

**IMPLEMENTING A DRUG COURT IN  
QUEENS COUNTY:  
A PROCESS EVALUATION**

**Vera Institute of Justice**

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## Executive Summary

Since May 1998 the Queens Treatment Court has provided drug treatment sentences for substance abusers charged with their first nonviolent felony drug offense. These individuals agree to receive treatment for at least a year in exchange for the district attorney's promise to dismiss the criminal charges against them once they complete treatment. If someone fails in treatment, the court imposes a minimum of a one-year jail sentence.

Rather than engage in typical plea negotiations, the judge, assistant district attorney, and defense attorney decide together which defendants are appropriate for the treatment court based on the person's current charge and criminal history. Treatment specialists screen defendants who agree to treatment and who are found eligible for the treatment court to verify that the candidate has a substance abuse problem. These officials continue to work together, along with the other members of the treatment court staff, to monitor people in treatment—systematically punishing misbehavior and rewarding progress. The court is focused on rehabilitation, but recognizes that relapse is part of recovery, and works closely with treatment providers to respond quickly and productively when drug use occurs. In a jurisdiction that had been reluctant to embrace treatment alternatives for serious offenders, the treatment court has maintained the support of all its stakeholders—a remarkable achievement and one critical to the future life of the court.

At the request of the New York State Unified Court System, the Vera Institute of Justice evaluated the start-up of this new treatment court through its first 18 months of operation. The implementation study yielded several findings about how the court operates and the people it serves. The study shows that, despite a few weaknesses, the planners and court staff in Queens have successfully developed a drug court that reflects the national model.

- The court has successfully implemented a nonadversarial, team approach to screen, assess, and monitor people in the court. The collaborative spirit and teamwork across agencies is a defining characteristic of the court and a crucial achievement.
- The overwhelming majority of people the court serves are African-American and Latino men in their late twenties. Less than half of all participants completed high school or were employed when they entered the court. These findings demonstrate that the court serves a largely underprivileged population.
- While a third of participants report that powder or crack cocaine is their drug of choice, forty-seven percent say they use mainly marijuana. Court and treatment providers need to tailor services for these offenders who may have different patterns of drug use than cocaine and heroin users.

- Approximately sixty-five percent of participants plead to C-level felony offenses. Some of these defendants, those with no history of arrests, might not have received a jail sentence absent the treatment court plea. Such net-widening is a potential result of drug courts generally, and it can cost the justice system more per case than traditional case processing and may unduly burden individuals.
- The treatment court judge routinely provides participants with the authority and support they need. Participants say they value their interactions with the judge and that these face-to-face encounters and discussions help them stay in treatment.
- The court successfully uses an extensive network of local programs to provide a range of drug treatment, including outpatient and residential services. The court uses TASC (Treatment Alternatives to Street Crime) case managers to monitor people in treatment.
- The treatment programs regularly test participants for drug use, and TASC staff test participants before every court appearance. The court intensifies service for participants who test positive for drug use.
- To cut costs and take advantage of the desire to change people experience just after arrest, the court planners wanted to significantly reduce the time between arrest and plea—aiming to place people in treatment within an average of five days after their arrest. While precise data are not available, court staff estimate that they fell far short of this goal. Court staff estimate that on average it takes three weeks to process a case.
- After two years of planning and 18 months of operation, the Queens Treatment Court has enrolled 307 people. This number is approximately half the anticipated population, but it may be a reasonable caseload to have maintained while the court was in flux.
- The court retained the overwhelming majority of participants, failing less than 15 percent. As of March 31, 2000, 26 people have graduated the court. These retention and graduation rates are preliminary. Court outcomes should be measured over time and ideally should include measure of future drug use and rearrest rates, comparing drug court participants with similar offenders who do not receive the court's services.

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## Introduction

In May 1998 the Queens County Superior Court, in collaboration with the Queens District Attorney's Office, and Legal Aid Society opened a treatment court to provide an alternative to probation and confinement for first-time felony offenders accused of drug offenses. In exchange for a guilty plea, the court orders people to attend drug treatment for at least a year. Like drug courts active around the country and New York City's first drug court located in Brooklyn, the Queens Treatment Court is intended to apply the judge's coercive and supportive authority to help people control their substance abuse and refrain from crime. And like other drug courts, this one is designed to use a team-based, nonadversarial approach to enrolling and supervising people. Abstinence is the goal, and the court is designed to respond quickly and productively whenever people stray from the path of recovery.

Prior to opening the treatment court, officials in Queens County had shown relatively little interest in alternative sentences for drug offenders, with the exception of the district attorney's residential treatment alternative for predicate offenders. According to the District Attorney's Office, nonviolent, first-time felons typically received probation or a split sentence of three to six months in jail followed by a term of probation. Repeat felons were sentenced to prison.<sup>1</sup> If the treatment court took hold, it could provide a more effective and less costly response to drug-addicted offenders than was currently available in Queens County.

Today, more than four hundred drug courts are active in cities around the country. New York's Chief Judge recently announced a plan to substantially expand drug courts throughout the state. Although treatment courts are proliferating, they remain a relatively new concept—the first court opened just a decade ago. People are still discovering the best ways to structure and implement the model. Research, particularly process evaluation, has and continues to play a crucial role in the evolutionary process. By documenting the start-up and the early months of operation—identifying where a new court is working well, where it has failed, and why—researchers help people running these courts refine practices early on. Collectively, implementation studies are advancing a court model that differs substantially from traditional criminal court case processing and will only demonstrate clear effects over time.

For these reasons, the New York State Office of Court Administration asked Vera to assess the start-up of the Queens Treatment Court and two other new

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<sup>1</sup> The Queens County District Attorney's Office considers violent offenders inappropriate for alternative sentences.

drug courts in the city, a court for felony offenders in the Bronx and one for misdemeanants in Manhattan. These are Vera's first studies of drug courts.<sup>2</sup> We will summarize our research findings in a final report on drug court implementation to be published next spring.

This study of the Queens Treatment Court poses several questions: At base, it asks whether the new court reflects the primary characteristics of the national drug court model as its planners intended. In particular, is there active and meaningful collaboration among all the stakeholders? Does the court focus on rehabilitation and use established sanctions and rewards to help people move toward this goal? More specifically, is the court serving the defendants it intended to reach? How do cases enter the court and how long does the enrollment process take? Does the court provide the services it planned to offer, and does it successfully monitor participants and respond appropriately to their set backs and accomplishments? Finally, is the court achieving the retention and graduation rates it originally proposed? This report explores each of these questions and, in the process, gives a detailed description of a new treatment court.

