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RESEARCH

# Process Evaluation of the Queens Misdemeanor Treatment Court

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## I. Introduction

The Queens Misdemeanor Treatment Court (QMTC) opened in January 2002 in an effort to reduce recidivism among “persistent” misdemeanor offenders in Queens County, New York. QMTC was developed and implemented through the cooperative efforts of the New York State Unified Court System, the Queens District Attorney’s Office, the Queens defense bar, the New York City Department of Probation, and Treatment Alternatives for Safe Communities (TASC), a nationwide case management agency. The Office of the Administrative Judge of the New York City Criminal Court provides ongoing oversight. Current dedicated staff includes a drug court judge, assistant district attorney, two dedicated defense attorneys, a project director, resource coordinator, and four case managers.

Eligible defendants are drug-addicted, face misdemeanor charges, and have at least three prior nonviolent misdemeanor convictions. Upon entering the drug court, defendants plead guilty to a misdemeanor, agree to a treatment plan developed by the court’s case management team, and sign a contract agreeing to abide by all QMTC rules and regulations. Drug court participation lasts a minimum of nine months and possibly longer in response to noncompliance. QMTC graduates have the criminal charges against them dismissed, while those who fail receive a jail sentence of an exact length negotiated in advance of participation.

QMTC hears cases four days a week and follows a traditional drug court model with multiple program phases, case management, regular judicial status hearings, sanctions and rewards, and jail for those who fail. The QMTC is somewhat unique, however, in attempting to apply the drug court model to a misdemeanor population that would otherwise receive relatively little, if any, jail time. Several key QMTC policies reflect this decision, including restriction of the Court to offenders with multiple priors (who generally face more jail time than misdemeanor offenders without priors), the relatively condensed nine-month treatment mandate, and the relatively short, four-month jail alternative that is typically imposed on those who fail.

QMTC has confronted numerous challenges and utilized its assets to the best of its ability. The primary challenges addressed by the QMTC team were the following:

- 1 Volume: QMTC stated in its official objectives that it would enroll approximately 150 participants per year. Not until early 2004, when QMTC lowered the jail alternative imposed on those who fail treatment to four months, did the court reach this objective.
- 2 Refusal to Participate: Of the 1051 defendants screened, (29%) refused to participate; this refusal rate is higher for women than for men (43% versus 25%). The refusal rate has remained consistent over the past two years.
- 3 Case Processing Speed: For drug court participants, the median time from arrest to plea/formalization of participant status is 28 days, and the average time is much higher at 51 days, since some participants are processed over a much longer period. These numbers are similar to the Queens Felony Treatment Court but higher than the case processing times of other New York City drug courts.

The primary asset of QMTC in meeting its challenges is the QMTC team. Team members work well together and have been dedicated to making QMTC a success. They work closely, both in

proximity and in level of communication, and the feeling of genuine concern and support for one another and the participants is obvious.

This report presents a process evaluation of the first four years of the Queens Misdemeanor Treatment Court (QMTC). Although this report covers four years of court operations beginning in January 2002, September 2003 marks the official start date of QMTC's Bureau of Justice Assistance grant period. Analysis is based on program participant data, qualitative interviews with key stakeholders, a focus group with QMTC graduates, and structured courtroom observations.

## II. Court Mission and Structure

The Queens Misdemeanor Treatment Court (QMTC) opened in January 2002 in an effort to reduce recidivism among “persistent” misdemeanor offenders in Queens County, New York. According to its mission statement, the “Queens Misdemeanor Treatment Court, through intensive court intervention, seeks to promote public safety, reduce recidivism and improve the quality of life in the community, by identifying and treating qualified misdemeanor offenders with a history of substance abuse.” In particular, the court seeks to:

1. Intervene by mandating drug-addicted offenders to court supervised treatment as an alternative to incarceration;
2. Provide intensive case management in an effort to promote compliance with court mandates;
3. Educate the drug-addicted offender about relapse, recovery, and sobriety through workshops conducted with community treatment providers;
4. Provide the offender with appropriate tools needed for long-term sobriety;
5. Reduce high-risk behaviors and identify and treat the health problems of high-risk offenders;
6. Address vocational, educational, or employment needs;
7. Enroll at least 150 participants in treatment over 24 months;
8. Use the coercive power of the court to maintain 65% of participants in compliance for 90 days of treatment;
9. Achieve a 50% graduation rate.

Overall, QMTC has successfully met the objectives listed above. In addition, QMTC has the highest one-year retention rate (63%) of four misdemeanor treatment courts currently operating in New York City (Center for Court Innovation 2006).

### III. Planning

QMTC was developed and implemented through the cooperative efforts of the New York State Unified Court System, the Queens District Attorney's Office, the Queens defense bar, the New York City Department of Probation, and Treatment Alternatives for Safer Communities (TASC), a nationwide case management agency. The Office of the Administrative Judge of the New York City Criminal Court provides ongoing oversight. The planning team consisted of the Honorable Robert Raciti, Kevin Begley from the Office of Court Administration, Joan Ritter and Doug Knight from the Queens County District Attorney's Office, defense attorneys Mike Pinero from the Queens Legal Aid Society and Joe Vaccarino from Queens Law Associates, Sherry Silverblatt and Catherine Cedilnik from the Probation Department and Byron McCray from TASC.

