



Policy and Procedures Manual

Manhattan Treatment Court

Manhattan Treatment Court
Criminal Court of the City of New York
60 Lafayette Street
New York, NY 10013



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Visit the Manhattan Treatment Court's website for a Powerpoint copy of this manual:

www.courts.state.ny.us/courts/2jd/mtc/index.shtml

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MISSION STATEMENT

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



INTRODUCTION

The Manhattan Treatment Court (MTC) addresses the problem of drug abuse and related crime in a dedicated court part offering substance abuse treatment in non-custodial settings to non-violent, first-time felony narcotics offenders and provides judicial supervision of their progress in treatment. Treatment is offered to all qualifying defendants and is proportional to the individual's substance abuse history, present offense, and prior criminal record. The Court utilizes mandatory drug testing, case management and referral services to assist clients in achieving abstinence and life long recovery. 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.

MTC uses escalating sanctions and rewards to create incentives for the addict's recovery. Rewards are offered to those who fulfill each stage of their treatment plan upon program completion. Conversely, those participants who fail to comply with their treatment plan are subject to a set of graduated sanctions designed to respond incrementally to non-compliance. It is anticipated that some individuals may relapse during their treatment and/or not be in full compliance immediately; the rewards and sanctions system provides flexibility in individual cases while closely monitoring movement through the program.

OVERVIEW

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 above in paragraph one). 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 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.



PRELIMINARY IDENTIFICATION CRITERIA

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;
- have no prior felony convictions; and
- have no history of violence or multiple bench warrants.
- Probation Violators¹
- Not be an Illegal Immigrant

INTAKE/CASE MANAGEMENT

The plea allocutions (for those who are deemed paper eligible) will be conducted in the Court at which time the defendant will be apprised of his/her rights and responsibilities. The goals of treatment court will be discussed and the defendant will be offered the opportunity to plead guilty to a reduced felony count with the promise that if the defendant complies with the court-mandated treatment, the court will vacate the plea and dismiss the charges against the defendant. If the defendant fails to successfully complete Treatment Court, the Court will impose a sentence of one year's imprisonment. The court will also discuss the alternative offer should he/she be found unsuitable for treatment court (most likely will be Interim Probation Supervision).

Upon arrival at the Treatment Court Case Management Office, the defendant participates in an orientation by the treatment staff. The orientation includes urinalysis and a confidential interview by a case manager on the Universal Treatment Application for a psycho-social assessment and addiction severity. The primary purpose of this evaluation is to determine whether a defendant is a substance abuser, to ascertain the level of addiction, and to evaluate the defendant's personal situation (i.e., homeless, unemployed, etc.).

The case manager then determines whether treatment intervention is appropriate and develops a treatment plan. If it is determined that there is an addiction, the case manager makes a treatment plan recommendation to the Court according to the severity of addiction, the defendant's community ties, and his/her criminal history. The treatment plan sets forth the type of treatment program and frequency of attendance required. The case manager identifies appropriate providers and assists the client in the provider's admissions requirements for treatment intake.

1) MTC also considers certain defendants charged with Violations of Probation. If a defendant is accepted as a probation violator (VOP), the underlying conviction must have been a felony drug charge. The violation can only be testing positive on a urine test, failing to comply with probation officer recommendation to enter drug treatment, or a new misdemeanor arrest and conviction for drug possession.



(INTAKE/CASE MANAGEMENT CONTINUED)

If the results of the evaluation reveal that the defendant is not an addict or has no documentation which would enable the placement in a treatment program – e.g., social security number, alien registration, passport, birth certificate, etc., the individual would be considered unsuitable candidate for treatment intervention and he/she would be sentenced to the alternative offer.

TREATMENT PROVIDERS

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

TREATMENT MODALITIES

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

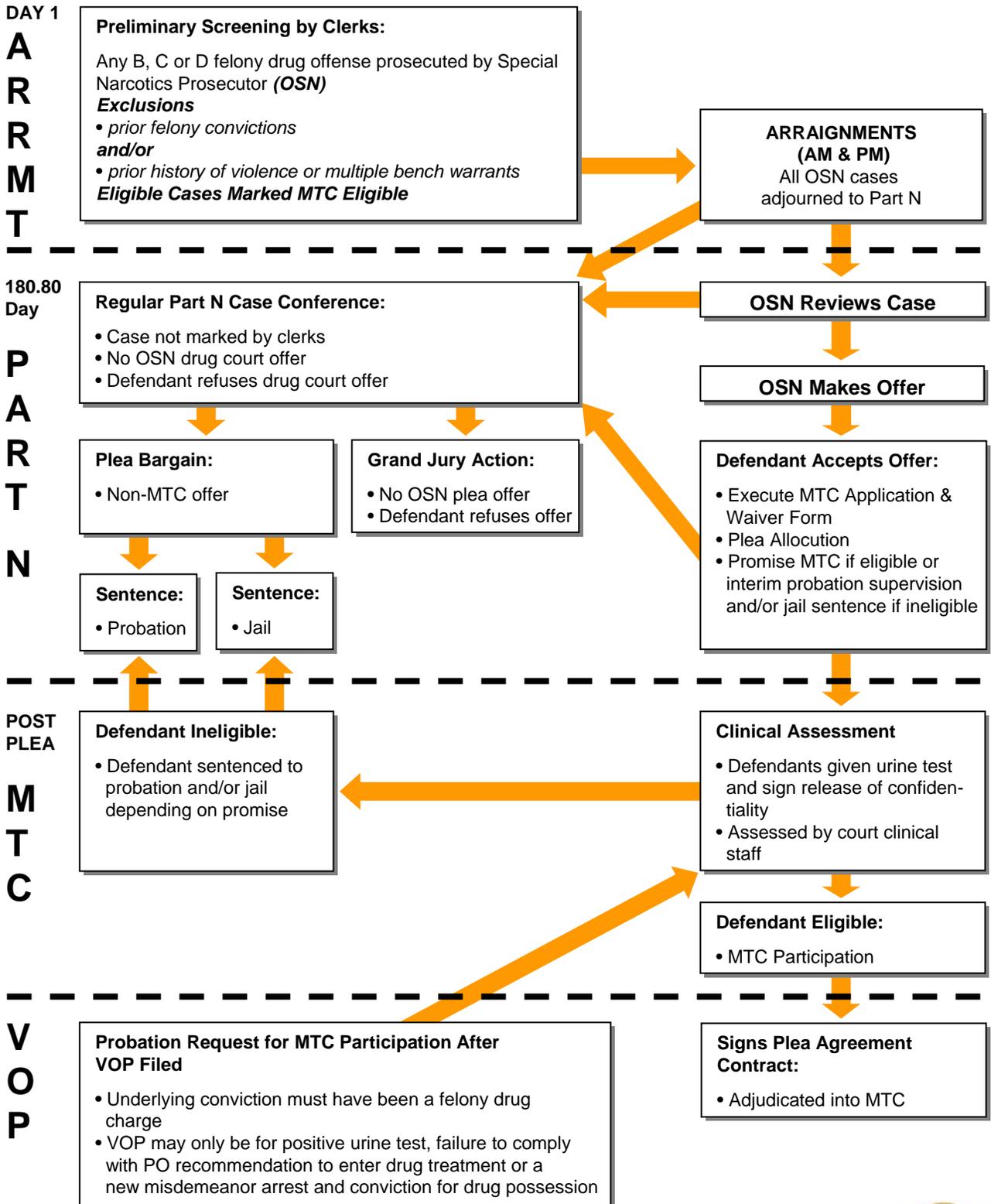
LENGTH OF TREATMENT

The typical treatment mandate is twelve months, however this is dependant upon the participant's individual progress through the program. The average length of time in treatment is around 20 months².

2) As of CY 2003.



MTC CASE FLOW



SCREENING/ELIGIBILITY CRITERIA

MANHATTAN TREATMENT COURT

ELIGIBILITY FOR TREATMENT COURT

1. ONLY CASES PROSECUTED BY THE OFFICE OF THE SPECIAL NARCOTICS PROSECUTOR
2. MUST BE B, C, OR D DRUG FELONY
3. NO PRIOR FELONY CONVICTIONS
4. NO PRIOR MISDEMEANOR CONVICTIONS INVOLVING VIOLENT BEHAVIOR (SEE COLUMN B)
5. NO PENDING CASES INVOLVING THE FOLLOWING: (SEE COLUMN A & B)

COLUMN A OPEN FELONY CHARGES FOR THE FOLLOWING PL SECTIONS		COLUMN B PRIOR MISDEMEANOR CONVICTIONS OR OPEN MISD. CASES FOR THE FOLLOWING PL SECTIONS	
§100.	CRIMINAL SOLICITATION	§100.05	CRIMINAL SOLICITATION 4
§105.10, 13, 15, & 17	CONSPIRACY 1, 2, 3 & 4	§105.00	CONSPIRACY 6
§120	ASSAULT	§105.05	CONSPIRACY 5
§125	HOMICIDE	§120.00	ASSAULT 3
§130	SEX OFFENCES	§120.14	MENACING 2
§135	UNLAWFUL IMPRISONMENT (KIDNAPPING)	§120.16	HAZING 1
§150	ARSON	§120.16	RECKLESS ENDANGERMENT 2
§160	ROBBERY	§125.50	SELF-ABORTION 2
§215	BRIBING A WITNESS	§125.55	SELF-ABORTION 1
§265	FIREARMS	§125.60	ISSUING ABORTIONAL ARTICLES
§140.25	BURGLARY 2	§130.20	SEXUAL MISCONDUCT
§140.35	BURGLARY 1	§130.38	SENSUAL SODOMY
§220.43	CSCS 1	§130.55	SEXUAL MISCONDUCT
§220.41	CSCS 2	§130.60	SEXUAL ABUSE 2
§220.21	CPCS 1	§135.05	UNLAWFUL IMPRISONMENT 2
§220.18	CPCS 2	§135.45	CUSTODIAL INTERFERENCE 2
		§135.60	COERCION 2
		§205.30	RESISTING ARREST
		§215.10	TAMPERING WITH WITNESS 4
		§215.25	TAMPERING WITH JUROR 1
		§215.45	COMPOUNDING A CRIME
		§215.50	CRIMINAL CONTEMPT
		§215.55	BAIL JUMPING
		§215.75	UNLAWFUL DISCLOSURE OF AN INDICTMENT
			UNLAWFUL DISPOSITION OF ASSETS
		§215.80	SUBJECT TO FORFEITURE
		§240.05	RIOT 2
		§240.06	RIOT 1
		§240.08	INCITING TO RIOT
		§240.10	UNLAWFUL ASSEMBLY
		§240.30	AGGRAVATED HARASSMENT 2
		§240.31	AGGRAVATED HARASSMENT 1
		§265.01	CRIMINAL POSSESSION OF WEAPON 4
		§265.35	PROHIBITED USE OF WEAPON 4



SCREENING PROTOCOL

ARRAINGMENT CLERK

Pre-arraignment

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



Post-arraignment

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



MTC CLINICAL STAFF



MTC CLINICAL STAFF

Director Management Analyst JG-25

Typical Background:

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

Responsibilities Include:

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

Resource Coordinator Senior Court Analyst JG-21

Typical Background:

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

Responsibilities Include:

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

MTC CLINICAL STAFF

(Continued)

Senior Case Manager Court Analyst JG-18

Typical Background:

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

Responsibilities include:

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

Case Manager Assistant Court Analyst JG-16

Typical Background:

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

Responsibilities include:

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



MTC CLINICAL STAFF

(Continued)

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

Typical Background:

- some clinical or clerical experience

Responsibilities include:

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

Data Entry **Data Recording Assistant JG-8**

Responsibilities include:

- assists the case management staff in entering appropriate information in the UTA
- assists **lab technician**



CONFIDENTIALITY – The Law



CONFIDENTIALITY

The Law

STATUTES

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

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

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

It is this court order for "good cause" provision that has been the locus of most litigation in the confidentiality of records area. 42 U.S.C. §290dd-2(b)(2)(C) provides further guidance for a court assessing "good cause":

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

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

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

CONFIDENTIALITY

The Law (continued)

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

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

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

REGULATIONS - 42 CFR 2.1 et seq.

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

2.3 PURPOSE AND EFFECT

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

2.4 CRIMINAL PENALTY

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

2.11 DEFINITIONS

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

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



CONFIDENTIALITY

The Law (continued)

2.12 APPLICABILITY

(a) General

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

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

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

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

(b) Federal assistance.

