

Vera Institute of Justice

Diverting Drug Offenders to Treatment: Implementation in Year Four of DTAP Expansion

Part One: Background and Summary

Introduction

Three hundred and twenty nonviolent, repeat drug offenders entered the Drug Treatment Alternative to Prison (DTAP) program in the past year, bringing the total number admitted to the program under a state-sponsored expansion to over one thousand. During the year, the four DTAP sites in New York City averaged about 25 new participants monthly and by August 1996, there were approximately 500 DTAP participants attending intensive residential drug treatment programs. A sign of DTAP's continued popularity among offenders, prosecutors, judges, the defense bar, and treatment providers, the program's steady rate of growth was particularly notable in this fourth year of the expansion, when DTAP could have lost candidates to another state-wide alternative sentencing program that began in October 1995, and when gaining access to long-term, community-based treatment beds remained difficult. The high rates at which DTAP retains and graduates participants are at least partly responsible for the program's stature in the criminal justice and treatment communities in New York City. Other favorable outcome indicators include DTAP's record of returning failed participants to custody, and the post-treatment recidivism findings for program graduates.

These are some of the major findings reported in this fourth annual Vera Institute report on New York State's expansion of DTAP. The report differs from previous Vera reports on DTAP in its focus on updated findings and on program implementation. Extensively detailed in previous reports, the description of DTAP policies and operations is abbreviated in this document, and no new data on DTAP participants are presented. A second volume, known as a Vera program brief, is being issued around the same time as this report to provide an in-depth look at the program

from the perspective of those most involved in planning, administering, and taking part in the program.¹

DTAP Program Description

Using the first DTAP program – designed and implemented in 1990 by the office of the Kings County (Brooklyn) District Attorney – as a model, prosecutors in New York (Manhattan) and Queens counties, along with the city’s Special Narcotics Prosecutor, developed DTAP programs in late 1992. The four programs have continued to operate under New York State support, with technical assistance from two state executive agencies, the Division of Criminal Justice Services (DCJS) and the Office of Alcoholism and Substance Abuse Services (OASAS), and Vera Institute.

The four programs share several common structural elements:

- DTAP places a strong emphasis on prison cost savings, targeting only non-violent defendants charged with a new felony who are bound for prison under mandatory sentencing laws. All participants must be assessed and identified as in need of drug treatment, and have demonstrated motivation to attend treatment.
- All participants agree to attend, in lieu of prison, a residential drug treatment program that lasts 14 to 30 months. All programs serving DTAP are run by private, community-based agencies employing the therapeutic community (TC) treatment model. Thirty-nine different providers have admitted DTAP participants, however, six core TCs (Daytop Village, Veritas, Samaritan Village, Phoenix House, Odyssey House, and Damon House) are formally designated by the state to accept DTAP clients, and these providers have admitted about 80% of the participants.
- Charges are dismissed if the participant completes the treatment program. Those who quit the program or are expelled face prison terms which are similar to (or, depending on the site, slightly more severe than) those they faced before DTAP was an option. Most failures get 2-4 or 3-6 year terms. Admitting more serious offenders than most drug courts and other diversion programs, DTAP is designed to capitalize on the threat of a severe penalty for failure and a big payoff for success.

¹ Readers interested in greater detail and comparative information about the program sites should consult Vera’s *Year Two Report on DTAP Expansion*, available from Vera’s communications department. The absence in the present report of new descriptive information on participants and further analyses of retention is also due to the fact that there were no funds to support participant interviews.

- The program stresses public safety, exemplified by careful screening, close supervision of participants, and rapid return to custody of persons who fail in treatment. Each DTAP site employs a specialized enforcement team of investigators who verify candidates' community contacts prior to treatment. Once entered, DTAP staff and judges receive regular monthly progress reports on participants, and most sites stress frequent visits to the court and work closely with treatment staff, particularly if an individual appears at risk of failure. Participants who terminate from treatment are strongly encouraged to surrender voluntarily and the enforcement teams are deployed to search for and apprehend anyone who absconds from DTAP.

Some of the ways in which the sites differ include:

- Brooklyn DTAP is designed with a particular focus on reducing detention time, by identifying and screening candidates at arraignment who are charged in a “buy and bust” drug sale, and diverting them to treatment before indictment using deferred prosecution. The emphasis in the other sites is on serving a broad array of defendants, at any point in case processing. All defendants in these programs must plead guilty (usually to a C felony) before being admitted to DTAP treatment. Their sentence is deferred until it is determined that they failed or succeeded in the program.
- The four sites differ in size, with Brooklyn DTAP allocated 40 to 50 more beds than the others. While Brooklyn initially worked with just a few select treatment providers, this site has expanded its treatment network to include several more specialized providers in the past two years. Specialized providers are critical to serving the substantial numbers of participants in all programs who have special treatment needs. These include mentally ill chemical abusers (MICAs), pregnant women and women with children, persons with advanced AIDS, and individuals who speak Spanish exclusively.
- Queens DTAP is distinctive in its use of the local TASC (Treatment Alternatives to Street Crime) program, which serves as the DTAP liaison with treatment programs and conducts case screening, referral, and monitoring.

