



# Criminal Court of the City of New York

## Drug Court Initiative Annual Report 2005

**Hon. Juanita Bing Newton**  
Administrative Judge

**William H. Etheridge III**  
Chief Clerk

**Justin Barry**  
Citywide Drug Court Coordinator



**Criminal Court of the  
City of New York  
Drug Court Initiative  
Annual Report 2005**

### EXECUTIVE SUMMARY

This report profiles the population and achievements of the New York City Criminal Court (Criminal Court) Drug Treatment Court Initiative, 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 with the goal of reducing recidivism and improving public safety.

Criminal Court's Drug Courts operate under a deferred sentencing model with participants pleading 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. Together with our excellent judges, clinical and court staff, this model allows the Drug Court Initiative to maintain high retention and graduation rates.

Here are just a few of the milestones achieved by the Drug Court Initiative in 2005:

- **3559** referrals;
- **744** pleas and agreements to participate;
- **419** graduates;
- retention rates in felony courts that remain higher than the national average;

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

- Queens Misdemeanor Treatment Court continued to receive funding from the Substance Abuse and Mental Health Services Administration (SAMSHA) award as well as a Bureau of Justice Assistance (BJA) award.
- Staten Island Treatment Court continues to receive implementation grant funds from the United States Department of Justice's Bureau of Justice Assistance.
- Brooklyn's Screening and Treatment Enhancement Part along with Misdemeanor Brooklyn Treatment Court continued its highly effective partnership with the New York City Department of Education. This partnership has created a direct, 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.

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### Introduction

The past year was an eventful one for the Criminal Court and its Drug Court Initiative. One of the biggest changes that the Drug Court Initiative faced was the Bronx merger that brought together the Bronx Supreme Court and Bronx Criminal Court. Administrative oversight of the Bronx Treatment Court was transferred to the newly formed Bronx Supreme Court Criminal Division in the beginning of November, 2004. Criminal Court's involvement in BxTC did not end simultaneously though. Throughout the past year, Criminal Court continued to lend technical assistance to the Criminal Division and BxTC and facilitate the implementation and pilot stages of two new initiatives that predated the merger - the Bronx Misdemeanor Treatment Court and Bronx Comprehensive Screening. The misdemeanor program for BxTC started in the spring of 2005 and the Comprehensive Screening Project first started screening cases in September.

With Comprehensive Screening fully operational in Brooklyn and operating in its pilot stage in the Bronx, Criminal Court turned its sights on Queens and began the planning for the Queens Comprehensive Screening program in 2005 with the expectation that it will become operational by the end of summer, 2006. Brooklyn Comprehensive Screening continued to direct a large amount of defendants to Kings County drug courts for eligibility assessment with **1121** and **1519** referrals to MBTC and STEP, respectively in 2005.

In the six drug courts administered by Criminal Court, **744** defendants agreed to plead guilty and participate in the drug court program. Citywide, the number of defendants agreeing to participate was down slightly from 2004.

The city treatment courts looked to broaden their eligibility criteria and accept a larger cross-section of non-violent, drug-abusing offender in 2005. Bronx Misdemeanor Treatment Court began accepting misdemeanor offenders in its program. Staten Island Treatment Court increased the number of misdemeanor offenders in its program. QMTC changed its sentencing structure to make the court a more attractive alternative to certain misdemeanor offenders with shorter criminal histories.

The Screening & Treatment Enhancement Part continued its Young Adult Program in 2005, offering drug court intervention to adolescent offenders between the ages of 16 and 18. As recently as three years ago these adolescents were ineligible for drug court programs because of their age and the unique problems they present. They are now participating in a Young Adult Program that tackles not only the adolescent offender's 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.

While the Drug Court Initiative continues to receive major grant funding from the federal government, specifically for QMTC, SITC and Manhattan Treatment Court, increasingly the money necessary to operate these courts is provided by the Unified Court System and Chief Judge Judith Kaye's commitment to foster and institutionalize these courts.

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

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

Justin Barry  
Citywide Drug Court Coordinator

PART I

**NYC CRIMINAL COURT  
DRUG COURT INITIATIVE  
Program Descriptions**



**Criminal Court of the  
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Annual Report 2005**

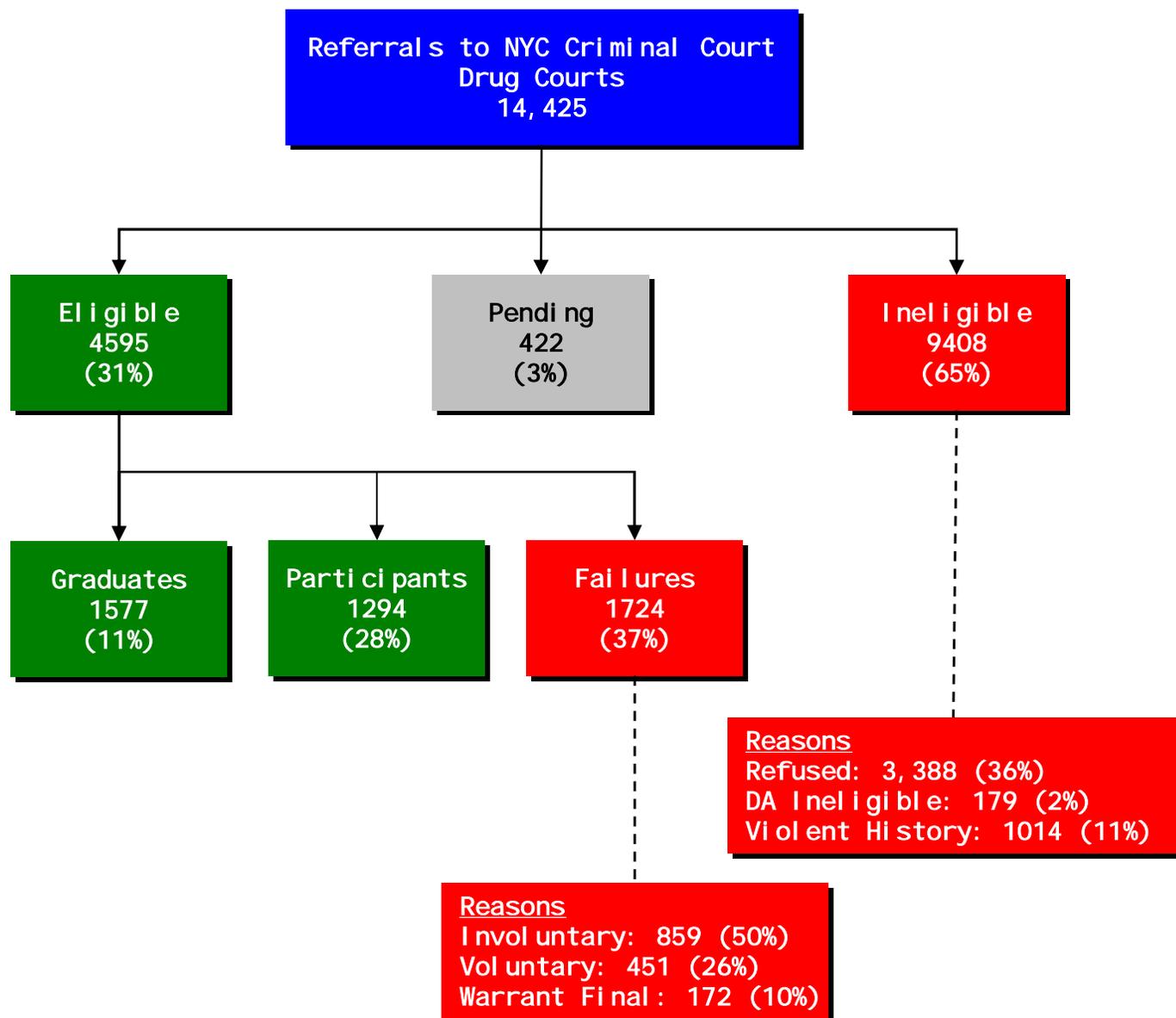
# CHAPTER 1

## Summary – All Courts

NYC Criminal Court Drug Treatment Court<sup>1</sup>

The NYC Criminal Court Drug Treatment Court Initiative started in 1998 with the opening of the Manhattan Treatment Court. Currently operating six courts throughout the city, the Drug Court Initiative has received **14,425** referrals since its inception. See Chart 1.1 referrals and pleas since 1998.

CHART 1.1



<sup>1</sup> Excludes Bronx Treatment Court, Bronx Misdemeanor Treatment Court, Brooklyn Treatment Court and Queens Treatment Court. Includes 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 are determined by the specific target populations decided on by steering committees during the planning phase of each drug court. Please see table 1.2 for specific eligibility criteria in each court.

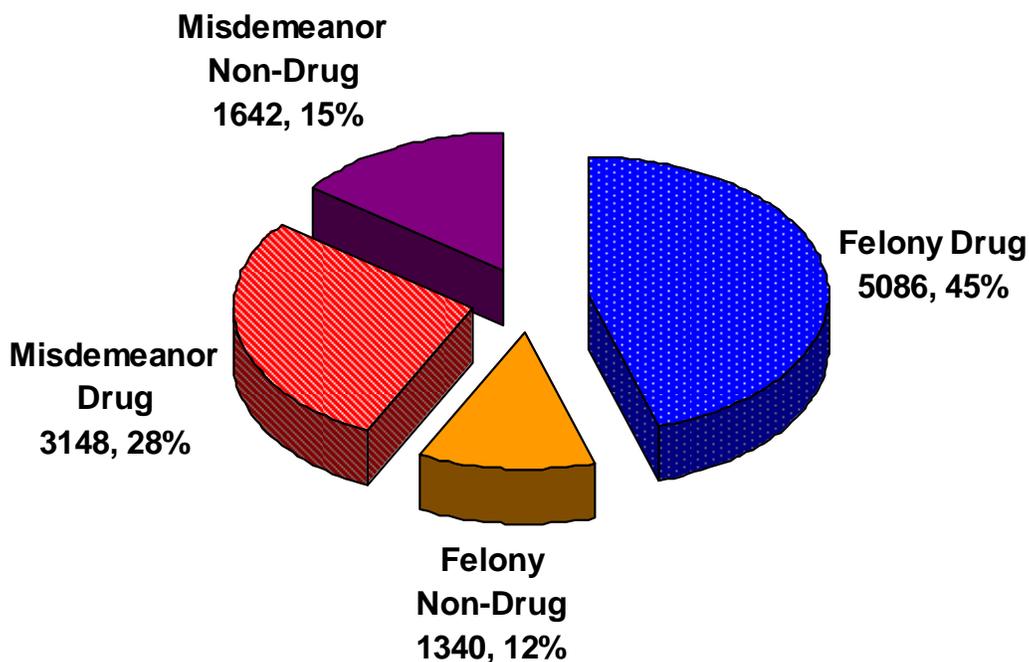
**TABLE 1.2**

	<b>MBTC</b>	<b>MMTC</b>	<b>MTC</b>	<b>QMTC</b>	<b>SITC</b>	<b>STEP</b>
<b>A) General Target Population</b>	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, 16-18 year old targeted
<b>B) Specific Criteria</b>						
Drug Sale - Felony	N	N	Y	N	Y	Y
Drug Poss - Felony	N	N	Y	N	Y	Y
Drug - Misdemeanor	Y	Y	N	Y	Y*	Y**
DWI	N	N	N	N	N †	N
Non-Drug - Felony	N	N	N	N	N	Y
Non-Drug - Misd.	Y	Y	N	Y	Y*	Y**
VOPs	Y	Y	Y	Y	N	Y
Prior Felonies	Y	Y	N	N	N	N † †
Ages	16+	16+	16+	16+	16+	16+

\* SITC has been accepting misdemeanor cases on a pilot basis for the past year.  
 \*\* Where the prosecutor has agreed to reduce the charges, STEP will accept pleas on some misdemeanor cases.  
 † SITC is exploring the possibility of accepting DWI cases in the drug court program.  
 † † Defendant allowed to participate upon plea of guilty to misdemeanor offense may have prior felony convictions.

## Types of Chargers

For purposes of analyses, charges are divided into felony/misdemeanor and drug/non-drug designations. About **57%** of drug court participants<sup>2</sup> were arraigned on felony charges – and of those, **45%** were arraigned on drug charges. **43%** of participants were arraigned on misdemeanor charges – and of those **28%** were arraigned on drug charges.

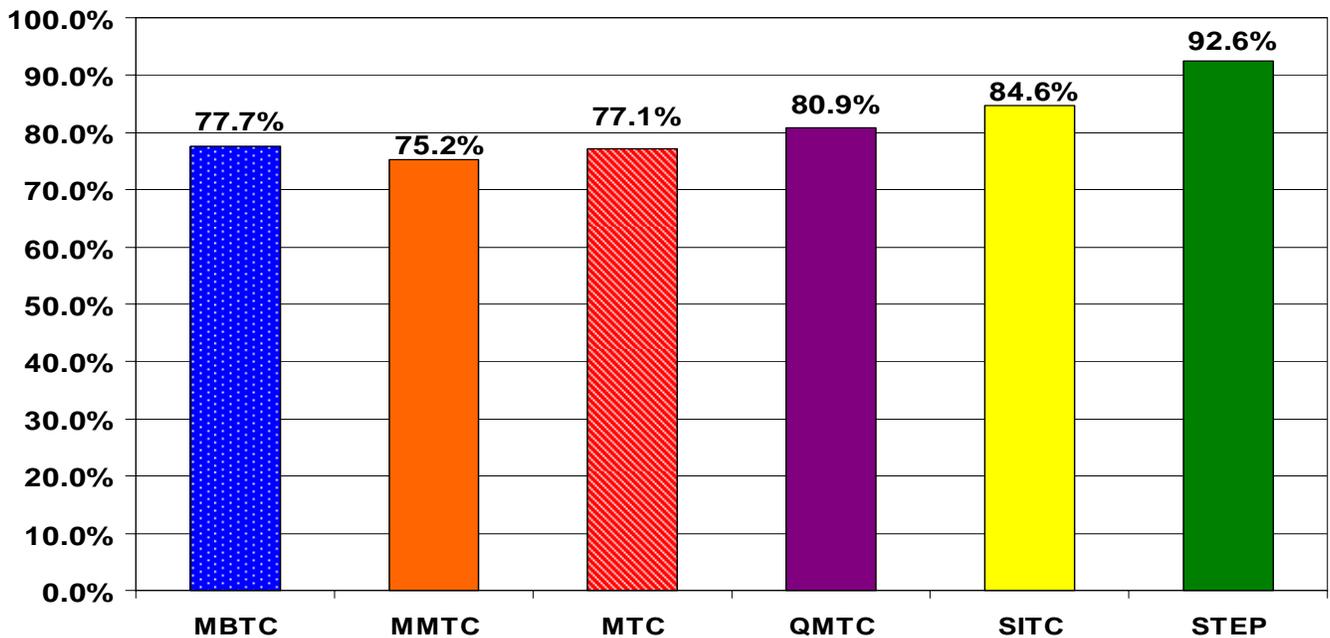
**CHART 1.3****BREAKDOWN OF CHARGES - CITYWIDE**

<sup>2</sup> "Participant" denotes only those who took a plea in any of the drug courts.

### Participant Comparisons

Each court has its own identity, which is evident in the descriptive statistical differences between them. Please see Charts 1.4-1.20 below.