Members of the planning team were interviewed and overall indicated that they did not have a lot of previous experience with drug courts. Some had been involved with the Queens Felony Treatment Court but not in its planning phase. All expressed that the team worked well together and, although they may have had different goals, all wanted the model to be successful. Many of the stakeholders mentioned in particular that the guiding hand of Judge Raciti was crucial.

The planning team attended three federally-funded grant trainings throughout the country. Members reported that the trainings were informative, helping to identify the overall goals of drug courts and how to adapt the model to meet local needs. In addition to the trainings, the team met often during the planning phase. Many of those interviewed stressed that it was important to feel like a "team" and to stop looking at one another as adversaries. In addition to regularly scheduled meetings, additional measures were also taken to achieve team building; for example, planning team members would often meet at diners instead of offices.

Although there were obstacles that stakeholders mentioned during the planning phase, all were resolved in a calm and productive way. The primary obstacle was the lack of legal leverage available to the court in dealing with its misdemeanor population: How, in New York City, do you convince someone to accept nine months or more of treatment when the offender could hold out and most likely receive a probation sentence without any jail time? Another obstacle was deciding who would do the legal screening to identify eligible misdemeanants with at least three misdemeanor convictions. The district attorney's office finally agreed to this task, because the team realized that the court clerks would not take on the added responsibility. Another obstacle was determining what the sanctions would be in response to interim noncompliance. All team members wanted to move forward, so a plan was finalized.

The idea of a misdemeanor drug court was a hard sell for the defense bar, in particular, because its clients were going to get a "worse deal" in the eyes of some defense attorneys. The defense bar was concerned about not just the length of time in treatment that would be required of their clients but the length of the jail alternative that would be imposed on those who failed the program. The planning team agreed to set the jail alternative to nine months or one year, depending on the participant's criminal history. Although some team members argued this jail alternative was too high, it was considered the only way to motivate compliance. The planning team understood it would be a hard sell to defendants and defense attorneys. This jail alternative

was later reduced to four months. Although both Queens Law Associates and the Queens Legal Aid Society were involved in the planning process, it was apparent that QLA was more supportive of a misdemeanor treatment court. QLA initially agreed to place a defense attorney in QMTC that would handle all of the cases; Legal Aid subsequently agreed to do the same, but only three years after opening.

#### QMTC Team

The current operational team consists of a dedicated judge, project director, resource coordinator, two court-appointed case managers, two TASC case managers, one dedicated Assistant District Attorney and one dedicated defense attorney from the Queens Legal Aid Society and one from Queens Law Associates.

The Honorable Robert Raciti, the planning team judge, presided over the court until December 2003. At that time, the Honorable Pauline Mullings became the QMTC judge, presiding until December 2004. Since December 2004, the Honorable Joseph Zayas has presided.

The current project director was hired in October 2004. She is responsible for the overall operation of the court including overseeing day-to-day court operations, managing the court-appointed case manager and resource coordinator, and implementing the required technology. The current resource coordinator began in April 2005. Her primary role is to monitor the progress of QMTC participants, acting as liaison between the court and the case managers and individual community-based treatment programs.

The Queens County District Attorney's Office was instrumental in the conception and implementation of the court. At first, the Bureau Chief of Criminal Court appeared in QMTC but shortly after implementation a dedicated Assistant District Attorney was assigned to the part. Currently, the Bureau Chief reviews each case and makes jail alternative recommendations.

Currently, there are four case managers, two are court employed and two from TASC. At the inception of the QMTC, there was only one TASC case manager. Each case manager has approximately 40 cases at any given time; the project director assigns cases on a rotating basis. During a focus group with QMTC graduates, many expressed how grateful they were for the hard work of their case managers.

“You can tell that they enjoy what they do, like helping people and see them turn their lives around. That's a good thing.”

Queens Law Associates and the Queens Legal Aid Society both serve the Queens defendant community. In general, QLA has been enthusiastic about the QMTC and has always had a dedicated attorney in QMTC two days a week. Legal Aid, while also a part of the planning and implementation of the court, only recently put a dedicated attorney in QMTC one day a week. The graduates during the focus group had differing experiences depending on whether they had a QLA or Legal Aid attorney. Focus group graduates found the lawyer from QLA very supportive and noted that she spoke at great length with all of her clients. The clients represented by Legal Aid indicated that they rarely saw their lawyer and did not feel that their lawyer advocated for their best interests.

The staff has successfully built a sense of teamwork through working closely together and making difficult decisions regarding eligibility, sanctions/rewards, and logistics. In individual interviews and evaluator observations, it is clear that team members fundamentally respect one another's experiences, views, and intentions.

## IV. Screening and Eligibility

### Eligibility

Defendants are considered eligible for QMTC if they are 16 years of age or older, charged with a non-violent class A misdemeanor offense, have had three or more prior misdemeanor convictions in one year and have had no prior violent convictions or pending violent felony charges. This includes Operation Spotlight cases, which is a Mayor Bloomberg initiative that began in 2002 which focuses on anyone with 3 or more misdemeanor arrests in one year. The rationale for focusing on defendants with multiple priors, known as “persistent misdemeanants,” is twofold: (1) their repeat offending demonstrates unresponsiveness to conventional case processing outcomes; and (2) they have greater “legal exposure” on the current case – whereas misdemeanor defendants without a prior record rarely face meaningful jail time in New York City. Since the target population might in fact face jail time if prosecuted in the conventional fashion, this creates a greater incentive to participate and perform well in a drug court program.