Overview of Current Findings

Most of the findings presented in this report are based on data gathered from the DA sites and treatment providers through June 15, 1996. Unfortunately, no new recidivism data were available at the time this report was completed, so the recidivism findings reported here are the same as those reported in Vera's *Year Three Report*, which includes information available through June 1995. A small amount of participant data also taken from last year's report are included in the summary below (as explained above, no new participant interviews were conducted in year four).² The major findings from this research on DTAP expansion include:

- **DTAP prosecutors continue to place substantial numbers of nonviolent, second felony defendants into drug treatment.** As of June 1996, 1035 defendants had been admitted to treatment from the four DTAP sites, including 320 admissions during the fourth year of implementation (July 1995-June 1996). There are approximately 500 participants currently in the program. Eight treatment providers joined the DTAP initiative during the past year, raising the number of private providers admitting DTAP participants to 39.
- **DTAP programs continue to show very high retention and completion rates.** Remarkably, the latest figures indicate that DTAP retention has *increased* about ten percentage points over the past two years. Overall, 63% of those admitted to the program have graduated or remain in treatment. When treatment retention is viewed more precisely, in terms of time since admission to the program, 89% of the participants are still in treatment after three months, 75% stay six months or more, and one-year retention is 63%. These rates are one and a half to four times the retention rates reported for comparable treatment programs. High retention rates are significant, because virtually all treatment experts agree that retention leads to better outcomes, such as reduced drug use and criminal recidivism, and increased vocational and social stability.
- **Substantial numbers of DTAP participants began graduating from the program in this fourth year of operations.** Total graduates numbered 191, 128 of whom completed the program in the year ending June 15, 1996. The median length of treatment for graduates was 22 months.

² As in previous years, it is important to note that conclusions drawn from this research are subject to the limitations of the research design. Specifically, because we were not able to employ an experimental design with control groups, we can never be certain that the findings (e.g., DTAP's high retention rates) are attributable to the program itself or reflect some biasing, such as a selection factor, or some pre-treatment characteristic unique to those who enter DTAP. Other limitations to this methodology and to this research in general have been discussed in previous reports.

- **There is little public safety risk with DTAP, because its return-to-custody rates are high, and its recidivism rates are low.** Ninety-two percent of those terminating from DTAP treatment were back in custody as of mid-June, 1996; half of these were returned within a week of termination. The most recent data available on the expansion sites (through October, 1996) show that only 18% of DTAP participants were arrested for committing a crime or absconding after admission to the program, and there have been no arrests for violent offenses. Researchers studying Brooklyn DTAP, which has more graduates and has tracked them for a longer period than at the expansion sites, report re-arrest rates that are less than half those of other repeat drug felons leaving prison.
- **The programs' high retention rates and public safety outcomes are evident despite the fact that DTAP participants show more severe problems than most treatment clients.** Based on self-report information gathered in interviews completed between January 1993 and April 1995, about three in five DTAP participants use heroin or crack daily or almost daily. About two-thirds of DTAP participants don't have a high school diploma or a GED; only one-fifth had regular full-time work before their arrest. They average seven prior arrests (including three felony drug arrests), five prior convictions, two jail terms, and about half have served time in state prison.

Part Two: Implementation Findings

Introduction

In this section, updated information is reported on the performance of the four DTAP programs, in aggregate and then separately for each of the sites. The findings cover the period from the start of the expansion (December 1992) through June 15, 1996. Included are admissions statistics for each program and treatment provider, data on program completion and retention, and the case dispositions of individuals who fail in the program.

Aggregate DTAP Results

Admissions. One thousand thirty-five participants were admitted to treatment from the four DTAP sites, representing an average monthly admission rate of just under 25 participants. This rate has remained consistent over the life of the program and is virtually unchanged from the previous year.

The graph shown on the next page reflects the steady rate of admissions over the course of the program. With admissions continuing at a stable rate and participants remaining in the program for long durations, the DTAP census continues to increase steadily. During the final month of our reporting period (May 15 - June 15, 1996), the DTAP census averaged 489 participants, or 140% of the state-allotted DTAP capacity of 350 beds. The monthly census has been in excess of the 350-bed allotment since the early months of 1995. The state's allotment refers to beds in six selected TCs that are earmarked for DTAP, and for which the providers receive a small, additional reimbursement.¹ Not included in the allotment are beds used by DTAP participants with special needs (non-English speakers, pregnant women, etc.), which are usually located at specialty facilities such as HELP- Project Samaritan, which treats individuals with active AIDS.

Program Completion and Recidivism. By mid-June, 191 individuals who had entered the program during the reporting period had completed DTAP treatment. The Brooklyn program accounted for a little over half of the graduates, reflecting the program's larger capacity, and the large number of individuals who had begun this

¹ The reimbursement covers additional costs to the provider that are unique to treating DTAP clients, including staff time for screening, transfer of candidates between court and the program, and monitoring reports.

program in the initial months of Vera's monitoring.² The average length of stay for program graduates was about 22 months, while ranging from 10 to 36 months.

Vera obtained criminal recidivism data on DTAP participants for the three expansion sites through October 15th. One hundred and eight of the 603 participants we received data on were re-arrested, an 18 percent recidivism rate overall. Seventy-six percent of these arrests involved drug charges, and the same proportion of the drug charges were felons. The 90 individuals who completed treatment were at-risk for re-arrest for a median of 17 months, and only 12 of them (13%) had been re-arrested by the cut-off date.

Treatment and Retention. Thirty-nine private treatment providers have admitted DTAP participants, including nine that joined the program in the past year. Table 2A on the next page lists treatment providers that had admitted DTAP participants through mid-June. The six programs at the top of the list are the core sites mentioned above. Four of these, Daytop Village, Veritas, Samaritan Village, and Phoenix House, account for about 70% of DTAP admissions. Daytop Village has admitted considerably more participants than any other provider, and continued to show the most admission in the past year. Veritas' admissions slowed somewhat during the year, due to capacity limitations at this comparatively small site. Phoenix House showed a marked increase in admissions in the past year, as did Project Return. Programs admitting only a few participants, such as Promesa and Su Casa, tend to serve a special needs clientele.