The study covers the court's first eighteen months of operation. Vera researchers observed the court and several treatment programs; interviewed each court stakeholder and several treatment providers; and reviewed court and treatment program documents, including the proposal to create the court. In addition, we analyzed basic demographic, educational, vocational, and criminal history information, as well as court outcomes for the 307 people who entered the treatment court between May 1998 and March 2000. This data was collected by the treatment court team.<sup>3</sup> The researchers also interviewed 58 people who appeared in court for status hearings during a two-week period in June 2000.<sup>4</sup> These brief interviews focused on how useful people found the court's services to be.

## **Defining the Court's Mission and Structure**

*The Planning Process and Goals* Planning for the court began in 1997 led by the chief of the Narcotics Trial Bureau for the Queens County District Attorney's

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<sup>2</sup> The Institute recently published a literature review focused on the impact of drug courts on custodial resources. See *Do Drug Courts Save Jail and Prison Beds?* by Reginald Fluellen and Jennifer Trone, Vera Institute of Justice, March 2000.

<sup>3</sup> In May the Queens Treatment Court began using a statewide database developed by researchers at the Center for Court Innovation. The database provides a central storehouse for information coming from drug courts across the state. The database captures criminal history information and information collected during intake and assessment and throughout treatment—much of which was not available during Vera's study—as well as information about retention and graduation.

<sup>4</sup> We were not able to interview anyone in detention during the interview period.

Office, who was joined by several judges, the Attorney in Charge of the Criminal Division of the Legal Aid Society for Queens County, a senior planner from the New York State Office Court Administration, the Deputy Chief Clerk for Queens County, and a treatment representative. With federal support for building a team, the planning committee met regularly for approximately a year before launching the court. While the court has succeeded in bringing the national model of partnership between stakeholders to life in Queens County, this was largely achieved after the court opened, through daily problem-solving, addressing the conflicts that inevitably arise during the early stages of any new project. In developing the court's mission, the planners focused on the lack of sentencing alternatives for low-level, felony offenders who, according to the planning grant, were accounting for an increasing percentage of criminal court arraignments as a result of increased policing in the county. There was no mechanism to coerce first-time felony defendants to enter drug treatment, nor were sentences designed to reduce the likelihood of reoffending by building in a treatment component. As a result, the district attorney's office witnessed people returning to court on the same or similar charges. The second time around, these defendants were charged, processed, and if convicted by plea, sentenced as repeat offenders. In New York, this type of offender typically receives a sentence ranging from two to nine years. The planners sought to interrupt this cycle. The planners agreed that the goals of the treatment court would be to reduce costs associated with delays in case processing and reduce drug dependency and criminal activity, while maintaining public safety. The plan for the court, which was submitted to and funded by the federal Drug Courts Program Office, specified that within eighteen months of operation the Queens Treatment Court would:

- enroll at least 600 people charged with their first nonviolent, drug offense felony who were themselves substance abusers
- maintain an average of five days from arrest to placement in a treatment program
- retain 65 percent of defendants in treatment for more than 90 days
- retain 60 percent of defendants in treatment for more than 180 days
- graduate at least 55 percent of all defendants who participate in the court.

*Building a Treatment Court Team.* Reflecting the prevailing drug court model, the court developed a team-based approach to engage people in treatment. The team includes a project director and resource coordinator, who are both directly employed by the treatment court and who oversee its administration. They are joined by a judge, a court clerk, and four court officers—all of whom were recruited specifically for the court—an assistant district attorney assigned to the court, and defense attorneys who work on these cases. The team is completed by staff of TASC case managers (Treatment Alternatives to Street Crime) who



screen and assess defendants, place them in treatment programs, and monitor people in treatment.

As a result of local funding delays, the court was unable to hire a director for the first year of operation. The resource coordinator assumed several of the director's responsibilities and was named director in January 2000. She now runs the court, discusses all case issues with the judge daily and with the rest of the team as needed and coordinates court administration and efforts to plan for the court's future. A new treatment coordinator began in March 2000. The resource coordinator position was designed to provide a link between the judge, the rest of the team, and the treatment programs. By working closely with TASC case managers, the coordinator provides the court director and the judge with updates about individual defendants and information about how the programs operate. The coordinator is also responsible for ensuring that the programs are aware of and comply with court procedure. The new coordinator came to the court with a clinical background and learned the philosophy and services of each program the court uses—aided by the relationships her predecessor, the current program director, developed over time.

The first treatment court judge was an elected Supreme Court justice selected during the planning stage. He operated the court on a part-time basis (one day per week) while he continued to hear trials, with the intention of increasing to full-time within six months, but left after five months. The current judge, an acting State Supreme Court justice, who had experience in the narcotics part, applied for the position based on his interest in the population. Interviews with team members and defendants confirm court observation that he combines authority with concern for the well being of the people the court serves. Speaking directly to defendants, he asks about their treatment and other life issues, delivers occasional lectures, and also listens to what they have to say.

The Queens District Attorney's Office has maintained an active role in the court. The Chief of the Narcotics Trial Bureau screens all drug-related cases once people have been arraigned. After making a preliminary assessment about eligibility, he forwards information about potential participants to the treatment court judge, court director, the defense, and TASC for their assessment. An assistant district attorney assigned to the court discusses the treatment court option with defense attorneys. Once defendants are in the treatment court, she represents the district attorney's position during status hearings and when people who fail in the treatment court are sentenced. Her presence in court reminds people about the consequences of breaking the rules, but she also encourages defendants to remain in treatment, supporting their efforts to do so.

While the Legal Aid Society was involved in court planning, it has not assigned an attorney to work exclusively on treatment court cases. All the team members view the absence of a dedicated defense attorney as a problem; however, this is not uncommon among drug courts. According to the Attorney in Charge of the Criminal Division of the Queens County Legal Aid Society, defense associations are less likely to embrace treatment courts for several reasons. Defenders are typically skeptical about whether these courts actually benefit their clients. Many feel the frequent court appearances, drug tests, and other types of

supervision are unduly burdensome and that drug courts are more difficult for many people to complete than a short jail stay or probation. Additionally, defending people in drug court is regarded as less time-consuming than maintaining a standard criminal defense caseload, so defense attorney union representatives have resisted assigning attorneys to drug courts full-time. In spite of these obstacles, the Attorney in Charge in Queens says talks have progressed, and that a public defender will be assigned to the court, assuming the caseload is large enough. Even if the Legal Aid Society dedicates an attorney to the Queens Treatment Court, other defense attorneys would be involved because not all defendants are represented by the Legal Aid Society.