Potentially eligible defendants are screened at the point of arraignment by an assistant district attorney, who will reject defendants with a prior record of violence (along with any who served as an informant on the current case). Also, the defense/defendant must express interest in the drug court option at this stage. When evaluators asked what some of the challenges were in December 2003, the judge expressed the belief that many potential participants were not getting referred to QMTC because the screening was not effective. Through the years, as people have become aware of QMTC, this problem has lessened.

A case manager from QMTC is stationed at arraignment and may perform motivational interviewing to encourage consideration of a treatment option. Defendants considering drug court are adjourned to QMTC. If detained in jail, the defendant will be assessed by a case manager the same day as the first QMTC court appearance; if not detained an appointment will be made for the assessment as soon as possible.

Case managers will reject defendants who are not found addicted, who refuse the treatment plan, or who appear to have a co-occurring mental illness. Those not rejected and who are still interested in participating plead guilty to an A misdemeanor and enter the program. The court will allow participants who successfully complete their court mandate to withdraw their plea, and the charges will then be dismissed. Those participants who do not complete treatment will receive a sentence of incarceration, agreed upon at the time of the plea. Typical sentences range between four months and one year; the specific sentence selected for each participant depends on the individual’s criminal justice history. This range of jail alternatives was formally lowered to four months in March 2004.

### Screening Outcomes

Table 1 presents screening outcomes for all cases appearing at QMTC for screening and assessment as of March 1, 2006. Cases never adjourned to QMTC (e.g., due to bureaucratic oversight or defendant lack of interest at the point of arraignment) are not represented. Key results are:

1. 1048 participants completed the screening process, of which 38% (393) became program participants;

Table 1. Screening Outcomes

	Male		Female		Total	
	#	%	#	%	#	%
Total Screened	800	100%	248	100%	1048	100%
Total Clinically Assessed (1, 2c, and 2d below)	576	72%	205	83%	781	75%
1. QMTC Participant: Pled Guilty and Entered QMTC	314	39%	79	32%	393	38%
2. Ineligible / Non-Participant	486	61%	169	68%	655	62%
a) Criminal Justice Reasons (Pre-Assessment)	124	15%	14	5%	138	13%
Prior violence <sup>1</sup>	53	7%	1	0%	54	5%
Insufficient number of priors <sup>2</sup>	4	0%	0	0%	4	0%
B Misdemeanor arrest (ineligible charges) <sup>3</sup>	14	2%	7	3%	21	2%
D.A. determination <sup>4</sup>	44	5%	6	2%	50	5%
Arrest charges dismissed	9	1%	0	0%	9	1%
b) Other Reasons (Pre-Assessment) <sup>5</sup>	100	12%	29	12%	129	12%
c) Clinical Reasons (Post-Assessment)	58	8%	20	8%	78	8%
No discernible drug addiction	6	1%	2	1%	8	1%
Defendant denied drug use	7	1%	1	0%	8	1%
Co-occurring mental illness	30	4%	8	3%	38	4%
Methadone <sup>6</sup>	15	2%	9	4%	24	2%
d) Refusal to Participate (Post-Assessment)	204	25%	106	43%	310	29%

<sup>1</sup> For these cases, it was discovered after the defendant was referred to QMTC that there was a prior history of violence.

<sup>2</sup> For these cases, it was discovered after the defendant was referred to QMTC that there were too few priors on the record.

<sup>3</sup> This category includes defendants arrested on a B misdemeanor but mistakenly referred to QMTC.

<sup>4</sup> For these cases, the dedicated A.D.A. determines that the defendant is not appropriate for QMTC (e.g., an informant).

<sup>5</sup> Other reasons generally include defendants whose charges were reduced (but not dismissed) and defendants who opt for jail time instead of drug court prior to completion of the assessment stage.