The retention curve in Figure 2B, on page 10, depicts the proportion of participants still in DTAP treatment plotted at 30-day intervals for up to a year after their DTAP admission date. The points on the line represent the percentage of participants still in the program at each time interval, relative to the number of persons who could be attending for that duration. For example, of the 1024 participants who could have attended DTAP treatment for at least 30 days by June 15 (i.e., were admitted May 15 or earlier), 89% (907) were still in the program on the 30th day. Of the 980 who could have been in for at least 90 days, 82% (801) remained in DTAP treatment on the 90th day, and on the 180th day, at six months after admission, 75% (670 of 896 who could have been in treatment for at least that long) remained. Sixty-three percent of all those admitted were still in treatment one year after entry.³ The median length of treatment stay for dropouts was three-and-a-half months, up a month from last year's median.

² Vera's monitoring began in December 1992, when the first expansion program (OSN) was opened. Queens began in January and Manhattan DTAP started a few months later.

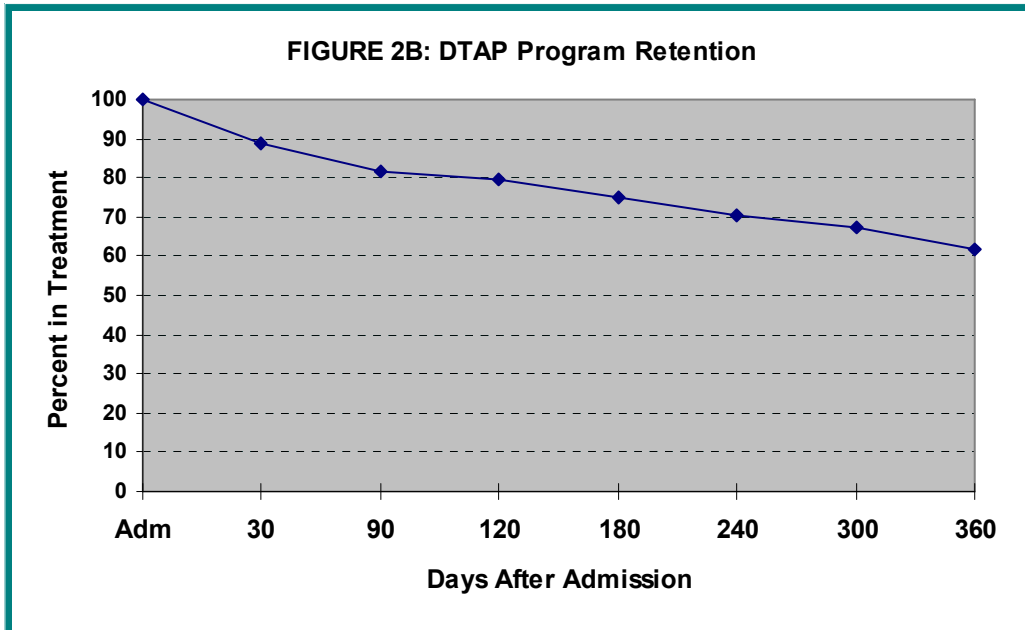
³ This formulation is effectively very similar to plotting the data as a "survival" function, which is used in much of the published literature on treatment retention. Note that these figures refer to retention in the DTAP *program* and not necessarily the first TC to which the participant was referred. About one-third

TABLE 2A: First Admissions to DTAP Treatment Providers (12/92-6/96)¹						
Treatment Provider	OSN	Manhattan	Queens	Brooklyn	Total	Increase²
Daytop Village	25	23	55	130	233	89
Veritas	71	23	5	76	175	36
Phoenix House	17	7	34	99	157	64
Samaritan Village	11	5	30	105	151	47
Odyssey House	42	34	17	0	93	13
Damon House	28	29	0	0	57	10
Project Return	23	4	5	0	32	17
Inward House	20	7	0	0	27	0
Promesa	11	15	1	0	27	5
HELP - Project	18	4	1	0	23	7
Aurora Concept	0	0	2	8	10	7
Pride Site	0	0	7	0	7	0
Women's Prison Assoc.	2	0	0	4	6	6
El Regresso	1	0	0	4	5	5
Services for Underserved	0	0	2	2	4	4
Queens ADTP	0	0	3	0	3	0
Project Greenhope	3	0	0	0	3	0
St. Mary's	2	0	0	0	2	0
Phoenix Academy	3	0	1	0	4	1
Su Casa	2	0	0	0	2	0
VIP	2	1	0	0	3	1
Total	287	154	165	429	1035	320

¹ Data shown include first admissions only and do not include referrals to multiple TCs. The totals provided at the bottom of the chart are greater than the totals of the numbers within the chart because providers serving only one DTAP client were not listed. Providers not listed here who have admitted DTAP participants upon a re-referral include Serendipity, AMI, J-CAP, El Rio, Crossroads, La Casita, Narco Freedom, Woody Crest, ARC, Hospitality House, Harbour House, and Queens Hospital Acupuncture.

² Increase over totals presented in Vera's last report on DTAP (i.e., since May 15, 1995).

of expansion site participants who fail in one TC are readmitted to another TC while remaining in DTAP (Brooklyn DTAP very rarely makes a second referral). Depending upon the DTAP site, retention rates in the first TC are up to 15% below the program retention rates reported above.

