Criminal Court of the City of New York
Drug Treatment Court Initiative

Annual Report
2003

Hon. Juanita Bing Newton
Administrative Judge

William H. Etheridge III
Chief Clerk

Justin Barry
Citywide Drug Court Coordinator

EXECUTIVE SUMMARY

This report profiles the population and achievements of the New York City Criminal Court (Criminal Court) Drug Treatment Court Initiative,[1] created in 1998 with the opening of the Manhattan Treatment Court. The Drug Court Initiative has been developed to make treatment available to non-violent, substance-abusing offenders as an alternative to incarceration and in the process reduce recidivism and improve public safety.

Criminal Court's Drug Treatment Courts operate under the deferred sentencing model and participants must plead guilty to an offense prior to admission to the program. The plea agreement includes the specific sentence alternative that the Court will impose in the event of a failure to complete treatment. This, and other factors including the excellent judges, clinical and court staff, allows the Drug Court Initiative to maintain high retention and graduation rates. Along with these significant success rates, referrals to treatment court continue to increase.

Here are just a few of the milestones that have been achieved in 2003:

- There was a record high of 3,384 referrals to the Drug Court Initiative.
- There was a record high of 1,030 pleas taken in Drug Court Initiative.
- There have been 661 graduates as of 3.31.04.
- Retention rates in felony courts are much higher than the national average.
- Over 30% of graduates had full or part-time employment upon graduation.
- 16% of graduates received vocational training while in treatment.

Additionally, the Drug Court Initiative is currently receiving the following assistance:

- Over the past year, Queens Misdemeanor Treatment Court received a Substance Abuse and Mental Health Services Administration (SAMSHA) award as well as a Bureau of Justice Assistance (BJA) award.
- Over the past year, Bronx Treatment Court continued to receive enhancement grant funds from the United States Department of Justice's Bureau of Justice Assistance.
- Over the past year, Staten Island Treatment Court continues to receive implementation grant funds from the United States Department of Justice's Bureau of Justice Assistance.
- Over the past six months, Brooklyn's Screening and Treatment Enhancement Part along with Misdemeanor Brooklyn Treatment Court began a partnership with the New York City Department of Education. This partnership creates a direct and more efficient link between the young adults in these courts and the city education services they need.

In addition to achievements, this report also includes descriptive data of drug court participants as well as operational challenges facing New York City Criminal Court Drug Treatment Courts.

[1]This includes Bronx Treatment Court, the Screening & Treatment Enhancement Part, Misdemeanor Brooklyn Treatment Court, Manhattan Treatment Court, Manhattan Misdemeanor Treatment Court, Queens Misdemeanor Treatment Court and Staten Island Treatment Court.

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INTRODUCTION

Since opening the Manhattan Treatment Court six years ago, Criminal Court has been on the vanguard of the development of new methods to deal with the epidemic of drug use that has afflicted much of New York State's cities and towns since the 1980s. After opening felony drug courts in Manhattan, the Bronx and Staten Island, Criminal Court responded quickly to Chief Judge Judith Kaye's call to expand drug court services to other populations. The Criminal Court has opened three misdemeanor drug courts in Manhattan, Queens and Brooklyn and started the planning process to integrate misdemeanor offenses into the Staten Island and Bronx felony drug courts.

2003 brought some "firsts" to Criminal Court's Drug Court Initiative. In 2003 Criminal Court became the first jurisdiction to heed the call of the Fiske Commission and Chief Judge Judith Kaye to bring universal screening to the state's drug courts. The Screening & Treatment Enhancement Part opened in January and brought Comprehensive Screening to the borough of Brooklyn. Reviewing over 80,000 criminal filings, clerks and drug court clinical staff now ensure that every eligible defendant is given the opportunity – within a matter of a few days from arrest – to participate in court-monitored substance abuse treatment. The result is the virtual elimination of treatment eligible defendants "falling through the cracks"and never being offered treatment and a significant reduction in resources wasted by all parties preparing cases for trial that ultimately end in a treatment disposition.

Another "first" from STEP this year was the expansion of drug court eligibility criteria. STEP was the first court to offer drug court participation to felony offenders charged with non-violent offenses other than drug cases. Previous drug courts only considered felony defendants charged with drug offenses for drug court eligibility. With STEP, drug courts have started to reach for defendants whose crimes, while not themselves drug offenses, are typically driven by an underlying drug addiction.

In yet another first, STEP started its Young Adult Program in 2003 to offer drug court intervention to adolescent offenders between the ages of 16-18 years old. Previously ineligible for drug court programs because of their age and the unique problems they possess, adolescent offenders are now participating in a Young Adult Program that tackles not only the adolescent offenders drug abuse but education, family, housing, vocational and health issues as well. In a major pilot project, Criminal Court and the New York City Department of Education have partnered to provide a school liaison in the Brooklyn courthouse to evaluate and place adolescent offenders in appropriate school settings and assist judges who monitor their school performance.

Misdemeanor Brooklyn Treatment Court also opened in January 2003 with its primary goal of bringing misdemeanor drug courts up to scale. MBTC assesses and monitors in long term treatment a large population of persistent misdemeanor offenders. Manhattan Misdemeanor Treatment Court was restructured in May, 2003 to move away from its original treatment readiness model to the long term treatment offered in MBTC and the Queens Misdemeanor Treatment Court. The preliminary results are very promising and we will look to the future to determine these courts' success in stopping the revolving door of addiction, low level offenses and jail.

2003 brought successes in funding as well with the extension of federal grants in the Bronx and Staten Island and the infusion of two new grants in Queens that will allow us to increase the capacity of QMTC.

This Annual Report explains the basic operations of each one of Criminal Court's drug courts and statistical information on each court's participants and effectiveness. You will see that key indicators show the Drug Court Initiative's success.

Many individuals and organization have played a role in the success you will see outlined in these pages. Administrative Judge Juanita Bing Newton has led the Drug Court Initiative through this exciting period of expansion and innovation. Deputy Chief Administrative Judge Judy Harris Kluger and her staff, especially Bruna DiBiasie, Frank Jordan and Linda Baldwin, have been instrumental in their support, both technical and administrative. The District Attorney's office of Bronx, Brooklyn, Queens and Richmond counties, along with the citywide Office of the Special Narcotics Prosecutor deserve special mention for the support they have shown these innovative programs. The Legal Aid Society and the other defender associations throughout the city have also helped make this initiative a reality. Without our partners in the treatment community, drug courts would not be able to exist.

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

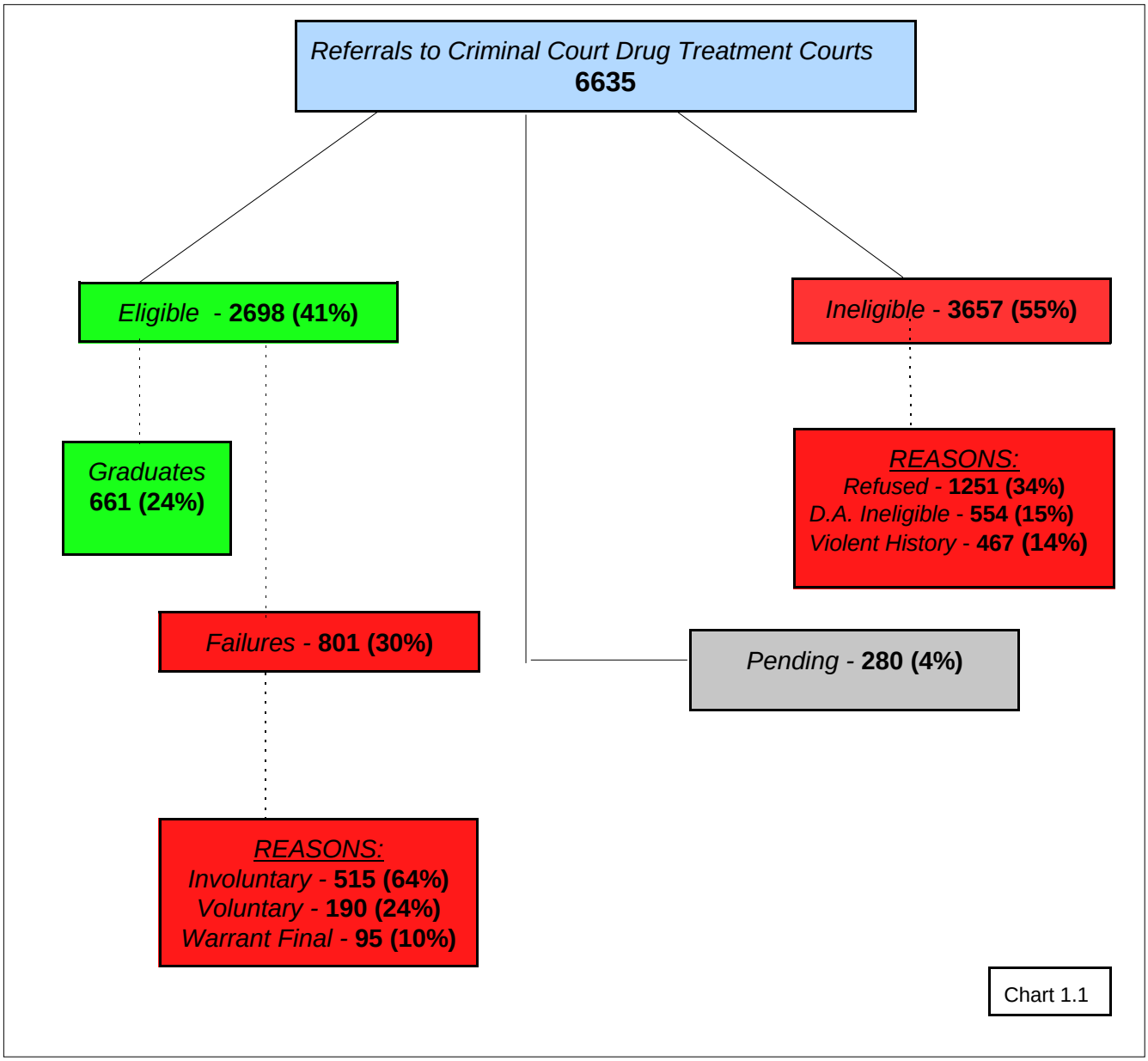
Justin Barry
Citywide Drug Treatment Court Coordinator

-PART I-
NYC CRIMINAL COURT
DRUG TREATMENT COURT INITIATIVE
PROGRAM DESCRIPTIONS

-CHAPTER 1-
SUMMARY - ALL COURTS

NYC CRIMINAL COURT DRUG TREATMENT COURT[2] SUMMARY DATA

The NYC Criminal Court Drug Treatment Court Initiative started in 1998 with the opening of the Manhattan Treatment Court. Since then, six more courts have opened within all five boroughs and have received over 6,000 referrals. See Chart 1.1 referrals and pleas since 1998.



[2] *Excludes Brooklyn Treatment Court and Queens Treatment Court.* Includes Bronx Treatment Court (BxTC), Misdemeanor Brooklyn Treatment Court (MBTC), Manhattan Misdemeanor Treatment Court (MMTC), Manhattan Treatment Court (MTC), Queens Misdemeanor Treatment Court (QMTC), Staten Island Treatment Court (SITC), and Screening, Treatment, Enhancement Part (STEP).

Eligibility Criteria

Eligibility criteria is determined by the specific target populations decided on by steering committees during the planning phase of each drug court. Please see chart 1.2 for specific eligibility criteria in each court.

Table 1.2 - **Eligibility Criteria By Court**

	BxTC	**MBTC**	**MMTC**	**MTC**	**QMTC**	**SITC**	**STEP**
A) General Target Population	Non-violent felony offenders	Persistent Misdemeanor Offenders	Persistent Misdemeanor Offenders	Non-violent first felony offenders, VOPs	Persistent Misdemeanor Offenders	Non-violent first felony drug offenders	Non-violent first felony offenders especially 16-18 y.o.
B) Specific Criteria							
Drug Sale-F	Y	N	N	Y	N	Y	Y
Drug Poss-F	Y	N	N	Y	N	Y	Y
Drug Misd	N	Y	Y	N	Y	N	N
DWI/DUI[3]	Y	Y	Y	Y	Y	N	Y
Non-Drug-F	N	N	N	N	N	N	Y
Non-Drug-M	N	Y	Y	N	Y	N	N
Prob.Viol.	Y	Y	Y	Y	Y	N	Y
Prior Felons[4]	N	Y	Y	N	N	N	Y
Ages	19+	16+	16+	16+	18+	16+	16+

For purposes of analyses, charges are divided into felony/misdemeanor and drug/non-drug designations. About 75% of drug court participants[5] were arraigned on felony charges – and of those, 96% were arraigned on drug charges. 25% of participants were arraigned on misdemeanor charges – and of those 67% were arraigned on drug charges.

Under-served Target Populations

Although many defendants currently benefit from participation in drug court, there is still a large

[3]DUI/DWI are accepted on a case by case basis only.

[4]Prior felons will be accepted **only if** the charge was non-violent, non-arson, and/or non-sex related.

[5]"Participant" denotes only those who took a plea in any of the drug courts.

pool of defendants that are not eligible for drug court participation. Budget constraints, availability of certain treatment options, as well as differing philosophies held by key criminal justice stakeholders all contribute to limits on the eligible defendant pool. Drug court personnel were polled on which, as yet unserved, populations could benefit from court-monitored substance abuse treatment. Please see Table 1.3 for their responses.

Table 1.3 - **Possible Eligibility Criteria Modifications By Court**

	BxTC	**MBTC**	**MMTC**	**MTC**	**QMTC**	**SITC**	**STEP**
A) Possible modifications to target population	16-18 yr olds, Predicate felons, School cases, methadone mainten.	Limited by Current Caseload	Continually modified as court moves forward	Make NYC residency an absolute requirement	N/A	Include persistent misd. (Operation Spotlight)	N/A
B)Under-served Pops?							
16-18 yr olds	Y	N	N	Y	N	N	N
Predicate F	Y	N	N	N	N	N	N
Methadone	Y	N	Y	N	Y	N	N
School Cases	Y	N	N	N	N	N	N
Misd w/ 7-11 Convictions	N	Y	N	N	N	N	N
2nd Felony Offenders	Y	N	Y	Y	N	N	N
Non-Drug Offenders	N	N	N	Y	N	N	N
Persistent Misd	N	N	N	N	N	Y	N

Age breakdowns show that only 9% of the participants were between sixteen and eighteen years old. In the Bronx specifically, no one under nineteen years of age is eligible for treatment court, which significantly reduces the pool of eligible participants in that borough.

Participant Comparisons

Each court has its own identity, which is evident in the descriptive statistical differences between them. Please see charts 1.4-1.21 below.