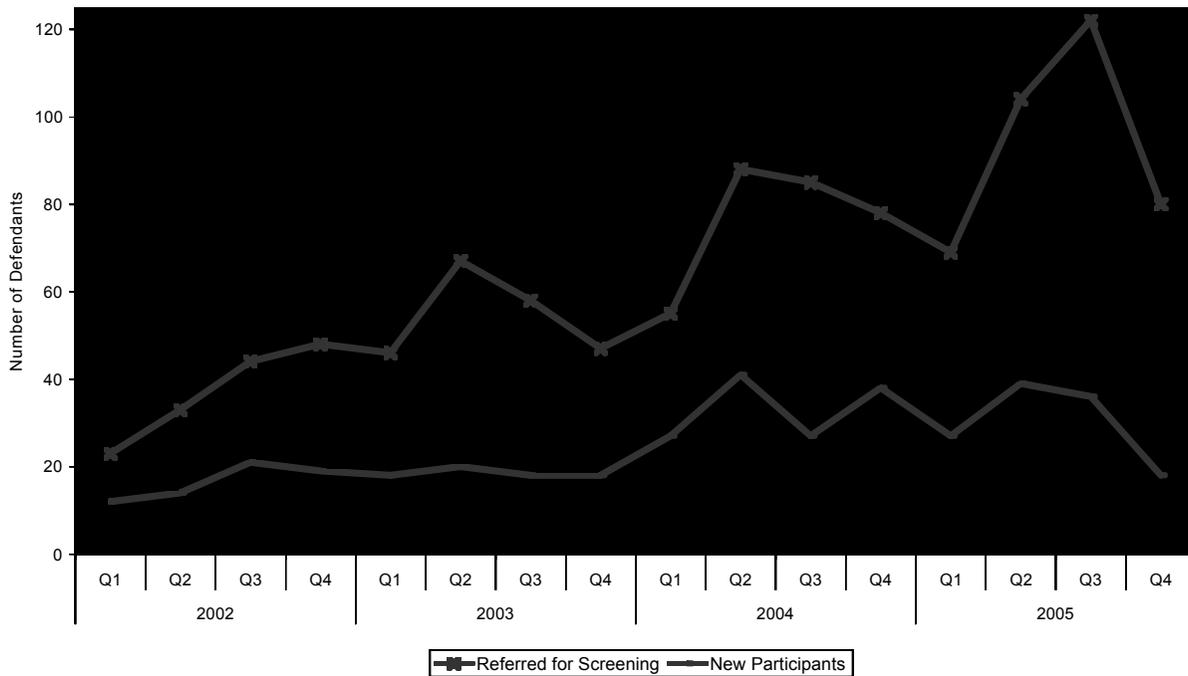
<sup>6</sup> QMTC does not currently admit defendants on methadone at the time of intake.

2. Defendant refusal at the post-assessment stage is the most common reason for not participating, accounting for 29% of all screened defendants; and
3. Women are much more likely than men to refuse to participate after the assessment (respectively 43% of women versus 25% of men screened).

When considering only defendants found legally eligible and who completed the assessment (i.e., categories 1, 2c, 2d from Table 1), 51% became participants, 10% were found ineligible for various clinical reasons, and 40% refused to participate.

Figure 1 shows the numbers of defendants (1) referred for screening and (2) agreeing to participate in each quarter of operations. After relatively low intake volume in the first two quarters, QMTC enrolled new participants at a rate of 24.6 per quarter or 98 per year. In early 2004, QMTC lowered its “jail alternative” to four months in the hopes of increasing its caseload and offering the program to a wider spectrum of the misdemeanor offender population. Since that time, QMTC has enrolled new participants at a rate of 52 per quarter or 209 per year - well above the stated objective of enrolling 150 participants per year.

**Figure 1. Intake by Quarter, 2002-2005**



Note: Grant Funds Began in September 2003

### *Case Processing Speed*

Drug courts typically seek to enroll defendants in treatment as soon as possible after arrest. For defendants ultimately becoming QMTC participants, Table 2 shows how much time elapsed respectively (1) between arrest and the beginning of the drug court intake process, (2) between the beginning of intake and the plea date (when participation status is formalized), and (3) between arrest and plea date (i.e., the total time for both steps 1 and 2). Key results are:

- 1 The median time from arrest to beginning of intake is only 6 days; yet 15% of participants did not begin the intake process until more than four weeks after their arrest;
- 2 The median time from the beginning of intake to the plea date is 14 days, but in looking at the whole spectrum, 35% took one week or less between intake and plea date, while 25% took more than 4 weeks; and
- 3 The median time from arrest to plea date is 28 days; however, the average number of days is 51, since some participants took a great deal longer (raising the average considerably).

Table 2. Case Processing Speed

	Arrest to Beginning of Drug Court Intake	Intake to Guilty Plea (Participation Date)	Arrest to Guilty Plea (Participation Date)
One week or less	63%	35%	14%
More than one week through two weeks	14%	18%	15%
More than two weeks through four weeks	8%	22%	27%
More than four weeks through eight weeks	7%	16%	17%
More than eight weeks	8%	9%	27%
Median number of days	6	14	28
Average number of days	19	24	51

QMTC staff report that the time from arraignment (which usually occurs within 24 hours of the arrest) and guilty plea/formalization of participant status is one month. Although the median results are generally consistent with this expectation, there is a wide range of case processing times, with some defendants processed in an extremely short period of time and others processed over a several-month period before formally entering a plea. For instance, defendants mandated to a residential treatment program do not formally take a plea until a bed becomes available, which takes approximately 18 days in comparison to only 9 days for participants who are not mandated to residential treatment. The QMTC Project Director also suggests that another reason for the longer case processing times is that defendants often initially refuse to be part of QMTC but later they change their minds and the case is sent back to QMTC. These explanations may partly explain case processing times that extend over a several month period.

## V. Program Status of All Participants

Table 3 shows the current status for all 393 participants entering as of March 1, 2006: 114 graduated, 132 failed, 104 still active in the program, and 43 are out on warrant. Most open participants are in the early stages of participation (65 in Phase One, 23 in Phase Two, and 16 in Phase Three). Of those out on warrant, the overwhelming majority disappeared in Phase One (36) and some in Phase Two (7). Of those failing, the reason was a new arrest in 17 cases, repeat noncompliance in 61 cases, and voluntarily dropping-out in 52. It is thus notable that almost 40% of all failures left the program voluntarily.