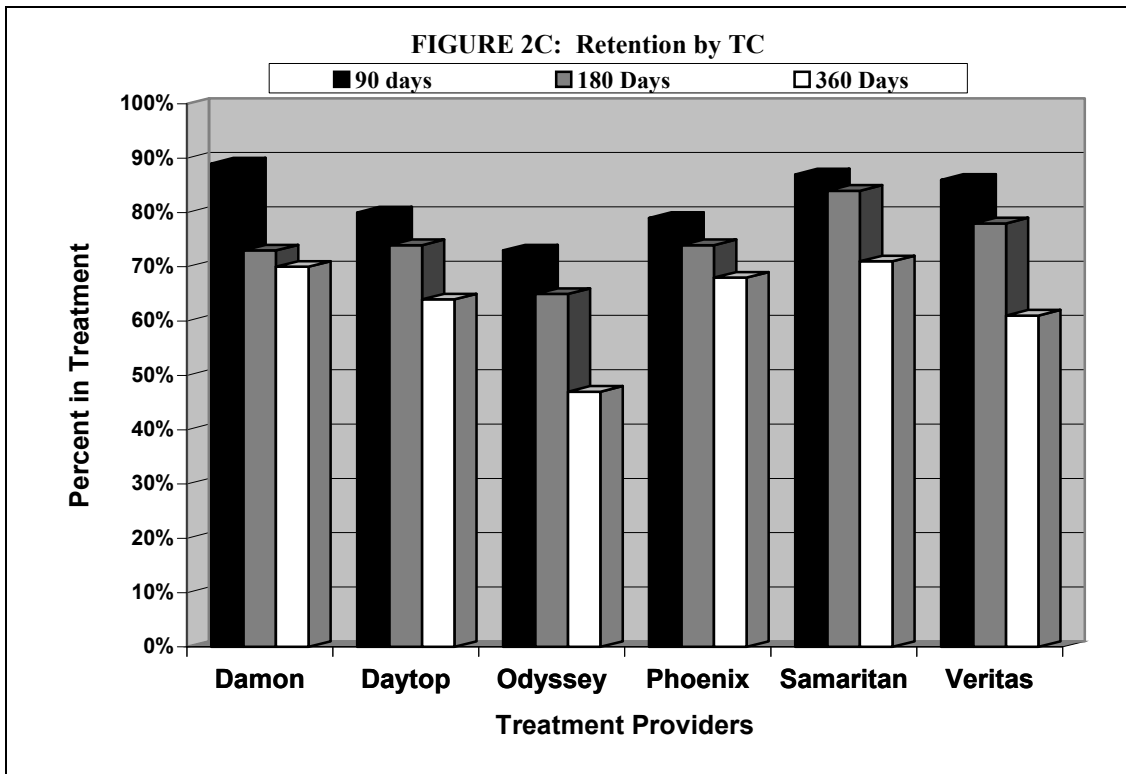


When measured against the retention rates of the most closely comparable programs – to TCs or other programs aimed at diverting addicted offenders into treatment – DTAP retention is exceptionally high (De Leon, 1993; Swartz, 1995; Van Stelle et al., 1994). A typical, nearby comparison is available from a recent New York State Comptroller's audit of 30 drug-free residential drug programs operating throughout the state under OASAS contracts. When compared with these programs serving an array of criminal justice-involved and voluntary clients, DTAP's performance is distinguishable from the first weeks after admission, with retention rates nearly twice as high at 90 days (80% vs. 44% for the other TCs) and throughout the one-year tracking period.⁴

Retention in the TCs. Collapsed across the DA sites, retention results can also be viewed for each provider site serving DTAP participants. Figure 2C on the next page shows the retention rates at 90, 180, and 360 days after admission for the most commonly used providers.

Except for Odyssey House, all the providers represented in Figure 2C had a 90-day retention rate at or above 80%. Retention at six months appears notably stable across the TCs. At the one-year mark, five of the six sites had retention rates of 60% or higher.

⁴ When compared to rates obtained on very large TC samples entering treatment in the 1970s (still widely reported in the TC retention literature, e.g., Lewis & Ross, 1994; De Leon, 1991), DTAP's rates are two to four times higher.



Note: These results are based on the following samples at each site: Damon House (55 at 90, 49 at 180, 46 at 360); Daytop (220 at 90, 192 at 180, 154 at 360); Odyssey House (92 at 90, 88 at 180, 79 at 360); Phoenix House (147 at 90, 136 at 180, 103 at 360); Samaritan (138 at 90, 123 at 180, 105 at 360); Veritas (169 at 90 days, 163 at 180 days, 142 at 360 days).

Terminations and Dispositions. The total reported number of terminations from treatment during our reporting period was 509.⁵ Of these, 385 (37% of all admissions) resulted in the individual being terminated from the DTAP program (the balance were referred to another TC and remained as DTAP participants or eventually graduated). As of June 15, 92% of the terminations had been resolved with the individual being returned to custody (and then in some cases referred again to treatment). Of those returned, 39% voluntarily surrendered, 27% were rearrested or returned on a standard NYPD warrant, and 34% were picked up by DTAP enforcement teams. Two hundred eighty-nine individuals who had failed in the program had been sentenced by the close of our reporting period. The sentences given were consistent with DTAP policy in each site – most failures at OSN and Queens were sentenced to 3 to 6 year terms, most in Manhattan got 3½ to 7 years, and Brooklyn had nearly equivalent proportions with

⁵ Note that these are 509 termination *events* and not individuals. The total includes 40 individuals who were "double counted" because they were terminated twice – from a second TC to which they were referred after failing in their first DTAP TC placement.