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

(c) Exceptions

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

CONFIDENTIALITY

The Law (continued)

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

(d) Applicability to recipients of information

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

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

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

2.13 CONFIDENTIALITY RESTRICTIONS

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



CONFIDENTIALITY

The Law (continued)

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

2.17 UNDERCOVER AGENTS AND INFORMANTS

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

2.20 RELATIONSHIP TO STATE LAWS

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

2.22 NOTICE TO PATIENTS OF FEDERAL CONFIDENTIALITY REQUIREMENTS

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

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

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

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



CONFIDENTIALITY

The Law (continued)

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

2.31 FORM OF WRITTEN CONSENT

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

2.32 PROHIBITION ON REDISCLOSURE

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

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

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

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

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



CONFIDENTIALITY

The Law (continued)

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

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

2.61 LEGAL EFFECT OF ORDER

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

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

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

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

2.63 CONFIDENTIAL COMMUNICATIONS

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



CONFIDENTIALITY

The Law (continued)

2.64 PROCEDURES AND CRITERIA FOR ORDERS AUTHORIZING DISCLOSURES FOR NONCRIMINAL PURPOSES

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

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

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

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

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

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

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

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



CONFIDENTIALITY

The Law (continued)

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

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

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

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

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

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

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

(e) No information obtained by an undercover agent may be used to criminally investigate or prosecute any patient or as the basis for an application for an order under 2.65 of these regulations.³

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

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

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

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



CONFIDENTIALITY – HIPPA



CONFIDENTIALITY

HIPPA

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

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

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

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

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

Although drug treatment courts certainly use or disclose protected health information regularly as part of their operations, New York State's drug treatment courts do not fall under the regulations' definition of a covered entity. First, drug treatment courts are neither health plans nor health care clearinghouses. Second, although some drug treatment courts may be considered health care providers under HIPAA⁶, New York State's drug treatment courts do not, in any event, currently engage in those specific electronic transactions (see footnote 4) that would make them the type of health care providers that are covered entities under HIPAA.

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

CONFIDENTIALITY

HIPPA (continued)

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

General Provisions of HIPAA's Privacy Regulations:

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

- to the individual who is the subject of the protected health information⁷;
- to carry out treatment, payment, or health care operations, if a valid consent has been obtained in accordance with Section 164.506 or, if a consent is not required, pursuant to Section 164.506(a)⁸;
- under an allowed exception (for example, for judicial and administrative proceedings, for law enforcement purposes, for research purposes, or pursuant to a valid subpoena)⁹;
- pursuant to a valid "authorization", if the disclosure is not to carry out treatment, payment, or health care operations¹⁰;
- where the protected health information has been "identified" in accordance with Section 164.514 (and is, therefore, no longer protected health information)¹¹;
- to a "business associate," if the covered entity receives satisfactory assurances that the business associate will appropriately safeguard the information¹².

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

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

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



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HIPPA (continued)

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

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

How HIPAA May Affect New York Drug Courts:

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

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

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



CONFIDENTIALITY

HIPPA (continued)

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

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

Continued Applicability of State and Federal Confidentiality Law and Regulations:

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

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

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

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

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

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

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



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HIPPA (continued)

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

CONFIDENTIALITY

ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION (continued)

SAMPLE

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

ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION

WHEREAS one of the purposes of the _____
[Name of Drug Treatment Court]

(the "Drug Treatment Court") is to monitor closely the progress of defendants ("Participants") appearing in the Drug Treatment Court in their substance abuse treatment; and

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

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

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

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

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

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

DATED: _____

Judge/Justice _____



CONFIDENTIALITY

ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION (continued)

SAMPLE
ATTACHMENT A

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

Present: Hon. _____

THE PEOPLE OF THE STATE OF NEW YORK

-against-

**ORDER TO DISCLOSE PROTECTED
HEALTH INFORMATION**

Docket/SCI/IND# _____

Defendant

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

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

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

ORDERED that _____ disclose to the Drug Treatment
[Name of Treatment or Health Care Provider]

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

DATED: _____

Judge/Justice _____



CONFIDENTIALITY

ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION (continued)

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

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

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

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

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



CONFIDENTIALITY

ORDER TO DISCLOSE PROTECTED HEALTH INFORMATION (continued)

NOTICE

SAMPLE

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

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

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

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

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

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



CONFIDENTIALITY – Procedures



CONFIDENTIALITY

PROCEDURES

INTRODUCTION

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

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

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

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

CONSENT PROCEDURE

Clinical Assessment

The defendant must sign **MTC 1005 – Application and Waiver Form** in court before a clinical assessment may be conducted. Case manager ensure that Application and Waiver Form has been executed and is in file.



CONFIDENTIALITY

PROCEDURES (continued)

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

1. **MTC 1006 – Authorization for Release, Disclosure and Re-Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information**
2. **MTC 1007 – Consent to Release Confidential Medical and Psychiatric Information**
3. **MTC 1008 – Authorization for Release of Confidential HIV-Related Information**
(optional)
4. **General Consent to Release Confidential Information** (optional)

MTC 1005 – Application and Waiver Form

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

Termination: This release remains in effect until the clinical staff informs the judge and attorneys whether defendant is eligible for treatment court.

MTC 1006 – Authorization for Release, Disclosure and Re-Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information

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

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

MTC 1007 – Consent to Release Confidential Medical and Psychiatric Information

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

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



CONFIDENTIALITY

PROCEDURES (continued)

MTC 1008 – Authorization for Release of Confidential HIV- Related Information

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

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

General Consent to Release Confidential Information

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

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

MONITORING PROGRESS

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

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

COMMUNICATION WITH OUTSIDE AGENCIES

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



CONFIDENTIALITY

PROCEDURES (continued)

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

COURTROOM

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



CONFIDENTIALITY

MTC 1005- APPLICATION AND WAIVER FORM

SAMPLE

CRIMINAL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK

THE PEOPLE OF THE STATE OF NEW YORK

- against -

Defendant.

DOCKET # _____

MANHATTAN TREATMENT COURT Application and Waiver Form

By signing this, I apply for admission into the Manhattan Treatment Court (Treatment Court). I understand that if I am accepted into the Treatment Court, I will be required to successfully complete a drug treatment program. If I complete the program and commit no new crimes, the prosecutor will consent to a dismissal of the felony charge(s) pending against me.

In order to determine whether I am eligible for treatment, I must be interviewed by a representative of the Treatment Court evaluation team and receive a psycho-social evaluation. I understand that information that I reveal during this interview may be disclosed to the judge, my attorney, the prosecutor, and to other representatives of the Treatment Court. I consent to this interview, and I waive the presence of my attorney during it. I also authorize the representative of the Treatment Court to discuss information that he or she has obtained from me with the court, my attorney and the prosecutor's office, in order to inform them whether I have been accepted into Treatment Court. If I am not accepted, I understand that the information that will be disclosed will include the reason I was rejected. I understand that this consent will remain in effect and cannot be revoked by me until the Treatment Court staff has informed the judge, my attorney and the prosecutor about whether I have been accepted into the Treatment Court. I also understand that any disclosure about me is protected from further disclosure by Part 2 of Title 42 of the Code of Federal Regulations, which protects the confidentiality of alcohol and drug abuse patient records.

I agree to extend the time within which the Office of Special Narcotics is required by New York State Criminal Procedure Law §180.80 to either present the charges against me to a grand jury or commence a preliminary hearing, until _____. (Complete if defendant is incarcerated.)

I agree that the adjournment(s) will be "on consent" for purposes of Criminal Procedure Law §30.30, which means that the prosecutor does not have to use this time to prepare my case for trial. Finally, I understand that under Criminal Procedure Law §190.50 I have the right to present evidence to any Grand Jury that is hearing evidence against me on Docket # _____, and I waive that right.

I sign this application and waiver form voluntarily and in open court, in the presence of my attorney.

DATED: NEW YORK, NEW YORK

_____/_____/_____

Defendant's Signature

Defendant's Attorney

Telephone #

1. If you are currently on probation, please give the name of your officer _____ and his/her telephone # _____

2. If you do not speak English, indicate the language you speak.

MTC 1005 (7/98)



CONFIDENTIALITY

MTC 1006- AUTHORIZATION FOR RELEASE, DISCLOSURE AND RE-DISCLOSURE OF CONFIDENTIAL ALCOHOL AND/OR DRUG ABUSE PATIENT INFORMATION FORM

MANHATTAN TREATMENT COURT

SAMPLE

AUTHORIZATION FOR RELEASE, DISCLOSURE AND RE-DISCLOSURE OF CONFIDENTIAL ALCOHOL AND/OR DRUG ABUSE PATIENT INFORMATION

I, _____, Case #'s _____,
(Print client name)

do hereby authorize the Manhattan Treatment Court and staff thereof, to receive information from:

(Print name and address of program/facility/organization)

(Print city, state, zip code)

I understand that information pertaining to my attendance and progress in treatment is protected by Federal Regulation 42 CFR, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records" and New York State Mental Hygiene Laws §23.05 and cannot be disclosed without my written consent. I understand further that certain communications between myself and treatment program staff i.e. physicians, certified social workers, etc. may be privilege under New York State Civil Practice Laws and Rules (ex. NYCPLR §4508) and I waive any privilege under said Sections to permit disclosure regarding the full circumstances of my performance in treatment. I willingly and voluntarily authorize disclosure of information regarding my previous treatment episodes, current and previous substance abuse history, current need for treatment, as well as progress, attendance and degree of participation in any treatment or components thereof as mandated by the Court, to the Judge, and employees of the Manhattan Treatment Court as necessary to monitor my court mandated treatment, and allow for its re-disclosure to my attorney, the District attorney, where applicable, the Division of Parole, Department of Probation, Violation of Probation Judge and Department of Corrections, (where applicable).

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

The purpose of and need for the disclosure and re-disclosure is to inform the parties listed above as to the details, facts and circumstances of my progress or lack of progress in treatment and whether I have successfully completed or failed to complete treatment.

I understand that the information may affect my sentence or the conditions of release and/or result in modifying the terms of my sentence or conditional release/discharge under which I was mandated to receive treatment.

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

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

(Signature of Client)

(Date)

(Witness) or parent/Guardian if Client is Under 18

(Date)

MTC 1006 (7/98)



CONFIDENTIALITY

MTC 1007- CONSENT TO RELEASE CONFIDENTIAL MEDICAL AND PSYCHIATRIC INFORMATION FORM

SAMPLE

MANHATTAN TREATMENT COURT

CONSENT TO RELEASE CONFIDENTIAL MEDICAL AND PSYCHIATRIC INFORMATION

By signing this form, I, _____ consent that clinical staff and health services providers may obtain my medical and/or psychiatric records from the following agency, hospital, organization or other health care provider:

Name of agency or provider

address, city, state

I also authorize the clinical and health care staff of the Manhattan Treatment Court to re-disclose the released information to treatment providers and other agencies to the extent necessary for referring, placing and maintaining me in substance abuse treatment and other social services.

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

I understand that the purpose of this disclosure is to develop and implement an appropriate substance abuse and social service treatment plan, and to monitor treatment and make necessary adjustments in it. I understand that this release will be in effect until my participation with the Manhattan Treatment Court and its affiliates has officially ended.

I understand that my records are protected under federal regulations governing the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: upon successful completion, termination or withdrawal from treatment and/or Treatment Court.

Defendant

Date

Witness

Date

MTC 1007 (7/98)



CONFIDENTIALITY

MTC 1008- AUTHORIZATION FOR RELEASE OF CONFIDENTIAL HIV- RELATED INFORMATION FORM

MANHATTAN TREATMENT COURT
100 CENTRE STREET
NEW YORK, NEW YORK 10013

SAMPLE

Authorization for Release of Confidential HIV-Related Information

"Confidential HIV-Related Information" is any information indicating that a person has had an HIV-related illness or AIDS, or any information indicating that a person has potentially been exposed to HIV. HIV is the virus that causes the disease AIDS.

Under New York State law (Public Health Law §2782), confidential HIV-related information can generally be given only to persons whom you allow to have it. By signing this release, you agree to release your confidential HIV-related information to the person or persons listed below. You also agree that the person or persons listed below can share your confidential HIV-related information with other health care or social service providers the Judge(s) and the prosecutor's office, in order to place you in a drug treatment program. Finally, you agree that they may share the information with other health care or social service providers, in order to obtain medical care or necessary social services for you. You can ask the person or persons listed below to provide you with a list of people to whom they have disclosed your confidential HIV-related information.