**CHART 1.4**  
GENDER BREAKDOWN BY COURT - PERCENTAGE OF MALE PARTICIPANTS



**CHART 1.5**  
GENDER BREAKDOWN BY COURT - PERCENTAGE OF FEMALE PARTICIPANTS

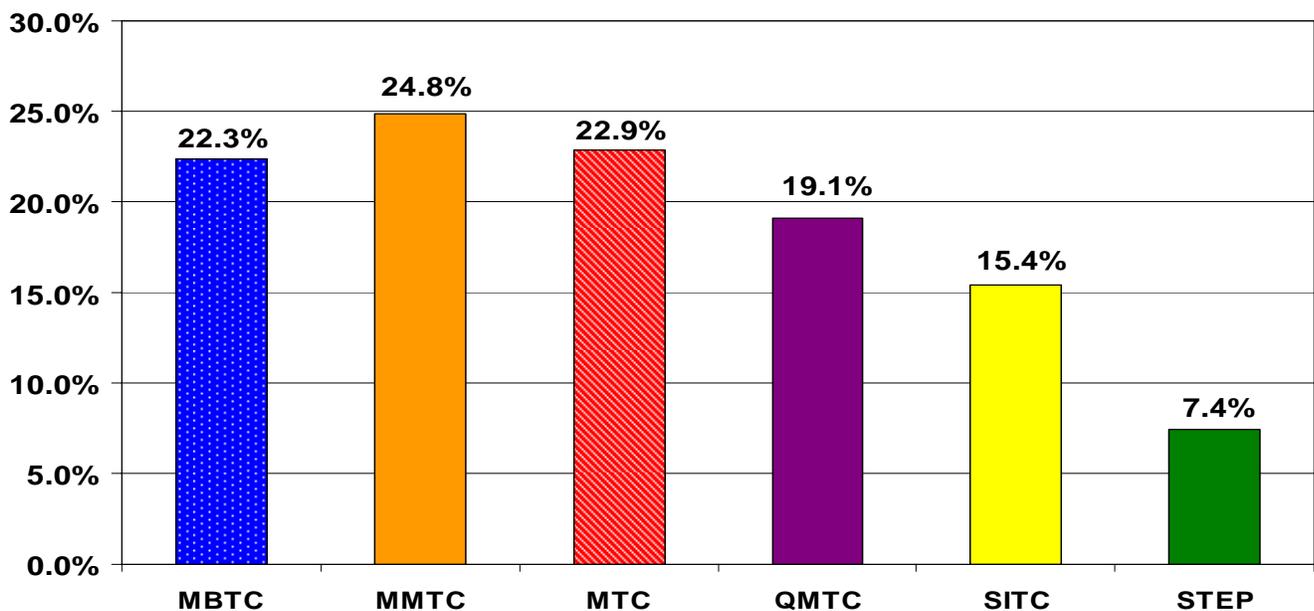


CHART 1.6

AGE - PERCENTAGE OF 16 YEAR OLD PARTICIPANTS

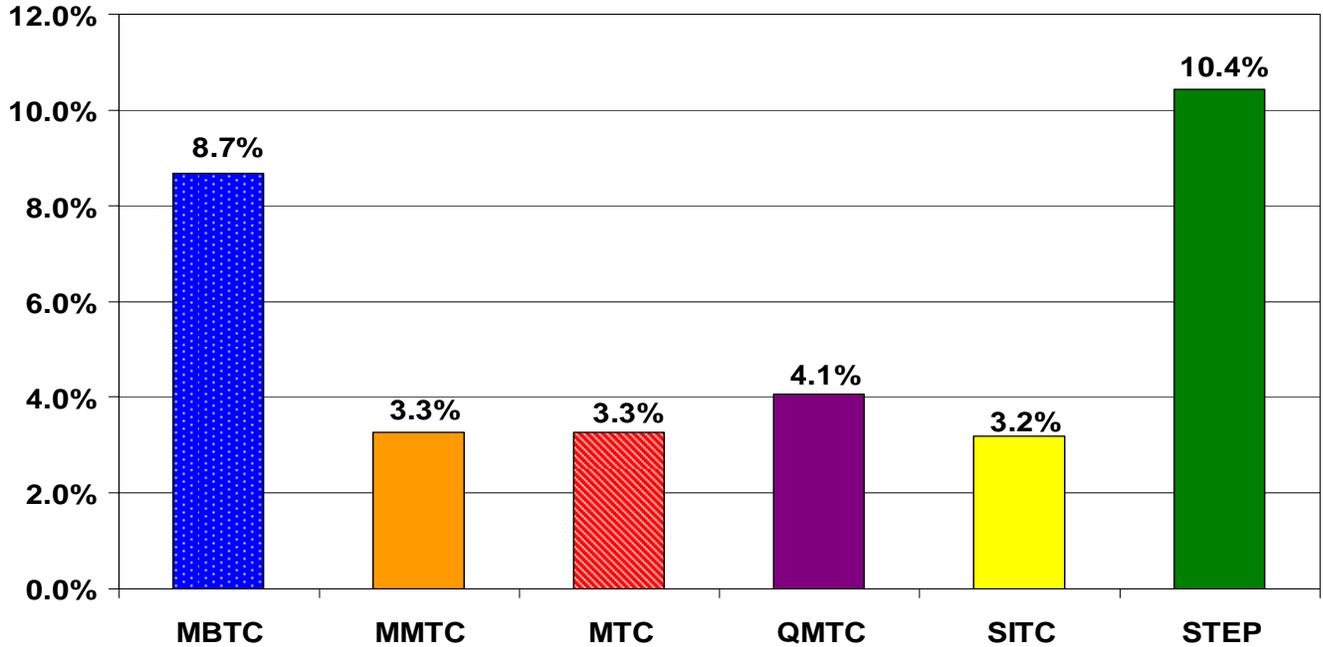


CHART 1.7

AGE - PERCENTAGE OF 17 - 18 YEAR OLD PARTICIPANTS

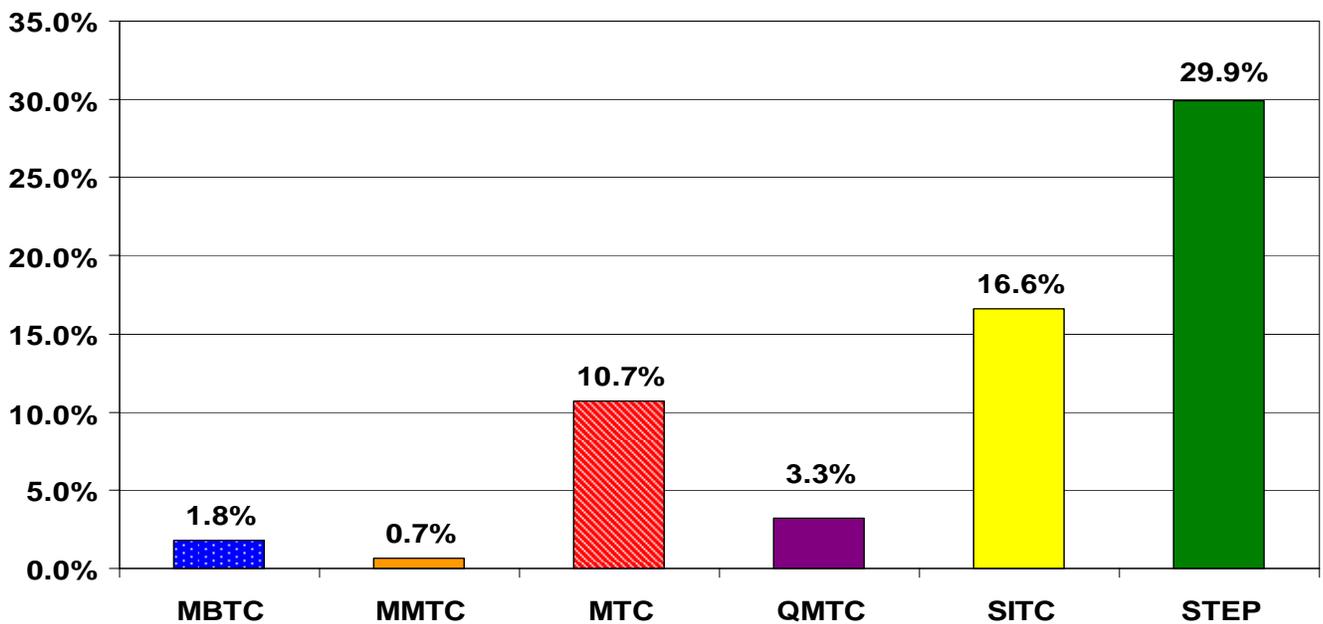


CHART 1.8

AGE – PERCENTAGE OF 19 – 21 YEAR OLD PARTICIPANTS

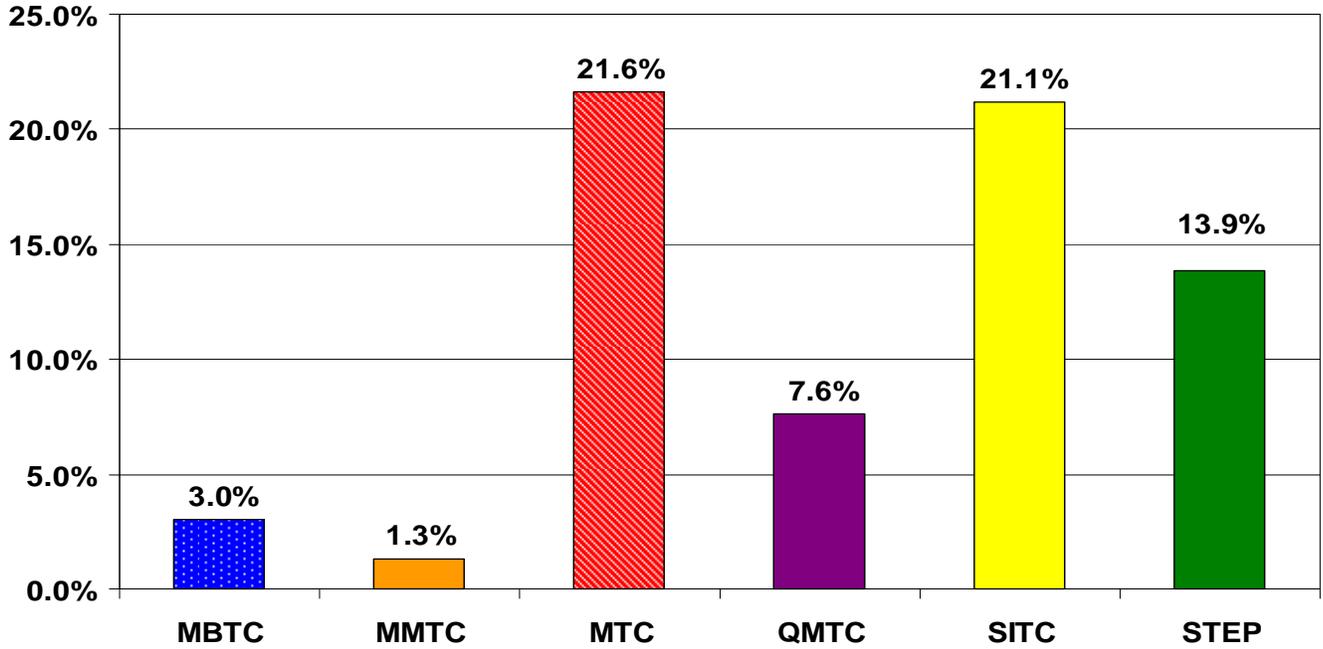


CHART 1.9

AGE – PERCENTAGE OF 22 – 30 YEAR OLD PARTICIPANTS

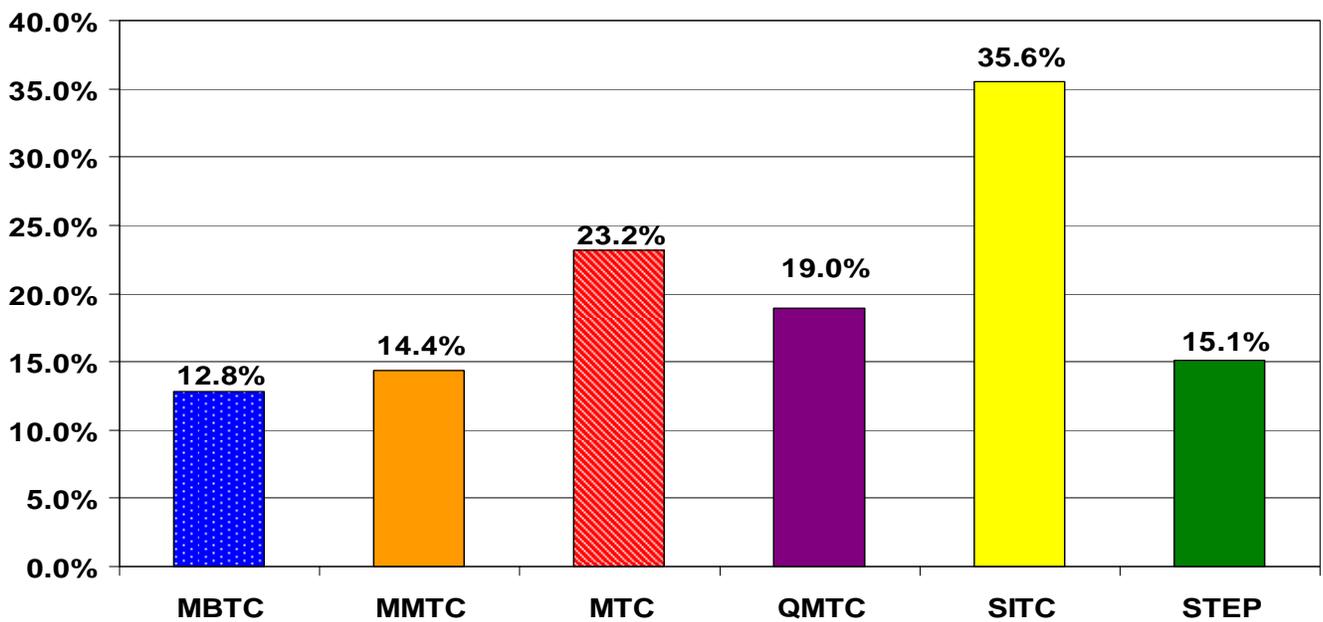


CHART 1.10

AGE – PERCENTAGE OF 31 – 40 YEAR OLD PARTICIPANTS

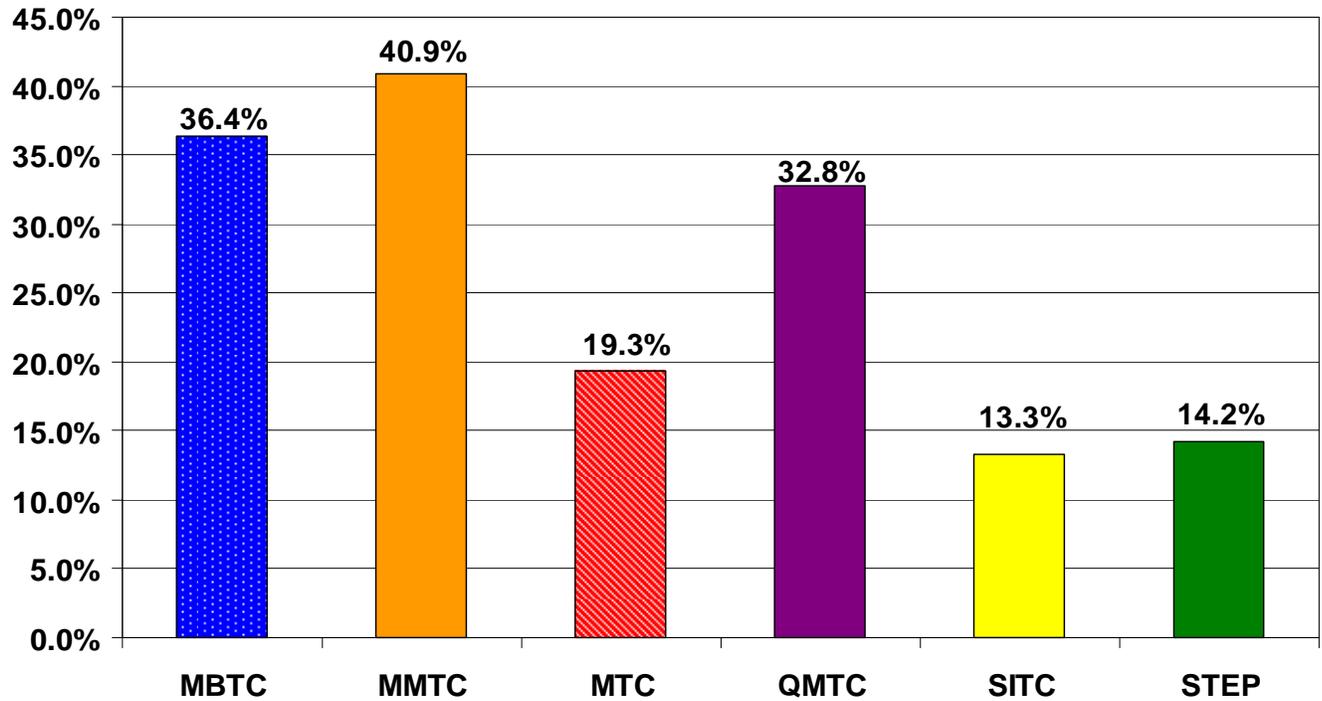


CHART 1.11

AGE – PERCENTAGE OF PARTICIPANTS 41 YEARS AND OLDER

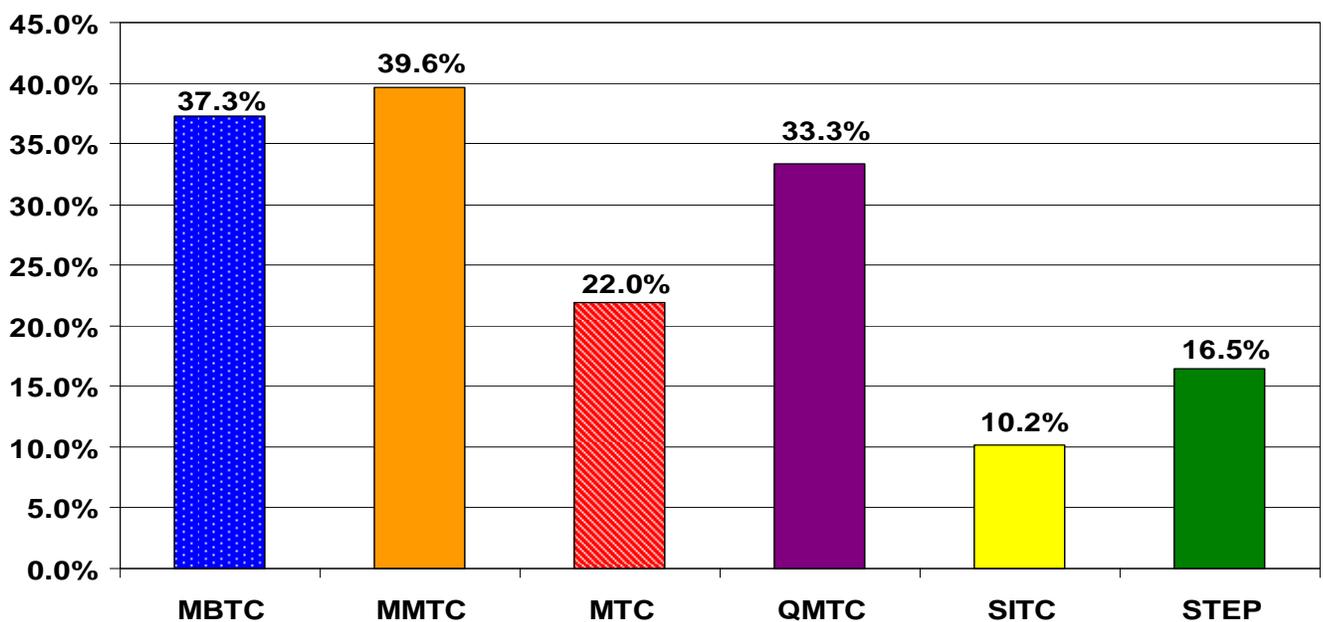


CHART 1.12

RACE ETHNICITY BY COURT – AFRICAN AMERICAN

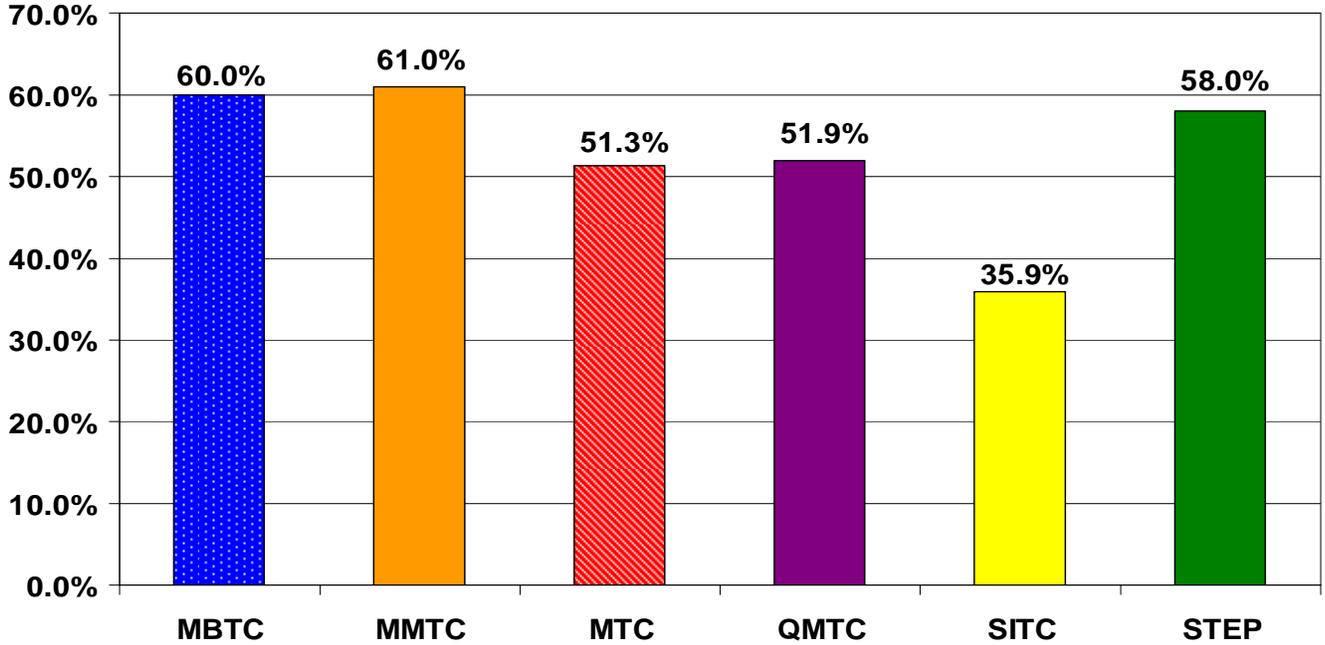


CHART 1.13

RACE ETHNICITY BY COURT – BLACK / WEST INDIAN

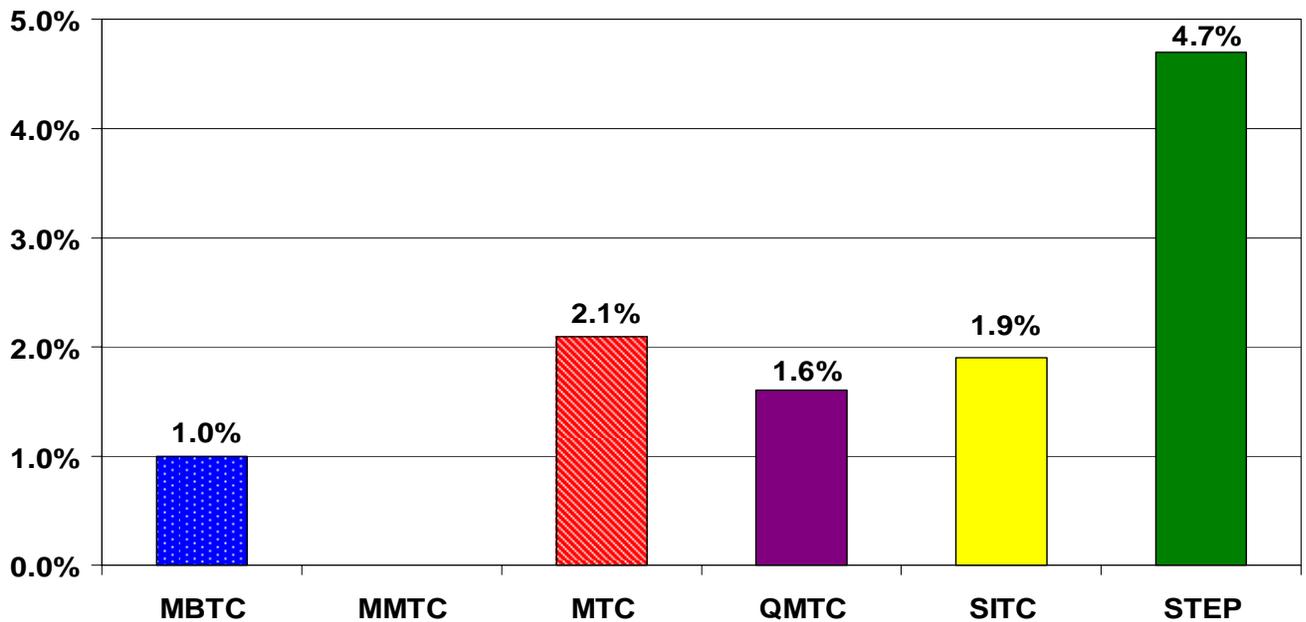


CHART 1.14

RACE ETHNICITY BY COURT - LATINO

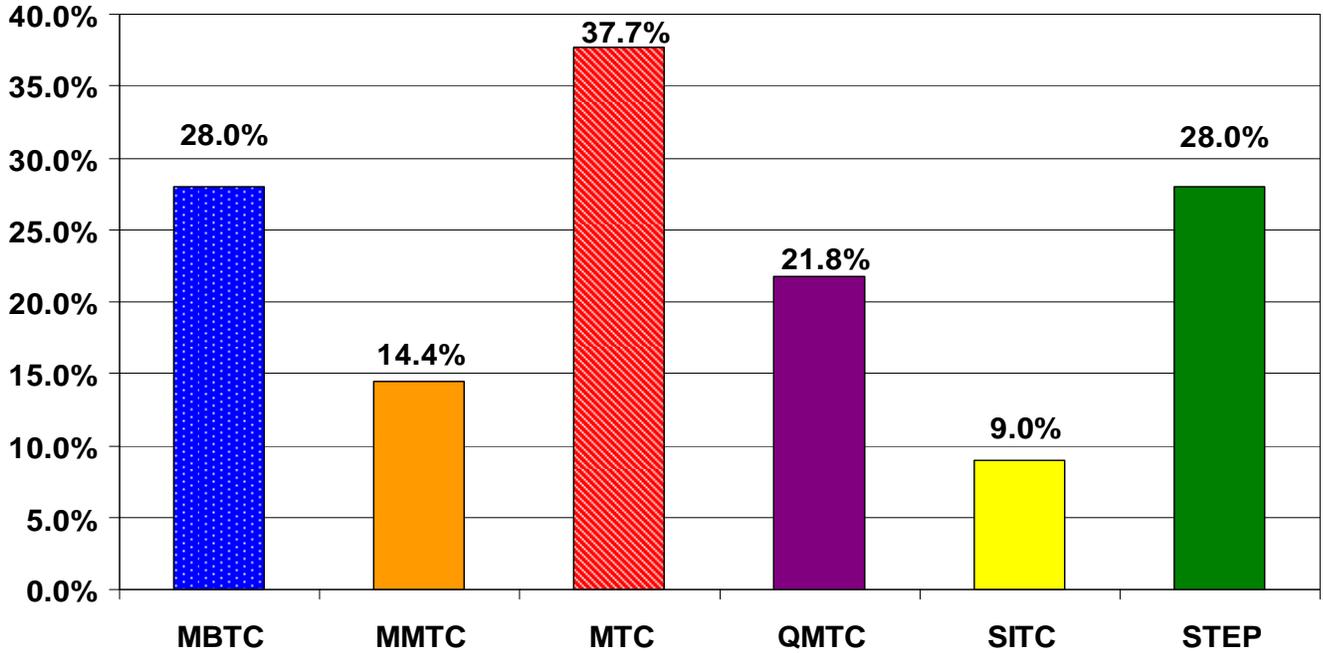


CHART 1.15

RACE ETHNICITY BY COURT - CAUCASIAN

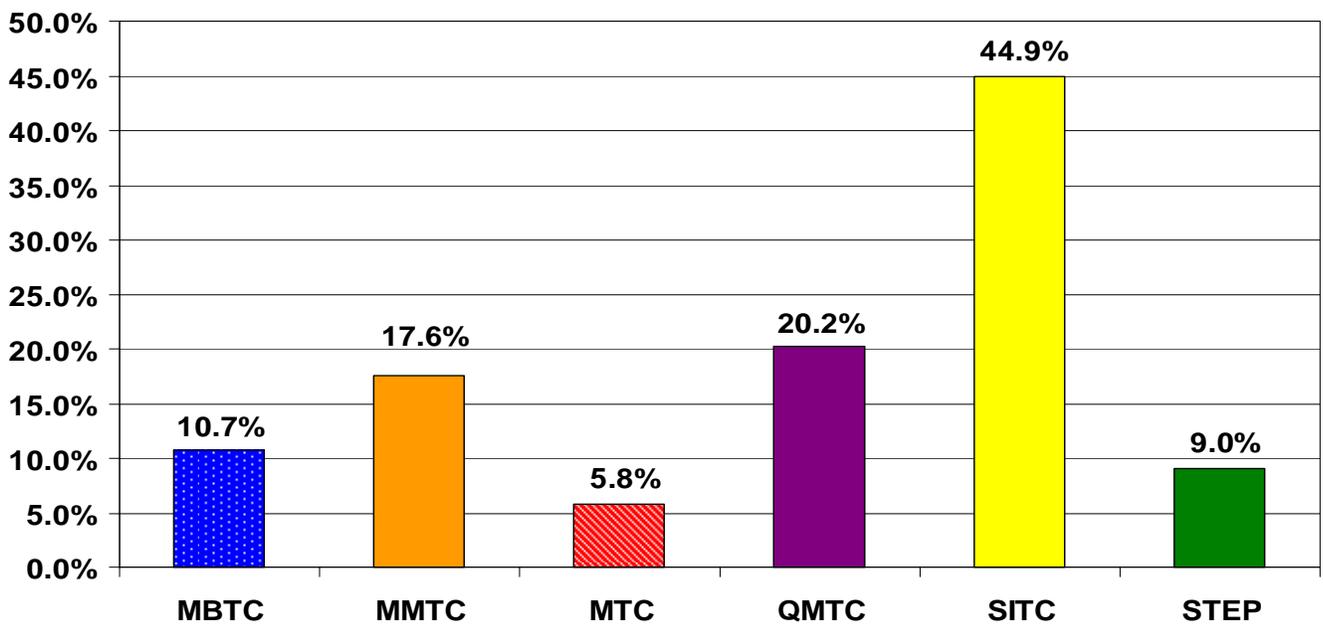


CHART 1.16

PARTICIPANT DRUG OF CHOICE - ALCOHOL

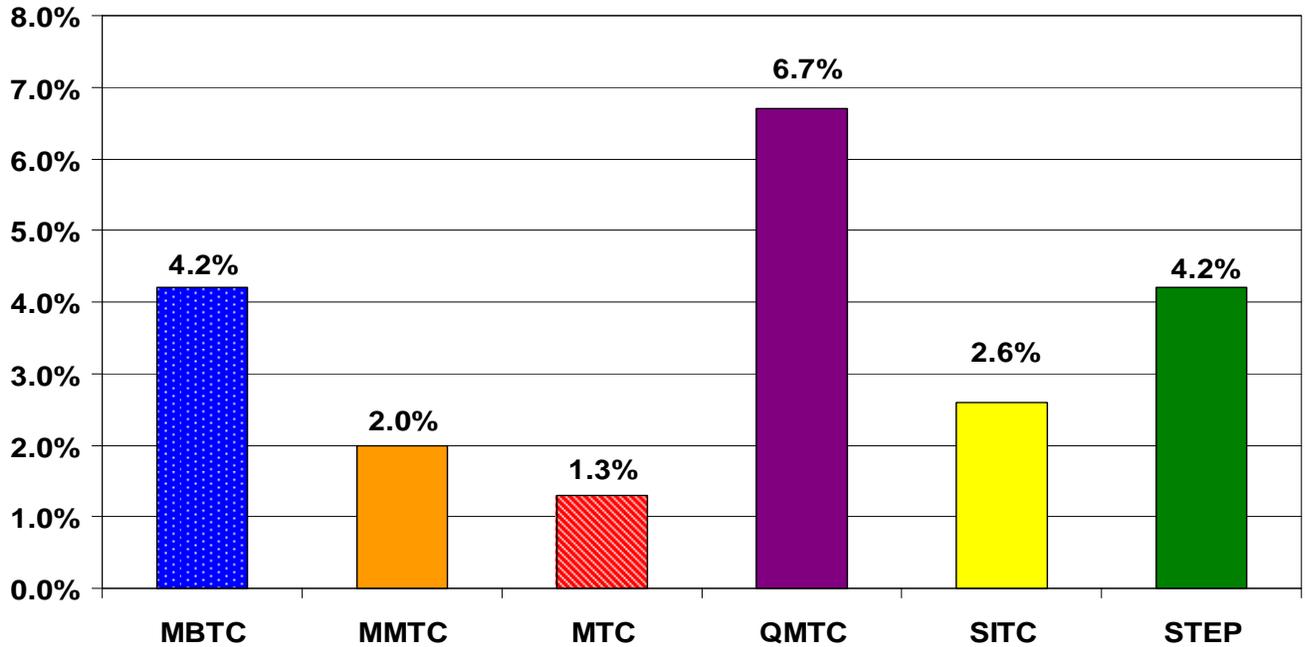


CHART 1.17

PARTICIPANT DRUG OF CHOICE - COCAINE

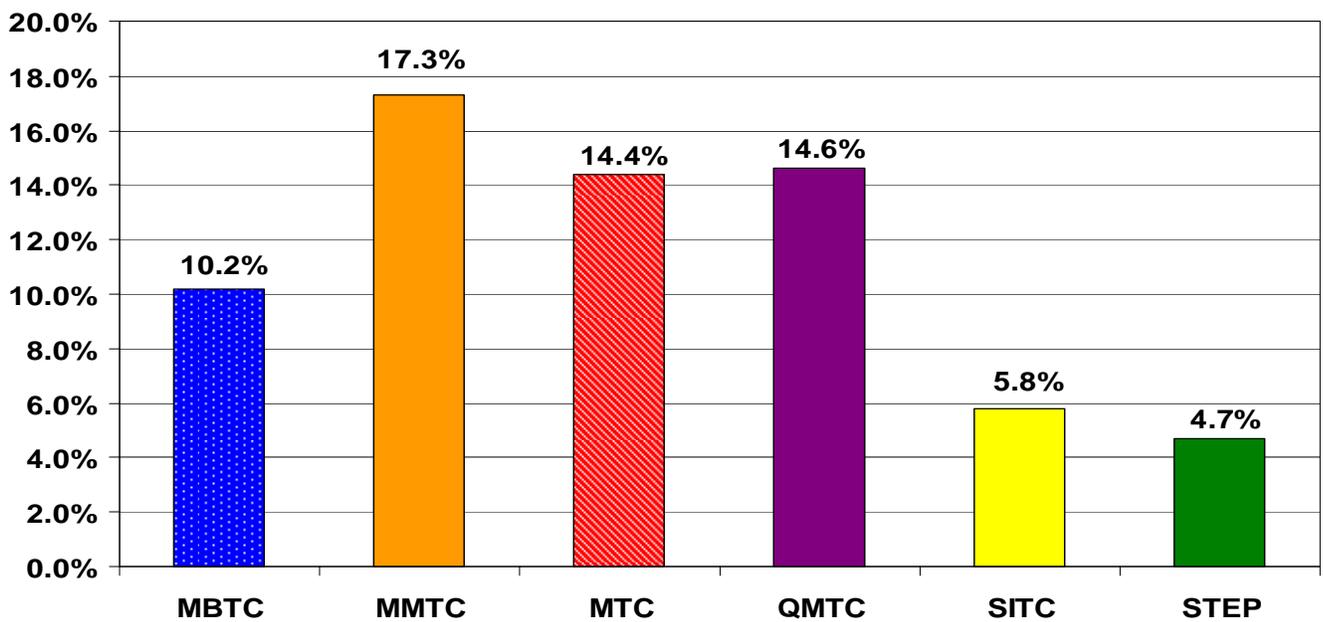


CHART 1.18

PARTICIPANT DRUG OF CHOICE – CRACK COCAINE

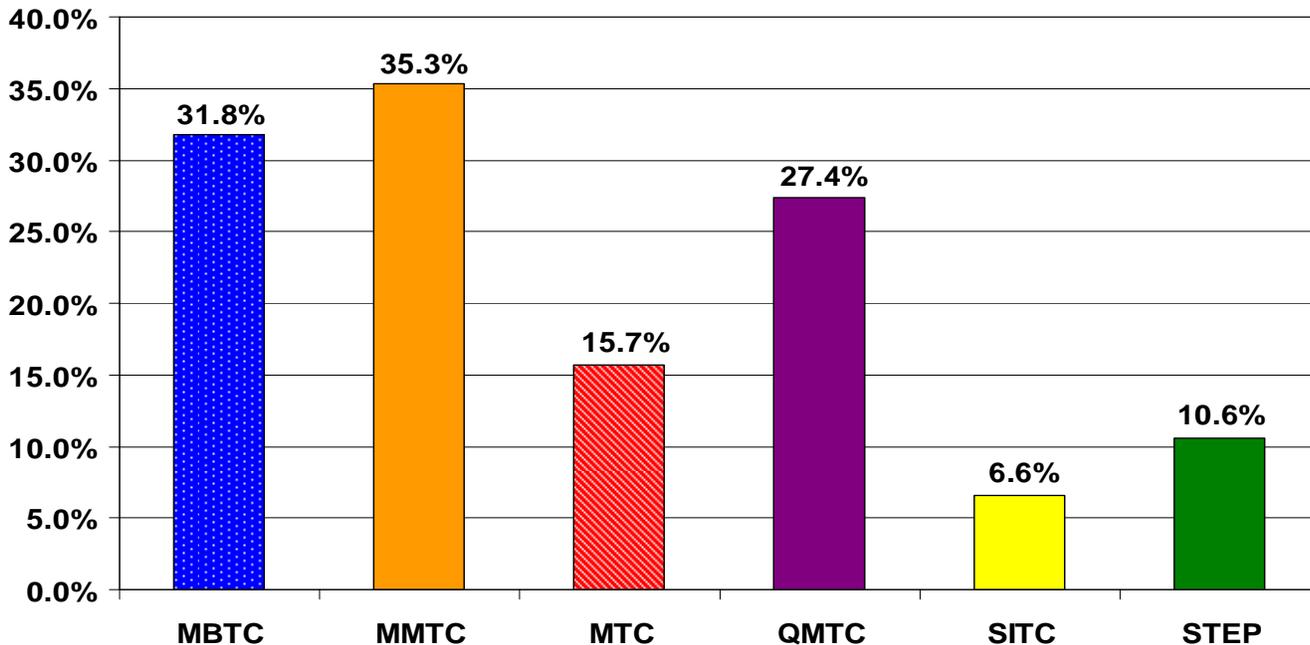


CHART 1.19

PARTICIPANT DRUG OF CHOICE – HEROIN

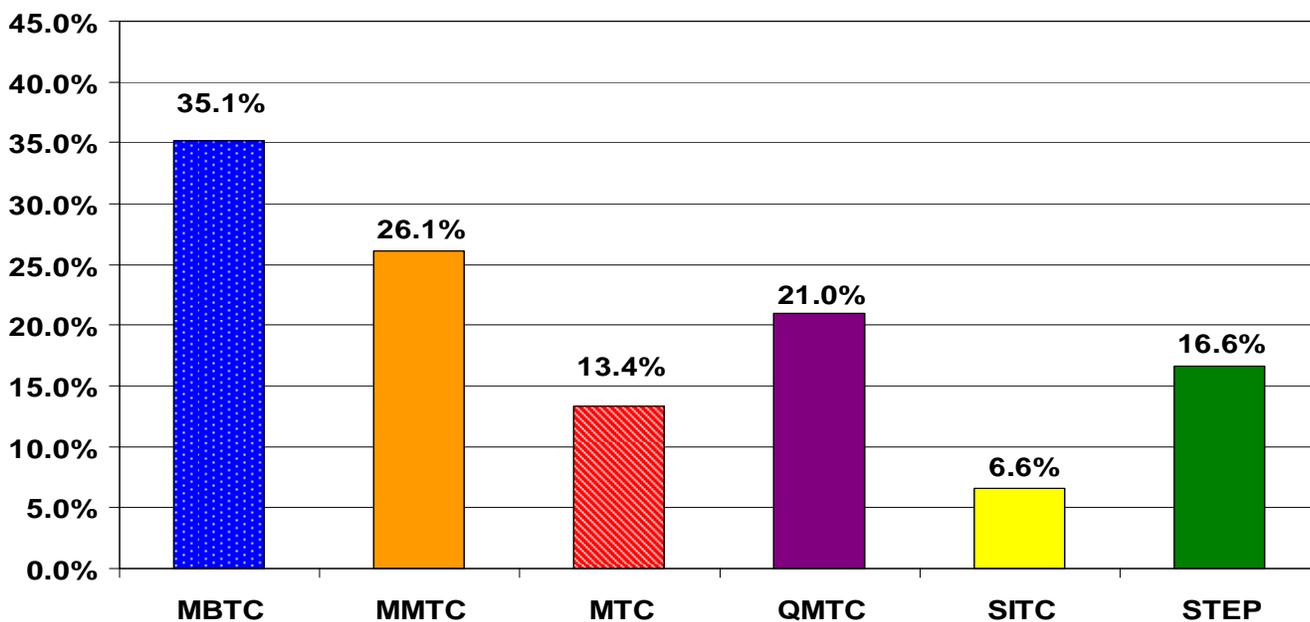
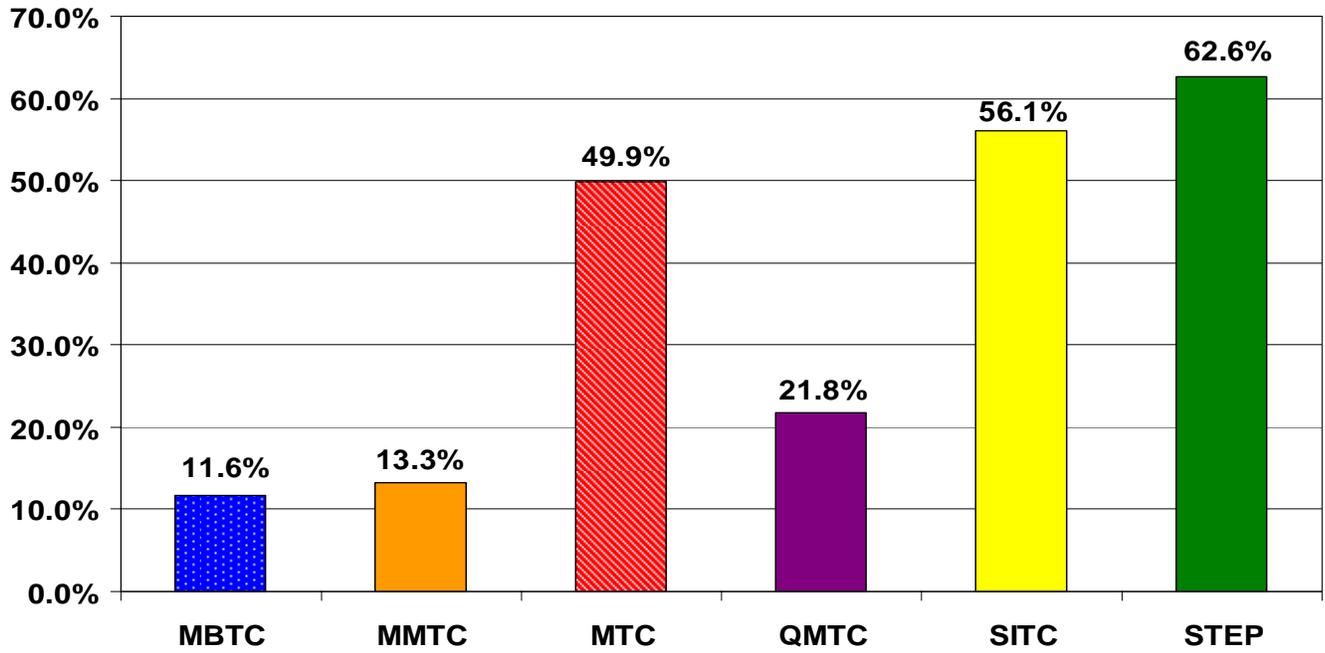


CHART 1.20

PARTICIPANT DRUG OF CHOICE - MARIJUANA

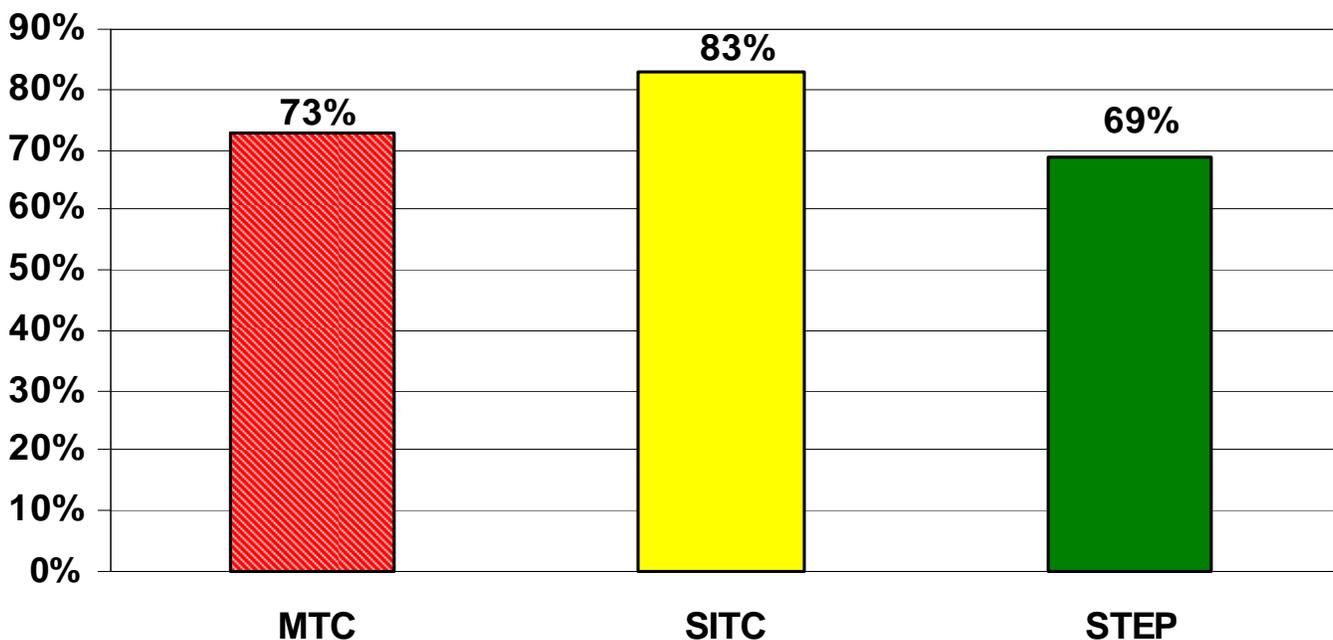


## Retention Rates – All Courts

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.<sup>3</sup>

**CHART 1.21<sup>4</sup>**

### FELONY DRUG COURT RETENTION RATES (ONE YEAR)



**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 December 31, 2003, one year prior to the analysis date<sup>5</sup>.

<sup>3</sup> Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

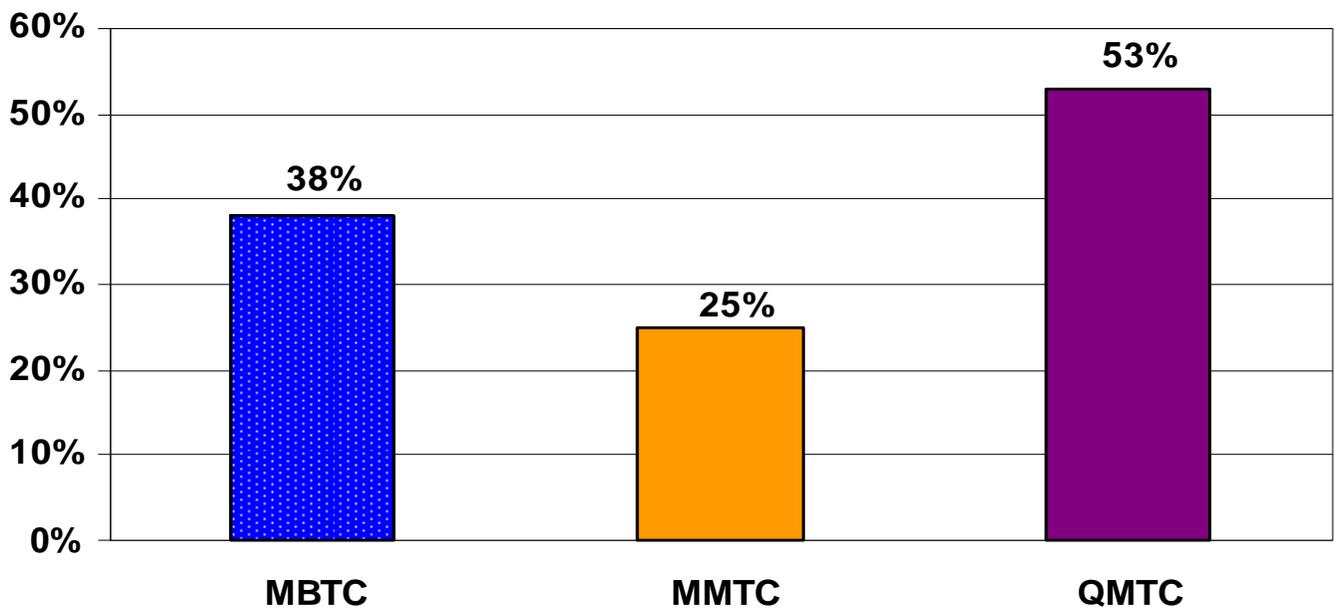
<sup>4</sup> Data as of 12.31.05. misdemeanor courts were not represented in this chart since the length of mandated treatment is shorter in length (usually 8-9 months) as compared to the felony courts. Explanations on following pages.

<sup>5</sup> Methodology and calculations based on the Center for Court Innovation's Adult Drug Court Evaluation, October 2003.

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%<sup>6</sup>. The average is much higher for felony courts in the Drug Treatment Court Initiative – around 75%. Misdemeanor courts were not included in the analysis of one year retention rates since the length of treatment is shorter (between 8-9 months). Instead, a six-month retention rate is shown in Chart 1.22.

CHART 1.22

MISDEMEANOR DRUG COURT RETENTION RATES (6 MONTH)



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



**Criminal Court of the  
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## CHAPTER 2