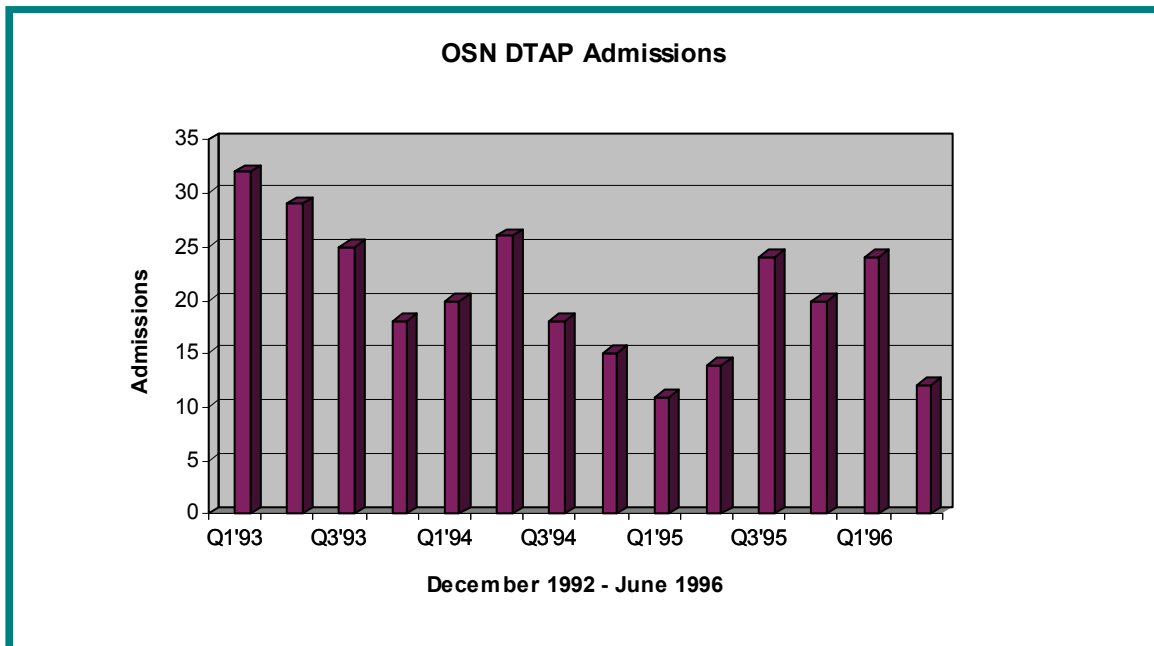
sentences of 1½-3 and 2 to 4 years. These and other overall DTAP and individual site statistics are presented in Table 2B on page 21.

Office of Special Narcotics DTAP

Admissions. The Office of the Special Narcotics (OSN) Prosecutor admitted its first DTAP participant in the final days of 1992. By mid-June 1996, OSN DTAP had admitted 287 participants. This program consistently has the highest admission rates of the expansion sites, and was the first to reach and remain at or above its state-allotted capacity of 75 beds. Quarterly admission figures are graphed on the next page. During the final month of our reporting period, the OSN program maintained an average of 146 participants in treatment. At nearly twice the assigned capacity, OSN's census is comprised of substantial numbers of participants with special needs.

Treatment and Program Completion. Reflecting the number of special needs clients served by the program, OSN used over two dozen different private providers to treat DTAP participants. Some of the providers used by OSN clients with special needs include Project Return for mentally ill chemical abusers (MICAs), HELP-Project Samaritan and St. Mary's Episcopal, which work with substance abusers who have advanced AIDS. The program has an outreach component focused on women defendants, and specialized providers that serve these participants include Project Greenhope and the Women's Prison Association, which work with women who are pregnant or have children. It is not clear why the OSN program appears to admit a greater proportion of other special needs clients than other DTAP sites, but OSN DTAP's director contends the program's admissions policy is more inclusive with respect to special needs than the other DTAPs, and that OSN participants are more representative of the city's actual prison-bound population. In any event, it would appear that this site has been unusually successful in accessing beds for special needs clients, who are notoriously difficult to place in New York's publicly-funded treatment system.

Of the 287 admissions to Special Narcotics DTAP, 141 were still in DTAP treatment and 34 had completed the program by mid-June. OSN DTAP graduates averaged 24 months in treatment, with stays ranging from 11 to 35 months.



Retention and Dispositions. The program's overall retention rate was 62%.⁶ The more precise time-from-admission rates are depicted graphically in Figure 2D at the end of this report (p. 20). At ninety days after admission, 81% of OSN DTAP clients who could have stayed that long remained in the program; after six months, the rate fell to 72%. Fifty-four percent of OSN participants were still in the program one year after admission.

Included in these retention rates are some participants who were terminated from one TC, voluntarily surrendered to the authorities, and were referred to a second provider while remaining a DTAP participant. Second referrals are the result of a decision made by the DTAP office and/or the judge presiding on the case after a review of the circumstances surrounding the termination.⁷ About one in three OSN participants (34%) who terminated from the first TC were referred to another program. Of the participants who were re-referred, 42% were again terminated and counted as DTAP failures. Disregarding second referrals, 46% of all OSN admissions stayed in (or graduated from) the first TC to which they were referred.