If you experience discrimination because of the release of your confidential HIV-related information, you may contact New York State Division of Human Rights at (212) 870-8824 or the New York City Commission of Human Rights at (212) 306-7500. These agencies are responsible for protecting your rights.

Name of person whose HIV-related information will be released:
Name and address of person who will be given HIV-related information:
Reason for release of HIV-related information: To prepare and implement an appropriate treatment plan (which may include residential or outpatient substance abuse treatment and/or social services).
Time during which release is authorized: From: _____ To: _____

My questions about this form have been answered. I understand that I do not have to allow release of HIV-related information, and that I can change my mind at any time.

Print Name

Parent or Guardian (under 18)

Signature

Date



CONFIDENTIALITY

GENERAL CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION



MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013
P: 646-386-4626
F: 212-374-1725

GENERAL CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(client/print name)

_____ (persons/program)

to disclose to _____

the following information _____

The purpose for such disclosure is: _____

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

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

Client Signature/Date

Witness Signature/Date



CONFIDENTIALITY

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



SAMPLE

MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013
P: 646-386-4626
F: 212-374-1725

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

(To Accompany Disclosure of Information with Consent of MTC or MMTTC Participant)

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

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

PHONE: (646) 386-4625
FAX: (212) 374-1725

(rev. 04/27/04)





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

Debra Hall-Martin
Project Director
60 Lafayette Street
New York, NY 10013
dhallma@courts.state.ny.us

Visit the Manhattan Treatment Court's website for a Powerpoint copy of this manual:

www.courts.state.ny.us/courts/2jd/mtc/index.shtml



PLEA AGREEMENT



PLEA AGREEMENT

If the defendant is eligible for treatment as reported in the Treatment Plan/Recommendation, the defendant is then required to execute the **MTC 1004 - Plea Agreement** in open court. The plea agreement enumerates the terms and conditions of the defendant's participation in the MTC program.



PLEA AGREEMENT

MTC 1004- PLEA AGREEMENT FORM

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

THE PEOPLE OF THE STATE OF NEW YORK

-against-

SCI # _____

Defendant.

X

SAMPLE

MANHATTAN TREATMENT COURT - PLEA AGREEMENT

On the understandings set forth below, the defendant, _____, having entered a plea of guilty to _____ in violation of Penal Law Section _____, in full satisfaction of the SCI # _____, hereby agrees to enter and successfully complete the Manhattan Treatment Court Program.

1. The date of sentencing will be adjourned for at least twelve (12) months until _____.
2. During this period, the defendant will enter and successfully complete a drug treatment program at _____ (program). Successful completion means regular attendance, compliance with program rules and regulations, full participation in all activities designated by program staff and the Court and negative toxicology reports. Failure to successfully complete the program by the aforementioned sentencing date (within twelve (12) months) will automatically extend the above sentencing date to the anticipated date of defendant's successful completion of the treatment program.
3. The defendant will execute a Consent for the Release of Confidential Information so that the Court, defendant's attorney, the Office of Special Narcotics, and any other agency whose pre-approval was necessary for placement in Treatment Court and whose approval was conditioned upon receipt of reports detailing defendant's progress or lack of progress, can be apprised of his/her status in the program. The defendant will also execute Consents for the Release of Medical and HIV Information so that the court, his/her attorney, and the Office of Special Narcotics can be apprised of the defendant's medical and/or HIV status as it relates to his/her treatment. The defendant agrees to maintain residence at _____ for the duration of treatment. Failure to maintain residence without notice to and permission of the Court may lead to termination of plea agreement and other consequences to be determined by the Court.
4. If the defendant absconds from treatment, the Court will find the defendant to be in violation of this agreement and the Court will issue a bench warrant for the defendant's arrest.
5. If you are arrested for a violent offense you will be immediately terminated from the Treatment Court and shall be sentenced by the Court after a full consideration of all the facts and circumstances.
6. If the defendant violates any conditions imposed by the Court, including but not limited to, returning to court when required to do so, cooperating with the Department of Probation if required, or is rearrested, the defendant's case will be calendared at the earliest opportunity and the Court may impose any sanction the Court deems appropriate.
7. If the defendant fails to successfully complete Treatment Court, the Court will impose a sentence of one year imprisonment. The defendant, acknowledges he/she has a right to appeal the conviction and waives that right knowingly and voluntarily.
8. If the defendant successfully completes the Treatment Court, and commits no new crimes, the Court will grant defendant's application to withdraw the previously entered plea of guilty on SCI # _____, and the People will move to dismiss the SCI. The defendant will waive the sealing of that dismissal so that a record of the arrest will remain on his/her criminal history.

DATED: **New York, New York**

/ /

Defendant's Counsel

Defendant

Assistant District Attorney

Justice of the Supreme Court

MTC 1004 (7/98)





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

Debra Hall-Martin
Project Director
60 Lafayette Street
New York, NY 10013
dhallma@courts.state.ny.us

Visit the Manhattan Treatment Court's website for a Powerpoint copy of this manual:

www.courts.state.ny.us/courts/2jd/mtc/index.shtml



ASSESSMENT



ASSESSMENT

1. **Assignment.** The resource coordinator will assign any new and eligible cases and enter information into the Universal Treatment Application every morning by 9:30am. Case managers will check the main screen of the UTA for assignment as soon after 9:30am as practicable. Resource coordinator will review new case assignments in the morning staff meeting.
2. **Custody or Release.** Upon assignment of new case, case manager should ascertain from resource coordinator whether defendant is in custody or released on bail or own recognizance. Resource coordinator will inform case manager when defendants are produced by the Department of Corrections. If defendant is free on bail or own recognizance, case manager will conduct interview and psycho-social assessment at his/her workstation. If the defendant is in the custody of the Department Corrections, case manager will conduct interview and psycho-social assessment in the designated Corrections interview area.
3. **Assessment Packet.** The assessment packets will become the hard file for each defendant. Each assessment packet should contain the following forms prior to commencement of the assessment:
 - ✓ **MTC 1006** – Authorization for Release, Disclosure and Re-Disclosure of Confidential Alcohol and/or Drug Abuse Patient Information
 - ✓ **MTC 1007** – Consent to Release Confidential Medical and Psychiatric Information
 - ✓ **MTC 1008** – Authorization for Release of Confidential HIV-Related Information General Consent to Release Confidential Information *(optional)*
 - ✓ Birth Certificate Verification Letter
 - ✓ Social Security Verification
 - ✓ UTA Assessment Tool – 27 pages (only for defendants in custody)
4. **Explanation of Program.** Before assessment case manager will confirm that defendant has executed h **MTC 1005 - Application and Waiver Form**. Case manager will start the assessment process by introducing himself/herself and giving a short explanation of the MTC program and what the assessment process entails. The explanation should include the following elements:
 - MTC is voluntary

ASSESSMENT

(Continued)

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

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

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

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

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



ASSESSMENT

(Continued)

The UTA Assessment includes seventeen (17) sections. All 17 must be completed in as much detail as possible. The Sections are Listed below:

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

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

ASSESSMENT

RELEASE OF INMATE PROPERTY FORM



SAMPLE

MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013
P: 646-386-4626
F: 212-374-1725

RELEASE OF INMATE PROPERTY

To: Supervisor Rikers Island

From: _____

Date: _____

Re: Release of inmate property

This letter is written on behalf of _____,

Book & Case # _____.

Please be advised that on _____, _____ is scheduled

to appear in the Criminal Court before Judge Laura A. Ward. He/she will be released on the
aforementioned court date at the Manhattan Treatment Court to be placed into a Residential drug treatment
program under the Court order.

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

Sincerely,

Case Manager



ASSESSMENT

HRA REFERRAL LETTER



MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013
P: 646-386-4626
F: 212-374-1725

HRA REFERRAL LETTER

Date: _____

Re: Client Name _____

SSN: _____ DOB: _____

To Whom It May Concern:

As a condition of a plea agreement, the above named individual has been mandated to substance abuse treatment by Judge Laura A. Ward of Criminal Court of the City of New York in Manhattan. Should he/she fail to complete treatment as designated by the Manhattan Treatment Court, he/she will face incarceration. The following are the terms of the mandate as set by the Court:

Duration of Mandated Treatment: _____

This client's progress will be monitored by Manhattan Treatment Court, specifically,

MTC Case Manager/Phone: _____ / _____

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

Date: _____

Program Name: _____

Program Address: _____

Start Date: _____ Program Phone: _____

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

Sincerely,



ASSESSMENT

AFTERCARE LETTER REQUEST



SAMPLE

MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013
P: 646-386-4626
F: 212-374-1725

AFTERCARE LETTER REQUEST

Prison Health Services

To Whom It May Concern;

I am writing to assist this inmate _____ to obtain a copy of an aftercare letter. This inmate is being adjudicated in the Manhattan Treatment Court. If you should have any questions please contact _____ at _____ .

Thank you for your assistance.

Sincerely,

MTC Case Management



ASSESSMENT

SOCIAL SECURITY NUMBER VERIFICATION FORM



MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013
P: 646-386-4626
F: 212-374-1725

SOCIAL SECURITY NUMBER VERIFICATION

Social Security Administration
New York, New York

To Whom It May Concern:

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

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____

TOWN/BOROUGH BORN IN: _____

This permission is given voluntarily and under my own free will:

Client

Date

Is this information requested verified by the Social Security Administration:

YES _____ NO _____



ASSESSMENT

BIRTH CERTIFICATE REQUEST



SAMPLE

MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013
P: 646-386-4626
F: 212-374-1725

BIRTH CERTIFICATE REQUEST

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

Dear Ms. McNeill:

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

NAME: _____

DATE OF BIRTH: _____

COUNTY: _____

HOSPITAL: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

Once a copy of the verification form is produced, would you kindly fax it to me at (212) 274-1725.

Please feel free to contact me at (646) 386 - _____ if you have any questions.

Thanks for your assistance

Sincerely,

Case Manager
Manhattan Treatment Court



ASSESSMENT

UTA ASSESSMENT TOOL- DEMOGRAPHICS

Client ID# _____ Case ID# _____

Page 1 of 27

Date _____ Interview for _____

Demographics

Last Name

First Name

Middle Initial

Gender male Female

Maiden Name

Is client known by a different name ?

AKA Last Name

AKA First Name

AKA Middle Initial

Referral Source

Does client speak another language?

Does the client require an interpreter? yes no

Interpreter Language

Ability to read English is:

Ability to write English is:

Date of Birth

Age

US citizen

US resident

Date of residency

Where were you born?

Social Security Number

Race/Ethnicity

Hispanic group

Marital Status

Sexual Preference

Where did assessment take place



ASSESSMENT

UTA ASSESSMENT TOOL- IDENTIFICATION REPORTED

Page 2 of 27

Identifications Reported

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



ASSESSMENT

UTA ASSESSMENT TOOL- LIVING ARRANGEMENTS

Page 3 of 27

Employment ID	yes	no
Do you have it with you?	<input type="checkbox"/>	
Employer		<input type="text"/>
HA Card	yes	no
Do you have it with you?	<input type="checkbox"/>	
Number		<input type="text"/>
Other	<input type="checkbox"/>	
Number		<input type="text"/>

Living Arrangements

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

Present Address

Do you have a current address?	yes	no
Street Address		<input type="text"/>
Apartment number		<input type="text"/>
City		<input type="text"/>
State		<input type="text"/>
Zip		<input type="text"/>
Type of Residence		<input type="text"/>
Length of time at residence?		<input type="text"/>
Do you have a telephone	<input type="checkbox"/>	
Telephone number		<input type="text"/>
Cellular or Beeper Number		<input type="text"/>

ASSESSMENT

UTA ASSESSMENT TOOL- EDUCATION

Page 4 of 27

Contact at Present Address

Last Name

First Name

Relationship

Mailing Address

Is there another mailing address? yes no

Street Address

Apartment

City

State

Zip

Second Contact

Do you have a second contact? yes no

First Name

Last Name

Street Address

Apartment

City

State

Zip

Does this contact have a phone? yes no

Telephone number

Relationship to client

Education

What is your current education status?

What type of school?



ASSESSMENT

UTA ASSESSMENT TOOL- EMPLOYMENT

Page 5 of 27

Highest grade completed

Have you received a high school diploma? yes no

Have you received a GED? yes no

Ever attended special education classes? yes no

Nature of the special education?