# Comprehensive Screening

## Comprehensive Screening

The Comprehensive Screening Project is a pilot program, started in Brooklyn and, in 2005 expanded to the Bronx, intended to be used as a model for the rest of New York State. The goal of this program is to screen every criminal defendant's eligibility for court-monitored substance abuse treatment. The screening is a two step process completed within a very short time frame (in Brooklyn, within 48 hours of the arrest). The assessment 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, in Brooklyn, a urine toxicology screen by a substance abuse treatment professional. Eligible defendants are given an opportunity to participate in one of Brooklyn's or the Bronx's court-monitored substance abuse treatment programs.

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 courts' ability to expand treatment offerings to populations such as 16-18 year olds charged with a non-violent felony and misdemeanor offenders 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 and Bronx County. Working with the District Attorney's Offices, Department of Probation, defense attorneys and treatment providers, we have developed a coordinated response to two previously systemic problems:

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

**Wasted resources:** Flaws in the previous system also resulted in many cases being sent to drug courts and other court-monitored substance abuse treatment programs that were ultimately deemed ineligible for the program. This created system inefficiency - wasted assessments, unnecessary court appearance,

multiple urine tests - that made it difficult for the various treatment programs to expand their capacity or serve new clients.

### Principles

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

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

**Speed:** Speed in screening accomplishes three primary goals - 1) reaching an addicted offender at a moment of crisis, his arrest, 2) allowing, when appropriate, clinical staff to use an objective tool, the urine toxicology screen, to assist in determination of addiction severity, and 3) allowing the court, prosecutor and defense lawyers to conserve valuable resources by directing eligible and interested offenders into 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 (see Charts 2.1 and 2.2). Step 1 is a paper screening at arraignments where court clerks identify all defendants charged with a designated offense and requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to a treatment court. Eligible cases are adjourned for a short date in the treatment court. Step 2 includes a review by the District Attorney for preliminary consent to treatment alternative and, in some instances, a urine toxicology screen test and assessment by court clinical staff.

## Plea and Progress

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

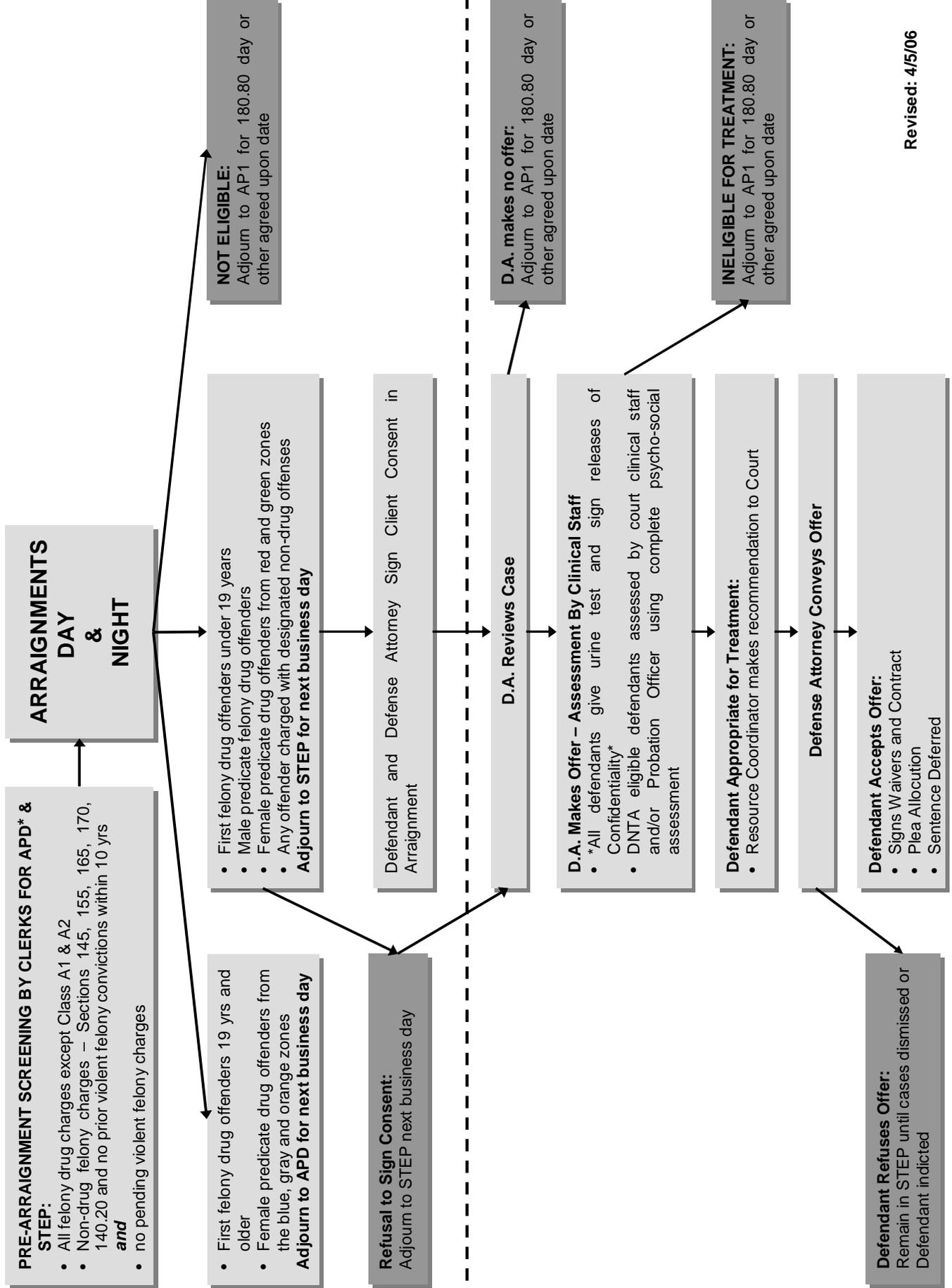
## STEP Young Adult Program and Drug Related Offenses

Conservation of criminal justice resources by the more efficient screening process has allowed the court to offer court-monitored substance abuse treatment to offenders 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) has been operating as a pilot project since January 22, 2003, through the cooperative efforts of the New York State Unified Court System (UCS), the Kings District Attorney's Office, the defense bar and the New York City Department of Probation 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.

STEP DAILY OPERATIONS CHART



Revised: 4/5/06

\* ADP is the court designation for Brooklyn Treatment Court, Brooklyn Supreme Court's drug court.