⁶ In calculating retention, those who graduate are counted as retained, while individuals who die while in the program (including six at OSN) are excluded entirely (from both the numerator and denominator).

⁷ A second treatment referral can occur if the participant was discharged from the first program for medical reasons or was otherwise judged as not at fault for the termination. Given that a relatively severe mandatory prison sentence is triggered in the event of a DTAP failure, due process issues may arise if the participant has shown considerable progress in treatment before termination, and there are questions about the match between the participant's treatment needs and the TC's capacities.

Sixty-four percent of participants terminating from treatment at Special Narcotics DTAP left the program of their own accord. About one in four (24%) were expelled by TC staff; there were 13 discharges for medical reasons and six individuals died while in treatment. By mid-June, 90% of the treatment terminations had been returned to custody. Considering only these returned cases, OSN DTAP had the shortest time to return – a median of four days. The rapid return-to-custody at OSN is probably partially attributable to the large number of individuals at this site who surrender voluntarily after leaving treatment. Half of all OSN returns came back voluntarily. At 22%, this program also had the highest proportion of enforcement team returns of the expansion sites. The DTAP director also credits the enforcement team for many of the voluntary returns, which are encouraged through the team's contacts with family members and treatment staff.

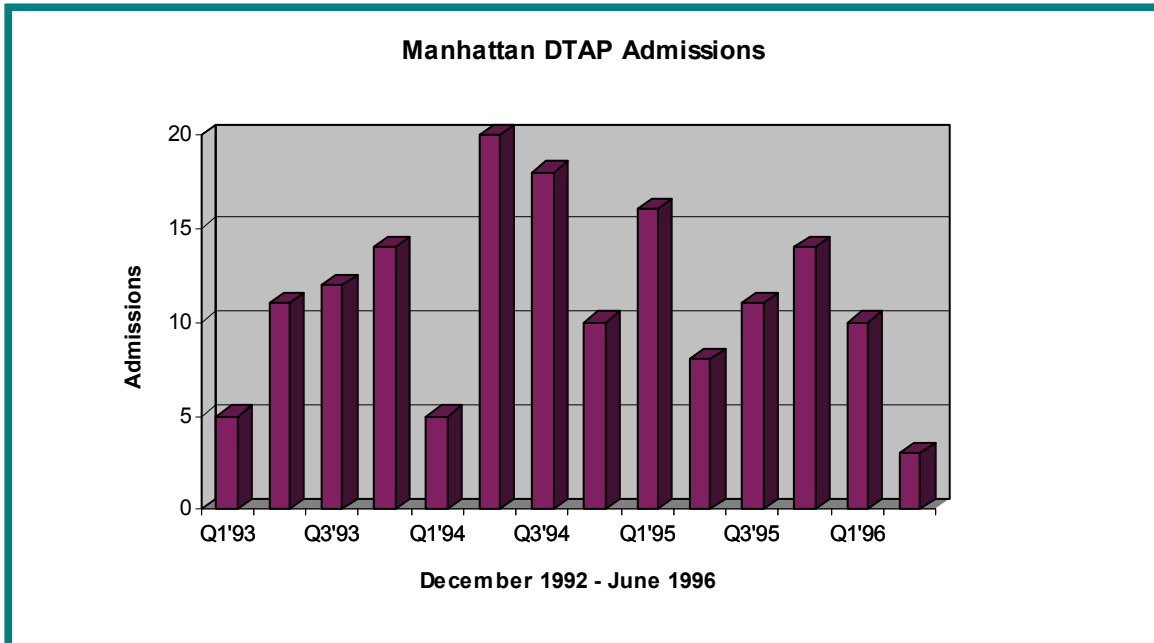
Twenty-eight percent of OSN returns are individuals who left the program and were apprehended on rearrests or warrants. While nearly twice the rate in the Brooklyn program (where 15% of the returns come from rearrests or warrants), this is considerably less than the average rate of the other two expansion sites (where about 45% of those returned to custody came back through rearrests or warrants). Of the failed OSN DTAP cases, 88 had been sentenced by mid-June. About half of those sentenced were given 3 to 6 year prison terms; another 20% got a sentence of 2 to 4 years, and an assortment of sentences were recorded for the remainder of the disposed cases. See Table 2B at the end of the chapter (p. 21) for a summary of these data for all four sites.

New York County DTAP

Admissions. Through June 15, the New York County (Manhattan) DTAP program, which began in March 1993, had admitted 154 participants. The program's admission rate, depicted in quarterly periods on the next page, shows considerable fluctuation from quarter to quarter. Quarterly admission rates during the past year, which average in the low teens, appear typical of the program's rates over its three and a half years of operation. The average number of beds occupied by Manhattan DTAP clients during the final month of our reporting period was 92. The program has been above its state-allotted capacity of 71 since early 1995.

Treatment and Program Completion. New York County has referred participants to 14 different treatment providers while the bulk of the program's referrals are to four core DTAP sites – Daytop, Veritas, Odyssey, and Damon House. While not at the magnitude of OSN, this program has also placed a substantial number of special needs clients, particularly in Promesa, which is tailored to Spanish speakers.

Thirteen participants graduated from Manhattan DTAP, including ten in the last year of our reporting period. The average length of stay for graduates in Manhattan was 22 months, with the shortest stay being 10 months and the longest 29 months.