Table 3. Current Program Status of All Participants

	Male (n=314)	Female (n=79)	Total (n=393)
1. Open	90	14	104
Pre-placement or Phase One	55	10	65
Phase Two	19	4	23
Phase Three	16	0	16
2. Graduated	86	28	114
3. Warranted	32	11	43
Warranted while in Pre-placement or Phase One	25	11	36
Warranted in Phase Two	7	0	7
Warranted in Phase Three	0	0	0
4. Failed	106	26	132
New arrest	15	2	17
Involuntary failure (repeated noncompliance)	51	10	61
Voluntary failure (requested jail alternative)	38	14	52
Warrant-final	2	0	2
Total number of participants as of 3/1/06	314	79	393

### Participant Profile

Table 4 provides a comprehensive demographic, socioeconomic, substance abuse history, and criminal justice profile of all 393 participants at intake. The results show that QMTC serves a predominantly male and older population facing both a lengthy history of drug use and significant socioeconomic disadvantages. Findings include:

1. The median age is 36 years old – higher than the median in all eleven New York State drug courts studied as part of a 2003 statewide evaluation (Rempel et al. 2003);
2. Despite the older age of the population, 75% are single/never married;
3. Socioeconomic disadvantages are prevalent: only 30% of participants have a high school degree, only 18% were employed or in school at the time of intake, and only 50% had ever been employed for a longer than one year;

4. Twenty-seven percent of participants reported that they had been homeless at some point in their lives, although only 6% were currently homeless at the time of intake;
5. The median age of first drug use is 15, consistent with other New York State drug courts previously studied, but the median duration of drug use is 21 years – longer than all eleven of the other drug courts and more than double the median duration of drug use of participants in the Queens Felony Treatment Court;
6. The primary drugs of choice are crack (30%), marijuana (24%), heroin (23%), powder cocaine (16%), and alcohol (7%);
7. Almost two-thirds of participants (61%) were arrested on drug charges and one-third (26%) were arrested on theft charges.

Also of note, women participants face more serious disadvantages than men. For example, women are significantly less likely to be employed or in school at intake (21% versus 7%), to list legal employment as their primary means of support (4% versus 23%), or to be married (5% versus 11%). In addition, women are twice as likely to list crack as their primary drug of choice (50% versus 25%), while men are more likely to list marijuana (26% versus 14%).

Table 4. Participant Profile

	Male (n=314)	Female (n=79)	Total (n=393)
1. Demographic Profile			
Median Age	36	38	37
Race / Ethnicity			
Black/African-American or West Indian	52%	66%	55%
Latino/Hispanic	28%	15%	25%
Caucasian	19%	20%	19%
Other	1%	0%	1%
Marital Status			
Married/life partner	11%	5%	10%
Divorced/separated/widowed	13%	23%	15%
Single/never married	76%	72%	75%
2. Socioeconomic Profile			
High school graduate or G.E.D.	49%	52%	50%
Employed or in school (F/T or P/T)	21%	7%	18%
Longest period ever employed			
Never employed	21%	26%	22%
Up to six months	16%	16%	16%
Seven months to one year	11%	18%	12%
Longer than one year	52%	40%	50%
Primary means of financial support at intake			
Legal employment	23%	4%	19%
Government assistance	16%	21%	17%
Spouse, family, relatives, or friends	33%	32%	32%
Hustling/illegal activities	2%	7%	3%

None or other	27%	37%	29%
3. Residential Profile			
Ever been homeless	26%	28%	27%
Currently homeless (lives on street or in shelter)	7%	3%	6%
Current Living Situation			
Lives alone	12%	4%	10%
Lives with spouse/significant other	15%	18%	16%
Lives with parents or siblings	42%	30%	40%
Lives with other relatives	10%	15%	11%
Lives with friends or other non-relatives	10%	18%	11%
Other situation	5%	12%	7%
4. History of Abuse and Trauma			
Ever physically abused	6%	26%	10%
Ever sexually abused	2%	24%	7%
Ever emotionally abused	10%	23%	12%
Ever victim of at least one of above forms of abuse	12%	31%	16%
Ever victim of violent crime	8%	15%	10%
5. Substance Abuse and Treatment History			
Median age first used drugs	15	15	15
Median years of drug use	21	23	21
Primary Drug of Choice			
Heroin	23%	22%	23%
Crack	25%	50%	30%
Cocaine (non-crack)	18%	11%	16%
Alcohol	8%	4%	7%
Marijuana	26%	14%	24%
Number of Prior Treatment Episodes			
Zero (0)	2%	0%	1%
One (1)	61%	42%	56%
Two (2)	21%	32%	23%
Three (3) or more	17%	26%	19%
6. Top Arrest Charge			
Felony – Possession <sup>1</sup>	2%	3%	2%
Felony - Sale <sup>1</sup>	0.3%	0%	0.3%
Misdemeanor - Possession	52%	67%	55%
Misdemeanor - Sales	4%	0%	4%
Theft	28%	18%	26%
Other (includes prostitution, DWI/DUI, property and assault charges)	14%	13%	14%
7. Length of the Jail Alternative			
4-5 months	17%	22%	18%

6-7 months	18%	14%	17%
8-9 months	25%	25%	25%
10-11 months	5%	9%	6%
1 year	33%	30%	33%

Note: Percentages may not add up to 100% due to rounding.