**BMTC and BCS CASE FLOW**

CHART 2.2

Day 1

**A  
R  
R  
A  
I  
G  
N  
M  
E  
N  
T**

**Preliminary Screening by Clerks for BMTC:**

Adjourn to BMTC

Any misdemeanor on probation/parole charged with a "non-violent" offense

**Exclusions**

- instant offense must be "non-violent" (see below for ineligible charges)
- prior conviction for a sex crime or arson offense

BxCS Eligible

Any defendant charged with a misdemeanor offense

**Exclusions**

- No Domestic Violence cases
- No Spotlight cases

**DRAFT:**

Planning Document

**ARRAIGNMENTS (AM & PM)**

- BxCS dispositions made in arraignment (Nothing precludes disposition of BMTC eligible cases)

- BxCS Eligible (not disposed)

**Adjourn to Conference Part**

- Cases marked Adjourn to BMTC (not disposed)
- Cases requested for adjournment by defense counsel

**Adjourn to BMTC**

(adjourn to 170.70 day regardless of bail conditions)

170.70 Day

**B  
M  
T  
C**

**D.A. Reviews Case**

**Defendant consents to interview**

**Clinical Assessment**

- Assessed by court clinical staff

**Adjourn to Conference Part:**

- No DA Offer
- Defendant Refuses Offer
- Defendant clinically ineligible

**Defendant Eligible:**

- Plea Allocution
- Sentence Deferred

170.70 Day

**C  
O  
N  
F  
E  
R  
E  
N  
C  
E**

**Case Conference**

**Request for BMTC assessment**

- Judge, DA or defense counsel reviews case and believes def. is appropriate for BMTC
- Defendant consents to BMTC assessment and waiver of 170.70 and 30.30 where appropriate

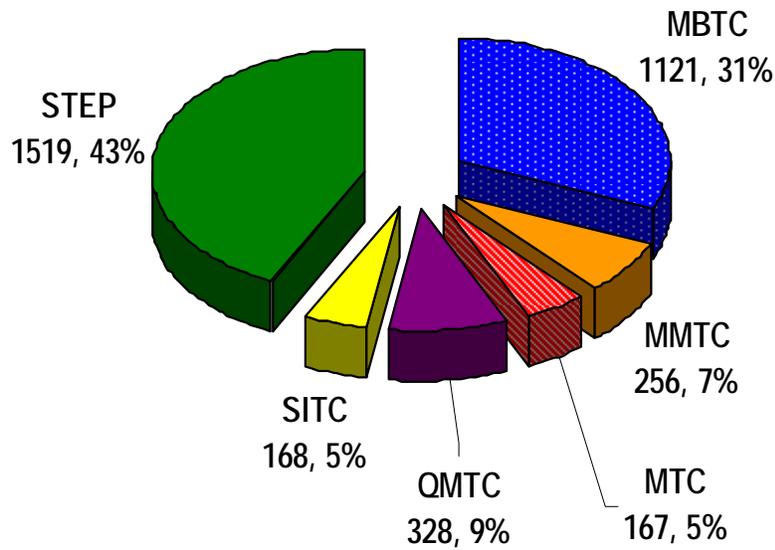
**BMTC – Ineligible Charges**

§110/120.00	Att assault 3°	§150.01	Arson 5°
§110/120.12	Att agg assault	§110/150.05	Att arson 4°
§120.00	Assault 3°	195.06	Kill/injur. pol. ani
§120.14	Menacing 2°	195.12	Harming animal
§120.16	Hazing 1°	205.05	Escape 3°
§120.20	Reckless endang.	§110/205.10	Att escape 2°
§120.45	Stalking 3°	§206.16	Abs. temp. rel. 2°
§110/120.55	Stalking 2°	§205.18	Abs. furlough
§110/125.40	Att abortion 2°	§205.20	Prom. pris. con 2°
§125.55	Self-abortion 1°	§215.50	Crim. contempt 2°
§130.52	Forcible touching	§240.30	Agg. harass. 2°
§130.20	Sexual misconduct	§260.10	Endang. welfare
§130.60	Sexual abuse 2°	§260.25	Endang. welfare
§135.05	Unlaw. imprison. 2°	§265.01	Crim poss weap 4°
§135.10	Att unlaw. imprison. 1°	§265.17	Crim. purch weap.
§135.45	Custod. interfer. 2°	§265.10	Manuf. weapons
§110/135.50	Att custod. interfer. 1°	AC§10-135	stun guns
		AC§10-303.1	assault weapons

Statistical Information

An analysis of the number of defendants screened in each borough since Comprehensive Screening was implemented in Brooklyn shows the striking differences in the way that drug court eligible defendants are identified. In 2005, the two new Brooklyn drug courts accounted for **74%** of all defendants referred to a drug court for assessment. (This analysis excludes Bronx county since these numbers are currently being kept by the Bronx Criminal Division).

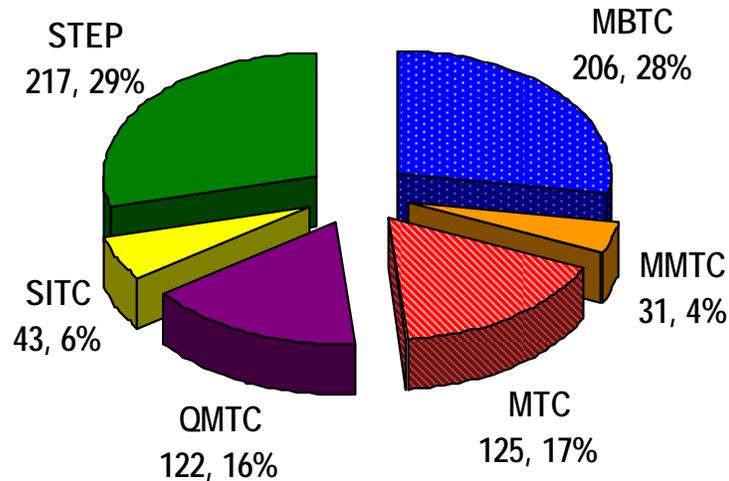
**CHART 2.3**  
**CITYWIDE REFERRALS**



Total Number of Referrals	3495	100%
Misdemeanor Brooklyn Treatment Court	1121	31%
Manhattan Misdemeanor Treatment Court	256	7%
Manhattan Treatment Court	167	5%
Queens Misdemeanor Treatment Court	328	9%
Staten Island Treatment Court	104	5%
Screening & Treatment Enhancement Part	1519	43%

These two new Brooklyn drug courts also accounted for **57%** of all new participants.

**CHART 2.4**  
**CITYWIDE PLEAS**



Total Number of Referrals	744	100%
Misdemeanor Brooklyn Treatment Court	206	28%
Manhattan Misdemeanor Treatment Court	31	4%
Manhattan Treatment Court	125	17%
Queens Misdemeanor Treatment Court	122	16%
Staten Island Treatment Court	43	6%
Screening & Treatment Enhancement Part	217	29%

**Expansion**

Beginning in 2004, Criminal Court began the planning process to bring Comprehensive Screening to Queens county. It is expected that Comprehensive Screening will become operational in Queens by the end of 2006.

While the protocols used successfully in Brooklyn and the Bronx have been used as a template to start the process in Queens, it is really only a starting point since each county's stakeholders have different concerns and each court operates in a different manner. It is expected that Comprehensive Screening will expand to Manhattan and Staten Island by the end of 2007.

## Conclusion

Comprehensive Screening in New York City has developed a whole new approach for identifying eligible drug court participants. Instead of relying on sometimes overtaxed and overburdened judges or lawyers to identify drug court candidates, the Comprehensive Screening program trains court clerical staff to identify all eligible defendants resulting in a much larger eligible pool. The resulting number of defendants who agree to participate is also larger. To implement Comprehensive Screening in the other counties on New York City, the template used in Brooklyn and the Bronx will be used with modification taking into consideration local differences in practice.



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## CHAPTER 3

Bronx Treatment Court  
Bronx Misdemeanor Court  
Comprehensive Screening

**Program Description - Misdemeanor Brooklyn Treatment Court**

**Staff**

Presiding Judge	Hon. Laura Safer Espinoza
Project Director	Martha Epstein
Resource Coordinator	William Rosario
Research Analyst	James Townes III
Senior Case Manager	Angela Blair-Adams
Case Managers	Eligia Carradero Dwana Hayworth Russell Oliver

**Introduction**

In an effort to better utilize scarce judicial resources and react more efficiently and effectively to changes in arrest patterns, Criminal Court has participated in a pilot project to reorganize the case processing structure of the Bronx criminal justice system. Starting in November 2004, administrative oversight of many Criminal Court operations in the Bronx, including drug courts was transferred to the newly created Bronx Criminal Division.

Administratively, Criminal Court continues to lend operational and budgetary support to the Criminal Division’s Administrative Judge John Collins and Deputy Administrative Judge Eugene Oliver (former supervising judge of Bronx Criminal Court) on drug court issues. Criminal Court worked with Bronx administrators, judges and drug court personnel on the creation of a new Bronx Misdemeanor Treatment Court, started April 2005, and implementation of the Bronx comprehensive screening project to quickly and efficiently identify eligible drug court defendants. The Bronx comprehensive screening pilot started in the summer of 2005 with screening in the Bronx day arraignment parts, was expanded to night arraignments in the spring of 2006. Criminal Court is now working with the Criminal Division to complete the pilot with expansion to weekend arraignments making Bronx the second county in the state to have blanket screening for drug court participants in all of its arraignment parts.

This report gives summary information, see Chart 3.1, on the Bronx Treatment Court and the Bronx Misdemeanor Treatment Court and a brief overview of new drug court referrals and pleas.

Chart 3.1*	BRONX TREATMENT COURT	BRONX MISDEMEANOR TREATMENT COURT
Referrals:	341	332
Pleas:	152	102
Open Cases:	264	306
Graduates:	19	28

\* Data as of 12.31.05.

## CHAPTER 4

### Screening & Treatment Enhancement Part

## Program Discription - Screening & Treatment Enhancement Part

### Staff

Presiding Judge	Hon. Joseph Gubbay
Clinical Director	Mia Santiago
Resource Coordinator	Alyson Reiff
Probation Officers	Rosemarie Salinger Iretha Ellis
Case Managers	Lisa Kelly Jeffrey McGarry Patrick Clayton
Jr. Case Manger	Deryck Barker
DOE Liaison	Kristen Murphy

### Introduction

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

STEP's Young Adult Program was developed to 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 has developed the STEP Young Adult Program as a model for successfully diverting this adolescent population from a life of drugs and crime for the other four New York City counties and the rest of New York State.

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

### 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 months while the defendant participates in treatment. Each participant receives a treatment plan, based on a clinical assessment, that best suits their needs. Treatment plans can include intensive outpatient, detox, outpatient, or long-term residential programs. Defendants are expected to have completed all phases of treatment and make significant progress toward personal goals such as a high school diploma, GED, vocational training, and/or employment, as well as complete a required number of volunteer events at the time of completion.

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

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

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

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

### Referrals, Refusals and Pleas

Since accepting its first case in 2003,<sup>7</sup> **4,099** nonviolent felony drug offenders have been referred to STEP for clinical assessment, out of which **643 (17%)** have pled guilty and agreed to participate in treatment. Of the **3456** who did not plead guilty, **749 (22%)** refused to participate and **638 (18%)** had criminal histories that made them ineligible. Of those who were accepted by STEP and pled guilty, **250 (39%)** have graduated, **210 (32%)** are currently in treatment, and **162 (25%)** have failed to complete their court mandate.

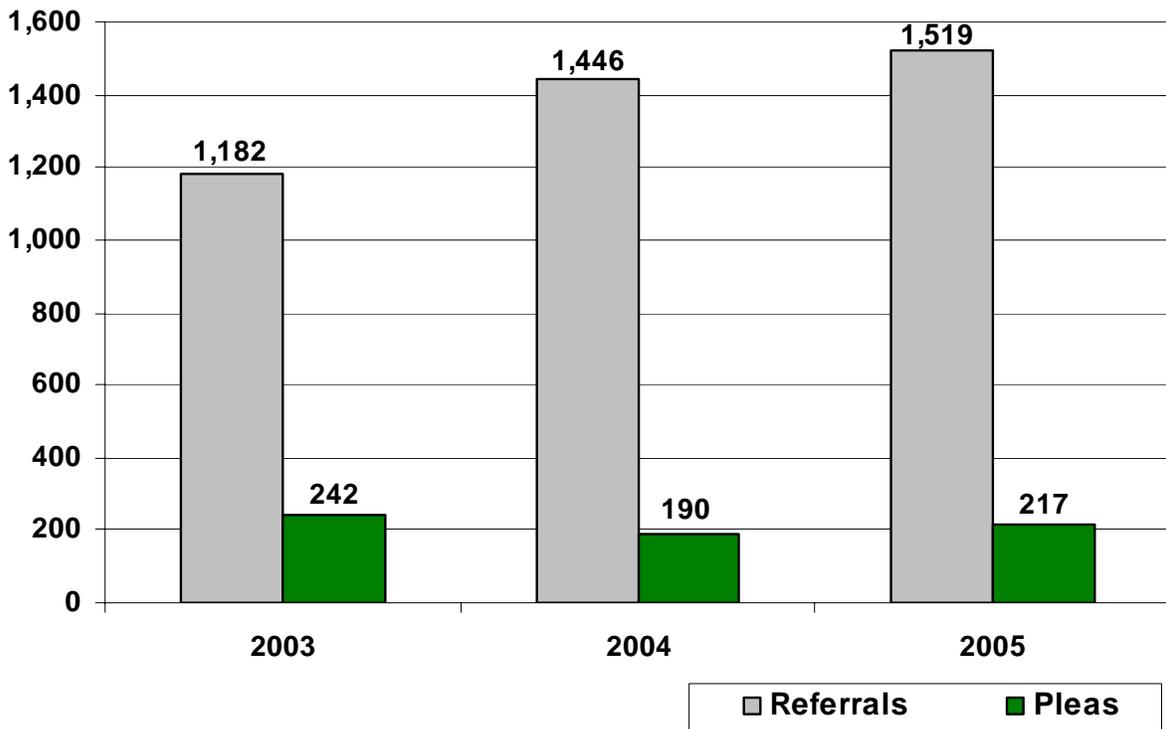
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<sup>7</sup> Data as of 12.31.05.

**Intake and Referral Data**

In calendar year 2005, STEP made up **43%** of all referrals to, and **29%** of all pleas<sup>8</sup> taken in, the Drug Treatment Court Initiative. Chart 4.1 shows the number of STEP referrals and pleas in the past two years.

**CHART 4.1**  
**STEP REFERRALS AND PLEAS BY CALENDAR YEAR**



**Descriptive Data - STEP Participants**

Arrestment charges differ for STEP participants, with most charged with felony drug charges, and smaller population charged with felony non-drug charges. There are a handful of misdemeanor (both drug and non-drug) cases that have also been handled by STEP. Descriptive data<sup>9</sup> on STEP participants are located in tables 4.2-4.5.

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

<sup>8</sup> Please note that persons whose contract/plea was vacated or were later found to be eligible BUT received treatment were counted as participants/pleas.

<sup>9</sup> These charts only include data on those who executed a contract/plea in STEP.

CHART 4.2

STEP DEMOGRAPHIC INFORMATION - GENDER

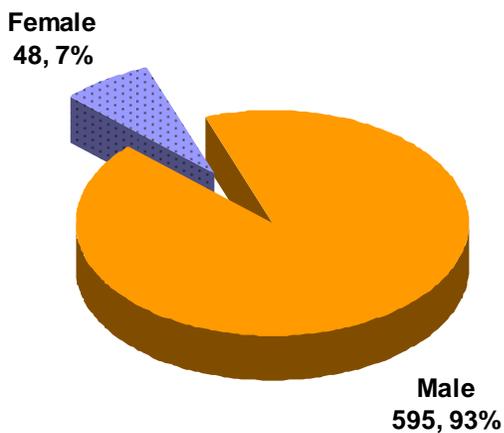


CHART 4.3

STEP DEMOGRAPHIC INFORMATION - AGE

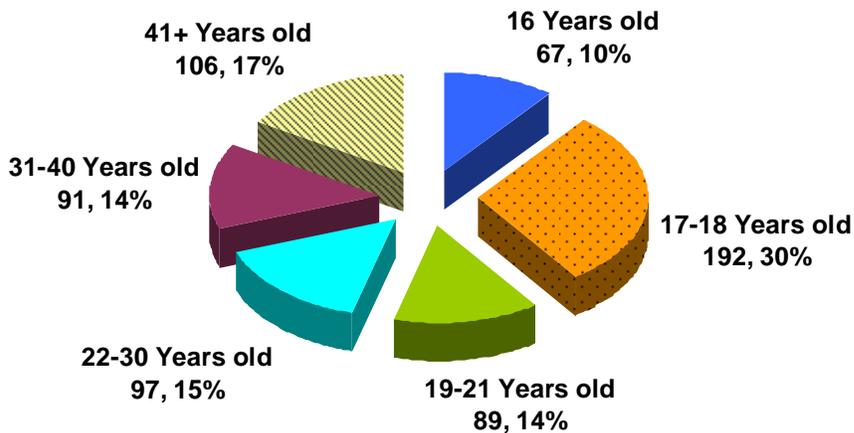


CHART 4.4

STEP DEMOGRAPHIC INFORMATION - RACE / ETHNICITY

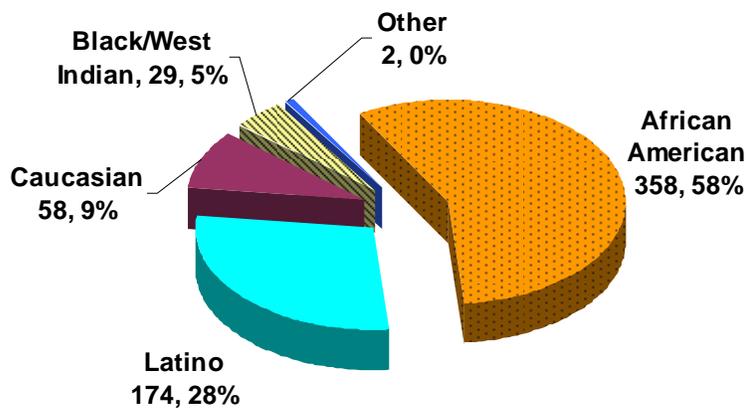
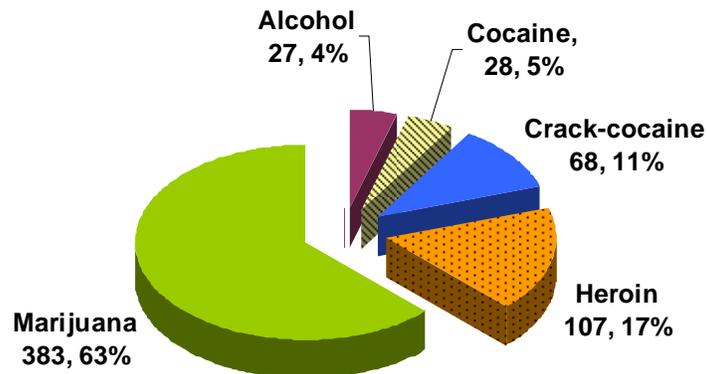


CHART 4.5

## STEP DRUG OF CHOICE INFORMATION



### Graduates and Failures<sup>10</sup>

In the less than three years that STEP has been operational, **250 (39%)** participants have graduated. The following information is available for STEP graduates:

- 25%** of graduates were either full or part-time employed,
- 23%** were receiving governmental assistance, and
- 49%** were receiving Medicaid.
- 24%** of STEP participants were either in school, full or part-time.
- 15%** of graduates had received vocational training

Conversely, **162 (4%)** participants have failed to complete their court mandate. **66%** 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. **17%** of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence. STEP closes warrant cases after one consecutive year, which made up for about **1%** of the failures.

### Length of Stay/Retention Rates<sup>11</sup>

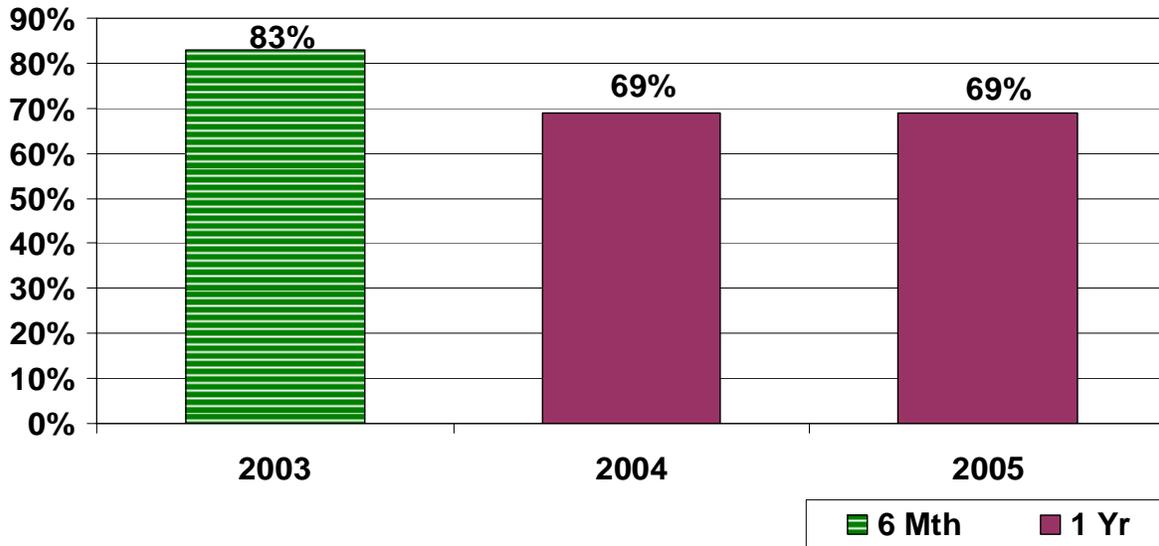
The average length of treatment (based on graduation date) for STEP's **250** graduates is sixteen months. Retention rate includes data for participants who have completed treatment and graduated (retained), were still open and actively participating in the court mandate (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.<sup>12</sup> One year retention rates for the past three years is shown in Chart 4.6.

<sup>10</sup> Data as of 12.31.05.

<sup>11</sup> Data as of 12.31.05.

<sup>12</sup> The methodology and calculations are based on the Center for Innovation's Adult Drug Court Evaluation, October 2003.

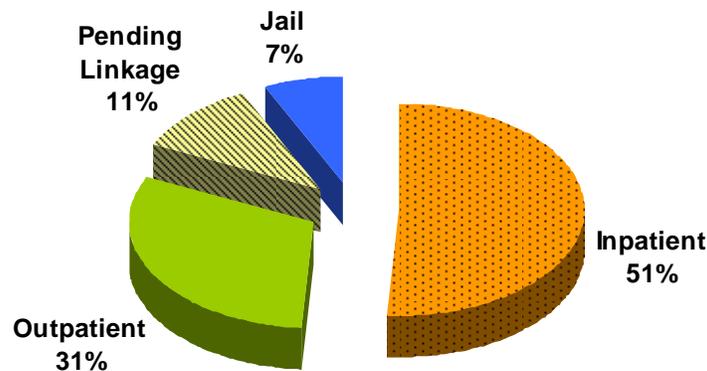
**CHART 4.6**  
STEP RETENTION RATE (6 MONTH AND 1 YEAR) 2003 – 2005



**STEP Operations**

On average STEP caseload was 212<sup>13</sup> cases for any given day in 2005. Case managers typically monitored between 45-50 participants each at any given time in 2005. Treatment modality decisions are made by the STEP case management team under the supervision of the clinical director. Division of STEP participant treatment modalities<sup>14</sup> is presented in Chart 4.7.

**CHART 4.7**  
STEP TREATMENT MODALITIES



13 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.

14 Calculated by averaging snapshot data taken on the last day of each quarter in 2005, and also includes participants who were in jail on the snapshot date.



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## CHAPTER 5

# Misdemeanor Brooklyn Treatment Court

## Program Description - Misdemeanor Brooklyn Treatment Court

### Staff

Presiding Judge	Hon. Betty Williams
Director	Mia Santiago
Resource Coordinator	Michael Torres
Senior Case Manager	Christina Ruffino
Case Managers	Theresa Good Luzenid Perez
Lab Technician	Deryck Barker

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

### Court Structure

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

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

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

### Referrals, Refusals and Pleas

Since beginning to accept cases in 2003<sup>15</sup>, **3,562** defendants have been referred to MBTC for clinical assessment, out of which **732 (20%)** have taken a plea and opted for treatment. Of the **2,830** who did not take the plea, **1,351 (48%)** refused to participate. Of those who were accepted by MBTC and agreed to participate, **194 (26%)** have graduated, **93 (13%)** are currently in treatment, and **356 (10%)** have failed to complete treatment.