Because of the central role of the resource coordinator, the TASC case managers take a slightly different approach than their colleagues who work with defendants in other Queens County Criminal Courts. Before the treatment court opened, TASC handled all aspects of assessing, placing, and monitoring offenders required to attend drug treatment as a condition of their sentence.<sup>5</sup> As a result, TASC case managers are well known and widely respected in the Queens County Courts and were regarded as the sole and appropriate representatives of treatment programs in the courtroom. In the treatment court, however, TASC shares that role with the resource coordinator. While TASC is responsible for screening and placing defendants in treatment and monitoring their progress, the resource coordinator also maintains relationships with treatment providers, is able to get information about clients directly from the programs, discusses treatment with the court director and the judge, and serves as the court's treatment expert. Early on, there were debates about who should be the primary link between the court and the treatment providers: TASC case managers or the resource coordinator? Both the resource coordinator and TASC case managers had to adjust their expectations—and in the case of the case managers, cede their exclusive access to treatment programs—to work within the team structure. The relationship between TASC and the court has improved as a result.

Together these six stakeholders are responsible for the daily operation of the treatment court. Even without the aid of a computerized system for sharing information, they are collaborating as the court's planners intended. The district attorney's office routinely informs the other team members about who is being screened and has responded to requests from the defense to reconsider cases. The treatment placements TASC makes and the reports they submit are routinely accepted by the court and the attorneys. The resource coordinator talks with TASC managers daily, consults with the director as necessary, and meets with the judge in morning staff meetings. The judge then uses this information while addressing defendants in court. The entire team meets weekly to discuss problem cases, court policies and new treatment programs. Observations and

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<sup>5</sup> This differs from other criminal courts in New York City in which individual programs frequently conduct their own defendant assessments and then advocate for treatment individually.

interviews with staff and participants confirm the ability of the court to function as a unified system.

According to interviews with all the team members, a collaborative spirit was evident from the court's inception, particularly between the district attorney and the defense bar. Prosecutors, public defenders, and judges apparently respected and liked each other prior to and during the planning process. This congeniality continues to facilitate the operation of the court and sustain support for it among administrative directors of each agency. The widespread admiration for the presiding judge has also bolstered support across agencies. The judge has been the most visible member of the team and has publicized the court's efforts and experiences in state and national conferences, further strengthening its standing locally.

County, city, and state administrative judges have all expressed support for the court, attended meetings, and graduation ceremonies, and provided administrative and other help. Whether their enthusiasm for the treatment court will lead to financial support when federal funding ends remains to be seen. Since its inception, the court's costs have been limited largely to the salaries of the director and treatment coordinator. All other staff and administrative costs are covered by other budgets. According to the court director, the state has indicated a willingness to assume the costs of paying the director and treatment coordinator to maintain the treatment court and the coordination this particular team structure ensures.

## **Screening and Enrolling Defendants**

*Who is Eligible.* In accordance with planning guidelines, the Queens Treatment Court restricts participation to people accused of nonviolent, felony-level drug offenses who have no prior felony convictions or convictions for violent crimes. These charge-related eligibility criteria are not entirely aligned with the broadest therapeutic goals of treatment courts. Ideally, treatment courts aim to serve offenders with a clear need for substance abuse treatment. But like most treatment courts, the one in Queens focuses on people charged with drug crimes. This targeting criteria is largely one of convenience: people with substance abuse problems who commit nondrug offenses—often to get money to buy drugs—are difficult to identify during criminal court arraignments, where information is largely case-related and does not include the background information necessary to recognize addiction. And courts that seek out non-drug offenders would have to be careful not to impose treatment on people who are likely to receive a much less burdensome sentence.

Within these fixed criteria, the district attorney retains some discretion about who enters the treatment court. During the planning process, the district attorney made several concessions that indicated his interest in the court being able to admit more serious offenders. The DA agreed to consider drug cases, such as indoor sales, and offences allegedly committed within a school zone, both of which are commonly excluded from alternative sentences. The DA compromised further by agreeing to accept defendants with histories of misdemeanor offending, a criminal justice population which some prosecutors might exclude because they are “career criminals.” The DA also agreed to accept defendants who are detained at arraignment. While data on the number of clients detained at arraignment was not available, court staff say that the overwhelming majority of treatment court participants are released before arraignment, which suggests that the DA’s willingness to target more serious cases in this category has not been fully realized. Because detention is commonly associated with a greater likelihood that defendants will receive a jail or prison sentence if convicted, it is important for the court to track how many participants were detained at arraignment and to examine whether their numbers could be expanded.

*The Initial Screen: Criminal History Assessment.* The treatment court functions as a modified branch of the narcotics part (N-Part) of the Queens Criminal Court, which is dedicated to crimes involving controlled substances. Drug cases are sent to that part after criminal court arraignment. The Narcotics Trial Bureau Chief of the Queens County District Attorney’s Office reviews all cases arraigned in the N-Part and conducts the preliminary screen for treatment court eligibility. He bases the screen on the charge of the case and the criminal history of the defendant, information recorded in the court papers on the defendant. He does not interview defendants.

While the district attorney assesses a case, the defense attorney also begins to handle it. The defense attorney may approach the DA with a request for entry into the treatment court. While Legal Aid Society attorneys, and increasingly other defense attorneys, are familiar with and accept the treatment court, they may also pursue other plea options and alternatives, including case dismissal or a lesser plea, if they seem possible and appropriate for the defendant. If the defense attorney or the defendant believes the treatment court is too burdensome or that the defendant is unlikely to succeed in treatment and would receive a higher sanction as a result, the defense may refuse to consider a treatment court plea.

*The Second Screen: Clinical Assessment.* After the district attorney approves cases for court entry, and the defense grants permission to pursue a treatment

court plea, a TASC case manager conduct a clinical assessment, examining both the details of the case and the defendant's personal history. As with other alternative sentences involving drug treatment, planners were concerned that some defendants would feign a need for treatment in order to avoid a criminal conviction and possibly confinement.

TASC case managers interview defendants to assess their need for drug treatment, whether they are suitable for the court and to determine treatment level and program placement. The interview that the case managers conduct is intended to eliminate people who say they want treatment but do not actually need it. This screen, the same one TASC uses for all defendants citywide, asks people about their background, including their social and family networks, physical and mental health, drug use, criminal history, educational and vocational experience. The screen closely examines drug use through questions about a person's drug of choice and other drugs used, patterns of drug use, and drug treatment history<sup>6</sup>. In the course of the TASC interview defendants may be found ineligible for the treatment court because of mental health reasons, criminal history reasons that were missed in the initial case screen, or because the defendant is assessed as not in need of drug treatment. While the primary responsibility of the TASC case manager is to determine which type of treatment program would be most appropriate for each defendant, TASC also collects information about defendants' need for auxiliary services. All this information, becomes a valuable reference document used throughout a person's participation in the treatment court. After TASC conducts its assessment, the resource coordinator and project director review the assessment of the defendant based on a similar set of characteristics: history of drug use, mental stability, and motivation to enter treatment.

