until they complete their court mandate.



SITC Referrals and Pleas (Calendar Year)

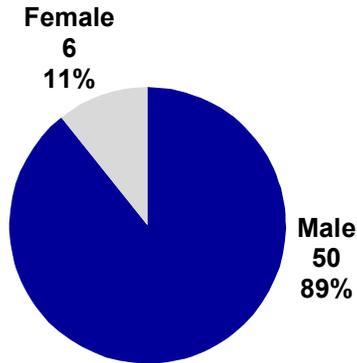


SITC Retention Rates (One Year)

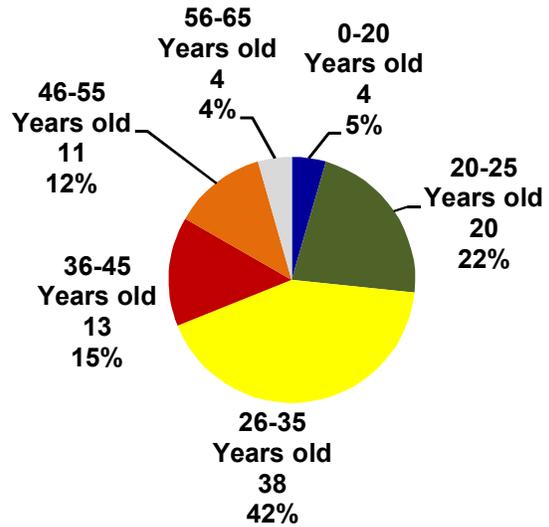




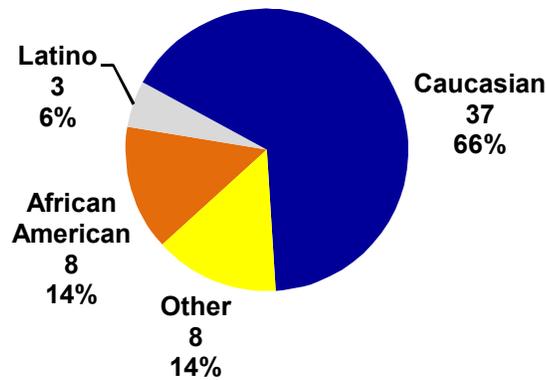
*SITC - Gender of Participants



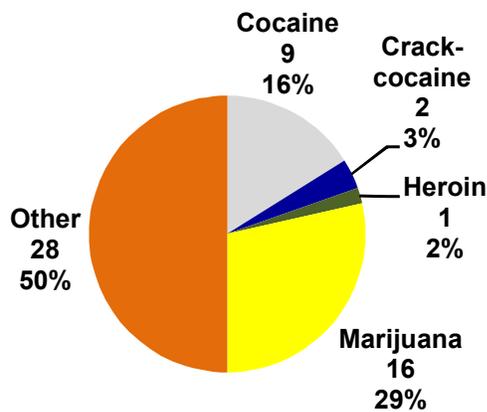
*SITC - Age of Participants



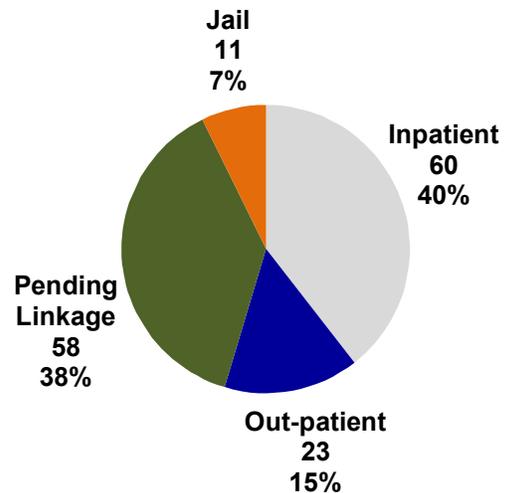
*SITC - Race/Ethnicity of Participants



*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.



(Continued from page 20)



At the time of plea, a curfew was imposed requiring him to be home every night no later than 9:00 p.m. (The court has since changed its policy for younger participants, imposing a curfew of 6:30 p.m. Sunday through Thursday, and 9:00 p.m. Friday and Saturday.) His mother supported the imposition of the curfew, and, indeed, supported each of the court's decision throughout the mandate. She was an active participant throughout the recovery process, and Robby's ultimate success, I believe, was in large measure attributable to her commitment and support.

Through intensive judicial monitoring and a system of sanctions and rewards, the court sought to instill a new sense of accountability and responsibility while building self-esteem and self-confidence. No conduct, positive or negative, was overlooked, and since court appearances were frequent—every two to three weeks—there was little delay in the court's response. (In the event of serious acts of non-compliance, cases are advanced from the calendar for immediate court intervention. This was never necessary in Robby's case.)