Retention and Dispositions. Ninety participants were attending treatment in New York County DTAP on June 15. The program maintained a steady, slightly improved program retention rate over the past year. Just over two-thirds of Manhattan admissions have graduated or are still in treatment. The time-adjusted analyses show that the program's 90-day retention rate was 81%. At 180 days after admission, 76% of Manhattan participants were still in treatment, and 65% remained a year or more.

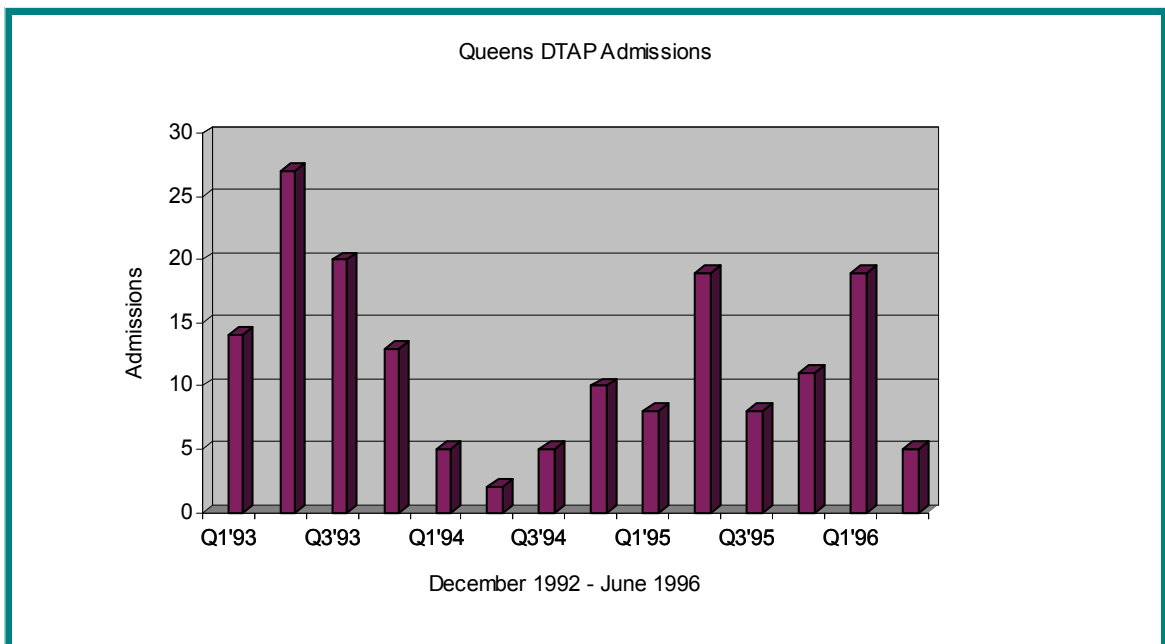
In this program, just under one-fourth of those failing the first TC are referred to a second TC; four of the 14 who were re-referred failed in the second referral. The rate of retention at the first placement site was 61% for Manhattan DTAP, as compared to an overall program retention rate of 67%.

Three-fourths of those terminated from treatment did so on their own; there were three medical discharges, one death, and the remainder were expelled. Eighty-eight percent of all New York County terminations were returned to custody by mid-June. Compared to the other sites, the time to return to custody in Manhattan is long, with a median duration of 23 days. Just over one-third (36%) of the returns surrendered voluntarily, and 15% were brought back by the enforcement team. About half (49%) of the returned Manhattan cases came back through rearrest or warrant actions. Thirty of the failed Manhattan participants had been sentenced by the end of our reporting

period. Seventy-three percent of these received the 3½ to 7 year sentence that is standard in the Manhattan DTAP plea agreement, while the other 27% received 3 to 6 year terms.

Queens County DTAP

Admissions. The Queens County program, which opened its doors in January 1993, admitted 165 defendants to treatment programs through mid-June 1996. Similar to the New York County program, Queens DTAP has experienced considerable fluctuation in quarterly admission rates. When annualized, however, the past year's admissions appear about average for the life of the program. The graph below shows Queens admissions by quarter. The census for this program on June 15 numbered 85 participants, which was virtually the same figure as the program's allotment (84).



Treatment and Program Completion. Queens DTAP is distinguished from the other DTAP sites by its extensive use of the local TASC program for screening, referral, and management of participants. Taking advantage of TASC's contacts in the treatment community, 19 different providers have been used by Queens DTAP. These include programs for clients with special needs, such as HELP-Project Samaritan and Phoenix Academy, as well as non-specialized long-term residential programs that are not in the core provider group, such as Pride Site and Aurora Concept. Nonetheless, three providers – Daytop, Samaritan, and Phoenix House – accounted for more than three-quarters of all Queens participants.

Despite the relatively small number of admissions to Queens DTAP, the program has had considerably more graduates – 45 by June 15 – than either of the other two expansion sites. This is probably in part attributable to the somewhat higher retention rate in this program. For those who did complete, length of stay in treatment averaged 21 months in Queens, and ranged from 10 to 36 months.

Retention and Dispositions. At 78%, Queens DTAP has continued to maintain the highest overall program retention rate of the four sites. Reflected in the retention graph in Figure 2D (page 20), the rates at which Queens participants remain in treatment generally parallel those of the other sites, but remain about ten percentage points higher. The program's 90-day rate was 89%; after six months 82% were still in the program, and at one year, 73% remained. Unfortunately, no further data are available to examine the factors underlying Queens' retention performance. In earlier reports, we speculated that the relatively high rates were at least partially due to the more favorable treatment prognoses evident among participants of the program (because they have less severe drug problems, are slightly healthier, and of higher socioeconomic status, etc.), and to Queens DTAP's more exclusive admissions criteria.