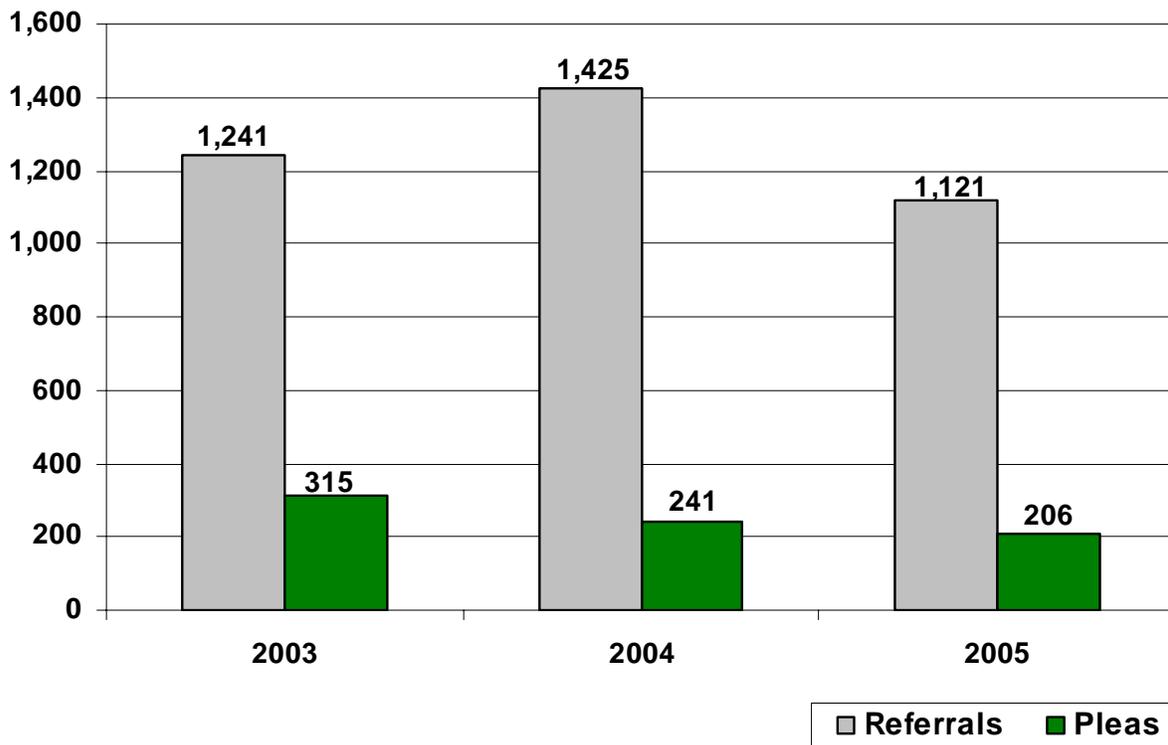
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15 Data as of 12.31.05.

**Intake, Referral and Participant Data**

In calendar year 2005, MBTC made up **31%** of all referrals for clinical assessment to, and **28%** of all pleas taken in, Drug Treatment Court Initiative. Chart 5.1 shows MBTC referrals and pleas for the past three calendar years.

**CHART 5.1**  
**MBTC REFERRALS AND PLEAS BY CALENDAR YEAR**



**Descriptive Data - MBTC Participants**

Arrest charges differ for MBTC participants, with about **69%** charged with a misdemeanor drug offense and **31%** charged with misdemeanor non-drug offenses. Descriptive data<sup>16</sup> for MBTC participants is located in Charts 5.2-5.4.

Drug of choice information is self-reported during the participant's initial assessment. See table 5.5.

<sup>16</sup> These charts only include data on those who executed a contract/plea in MBTC.

CHART 5.2

MBTC DEMOGRAPHIC INFORMATION - GENDER

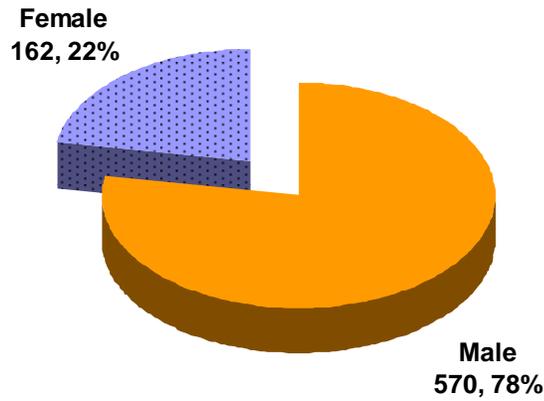


CHART 5.3

MBTC DEMOGRAPHIC INFORMATION - AGE

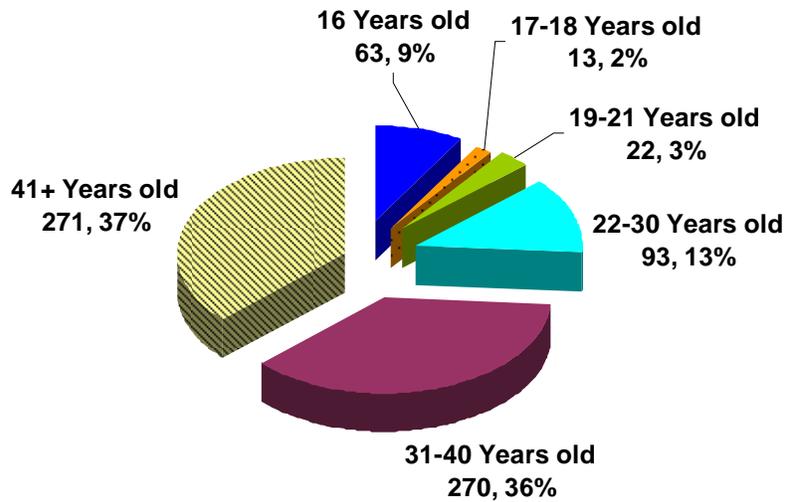


CHART 5.4

MBTC DEMOGRAPHIC INFORMATION - RACE / ETHNICITY

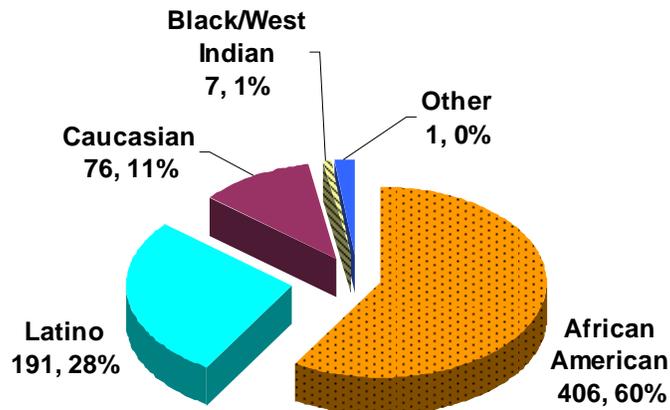
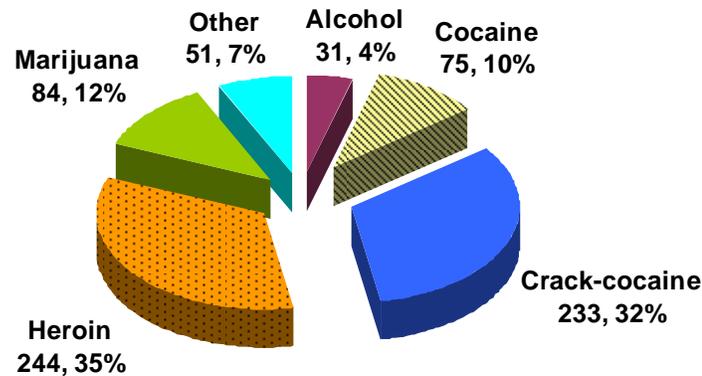


CHART 5.5

## MBTC DRUG OF CHOICE INFORMATION



### Graduates and Failures<sup>17</sup>

So far, **194 (26%)** participants have graduated from MBTC. The following information is available for MBTC graduates:

- 26%** of MBTC graduates were either full or part-time employed,
- 61%** were receiving governmental assistance, and
- 73%** were receiving Medicaid.
- 23%** of MBTC participants were either in full or part-time school.
- 28%** of graduates had participated in vocational training.

Conversely, **356 (10%)** participants have failed to complete the court mandate. **56%** 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 **43%** of failures were voluntary, defined as a participant who opted out of treatment after taking his/her plea and elected to serve his/her jail sentence.

### Length of Stay/Retention Rates<sup>18</sup>

The average length of treatment (based on graduation date) for MBTC's **194** 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 com-

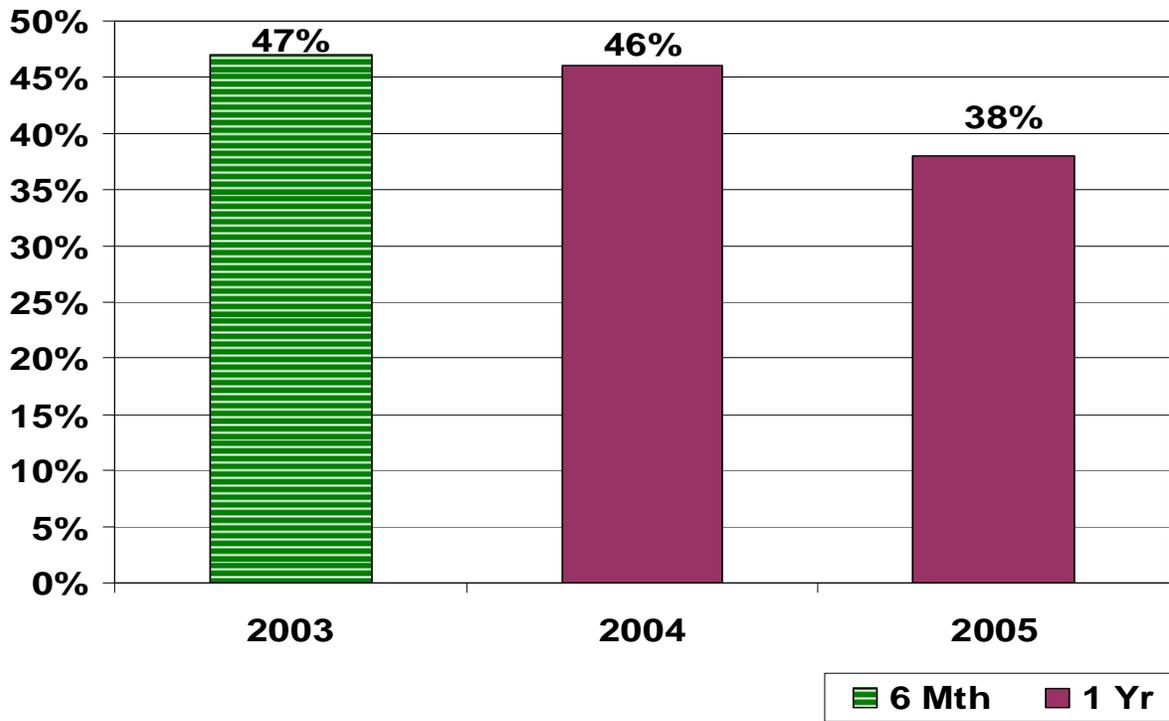
<sup>17</sup> Data as of 12.31.05.

<sup>18</sup> Data as of 12.31.05.

<sup>19</sup> The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, 2003.

-plete treatment (not retained), and for whom the Court had issued a bench warrant (not retained), prior to the analysis date.<sup>19</sup> Retention rates for the past three years is shown in Chart 5.6.<sup>20</sup>

**CHART 5.6**  
**MBTC RETENTION RATE (6 MONTH AND 1 YEAR) 2004 - 2005**



**MBTC Operations**

On average the MBTC daily caseload for 2005 was **221** cases.<sup>21</sup> MBTC case managers typically monitor approximately 45-55 cases each.

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<sup>22</sup> used in MBTC is located in Chart 5.7.

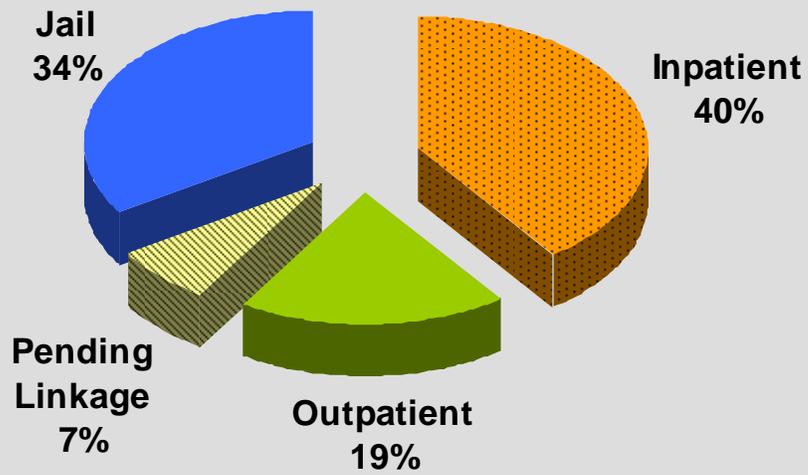
20 See Chapter 1 for full discussion of retention rates.

21 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.

22 Calculated by averaging snapshot data taken on the last day of each quarter in 2005, and also includes participants who were in jail on the snapshot date.

CHART 5.7

MBTC TREATMENT MODALITIES



## CHAPTER 6

# Manhattan Misdemeanor Treatment Court

## Program Description - Manhattan Misdemeanor Treatment Court

### Staff

Presiding Judge	Hon. Deborah Kaplan
Director	Debra Hall_Martin
Operations Director	Kathleen McDonald
Case Assessor	Lyndon Harding
Junior Case Assessor	Darryl Kittel

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

## Court Structure

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

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

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

## Referrals, Refusals and Pleas

Since restructuring in 2003,<sup>23</sup> **826** nonviolent misdemeanor offenders have been referred to MMTC for clinical assessment, out of which **153 (18%)** have taken a plea and opted for treatment. Of the **673** who did not plead guilty and agree to participate, **304 (45%)** refused to participate and **156 (23%)** had violent arrest histories rendering them ineligible. Of those who were accepted by MMTC and took the plea, **19 (12%)** are currently in treatment, and **105 (69%)** have failed to complete treatment.

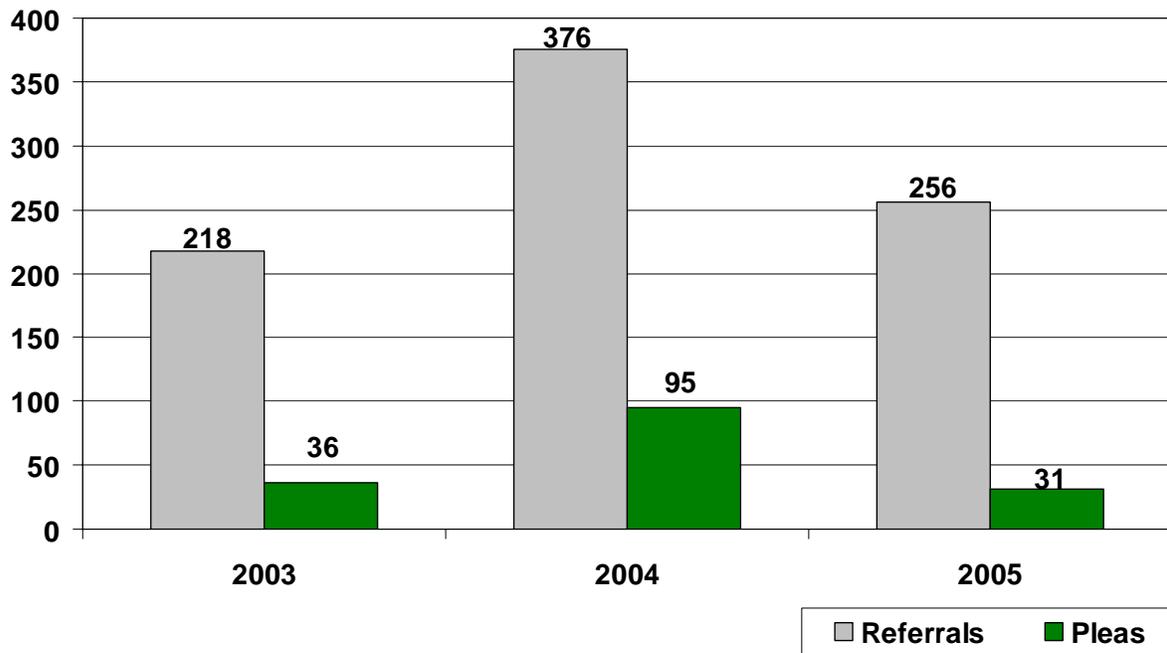
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23 Data as of 12.31.05.

**Intake, Referral and Participant Data**

In calendar year 2005, MMTC made up **7%** of all referrals to, and **4%** of all pleas taken in, the Drug Treatment Court Initiative. Chart 6.1 shows MMTC referrals and pleas over the last three calendar years.

**CHART 6.1**  
MMTC REFERRALS AND PLEAS BY CALENDAR YEAR



**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 **45%** have pled to a non-drug misdemeanor with **52%** pleading to a misdemeanor drug offense. Descriptive data<sup>24</sup> on MMTC participants are located in Charts 6.2-6.4.

Drug of choice information is self-reported at the initial clinical assessment. See Chart 6.5.

<sup>24</sup> These charts include only data on those who executed a contract/plea in MMTC.

CHART 6.2

MMTC DEMOGRAPHIC INFORMATION - GENDER

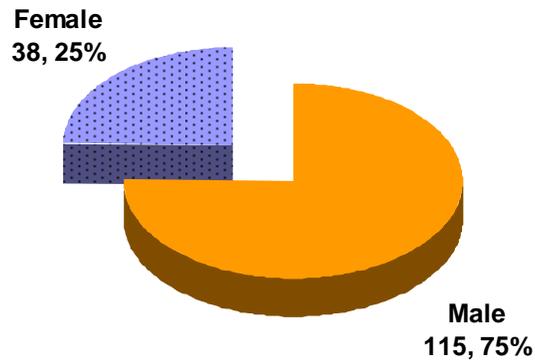


CHART 6.3

MMTC DEMOGRAPHIC INFORMATION - AGE

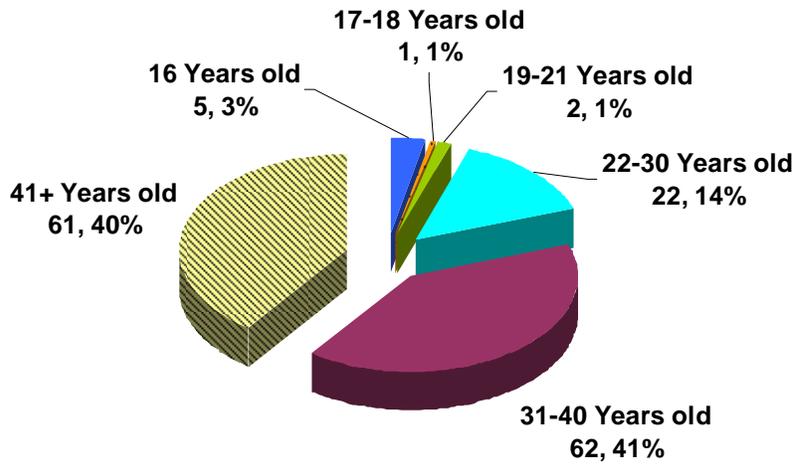


CHART 6.4

MMTC DEMOGRAPHIC INFORMATION - RACE / ETHNICITY

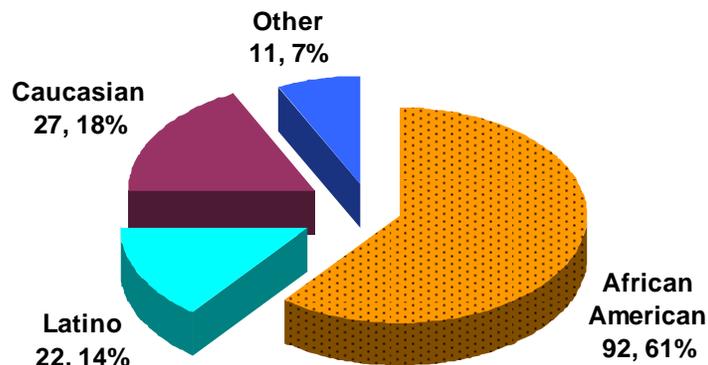
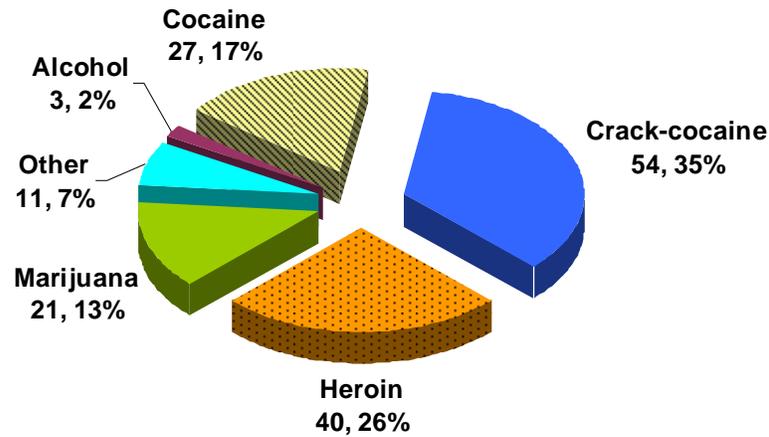


CHART 6.5

## MMTC DRUG OF CHOICE INFORMATION



### Graduates and Failures<sup>25</sup>

In the less than three years that MMTC has been operational, **17 (2%)** participants have graduated. The following information is available for MMTC graduates:

- 18%** of graduates were either full or part-time employed,
- 29%** were receiving governmental assistance, and
- 47%** were receiving Medicaid.
- 6%** of MMTC participants were either in school either full or part-time.
- 18%** of graduates had received vocational training.

Conversely, **105 (13%)** 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. **40%** of the failures were involuntary. **41%** 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<sup>26</sup>

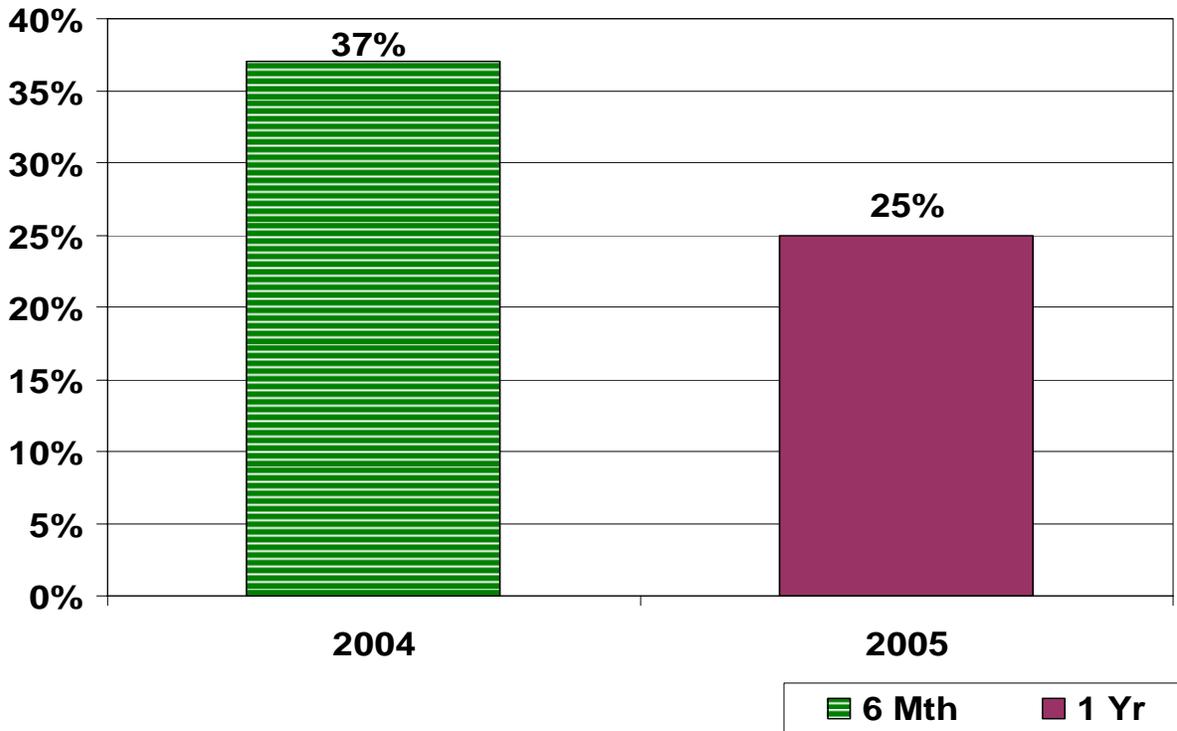
The average length of treatment (based on graduation date) for MMTC's 24 graduates is between fifteen and sixteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had

<sup>25</sup> Data as of 12.31.05.