*Entering a Plea and Beginning Treatment* Once all stakeholders approve a case and the proposed treatment placement, the case is scheduled for conference in the treatment court and TASC refers the defendant to a treatment program. As soon as the appropriate treatment is reserved, the case is conferenced in the Queens Treatment Court the following morning. In court, the judge asks the person if he or she agrees to the plea specified by the narcotics bureau chief at the initial screen.

In agreeing to the plea charge, the defendant also agrees to a jail sentence of at least one year if he or she fails to complete treatment. The district attorney's office agrees to dismiss all charges if the person successfully completes the program. This is the carrot and the stick of the treatment court and the reason

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<sup>6</sup> This assessment was replaced by the New York State treatment application assessment in May 2000. The statewide application, which has a content that is similar to the TASC assessment, is used by all drug courts in New York.

why even defendants who might get lesser sentences, such as five years probation or a “split sentence” of six months jail and five years probation, choose the more intensive treatment court option. Graduates of the court avoid a felony conviction, which is important to someone looking for a job, and reduces the chances they will be sentenced as a predicate offender in the future.

Because charges are associated with specific sentences, they determine the legal jeopardy for the defendant and thus the incentive for entering and completing treatment. Adults convicted of a B felony, the second highest felony under New York State law, must serve a prison sentence. Lower-level felonies (levels C-E) can result in a jail sentence or probation.

At the first appearance in treatment court the judge describes the drug court system to the defendant and explains that the court is willing to continue to work with the defendant even if he or she breaks rules. Unlike some alternative programs that expel people who break rules, the treatment court instead uses a series of graduated sanctions to punish negative behavior. This court’s flexibility is central to its mission: to encourage defendants to take responsibility for their behavior, particularly their mistakes. Learning to accept responsibility is itself a form of treatment.

#### *Speedy Case Processing.*

Cases processing in the Queens Treatment Court illustrates how the court achieves some of the central goals of drug treatment courts, and highlights some of the problems associated with reaching those goals. Following national standards, the court sought to reduce the time between arrest and placement in treatment. This goal has a clear cost-savings component: one of the main reasons to speed case processing is to reduce the cost of detaining people in jail. According to the New York City Department of Corrections, the city spends some \$43,083 annually for a single detainee. Treatment courts can conserve local resources by reducing the number of days people spend in detention before their cases are resolved. However, this cost-savings goal is frequently not a major issue for drug courts because most targeted defendants are not detained at arraignment. Separately, quicker case processing may actually facilitate treatment readiness. The period of crisis following an arrest, when people are receptive to new ideas, is one of the best times to point out a person’s need for treatment. Moreover, research indicates that people are more likely to remain in treatment if their motivation is high initially.<sup>7</sup>

The planners of the Queens Treatment Court expected that this entire screening and placement process would take place within a week. However, delays due to N-part volume, TASC caseload, and defense efforts to attain a

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<sup>7</sup> Simpson, D.D., Joe, G.W., Rowan-Szal, G.A. & Greener, J.M. (1997) Drug abuse treatment process components that improve retention. *Journal of Substance Abuse Treatment*, 14(6) 565-572.

more favorable alternative have resulted in delays of up to three weeks. The Queens County District Attorney's Office estimates that, generally, felony case processing from arrest to plea typically takes over a month. Because the court team has been unable to reduce the amount of time from criminal court arraignment to arraignment in the narcotics part, the cost savings and treatment benefit associated with rapid case processing are undermined even before the District Attorney's Office has the opportunity to screen cases.

Once primary eligibility is approved by the Narcotics Trial Bureau Chief, case processing is under the control of the treatment court team, and somewhat better conforms to the goal of speedy processing. TASC and court staff are aware of the need for speedy case screening and treatment placement, and they make additional efforts to expedite those few cases of people who are detained so as to reduce costs and the burden on defendants. However, court staff report that, on average, screening and placement still takes approximately three weeks.

In order to reduce the time from arrest to treatment, the screening process should begin in criminal court at arraignment, and the time between screening for case eligibility and treatment eligibility should be significantly shortened. In a large jurisdiction, such as Queens County, high-speed case processing likely involves reform beyond the treatment court itself, to address delays at criminal court arraignment and within the district attorney's office. The delay in court entry highlights two issues in treatment court planning: the importance of realistic assessments of what the treatment court can achieve, particularly during its first months of operation; and the ability of the court to achieve cost savings relating to the instant offence, rather than only the long-term savings associated with preventing future (predicate) prosecution.

### **The Court's Caseload**

The court planners projected that the court would admit 600 defendants within the first 18 months of operation, but enrolled only 307 people during that period. The target number was based on estimates provided by the district attorney's office not on actual case processing data. The target, therefore, might have been optimistic. Intake was predictably slow during the first six months of operations when the court was opened only one day a week. Additionally, felony arrests declined in Queens during 1999, leading to fewer cases in all Supreme Court parts. In order to determine a realistic intake number, the court team should analyze county arrest and prosecution data to determine the pool from which cases can reasonably be drawn, and look at how many people the court has enrolled since it began operating full time.

*Participant Characteristics.* Table 1 shows basic characteristics of court participants at intake. This preliminary data confirms that participants overwhelmingly come from communities of color and are underprivileged both in terms of education and employment. These findings are consistent with research on defendants sentenced to similar treatment alternatives throughout New York City.<sup>8</sup> In spite of the emphasis court planners placed on population diversity, the defendant pool is overwhelmingly African American and Latino. The average age is 28, and half the defendants are 25 years old or younger.

**Table 1: Participant Characteristics  
July 1998 – March 2000**

<b>Participant Characteristic</b>	<b>QTC Participants (n=307)</b>
Age: Mean	28
Median	25
Male	81%
<i>Ethnicity</i>	
African American	53%
Latino	30%
Caucasian	10%
Other	7%
High school diploma or GED	42%
Unemployed at QTC entry	60%
Married	4%
<i>Drug of Choice</i>	
Marijuana	47%
Cocaine/crack	34%
Alcohol	13%
Heroin	6%

The majority of defendants did not complete high school, nor did they attain a graduate equivalency degree. Only four percent of the sample report being married, typically viewed as an indicator of stability. Finally, while 34 percent of the sample say cocaine is their drug of choice, nearly half report marijuana as their primary drug.

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<sup>8</sup> See, for example, Kramer, R. & Porter, R. (Forthcoming) *Alternative to Incarceration Programs for Felony Offenders: Progress Report and Preliminary Findings from a Recidivism Analysis*. Vera Institute of Justice.