When he did well, the court was enthusiastic in its approval, particularly when Robby passed each of the mandate's phases and when he obtained his GED. (The STEP court mandate is divided into three phases of four months each. In the event of non-compliance, phase time is stopped. In the event of a relapse, phase time starts over, beginning at the point of the first negative drug test.) When he was non-compliant, sanctions were imposed, including, in Robby's case, verbal admonishment, time in the

jury box, and two separate essays. During the course of the 18-month mandate, there were two marijuana relapses, missed sessions with his treatment provider, and failure to report to the STEP treatment center as directed. For these reasons, what would ordinarily have been a 12-month mandate was extended to 18 months.

The second essay sanction was prompted when Robby lied about why he missed a treatment appointment. He claimed he was shopping for a prom suit with his mother. The STEP probation officer/case manager contacted his mother, who disavowed this and expressed her concerns about her son's dishonesty. The topic of the essay sanction was, "Why is Honesty the Most Important Principle in Life." On the following court date, Robby submitted a thoughtful and responsive essay. Along with news that he had gotten a job as a file clerk, he showed his STEP case manager photographs of his high school prom.

The last sanction was imposed in June 2006. After that, he remained fully compliant until the conclusion of the mandate that December. With the assistance of STEP's New York City Department of Education liaison, Robby attended an orientation at Kingsboro Community College and was scheduled to start classes in January 2007 to obtain a degree in business administration, with the goal of one day establishing his own business. (The New York City Department of Education has assigned one of its employees to STEP on a full-time basis to place young participants in either public high school or equivalency programs, to monitor attendance, and to provide general education guidance.)

A number of factors contributed to Robby's success: the involvement and support of his mother and Robby's own willingness to recognize the need for dramatic behavioral change and the will to effect it. Robby's own words reveal optimism as well as an understanding of the challenges ahead: "The STEP experience has shown me that society can be so corrupt but it is only you that makes the decision to be corrupt with society. My community is a positive place with positive things all around it, but it has negative people that do negative things. Our community is a place where we should be able to have a happy life."



A Director's Dedication



By Mia Santiago,
Project Director I, Kings County

I began my career in Drug Courts in 2000 as a case manager; I followed that position by a promotion to Resource Coordinator of the Misdemeanor Brooklyn Treatment Court (MBTC) in 2003; and since 2005, have served as the Project Director of the Misdemeanor Brooklyn treatment Court (MBTC) and the Screening and Treatment Enhancement part (STEP). Each position that I have held has brought forth new responsibilities and challenges. It has also provided me with a greater understanding of the needs of the population that the drug courts serve.

Case Management in the Drug Courts is a challenging job because after completing a thorough bio psycho social assessment to identify the needs of the participant and making a recommendation to the court, a case manager then has to deal with multiple systems and coordinate communication and referrals. The case manager makes a referral to the substance abuse treatment programs that best matches the participant's needs as well as any referrals needed for any other services. In addition, the case manager has to provide weekly, bi weekly or monthly detailed reports to the court regarding the participant's compliance in each agency referred.

"I am very proud of the work that is done by the team here at Brooklyn Criminal Court."

When I was promoted to Resource Coordinator on 2003, my duties as a case manager changed but my experience in identifying areas of concern for each participant grew in a broader way. I was now serving as a liaison between the treatment staff (case managers) and the Judge. I was the person reviewing, interpreting and finalizing reports for the Judge from our case managers. The resource coordinator takes recommendations from the treatment team and relays them to the Judge and the legal team in the court room as well as listens to the legal teams thoughts and recommendations on a particular case. In this setting, getting correct information and clear communication are very important as the Resource Coordinator is relied upon by the Judge very much in a drug court, court room.

In 2005 I was promoted to the Project Director of MBTC and STEP, and I believe having worked in each position it has enabled me to see first hand what the needs were for our courts. It provided me the opportunity to take a holistic approach with our participants addressing all aspects of their needs; psychological, physical and social. The case management staff is so vital in doing this work; they are looking at each participant as an individual and recommending a treatment plan that will support their recovery and ultimately help them be successful in having their cases be dismissed. They work very hard to link our participants to substance abuse programs; vocational services public assistance needs etc. In dealing with multiple agencies the case managers work diligently to keep all agencies and the court informed of what is going on since the outside agencies may not be communication amongst each other. To support the work that the case managers are doing, I work on strengthening communication with the agencies that we work with by meeting with them and expressing to them what the needs of the courts are as well as working with them to support the treatment/ services the participants are receiving with them.

I am very proud of the work that is done by the team here at Brooklyn Criminal Court. In addition to providing intensive case management we have a Career and Education Center that provides our participants with a space to work on their resumes, work on typing skills, job search, and participate in 14 different job preparation classes. We also have Brooklyn Youth Academy which is collaboration with the New York City Department of Education district 79 and Criminal Court. We converted a court room into a classroom and have GED/High School classes held daily for 16-21 year olds involved in the courts here in Brooklyn Criminal Court. These programs could not have even been started or continue to be successful without the support and drive of Judge Williams the presiding Judge of the Misdemeanor Brooklyn treatment Court (MBTC) and Judge Gubbay the presiding Judge of the Screening and Treatment Enhancement Part (STEP) as well as the support from the supervising Judge of Brooklyn Criminal Court, Honorable William Miller.