Vocational Education

Ever Attended vocational/technical courses? yes no

What courses?

Did you complete the courses? yes no

Employment

What is your current employment status?

How long unemployed?

Most recent employment?

When did that job end?

Employer's name

Employer's street address

Employer's city

Employer's state

Employer's zip

Employer's telephone number

Supervisor's name

Working hours

How long employed here?

Employment verified? yes no

Other professional trade or skill?

Have you ever been employed? yes no

Longest period employed at any job

Last earnings before taxes



ASSESSMENT

UTA ASSESSMENT TOOL- DEPENDENTS

Page 8 of 27

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

yes no

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

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

yes no

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

Children

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

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

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



ASSESSMENT

UTA ASSESSMENT TOOL- MENTAL HEALTH

Page 10 of 27

Number of times:

Most recent hospital:

Most recent admission date:

Have you ever had a TB test? yes no

Last TB test:

Was your last TB test positive? yes no

Did you have a chest X-ray?

Currently taking meds for physical condition? yes no

Drug 1:

Dosage:

What for:

Drug 2:

Dosage:

What for:

Drug 3:

Dosage:

What for:

Drug 4:

Dosage:

What for:

Mental Health

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

Number of times?

Have you ever set a fire? yes no

Number of times

Have you ever considered harming yourself? yes no

Number of times:

Most recent date:



ASSESSMENT

UTA ASSESSMENT TOOL- SUICIDE RISK, RDS

Page 11 of 27

Currently taking any meds for mental health reasons? yes no

Drug 1:

Dosage:

What for:

Drug 2:

Dosage:

What for:

Drug 3:

Dosage:

What for:

Drug 4:

Dosage:

What for:

Suicide Risk - In the past month did you:

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

Suicide Risk - In your lifetime, did you ever:

- | | | |
|---------------------|-----|----|
| 1. Attempt suicide? | yes | no |
|---------------------|-----|----|

Referral Decision Scale (RDS)

1. Have you ever believed that people were watching
or following you or spying on you? yes no
2. Have you ever believed that you were being poisoned
or plotted against by others? yes no
3. Have you ever believed that someone could control your

ASSESSMENT

UTA ASSESSMENT TOOL- DEPRESSION, DYSTHYMIA, MANIC EPISODE

Page 12 of 27

mind by putting thoughts into your head or taking thoughts
or taking thoughts out of your head? yes no

4. Have you ever felt that other people knew your thoughts
or could read your mind? yes no

Major Depression

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

Dysthymia

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

Referrals

Referral for MH Evaluation yes no

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

1. Have you ever had a period of time when you were feeling
extremely happy or so full of energy or full of yourself
that you got into trouble or that other people thought you
were not your usual self? yes no
2. Are you currently feeling extremely happy or full of energy? yes no
3. Have you ever been persistently irritable, for several days,
so that you had arguments or verbal or physical fights,
or shouted at people outside your family? yes no
4. Have you or others noticed that you have been more irritable,



ASSESSMENT

UTA ASSESSMENT TOOL- TREATMENT HISTORY

Page 17 of 27

Treatment History

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

ASSESSMENT

UTA ASSESSMENT TOOL- TREATMENT BARRIERS, SERVICE NEEDS

Page 18 of 27

Treatment Barriers

- Are there any current barriers to treatment? yes no
- child care
 - conflict with school
 - cost
 - didn't know where to go for help
 - family/friend resistance
 - lost interest
 - none
 - other
 - physical health
 - religious beliefs
 - transportation
 - work schedule

Service Needs

- Are there any current service needs? yes no
- dental
 - domestic violence
 - educational
 - employment
 - entitlements
 - family related
 - health-related for children
 - housing
 - legal
 - medical care
 - mental health
 - other services



ASSESSMENT

UTA ASSESSMENT TOOL- TREATMENT DESIRED, MOTIVATION

Page 19 of 27

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

Treatment Desired

What type of treatment does the client desire?

Motivation:

I think drugs are a serious problem in my life

- Agree 2 3 4 Disagree

My family will support me in treatment

- Agree 2 3 4 Disagree

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

- Agree 2 3 4 Disagree

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

- Agree 2 3 4 Disagree

I have too many responsibilities to enter treatment

- Agree 2 3 4 Disagree

I am willing to enter treatment as soon as possible

- Agree 2 3 4 Disagree

I am worried about who will care for my children

- Agree 2 3 4 Disagree

I believe I can stop using drugs on my own

- Agree 2 3 4 Disagree

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

- Agree 2 3 4 Disagree

Impression/Assessment

General Comments:

In your opinion, the client's understanding of the

ASSESSMENT

UTA ASSESSMENT TOOL- CASE MANAGER'S ASSESSMENT

Page 20 of 27

questions was

Was the client cooperative during the interview? yes no

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

Alcohol Use

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

Professional assessment of alcohol use:

Alcohol Use Indicators

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

Drug Use

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

Professional assessment of drug use:

Drug Use Indicators

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



ASSESSMENT

UTA ASSESSMENT TOOL- CASE MANAGER'S ASSESSMENT

Page 21 of 27

Mental Health

Professional assessment of mental health:

Mental Health Indicators:

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

Treatment

Is client motivated to attend treatment?

Treatment Defining Factors:

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

Professional treatment recommendation:

- AA/NA
- Aftercare
- Ambulatory detox
- Day treatment

ASSESSMENT

UTA ASSESSMENT TOOL- CASE MANAGER'S ASSESSMENT

Page 22 of 27

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

Current Medical Condition

Indicate all current medical conditions:

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



ASSESSMENT

UTA ASSESSMENT TOOL- CASE MANAGER'S ASSESSMENT

Page 23 of 27

- STD
- TB
- Ulcers
- Wheelchair bound

HIV Information

Has client signed an HIV consent form or volunteered

HIV information?

yes no

Have you ever been tested for HIV

yes no

Are you HIV positive?

yes no

Have you ever received treatment for HIV?

yes no

Are you currently receiving treatment for HIV?

yes no

What is your CD4/T-cell count?

ASSESSMENT

UTA ASSESSMENT TOOL- DRUG USE DETAILED INFORMATION

Page 24 of 27

Drug Use Detailed Information

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



ASSESSMENT

UTA ASSESSMENT TOOL- DRUG USE DETAILED INFORMATION

Page 25 of 27

Drug Use Detailed Information

Biological

First Name
Last Name
Gender DOB Relationship
Present Live
Agency Name
Foster Last Name
Foster First Name
Other Parent Name
Provide Finance
Guardian
Lost Reason
Custody
Importance Custody
Ever Lost Custody
Regain Custody

Biological

First Name
Last Name
Gender DOB Relationship
Present Live
Agency Name
Foster Last Name
Foster First Name
Other Parent Name
Provide Finance
Guardian
Lost Reason
Custody
Importance Custody
Ever Lost Custody
Regain Custody



ASSESSMENT

UTA ASSESSMENT TOOL- FAMILY CASE DETAILED INFORMATION

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Family Case Detailed Information

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



TREATMENT PLAN/ RECOMMENDATION



TREATMENT PLAN/RECOMMENDATION

UTA ASSESSMENT TOOL- DEMOGRAPHICS

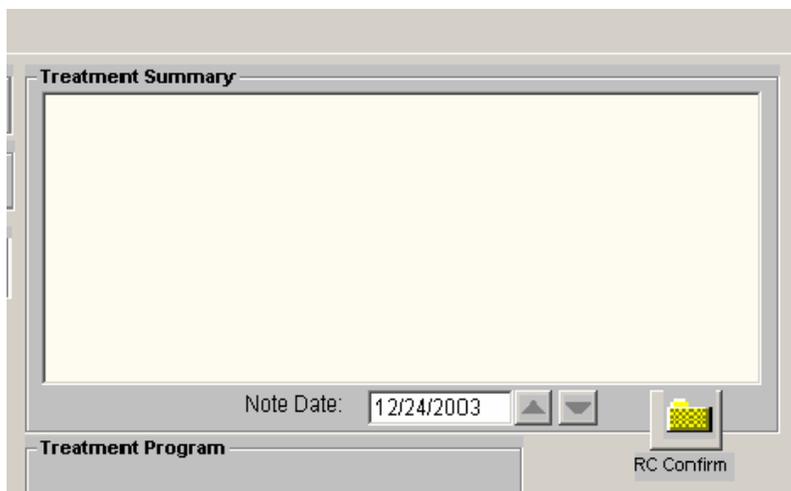
COMPLETION OF ASSESSMENT

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

VERIFICATION

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

TREATMENT PLAN RECOMMENDATION/UPDATE



The screenshot displays a software interface for the UTA Assessment Tool. The main window is titled "Treatment Summary" and contains a large, empty text area for input. Below this area, there is a "Note Date:" field with the date "12/24/2003" entered. To the right of the date field are two small navigation buttons (up and down arrows) and a folder icon. Below the main text area, there is a section labeled "Treatment Program" which is currently empty. In the bottom right corner of the interface, there is a button labeled "RC Confirm" with a folder icon next to it.

INELIGIBLE CANDIDATES

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

Note: It is MTC policy to protect the confidentiality of candidates immigration status.

TREATMENT PLAN/RECOMMENDATION

UTA ASSESSMENT TOOL- DEMOGRAPHICS (continued)

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

ELIGIBLE CANDIDATE

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

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

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

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

- Results of Urinalysis

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



TREATMENT PLAN/RECOMMENDATION

UTA ASSESSMENT TOOL- DEMOGRAPHICS (continued)

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

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

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

SAMPLE TREATMENT SUMMARY ENTRY

Public, John/17
6/3/03

Assessment Note:

Urinalysis: Positive cocaine and marijuana

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

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

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

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

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

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

URINE TESTING PROTOCOL



URINE TESTING PROTOCOL

The MTC uses the Varian TesTcup 5, Varian TesTcup Pro5 and the Varian Cup Kit M2K immunoassay tests.

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

MANHATTAN TREATMENT COURT PROTOCOL

Candidate/Assessment Toxicology Screening

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

Participant/Monitoring Toxicology Screening

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

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

Released Defendants

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

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

URINE TESTING PROTOCOL

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

DRUG RETENTION TIMES

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

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

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

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

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



URINE TESTING PROTOCOL

INTERPRETING THE RESULT

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

POPPY SEEDS

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

CROSS REACTIVITY

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

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

URINE TESTING PROTOCOL

ADULTERATION

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

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

PROCEDURE FOR CHALLENGING THE RESULTS OF URINALYSIS TESTING

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

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

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





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

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New York, NY 10013
dhallma@courts.state.ny.us

Visit the Manhattan Treatment Court's website for a Powerpoint copy of this manual:

www.courts.state.ny.us/courts/2jd/mtc/index.shtml



PROGRAM REFERRAL



PROGRAM REFERRAL

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

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

Medical and Mental Health Clearance

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

Released Defendants. Case manager will refer the participant to the appropriate community-based medical facility to obtain necessary medical or psychiatric evaluations and/or treatment. Case manager should execute and forward **MTC 1007 – Consent to Release Confidential Medical and Psychiatric Information** to the medical center to facilitate the necessary sharing of information.

Benefits/Program Payment. Case manager must help the participant obtain and coordinate health insurance benefits to enter a community-based substance abuse treatment program. Many defendants eligible for MTC intervention will not be covered by private health insurance. For these defendants, case manager is responsible for assisting the defendant in notifying the New York City Human Resources Administration (HRA) that the defendant has been mandated by the judge to attend a substance abuse treatment program. Case manager will also coordinate with the program to which the participant will be referred so that the program's intake department can assist the participant in obtaining Medicaid benefits.

PROGRAM REFERRAL

(Continued)

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

Treatment Referrals.

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



PROGRAM REFERRAL

(Continued)

- ✓ verbal updates of any circumstances that might require the intervention of the judge;
- ✓ a possible increase in the amount of random toxicology screens done by the program (day treatment providers are required to tests their MTC participants at least twice each week); and
- ✓ Expedited reporting of discharge or flight from the program
 - Residential programs must report this immediately
 - Outpatient programs must report this information when the MTC participant misses 5 consecutive days of treatment.