Chart 1.4

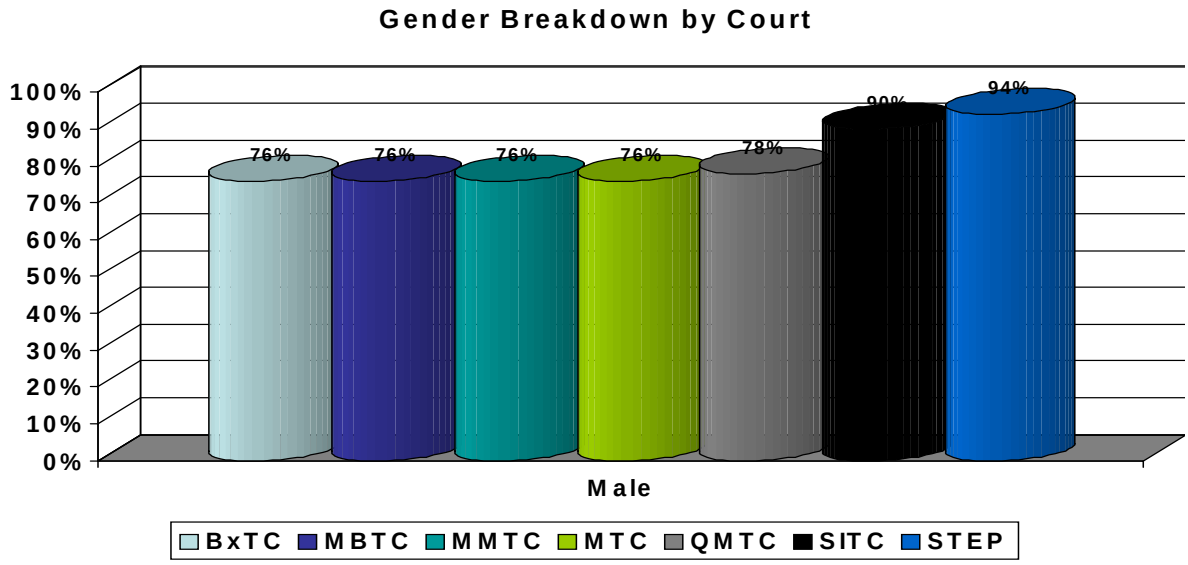


Chart 1.5

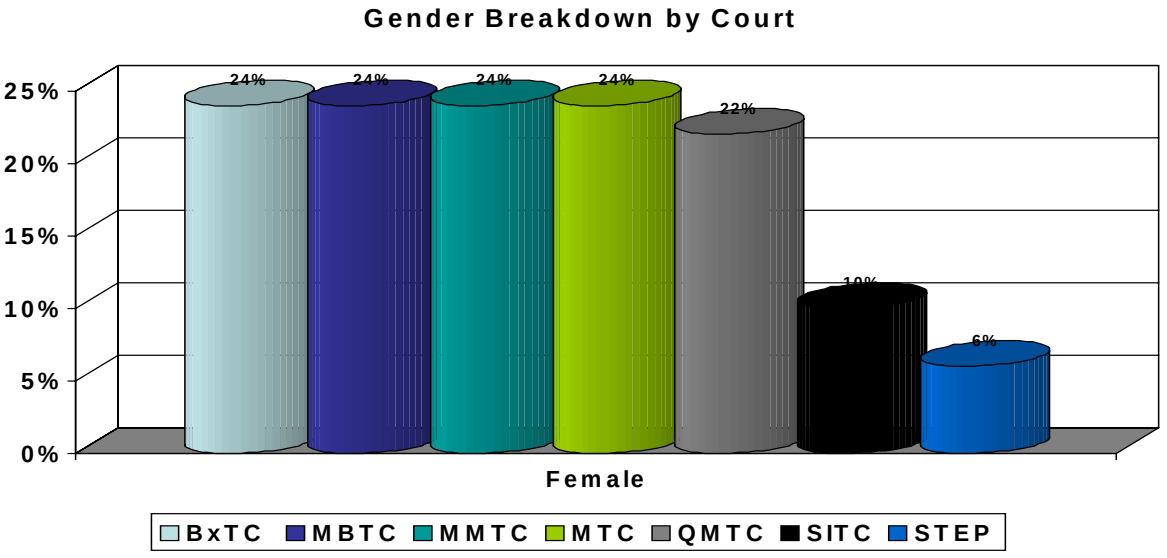


Chart 1.6

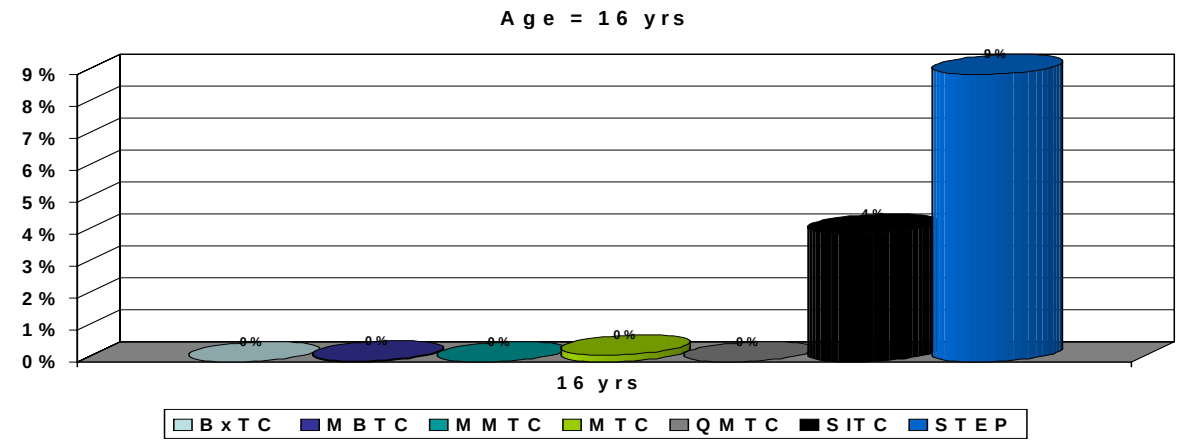


Chart 1.7

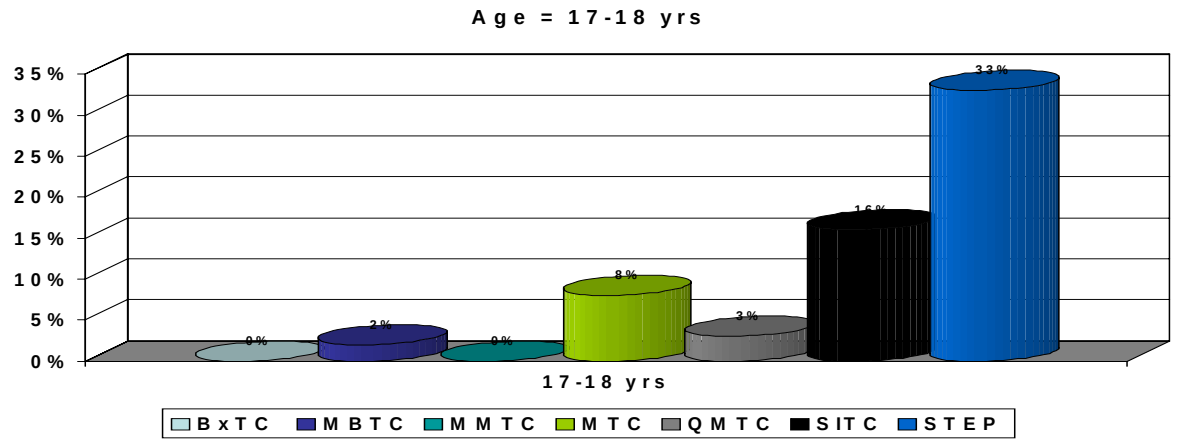


Chart 1.8

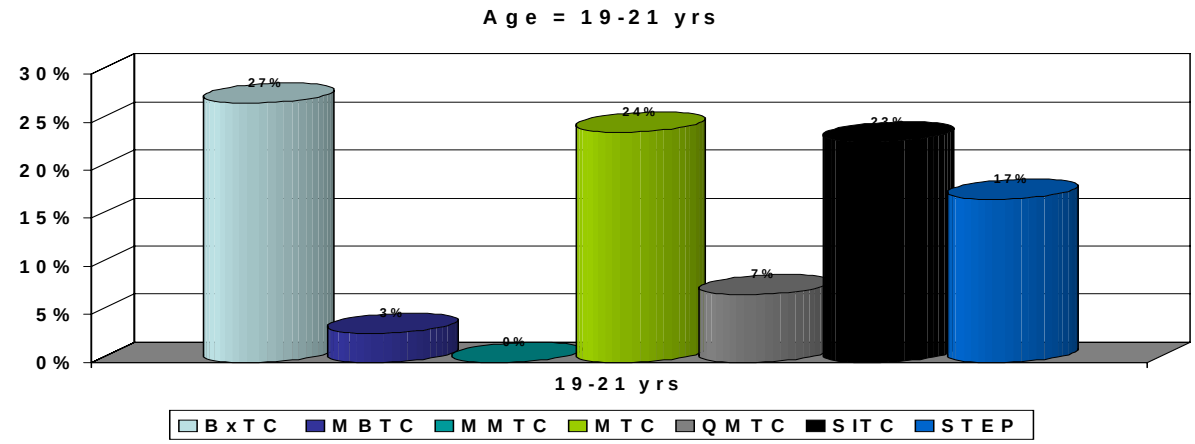


Chart 1.9

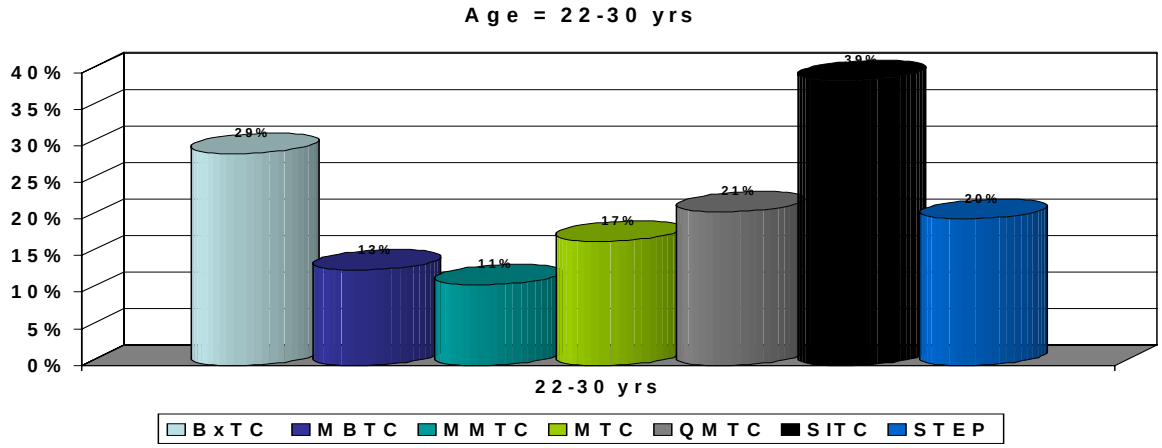


Chart 1.10

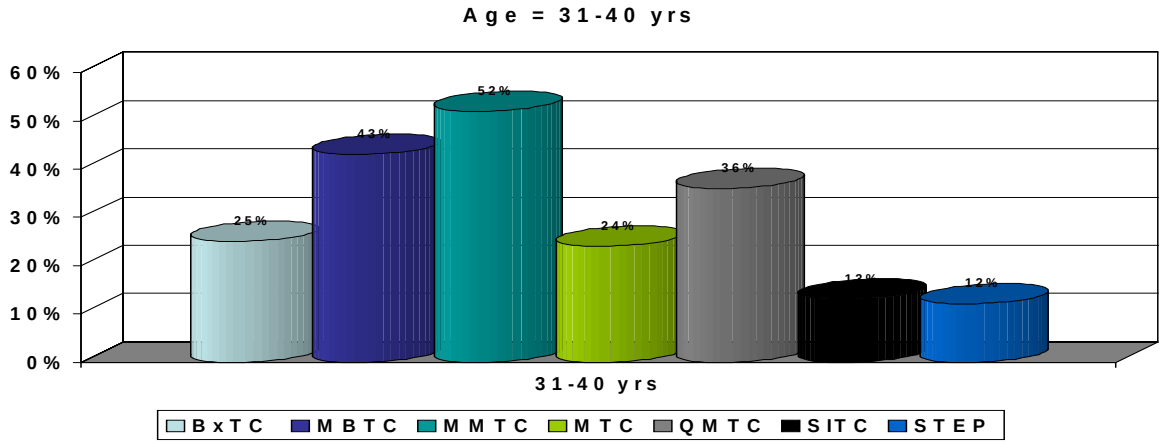
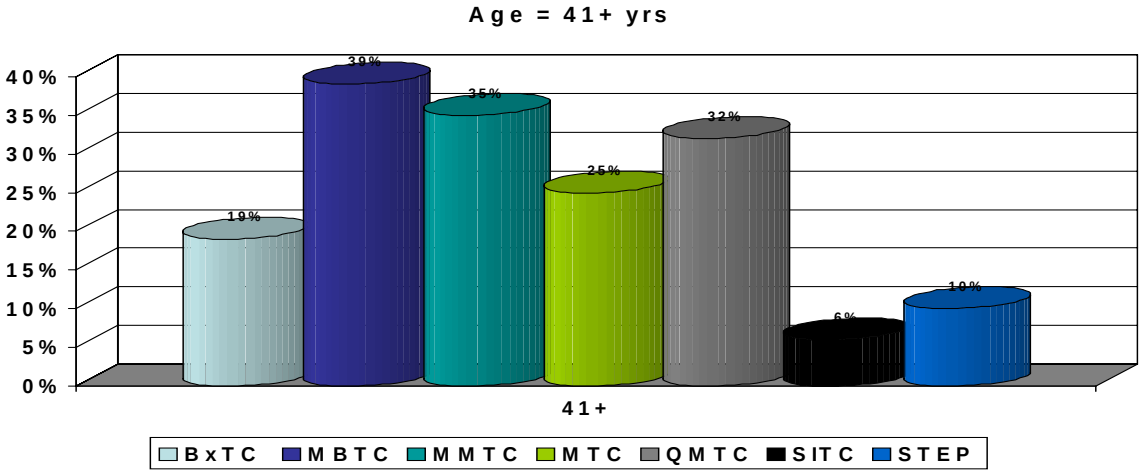


Chart 1.11



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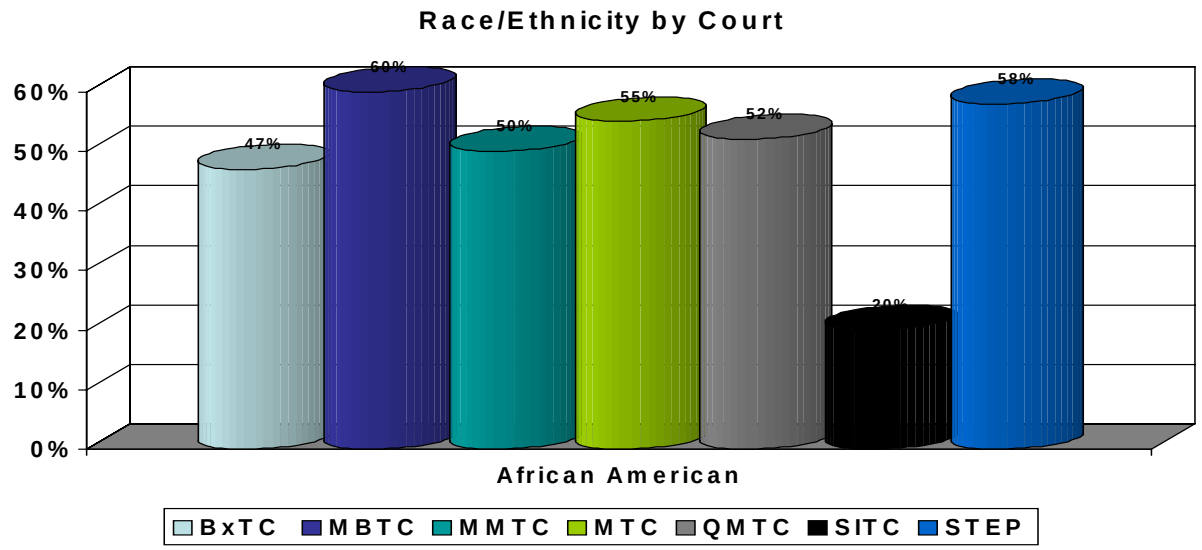