The data about drug use raises the issue of the severity of use for participants reporting marijuana as their drug of choice. Treatment advocates are divided on the implications of smoking marijuana, particularly less frequent use. Marijuana may be a “gateway drug” leading to abuse of more damaging drugs later; however, some research indicates that the majority of marijuana users do not go on to use other illegal drugs.<sup>9</sup> Even assuming that the marijuana users in the treatment court are persistent users, the patterns of drug use associated with marijuana (the purchase, social circumstances, and catalysts to use) differ from behaviors associated with other illegal drugs. Finally, this data reflects primary drug use only and marijuana users may also use other illegal drugs or alcohol. Treating marijuana addiction should reflect these issues.

No information was kept on the total number of defendants screened by the District Attorney, so the number of defendants the DA found ineligible initially is unknown. Future analysis should examine the number of defendants rejected during the initial screening to determine whether the district attorney’s office has refined the targeting criteria developed by the planning committee.

We do know that 190 defendants who were found eligible for treatment court in the initial DA screen were later rejected either by the District Attorney’s Office, TASC, or by the defense. Table 2 describes the reasons for rejection. Most rejected cases appear to be defense-oriented. Supreme court pleas imply that the defense preferred traditional case processing either because of a belief that the case could be won, or that the sentence in supreme court would be less severe than treatment court participation. About a fifth of the rejections are due to administrative reasons (illegal immigrants, bench warrants, dismissed cases) that make treatment court participation impossible. Other reasons for rejection include a relatively small numbers of defendants who are not substance abusers, who have mental health needs beyond the capacity of the court, and who are methadone users<sup>10</sup>—conditions which make them ineligible for the treatment court. TASC may also reject defendants who are not motivated to enter treatment or who appear unable or unwilling to adhere to treatment program rules.

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<sup>9</sup> For example, Joy, J., Watson, S. & Benson, J., eds. Institute of Medicine. *Marijuana and Medicine: Assessing the Science Base*. (Washington, D.C.: National Academy Press, 1999), 101.

<sup>10</sup> The court does not accept people who are on methadone maintenance, however, it will accept people in methadone-to-abstinence programs. However, because these programs prescribe such low dosages of methadone, typically 40 milligrams, many heroin users find compliance too difficult to maintain. The treatment court has had only one person who is in a methadone-to-abstinence program.

**Table 2: Defendants Screened for the Queens Drug Treatment Court  
Who Do Not Enter:  
May 1998 – May 2000**

Reason for Rejection	Number
<i>Defense</i>	
Defendant entered a supreme court guilty plea	84
Defendant rejected QTC, other reason	32
<i>Treatment Eligibility</i>	
Not drug addicted	11
TASC rejects defendant	10
Mentally ill chemically addicted (MICA) defendant	7
Defendant on methadone	5
<i>Administrative</i>	
Undocumented alien	18
Case dismissed	17
Bench warrant	6
<b>Total</b>	<b>190</b>

Table 3 shows the charges associated with cases accepted into the court to date. The majority of cases (approximately 65 percent) are attempted criminal sale of a controlled substance in the third degree, a C-level felony, almost all of which are reductions from arrests for sale or possession of a controlled substance (B-level felonies). Reducing the charge is critical to the nonadversarial approach of the treatment court to assure the defense that the district attorney is willing to “give up” cases that could otherwise be sentenced as serious (B-level) felony offenses. According to the district attorney’s office, many of the first-time offenders in the court might get a reduction anyway and receive probationary or split sentences. However, those defendants with significant criminal histories (for example, many prior misdemeanor arrests, and those arrested possessing a relatively large amount of narcotics) would be less likely to receive significant charge reduction, and would likely face a prison sentence of one to three years. Only a few cases are offences in the fourth degree (which is the lower C-level

felony that could be pled down to a D- or E-level charge), indicating that the district attorney's office is not using the court to prosecute low-level charges.

**Table 3: Pleas Entered in the Queens Treatment Court:  
July 1998 – March 2000<sup>11</sup>**

<b>Variable Description</b>	<b>Number of QTC Pleas</b>
<i>QTC Arraignment Charge</i>	
<i>B-Level Felony</i>	
Sale of a controlled substance in the 3 <sup>rd</sup> Degree	11
Possession of a controlled substance in the 3 <sup>rd</sup> degree	8
<i>C-Level Felony</i>	
Attempted sale of a controlled substance in the 3 <sup>rd</sup> degree	199
Attempted possession of a controlled Substance in the 3 <sup>rd</sup> degree	65
Possession of a controlled substance in the 4 <sup>th</sup> degree	4
<i>D-Level Felony</i>	
Possession of a controlled substance in the 5 <sup>th</sup> degree	2
Attempted possession of a controlled substance in the 4 <sup>th</sup> degree	1
Attempted sale of a controlled substance in the 4 <sup>th</sup> degree	1
Sale of a controlled substance in the 5 <sup>th</sup> Degree	1

<sup>11</sup> Information was missing for 15 cases.

## Monitoring People During Treatment

Monitoring enables the court to track defendant progress in treatment. Swift and consistent response to defendant behavior is the court's mechanism to instill in defendants a sense that there may be consequences for both infractions and good behavior. In addition to experiencing it for themselves, defendants witness court response to other defendants while they wait in the courtroom for their cases to be called. The court distributes a booklet detailing court rules and regulations to all new participants, who are required to sign a plea agreement and consent form stating that they understand and will abide by the rules. Attendance and drug testing are required, and participants are prohibited from verbal or physical assault. They are told that failure to comply results in disciplinary action or termination. However, the judge and treatment team consistently remind defendants that they will continue to attempt to work with individuals who relapse, commit infractions, or do not progress, and that services are not withheld due to failure to comply with program rules while the person remains in the program.

*Court Appearances.* Initially, participants are required to appear in court every week to report to the judge on their progress in treatment. Participants in residential treatment appear less frequently. Court appearances become less frequent as people settle into their treatment programs. Each morning, the resource coordinator and project director brief the judge about the people he will see that day in court. A TASC case manager, defense attorney, and the dedicated assistant district attorney join these briefings if a particular case is complicated or if the defendant has committed a serious infraction. Generally, TASC provides information to the resource coordinator who then relays it to the rest of the court team. During each hearing, a TASC case manager reads a brief report about the defendant's progress; however, this is done primarily to structure the appearance for the defendant as the judge has already heard the information.

Defendants wait in the audience of the court until their cases are called, and then stand between the attorneys' tables, some 20 feet from the bench, alongside a TASC to address the judge and answer any questions. The conversation between judge and defendant frequently raises information beyond the details reported by TASC. While the detailed conversation rarely determines the judge's response to the person's behavior, it facilitates a relationship between them. Overall, defendants appear interested in speaking with the judge and engaged in conversation with him.