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

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

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

Ancillary Services that may need to be considered:

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

PROGRAM REFERRAL

VIOLATION OF CONDITIONS OF RELEASE



CRIMINAL COURT OF THE CITY OF NEW YORK MANHATTAN TREATMENT COURT

SAMPLE

Supreme Court of the State of New York
County of New York : Part MTC

Next Court Date_____

-----X

THE PEOPLE OF THE STATE OF NEW YORK

: SCI/IND#_____

:

-Against-

:

Dkt#_____

,Defendant. :

-----X

VIOLATIONS OF CONDITIONS OF RELEASE

1. I am the Director for the Manhattan Treatment Court (MTC) located at 60 Lafayette Street, New York, NY 10013.
2. As a condition of release pending sentence, the Court ordered the above-named defendant to attend and participate in substance abuse treatment, specifically _____
3. The defendant, after evaluation by the MTC clinical staff was referred to the above-mentioned program(s). Based on information from _____ the defendant has left the program prior to completion, in violation of the court's order. Specifically, the defendant _____
4. Therefore, as a result of defendant's failure to comply with court ordered condition of release, it is hereby requested that the court issue a bench warrant. Upon defendant's return to court, we ask the presiding judge to review the prior order releasing the defendant on his/her own recognizance.

Date Director

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

Date Director



PROGRAM REFERRAL

EDUCATIONAL ATTENDANCE AND PROGRESS FORM

SAMPLE



Manhattan Treatment Court Educational Attendance and Progress Form

Student Name:	Start Date:
----------------------	--------------------

COURT INFORMATION

Case Manager:	Telephone:	Fax:
----------------------	-------------------	-------------

SCHOOL/AGENCY INFORMATION

Agency/School Name:	Address:
Instructor Name:	Telephone:

SCHOOL SCHEDULE

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

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

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

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

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

COMMENTS

Authorized Signature: _____ **Date:** _____



PROGRAM REFERRAL

OUTPATIENT SETTINGS

MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013

Information Exchange Requirements

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

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

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



PROGRAM REFERRAL

RESIDENTIAL SETTINGS

MANHATTAN TREATMENT COURT
CRIMINAL COURT OF THE CITY OF NEW YORK
60 LAFAYETTE STREET
NEW YORK, NEW YORK 10013

Information Exchange Requirements

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

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

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

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



PROGRAM REFERRAL

LINKAGE AGREEMENT AND MEMORANDUM OF UNDERSTANDING

Manhattan Treatment Court Linkage Agreement and Memorandum of Understanding

SAMPLE

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

located at: _____

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

1. Prior to the signing this agreement, the Provider shall provide to the Court written copies of 1) the Provider's established policy regarding acceptance potential clients, 2) any regulations regarding confidentiality as well as 3) all regulations impacting treatment and client expectations.
2. At the time of referral to the Provider, the Court will provide the Provider with a referral package including assessment information and all information regarding Court-mandated terms of treatment for that specific client as well as copies of existing linkage agreements and information exchange requirements.
3. The Court will provide written Consent to Release Information Forms by fax to the agency upon referral of a client. The Provider shall make all final determinations regarding the suitability of potential clients consistent with established program criteria and this agreement and will immediately (within 24 hours) notify the Court of all final decisions regarding admissibility for every referred client.
4. If a client is found unsuitable for admission, the Provider, after contacting the Court, may make subsequent referrals without the same modality to Court approved Providers.
5. If subsequent referrals for an unsuitable client cannot be made by the Provider, the Provider must immediately (within 24 hours) notify the Court and immediately instruct the client to return to the Court for further referrals by Court staff.
6. The confidentiality and exchange of client information between the Court and the Provider shall be governed by regulations specified in the Court's Consent Forms and applicable Provider regulations.
7. For every client of the Court, the Provider will identify a liaison as well as a "back up" with whom to exchange information and ensure consistent communication with the Court.



PROGRAM REFERRAL

LINKAGE AGREEMENT AND MEMORANDUM OF UNDERSTANDING (continued)

SAMPLE

8. To the extent possible, the Provider will adhere to treatment terms and requirements as set forth in the Court-mandated terms of treatment but will make all other determinations regarding content and scope of treatment consistent with Court-mandated terms of treatment and will notify the Court in writing of all such determinations.
9. Providers accepting Court clients must provide regular consistent and observed urine testing as per Court-mandated terms of treatment and provide those results to the Court as per information exchange agreements.
10. If, after admission, the Provider can no longer provide services consistent with the Court's mandate, the Provider will notify the Court immediately (within 24 hours) to discuss alternative plans and referrals.
11. If a client fails to appear for admission, leaves against or without permission of the Court and/or Provider or fails to return to a program at a specified time, the Provider will immediately (within 24 hours) notify the Court.
12. The Provider will submit all written reports and accounts as set forth in the Information Exchange Requirements provided by the Court and will provide information including but not limited to attendance, scope of treatment, quality of participation, all urine test dates and results, problems, achievements and treatment accomplishments.
13. To the extent possible, the Court will endeavor to establish and maintain a **partnership with the Provider** where treatment decisions for specific clients are mutually acceptable and information is easily accessible.
14. In some situations, the Provider may be asked to participate and/or testify in a court proceeding.
15. To ensure a collaboration, the Provider is encouraged to initiate communication with the Court regarding a client's treatment or any related issues as often as necessary. To the extent possible, the Provider may seek to use the Court as a motivator for treatment compliance.

TERMINATION

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

Print Name & Title (On behalf of the Court)

Print Name & Title (On behalf of the Provider)

Signed

Date

Signed

Date



PROGRAM REFERRAL

REFERRING TREATMENT PLAN- Page 1

MANHATTAN TREATMENT COURT

Referring Treatment Plan

SAMPLE

Date: ____/____/____

Name of Client _____

SCI# _____

The above named client has been referred to your agency for treatment during his participation at Manhattan Treatment Court.

Per requirements of the Court, he/she is mandated to be with us **NO LESS** than 12 months with the understanding that all Courts obligations will be met. In addition the client must fulfill your treatment plan in order to be released from the charges that have brought him or her here.

The Court has determined that the following arrears of concern or, in some instances, the following conditions need to be addressed with the client while in treatment. We would appreciate your incorporation of these items into your ongoing treatment plan.

1. _____
2. _____
3. _____
4. _____

We are happy to discuss the above with you, after your review, for further explanation, should that be needed. We understand that individualized treatment approaches are the most effective ones. The above represent areas, however, that we must address per the client's Court mandate; your ongoing progress reports will assist the Court in monitoring the client's level and quality of participation in the treatment plan.

Thank you for you cooperation.

Manhattan Treatment Court Representative



PROGRAM REFERRAL

REFERRING TREATMENT PLAN- Page 2

SAMPLE

Room: 100 Centre Street, Part N, Room 218
Program Office: 60 Lafayette Street, Room 3A, Phone: (646) 386-4626

MANHATTAN TREATMENT COURT

60 Lafayette Street, Room 3A
New York, New York, 10013

Case Manager: _____ Telephone#: _____
Fax#: _____

Date: ____/____/____

Program Contact: _____

Title: _____

Program Name & Address: _____

To Whom It May Concern:

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

Pursuant to a plea, Honorable Laura Ward of the Supreme Court Part N, New York County, has sentenced the defendant, Mr./Ms. _____ to your treatment facility. A copy of the defendant's plea agreement is attached.

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

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



PROGRAM REFERRAL

REFERRING TREATMENT PLAN- Page 2 (continued)

In the event you find an MTC referral inappropriate for intake during the admission process, MTC must be notified immediately. Attached you will find a Program Admission Form which will explain to us why the client was inappropriate for treatment at your facility. We request that this form have both the client's signature and the intake supervisor's signature, acknowledging that the client was informed that he/she was not appropriate for treatment and that he/she must be escorted back to MTC by the program forthwith. If it is after business hours or near the end of the business day, then the client must be escorted back to MTC at 9:00am the following morning. Once the supervisor of intake and the client have both signed this form, please fax it to (212) 374 - 1725.

SAMPLE

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

Any significant changes in a defendant's treatment status must be reported to his/her case manager immediately. Mr./Ms. _____'s MTC case manager is _____. He/she can be reached at (646) 386 _____. In addition to the phone calls that your facility will make to keep MTC advised of a participant's status, MTC's case managers will contact you weekly to check on a participant's progress. In the event that a participant absconds from treatment, or commits an infraction requiring termination, you must immediately telephone the client's MTC case manager and fax a termination report to (212) 374 -1725, outlining the events leading up to their termination, followed by mailing the original termination report to the defendant's case manager at the Manhattan Treatment Court. Please note, that if the participant did not abscond, then the treatment program must escort the participant back to MTC

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

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

Yours truly,

Manhattan Treatment Court Representative



PROGRAM REFERRAL

REFERRING TREATMENT PLAN- Page 3

SAMPLE

MANHATTAN TREATMENT COURT

Treatment Plan Recommendation Form

TREATMENT LEVELS

Level 1 (OUTPATIENT 1)

<u>Urine Test Freq.</u> RANDOM <u>Min 1x/month</u>	<u>Program Freq.</u> <u>1x/week</u>	<u>Court Freq.</u> <u>1x/5 weeks</u>	<u>Case Mgmt. Freq.</u> <u>1x/month.....</u>
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Level 2 (OUTPATIENT 2)

<u>Urine Test Freq.</u> <u>1x/week</u>	<u>Program Freq.</u> <u>1x/week</u>	<u>Count Freq.</u> <u>1x-month</u>	<u>Case Mgmt. Freq.</u> <u>1x/month.....</u>
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Level 3 (OUTPATIENT 3)

<u>Urine Test Freq.</u> <u>2x/week</u>	<u>Program Freq.</u> <u>2x/week</u>	<u>Count Freq.</u> <u>1x/month</u>	<u>Case Mgmt. Freq.</u> <u>1x/2weeks.....</u>
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Level 4 (OUTPATIENT 4)

<u>Urine Test Freq.</u> <u>2x/week</u>	<u>Program Freq.</u> <u>3x/week</u>	<u>Court Freq.</u> <u>1x/month</u>	<u>Case Mgmt. Freq.</u> <u>1x/2weeks...</u>
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Level 5 (DAY TREATMENT)

<u>Urine Test Freq.</u> <u>2x/ weeks</u>	<u>Program Freq.</u> <u>5x/week</u>	<u>Court. Freq.</u> <u>1x/month</u>	<u>Case Mgmt. Freq.</u> <u>1x/2 weeks.....</u>
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Level 6 (RESIDENTIAL)

<u>Urine Test Freq.</u> Random/Upon Suspicion <u>1x/month</u>	<u>Program Freq.</u> <u>7x/week (MTAOP)</u>	<u>Court Freq.</u> <u>1x/month</u>	<u>Case Mgmt. Freq.</u> <u>1x/month</u>
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Level M (METHADONE TO ABSTINENCE)

<u>Urine Test Freq.</u> <u>2x/week</u>	<u>Program Freq.</u> <u>7x/week (MTAR)</u> <u>5x/week/(MTAOP)</u>	<u>Court Freq.</u> <u>1x/month</u>	<u>Case Mgmt. Freq.</u> <u>1x/week.....</u>
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PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
ACI 500 West 57th Street New York, Ny 10019	Rehab	Medicaid		David Bochner-212-293-3000 ext 31	NO	
ADDITION RESEARCH & TREATMENT CORP (4.5 Hrs. x 5 Days - DF) 22 Chapel St. (administrative offices) Brooklyn, NY 11201	RISE DAY Program (4:30 pm - 9:00 pm) 2195 3rd Ave. Manhtn. 937 Fulton, Brooklyn	Identification required (4:30 pm - 9:00 pm) (4:00 pm - 8:30 pm)	X	Nat Fields - 348-5650 690-6490 Fax:343-2219 Renee Sumpter-718-398-7143 718-789-1212	NO	5 Tx Stages 12 Months Grps., Acupunc., Voc-Ed. Medicaid elig.
	Meth. to Abstinence	Identification required Opiate Addiction for 1 to 2 yrs.	X	Doris Hammonds-348-8650 Renee Sumpter-718-789-1212	NO	Detox with Meth. All other services Medicaid elig./ will apply
	Opiate Detox Program (30, 60 or 90 Day Detox)	Identification required	X	same as above	NO	Coord. between all serv. programs
AHRC 200 Park Ave South New York, NY 10003	Out Patient	Cognitive disabilities medicaid Pending adults & adolescents	X	Deborah Lombardi (212) 780-2570 Fax (212) 777-3198		
ASIAN AMERICAN RECOVERY SERVICES Hamilton Madison 263 S. Street, 2nd Floor New York, NY 10007	Out Patient	Medicaid Asian Dialect		Mai Lai (212) 720-4520		
ATC 600 East 125th Street Ward Island, Bldg. 105 New York, NY 10035	Rehab	no medicaid required		(212) 369-0500 Katherine Santiago Vasquez		
AURORA CONCEPTS 79-39 Parsons Blvd. Flushing, New York, 11366	Residential & Outpatient	MICA		Barbara Shields (212) 969-7000		
A WAY OUT, Inc. 10-34 44th St. L.I.C., NY 11101	Day Program (9 - 5, 9 - 1) (6 Days) Evening Prog. (6 - 9 x 5 Da.) Ouprt. Prog. (as scheduled)	Some ID No Alcohol Primary	X	Cassandra McCleave or (Anthony Bridgeman - Director) (718) 784-0200, X101	YES	MICA w. Meads 1 Day Admit
BASICS 1064 Franklin Ave. Bronx, New York, 10456	Residential/Out Pt.	No MICA PPD/Current Med. ID Required Psychosocial Medicaid eligible	x	Tanquil Jones (718) 861-5650 Tomas Cruz 718-861-5650		
BRC BOWERY RESIDENTS COMMITTEE 191 Chrystie Street New York, NY 10002	In & Outpatient 24x7			Jesse Gwyn (212) 533-5700		Service Homeless MICA
BRC-Cecil House 149 West 132nd Street New York, NY 10027	Tier 11 MICA Residential			(212)926-1154 Fax (212) 926-0858		



PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK (continued)

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
BRIDGE BACK TO LIFE 175 Rensselaer Street Brooklyn, New York 11201	outpatient/sober house Manhattan, Bklyn, Staten Is Adolescents-Convey Is 40 bed sober home 25 bed sober home	medicaid males only males only		Mildred Piscatta 212-679-4960		
CAMELOT 273 Heberton Ave. Staten Island, NY 10302	Residential 6-9 months	Males Only No MICA Soft Meds Only Ages 14-21 years ID Required	x	Joe Alexander (718) 816-6589		NO
CENTER FOR COMP. HEALTH PRACTICES 163 East 97th Street New York, NY 10029	Out Pt.	MICA Medicaid Pending		Barbara Bonds (212) 360-7400		
CENTER FOR COMMUNITY ALTERNATIVES 39 West 19th Street New York, NY, 10011	Day Treatment	Females only	x	Linda Wright 212-691-1911		x
CORNERSTONE MEDICAL ARTS 57 West 57th Street New York, NY 10019	Detox Rehab Pride Inc.-Out Pt.	Active Medicaid Active Medicaid Active Medicaid		Garry Davis (212) 755-0200 Jim Sinclair 212-755-0200 ext 3901		
CREATE INC 73-75 Lenox Ave. New York, NY 10026 (212) 663-1596 Fax (718) 663-1293	Out Pt	Medicaid Pending		Ms. Malcolm 212-663-1596 fax 212-6631293		
CUMBERLAND DIAGNOSTIC TX CENTER 100 North Portland Ave Brooklyn, NY 11205	Out Pt Adolescents Adults	Medicaid/insurance		Theresa Grant (718) 260-7796 Joanne Smith 718-260-7887		
CIS 111 John Street, Suite 930 New York, NY 10038	Drug-free OP (1 - 5 Days) Intensive OP (5 Days per week) Day Program (9 - 3, 5 Days per week)	Medicaid Pending Identification required		Ron Capozzoli 212-964-0128 (212) 385-8686	NO	1 day admit Spec. Pops. Parenting/Family
DAYTOP VILLAGE 380 2nd Avenue New York, N.Y. 10010	Residential Day Program - DrugFree (Bklyn., S.I.,Queens, Bronx) Outpt. Prog. (3 - 12 mos.)	Identification required	X	Hodassa Diaz 212-904-1500	YES	1 Day Admit (?) Will do Medicaid No TB prior Adolescent GED
DYNAMIC YOUTH COMMUNITY 1830 Coney Island Ave. Brooklyn, NY 11230	(9 - 12 mos.) Residential (9 - 12 mos.) Day Program (4 - 8 mos.)	Residents:Bklyn,Lower Ages 16 - 23 y.o Residents:Bklyn,Lower Manhattan,someQueens no tox taken	X	Barbara Samelli (718) 376-7923 Fax (718) 998-9878	YES	Outpt.5 Days w/ Will accept for Outpt.5 Days w/ Resid. Wkends. 1 Day Admit
EDUCATIONAL ALLIANCE-PRIDESITE 1 197 East Broadway New York, NY 10009	Therapeutic Community 9-12 months Hours: 24x7	Ages 16-21 years		Bill Robbins (212) 533-2470		



PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK (continued)

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
EDUCATIONAL ALLIANCE-Project Connect 315 East 10th Street New York, NY, 10009	Outpatient 9:00-3:00pm			Elizabeth Liebeskind Vera Burke (212) 533-3570		
EL REGRESSO 189-191 South Second Street Brooklyn, NY 11211	Residential & Therapeutic Community Male facility /female facility			Miguel Cardova (718) 398-0540		
EL REGRESSO-OUT PATIENT 32 Metropolitan Avenue Brooklyn, NY 11211	Out Patient Services			Barbara Stern (718) 384-6400 Fax (718) 398-0540		
ELMCOR 107-20 Northern Blvd. Corona, New York, 11368	Therapeutic Community Hours: 24x7 Male & Female Component Day Prog. - Drug-Free Outpt. Program	18 plus without MEDS.		Ms. Jackson (718) 651-0096 Fax (718) 533-1357 Erroll Sam - (718)651-0096		NO 1 Day Admit Day / Evening Hrs. Will do Medicaid No TB prior
F.E.G.S. - Link Program 62 W. 14th St. (4th floor) New York, N.Y. 10011	MICA Assess./Placement (Inpatient/Outpatient) (Bridge between referral & tx provider	Mentally Ill Offenders Only Axis I Diagnosis	X	Intake: Lauren D'Isselt -366-8373 Pat Brown, Dir. - 366-8584 Sam Coton, Asst. - 366-8592 (Fax: 366-8564)	NO	Same Day Interview (Riker's Unit Avail.) Will put HRA Applic Will facilitate Interv.
FORTUNE SOCIETY 39 West 19th Street New York	ATI - Services Substance Abuse/Voc./ED. Hours: 10:00-2:30pm			Collin Hewitt-212.691-7554		
FORTUNE SOCIETY "Nueva Vida" 53 West 23rd Street New York, NY 10010	Day Treatment Prog. Outpatient Hours: 9:00-2:00pm	Spanish Only Adolescent		Lacey Williams/Edwin Caraballo (212) 691-7554 Fax (212)255-4849		
GREENWICH HOUSE ALCOHOL/DRUG OP 55 Fifth Ave New York, NY 10011	Free Standing Clinic Hours: 9:00-8:00pm	18 Plus Medicaid/Insurance		Regina Walker (212) 463-8244 Fax (212) 675-3968		PSY. On staff strong Voc.
GREENWICH HOUSE MITAOP 50 B Cooper Square New York, NY 10003	Outpatient Methadone to Abstinence Harm Reduction Model Hours: 7-3pm			John Mc Allister/John Anderson (212) 677-3400 Fax (212) 979-1359		
HELP/PROJECT SAMARITAN, INC. 1545 Inwood Avenue Bronx, NY 10452 1401 University Avenue Bronx, NY 10452	Day Prog. - Drug-Free MUST have HIV diag. HIV/AIDS/Subst. Abuse Medicaid Eligibility Residential & Out Pt.	Identification required Medicaid Eligible Negative PPD PRI, T-Cell >200	X	Everett Faison (718)299-5500 Bronx Ann Sidel (718)657-1671 Queens	YES Intake days	Queens-1 Day Brx. 2 x week
HERITAGE HEALTH HOUSING INC. 416 West 127th Street New York, NY 10027	Therapeutic Community MICA Supportive Housing Prtg.	Must have HRA approval		Mark Comrie (212) 866-2800 Fax (212) 864-5044		
HIGHBRIDGE WOODY CREST 930 Woody Crest Ave. Bronx, New York 10452				(718) 293		
ICD CHEMICAL DEPENDENCY SERVICES 340 East 24th Street New York, 10010	Outpatient/Rehab. also services dev. Disabled with physical disabled 9:00-5:00pm			Mary-Ann Foster (212) 585- 6265/6000		



PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK (continued)

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
ICL STATE STREET RESIDENCE 415-417 State Street Brooklyn, New York 11217	Tier 11/MICA Residence Mental Health/Substance	Must have HRA approval		(718) 693-0200		
INWOOD COMMUNITY SERVICES INC. 651 Academy Street New York, NY 10034	Out Patient			Carol Collins (212) 942-0043		
J-CAP INC. Queens Village Com. For Mental Health 116-30 Sutphin Blvd. Jamaica, New York 11434	Residential	18yr +	x	Ms. Booker		HIV/AIDS Testing Case Mgt. GED/Voc. Training
JCAP AFTERCARE SERVICES 162-04 South Road Jamaica, New York 11433	Outpatient/aftercare Svcs Hours: 6-7pm			Eva Prince (718) 526-1626		
LA BODEGA DE LA FAMILA 272 E. Third St. New York, NY 10009	Day Prog. & Crisis Inter. (24/7, 24 Hour Support)	Must be Criminal Justice Subst. Abuser Must have family/ significant other invol. Must live in 10009 zip	X	Nellie Coleman - 982-2335	NO	1 Day Admit No TB test req'd No Medicaid reqd MICA OK Handicapped ac.
LAKE GROVE TREATMENT CENTER Moriches Rd. Lake Grove, New York, 11755	Outpatient /Supportive Housing	High Functioning MICA		Maureen Conda (631) 205-1950		
Liberty Mgmt.Grp. - Arms Acres 1841 Broadway New York, NY 10023	Outprt. Prog./Adolesc. Prog (1 - 5 Days) Rehabilitation (up to 55 Da.)	Medicaid Pending	X	Donna DePola (800-846-1130) Cathy Adamson - 399-6900 Fax:399-6906	NO	1 Day Admit Family/Spec. Pop.. up to 24 hours YES
Liberty Mgmt.Grp. - Conifer Park/Arms Acre	Rehabilitation (up to 55 Da.)	Medicaid Pending	X	Connie Pentony (800-926-5181)	YES	Spec. Pops.
Liberty Mgmt.Grp. - Holliswood Hospital	Rehabilitation (up to 55 Da.)	Medicaid Pending	X	Donna DePola (800-846-1130) Connie Pentony (800-926-5181)	YES	Spec. Pops.
Liberty Mgmt.Grp. - United Hospital	Inpt. Hosp. Dual Diag./Adolescent Inpt. Hospital Detoxification Dual Diag./Adolescent	Medicaid Pending	X	Donna DePola (800-846-1130) Connie Pentony (800-926-5181)	NO	up to 24 hours (bed availability)
LOWER EAST SIDE SERVICES 46 East Broadway New York, NY 10002	Out Patient TX MTA OP Services Hours varies	No Groups		Larry Taub & Chris De Luca (212) 343-3460		
Lower Eastside Service Ctr.-Su Casa 7 Gouverner Slip East New York, NY 10002	Meth to Abstin.(MTAR) Residential - 12-18 mos. MMTP - Short Stay Residential - 6 mos.w/Detox. f& transfer to MTAR	Identification required	X	Paul Reed (212) 566-2025 (F)212-732-5224	YES	1 Day Admit
MOUNT SINAI PSYCHIATRIC CARE CENTER One Gustave L. Levy Place New York, NY 10029	Facility Hospital MICA 5 days per week			Kyle Webster Grabbe (212)241-8075 Fax (212) 374-6347		
NARCO FREEDOM-Alternative Drug Free 477-479 Willis Ave. Bronx, New York, 10455	Outpatient Eve. For 3 hrs Hours: 2-8pm			Manny Rosa (718) 292-4646 Fax (718) 665-0803		
NEPENTHE CARE HOUSING COUNSELING 435 B Brook Ave., Unit 29 Deer Park New York, NY 11729	MICA Supportive Housing Unit	High Functioning MICA	x	Sandra Khraou (631) 243-3062 Fax (631) 243-3132		



PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK (continued)