Chart 1.13

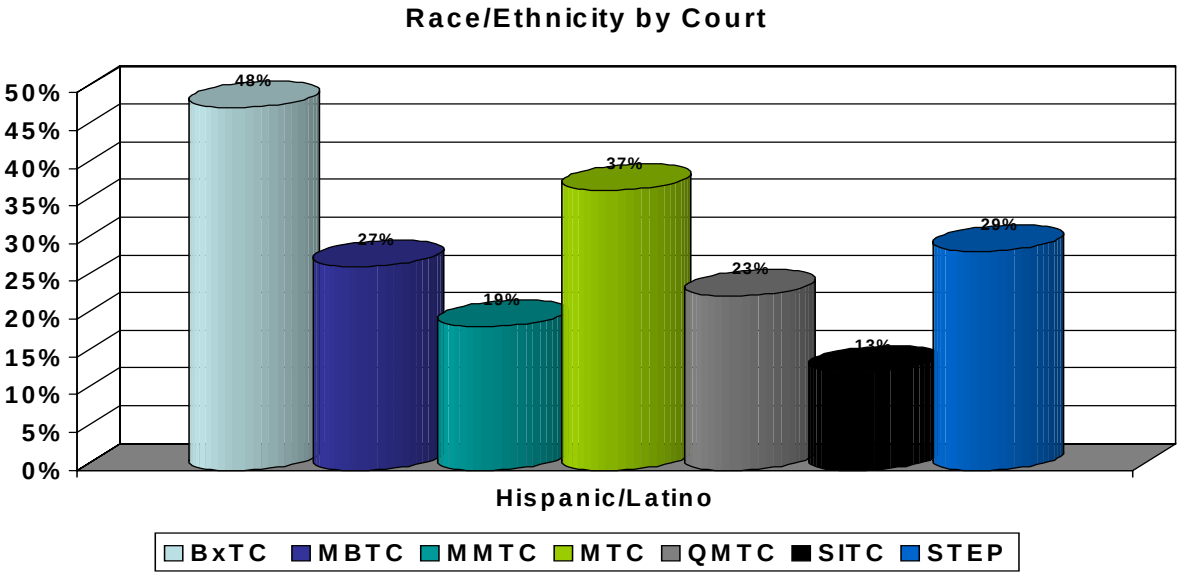


Chart 1.14

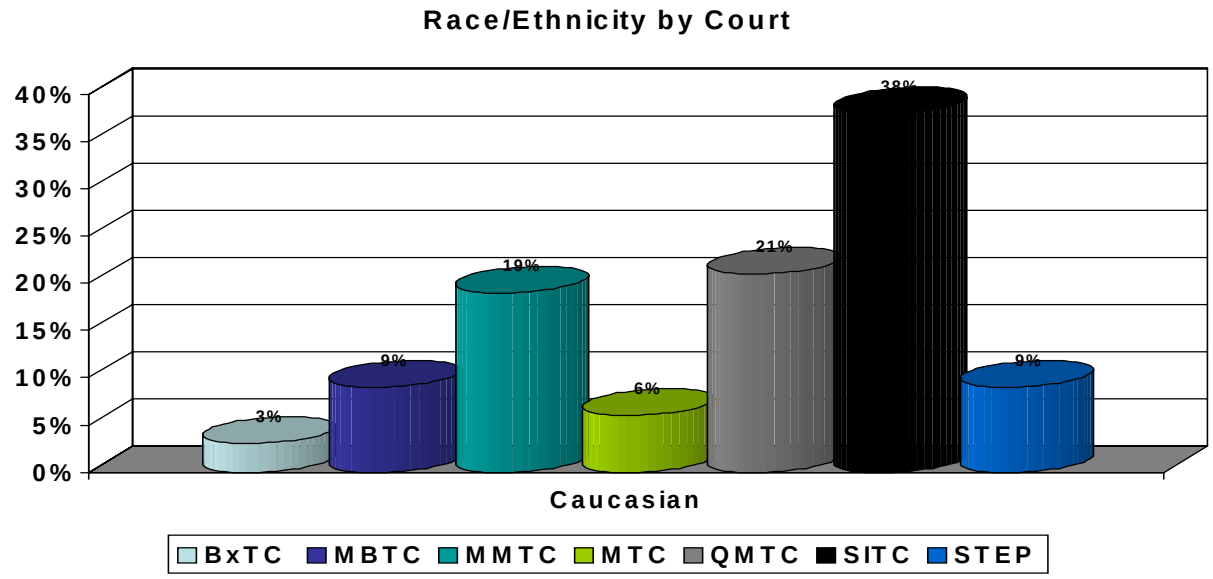


Chart 1.15

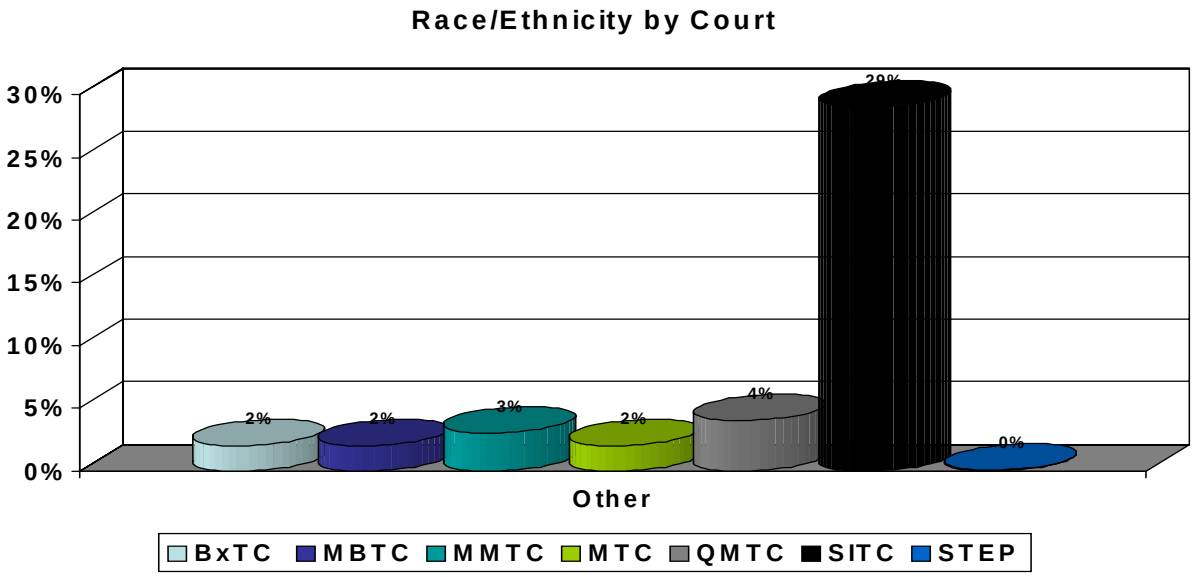


Chart 1.16

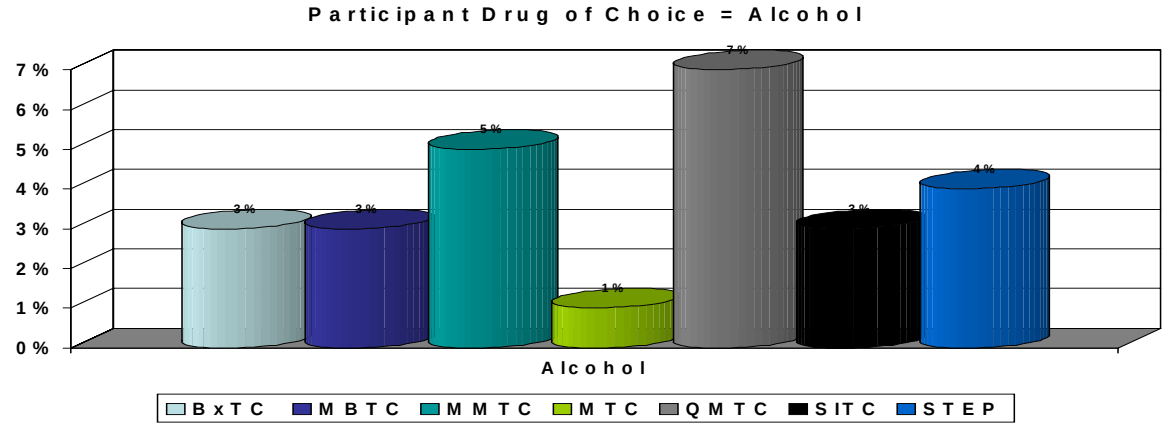


Chart 1.17

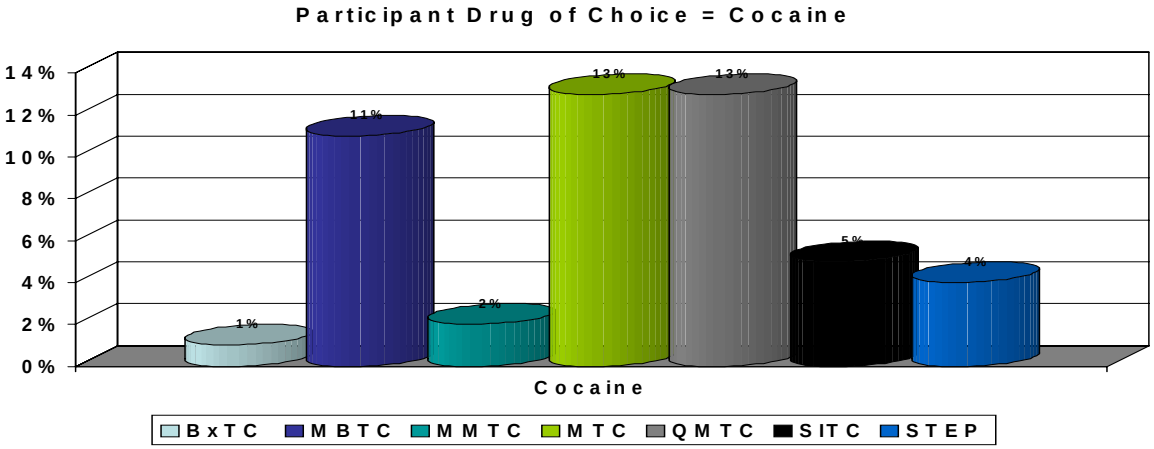


Chart 1.18

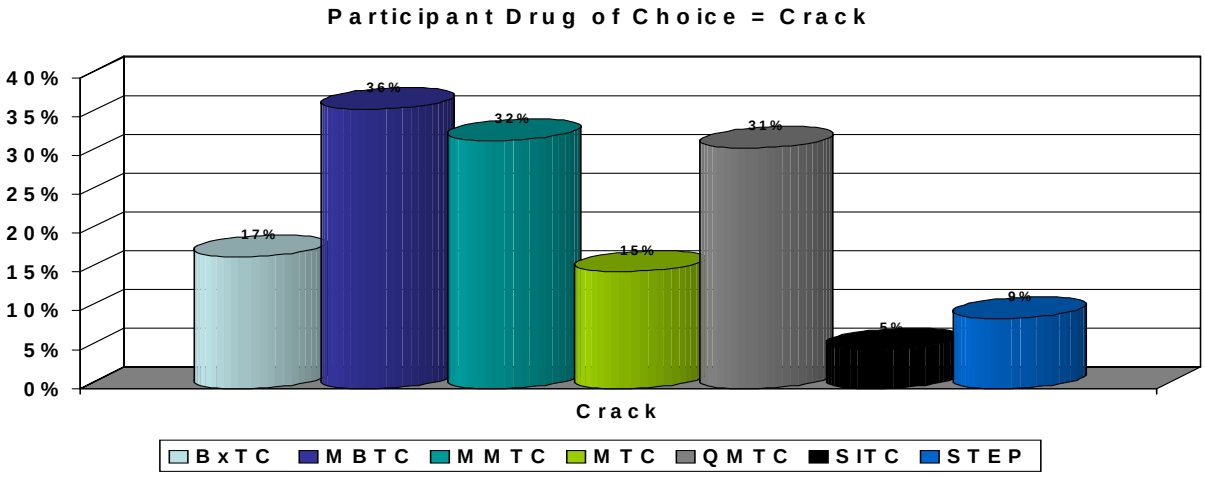


Chart 1.19

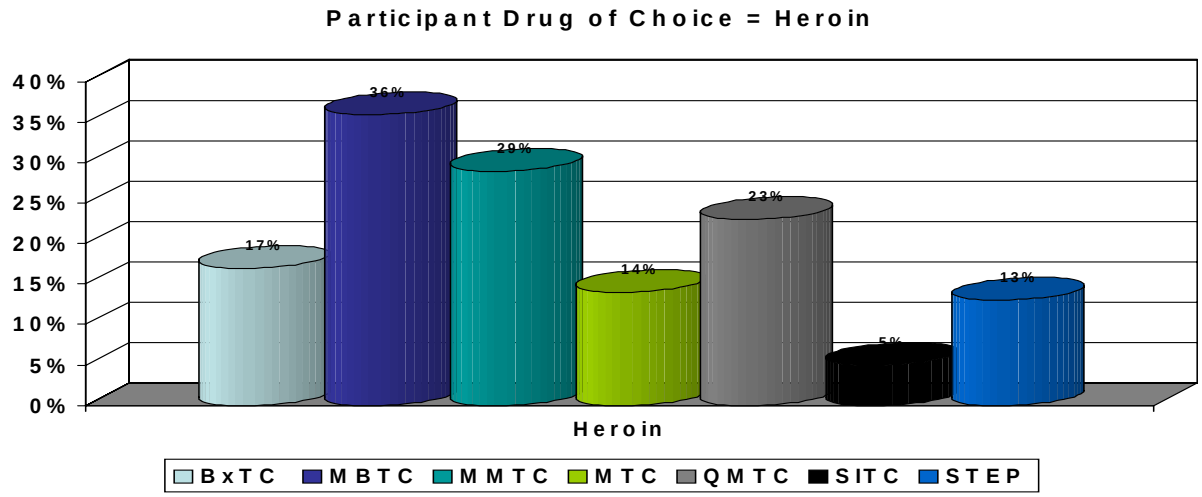
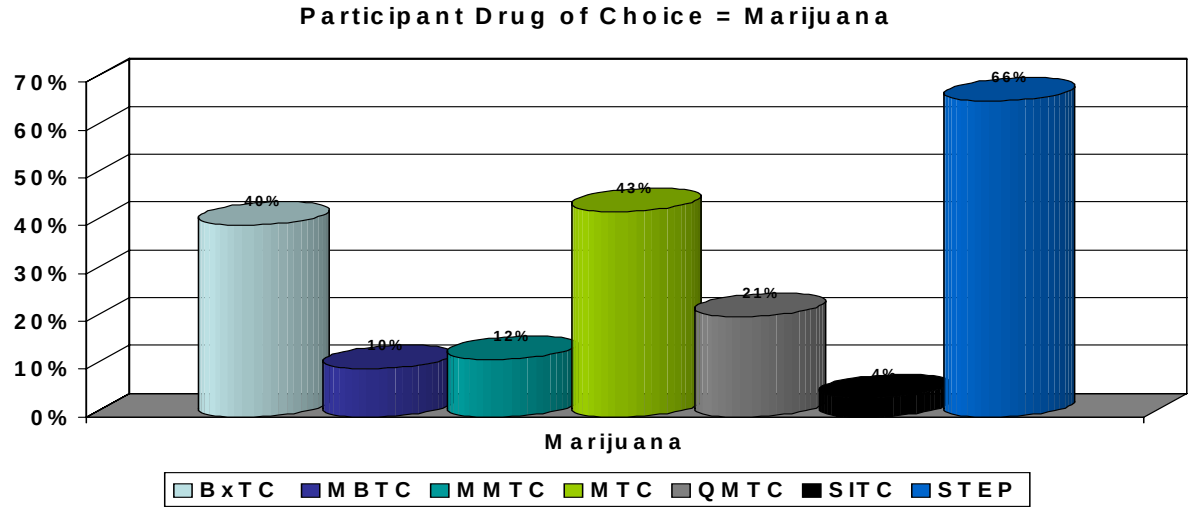


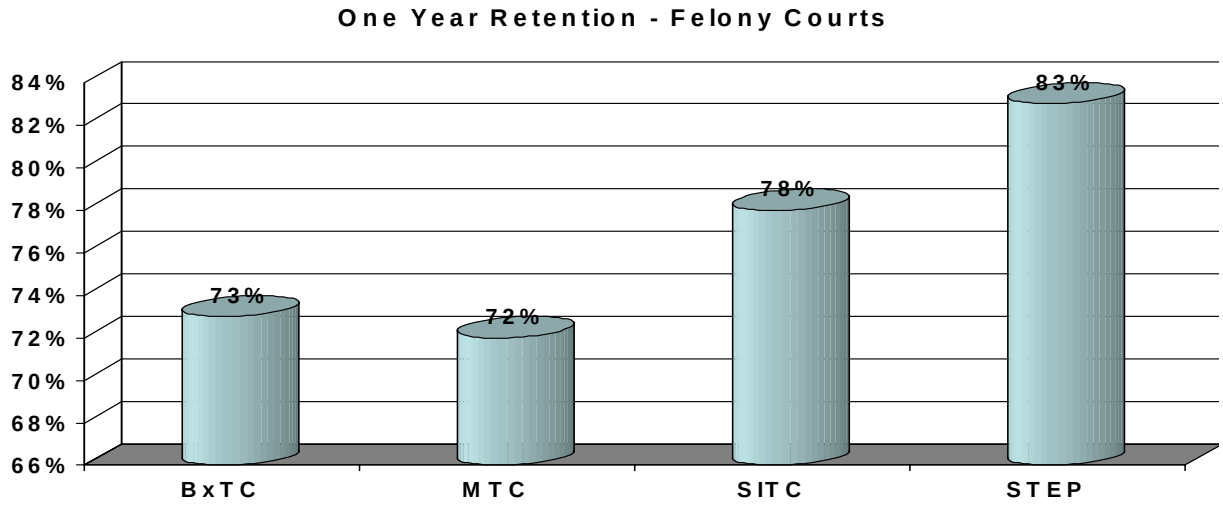
Chart 1.20



Retention Rates - All Courts

Nationally, retention rates are used to indicate the percentage of participants with positive outcomes within the treatment process. Retention rates are a critical measure of program success; a one year retention rate indicates the percentage of participants who, exactly one year after entering drug court, had either graduated or remained active in the program.[6]

Chart 1.21[7]



Note: Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained) as of the date in question entering drug court by March 31, 2003, one year prior to the analysis date[8].

In a study done by Steven Belenko in 1998, it was projected that the national average [one year retention rate] for drug courts would be 60%[9]. The average is much higher for felony courts[10] in the Drug Treatment Court Initiative– around 76%. Misdemeanor courts were not

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[6]Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

[7]Data as of 3.31.04. misdemeanor courts were not represented in this chart because: they had either not been in operation for one year or began operating in January 2003 which resulted in a small number of referrals prior to 3.31.03. Additionally, the length of mandated treatment is shorter in length (usually 8-9 months) as compared to the felony courts. Explanations on following pages.

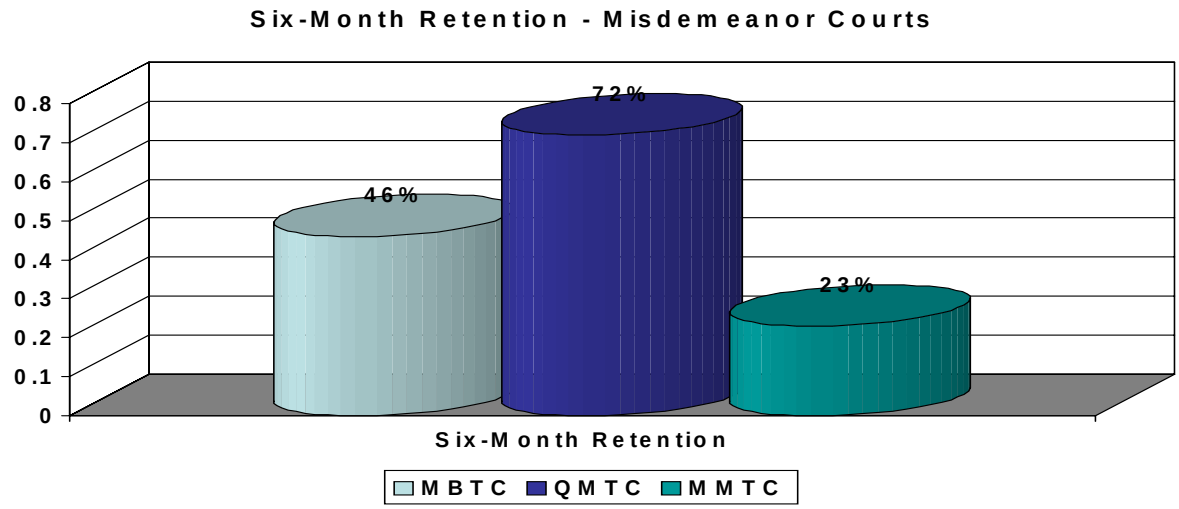
[8]Methodology and calculations based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

[9]Belenko, S. 1998. "Research on Drug Courts: A Critical Review." *National Drug Court Institute Review* 1(1): 1-42.

[10]Felony Courts include BxTC, MTC, STEP, and SITC. Misdemeanor Courts were not used in this average due to the relatively new courts such as MBTC and MMTC.

included in this analysis of one year retention rates since the length of treatment is shorter (between 8-9 months). Additionally, misdemeanor courts have been in operation for a shorter period of time and therefore did not have enough of an eligible "sample" to give an accurate one year retention rate. Instead, a six-month retention rate is shown in chart 1.22.

Chart 1.22



In comparison community based treatment programs, where the participant does not attend under pressure of court mandate, typically have *three month* retention rates between 30-60%[11]. Studies have shown that the one year retention rates in community based treatment [residential] programs range somewhere between 10-30%[12] – also much lower than the one year retention rates found in the Drug Treatment Court Initiative.

[11]Condelli, W.S. and G. Deleon. 1993. "Fixed and Dynamic Predictors of Client Retention in Therapeutic Communities," *Journal of Substance Abuse Treatment 10:11-16.*

[12]Lewis, B.F. and R. Ross. 1994. "Retention in Therapeutic Communities: Challenges for the Nineties." In *Therapeutic Community: Advances in Research and Application,* eds. F.M. Times, G. Deleon, and N Jainchill. NIDA, Rockville, MD.

-CHAPTER 2-
BRONX TREATMENT COURT

Staff

Presiding Judge	Hon. Laura Safer-Espinoza
Project Director	Martha Epstein
Resource Coordinator	William Rosario
Senior Case Manager	Angela Blair Adams
Case Managers	Romero Lundy
	Russell Oliver
Data Entry Staff	Artrelle Dukes
	Regina Lovell

Introduction

In March 1999, Bronx Treatment Court (BxTC) opened in Bronx Criminal Court as an alternative to incarceration for drug-addicted, first felony offenders. BxTC operates as a collaborative effort between the Court, the Bronx District Attorney, defense bar and community-based treatment programs.

Funding

BxTC is funded by the New York State Unified Court System and an enhancement grant from the United States Department of Justice.

Eligibility and Identification

Eligible defendants must:

- be charged with a felony drug charge (PL§ 220.06, 220.09, 220.16, 220.34, 220.39), or any felony marijuana offense (PL §221);
- be19 years of age or older;
- have no prior felony convictions; and
- have no prior youthful offender (Y.O.) adjudication where the sentence was probation. (A prior Y.O. adjudication which resulted in incarceration does not bar participation.)

(Defendants facing non-drug, non-violent felony charges, including second felony offenders, are accepted on a case by case basis on the recommendation of the District Attorney. At the request of the sentencing judge, BxTC will also monitor violations of felony probation where the underlying violation concerns the probationer's drug use).

The screening of cases is a two-step process based on objective criteria – the first step is a review of the defendant's felony complaint and criminal history and the second, a clinical assessment. Identification of "paper" eligible defendants is done by clerical staff from the District Attorney's office at the defendant's arraignment. Eligible defendants facing non-drug charges are identified by assistant district attorneys in felony waiver parts on a case by case

basis. Judges in the felony waiver parts refer violations of probation. Should the defendant meet the eligibility criteria on paper, a BxTC case manager or a case manager from a BxTC core drug treatment program conduct a detailed clinical assessment to determine whether the defendant abuses drugs and ability to enter treatment. Quality assurance is provided by the BxTC project director who reviews all assessments to ensure proper clinical eligibility and appropriate treatment referrals. If eligible, the defendant typically pleads guilty to the felony charge on the same day that the assessment is completed.

Court Structure

Defendants accepted in the BxTC program plead guilty to a felony charge and the Court defers sentence while the defendant participates in eleven to eighteen months of treatment. The majority of participant treatment plans require intensive outpatient programs but detoxification, short term rehabilitation, and long-term residential treatment are used depending on individual participant needs. Defendants must complete all phases of treatment, obtain a high school diploma or GED, and/or employment before they are allowed to graduate form the program. The Court allows participants who successfully complete the court mandate to withdraw their plea and plead guilty instead to a lesser-included misdemeanor offense. The Court then imposes a non-jail sentence. In special circumstances and with consent of the District Attorney, the Court will dismiss the charges.

BxTC participants must complete three phases of treatment. Phase One lasts a minimum of two months, Phase Two a minimum of five months, and Phase Three a minimum of four months. To move to the next phase, participants must abstain from all drug use and comply with all rules and regulations. BxTC uses a system of graduated sanctions and incentives to ensure participant's compliance with the court mandate and the Judge holds the participant accountable for every infraction. Typical infractions include positive or missed urine toxicology tests, violation of program rules, and tardiness. Sanctions for these infractions include an increase in weekly treatment hours, essay writing, and increased court appearances. More serious infractions, including missed court appearances and absence from a treatment program without permission, can result in a sanction of jail time.