The judge does not shy away from rebuking defendants who have problems with attendance, lateness, program participation, or more serious program or court infractions. The judge typically asks questions, asks participants

to explain or clarify their behavior, and comments on it. One participant was involved in an immigration hearing but had not retained an attorney. The judge asked him if he would wire his house given that he is not an electrician and suggested that the participant was spending too much time outside of treatment trying to resolve his immigration case and clearly needed professional counsel. Frequently the judge speaks to the entire room, or to specific people in the courtroom, using an individual case as a lesson for others. For example the judge has asked a relative if she is a good influence on the participant, and asked a person who is doing well to address another participant who missed several days of treatment.

The judge is the dynamic face of a cohesive system to maintain defendant accountability. The courtroom conversations between the judge and the defendant are informed by the information communicated from the treatment program to TASC to the resource coordinator. Whether discussing the case, drug treatment, family concerns, housing or other personal matters, the judge is, by turn, authoritative, paternal, and cajoling. Observations, and staff and participant interviews, all concur that the current judge is particularly adept at engaging defendants while they are in the court. Overall, treatment court participants appear comfortable responding to inquiries about their treatment and home life with relative candor. For example, one participant commented that he found the treatment program he was in boring. He and the judge then discussed why the program bored him, and how he might get more out of it. When another participant told the judge he was worried about his mother who had been hospitalized, the judge and he discussed how the stress of the situation might lead him to return to drug use. It is possible that this level of detailed, respectful conversation with an authority figure assists in developing new social norms for defendants. Future research should examine whether this degree of engagement affects participant behavior beyond the courtroom since the efficacy of judicial engagement is a cornerstone of the treatment court approach.

*Sanctions and Rewards.* The court uses a system of sanctions for specific infractions broken down by level of severity. The judge retains discretion in what sanctions to use within each infraction level. For example, the judge may decide that sitting in the penalty box is less effective than writing an essay, or that a defendant who works should be jailed over a weekend, rather than for a full week. The judge makes use of the full range of specified sanctions and rewards developed to respond to participant behavior. In keeping with the treatment court model, the court believes that swift and clear responses to infractions are critical in affecting participant behavior. Observation and staff interviews indicated that the court quickly punishes people when they break program rules, and readily

congratulates participant success. Not only does the judge literally applaud participants who make progress, so too do the attorneys and the court officers.

Table 4 provides a summary of infractions and matched sanctions; each level of sanction may also include lesser punishments. The treatment court team reviews the status of all defendants who break court rules. Anyone re-arrested and prosecuted with a felony offense is not permitted to remain in the treatment court. The District Attorney’s Office, in communication with the rest of the court team, will review the cases of all defendants who are arrested for felony offences but who are not prosecuted as felony offenders, as well as defendants arrested for misdemeanor offences. While defendants may be allowed to remain in the treatment court despite these new arrests, additional supervision is likely to be imposed. All other infractions are categorized according to decreasing severity level: A, B or C. A-level infractions are a form of absconding with involuntary return to court, and are typically punished with time in jail, which may range from 1 to 25 days. B-level infractions are either voluntary returns after absconding or tampering with a drug test sample. C-level infractions include a positive drug test, a missed appointment, consistent lateness, and violations of QTC rules. Both B and C-level infractions can be addressed with or without a jail stay, depending on the severity of the incident and the person’s history in the program. Sanctions that are less severe than detention include: sitting in the jury box (renamed the ‘penalty box’) to observe the rest of the court day; writing an essay on why the infraction was committed; returning to an earlier phase of treatment or a higher level of treatment supervision (or “Band”); submitting to more frequent drug testing; and attending more frequent and/or more restrictive drug treatment. Participants who have already been sanctioned for an infraction, are treated more severely if they break court rules again. The complete table of sanctions and infractions is listed in appendix A.

**Table 4: Treatment Court Sanctions and Rewards**

<b>Infraction</b>	<b>Court Action</b>
<i>Sanctions</i>	
<i>A Infractions</i>	
Arrest for a new felony offense <sup>12</sup>	Termination in QTC
Arrest for a non-felony offence	Jail 7-25 days or longer
Abscond from program	
<i>B Infractions</i>	

<sup>12</sup> Only those felony arrests that the District Attorney prosecutes as felonies are included in this category.

Abscond from program, but voluntarily return	Jail 1-25 days
Tamper with drug test	
<i>C Infraction</i>	
Positive drug test	Detox Change treatment modality Phase or Band change Increased drug testing Increased court appearances Penalty box Essay
Missed appointment	
Break court rules	
Repeated lateness to court	
<i>Rewards</i>	
Completion of Phase requirements	Advance in Phase or Band Applause
Effort to respond to suggestions Consistent compliance Effort to address new problems	Praise from judge

Table 5 shows participants' perception of the treatment court features that are useful in maintaining compliance. Overall, participants rate monitoring functions, such as regular court appearances and drug testing, more effective than court imposed sanctions. It is not surprising that sanctions receive lower ratings, because only those participants who had been sanctioned could respond, and they are more likely to report the negative effects of their experience. Only 11 of the 58 participants we interviewed had received a jail sanction during their participation in the court. Interestingly, phase advancement is not rated highly. Consistent with observation and staff report and with the treatment court model, participants report that direct interaction with the judge, praise from the judge and the threat of substantial incarceration are helpful in maintaining compliance with court rules.

**Table 5: Perceived Utility of Treatment Court Components  
June 10-25, 2000**

Court Component	Average Utility Rating: 1-5
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	<b>(number responding)</b>
Direct interaction with the judge	4.5 (58)
Frequent court appearances	4.1 (58)
Drug testing	4.2 (57)
Develop a treatment plan	3.2 (47)
Threat of sentence upon failure	4.6 (58)
Sanction: Penalty box	0.8 (10)
Sanction: Essay	1.0 (13)
Sanction: Jail stay	0.8 (11)
Witness other participants be sanctioned	3.6 (56)
Reward: Applause	3.0 (41)
Reward: Praise from judge	4.1(55)
Reward: Phase advance	1.8 (25)

### **Treating the Addiction.**

While the court provides the entrée, and perhaps the motivation to stop using illicit drugs, and the judge personally provides ongoing support, it is the responsibility of the treatment programs to assess each person's addiction and provide the services they need to overcome those habits.

*Providing a Range of Treatment.* Through TASC, the court uses a network of more than 40 local treatment programs. The programs range from outpatient to long-term residential to hospital detoxification programs, and vary in size from small programs with a capacity of less than 20 to national programs serving hundreds of clients annually. Table 6 shows the number of treatment court participants who were in each type of treatment in June 2000. Of the 271 participants in treatment, at the time, approximately 80 percent were in outpatient treatment, while 20 percent were in residential treatment<sup>13</sup>. This finding shows the treatment court's departure from traditional court-based treatment in Queens County. Traditionally, judges, district attorneys and TASC representatives in Queens have been reluctant to use day treatment programs because of a belief that those programs are less restrictive and less effective than residential programs. By using outpatient treatment the Queens Treatment Court can admit and retain people who may be unwilling or unable to enter residential programs.