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
NEW VISION PROGRAMS 147-32 Jamaica Ave. Queens, New York 11435	Hours: 24 hours Inpatient Emergency HIV,MMTP,MICA			Janica Collins (718) 298-9020	YES	wheel chair accessible
NRI 453 West 50th Street New York 10019	OP/ Substance Abuse supportive housing			(212) 262-6000 Fax (212) 315-2755		Voc./Ed.
ODYSSEY 219 East 121st St. New York, NY 10035	Residential (12 - 18 mos/or shorter) with day/outpt services)	No pending TB(in jail) No Open Welfare	X	Maria Palmer - (212)987-5116 Vasilis Kovoros-212-987-5113 fax 212-787-5179	YES	1 Day Admit (?) Will interv.at MTC MICA, Elder, Women&Children Adolescent,HIV.
	Adolecents Mother & child out patient	16 yrs old-19 yrs old child up to 5yrs old				
OSBORNE ASSOC-EL RIO 809 Westchester Ave. Bronx, New York, 10455	Day Treatment Hours: 9-2pm			Alfredo Montague (718) 842-0500 Fax (718) 842-0971		
OUTREACH PROJECT 125-01 Queens Blvd. Kew Gardens New York 11415	Therapeutic Community Adolescent Prog. out patient	13yr-18 yrs old		Fernando Cortez (718) 268-0577		
Palladia (formerly Project Return) 740 Broadway, 6th flr. New York, NY 10003	Residential Starhill Faci.- 6-12 mos. Willow Shelter - 6-12 mo. Wom.&Child. -12-18 mo. Bronx.CTI-OP	No 1 Day Admit Identification required M. - Thur.Admission No Escort to Intake	X	Jennifer Mazetti - 866-6600 Fax: 932-8423 Joan Edwards(718)402-4399 Sharon Dorf - 348-4480 Lucy Smith 718-716-3261 (F)3268	NO	MICA thru Home- less shelter prog. TX Continuum thru P.R. services
	Harlem CTI-OP Chelsea Tribeca-6-9 mo. Casa Esperanza-6-8 mo	Medicaid Pending No Meds w/o Scrining Identification required		212-280-1031 Elisa Ingls - 979-8800 Intake-718-294-4184		Pos.1 Day Admit
Provider Name	Modality	Eligibility Restriction	Linkage	Contact Person & Tel.No.	Transport?	Other
PHASE PIGGY BACK-IOP 504 West 145th Street New York, NY 10030	Out patient/Aftercare Hours: Mon. - Fri.	18 +		Ms. N. Pauls (212) 234-1660 Fax (212) 234-2004		
PHASE PIGGY BACK-STRIVER HOUSE 202-204 Edgecombe Ave. New York, NY 10030	Residential non-tradition TC mode asst some disability indiv. 6-9 months	18 + men only		Khalif Hassan (212) 690-1900 Fax (212) 690-4097		
PHOENIX HOUSE FOUNDATION 223 West 80th Street New York, NY 10023	Residential Academy Career Academy Portal Pgm-Tier 11 Shelter First Step Detox/rehab	1 Day Admit CO-ed 16-19 yrs old 18+, GED/HSD req'd must go thru EAU No Methadone	X	Gil Acevedo- 757-2100 x6740 Bob Brennan-595-5810 Kenny Jeeves (212) 831-1555 H. Arken-718-244-8728 Pat Woolrich (718) 726-8484	Yes	Onsite HS classes buprenorphine
POST GRADUATE CENTER 344 West 36th Street New York, NY	Outpatient/MICA Services Hours: 9-3pm	Axis I=mental health		Susan Beierdum (212) 560-6731 Fax (212) 224-2034		
PROJECT CONNECT-HARLEM HOSPITAL West 125th Street New York, NY 10018				Dr. Busch-212-620-7313		
PROJECT GREENHOPE 448 East 119th Street New York, NY 10035	Therapeutic Community Residential & outpatient			Ron Sabb,(212) 369-5100 Fax (212) 348-3684		



PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK (continued)

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
PROMESA, INC. 1776 Clay Avenue Bronx, NY 10457	Residential (12 mos. plus if needed)	Men & Women 18 plus		Luis Paulino, Mgr. X3088,89 917-389-6091		Will do Medicaid
	Outpt. Program (6 mos. plus as needed) Detoxification/MTAR/MM	Adolescent Prog. ID/Medical, Psycho		Same as Above	NO	Spec. Pops. 1 Day Admit Will Expand Hrs.
	outpatient	Documented Hx		Same as Above	NO	Gradual Detox
QUEENS ASPIRE PROGRAM 166-10 Archer Ave., Jamaica, NY 11433				Larry Washington/Erick Perez Sharon Applewhite (718) 883-6570		
REALITY HOUSE 637 West 125th Street New York, NY 10027	MTA/Out Patient Hours: 9-5 pm & 6-9pm	18 plus		David Caba (212) 666-8000 ext. 354		will do Medicaid/ PA applications 2-5 daily TX plus
Provider Name	Modality	Eligibility Restriction	Linkage	Contact Person & Tel.No.	Transport?	Other
REALIZATION CENTER 19 Union Square West New York, NY 1003-4040	Out Patient			Michelle Cobb (212) 627-9600		
SAMARITAN VILLAGE 88-83 Van Wyck Expway Jamaica, NY, 11435	Residential upstate, Queens, Bronx outpatient	PPD/Medical ID's Required 18 yrs old<		Bentlo Luria/Kevin Smalls (718) 657-6195 Steve Rockman 718-206-1990		phone interviews only
SEAFIELD CENTER (CIS ADDIC.Svs.Rehab) 7 Seafield Lane Westhampton Beach, New York	Rehabilitation up to 56 Da.-Crim.Just. w/transfer to Outpt.Serv. (Nassau Cty/NYC) Day Prog. - Drug-Free (5 Days - 1 Grp.Day) Male sober house	Identification required Medicaid/Insurance	X	Ronnie Boyd-800-448-4808	YES	1 Day Admit Will do TB test Crim-Just.Prog. Spec. Pops.
SMITHERS ADDICTION TREATMENT CTR. 1000 Tenth Avenue New York, NY10009 56 East 93rd St. New York, NY10028	Day Prog. - Drug-Free Detoxification-In&Out Day & Evening OP Rehabilitation Unit (28 days + refer to OP)	Address Required Medicaid/Private No MICA	X	George Cruz - 523-6491 Intake Donna Douglas -523-8057 * John Laud - 523-6909 (troubleshooter)212-5238057 523-8285, 523-2828, pin#2938	NO	1 Day Admit Will do Medicaid Do Med/Psych. eval.
Sound View Throgs Neck Com. Mental Health 2527 Glebe Ave. Bronx, NY 10461	Hours: 9-2:45pm	MICA		(718) 904-4446		Services MICA
ST. JOHN'S MICA PROGRAM 1545 Atlantic Ave. Brooklyn, NY 10461	Out Patient Mon. Fri 9-2:15pm			Ms. Youngblood (718) 613-4355 Fax (718) 613-4377		
ST. VINCENT'S OPD 89-31 161st Street Jamaica, NY 11432 333 Atlantic Ave. Brooklyn, NY 11201	Out Patient Day Evening			Kathy (718) 206-0218 Desmond Sullivan OP (718) 522-5725 Fax (718) 522-1560		
ST. VINCENT'S 33 Atlantic Ave Brooklyn, NY 11201	Hours Varies Day, Eve. & Sat. Groups			(718) 522-5725		Medicaid & Medicaid Pending



PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK (continued)

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
Staten Island University Hospital 392 Seguin Ave. 1st/2nd Floor Staten Island	Hospital MMTP/KEEP Detox	Medical/Ins. Required		(718) 226-2807/2295 (718) 226-2707 Intake Unit (718) 226-2800 (718) 226-2823/226-2843 (718) 448-3876		
SIUH-CD	Inpatient /Rehab.					
SIUH-MMTP 111 Water Street Staten Island, NY 10304	MMTP-OP MMTP-OP			(718) 448-3876 (718) 226-2820		
St. Elizabeth's Ann Health Care & Rehab. Ctr. 91 Tompkins Ave Staten Island, NY 10304		Nursing Care facility for AIDS patients		Jessie 718-876-2206 718-442-3292 (Fax)		
TRI 1369 Broadway Bklyn. Bx, Manhattan New York	Day Treatment			Bibi Felton (718) 268-8630 (718) 584-7204 Fax (718) 584-8394		
TRINITY HOUSE-Comprehensive Addiction TX 324 West 108th Street New York, NY 10025	Out Patient	Medicaid		Pat Ivy (212) 280-0156		
UNITED BRONX PARENTS-Mrs. A's Place 966 Prospect Ave Bronx, NY 10459	Out Patient Hours: 9-3pm			(718) 617-6060 Fax (718) 589-2986		
UPPER MANHATTAN MENTAL HEALTH 1727 Amsterdam Ave New York, NY 10031	Day Treatment	MICA Medicaid		(212) 694-9200		
UNITED BRONX PARENTS INC 773 Prospect Ave Bronx, New York, 10455	Residential/OP/Mother & Children/Aftercare			Mr. Diaz (718) 981-7100 Fax (718) 991-7643		
VERITAS 931 Columbus Ave. New York, NY 10025	Residential (12 - 15 mos.) Young Mother's Prog. 16 +- child under 24 mos. (12-15 mos.)	PPD result required Identification required No MICA/major meds	X	Mike Lloyd(212)864-4128 Fatima	YES Tues & Thur	I Day Admit (?) Pop.w/Exten,Use
VIDA FAMILY SERVICES INC 127 East 105th Street New York, NY 10029	Out Patient	Spanish/English		Olga Vasquez (212) 289-1004 Fax (212) 427-3433		
VIP- CASE BANOME 671 East 231st Street Bronx, NY 10466	Half Way House 24x7	women only		Anna Delgado (718) 405-5131		
Provider Name VIP 1910 Arthur Ave. Bronx, NY 10457	Modality Day Prog Hours: 9-8	Eligibility Restriction	Linkage	Contact Person & Tel.No. Anna Delgado (718) 731-9890	Transport?	Other
VIP 770 East 176th Street Bronx, NY 10460-4698	Residential Therapeutic Community 6-9 months	18 plus				medicaid not required
VIP MTP-OP 1910 Arthur Ave Bronx, New York, 10457	Free Standing			Anna Delgado (718) 731-9890		



PROGRAM REFERRAL

MTC TREATMENT PROVIDER NETWORK (continued)

PROVIDER NAME	MODALITY	ELIGIBILITY RESTRICTIONS	LINKAGE	CONTACT PERSON & PHONE #	TRANSPORT?	OTHER
WOMEN IN NEED 115 West 31st St. New York, NY 10001	Day Prog. - Drug-Free Intensive OP-Reg OP (approx. 12 mos.) (9:00 am - 3:00 pm) Phase Treatment	Medicaid/Insurance Medicaid Eligible Identification required	X	Nina Kaminski (212)695-7330	NO	1 Day Admit Pos Pref. Mon&Wed. 2xwk. urinetesting Onsite Day Care Health Serv Avail.
WOMEN IN NEED-BRONX CASA RITA 391 East 149th Street Bronx, New York, 10451	Day & Eve			(718) 402-0066	Yes	acupuncture employment HIV/AIDS onsite childcare
Women's Prison Association - WPA 110 Second Avenue NY, NY 10003	Supportive housing for women	facing min. of 1-3 yrs	Y	Claribel/Anna 212-674-1163 212-674-9260 (Fax)	Yes	



SUPERVISION



SUPERVISION

FREQUENCY

Court

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

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

Case Management

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

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

FORMAL REPORTING

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

ABSCONDING OR TERMINATION FROM PROGRAM

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

SUPERVISION

(Continued)

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

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



SUPERVISION

DECLARATION OF DELINQUENCY/WARRANT REQUEST

SAMPLE

MTC Declaration of Delinquency/Warrant Request

Date: _____

Case Manager: _____

Reviewed By: _____

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



SUPERVISION

UNIVERSAL TREATMENT APPLICATION- Court Dates

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

Court Dates

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Court Attendance

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

Court Mandate

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

New Delete

Edit Case Treatment Plan Case Notes Save Print



SUPERVISION

UNIVERSAL TREATMENT APPLICATION- Compliance

Compliance

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

Compliance Summary

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

Court

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

Program

Drug Test Results

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

Edit Case Treatment Plan Case Notes Save Print Close



SUPERVISION

UNIVERSAL TREATMENT APPLICATION- Drug Tests

Drug Tests

File Go To Service Window Help

Court Dates Compliance **Drug Tests** Treatment Programs Social Services

Test Date: 09/22/03

Not Collect:

Pos Neg N/A

THC (marijuana):

Heroin (opiates):

Cocaine:

Benzodiazepine:

PCP (phencyclidine):

Amphetamine:

Alcohol:

Methadone:

Barbiturates:

Prescription Meds:

Onsite: Yes

Apparatus: Cup

Comment:

New

Modify >>

Cancel

Display

Delete

Drug Test History

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

Key

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

Clean Days reset Date:

Clean Days count: 281

Edit Case Treatment Plan Case Notes Save Print Close



SUPERVISION

UNIVERSAL TREATMENT APPLICATION- Program Attendance

Program Attendance

File Go To Service Window Help

Court Dates Compliance Drug Tests Treatment Programs Social Services

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

New Delete

Treatment Programs

Daytop Village - Adolescent Residence
Alpha School Inc.