BxTC participants typically complete treatment in nineteen to twenty months.

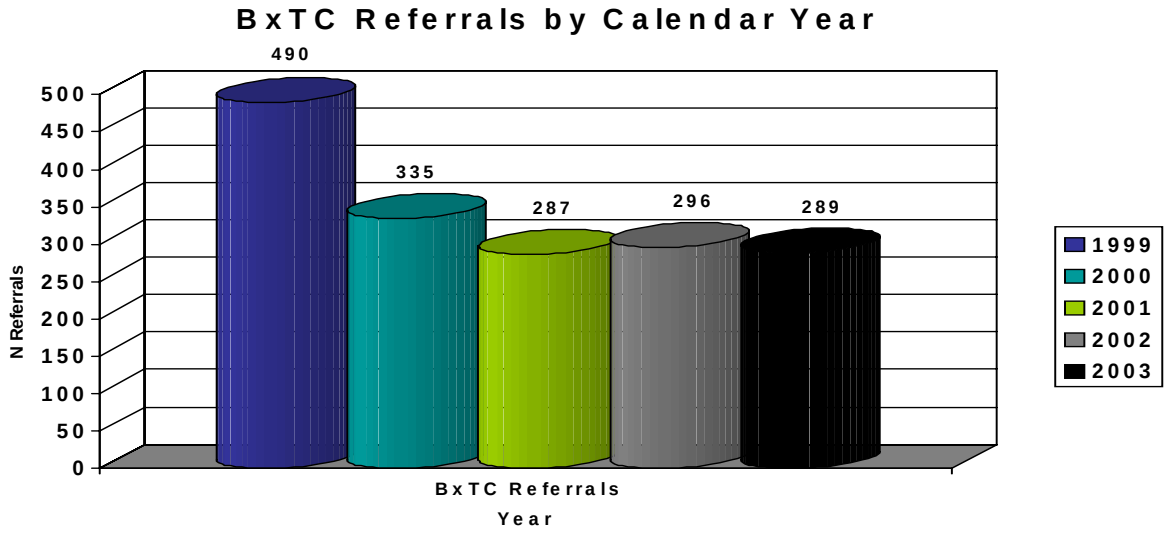
Referrals, Refusals and Pleas

Since taking cases in 1999[13], 1763 nonviolent felony drug offenders have been referred to BxTC, out of which 1036 (59%) have pled guilty and agreed to participate in treatment. Of the 727 who did not plead guilty, 117 (16%) refused to participate. Of those who agreed to participate and pled guilty, 360 (35%) have graduated, 256 (25%) are currently in treatment, and 322 (31%) failed to complete treatment and sentence was imposed.

Intake and Referral Data

In calendar year 2003, BxTC made up 9% of all referrals to the Drug Treatment Court Initiative. Chart 2.1 shows the number of BxTC referrals for the last five calendar years.

Chart 2.1

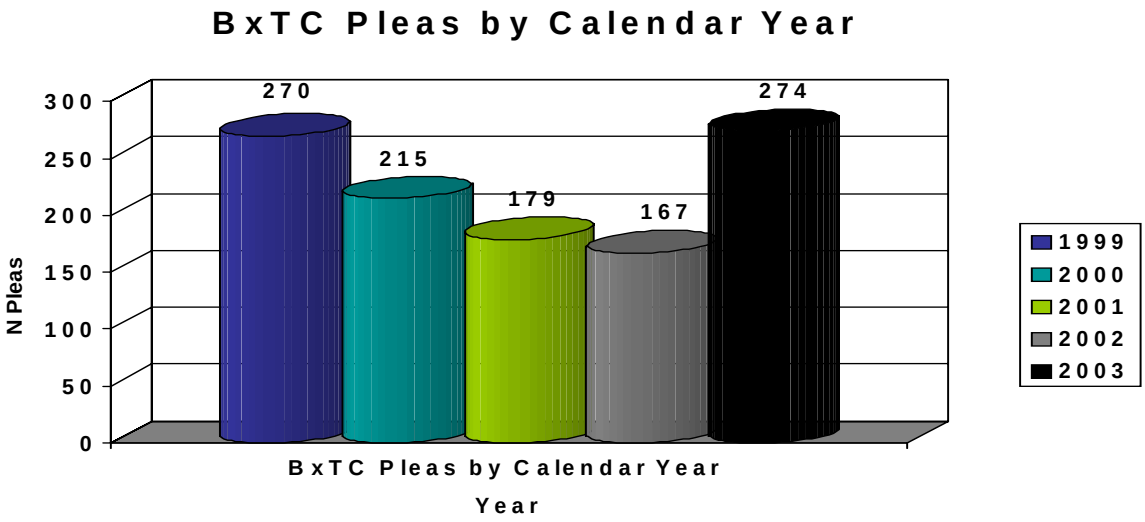


[13]Data as of 3.31.04.

Participant Data

In calendar year 2003, BxTC participants made up 17% of all pleas taken in the Drug Treatment Court Initiative. Chart 2.2 shows number of BxTC pleas[14] for the past five calendar years.

Chart 2.2



[14]Please note that persons whose contract/plea was vacated or were later found to be eligible BUT received treatment were counted as participants/pleas.

Descriptive Data - BxTC Participants

Virtually all BxTC participants are charged with a felony drug offense. Only nine (9) defendants were charged with a felony non-drug cases. Descriptive data[15] on BxTC participants is located below:

Table 2.3 **- Demographic Information**

Gender	% of total	Age	% of total	Race/Ethnicity	% of total
Male	**76%**	**19-21**	**27%**	**African American**	**47%**
Female	**24%**	**22-30**	**29%**	**Hispanic/Latino**	**48%**
		31-40	**25%**	**Caucasian**	**3%**
		41+	**19%**	**Other**	**2%**

Drug of choice information is obtained from the participant during the initial assessment. See table 2.4.

Table 2.4 - **Drug of Choice Information**

Drug of Choice	Percent
Heroin	**17%**
Crack	**17%**
Marijuana	**40%**
Cocaine	**10%**
Alcohol	**3%**
Other	**2%**

[15]These charts only include data on those who executed a contract/plea in BxTC.

Graduates and Failures[16]

Since 1999, 360 (35%) participants have graduated from BxTC. The following information is available for BxTC graduates:

- 40% of graduates were either full or part-time employed,
- 36% were receiving governmental assistance, and
- 44% were receiving Medicaid.
- 20% of BxTC participants were either in full or part-time school
- 21% of BXTC graduates received vocational training

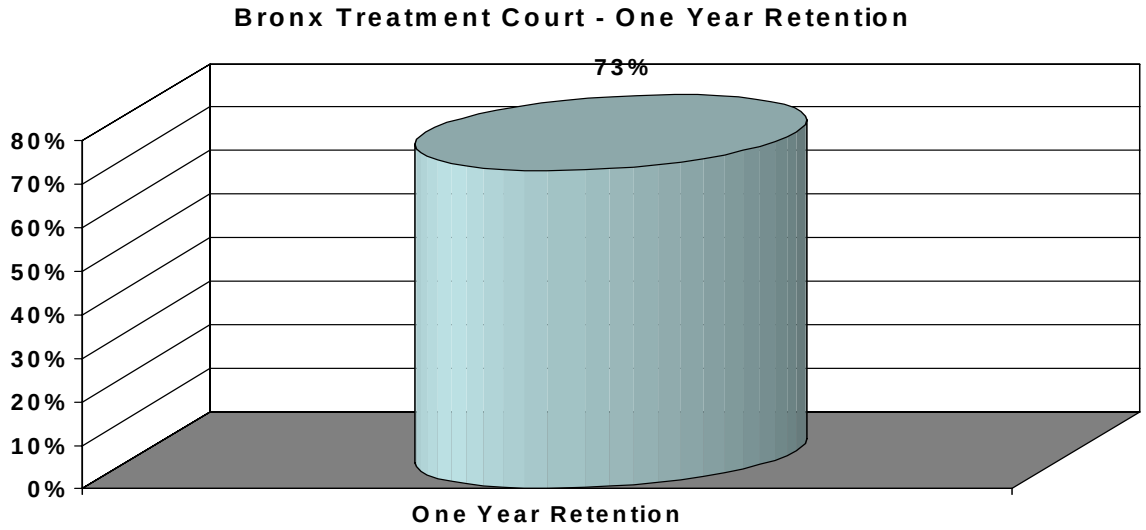
Conversely, 322 participants, or 31%, have failed to complete the BxTC mandate. 57% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in BxTC. In addition, BxTC considers participants out on a bench warrant for one consecutive year involuntary failures. This number made up about 27% of the involuntary failures.

[16]Data as of 3.31.04.

Length of Stay/Retention Rates[17]

The average length of treatment (based on graduation date) for BxTC's 360 graduates is between nineteen and twenty months. Given the philosophy of the treatment court team, participants are given numerous chances to succeed at treatment. Retention rates include data for participants who have graduated (retained), whose cases were still open and active (retained), who had failed to complete treatment (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.[18] One year retention rate is shown in chart 2.5 below.

Chart 2.5



[17]Data as of 3.31.04.

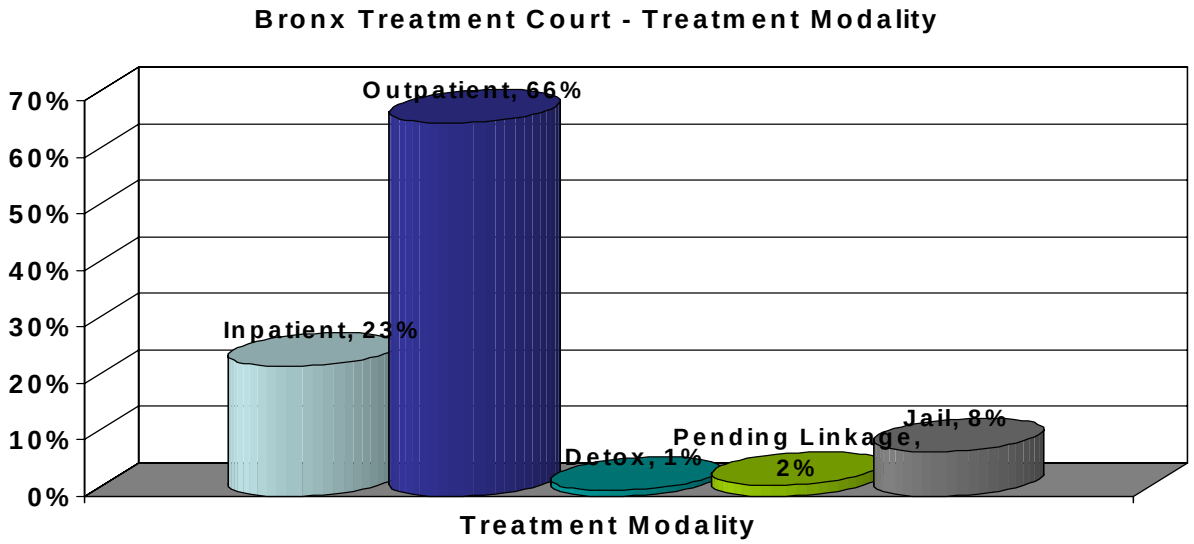
[18]The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

BxTC Operations

On average the BxTC daily caseload for 2003 was 277 cases[19] with about 36 open, warranted cases[20]. BxTC case managers typically monitor approximately 100-130 cases each.

Treatment decisions are first made after the initial clinical assessment and altered during the course of the treatment mandate based on the changing needs of the participant. Division of BxTC participant treatment modalities[21] is located in Chart 2.6.

Chart 2.6



[19]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[20]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[21]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004 and also includes participants who were in jail on the snapshot date.

-CHAPTER 3-
COMPREHENSIVE SCREENING

COMPREHENSIVE SCREENING

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

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

Problems with Prior Screening

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

- *Missed Opportunities*: The past system of screening felony drug offenders in Brooklyn, suffered from lack of coordination and integration, resulting in dozens of treatment-eligible offenders "falling between the cracks" each year. In some cases, this meant that defendants were not referred to treatment as quickly or as efficiently as possible - this includes not only Brooklyn Treatment Court, but the other existing treatment programs designed to serve offender populations (TASC and DTAP). In other cases, it meant that treatment-eligible offenders may not have received any treatment at all.

- *Wasted resources:* Flaws in the previous system also resulted in many cases being sent to Brooklyn Treatment Court, TASC and DTAP that were ultimately deemed

ineligible for the program. This created system inefficiency - wasted assessments, unnecessary court appearances, multiple urine tests - that made it difficult for the various Treatment Programs to expand their capacity or serve new clients.

Principles

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

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

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

- *Accuracy and Efficiency,* Conservation of resources requires that the screening is done with skill and accuracy that results in all eligible offenders being screening for court monitored substance abuse treatment and ineligible offenders being excluded from subsequent and more intensive clinical screening at the earliest stage of the process.

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

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

Screening

Screening is a two-step process. Step 1 is a paper screening at arraignments where the court clerks identify all defendants who are charged with a designated offense and have the requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to one of Brooklyn's three treatment parts. Cases eligible for the treatment parts are adjourned for the next business day. Step 2 includes a review by the District Attorney for preliminary consent to treatment alternative and a urine toxicology screen test and assessment by TASC or court clinical staff.

Plea and Progress

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

STEP Young Adult Program and Drug Related Offenses

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

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

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

Statistical Information

An analysis of the number of defendants screened in each borough since the Comprehensive Screening was implemented in Brooklyn shows the striking differences in the way that drug court eligible defendants are identified in Brooklyn. In FY 2003-4 the two new Brooklyn drug courts accounted for 72% of all defendants referred to a drug court for assessment.

Total Number of Referrals	**3538**	**100%**
Manhattan	154	4%
Manhattan Misdemeanor	273	8%
Bronx	253	7%
Brooklyn Misdemeanor	1320	37%
STEP	1234	35%
Queens Misdemeanor	228	6%
Staten Island	76	2%

These two new Brooklyn drug courts also accounted for over half of all new participants.

Total Number of Pleas	**873**	**100%**
Manhattan	75	9%
Manhattan Misdemeanor	59	7%
Bronx	139	16%
Brooklyn Misdemeanor	283	32%
STEP	207	24%
Queens Misdemeanor	65	7%
Staten Island	45	5%

Conclusion

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

-CHAPTER 4-
SCREENING & TREATMENT ENHANCEMENT PART

Staff

Presiding Judge	Hon. Joseph Gubbay
Clinical Director	Lisa Babb
Resource Coordinator	Alyson Reiff
Case Managers	Theresa Good
	Herbert Hardwick
	Jeffrey McGarry
Lab Technician	Patrick Clayton

Introduction

In January 2003, the Screening & Treatment Enhancement Part (STEP) opened in the Kings County Criminal Court as part of a pilot program called Comprehensive Screening that ensures that all defendants eligible for court-monitored substance abuse treatment are identified and given an opportunity to participate in treatment. This centralized screening process has resulted in the early identification of eligible offenders in need of substance abuse treatment and referral to appropriate community based treatment for non-violent offenders charged with certain designated drug and drug-related offenses. It has ameliorated the problem of dozens of treatment eligible offenders "falling between the cracks" each year – either not being referred to treatment until a case was trial ready or not receiving treatment at all. It has also prevented ineligible offenders from being sent to a court-monitored treatment program for assessment, which previously resulted in enormous wastes of court and clinical resources. This conservation of resources has resulted in the Brooklyn courts' ability to expand treatment offerings to populations such as 16-18 year olds charged with a non-violent felony and defendants charged with non-violent, non-drug offenses typically committed by individuals who abuse drugs. Both of these populations had previously been ineligible for such early intervention. STEP opened simultaneously with the Comprehensive Screening pilot to handle this increased population of eligible defendants.

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

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

Funding

STEP is funded by the New York State Unified Court System.

Eligibility and Identification

Eligible defendants must:

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

Exclusions

Defendant may not have:

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

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

Court Structure

Defendants accepted into STEP plead guilty to a felony charge and the Court defers sentence for twelve ro eighteen months while the defendant participates in treatment. Each participants receive a treatment plan, based on a clinical assessment, that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment, as well as complete a required number of volunteer events at the time of completion.

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

health services, housing and family counseling.

For both the adolescent and adult populations, STEP uses intensive judicial supervision and a system of graduated sanctions and rewards to maintain compliance with the court mandate. Probation officers and youth case managers offer intensive case management with the capability to make home visits; the clinical expertise to engage young adults and their families; and the possibility of offering onsite counseling in the future. Upon completion of the court mandate, the Court vacates the guilty plea required to participate and dismisses the charges leaving the participant with an opportunity to start over again without a criminal record. Failure results in the imposition of a jail sentence.

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

To move between phases, participants must abstain from any drug use, be compliant with program rules and regulations, and remain sanctionless. While in treatment, participants are held accountable for any infractions they commit. STEP uses a system of interim, graduated schedule of incentives and sanctions to encourage compliance. The most common/less severe infractions include positive/missed urine sample, not following program rules, and/or late arrivals. The most common infractions include positive or missed urine toxicology tests, violation of program rules, and tardiness. Sanctions for these infractions include increased weekly treatment hours, essay writing, and increased court appearances. More serious infractions include missed court appearances and absence from a treatment program without permission, which can result in a sanction of jail time. New arrests typically result in a jail based sanction and/or the imposition of the jail alternative.

Referrals, Refusals and Pleas

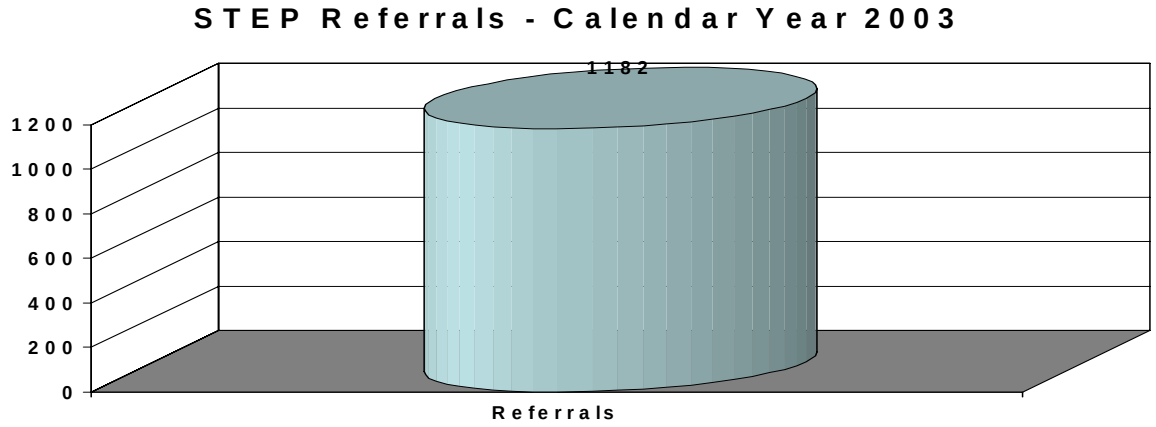
Since accepting its first case in 2003[22], 1498 nonviolent felony drug offenders have been referred to STEP for clinical assessment, out of which 274 (18%) have pled guilty and agreed to participate in treatment. Of the 1224 who did not plead guilty, 236 (19%) refused to participate and 335 (27%) had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, 15 (4%) have graduated, *191* (70%) are currently in treatment, and 35 (13%) have to complete their court mandate.