<sup>26</sup> Data as of 12.31.05.

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.<sup>27</sup> Retention rates for the past two years are shown in Chart 6.6.<sup>28</sup>

**CHART 6.6**  
**MMTC RETENTION RATE (6 MONTHS AND 1 YEAR) 2004 - 2005**



### MMTC Operations

On average the MMTC daily caseload for 2005 was **40** cases.<sup>28</sup> MMTC case managers typically monitor approximately 20-25 cases<sup>29</sup> each.

Treatment modality decisions are made based on the initial clinical assessment, and change based on MMTC case management decisions under the supervision of the MMTC operations director. The breakdown of participant treatment modalities<sup>30</sup> used in MMTC is located in Chart 6.7.

27 See Chapter 1 for full discussion of retention rates.

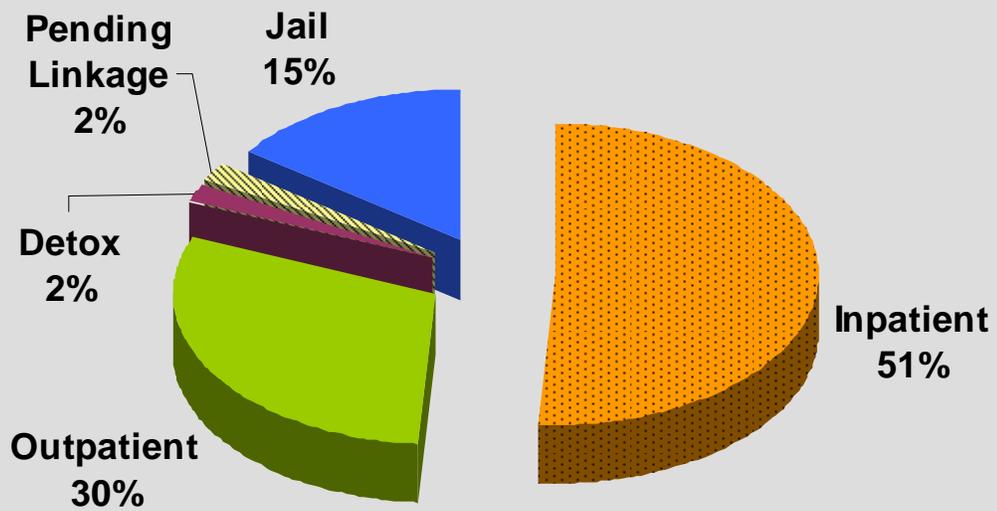
28 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.

29 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.

30 Calculated by averaging snapshot data taken on the last day of each quarter in 2005, and also includes participants who were in jail on the snapshot date

CHART 6.7

MMTC TREATMENT MODALITIES



## CHAPTER 7

# Manhattan Treatment Court

## Program Description - Manhattan Treatment Court

### Staff

Presiding Judge	Hon. Laura A. Ward
Director	Debra Hall-Martin
Resource Coordinator	Laverne Chin
Senior Case Managers	Desiree Rivera Robert Rivera
Case Managers	General Wright Darlene Buffalo
Lab Technician	Sandra Thompson
Data Entry	Shalonda Johnson

### 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);
- Probation Violators<sup>31</sup>

### Exclusions

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

<sup>31</sup> 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 charge. The violation can only be testing positive on a urine test, failing to comply with a 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 on previous page). If a case is eligible for MTC, the clerk will endorse the court papers with a "Treatment Court" stamp so that all parties will be informed of the defendant's eligibility. Eligible cases are typically adjourned to Part N on the 180.80 day (or five days after arraignment) and the arraignment staff provide defendant and defense counsel with an MTC Referral Form, advising them of the adjourned date and the necessary paperwork the defendant should, if possible, bring to the court when he/she returns. Between arraignment and appearance in Part N, the Office of the Special Narcotics Prosecutor (OSN) will screen the case a second time in order to decide if the defendant is paper eligible and if they should be offered an MTC disposition. If the case remains eligible, defendants interested in participating in the MTC program will plead guilty to the felony charge and execute a MTC application and waiver form. MTC staff then conduct an in-depth assessment to determine clinical eligibility. If the MTC clinical staff makes a determination of no discernable drug addiction, the Court sentences the defendant to the alternative offer that was promised at the time of plea.

### **Court Structure**

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

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

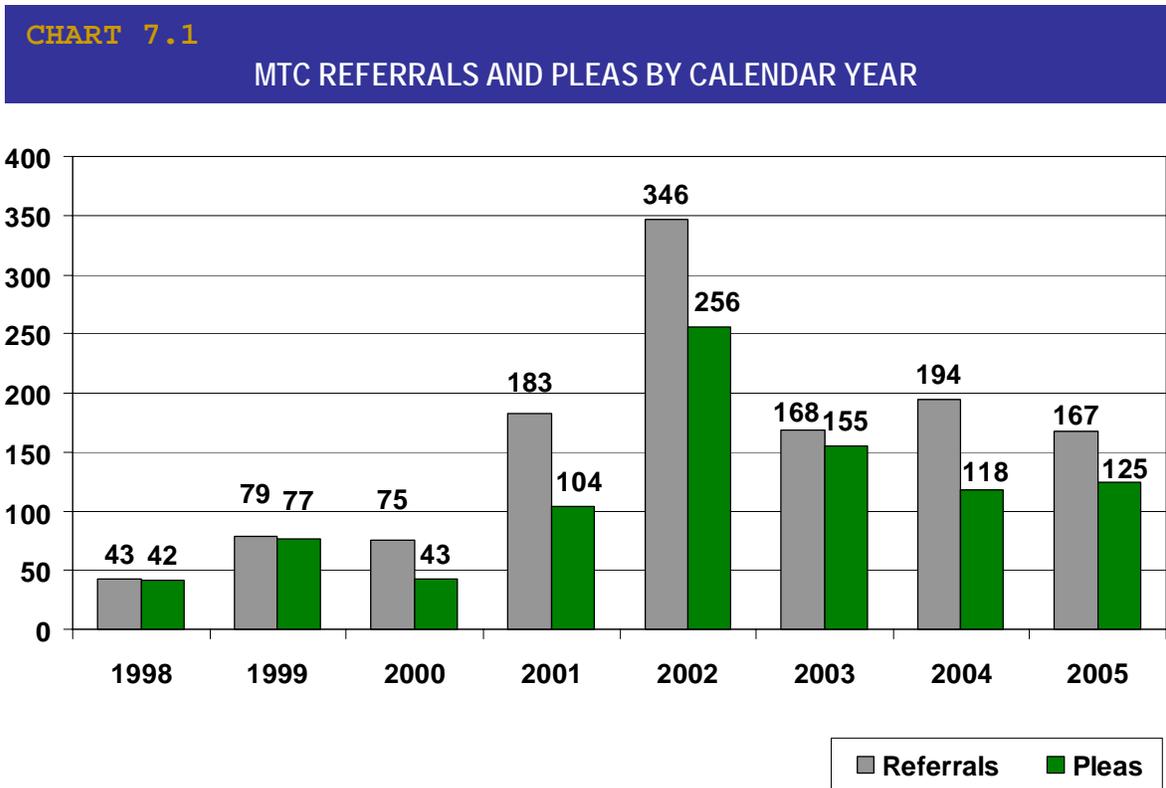
Given the nature of individuals' progress in treatment as well as the sanction structure, MTC participants generally complete treatment in twenty-one months.

### Referrals, Refusals and Pleas

Since its inception in 1998,<sup>32</sup> 1,250 nonviolent felony drug offenders have been referred to MTC for assessment, out of which 919 (73%) have pled guilty and opted for treatment. Of the 331 defendants who did not take the plea, 50 (15%) refused to participate. Of those who were accepted by MTC and took a plea, 319 (34%) graduated, 220 (24%) are currently in treatment, and 373 (40%) failed to complete treatment.

### Intake, Referral and Participant Data

In calendar year 2005, MTC made up 5% of all referrals to, and 17% of all pleas taken in, the Drug Treatment Court Initiative. Chart 7.1 shows MTC referrals and pleas by calendar year since 1998.<sup>33</sup>



### Descriptive Data - MTC Participants

All MTC participants must be charged with a felony drug offense. Descriptive data<sup>34</sup> on MTC participants are located in tables 7.2-7.5.

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

<sup>32</sup> Data as of 12.31.05.

<sup>33</sup> Data from 1998 includes only September through December.

<sup>34</sup> These charts include only data on those defendants who executed a contract/plea in MTC.

CHART 7.2

MTC DEMOGRAPHIC INFORMATION - GENDER

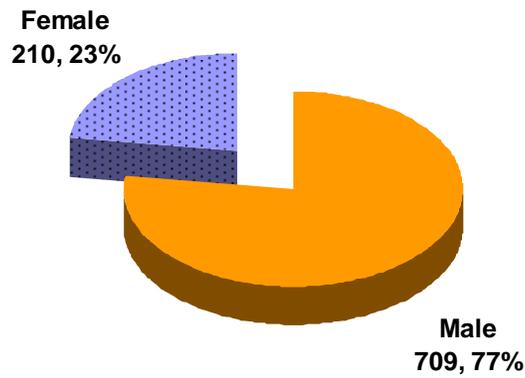


CHART 7.3

MTC DEMOGRAPHIC INFORMATION - AGE

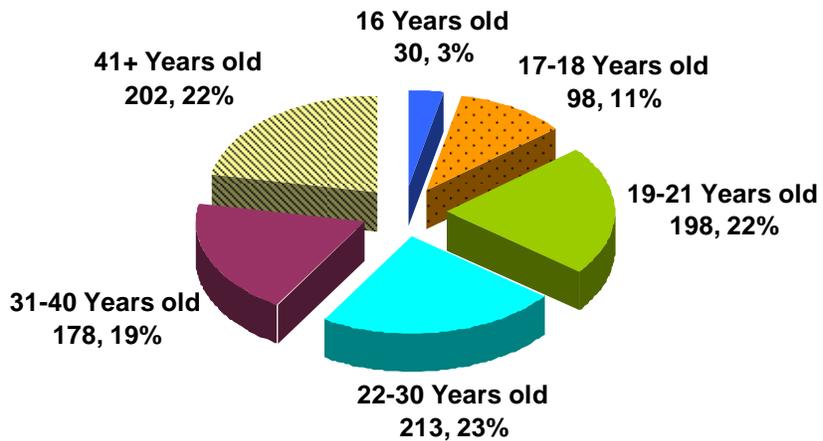


CHART 7.4

MTC DEMOGRAPHIC INFORMATION - RACE / ETHNICITY

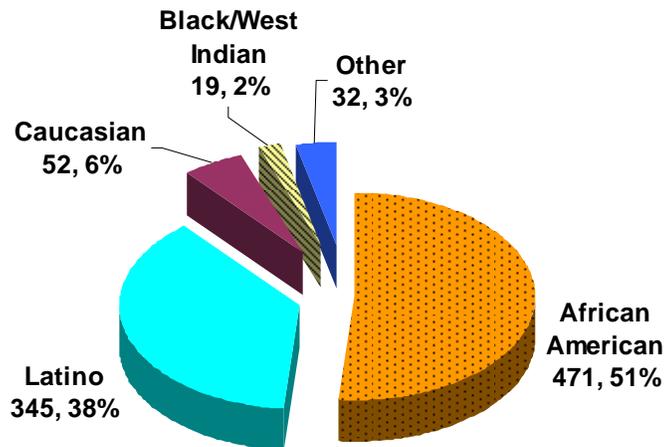
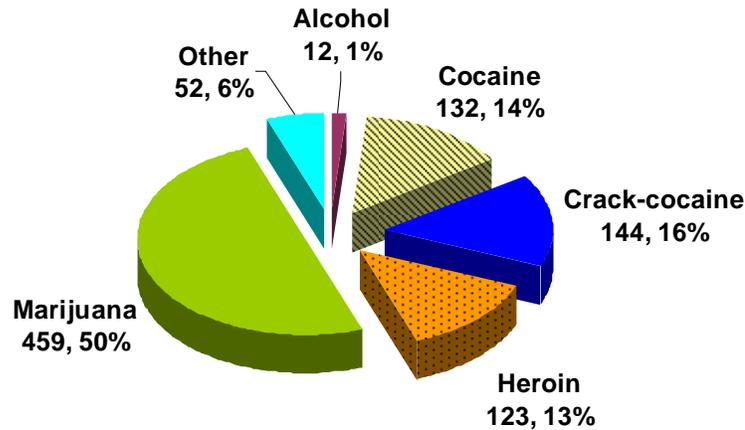


CHART 7.5

## MTC DRUG OF CHOICE INFORMATION



### Graduates and Failures<sup>35</sup>

Since 1998, **319 (32%)** participants have graduated from MTC. The following information is available for MTC graduates:

**63%** of MTC graduates were either full or part-time employed,  
**21%** were receiving governmental assistance, and  
**33%** were receiving Medicaid.

**11%** of MTC Graduates had received a high school diploma or GED while undergoing treatment, and

**11%** were either in full or part-time school.

**30%** of graduates received vocational training.

Conversely, **373 (40%)** MTC participants have failed to complete the court mandate. **72%** 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. **20%** of failures were voluntary, meaning that the participant opted out of treatment court and elected to serve his/her jail sentence.

### Length of Stay/Retention Rates<sup>36</sup>

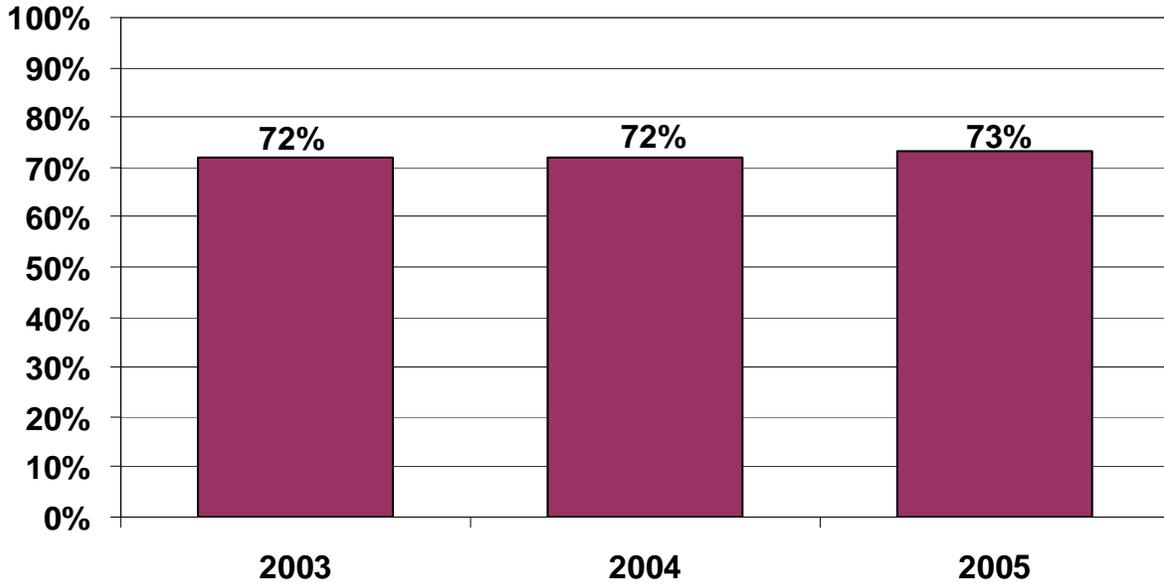
The average length of treatment (based on graduation date) for MTC's **319** graduates is between eighteen and nineteen months. Retention rate includes data for participants who had graduated (retained), were still open and active in treatment (retained), who had failed to complete treatment and were sentenced to incarceration (not retained), and for whom the Court had issued a bench warrant (not retained), one year prior to the analysis date.<sup>37</sup> Retention rates for the past three years are shown in Chart 7.6.

<sup>35</sup> Data as of 12.31.05.

<sup>36</sup> Data as of 12.31.05.

<sup>37</sup> The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October, 2003.

**CHART 7.6**  
**MTC RETENTION RATE (1 YEAR) 2003 - 2005**



### MTC Operations

On average the MTC daily caseload for 2005 was approximately **220** cases.<sup>38</sup> MTC case managers typically monitor 75-100 participants each. In 2005, the average number of participants out on a warrant was **30**.<sup>39</sup>

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<sup>40</sup> is shown in Chart 7.7.

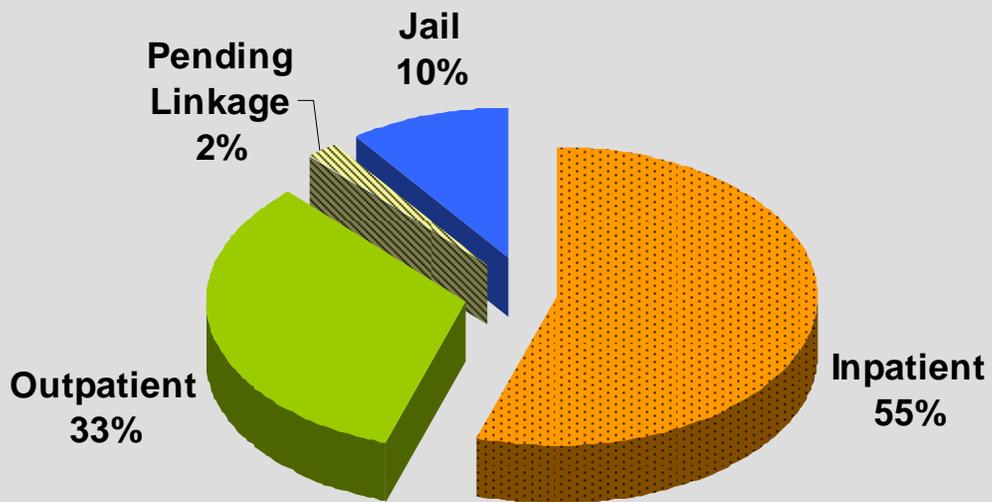
38 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.

39 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.

40 Calculated by averaging snapshot data taken on the last day of each quarter in 2005, and also includes participants who were in jail on the snapshot date.

CHART 7.7

MTC TREATMENT MODALITIES



## CHAPTER 8

# Queens Misdemeanor Treatment Court

## Program Description - Queens Misdemeanor Treatment Court

### Staff

Presiding Judge	Hon. Joseph Zayas
Director	Naima Aiken
Resource Coordinator	Lisa Babb
Case Manager	Darriel Cummings Donna Teekasingh
TASC Representatives	Gregory Fisher Shama Greenidge

### 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 5 days. At the first adjournment in QMTc, a TASC or court case manager will conduct a psychosocial assessment of the defendant to determine clinical eligibility. Eligible defendants who agree to participate must execute a contract and plead guilty to the misdemeanor charge. The court will defer sentence while the defendant participates in treatment.

## **Court Structure**

Defendants accepted into 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 12 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.

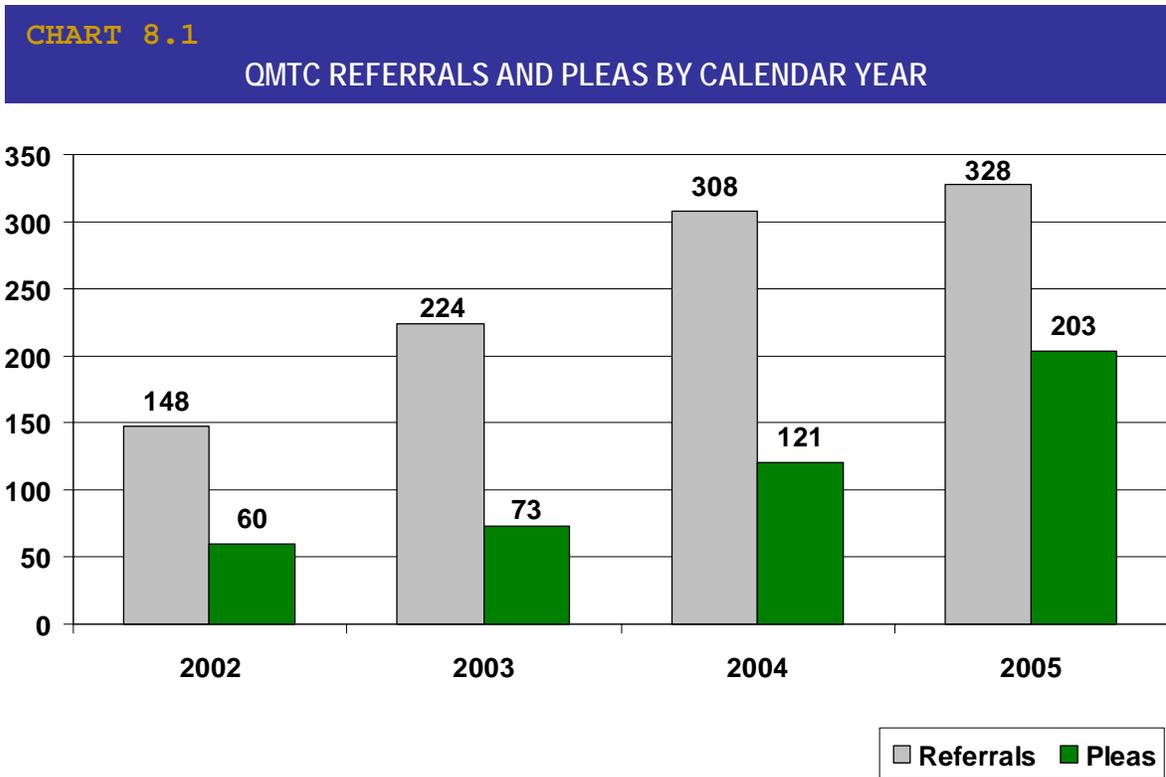
QMTC participants typically complete treatment in about eighteen months.

**Referrals, Refusals and Pleas**

Since it started taking cases in 2002,<sup>41</sup> **990** nonviolent misdemeanor drug offenders have been referred to QMTC for clinical assessment, out of which **372 (37%)** have pled guilty and agreed to participate in treatment. Of the **618** who did not plead guilty, **287 (46%)** refused to participate. Of those who agreed to participate and pled guilty, **110 (29%)** have graduated, **83 (22%)** are currently in treatment, and **152 (41%)** have failed to complete the court mandate.

**Intake, Referral and Participant Data**

In calendar year 2005, QMTC made up **9%** of all referrals to, and **16%** of all pleas taken in, the Drug Treatment Court Initiative. Chart 8.1 shows QMTC referrals by calendar year.



**Descriptive Data - QMTC Participants**

QMTC participants can be charged with misdemeanor drug or non-drug offenses. Breakdown of arraignment charge is about **65%** drug and **35%** non-drug offenses. Descriptive data<sup>42</sup> on QMTC participants are located in tables 8.2-8.4.

Drug of choice information is self-reported and obtained at the time of initial clinical assessment. See Chart 8.5 for detailed information.