**Table 6: QTC Participants by Treatment Modality  
June 2000**

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<sup>13</sup> 36 of the defendants who entered the court through March 31, 2000 were not included either because they had been sentenced or because data was missing.



<b>Treatment Modality</b>	<b>QTC Participants</b>
Outpatient	214
Long-term residential	53
Hospital detox	2
Private therapy	1
Halfway house	1
<b>Total</b>	<b>271</b>

Substance abuse treatment varies according to program philosophy. While a systematic review of all the available treatment programs was beyond the capacity of this evaluation, we did sample 12 treatment programs, observing the programs and interviewing staff to document the services and structure of each program.

In most of the 12 treatment programs, counselors or case managers are the clinical staff who have the greatest interaction with clients. Most of these staff have prior experience working with offenders, and administrators tend to rate their life and work experience as highly as their academic training or professional certification. Programs assess participant substance abuse within the first several weeks and develop a treatment plan based on the participant's needs and risks. Programs use fairly extensive assessment measures that may incorporate some standardized measurement, and, like the TASC assessment, are designed to elicit information on social and family relations, employment and educational development, physical and mental health as well as criminal history and substance abuse history. Treatment plans, usually developed collaboratively by a counselor and client, include goals and planned or prescribed activities and services.

Most programs offer a similar core of services, that may include drug treatment and counseling, life skills, education, job training, and job placement, and refer participants to outside agencies for any additional services that are needed. The treatment court does not accept people on methadone maintenance. Several of the programs also provide parenting classes and HIV education and support. Some programs provide material resources, such as groceries or clothing, for clients throughout their stay, or help participants coordinate entitlements such as public assistance. It is not uncommon for an offender to test positive for drug use, either at intake or during the course of treatment. Participants may attend a detoxification program in an outside clinic or hospital. Because people stay in detox for short amounts of time, more participants may have entered detox programs at some point during treatment court participation than is indicated in this data. Future analysis should examine the overall utilization of detox, as it may be inappropriate for drugs such

as marijuana, and may be used as punishment. Programs may test randomly or according to a schedule. Generally, random testing is considered more effective, as it is more difficult for participants to anticipate when they will be tested, however random testing is more difficult for a program to manage, so programs may test according to a schedule. While relapse is expected in the course of recovery and is not grounds for termination, programs are all expected to notify TASC or the court after a positive test. Typically, relapse is addressed by intensifying counseling, and increasing supervision and drug testing. If progress is not evident, especially upon recommendation by TASC, the court may consider referring the participant to more intensive treatment. While the QTC planning document specifies that defendants will accumulate “clean time” as they progress through treatment phases, in reality, periods of abstinence are interspersed with relapse. Defendants may graduate with only a few months of testing negative for drug use because, while defendants are required to have four months of sanctionless time, they may not receive a sanction for every positive drug test result. This likelihood does not necessarily signal that the court has failed to engage defendants in treatment, however, it does suggest that the court should look to long-term relapse prevention and coping skills to limit drug use after participants graduate from the treatment court.

*Treatment Phases and Bands.* The court uses a three-phase system coupled with a four-level treatment band system to monitor defendants in treatment. All participants enter the court in phase one, and must be in phase three to graduate. Movement between phases is based on participant progress both in terms of drug abuse treatment and court compliance. The program uses the phases to motivate participants and define their movement through court requirements. Phase I is designed to orient participants to the purposes, roles, and norms of the court. Participants receive help applying for entitlements, such as public assistance and Medicaid, are placed in a suitable treatment program, and are told they are expected to achieve abstinence. Phase II focuses on building coping strategies and practical skills necessary for their eventual return to independent life. Participants are expected to be stabilized in treatment, to maintain abstinence, and to begin educational and vocational planning. In Phase III, participants engage in educational and vocational programming, perform community service work and other services that are generally oriented towards reintegration into their communities.

All defendants enter the QTC in Band three or four, which correspond with the most restrictive treatment modalities. Band four is residential treatment and is used when the clinical assessment indicates that a defendant needs the most restrictive treatment. Typically this involves initial isolation from the participant’s social group, and gradual return to the community over a period of six to twelve months. Court appearances may be less frequent than for those in outpatient programs, because of the additional supervision provided by the treatment facility. Similarly, TASC case management has less contact with the defendant. In Band three, participants attend full-time outpatient treatment, and are required to return to court frequently -- generally at least every two weeks -- and to attend

and submit to drug testing in the treatment programs at least twice each week. Requirements become less onerous in Bands two and one when defendants are tested for drug use less frequently and case adjournments are further apart. Scheduling of activities becomes more flexible to accommodate involvement in external educational and vocational activities as defendants are rewarded for progress in treatment with band reductions.

The treatment court continues to test for drug use at each court appearance until graduation. Drug testing is conducted on-site in the TASC offices, and disputed or ambiguous results are sent to a laboratory for more precise testing. Although some lapses have occurred as a result of the cost of testing at each court appearance, TASC has agreed to assume those costs given the importance placed on testing by the court team. While the test itself has several flaws (defendants can claim that testing positive resulted from using prescription or over-the-counter medication, and some drugs, notably marijuana will stay in the body for up to one month) participants rate the usefulness of testing relatively high. Consistency of testing may positively affect some defendants' behavior.

*Linking Treatment with the Court.* Contact between program and court is an integral component of the treatment court mission, but was jeopardized early in court operations because of the double role played by the resource coordinator, prior to hiring a project director. While the resource coordinator clearly wanted to visit and maintain contact with every treatment program used by the court, her role as substitute project director forced her to rely heavily on TASC's relationship with the programs. TASC officials were comfortable with this role because of the previous experience as the principal treatment specialists in the Queens county criminal courts. Additionally, the first treatment court judge continued to hear trial cases, and did not have the time to visit, or otherwise engage with, most of the treatment programs. However, all the treatment programs were invited to a general meeting several months after the court opened (when the caseload was still under 20), and the resource coordinator and TASC administrators continued to work with the programs to foster programmatic participation in the treatment court process.

The triangular relationship between the court, TASC and the individual programs caused some problems that the court team addressed in ongoing meetings with all the stakeholders. Initially, several court actors were concerned that TASC case managers held too much autonomy within the court structure. The resource coordinator, the judge and, to a lesser extent, the district attorney's office were all concerned that they had no way to know the extent of TASC knowledge about the individual programs. This concern had several implications. Most clearly, program quality was difficult to ascertain. This issue is inevitable in court-based treatment because it is difficult for court actors to track the evolving field of substance abuse treatment. While TASC visits programs, and case managers are in regular contact with a treatment program, treatment may remain obscure to the courts. A second concern is that the programs may be unaware of important court procedures, or may have policies that conflict with the court's.