[22]Data as of 3.31.04.

Intake and Referral Data

In calendar year 2003, STEP made up 35% of all referrals to the Drug Treatment Court Initiative. Chart 4.1 shows the number of STEP referrals in the past year.

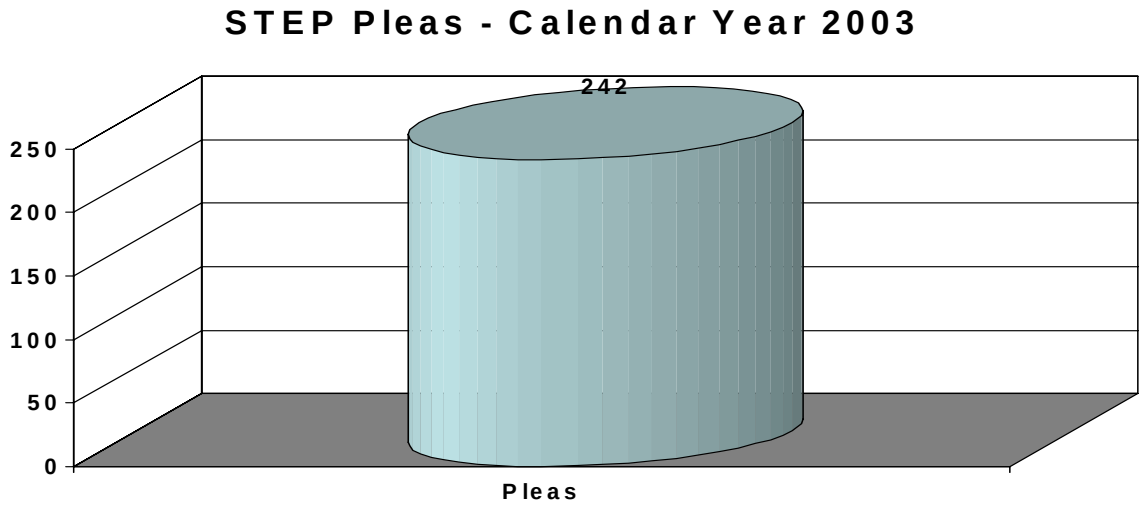
Chart 4.1



Participant Data

In calendar year 2003, STEP participants made up 31% of all pleas taken in the Drug Treatment Court Initiative. Chart 4.2 shows the number of STEP pleas[23] for calendar year 2003.

Chart 4.2



[23]Please note that persons whose contract/plea was vacated or were later found to be eligible BUT received treatment were counted as participants/pleas.

Descriptive Data - STEP Participants

Arraignment charges differ for STEP participants, with 70% charged with felony drug charges, and 28% charged with felony non-drug charges. There are a handful of misdemeanor (both drug and non-drug) cases that have also been handled by STEP. Descriptive data[24] on STEP participants are located in tables 4.3-4.4.

Table 4.3 - **Demographic Information**

Gender	% of total	Age	% of total	Race/Ethnicity	% of total
Male	94%	16	9%	African American	58%
Female	6%	17-18	33%	Latino/Hispanic	29%
		19-21	17%	Caucasian	9%
		22-30	20%	Other	<1%
		31-40	12%		
		41+	10%		

Drug of choice information is self-reported and obtained during the initial assessment.

Table 4.4 - **Drug of Choice Information**

Drug of Choice	Percent
Heroin	13%
Crack	9%
Marijuana	66%
Cocaine	4%
Alcohol	4%
Other	2%

[24]These charts only include data on those who executed a contract/plea in STEP.

Graduates and Failures[25]

Even though STEP has only been operational for little over a year, already 15 (4%) participants have graduated. The following information is available for STEP graduates:

- 25% of graduates were either full or part-time employed,
- 46% were receiving governmental assistance, and
- 54% were receiving Medicaid.
- 11% of STEP participants were either in school either full or part-time.
- 39% of graduates had received vocational training

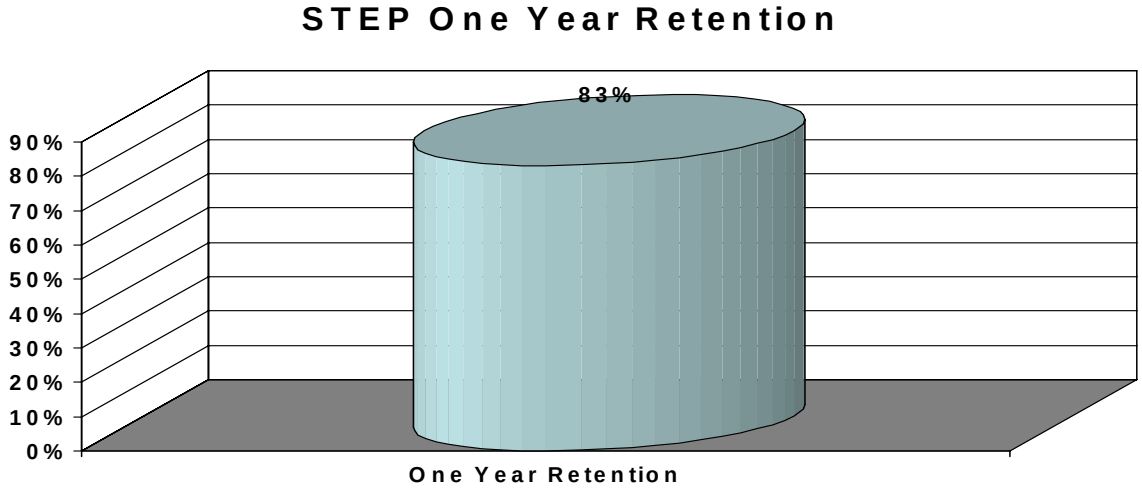
Conversely, 35 (13%) participants have failed to complete their court mandate. 71% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in STEP. 26% of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence. STEP closes warrant cases after one consecutive year, which made up for about 3% of the failures.

[25]Data as of 3.31.04.

Length of Stay/Retention Rates[26]

The average length of treatment (based on graduation date) for STEP's 15 graduates is twelve months. Retention rate includes data for participants who have completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant(not retained), one year prior to the analysis date.[27] One year retention rate is shown in chart 4.5.

Chart 4.5



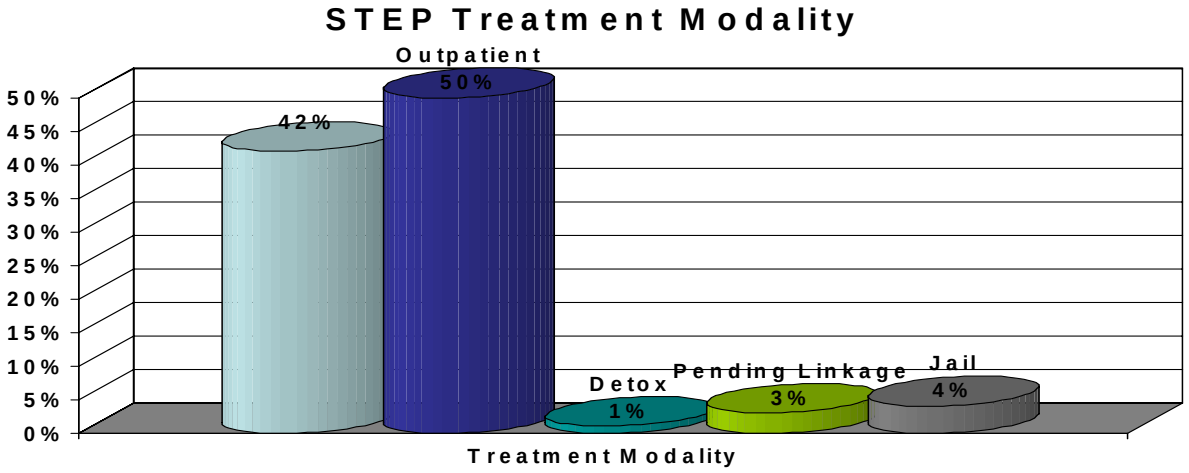
[26]Data as of 3.31.04.

[27]The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

STEP Operations

On average STEP handled 180[28] cases each day in 2003. Case managers typically monitored between 45-50 participants each at any given time in 2003. Treatment modality decisions are made by the STEP case management team under the supervision of the clinical director. Division of STEP participant treatment modalities[29] is presented in Chart 4.6.

Chart 4.6



[28]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[29]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004, and also includes participants who were in jail on the snapshot date.

-CHAPTER 5-
MISDEMEANOR BROOKLYN TREATMENT COURT

Staff

Presiding Judge	Hon. Wayne Saitta
Clinical Director	Lisa Babb
Resource Coordinator	Mia Santiago
Senior Case Manager	Michael Torres
Case Manager	Luzenid Perez
Lab Technician	Patrick Clayton

Introduction

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

Funding

MBTC is funded by the New York State Unified Court System.

Eligibility and Identification

Eligible defendants eligible must:

- be charged with a "nonviolent" class A misdemeanor, **and**
- have ten or more prior criminal convictions, **and/or**
- be on parole or probation.

Exclusions:

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

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

who agree to participate must execute a contract with the Court and plead guilty to the top count on the misdemeanor complaint.

Court Structure

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

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

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

Referrals, Refusals and Pleas

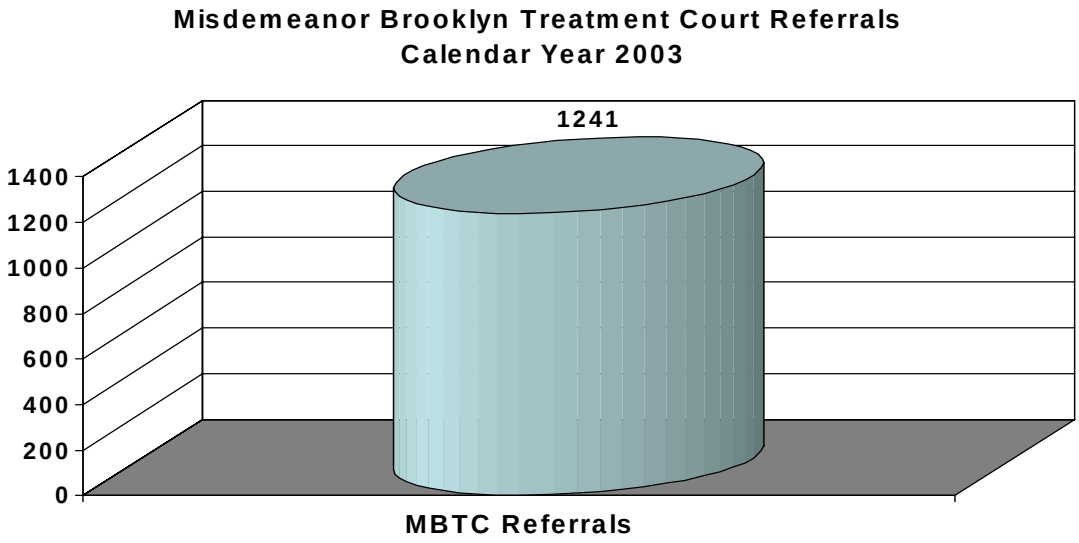
Since beginning to accept cases in 2003[30], 1590 defendants have been referred to MBTC for clinical assessment, out of which 393 (25%) have taken a plea and opted for treatment. Of the 1197 who did not take the plea, 625 (52%) refused to participate. Of those who were accepted by MBTC and agreed to participate, 28 (7%) have graduated, *140* (36%) are currently in treatment, and 151 (38%) have failed to complete treatment.

[30]Data as of 3.31.04.

Intake and Referral Data

In calendar year 2003, MBTC made up 37% of all referrals for clinical assessment to Drug Treatment Court Initiative. Chart 5.1 shows MBTC referrals in calendar year 2003.

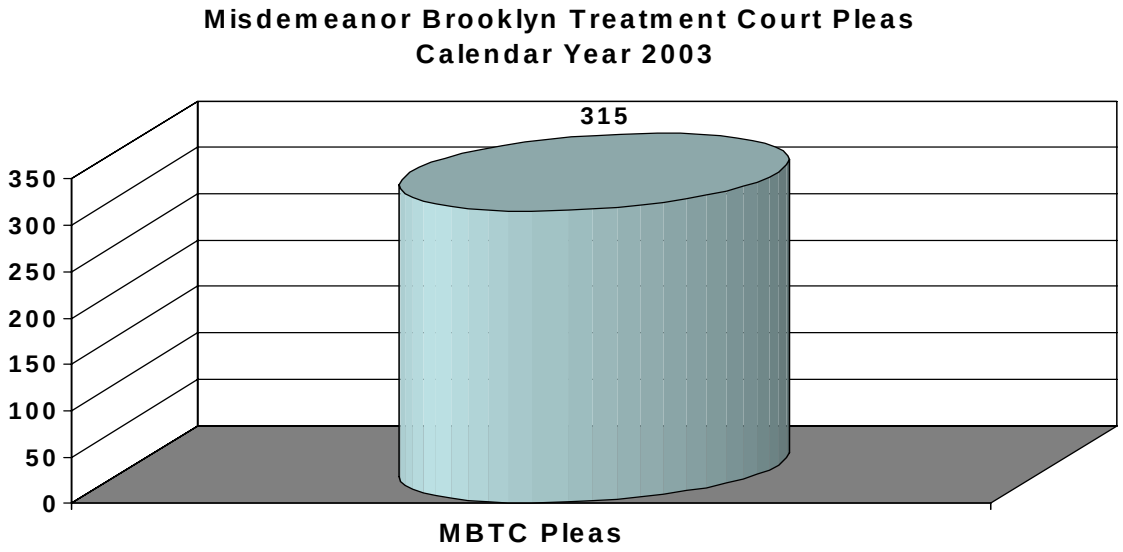
Chart 5.1



Participant Data

In calendar year 2003, MBTC participants made up 31% of all pleas taken in Drug Treatment Court Initiative. Chart 5.2 shows the number of MBTC pleas in calendar year 2003.

Chart 5.2



Descriptive Data - MBTC Participants

Arraignment charges differ for MBTC participants, with about 73% charged with a misdemeanor drug offense and 23% charged with misdemeanor non-drug offenses. Descriptive data[31] for MBTC participants is located below.

Table 5.3 - **Demographic Information**

Gender	% of total	Age	% of total	Race/Ethnicity	% of total
Male	76%	16	.03%	African American	60%
Female	24%	17-18	2%	Hispanic/Latino	27%
		19-21	3%	Caucasian	9%
		22-30	13%	Other	2%
		31-40	43%		
		41+	39%		

Drug of choice information is self-reported during the participant's initial assessment. See table 5.4.

Table 5.4 - **Drug of Choice Information**

Drug of Choice	Percent
Heroin	36%
Crack	36%
Marijuana	10%
Cocaine	11%
Alcohol	3%
Other	4%

[31]These charts only include data on those who executed a contract/plea in MBTC.

Graduates and Failures[32]

So far, 28 (7%) participants have graduated from MBTC. The following information is available for MBTC graduates:

- 25% of MBTC graduates were either full or part-time employed,
- 46% were receiving governmental assistance, and
- 54% were receiving Medicaid.
- 11% of MBTC participants were either in full or part-time school.
- 39% of graduates had participated in vocational training.

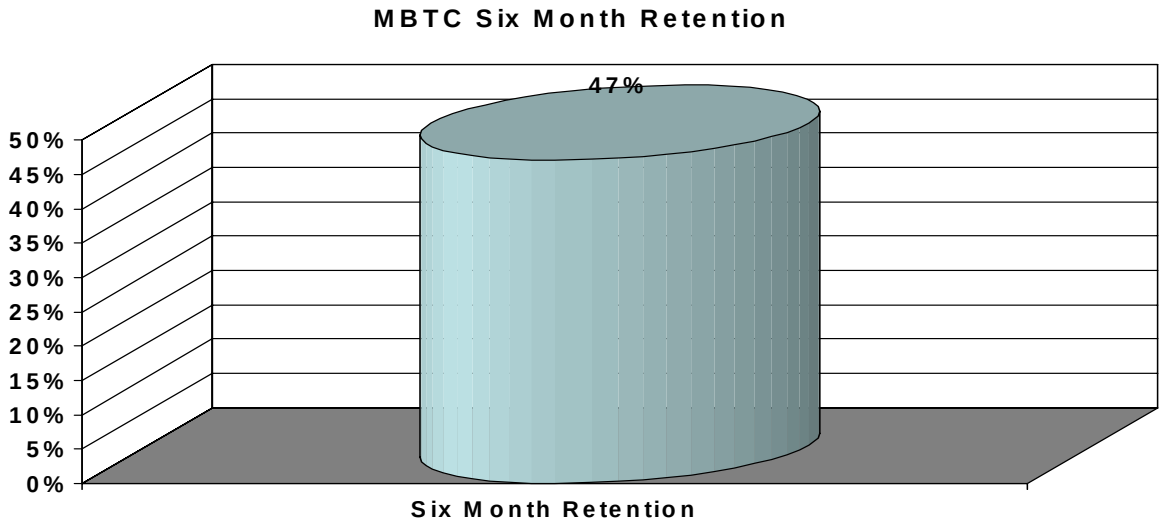
Conversely, 151 (38%) participants have failed to complete the court mandate. 64% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants, or an arrest for a new charge making him/her ineligible for continuing in MBTC. The other 36% of failures were voluntary, defined as a participant who opted out of treatment after taking his/her plea and elected to serve his/her jail sentence.

[32]Data as of 3.31.04.

Length of Stay/Retention Rates[33]

The average length of treatment (based on graduation date) for MBTC's 28 graduates is twelve months. Retention rate includes data for participants who had graduated (retained), whose cases were still open and active (retained), who had failed to complete treatment (not retained), and for whom the Court had issued a bench warrant (not retained), six months prior to the analysis date.[34] Six month retention rate is shown in chart 5.5[35].

Chart 5.5



[33]Data as of 3.31.04.