41 Data as of 12.31.05.

42 These charts include only data on those defendants who executed a contract/plea in QMTC.

CHART 8.2

QMTc DEMOGRAPHIC INFORMATION - GENDER

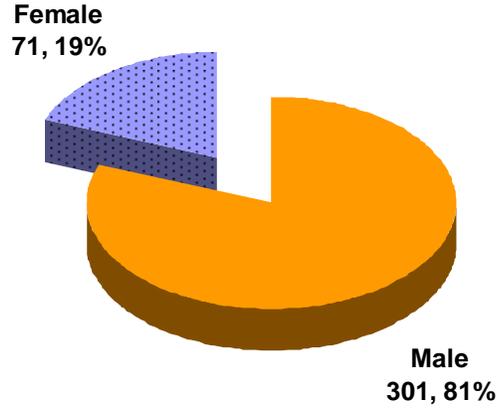


CHART 8.3

QMTc DEMOGRAPHIC INFORMATION - AGE

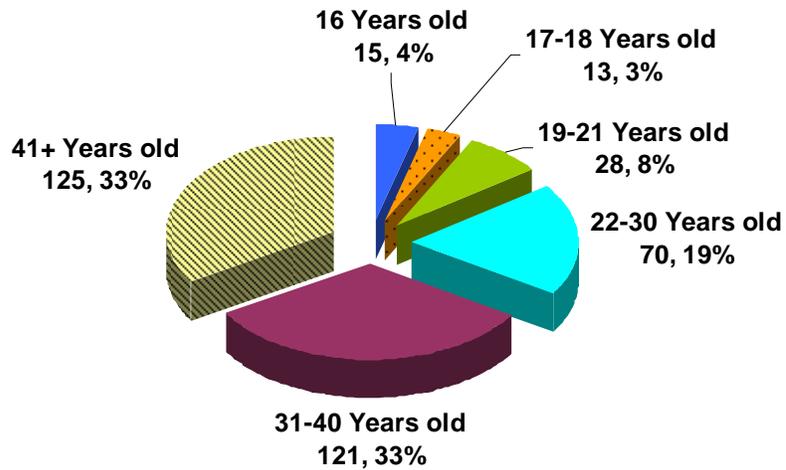


CHART 8.4

QMTc DEMOGRAPHIC INFORMATION - RACE / ETHNICITY

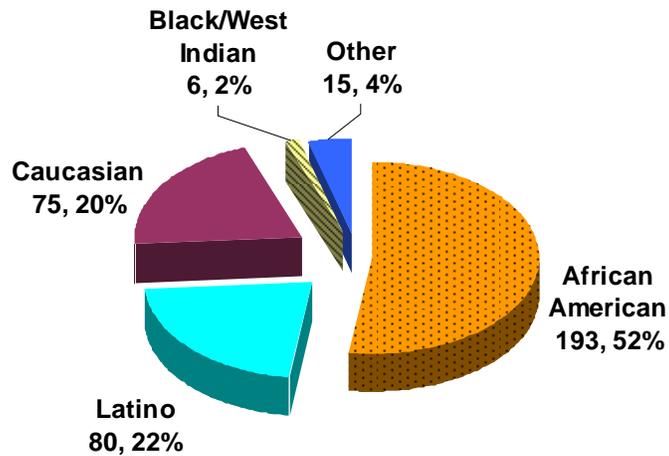
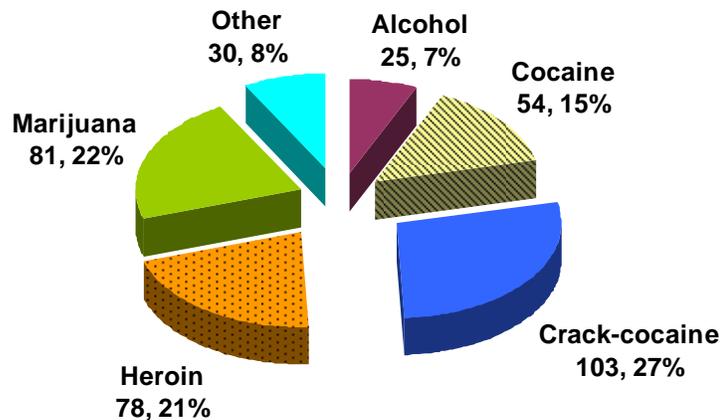


CHART 8.5

## QMTc DRUG OF CHOICE INFORMATION



### Graduates and Failures<sup>43</sup>

**110 (11%)** participants have graduated from QMTc since its inception. The following information is available for QMTc graduates:

**32%** of graduates were employed, either full or part-time,

**87%** were receiving governmental assistance, and

**88%** were receiving Medicaid.

**16%** of QMTc graduates were either in school, either full or part-time.

**17%** participated in vocational training.

Conversely, **152 (15%)** QMTc participants have failed to complete treatment. **59%** 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. **51%** 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<sup>44</sup>

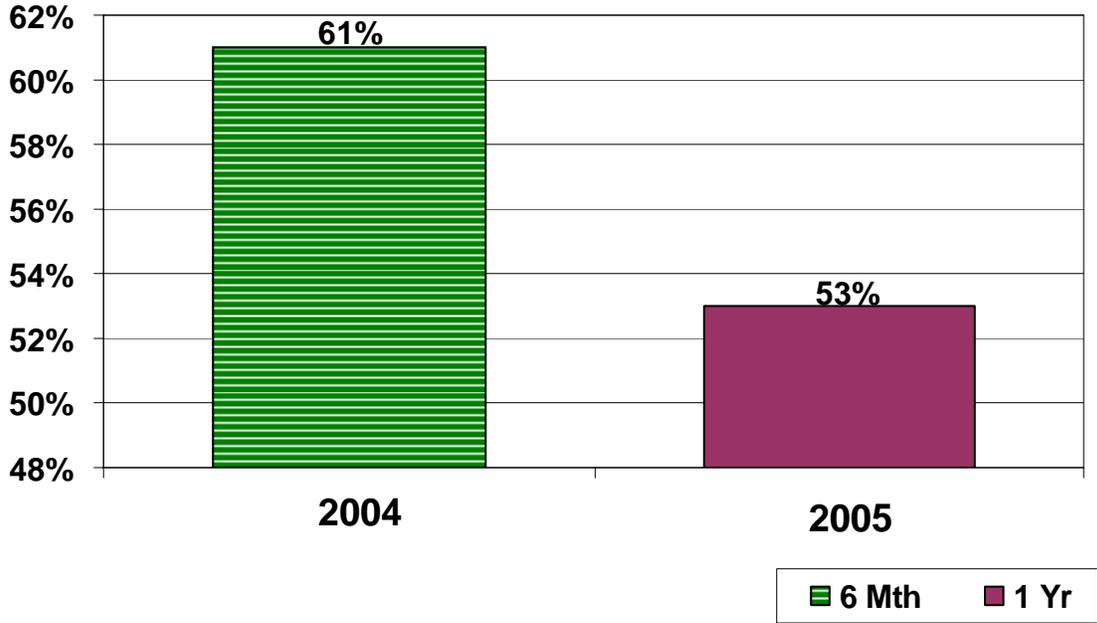
The average length of treatment (based on graduation date) for QMTc's **110** graduates is eighteen months. Retention rate includes data for participants who had graduated (retained), were still open and active (retained), who had failed (not retained), and who warranted (not retained) as of the date in question entering drug court by December

<sup>43</sup> Data as of 12.31.05.

<sup>44</sup> Data as of 12.31.05.

31, 2003, one year prior to the analysis date and June 30, 2004, six months prior to the analysis date.<sup>45</sup> Retention rates for the past three years are shown in Chart 8.6.

**CHART 8.6**  
**QMTC RETENTION RATE (SIX MONTH AND 1 YEAR) 2005**



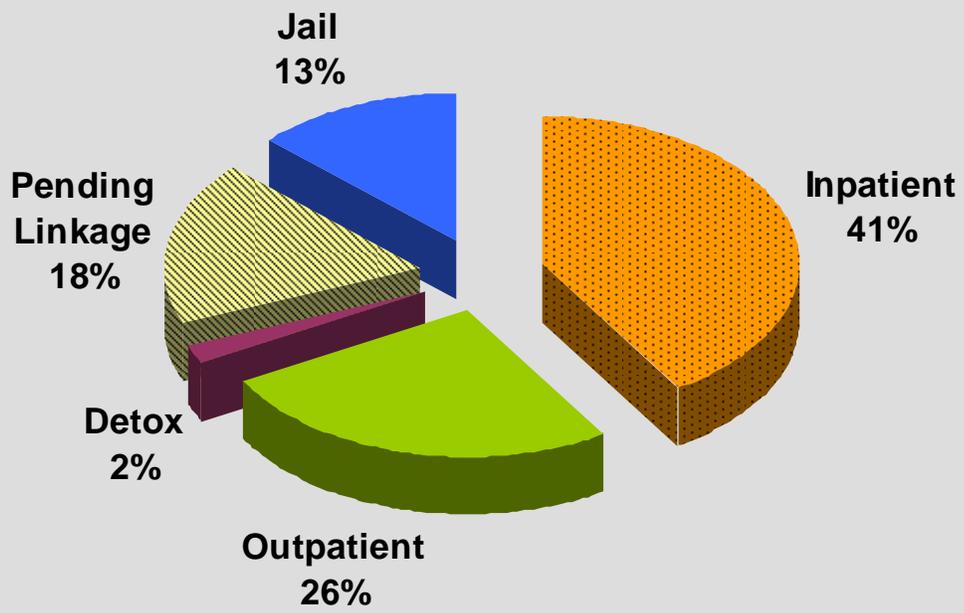
**QMTC Operations**

On average the daily QMTC caseload for 2005 was **99**<sup>46</sup> cases. QMTC case managers typically monitor approximately 25-35 cases each.<sup>47</sup> Treatment modality decisions are made by the QMTC case management team under the supervision of the resource coordinator. A breakdown<sup>48</sup> of QMTC participant treatment modalities is located in Chart 8.7 on the next page.

45 The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October, 2003.  
46 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.  
47 Calculated by averaging snapshot data taken on the last day of each quarter in 2005.  
48 Calculated by averaging snapshot data taken on the last day of each quarter in 2005, and also includes participants who were in jail on the snapshot date.

CHART 8.7

QMTc TREATMENT MODALITIES



## CHAPTER 9

# Staten Island Treatment Court

## Program Description - Staten Island Treatment Court

### Staff

Presiding Judge	Hon. Alan Myer
Director	Ellen Burns
Junior Case Manager	Vacant

### Introduction

In March 2002, the Staten Island Treatment Court (SITC) opened in Richmond Criminal Court to serve 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 an implementation grant from the federal government's Bureau of Justice Assistance.

### Eligibility and Identification

Eligible defendants must:

- be charged with a designated felony drug charge (PLS 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 they complete their court mandate. The Court will allow participants who successfully complete their court mandate to withdraw their plea and dismiss the charges. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of plea, typically one year in jail.

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

To move between phases, participants must abstain from 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.

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

The SITC Misdemeanor Part began accepting cases in March 2004. SITCM will accept offenders with multiple misdemeanor offenses and prior felonies on a case-by-case basis. SITCM offers are made after team discussion and, frequently in response to defense attorney's requests, SITCM also accepts first-arrest misdemeanor offenders. Defendants charged with violent offenses are not eligible.

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

By 31 December 2005, SITCM had accepted a total of **42** misdemeanor participants; **28** were actively participating; **9** had been expelled; and **5** had graduated from treatment court.

***Non-Drug Cases***

In February 2003, SITC accepted its first non-drug-related case, a defendant charged with PL155.35, Grand Larceny third degree, at the request of the defense attorney and after negotiations between the defense attorney and the district attorney. The next non-drug case was accepted in March 2004.

Offenders with non-drug offenses are referred to treatment court by the district attorney or are often considered for eligibility by the Team at the request of defense attorneys. By December 2005, SITC had screened **40** non-violent non-drug cases for eligibility and had accepted a total of seventeen felony and misdemeanor defendants into treatment court (**3** SITCF; **14** SITCM); **6** were actively participating; **5** had failed; **1** was on warrant status; and **4** had graduated from treatment court.

With increasing numbers of SITCM participants we hope to include separate demographic and retention data for SITCM program in next year's Annual Report.

**Referrals, Refusals and Pleas**

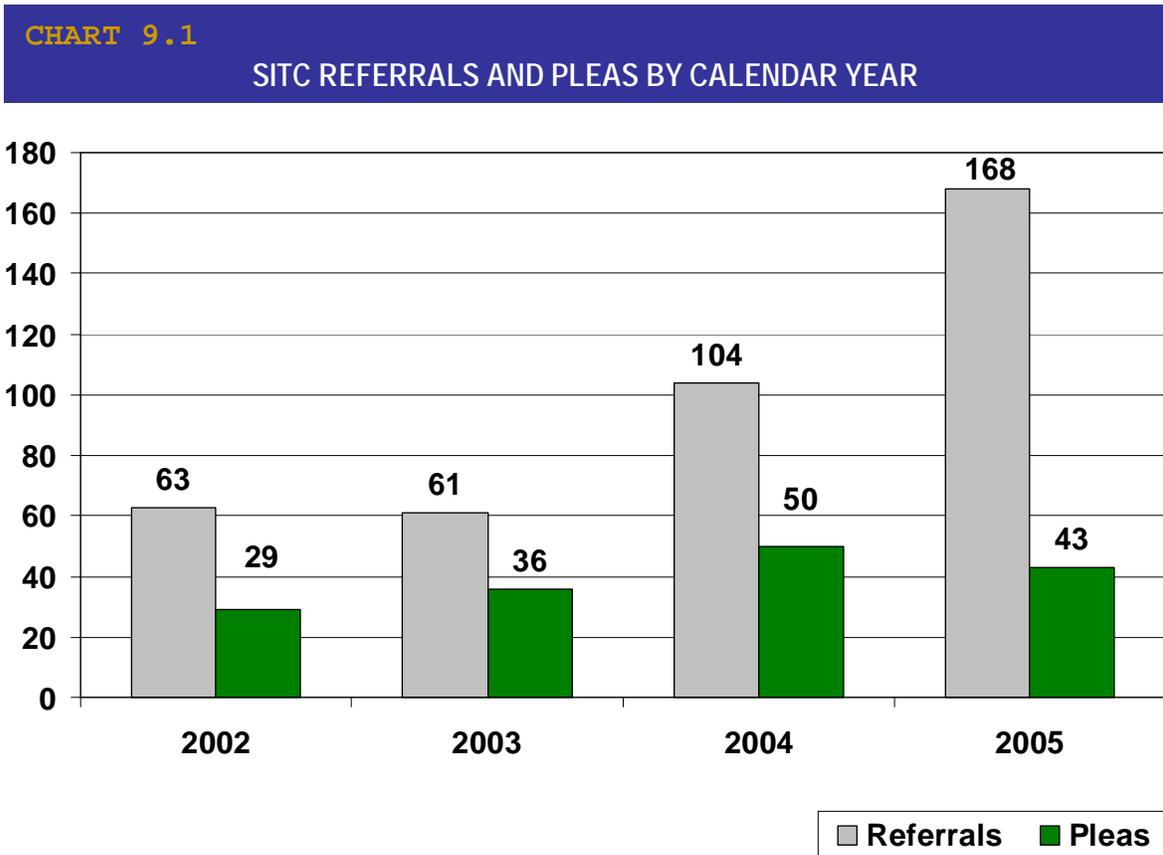
Since it started accepting cases in 2002,<sup>49</sup> **398** nonviolent drug offenders have been referred to SITC for clinical assessment, out of which **159 (40%)** have pled guilty and agreed to participate in treatment. Of the **239** who did not plead guilty, **76 (32%)** refused to participate. Of those who were accepted by SITC and pled guilty, **73 (30%)** have graduated, **65 (57%)** are currently in treatment, and **13 (11%)** have failed to complete their court mandate.

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49 Data as of 12.31.05.

### Intake, Referral and Participant Data

In calendar year 2005, SITC made up 5% of all referrals to, and 6% of all pleas taken in, the Drug Treatment Court Initiative. Chart 9.1 shows SITC referrals and pleas by calendar year for the past four years.



### Descriptive Data - SITC Participants

Virtually all SITC participants have been charged with a felony drug offense, although SITC has started accepting misdemeanor cases on a pilot basis and the court will accept non-violent, non-drug cases on a case-by-case basis. Descriptive data<sup>50</sup> on SITC participants are located in Charts 9.2-9.4.

Drug of choice information is self-reported and obtained at the time of initial clinical assessment. See Chart 9.5 for detailed information.

<sup>50</sup> These charts include only data on those defendants who executed a contract/plea in MTC.

CHART 9.2

SITC DEMOGRAPHIC INFORMATION - GENDER

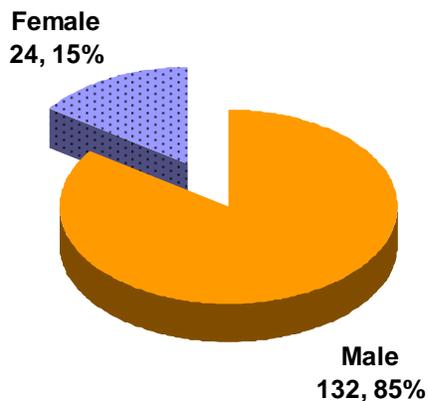


CHART 9.3

SITC DEMOGRAPHIC INFORMATION - AGE

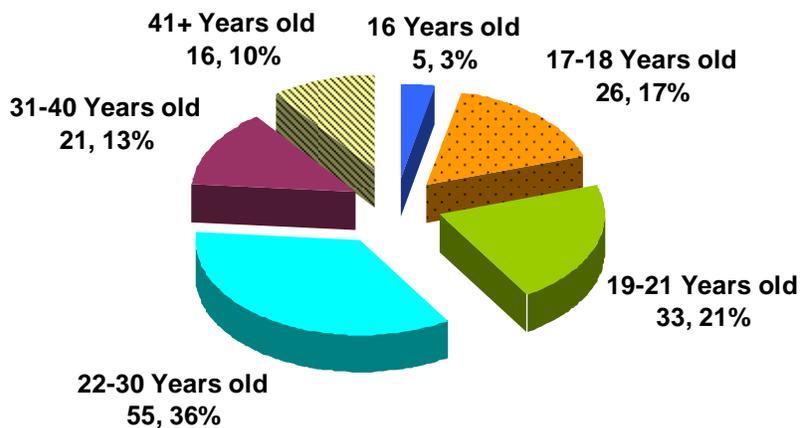


CHART 9.4

SITC DEMOGRAPHIC INFORMATION - RACE / ETHNICITY

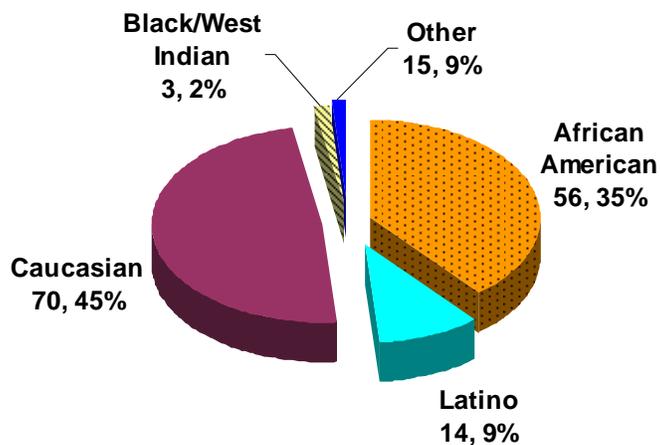
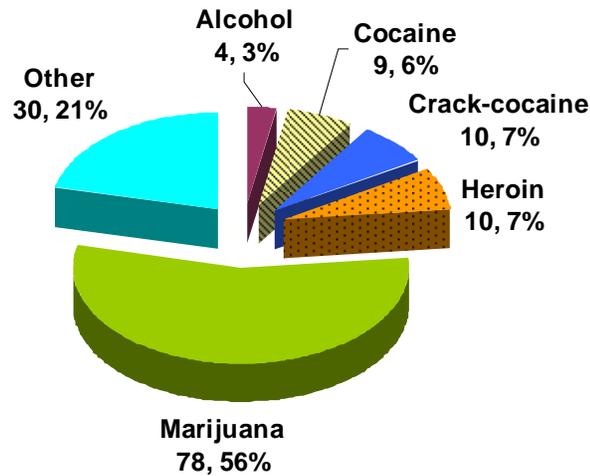


CHART 9.5

SITC DRUG OF CHOICE INFORMATION



**Graduates and Failures<sup>51</sup>**

73 (30%) participants have graduated from SITC since its inception. The following information is available for SITC graduates:

- 68% of graduates were employed, either full or part-time,
- 23% were receiving governmental assistance, and
- 37% were receiving Medicaid.
- 36% of SITC participants were either in school, either full or part-time.
- 14% of SITC graduates participated in vocational training.

Conversely, 27 (7%) participants have failed to complete treatment. 22% 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 44% 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<sup>52</sup>**

The average length of treatment (based on graduation date) for SITC's 73 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 December

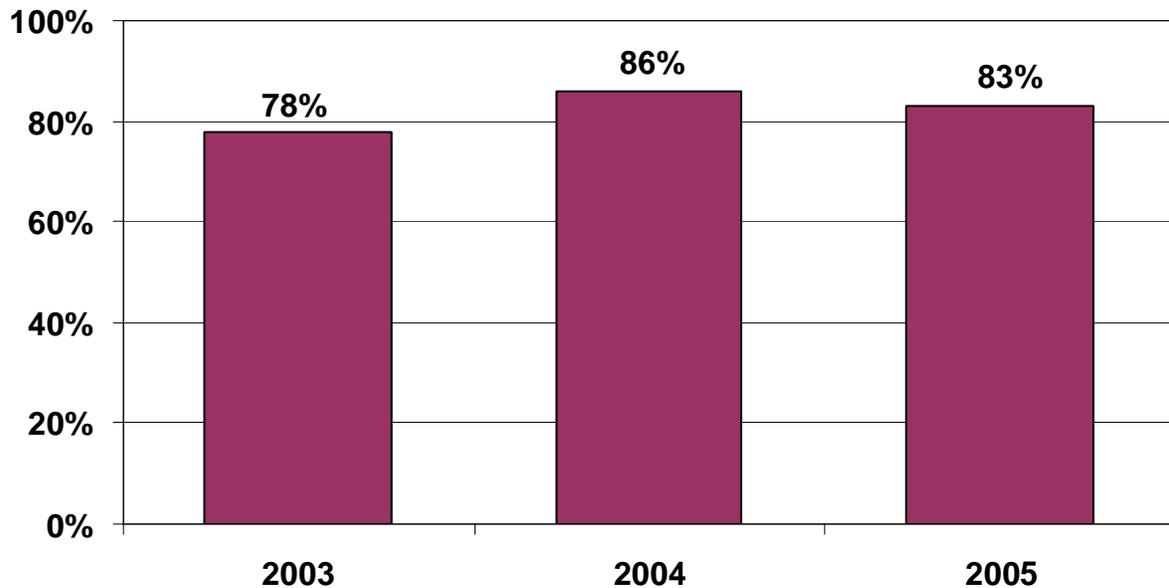
<sup>51</sup> Data as of 12.31.05.

<sup>52</sup> Data as of 12.31.05.

31, 2003, one year prior to the analysis date.<sup>53</sup> One year retention rates for the last three years are shown in Chart 9.6.

**CHART 9.6**

**SITC RETENTION RATE (1 YEAR) 2003 - 2005**



### SITC Operations

SITC, on a daily basis, handles an average of 62<sup>54</sup> cases. TASC is responsible for monitoring SITC participants, and at this time has devoted three case managers to SITC each of whom work only part time on SITC cases. Treatment modality decisions are based on the initial TASC assessment but are subject to change based upon the participant's performance throughout the program. Treatment modality breakdowns<sup>55</sup> are located in Chart 9.7.

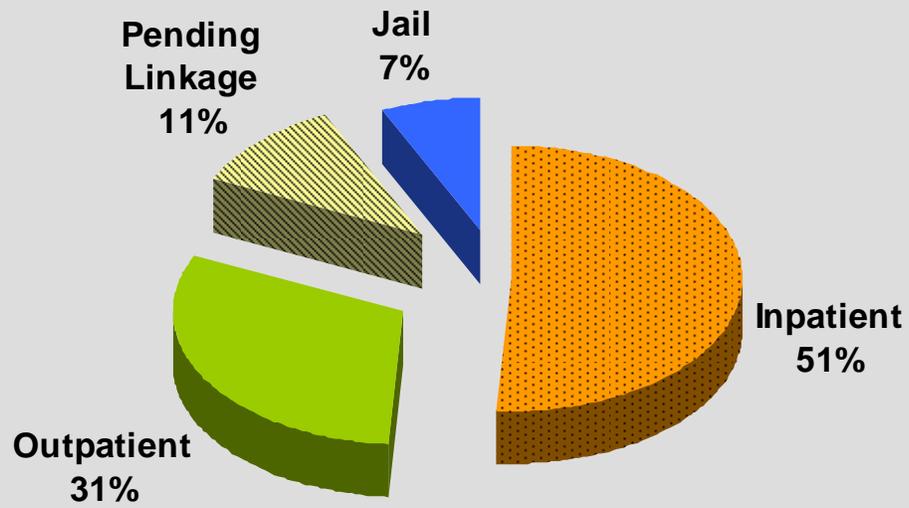
<sup>53</sup> The methodology and calculations are based on the Center for Court Innovation's Adult Drug Court Evaluation, October, 2003.