<sup>1</sup>These charges need to be reduced to misdemeanors before entering QMTC.

## VI. Treatment Levels

Drug court participants receive treatment in one of several modalities. Detoxification usually involves a brief 3-10 day stay at a hospital-based facility. Long-term residential treatment involves a 6-12 month stay at a 24-hour inpatient facility. Short-term rehabilitation is usually a 28-day inpatient program. After completion of short-term rehabilitation, participants switch to an outpatient modality. Intensive outpatient occurs 5 days a week while regular outpatient is less, usually three days per week and for only part of the day.

During the focus group, participants spoke at length about the treatment experience. Participants expressed that it sometimes took a couple of tries before finding the right place that sufficiently met their needs. For example, one woman attended an outpatient program for many months that primarily served men and she felt very uncomfortable. Some of them commented, as did one of the current QMTC team member, that it would be beneficial if members of the court visited the treatment sites to understand first-hand how these sites worked.

Table 5 shows the initial modality assignment of all QMTC participants. Forty-six percent of participants began in inpatient treatment (combining long-term and short-term), 42% began in intensive outpatient treatment and 7% began in outpatient treatment.

Table 5. Initial Modality Assignment

	Male (n=314)	Female (n=79)	Total (n=393)
Initial Referral to Detox	3%	10%	4%
First Treatment Modality (excluding any initial detox referrals)			
Long-term residential	36%	39%	36%
Short-term Rehab	10%	13%	10%
Intensive Outpatient	45%	34%	42%
Outpatient	7%	4%	7%

## VII. Judicial Supervision

Participants are required to complete nine months in the program in order to graduate, or three months in each of three phases of treatment. Relapses or other noncompliance (e.g., violating program rules, disappearing on a warrant, etc.) will lead participants to be set back to the beginning of their current phase and, in some cases, to the beginning of the preceding phase. This leads drug court participation to take longer than nine months for the average participant. Not all infractions lead participants to lose time, however; for instance, missed treatment appointments might only lead to a warning.

The participants are required to return to court once every two-three weeks at the outset of their participation and once every month thereafter. They must arrive on time at the start of the court session unless otherwise arranged. The participants must sit in the courtroom until they are called. When the participants are called, they stand before the judge with their attorney, resource coordinator and the ADA. Often, the project director is also present for the case call.

### Judicial Interaction

Researchers observed a total of 176 courtroom proceedings (see Attachment A). When a progress report was provided to the judge, the judge consistently reviewed the report in 98% of the cases and always addressed the participant (100%). This often took the form of engaging the participant in direct conversation (86%) and asking probing questions (74%). The judge discussed how treatment was going (66%); encouraged those doing well (100%); admonished those doing poorly (94%); made note of any milestones that were approaching (94%); and administered a system of intermediate sanctions and rewards in response to progress or noncompliance. The judge also conversed with the attorneys, ADA and case managers, as needed.

During the focus group, participants stressed the importance of the judge. They all had positive things to say about the judge that presided over the case and how the respect that the judge showed them motivated them to do well in treatment.

“I think this is the only court where you will go to where there is a level of sensitivity”.

Table 6 shows for QMTC graduates and failures how many court appearances they attended during their drug court participation (after pleading guilty and formally entering the program). The table also shows the average rate of appearances per month – in theory, the rate should exceed 1.00, given the plan to hold appearances every three weeks in the early stages of participation. On average, graduates are in the program for 13 months and failures are in the program for 9 months.

Table 6. Judicial Supervision: Court Appearances for Monitoring

	Graduates (n=114)	Failures		
		All Failures (n=132)	< 6 Mo. in Prog. (n=53)	≥ 6 Mo. In Prog. (n=74)
1. Total Number of Appearances				
Ten (10) or fewer	21%	58%	87%	34%
Eleven (11) through twenty (20)	55%	35%	13%	53%
Twenty-one (21) through thirty (30)	18%	5%	0%	10%
More than thirty (30)	5%	2%	0%	4%
Median Number of Appearances	14.5	10.0	6.0	12.5
Average Number of Appearances	16.3	10.5	6.1	14.4
2. Rate of Appearances/Month				
Median rate of appearances/mo.	1.21	1.53	1.9	1.3
Average rate of appearances/mo.	1.25	1.54	2.1	1.3

The results show:

- Over half of all graduates (55%) had from 11 to 20 court monitoring appearances; 21% had fewer than 10; 18% had 21 to 30, and 5% had over thirty;
- The average number of court appearances was 16.3 for graduates and 10.5 for failures (failures averaged less time in the program); and
- The average rate of appearances per month was 1.25 for graduates and just slightly higher at 1.3 for failures with more than six months in the program; failures with six months or less in the program averaged 2.1 appearances/month.

In separate analyses (results not shown), the court appearance rate was calculated for all participants, including those active in QMTC and those currently on warrant. The average was 1.18 appearances per month. This is approximately what one would expect given the QMTC policy to hold slightly more than one appearance per month. Hence, the results show that judicial supervision was implemented precisely as planned.