The fact that TASC is involved in managing Queens cases, and that this program makes more second referrals than any of the other DTAP sites probably also contributes to greater retention. Over half (52%) of Queens participants who terminated from the first treatment program were given another placement. About one-third of those who were re-referred were subsequently terminated from a second or third treatment provider. Treatment retention in the first TC was 63% in Queens, in contrast to the 78% program retention rate.

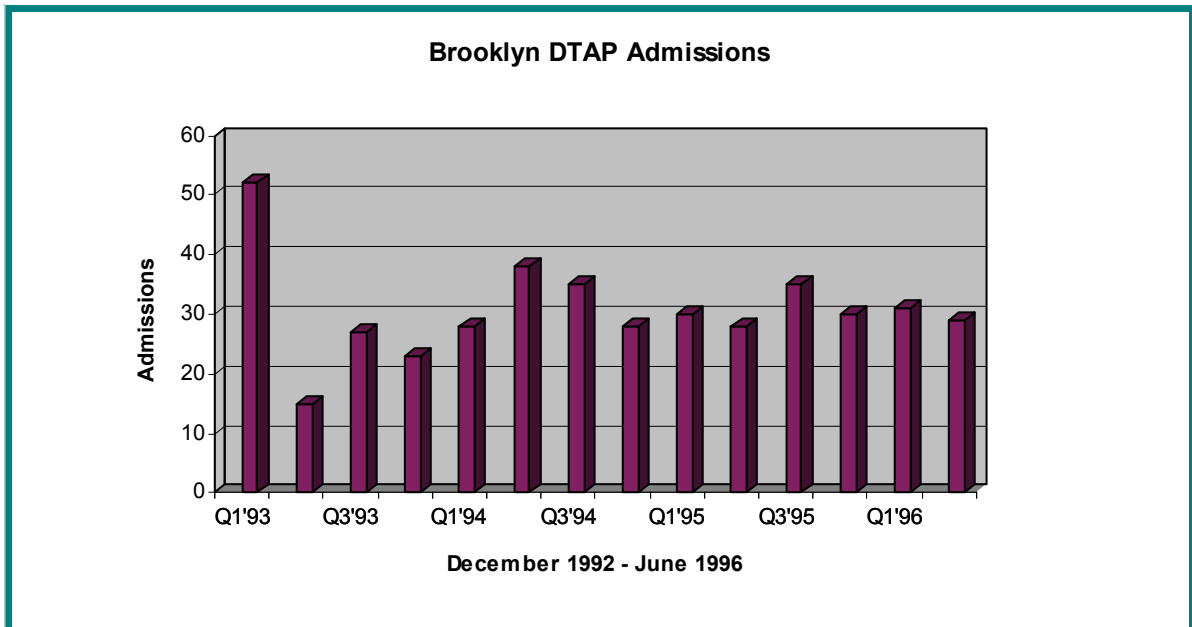
Of those terminated from the program, 68% elected to leave on their own, while 26% were expelled; 5% were either medically discharged or died while in the program. Of those terminating from treatment in Queens, 94% were in custody by mid-June, and more than half of these (56%) returned voluntarily. The program still has had no enforcement team returns, so the balance of the returns (44%) were rearrested. The duration to return was relatively brief, with a median of six days.

Of the 27 Queens DTAP failures who had been sentenced by the end of our reporting period, 76% received 3 to 6 year prison sentences. Eight percent received 1½ to 3 years and another 8% received 2 to 4 year terms.

Kings County DTAP

Admissions. As in past Vera reports, Brooklyn DTAP results are compiled from data provided by this program's research unit. These figures showed that 429 participants were admitted to the program from December 1992 through June 15, 1996.

As is evident in the graph shown below, Brooklyn DTAP has had a fairly stable admission rate, ranging from 20 to 30 admissions per quarter over the past three years of operation. The program had an average census of 166 during the final month of our reporting period.



Treatment and Program Completion. Brooklyn DTAP continues to work with fewer treatment providers than the expansion sites, admitting over 90% of their participants to Daytop, Samaritan, Phoenix House, and Veritas. However, the program has added several special needs providers over the past two years, including El Regresso, the Women’s Prison Association, and Services for the Underserved during our last monitoring period.

Retention and Dispositions. Fifty-six percent of those admitted to Brooklyn DTAP between December 1992 and mid-June 1996 were still in treatment or had completed the program. The program’s retention rate at 90 days after admission was 85%; at six months it was 73%, and 63% of all admissions stayed at least a year in the program. Kings County DTAP very rarely refers participants who terminate in their first TC placement to another provider, so the program’s overall retention rate is virtually identical to the rate at which Brooklyn participants stay in the first TC.

While all four sites had very high return rates on failed participants, at 96% Brooklyn maintained the highest return-to-custody rate for terminated cases. Brooklyn DTAP continues also to rely more heavily on enforcement team returns; 59% of all

those returned came from the program's enforcement team. Only 15% were returned on rearrests or warrants and 27% returned voluntarily. Brooklyn DTAP also appears to dispose of failed cases at a higher rate than the other sites, with 144 failed cases sentenced as of mid-June. Brooklyn's director attributes this to the program's case review procedures which yield especially strong cases that are not prolonged by defense motions. Of those sentenced, 33% received 1½ to 3 year terms, 35% were given sentences of 2 to 4 years; 15% received 2½ to 5, and 8% were given sentences of 3 to 6 years in prison.

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