<sup>54</sup> Calculated by averaging snapshot data taken on the last day of each quarter in 2005.

<sup>55</sup> Calculated by averaging snapshot data taken on the last day of each quarter in 2005, and also includes participants who were in jail on the snapshot date.

CHART 9.7

SITC TREATMENT MODALITY





**Criminal Court of the  
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Annual Report 2005**

PART II

NYC CRIMINAL COURT  
DRUG COURT INITIATIVE  
**CHALLENGES**



**Criminal Court of the  
City of New York  
Drug Court Initiative  
Annual Report 2005**

## CHAPTER 10

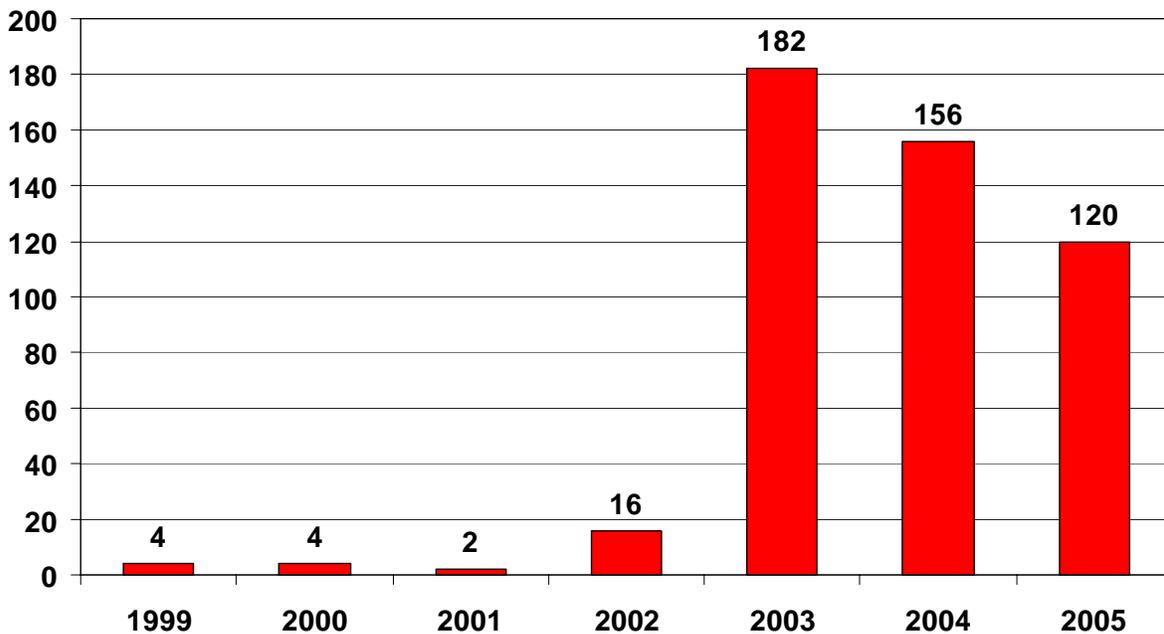
# Screening and Assessment Challenges

### 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 and the Bronx 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 2005, **120** defendants were found ineligible due to mental health histories, an area that drug courts are not yet fully able to service.

**CHART 10.1**  
**INELIGIBLE BY REASON OF MENTAL HEALTH HISTORY**



Overall, the eligible drug court population has significant mental health issues. Out of the **4,322<sup>56</sup>** valid responses to the question of whether or not the defendant has previously been in counseling for mental health issues, **28%** had admitted that they were. While **7%** 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 **120<sup>57</sup>** defendants found ineligible due to mental health history/illness, **38%** of the valid responses indicated that the defendant had previously received counseling for their ill-

<sup>56</sup> Data as of 12.31.05.

<sup>57</sup> Data as of 12.31.05.

ness, while 30% reported that they were previously receiving medication for their illness.

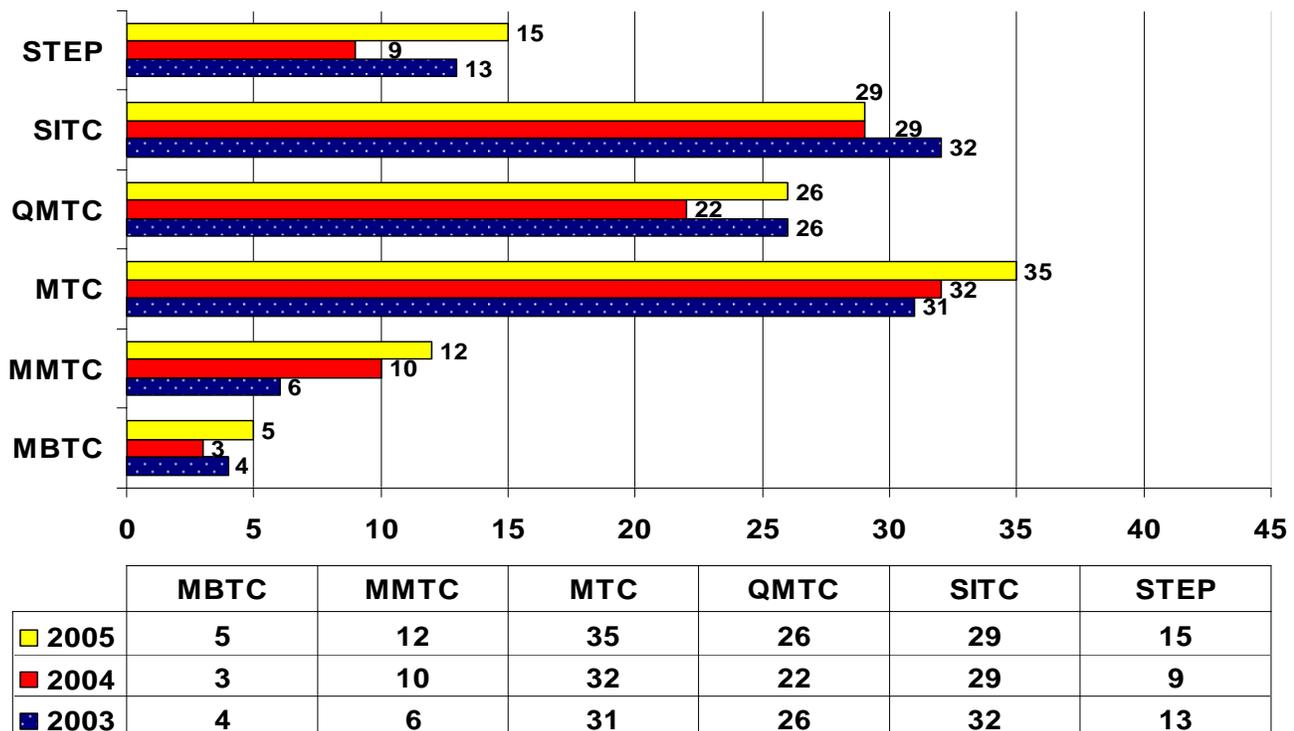
**Length of Time - Arrest to Assessment<sup>58</sup> & Assessment to Plea**

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.

TABLE 10.2 COURT REFERRAL SOURCE	
Manhattan Misdemeanor Treatment Court	Arraignment Clerks
Manhattan Treatment Court	Arraignment Clerks, Office of Special Narcotics
Misdemeanor Brooklyn Treatment Court	Arraignment Clerks
Queens Misdemeanor Treatment Court	DA, Judges, Defense at Arraignments
Screening & Treatment Enhancement Part	Arraignment Clerks
Staten Island Treatment Court	DA

Staten Island Treatment Court (SITC) and Manhattan Treatment Court (MTC) show the longest periods of time between arrest and assessment as well as assessment and plea.

**CHART 10.3 MEAN ARREST TO ASSESSMENT TIME (DAYS)**



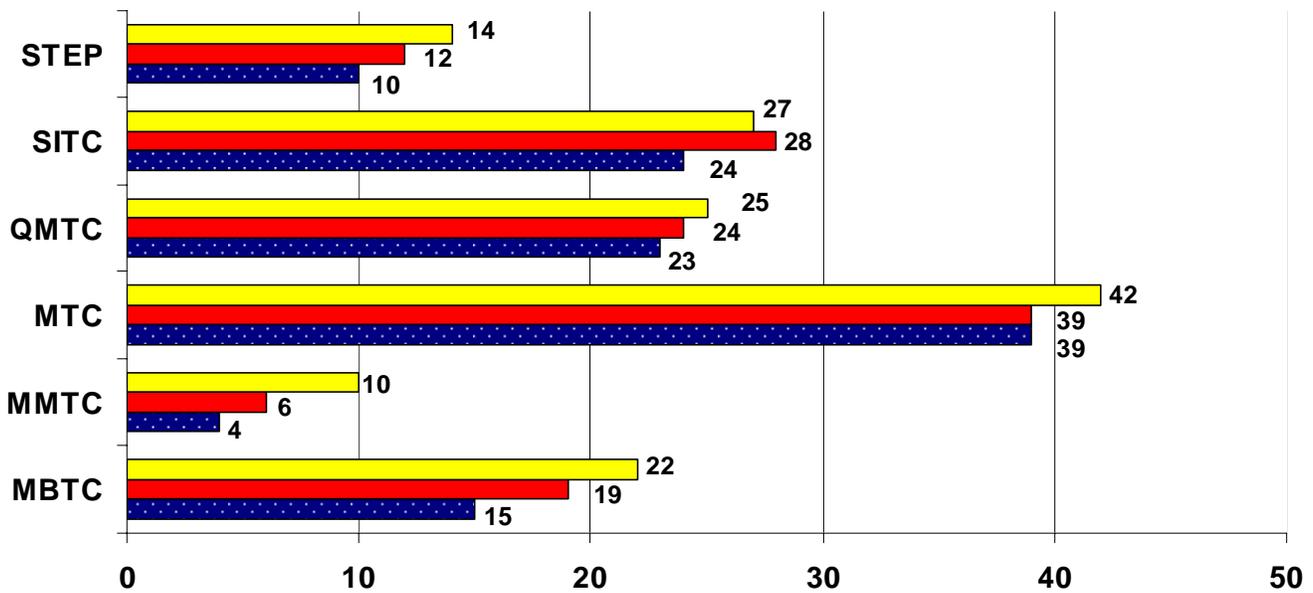
<sup>58</sup> Assessment date is defined as Universal Treatment Application Intake Date.

On average, it takes about a month for defendants to be assessed for treatment in SITC and MTC, and once referred, defendants can wait close to an additional month (on average) before executing a contract/plea agreement. See Charts 10.3 and 10.4.

**Length of Time - Full Intake ( Arrest to Plea)**

See Chart 10.5 for average length of time between arrest and plea.<sup>59</sup>

**CHART 10.4<sup>60</sup>**  
**MEAN ASSESSMENT TO PLEA TIME (DAYS)**



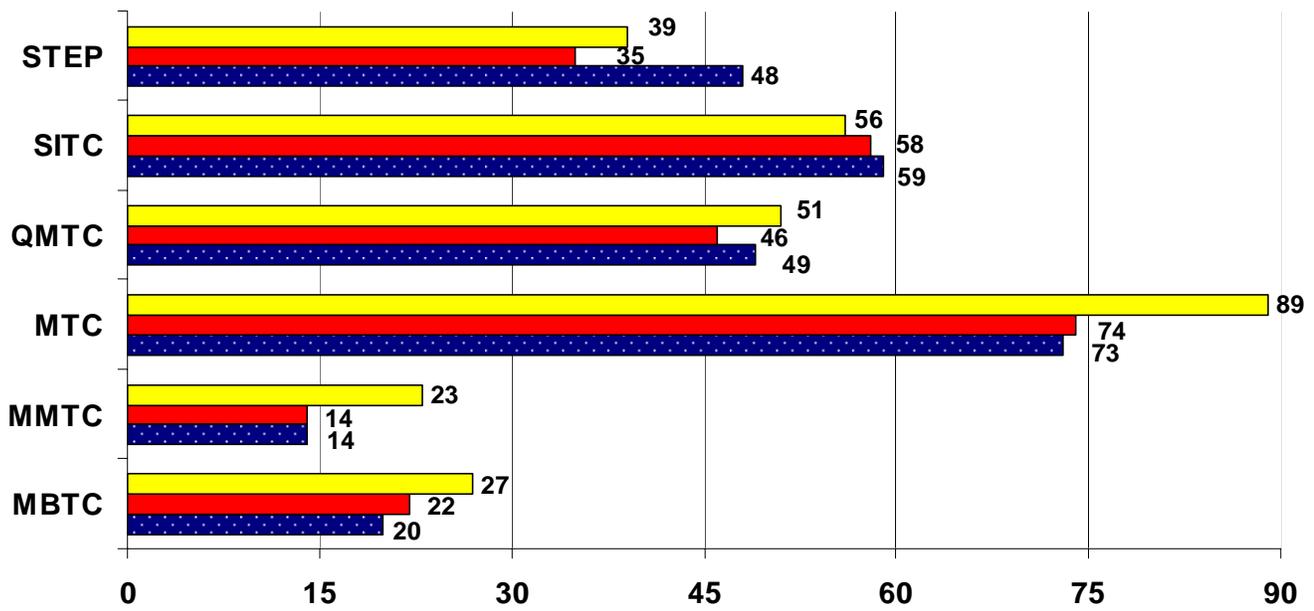
	MBTC	MMTc	MTC	QMTC	SITC	STEP
2005	22	10	42	25	27	14
2004	19	6	39	24	28	12
2003	15	4	39	23	24	10

<sup>59</sup> This figure is derived from calculating the time (in days) between arrest and plea. VOPs and VROWs are excluded from this calculation.

<sup>60</sup> This figure is derived from calculating the time (in days) between assessment and plea. VOPs and VROWs are excluded from this calculation.

CHART 10.5

MEAN ARREST TO PLEA TIME (DAYS)



	MBTC	MMTC	MTC	QMTC	SITC	STEP
2005	27	23	89	51	56	39
2004	22	14	74	46	58	35
2003	20	14	73	49	59	48



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# CHAPTER 11

## Operational Challenges

### Court Frequency and Caseload

Court, judicial and personnel resources remain a challenge for some of the city’s drug courts. Table 11.1 lists court frequency for each court. Chart 11.2 shows the caseload for each drug court.

**TABLE 11.1 COURT FREQUENCY**

Court Name	Frequency of Court
Misdemeanor Brooklyn Treatment Court	5 full days/week
Manhattan Misdemeanor Treatment Court	Pleas - 5 days/week Compliance - 2 days/week
Manhattan Treatment Court	Pleas - 5 days/week Compliance - 1.5 days/week
Queens Misdemeanor Treatment Court	3 half days/week
Staten Island Treatment Court	1 full day/week
Screening, Treatment & Enhancement Part	5 full days/week

**CHART 11.2**

### SNAPSHOT OF DRUG CASELOADS

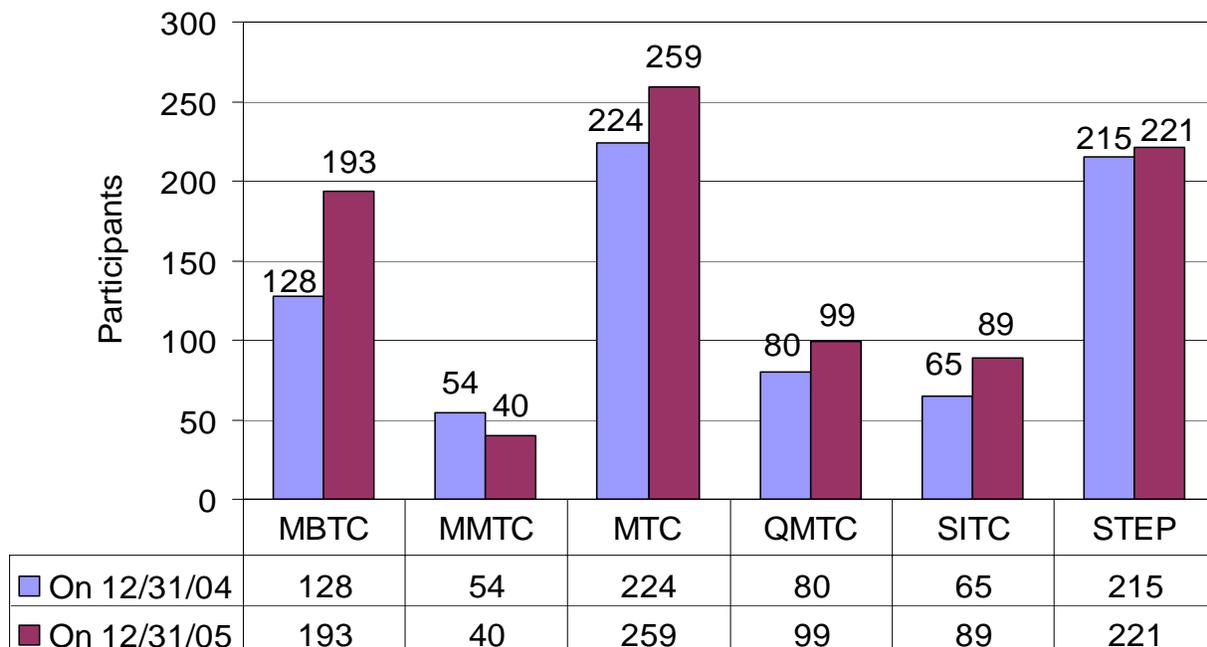


Table 11.3 represents the average number of cases each case manager supervises and Table 11.4 represents the average number of cases per clinician in each court.

<b>TABLE 11.3 AVERAGE NUMBER OF CASES (CASE MANAGER)<sup>61</sup></b>	
<b>Court Name</b>	<b>Caseload/Court Case Manager (as of 12.31.05)</b>
Manhattan Misdemeanor Treatment Court	16
Manhattan Treatment Court	64
Misdemeanor Brooklyn Treatment Court	59
Queens Misdemeanor Treatment Court	49
Screening & Treatment Enhancement Part	46
Staten Island Treatment Court	87

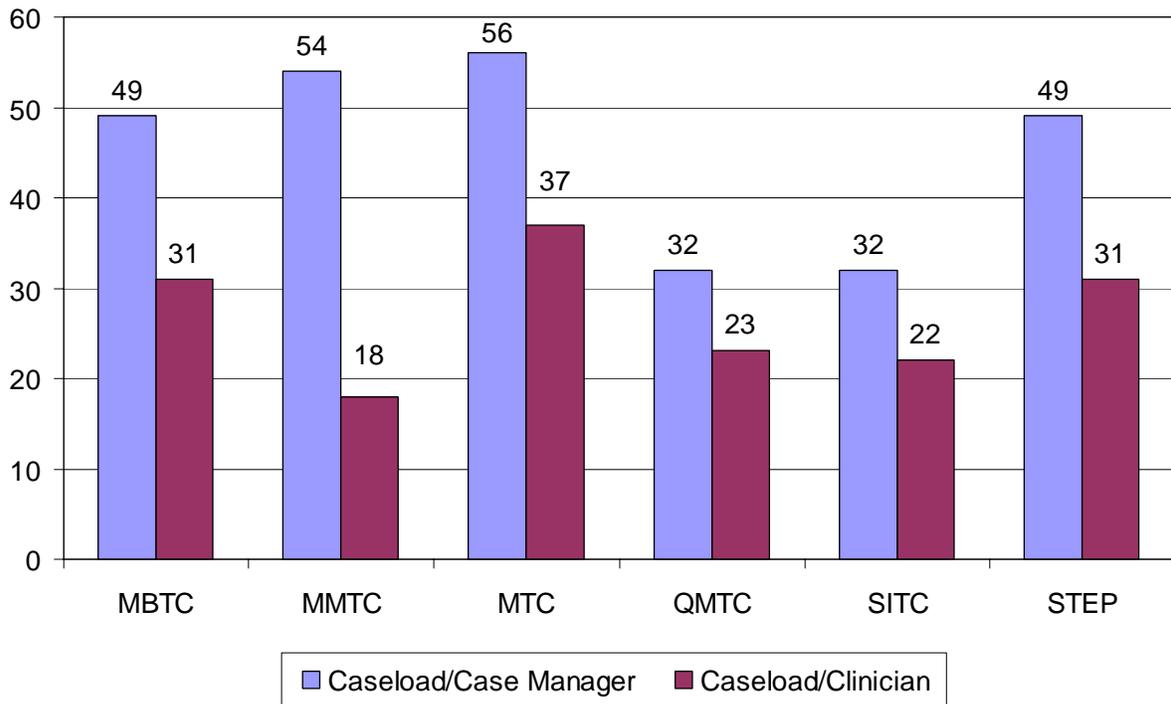
<b>TABLE 11.4 AVERAGE NUMBER OF CASES (CLINICIAN)<sup>62</sup></b>	
<b>Court Name</b>	<b>Caseload/Clinician (as of 12.31.05)</b>
Manhattan Misdemeanor Treatment Court	7
Manhattan Treatment Court	42
Misdemeanor Brooklyn Treatment Court	36
Queens Misdemeanor Treatment Court	24
Screening & Treatment Enhancement Part	33
Staten Island Treatment Court	43

61 Average number of cases divided by the number of case managers.

62 Average number of cases divided by all the drug court staff (includes case managers, resource coordinators and lab technicians).

CHART 11.5

CASELOADS PER CASE MANAGER AND CLINICIAN



Address  <http://www.nycourts.gov/courts/nyc/criminal/index.shtml>



# New York State Unified Court System

NYC Criminal

General Information

NY City Criminal Court, Annual Report 2005

Annual Report '04

Drug Court Initiative Annual Report '04

Frequently Asked Questions

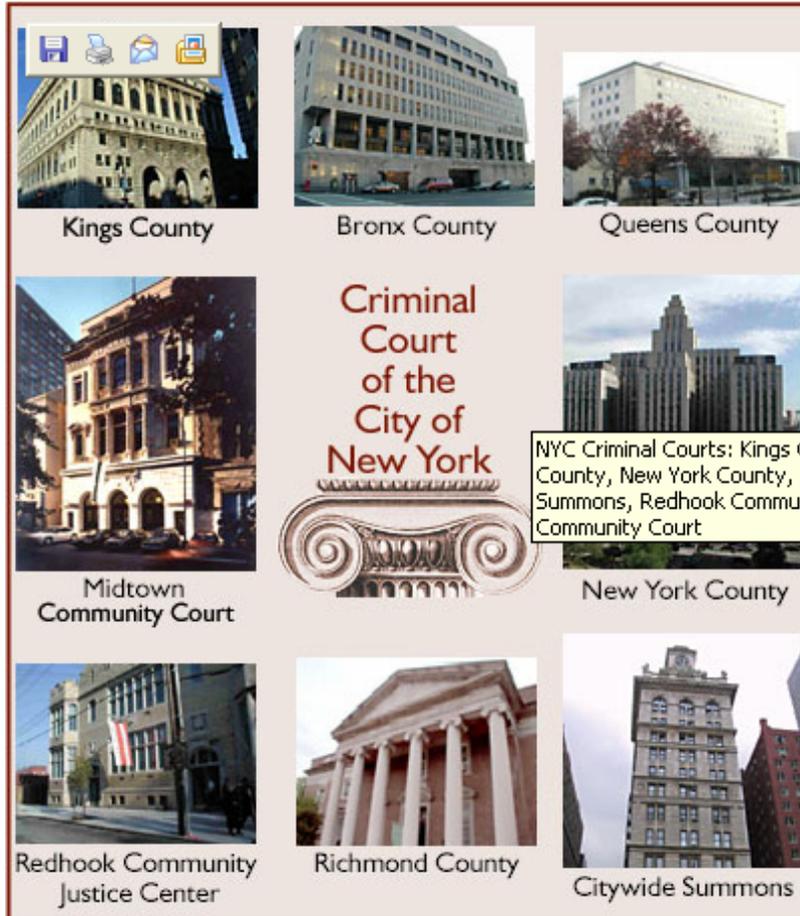
Special Projects

Glossary

Caseload Statistics

Other Courts

## New York City Criminal Court



**Criminal Court of the City of New York**

NYC Criminal Courts: Kings County, Bronx County, Queens County, New York County, Richmond County, Citywide Summons, Redhook Community Justice Center, Midtown Community Court

COURTS

LITIGANTS

ATTORNEYS

JURORS

JUDGES

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