#### Infractions, Intermediate Sanctions

QMTC has a rewards and sanctions system that was designed during the planning phase with input from all stakeholders. Infractions have corresponding sanctions that increase in severity

Table 7. Infractions for All Participants

	Participants with at least one infraction
# of Participants	393
% of Participants with at least one infraction	62%
# of Infractions	826
% Serious Infractions (new arrests/warrants)	72%
<b>INFRACTION TYPE</b>	
1. New Arrest	14%
2. Warrant	58%
Abscond, Voluntary Return on Warrant	7%
Abscond, Involuntary Return on Warrant	14%
Abscond, return unknown	37%
3. Dirty or Substituted Urine	12%
4. Program Violation	15%
Missed appointment	13%
Rule-breaking	2%
5. Other	1%

Table 7 highlights the number and types of infractions. Overall, 62% of participants committed at least one infraction, of which the majority (72%) were serious infractions, such as new arrests and warrants.

For noncompliant participants, sanctions may be imposed during court appearances. Table 8 shows that 51% of graduates and 75% of failures incurred at least one sanction; and 31% of graduates and 64% of failures incurred at least one jail sanction. Regarding the types of sanctions used at QMTC, almost half (48%) were jail sanctions (all from 1-11 days in jail) and 21% were either treatment modality upgrades or increases in the required days of treatment.

Table 8. Intermediate Sanctions

Total number of participants in the analysis	246
Number of graduates	114
Number of failures	132
<b>IMPOSITION OF SANCTIONS</b>	
1. Any Sanction	
Percent incurring at least 1 sanction (all participants)	60%
Percent of graduates incurring at least 1 sanction	51%
Percent of failures incurring at least 1 sanction	75%
2. Jail Sanction	
Percent incurring at least 1 jail sanction (all participants)	41%
Percent of graduates incurring at least 1 jail sanction	31%
Percent of failures incurring at least 1 jail sanction	64%
Number of participants in this part of the analysis	236
Total number of sanctions (can be more than one for some participants)	432
<b>SANCTION TYPE</b>	<b>% of All – Sanctions Imposed</b>
1. Essay	6%
2. Jury Box	7%
3. Court Monitoring Upgrade	2%
4. Treatment Increase	21%
5. Jail	48%
Less than 1 week	17%
7-11 days	22%
Length unspecified	10%
6. Other	17%
Verbal admonishment	10%
Other	7%

“I wanted to be the one up there being applauded; the judge even stands up for you and everything. It’s a real good feeling and I wanted that.”

Table 9 shows that 100% of graduates but only 24% of failures received at least one such reward. The most common rewards involved recognition of Phase Two or Phase Three promotion (82%) or judicial applause or encouragement (16%). According to the stakeholders interviewed, rewards tend to be less effective with QMTC’s relatively older population.

Table 9. Rewards

Total number of participants in the analysis	393
Number of graduates	114
Number of failures	132
<b>JUDICIAL REWARDS</b>	
1. Any Reward	
At least one reward-all participants	53%
One (1)	26%
Two (2)	53%
Three (3)	16%
Four (4) or more	5%
At least one reward-graduates	100%
Two (2)	71%
Three (3)	21%
Four (4) or more	7%
At least one reward-failures	24%
One (1)	14%
Two (2)	9%
Three (3)	1%
<b>REWARD TYPE</b>	
Phase Promotions (to Phase Two or Phase Three)	82%
Decrease in Treatment or Court Reporting	2%
Judge-invoked applause or encouragement	16%

and goals. Of the graduates who participated in the focus group, a few had received their GED and others had participated in parenting skills and HIV seminars.

The graduation application is completed at the time of the exit interview. In QMTC, 50% of participants entered the drug court with their high school diploma or GED and 8% of the graduates had obtained one or the other by the time they graduated drug court. As discussed above, participants are provided assistance in reaching this goal. In addition, 17% of graduates were in school when completing the drug court and 33% were working full-time or part-time at exit. Interestingly, 55% of the graduates of QMTC had not completed treatment at the time of the exit interview. This indicates that many graduates are able to complete the requirements of the drug court before completing all requirements of their community-based treatment program.

On September 30, 2005, QMTC had the first formal dismissal and graduation ceremony. Many graduates were in attendance, as well as family and friends and judges. The court officers were in dress uniform, music was performed and lunch was served.

“A lot of doors have opened and opportunities are being offered to me. So, you know, from my attitude from just wanting to stay out of jail has turned into really wanting to get my life together with all these opportunities and everything they were offering me”.

### Court Operation

At inception, the treatment court was held on Tuesday and Friday for half-days. With the increase of participants, the treatment court needed to be open more days of the week, and currently it is open four full days. The QMTC does not hold regular meetings to discuss participant compliance or non-compliance with treatment. Partner agency representatives all are made aware of any developments in a case and discuss and come to an agreement of next steps easily. None of the team members that were interviewed felt that the absence of a formal meeting was a problem. Team meetings were difficult to hold in the mornings because a defense attorney would have to be present to discuss case updates, and defense attorneys are often juggling multiple cases in multiple courtrooms. Each stakeholder is made aware of any case updates and if a decision needs to be reached, it is often done at a bench conference. The judge is very involved in decision-making.

## VIII. Participant Compliance

Table 10 shows the prevalence of two types of infractions for which detailed data is available, positive drug tests and warrants, among QMTC graduates and failures. The results indicate little difference between graduates and failures in the prevalence of relapse -- and show significant relapses for both groups, with just 42% of graduates and 32% of failures avoiding any positive drug tests during participation. But those eventually failing out were more likely to abscond on warrants: 35% of graduates and 87% of failures disappeared on at least one warrant.