Issues such as the frequency of drug testing, program sanction policy, and what to report to the court vary between programs and some program policies differ from the treatment court rules that all defendants are told to follow. Finally, without regular contact, some of the treatment programs have forgotten or been unaware that all defendants are required to sign consent forms permitting release of information between the court and the treatment program. As a result, some programs have been reluctant to release individual information to the court, and some may have chosen to either protect the participant by not informing the court of infractions, or conversely, sanction the client without informing the court. While all of these issues have arisen, all stakeholders agree that overall the partnership between the treatment court, TASC and the treatment providers is functional. The court team continues to address problems that develop through improved communication between agencies. Additionally, now that the court has both a resource coordinator and a project director, the court is able to maintain closer contact with the programs by visiting and speaking with them more frequently. The current judge supports these efforts by visiting treatment programs and inviting them into the court to encourage their partnership.

*Ancillary Services.* The treatment court does not provide on-site services such as health care or entitlement coordination. TASC case managers may help defendants with these needs, and may assist defendants in educational and vocational development, however no formal structure to do so exists. Several court stakeholders expressed an interest in developing these services, either by providing them directly (for example by hiring a support services coordinator) or by contracting with an existing public or private agency to provide a staff person on site at the court. Ancillary services are consistent with the treatment court model, but require fiscal and time resources to be implemented effectively. Now that the court is fully staffed, the project director plans to pursue funding and partnerships to secure additional services. Additionally, the judge has taken an active interest in promoting the court at local civic events, and hopes to develop local employment opportunities for graduates. In the event that support services are made available to defendants, the court team will have to decide whether those services should be mandatory, and, if so, whether the court should monitor use of services, and sanction those defendants who fail to attend the services recommended for them.

All participants in the court are reminded that the court supports their abstinence, and are encouraged to remain in contact with both court staff and the judge, whether they are graduating or have failed the court and are awaiting sentence. The court does not provide graduates with aftercare or other follow-up support services, but is planning to develop an alumni group. Aftercare has been shown to be an important component of long-term abstinence, particularly for a criminal justice population.<sup>14</sup> The court team expects to develop an optional aftercare

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<sup>14</sup> For example, see Inciardi, J. , Martin, S., Butzin, C., Hooper, R. & Harrison, L. (1997) An Effective model of prison-based treatment for drug-involved offenders. *Journal of Drug Issues*. Vol.27, No. 2.

component for graduates, probably a support group that might meet in treatment court office space adjacent to the courthouse.

### **Queens Treatment Court Outcomes**

Table 7 shows the outcomes of the 307 cases admitted into the Queens Treatment Court in its first eighteen months. The court held its first graduation in November 1999. The court currently has 234 people enrolled, the majority of whom entered in the last twelve months. Twenty-six people have graduated, and an additional 30 to 40 are expected to graduate in September 2000. Twenty-nine participants have failed in the court and an additional 16 have absconded (a benchwarrent was issued). These numbers, that together total less than 15 percent of the court intake, are sufficiently low to indicate that the court has been successful in retaining participants. Further, the low percentage of defendants who are unaccounted for (five percent), suggests that the court does not significantly threaten the public safety by releasing defendants without supervision.

**Table 7: Queens Treatment Court Outcomes  
July 1998 – March 2000**

<b>Outcome Measure</b>	<b>Number (percent)</b>
Enter Treatment Court	307 (100)
Graduate Court	26 (8)
Benchwarrent ordered	16 (5)
Terminated unsuccessfully	29 (9)
Died	2 (1)
Plea vacated	2 (1)

### **Conclusion**

The Queens Treatment Court's success in implementing the national model is apparent in the court's process and structure. The court has, however, experienced significant problems in achieving some of its goals. Its caseload of 307 was half the size the court's planners expected it to be. The court also failed to process cases as quickly as planned. The screening and enrollment process takes approximately three weeks, which may be quicker than standard felony

case processing in Queens County but falls well short of the planners' goal of averaging five days. Both goals are ambitious ones for a new program. As the court stabilizes its operations, the team should reassess these goals to determine whether they are feasible and, if so, what changes are needed to achieve them.

Despite these failings, the court has achieved a great deal. Preliminary evidence indicates that it is successfully enrolling and retaining first-time, nonviolent felony offenders who need drug treatment. The court established and maintains a culture of collaboration among team members which translates into effective supervision and support for defendants. Working together, the judge, project director, resource coordinator, attorneys, and TASC case managers screen and assess defendants, and monitor people throughout treatment. Through a strong partnership with TASC, the court's resource coordinator has succeeded in creating a network of treatment providers who have the capacity to deliver services that meet defendants' treatment needs. The judge is committed to playing an active role, and the other team members inform and support how he responds to people when they appear in court to discuss their progress and setbacks. Participants speak directly to the judge, and have said they value their contact with him.

The court's success in other areas remains unknown, including its graduation and retention rates over time, and its ability to affect participant behavior after graduation. The court team should also consider several underlying issues that surfaced during implementation.

As with many drug courts, cost savings is an elusive goal. Costs associated with processing felony offenses may not be reduced if the majority of cases in the treatment court are C-level felonies that, absent the court, could receive probationary sentences or sentences combining probation with jail time. The majority of cases in the treatment court enter the system as B-level felonies, and while it is difficult to predict the plea negotiations that would take place without the treatment court possibility, most would probably be reduced. If the treatment court provides more supervision than defendants would otherwise receive, the court cannot expect to reduce the cost of handling the current case. Of course, the court may reduce recidivism and thus save future costs, in particular, by preventing the lengthy sentences given to predicate offenders. This form of cost savings through cost prevention, is a more likely achievement of this and other treatment courts, but requires impact evaluation to verify.

A related issue is whether the treatment to which the defendant is mandated is appropriate for the addiction severity and whether it is reasonable and desirable. Participants who are arrested for selling heroin or cocaine may not use those drugs regularly. Given the high percent of participants who say that marijuana is their primary drug, is the intensive supervision of the court warranted, and is the substance abuse treatment provided by the programs appropriate?

Finally, an issue that is central to the drug courts nationally, and applies in Queens, is whether high retention rates reflect the willingness of the court to work with people even after repeated infractions. If this is the case, treatment

court retention rates should not be compared with retention in other court-ordered treatments that demand more from defendants. Outcome research would show whether the court is an investment in drug treatment that pays off, over time, in lower costs and public safety.