[34]The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

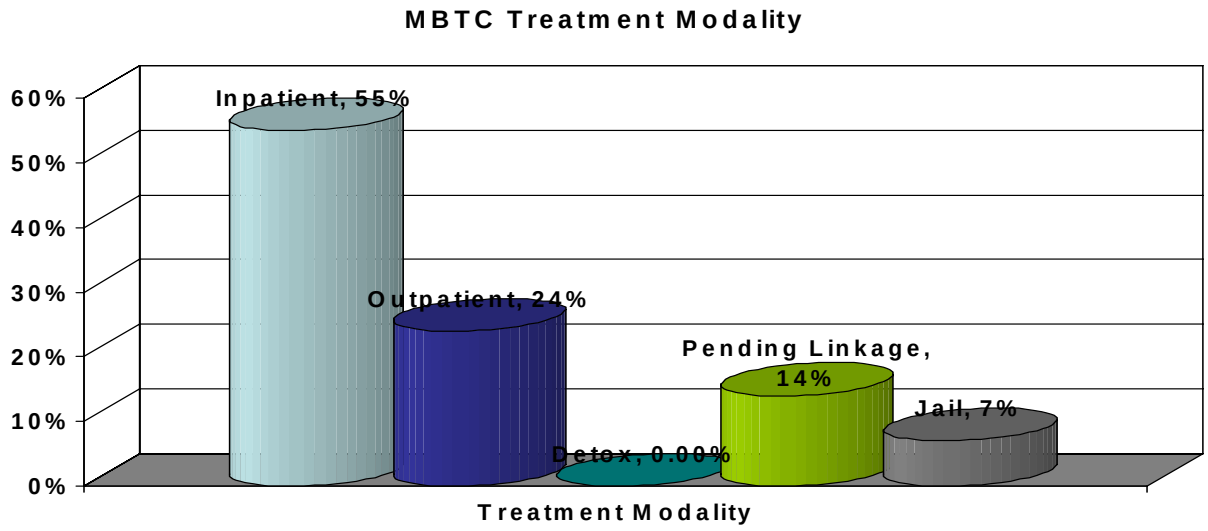
[35]The six month retention rate is used for MBTC due to the small number of participants on open/active status as of 3.31.04. Given that MBTC began treating misdemeanants in January 2003, there just weren't enough participants to make the one year retention rate a valuable measure.

MBTC Operations

On average the MBTC daily caseload for 2003 was 134 cases[36]. MBTC case managers typically monitor approximately 45-55 cases each. MBTC, on a daily basis, handled an average of 134[37] cases.

Treatment modality decisions are made based on the initial clinical assessment, and change based on MBTC case management decisions under the supervision of the clinical director. The breakdown of participant treatment modalities[38] used in MBTC is located in Chart 5.6.

Chart 5.6



[36]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004. MBTC started accepting cases on January 22, 2003 and the caseload has been growing steadily. The caseload as of March 31, 2004 is approximately 190 open, unwarranted cases.

[37]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[38]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004, and also includes participants who were in jail on the snapshot date.

-CHAPTER 6-
MANHATTAN MISDEMEANOR TREATMENT COURT

PROGRAM DESCRIPTION - MANHATTAN MISDEMEANOR TREATMENT COURT

Staff

Presiding Judge	Hon. Deborah Kaplan
Operations Director	Kathleen McDonald
Case Assessor	Lyndon Harding
Junior Case Assessor	Maria Angeles

Introduction

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

Funding

MMTC is funded by the New York State Unified Court System.

Eligibility and Identification

Defendants eligible for treatment in MMTC must:

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

Exclusions:

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

Court staff start the identification process of eligible defendants before the defendant's arraignment on the misdemeanor complaint. Court clerks review charges and criminal histories for "paper eligibility" (criteria listed above in paragraph two). If a case is eligible for MMTC , the clerk will endorse the court papers with a "Treatment Court" stamp and all parties will be informed of the defendant's eligibility. Eligible cases are typically adjourned to the next business day in MMTC, where the MMTC clinical staff will conduct an in-depth clinical assessment if the defendant consents to participate in treatment. If the defendant is clinically eligible, he/she will plea guilty to the misdemeanor charged and sign a waiver form and MMTC Contract.

Court Structure

Defendants who agree to participate in MMTC must plead guilty to a misdemeanor charge. The Court defers sentence for a minimum of eight months while the defendants participates in substance abuse treatment. A clinical assessment recommends a treatment plan that best suits each participant's needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. For those who successfully complete the MMTC mandate, the Court will vacate the plea and dismiss the charges. Those who fail to complete the court mandate typically receive a jail sentence of six (6) months.

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

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

Referrals, Refusals and Pleas

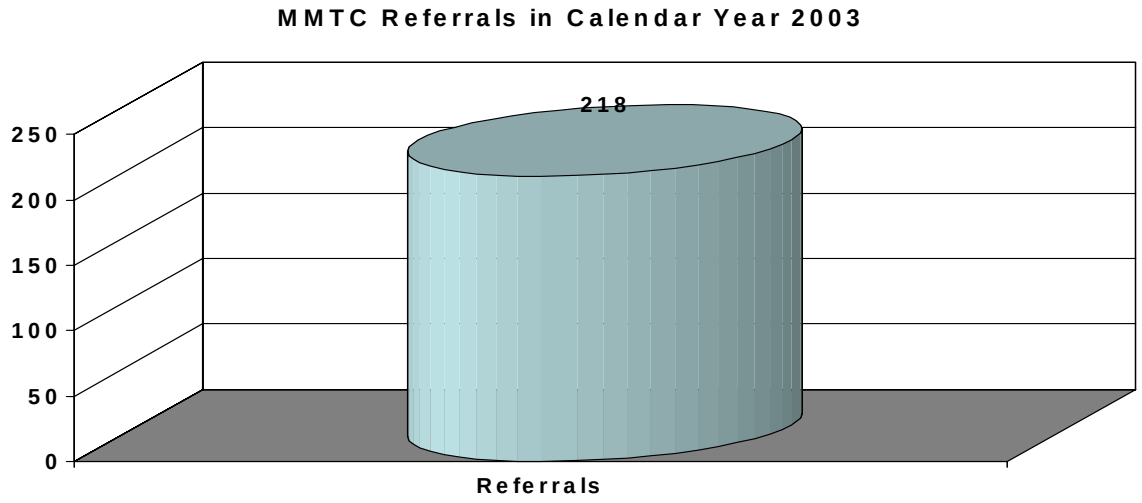
Since restructuring in 2003[39], 273 nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, out of which 62 (23%) have taken a plea and opted for treatment. Of the 211 who did not plead guilty and agree to participate, 112 (53%) refused to participate and 52 (25%) had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, *33* (12%) are currently in treatment, and 15 (5%) have failed to complete treatment.

[39]Data as of 3.31.04.

Intake and Referral Data

In calendar year 2003, MMTC made up 6% of all referrals to the Drug Treatment Court Initiative. Chart 6.1shows MMTC referrals calendar year 2003.

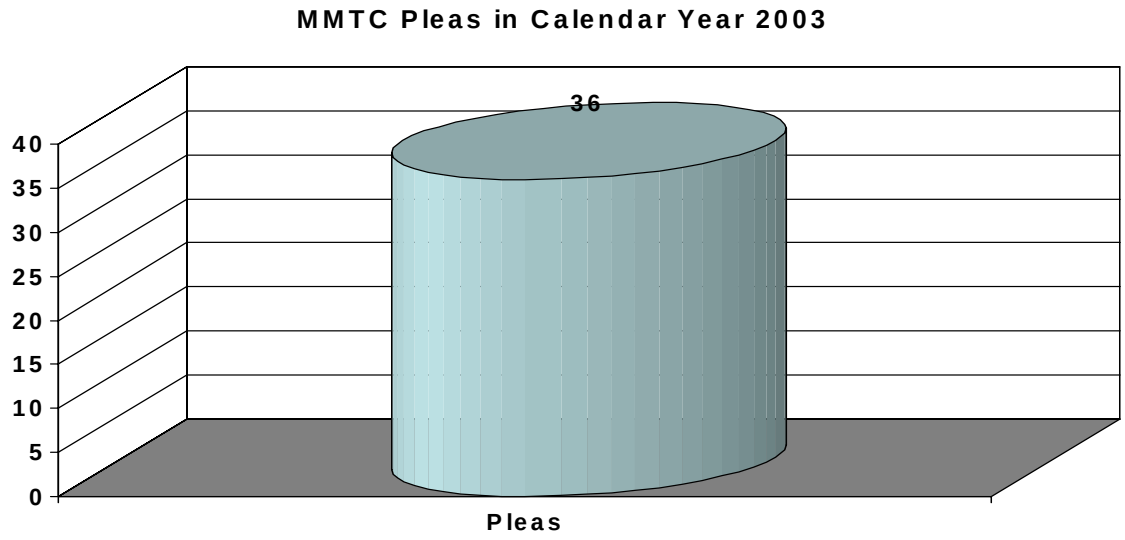
Chart 6.1



Participant Data

In calendar year 2003, MMTC participants made up 3% of all pleas taken in the Drug Treatment Court Initiative. Chart 6.2 shows MMTC pleas for calendar year 2003.

Chart 6.2



Descriptive Data - MMTC Participants

MMTC participants can be charged with either a misdemeanor drug or non-drug offense. The data collected thus far suggests that this is generally split down the middle, with about half/half charged with drug/non-drug charges. Descriptive data[40] on MMTC participants are located in tables 6.3-6.4.

Table 6.3 **- Demographic Information**

Gender	% of total	Age	% of total	Race/Ethnicity	% of total
Male	76%	Missing	2%	African American	50%
Female	24%	22-30	11%	Latino/Hispanic	19%
		31-40	52%	Caucasian	19%
		41+	35%	Other	3%

[40]These charts only include data on those who executed a contract/plea in MMTC.

Drug of choice information is self-reported at the initial clinical assessment. See table 6.4.

Table 6.4 - **Drug of Choice Information**

Drug of Choice	Percent
Heroin	**29%**
Crack	**32%**
Marijuana	**12%**
Cocaine	**20%**
Alcohol	**5%**
Other	**2%**

Graduates and Failures[41]

No participants have graduated yet from MMTC. MMTC currently has about six participants in the higher phases and anticipates some graduations in the coming year.

Conversely, 15 (5%) participants have failed out of MMTC since its restructuring. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MMTC. 67% of the failures were involuntary

Length of Stay/Retention Rates[42]

Since the restructured MMTC is relatively new, it is not possible to quantify the length of stay to graduation. In addition, retention rates are difficult to calculate and will not be meaningful until a larger pool of defendants begins to participate in the program.

[41]Data as of 3.31.04.

[42]Data as of 3.31.04.

-CHAPTER 7-
MANHATTAN TREATMENT COURT

Staff

Presiding Judge	Hon. Laura Ward
Director	Debra Hall-Martin
Resource Coordinator	Laverne Chin
Senior Case Managers	Desiree Rivera
	Robert Rivera
Case Managers	General Wright
	Darlene Buffalo (on loan from MBTC)
Lab Technician	Sandra Thompson
Data Entry	Marion Edwards

Introduction

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

Funding

MTC is funded with the support of a United States Department of Justice Local Law Enforcement Block Grant administered by the Criminal Justice Coordinator's Office and the New York State Unified Court System.

Eligibility and Identification

Defendants eligible for treatment in MTC must:

- be prosecuted by the Office of Special Narcotics Prosecutor;
- be charged with a B, C, or D felony drug offense;
- be residents of New York City (NYC), (although non-NYC residents are considered on a case by case basis);
- have no prior felony convictions; and
- have no history of violence or multiple bench warrants.
- Probation Violators[43]

[43]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.

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 two). If a case is eligible for MTC , the clerk will endorse the court papers with a "Treatment Court" stamp and all parties will be informed of the defendant's eligibility. Eligible cases are typically adjourned to MTC 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 MTC, OSN will screen the case a second time in order to ensure that the defendant is, in fact, a drug abuser. 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 The 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 Probation.

Court Structure

Defendants who agree to participate in MMTC must plead guilty to a felony charge. The Court defers sentence for twelve to eighteen months while the defendants participates in substance abuse treatment. A clinical assessment recommends a treatment plan that best suits each participant's needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment by the time of completion. For those who successfully complete the MTC mandate, the Court will vacate the plea and dismiss the charges. Those who fail to complete the court mandate typically receive a jail sentence of one (1) year in jail.

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

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

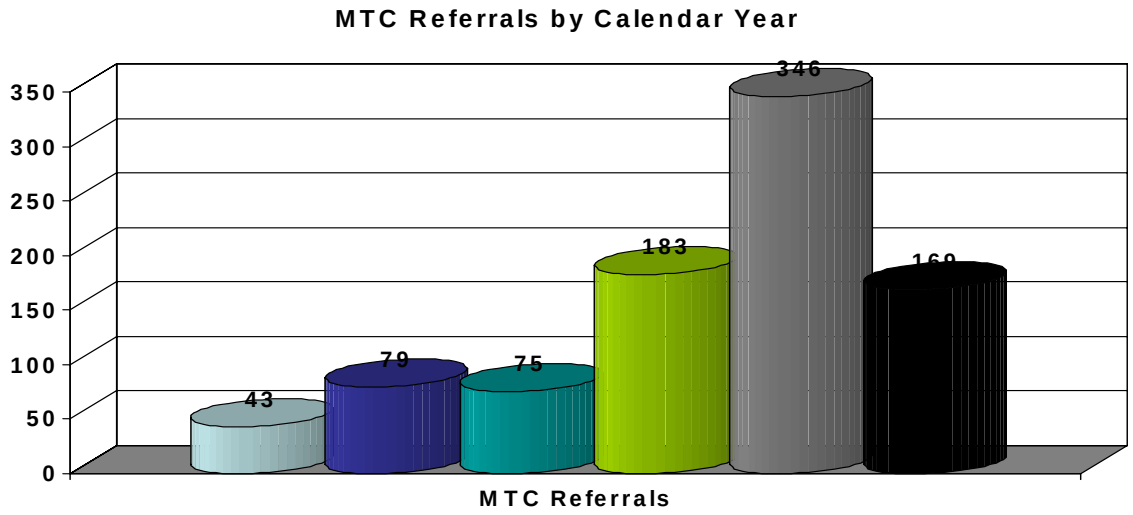
Referrals, Refusals and Pleas

Since its inception in 1998[44], 942 nonviolent felony drug offenders have been referred to MTC for assessment, out of which 705 (75%) have pled guilty and opted for treatment. Of the 237 who did not take the plea, 46 (19%) refused to participate. Of those who were accepted by MTC and took the plea, 201 (29%) have graduated, *236* (34%) are currently in treatment, and 201 (29%) have failed to complete treatment.

Intake and Referral Data

In calendar year 2003, MTC made up 5% of all referrals to the Drug Treatment Court Initiative. Chart 7.1 shows MTC referrals by calendar year[45].

Chart 7.1[46]



[44]Data as of 3.31.04.

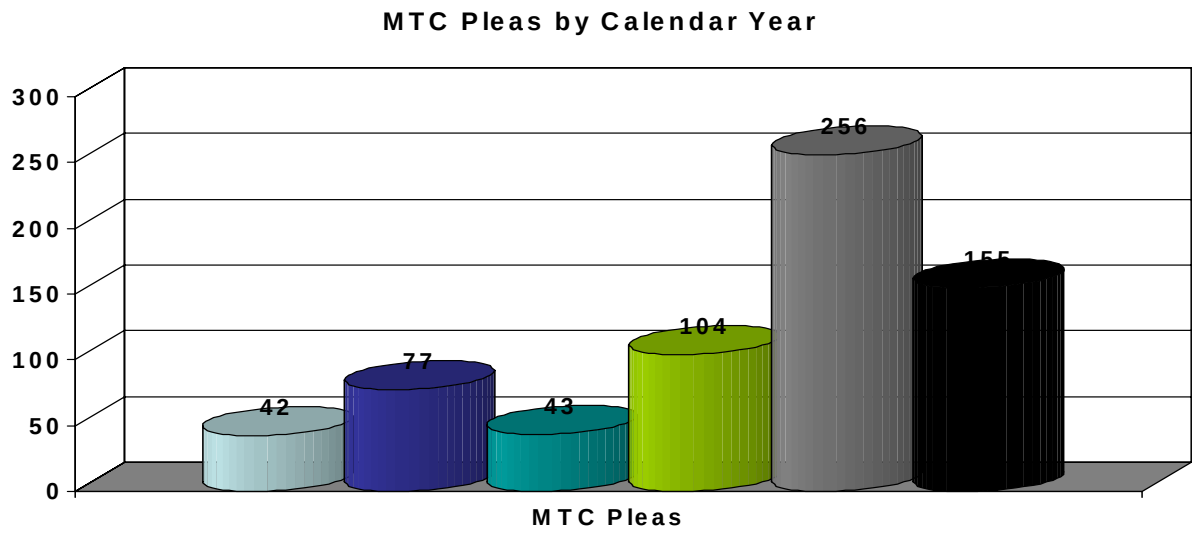
[45]The spike in 2002 was the result of criteria revisions allowing Interim Probation Supervision referrals.

[46]Please note that data from 1998 includes only September through December.

Participant Data

In calendar year 2003, MTC participants made up15% of all pleas taken in the Drug Treatment Court Initiative. Chart 7.2 shows MTC pleas[47] by calendar year[48].

Chart 7.2



[47]Please note that persons whose contract/plea was vacated or were later found to be eligible but received treatment were counted as participants/pleas.

[48]The spike in 2002 was the result of criteria revisions allowing Interim Probation Supervision referrals.

Descriptive Data - MTC Participants

All MTC participants must be charged with a felony drug offense. Descriptive data[49] on MTC participants are located in tables 7.3-7.4 below.

Table 7.3 - **Demographic Information**

Gender	% of total	Age	% of total	Race/Ethnicity	% of total
Male	76%	16	.2%	African American	55%
Female	24%	17-18	8%	Hispanic/Latino	37%
		19-21	24%	Caucasian	6%
		22-30	17%	Other	2%
		31-40	24%		
		41+	25%		

Drug of choice information is self- reported at the time of the participant's initial assessment.

Table 7.4 - **Drug of Choice Information**

Drug of Choice	Percent
Heroin	14%
Crack	15%
Marijuana	43%
Cocaine	13%
Alcohol	3%
Other	14%

[49]These charts only include data on those who executed a contract/plea in MTC.

Graduates and Failures[50]

Since 1998, 201 (29%) participants have graduated from MTC. The following information is available for MTC graduates:

- 55% of MTC graduates were either full or part-time employed,
- 20% were receiving governmental assistance, and
- 30% were receiving Medicaid.
- 10% of MTC Graduates had received a high school diploma or GED while undergoing treatment, and
- 12% were either in full or part-time school.
- 20% of graduates received vocational training.

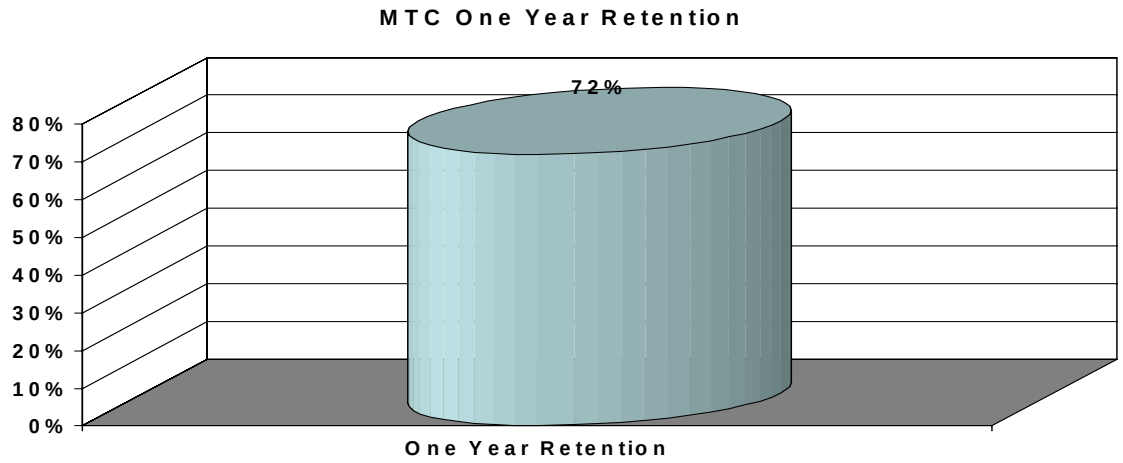
Conversely, 201 (29%) MTC participants have failed to complete the court mandate. 76% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in MTC.