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

2400 Linden Blvd. Brooklyn, N.Y. 11208

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

Operates
Facility Type outpatient
Treatment Yes
Social Services No

Modify Programs Rolodex

Edit Case Treatment Plan Case Notes Save Print Close



SUPERVISION

UNIVERSAL TREATMENT APPLICATION- Ancillary Service Attendance

Ancillary Service Attendance

The screenshot displays a software application window titled "Ancillary Service Attendance". The window has a menu bar with "File", "Go To", "Service", "Window", and "Help". Below the menu bar are several tabs: "Court Dates", "Compliance", "Drug Tests", "Treatment Programs", and "Social Services". The "Attendance" tab is currently selected, showing a large empty rectangular area. To the right of this area is a section titled "Assigned Services" with a "Start Date:" input field and an "Active Only" checkbox. Below these are buttons for "Assign", "Set Active", "Set Inactive", and "Delete". Underneath is a "Social Services" list box containing the following items: ACS/CPS Services, Acupuncture, Alumni/Aftercare Services, Case Management (Contacts), Child Care, Community Service/Volunteer Work, Dental Services, Domestic Violence Counseling, Educational Training, and Housing Services. At the bottom left of the main area is a "First Attendance:" input field and "New" and "Delete" buttons. The bottom of the window features a toolbar with icons and labels for "Edit Case", "Treatment Plan", "Case Notes", "Save", "Print", and "Close".



SAMPLE

MANHATTAN
TREATMENT
COURT



Handbook

Guidelines and Program Information
for Participants



Contents

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For more information or to provide comments contact:

Manhattan Treatment Court
60 Lafayette Street
New York, NY 10013
(646) 386-4625

Revision Date: 08/05/05



Welcome to MTC

This handbook is designed to:

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

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

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

What is MTC?

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

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

What do I have to do?

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

How long will I be involved in MTC?

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

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

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

What's in it for me?

Rewards

MTC acknowledges progress in the following ways:

- ✓ Recognition by the Judge and your peers
- ✓ Monthly certificates of achievement
- ✓ Less frequent appearances in court
- ✓ Less frequent visits to your program



Dismissal of your charges

If you successfully complete MTC, the Judge will dismiss, but not seal, your felony charge.* †

To successfully complete MTC you must:

- ✓ Attend your program regularly
- ✓ Follow all program rules
- ✓ Participate in all required activities
- ✓ Give negative urine tests for at least one year



A New Beginning

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

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

*On rare occasions the terms of the plea agreement may require the Court to sentence you to time served or probation.

† If you are participating in MTC because of a Violation of Probation (VOP), upon successful completion of the program, the Judge will restore or terminate your probation.

R

ules:

What are the rules of MTC?

To remain in MTC you must follow these rules:

1. Appear in Court as scheduled:
Arrive on time for all court appearances. If you are not here on time, you may wait all day for your case to be called
2. Arrive on time for all other appointments
3. Stop using and carrying drugs, alcohol and drug paraphernalia
4. Never threaten, harass or use violence against anyone
5. Never leave the treatment program, the Court or the MTC office without permission
6. Respect the property of the treatment program, the Court and the MTC office and always clean up after yourself
7. Dress appropriately for court and case management visits (no hats, doo rags, tank tops, shorts or pants that hang below your hips)
8. In court, address the Judge as Your Honor or Judge (not Miss or Mister)
9. Be Honest at all times
10. Live a law-abiding life

Appear in Court as Scheduled

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

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

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

On the day of your Court Appearance, you must arrive at the MTC office at 8:30am and stay until the Judge says that you may go.

Follow your Treatment Plan

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

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

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



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

Complete MTC Phases

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



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

Steps to Success!

MTC Phases

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

Like everyone else who participates in the MTC program, you must move through 3 Phases of Treatment. In each phase you must have 4 drug-free months in-a-row before you can move to the next phase.

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

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

In all phases you must:

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

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

PHASE I Alternative

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

Goals:

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

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

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

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

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

SUPERVISION

Court Responses to New Arrests and Infractions

	Type of Arrest	Court Imposed Response	Action
New Arrest	New Violent Arrest	No Sanction Available	Imposition of Jail Alternative
	New Non-Violent Arrest	Termination from Court Mandate Jail: Number of Days at Judge's Discretion	<ul style="list-style-type: none"> • Imposition of Jail Alternative • Loss of Current Phase • Full Level Review

Infraction	Court Imposed Sanction	Possible Consequence
<p>The following infractions will immediately result in a Court Imposed Sanction:</p> <ul style="list-style-type: none"> • Abscond or Termination from Program with Involuntary Return to Court 	<p>1st Sanction:</p> <ul style="list-style-type: none"> • 1-14 Days Jail • Change in Program/Modality <p>2nd Sanction:</p> <ul style="list-style-type: none"> • 15- 28 Days Jail <p>3rd Occurrence:</p> <ul style="list-style-type: none"> • Failure: Jail Sentence 	<p>At every Sanction:</p> <ul style="list-style-type: none"> • Full Treatment Level Review • Return to Earliest Phase of Treatment • Increase in Jail Alternative • Termination from MTC
<p>The following infractions will immediately result in a Court Imposed Sanction:</p> <ul style="list-style-type: none"> • Abscond or Termination from Program with Voluntary Return to Court • Substituted or Tampered Urine • Submitting Fraudulent Documentation to the Court 	<p>1st Sanction:</p> <ul style="list-style-type: none"> • Lunch Remand • 2 Days Penalty Box • Essay/Letter Writing • Detox/Rehab • Phase Change <p>2nd Sanction:</p> <ul style="list-style-type: none"> • 1-7 Days Jail • Program/Modality Change <p>3rd Sanction:</p> <ul style="list-style-type: none"> • 8-14 Days Jail • Program/Modality Change <p>4th Sanction:</p> <ul style="list-style-type: none"> • 15-28 Days Jail <p>5th Occurrence:</p> <ul style="list-style-type: none"> • Failure: Jail Sentence 	<p>At Every Sanction:</p> <ul style="list-style-type: none"> • Full Treatment Level Review • Return to Beginning of Current or Earlier Treatment Phase • Treatment Modality Change • Termination from MTC
<p>The following infractions will immediately result in a Court Imposed Sanction:</p> <ul style="list-style-type: none"> • Positive or Missed Urine • Missed Appointment • Rule Breaking at Program • Two Late Arrivals at MTC <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>The Judge Retains Discretion to Depart from the Sanction Guidelines</p> </div>	<p>1st Sanction:</p> <ul style="list-style-type: none"> • 1 Day Bench • Essay/Letter Writing • Detox/Rehab • Phase Change <p>2nd Sanction:</p> <ul style="list-style-type: none"> • Lunch Remand • Detox/Rehab • Phase Change <p>3rd Sanction:</p> <ul style="list-style-type: none"> • 1-7 Days Jail • Detox/Rehab/Modality Change <p>4th Sanction:</p> <ul style="list-style-type: none"> • 8-14 Days Jail • Program/Modality Change <p>5th Sanction:</p> <ul style="list-style-type: none"> • 15-28 Days Jail <p>6th Occurrence:</p> <ul style="list-style-type: none"> • Failure: Jail Sentence 	<p>At Every Sanction:</p> <ul style="list-style-type: none"> • Increased Case Management Visits and Urine Tests • Detox/Rehab • Journal Writing • Loss of Program Privileges • Loss of Compliance Time. The Amount Depending on Current Phase Level



PHASE II Action

Goals:

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

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

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

8 total months without sanction (4 more months in-a-row after you move to Phase 2)

If you test positive for drugs, you will lose 30 days of clean time.

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

PHASE III Achievements

Goals:

- Using your recovery skills
- Vocational skills and educational ACHIEVEMENTS
- Getting a job
- Continuing to reconnect with your family
- A new start into your community

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

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

Specific Requirements are:

At least 12 months of participation without a sanction (4 more months in-a-row after you move to Phase 3)

At least 3 months in-a-row must be without a sanction.

If you test positive for drugs, you will lose 3 months of clean time.

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

Methadone to Abstinence Phases:

If you want to join MTC and you are already in a methadone program, you must agree to move from methadone to abstinence in order to participate.

All methadone clients must:

- Give their MTC Case Manager the name and telephone number of their methadone program, physician and counselor
- Follow your “pick-up” schedules and testing set by your methadone program
- Give weekly urine tests and attend additional treatment as directed by the Court

Phase I- Alternative

In addition to all other Phase I requirements, methadone participants must:

- Remain “clean” from all other drugs and alcohol
- Reduce their methadone dosage in half
- Have 4 months in a row sanctionless time

Phase II- Action

In addition to all other Phase II requirements, methadone participants must:

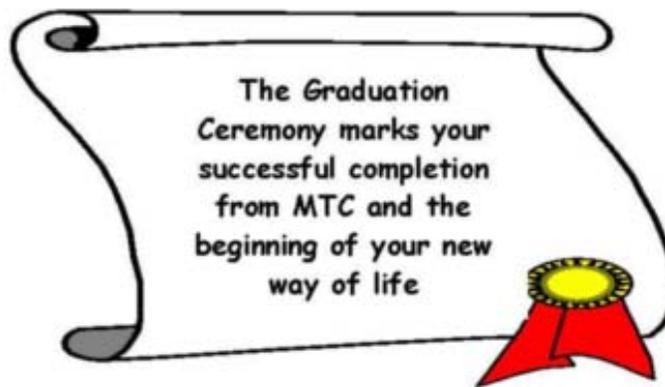
- Completely detox from methadone and continue to remain “clean” from all other drugs and alcohol
- After completely detoxing from methadone, have 4 months in a row sanctionless time before advancing to Phase III

Phase III- Achievements

Phase III requirements are the same for methadone participants as they are for drug- free clients. All requirements for graduation are the same.

G

raduation: A time to celebrate your accomplishments



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

Requirements for Graduation:

- Complete all MTC Phases (at least 12 months without a sanction)
- Participation in 8 hours of community service
- Full time employment or SSI/SSD benefits, if disabled
- High school diploma or GED, if required by your plea agreement
- Submit a written Graduation Application

MTC

Expectations

What else is expected of me?

The expectations of MTC are:

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

These expectations are explained in detail in the next pages.

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

- Healthcare
- Education
- Employment

These goals are explained in detail on page 20.

Treat others with respect:

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

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

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

Cease all drug related activity:

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

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

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



Comply with Drug and Alcohol Screening:

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

If you are in an outpatient treatment program, you must complete at least 1 drug test each week. If your program does not give you a drug test and you do not report to MTC for a drug test, the Judge will hold you responsible and will impose a sanction.*

Stop Drinking Alcohol:

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

Be Law Abiding:

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

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

Communicate with Your Case Manager:

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

*A week without a drug test is considered a positive test for that week.



Support Services

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

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

Together, we can make it work.

Health



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

MTC can help you get the following health services:

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

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



Education

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

MTC can help you get the following educational programs:

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



Employment

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

Employment referral services include:

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

You will also get information on how to:

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



MTC Team

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

The MTC Team includes:

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

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

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



I mportant Names and Numbers:

Manhattan Treatment Court
60 Lafayette Street, Room 3A
New York, NY 10013
Main Number (646) 386-4625

Important names and numbers to know:

My Attorney:

Name _____
Phone # _____

My Case Manager:

Name _____
Phone # _____

My Treatment Program:

Name _____
Phone # _____

Self-Help Meetings

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