I believe that this innovative approach to treatment in the criminal Justice system is something that we can continue to build on. I look forward to being part of a team that will provide innovative ideas to future drug courts in New York State and will continue to build on evidence based practices that demonstrate a successful approach to working with drug court participants.



2011 STATISTICAL SUMMARY

ARRAIGNMENT CHARGE	MBTC	MMTC	MTC	QMTc	SITC	STEP	Totals
MISDEMEANOR DRUG	78	17		21	5	4	125
MISDEMEANOR NON-DRUG	49	10		30	4	4	97
FELONY DRUG	-	-	4	4	29	56	93
FELONY NON-DRUG	4	1		-	18	69	92
VIOLATION DRUG	-	-		8			8
MISSING	35	-		11		12	58
	166	28	4	74	56	145	473
GENDER							
MALES	124	26	2	62	50	121	385
FEMALES	42	2	2	12	6	24	88
	166	28	4	74	56	145	473
AGE							
-20	4	-		10	8	35	57
20-25	17	1	2	15	23	29	87
26-35	38	7	1	20	10	21	97
36-45	48	8	1	16	12	36	121
46-55	51	11		10	2	22	96
56-65	7	1		3		1	12
65+	1	-			1	1	3
	151	28	4	74	56	145	473
RACE							
AFRICAN AMERICAN	56	10	1	18	8	45	150
LATINO	23	6	1	6	3	8	67
CAUCASIAN	2	3	1	24	37	25	98
OTHER	70	9	1	26	8	44	158
	151	28	4	74	56	145	473
DRUG OF CHOICE							
ALCOHOL	3	3		15		8	29
COCAINE	9	2		4	9	2	23
CRACK	24	4	1	9	2	17	64
HEROIN	26	7		8	1	8	46
MARIJUANA	19	2	1	21	16	58	120
OTHER	1	2	1	5	21	4	37
MISSING	69	8	1	12	7	48	154
	151	28	4	74	56	145	473
INCEPTION - 12/31/11							
REFERRALS	17655	3052	1630	3881	1553	13911	41682
PLEAS	1813	489	126	1055	604	1724	5811
REFUSED	8565	1518	84	1337	244	3819	15567
CRIMINAL HISTORY	317	430	21	169	55	1371	2363
GRADS	853	122	579	532	378	1146	3610
FAILED	1011	282	579	368	107	575	2922
VOLUNTARY	403	102	110	155	63	86	919
INVOLUNTARY	608	180	469	213	44	489	2003
1/1/11 - 12/31/11							
REFERRALS	2470	184	5	347	127	1265	4398
PLEAS	166	28	4	74	56	145	473
REFUSED	1302	91		130	18	349	1890
CRIMINAL HISTORY	1	30		17	7	66	121
GRADS	77	16		56	2	144	295
FAILED	74	18		23	1	46	162
VOLUNTARY	25	3		10		5	43
INVOLUNTARY	49	15		13	1	41	119
AVG. CASELOADS							
	170	30	35	106	140	345	
RETENTION RATES (%)							
	59	46	74	70	79	67	
INCEPTION GRADUATES							
EMPLOYED (FULL OR PART)	26	35	79	42	232	30	212
GOV'T ASSISTANCE	77	56	21	70	87	31	234
MEDICAID	90	29	37	82	166	82	283
IN SCHOOL (FULL OR PART)	32	20	13	25	105	48	125
VOCATIONAL TRAINING	68	31	35	18	46	35	152



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NEW YORK CITY CRIMINAL COURT: DRUG COURT INITIATIVE

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Queens
MISDEMEANOR (QMTCC)
Staten Island
FELONY (SITC)

Welcome to NYC Drug Court

For non-Drug Court related matters, visit www.nycourts.gov or please call 1-800-COURTNY.

[View Drug Court Video](#)



(Run Time: 2:5 minutes, mp4g format) can be played in a variety of viewers: [Download Questions](#) | [Download Solutions](#)

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Welcome to the Drug Courts of New York City Criminal Court. Here you will find information on the nine 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!

August 23, 2012
8:50 PM



[Drug Courts 2012 Annual Report](#)

ANNOUNCEMENTS

1/2/12
New Year's Day
Offices Closed

1/16/12
Dr. MLK, Jr. Day
Offices Closed

2/13/12
Lincoln's Birthday
Offices Closed

2/20/12
President's Day
Offices Closed

5/28/12
Memorial Day
Offices Closed

7/4/12
Independence Day
Offices Closed

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