[50]Data as of 3.31.04.

Length of Stay/Retention Rates[51]

The average length of treatment (based on graduation date) for MTC's 201 graduates is between eighteen and nineteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.[52]

Chart 7.5



[51]Data as of 3.31.04.

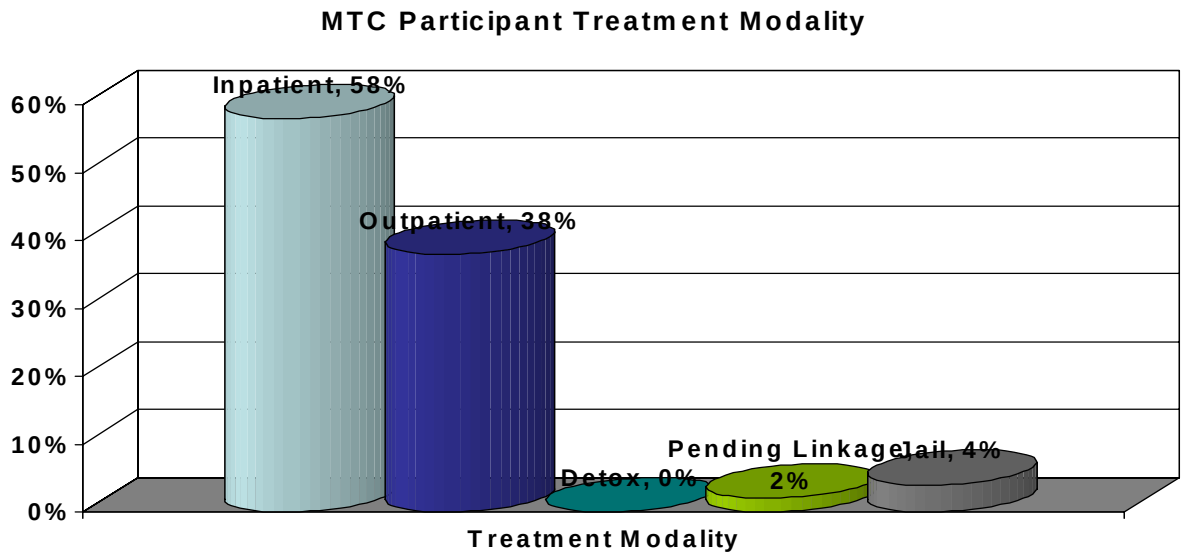
[52]The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

MTC Operations

On average the MTC daily caseload for 2003 was approximately 266[53]cases. MTC case managers typically monitor 75-100 participants each. It is MTC policy to keep cases where the Court has issued a bench warrant designated as "open."[54] In 2003, the average number of participants out on a warrant was 50[55].

Treatment modality decisions are made by the MTC case management team under the supervision of the Director. A breakdown of MTC participant treatment modalities breakdown[56] is shown in Chart 7.6.

Chart 7.6



[53]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[54]MTC does not close out warranted cases, regardless of length of warrant time.

[55]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[56]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004 and also includes those participants who were in jail on the snapshot date.

-CHAPTER 8-
QUEENS MISDEMEANOR TREATMENT COURT

PROGRAM DESCRIPTION - QUEENS MISDEMEANOR TREATMENT COURT

Staff

Presiding Judge	Hon. Pauline Mullings
Director	(Vacant)
Resource Coordinator	Naima Aiken
Case Manager	Darriel Cummings

Introduction

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

Funding

QMTC is funded through grants from the federal government's Bureau of Justice Assistance and the Substance Abuse and Mental Health Services Administration and the New York Unified Court System.

Eligibility and Identification

Eligible defendants must:

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

(The Queens District Attorney's office has agreed to review certain felony filings and, if eligible, refer them to QMTC upon a determination that they are prepared to reduce the felony charges to misdemeanors.)

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

Court Structure

Defendants accepted into QMTC plead guilty to a misdemeanor charge and the Court defers sentence while the defendant participates in nine to twelve months of treatment. Based on an initial clinical assessment, participants each receive a treatment plan that best suits their needs. Treatment plans can include intensive outpatient, detox, short term outpatient, or long-term residential programs. Defendants must complete all phases of treatment, obtain a high school diploma or GED, and/or employment at the time of completion. Defendants are expected to have completed all phases of treatment, accrue a total of twelve months time without sanctions, make significant progress toward personal goals such as a high school diploma, GED, vocational training, school, and/or employment at the time of completion. The Court will allow participants who successfully complete their court mandate to withdraw their plea and dismiss the charges. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, of between 4 months and nine months.

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

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

QMTC participants typically complete treatment in about eighteen months.

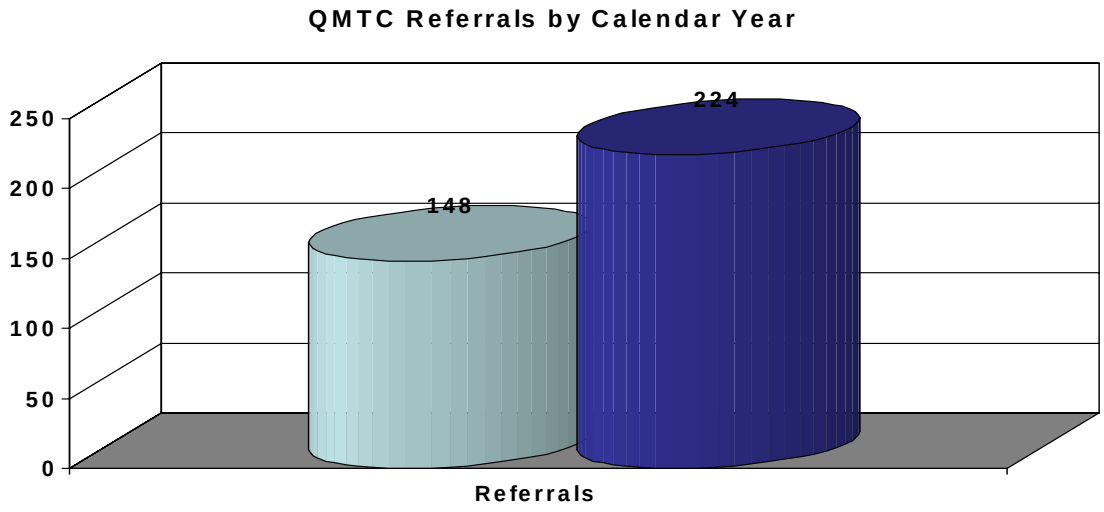
Referrals, Refusals and Pleas

Since it started taking cases in 2002[57], 422 nonviolent misdemeanor drug offenders have been referred to QMTC for clinical assessment, out of which 149 (35%) have plead guilty and agreed to participate in treatment. Of the 273 who did not plead guilty, 94 (34%) refused to participate. Of those who agreed to participate and pled guilty, 40 (27%) have graduated, *50* (34%) are currently in treatment, and 36 (24%) have failed to complete the court mandate.

Intake and Referral Data

In calendar year 2003, QMTC made up 7% of all referrals to the Drug Treatment Court Initiative. Chart 8.1 shows QMTC referrals by calendar year.

Chart 8.1

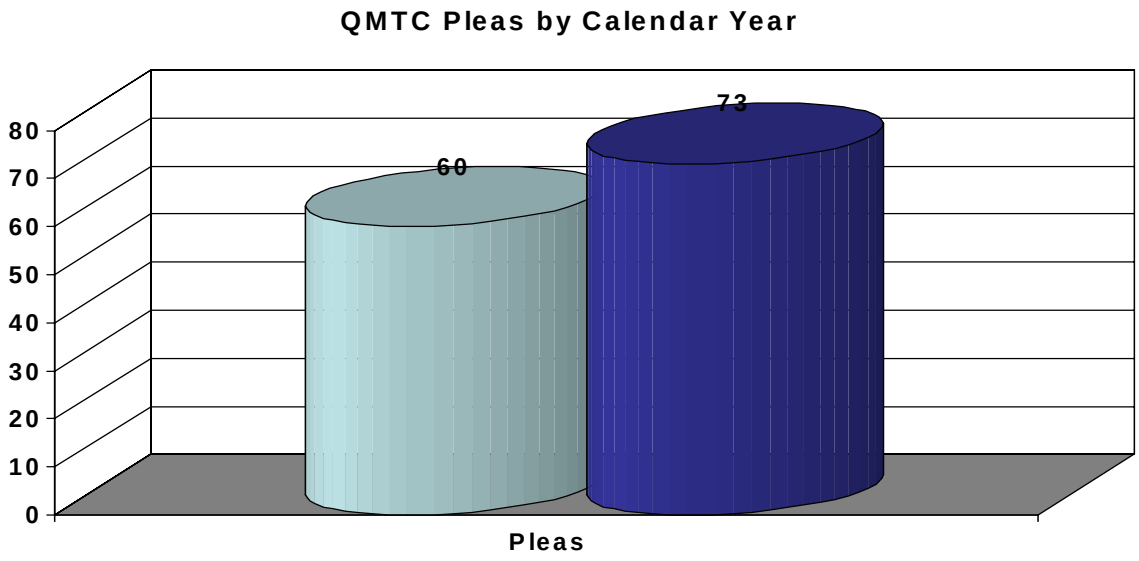


[57]Data as of 3.31.04.

Participant Data

In calendar year 2003, QMTC participants made up 7% of all pleas taken in the Drug Treatment Court Initiative. Chart 8.2 shows the number of QMTC pleas by calendar year.

Chart 8.2



Descriptive Data - QMTC Participants

QMTC participants can be charged with misdemeanor drug or non-drug offenses. Breakdown of arraignment charge is about 66% drug and 36% non-drug offenses. Descriptive data[58] on QMTC participants are located in tables 8.3-8.4.

Table 8.3 - **Demographic Information**

Gender	% of total	Age	% of total	Race/Ethnicity	% of total
Male	78%	17-18	3%	African American	52%
Female	22%	19-21	7%	Latino/Hispanic	23%
		22-30	21%	Caucasian	21%
		31-40	36%	Other	4%
		41+	32%		

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

Table 8.4 - **Drug of Choice Information**

Drug of Choice	Percent
Heroin	23%
Crack	31%
Marijuana	21%
Cocaine	13%
Alcohol	7%
Other	1%

Graduates and Failures[59]

40 (27%) participants have graduated from QMTC since its inception. The following information is available for QMTC graduates:

- 33% of graduates were employed, either full or part-time,
- 78% were receiving governmental assistance, and

[58]These charts only include data on those who executed a contract/plea in QMTC.

[59]Data as of 3.31.04.

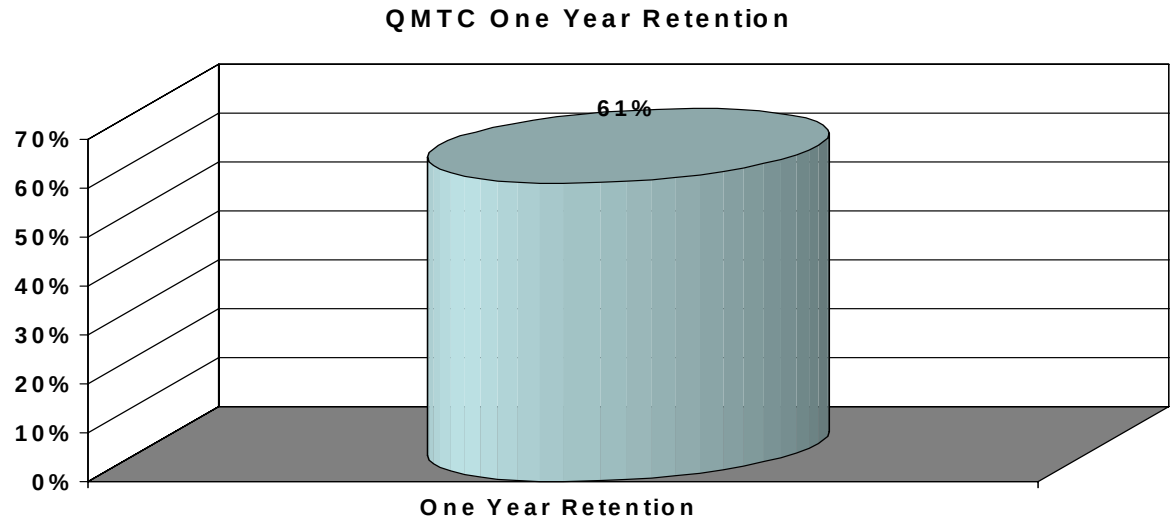
- 78% were receiving Medicaid.
- 10% of QMTC graduates were either in school, either full or part-time.
- 5% participated in vocational training.

Conversely, 36 (24%) QMTC participants have failed to complete treatment. 64% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in QMTC. The other 36% of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

Length of Stay/Retention Rates[60]

The average length of treatment (based on graduation date) for QMTC's 40 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained) as of the date in question entering drug court by March 31, 2003, one year prior to the analysis date.[61] One year retention rate is shown in chart 8.5.

Chart 8.5



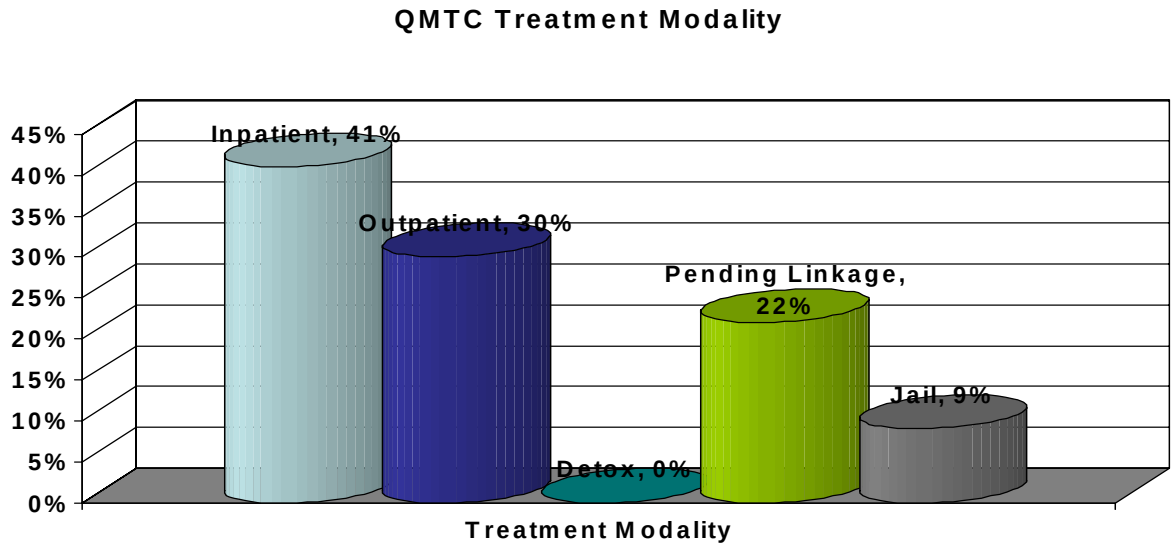
[60]Data as of 3.31.04.

[61]The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

QMTC Operations

On average the daily QMTC caseload for 2003 was 64[62] cases. Treatment modality decisions are made by the QMTC case management team under the supervision of the resource coordinator. A breakdown[63] of QMTC participant treatment modalities is located in Chart 8.6 below.

Chart 8.6



[62]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[63]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004, and also includes participants who were in jail on the snapshot date.

-CHAPTER 9-
STATEN ISLAND TREATMENT COURT

Staff

Presiding Judge	Hon. Alan Myer
Director	Ellen Burns
Senior Case Manager	Debra Donovan

Introduction

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

Funding

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

Eligibility and Identification

Eligible defendants must:

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

(SITC has started accepting misdemeanor offenders on a pilot basis and plans to expand its eligibility criteria to include those offenders who are repeatedly arrested for misdemeanor offenses).

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

Court Structure

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

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

To move between phases, participants must abstain from any drug use, be compliant with program rules and regulations, and remain sanctionless for at least four months. While in treatment, participants are held accountable for any infractions they commit. SITC uses a system of interim, graduated schedule of incentives and sanctions to encourage compliance. The most common/less severe infractions include positive/missed urine sample, not following program rules, and/or late arrivals. The most common infractions include positive or missed urine toxicology tests, violation of program rules, and tardiness. Sanctions for these infractions include increased weekly treatment hours, essay writing, and increased court appearances. More serious infractions include missed court appearances and absence from a treatment program without permission, which can result in a sanction of jail time. New arrests typically result in a jail based sanction and/or the imposition of the jail alternative.

SITC participants typically complete treatment in approximately eighteen months.

Referrals, Refusals and Pleas

Since it started accepting cases in 2002[64], 147 nonviolent felony drug offenders have been referred to SITC for clinical assessment, out of which 80 (54%) have pled guilty and agreed

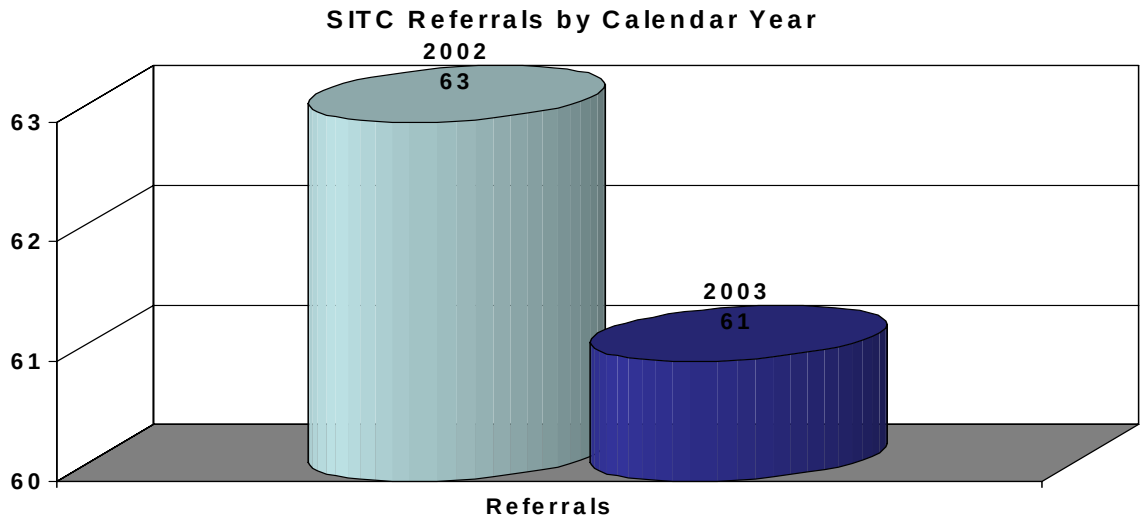
[64]Data as of 3.31.04.

to participate in treatment. Of the 67 who did not plead guilty, 21 (31%) refused to participate. Of those who were accepted by SITC and pled guilty, 17 (21%) have graduated, *50* (63%) are currently in treatment, and 10 (13%) have failed to complete their court mandate.

Intake and Referral Data

In calendar year 2003, SITC made up 2% of all referrals to the Drug Treatment Court Initiative. Chart 9.1 shows SITC referrals by calendar year.

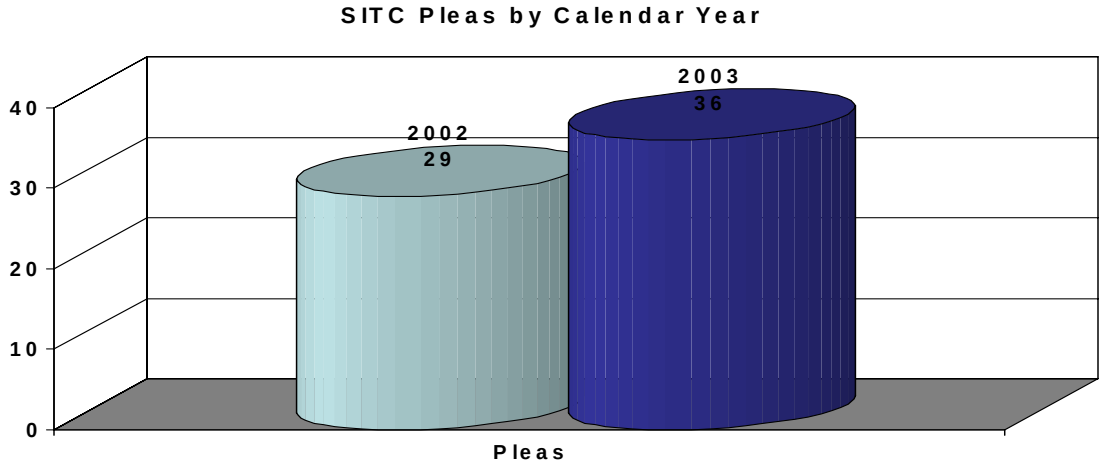
Chart 9.1



Participant Data – SITC Participants

In calendar year 2003, SITC participants made up 3% of all pleas taken in the Drug Treatment Court Initiative. Chart 9.2 shows SITC pleas[65] by calendar year.

Chart 9.2



[65]Please note that persons whose contract/plea was vacated or were later found to be eligible BUT received treatment were counted as participants/pleas.

Descriptive Data - SITC Participants

Virtually all SITC participants have been charged with a felony drug offense, with the exception of one (1) felony non-drug case, and two (2) misdemeanor cases. Descriptive data[66] on SITC participants are located in Tables 9.3-9.4.

Table 9.3 - **Demographic Information**

Gender	% of total	Age	% of total	Race/Ethnicity	% of total
Male	90%	16	4%	African American	20%
Female	10%	17-18	16%	Latino/Hispanic	13%
		19-21	23%	Caucasian	38%
		22-30	39%	Other	29%
		31-40	13%		
		41+	6%		

Drug of choice information is self-reported and obtained during the initial clinical assessment. See Table 9.4.

Table 9.4 - **Drug of Choice Information**

Drug of Choice	Percent
Heroin	5%
Crack	5%
Marijuana	40%
Cocaine	5%
Alcohol	3%
Other	12%

[66]These charts only include data on those who executed a contract/plea in SITC.

Graduates and Failures[67]

17 (21%) participants have graduated from SITC since its inception. The following information is available for SITC graduates:

- 77% of graduates were employed, either full or part-time,
- 24% were receiving governmental assistance, and
- 24% were receiving Medicaid.
- 12% of SITC participants were either in school, either full or part-time.
- 24% of SITC graduates participated in vocational training.

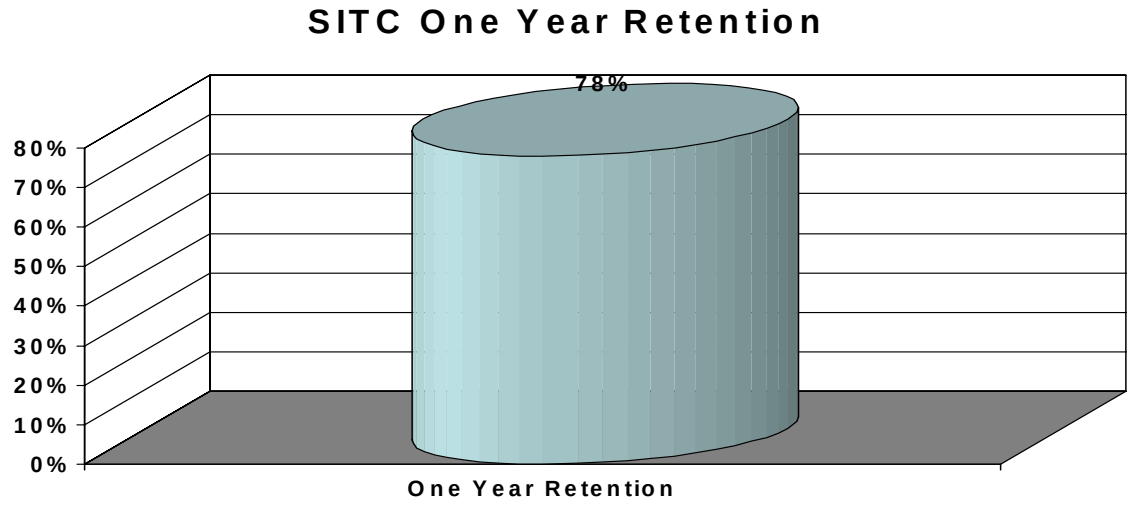
Conversely, 10 (13%) participants have failed to complete treatment. 50% of the failures were involuntary. An involuntary failure is defined as a participant who is no longer permitted by the Court to participate in treatment, either because of repeated failure to complete treatment, repeated bench warrants or an arrest for a new charge making him/her ineligible for continuing in SITC. The other 50% of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

[67]Data as of 3.31.04.

Length of Stay/Retention Rates[68]

The average length of treatment (based on graduation date) for SITC's 17 graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained) as of the date in question entering drug court by March 31, 2003, one year prior to the analysis date.[69] One year retention rate is shown in chart 9.5.

Chart 9.5



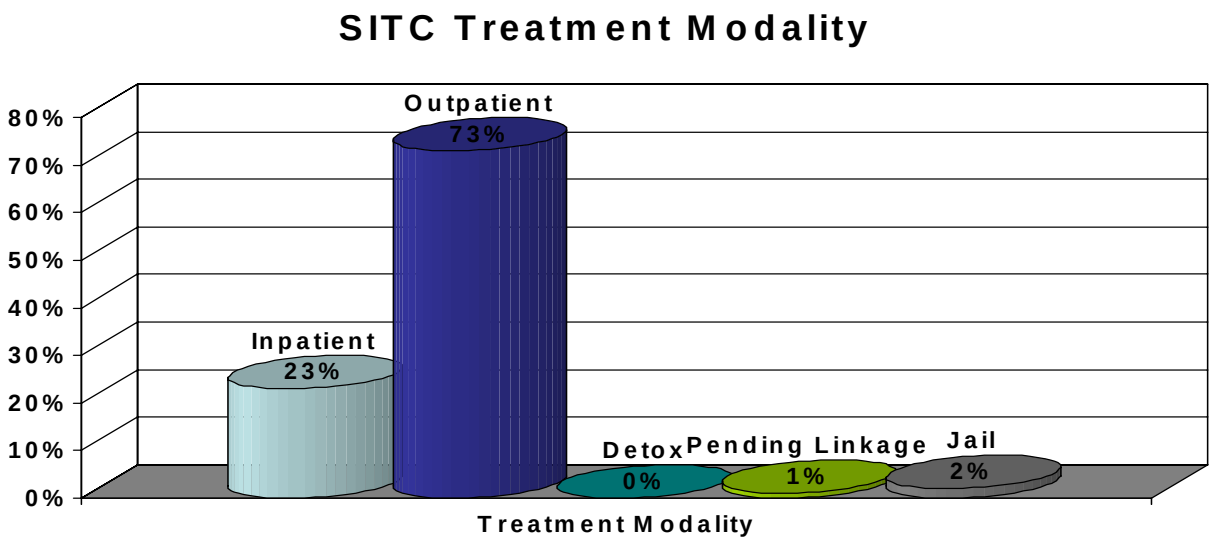
[68]Data as of 3.31.04.

[69]The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

SITC Operations

SITC, on a daily basis, handles an average of 41[70] cases. TASC is responsible for monitoring SITC participants, and at this time has devoted two case managers to SITC. Treatment modality decisions are based on the initial TASC assessment but are subject to change based upon the participant's performance throughout the program. Treatment modality breakdowns[71] are located in Chart 9.6.

Chart 9.6



[70]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004.

[71]Calculated by averaging snapshot data taken on the last day of each quarter in FY 2003 - 2004, and also includes participants who were in jail as of the snapshot date.

-PART II-
OBSTACLES FACING NYC CRIMINAL COURT DRUG TREATMENT COURT INITIATIVE

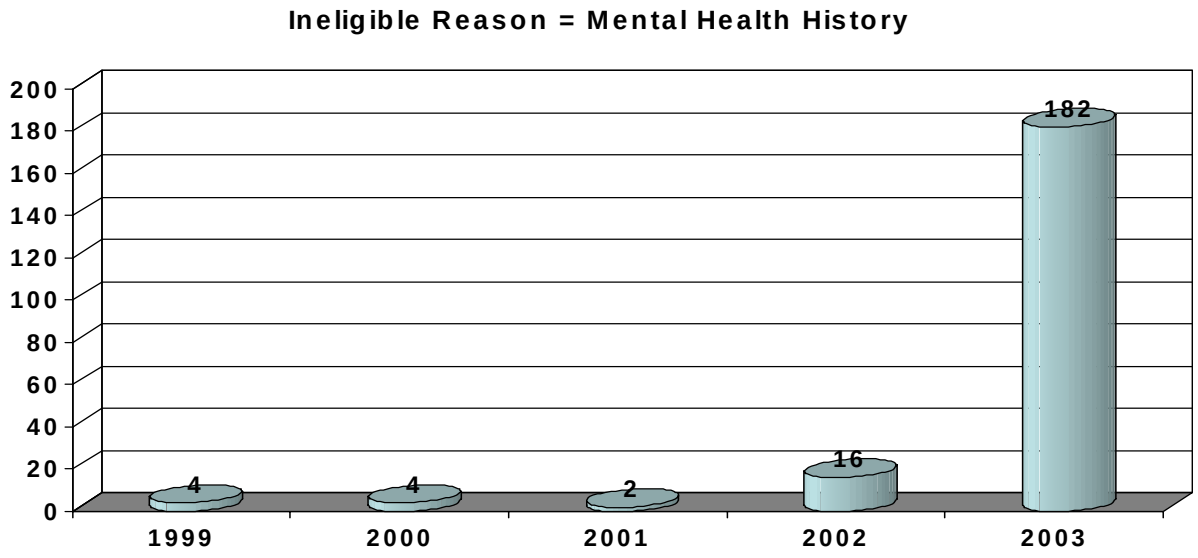
-CHAPTER 10-
SCREENING AND ASSESSMENT CHALLENGES

SCREENING AND MENTAL HEALTH ISSUES

Screening and assessment are done differently in each county. Most often, court clerks are responsible for the initial paper-eligibility screening. In some boroughs, the prosecutor's office is responsible for up-front screening. Only in Brooklyn does the Unified Court System's Comprehensive Screening pilot project currently operate to ensure that no defendant eligible for court-monitored substance treatment "fall through the cracks" and that every eligible defendant is given the opportunity to participate in treatment.

Mental health issues have become an area of increasing concern to the city's drug courts. In calendar year 2003, 182 defendants were found ineligible due to mental health histories, an area that drug courts are not yet fully able service.

Chart 10.1



Overall, the eligible drug court population has significant mental health issues. Out of the 2,986[72] valid responses to the question of whether or not the defendant has previously been in counseling for mental health issues, 17% had admitted that they were. While 8% of defendants indicated that they had previously received medication for mental health issues. In some cases, treatment court may even play an integral part in identifying and/or addressing a need for treatment for a defendant's mental health issue. Of the 208[73] defendants found ineligible due to mental health history/illness, 70% of the valid responses indicated that the

[72]Data as of 3.31.04.

[73]Data as of 3.31.04.

defendant had previously received counseling for their illness, while 46%[74] reported that they were previously receiving medication for their illness.

Length of Time - Arrest to Assessment[75] & Assessment to Plea

Length of time between arrest and assessment (intake) varies from court to court and delays can frequently be linked to the referral source. See Chart 10.2 for referral sources of each court.

Chart 10.2

Court Name	Screening Source
Bronx Treatment Court	• Drug Charges - DA Clerks @ Arraignments • Non-Drug Charges - ADAs in felony waiver parts • VOPs - Judges in felony waiver parts
Misdemeanor Brooklyn Treatment Court	Arraignment Clerks
Manhattan Misdemeanor Treatment Court	Arraignment Clerks
Manhattan Treatment Court	Arraignment Clerks, Office of Special Narcotics
Queens Misdemeanor Treatment Court	DA, Judges, Defense at Arraignments
Staten Island Treatment Court	DA
Screening Treatment Enhancement Part	Arraignment Clerks

Staten Island Treatment Court (SITC) suffers from extended periods of time between arrest and assessment as well as assessment plea. On average, it takes about a month for defendants to be referred to SITC, and once referred, defendants can wait close to an additional month (on average) before executing a contract/plea agreement. Much of the long delay can be attributed to courtroom availability. Please see Chart 10.3 on the next page for Arrest to Assessment and Assessment to Plea mean times.

[74] of the valid responses

[75] Assessment Date is taken as the Intake Date from the Universal Treatment Application due to no field indicating the actual date of assessment.

Chart 10.3[76]

Court Name	Mean Arrest to Assessment Time (In Days)	Mean Assessment to Plea Time (In Days)
Bronx Treatment Court	27	8
Misdemeanor Brooklyn Treatment Court	4	15
Manhattan Misdemeanor Treatment Court	6	4
Manhattan Treatment Court	31	39
Queens Misdemeanor Treatment Court	26	23
Staten Island Treatment Court	32	24
Screening Treatment Enhancement Part	13	10

[76]These figures are derived from calculating the time [in days] between arrest and intake (assessment) as well as assessment and plea. VOPs and VROWs are excluded from this calculation.

Length of Time - Full Intake (Arrest to Plea)

The entire "intake" process, from arrest to plea, remains a challenge for some of the city's treatment courts. Manhattan Treatment Court, for example, receives referrals solely from the Office of the Special Narcotics Prosecutor, which requires the plea to take place before assessment and placement. The requirement that all parties be present when the plea is taken and contract executed makes the intake process extremely lengthy. As a result it takes, on average, over two months to execute a plea from the arrest date. See chart 10.5 for average length of time between arrest and plea[77].

Chart 10.4[78]

Court Name	Mean Arrest to Plea Time (In Days)
Bronx Treatment Court	31
Misdemeanor Brooklyn Treatment Court	20
Manhattan Misdemeanor Treatment Court	14
Manhattan Treatment Court	*73*
Queens Misdemeanor Treatment Court	49
Staten Island Treatment Court	59
Screening Treatment Enhancement Part	48

6This figure is derived from calculating the time [in days] between arrest and plea. VOPs are excluded from this calculation.

[78]These figures are derived from calculating the time [in days] between arrest and plea. VOPs and VROWs are excluded from this calculation.

-CHAPTER 11-
OPERATIONAL CHALLENGES

COURT FREQUENCY AND CASELOAD

Court, judicial and personnel resources remain a challenge for some of the city's drug courts. Chart 11.1 lists the caseloads and court frequencies for each court.

Chart 11.1

Court Name	Caseload (as of 3.31.04)	Frequency of Court
Bronx Treatment Court	256	5 full days/week
Misdemeanor Brooklyn Treatment Court	140	5 full days/week
Manhattan Misdemeanor Treatment Court	33	Pleas - 5 days/week Compliance - 2 days/week
Manhattan Treatment Court	236	Pleas - 5 days/week Compliance - 1.5 days/week
Queens Misdemeanor Treatment Court	50	3 half days/week
Staten Island Treatment Court	50	1 full day/week
Screening, Treatment, Enhancement Part	191	5 full days/week

Chart 11.2 represents the average number of cases each case manager supervises.[79]

Chart 11.2

Court Name	Caseload/Case Manager (as of 3.31.04)
Bronx Treatment Court	100-130
Misdemeanor Brooklyn Treatment Court	45-55
Manhattan Treatment Court	75-100
Screening, Treatment, Enhancement Part	45-50

[79]This number could not be identified in certain courts because of overlap between court appointed case managers and outside agency case managers.

-CHAPTER 12-
THE FUTURE OF DRUG TREATMENT COURT

Drug Courts Today and Tomorrow

Drug courts are growing in number across the country as a result of the positive outcomes research has evidenced on recidivism and cost savings. Currently, there are 1,078[80] drug courts in operation across the nation – 693 Adult Drug Courts, 285 Juvenile Drug Courts, 86 Family Drug Courts, and 14 Combination Drug Courts. And there are 418[81] more drug courts in the planning process – 238 Adult Drug Courts, 110 Juvenile Drug Courts, 69 Family Drug Courts and 1 Combination Drug Court.

Although there are no "new" drug courts being planned in NYC Criminal Court, there are still significant modifications being done to the original designs of each drug court as time passes. For instance, Brooklyn's STEP criteria and program has shifted due to the large number of adolescent offenders that were coming through the court. In response to the need for specific services for this population, the court recently made an agreement with the NYC Department of Education, who will dedicate one staff person that can ensure participants are properly enrolled in the correct school or a school that is accessible given the proposed course of treatment. Thus, the planning phase never ends, and drug courts grow and change in response to the current needs of the populations they serve.

Conclusion[82]

Drug Courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision.

Drug use and criminal behavior are substantially reduced while clients are participating in drug court.

Criminal behavior is lower after program participation, especially for graduates.

Drug Courts generate cost savings, at least in the short term, from reduced jail/prison use, reduced criminality and lower criminal justice system costs.

Drug courts have been quite successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community.

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[80]OJP Clearinghouse at American University: Implementation Status of Drug Court Programs, September 8, 2003.

[81]OJP Clearinghouse at American University: Implementation Status of Drug Court Programs, September 8, 2003.

[82]National Center on Addiction and Substance Abuse, Columbia University, June 1998.