Also, failures were far more likely to disappear on a warrant soon after formally beginning their drug court participation; 10% of graduates and 42% of failures had at least one warrant within just thirty days after formally becoming a drug court participant. This indicates that early warranting is a crucial warning sign of potential failure.

Finally, failures averaged much more time on warrants than graduates. Of those who did abscond on at least one warrant, the average number of days on warrant was 48 for graduates and 128 for failures. Notably, these results closely mirror those found in other drug courts. Relapses are common among all types of participants, but those consistently attending treatment are more likely to make progress and ultimately to graduate.

Table 10. Noncompliance: Positive Drug Tests and Warrants

	Graduates (n=114)	Failures (n=132)
1. Positive Drug Tests		
Zero (0)	42%	32%
One (1)	18%	14%
Two (2)	5%	14%
Three (3) or four (4)	17%	16%
Five (5) or more	18%	24%
2. Warrants		
Zero (0)	65%	13%
At least one (1) warrant	35%	87%
3. Early Warranting		
Warranted within 30 days of formally becoming a participant	10%	42%

## IX. Retention

Retention rates are a critical measure of program success. A one-year retention rate indicates the percentage of participants who, exactly one year after entering drug court, had either graduated or remained active in the program (whereas those on warrant or who failed are considered not retained).

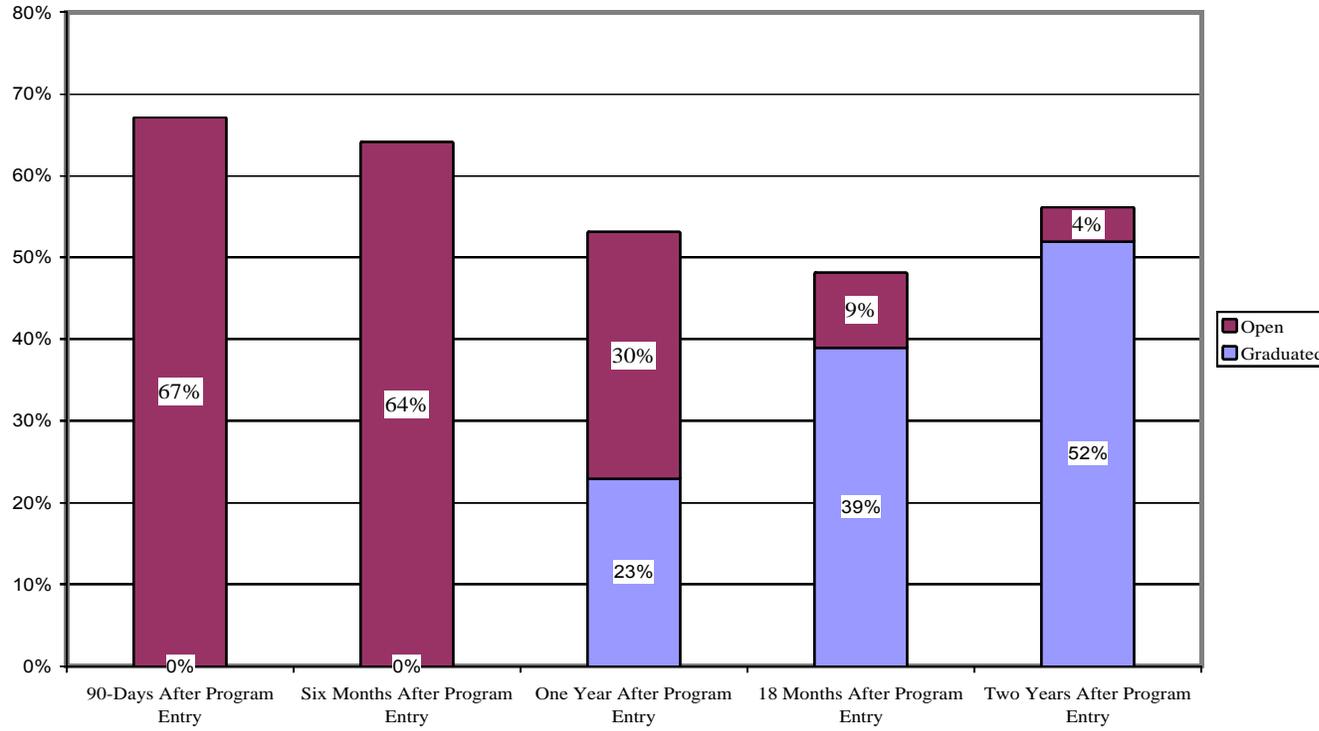
The results from Figure 2 indicate:

1. QMTC has a 67% 90-day retention rate;
2. QMTC has a 63% six-month retention rate;
3. QMTC has a 53% one-year retention rate - 23% of QMTC participants had graduated and 30% had failed by their one-year anniversary date, while the remaining participants had not yet reached final status – they were either still active (30%) or on warrant (17%);
4. QMTC has a 48% 18-month retention rate;
5. QMTC has a 55% two-year retention rate - 52% of QMTC participants had graduated and 38% had failed by their two-year anniversary date, while the remaining participants had not yet reached final status – they were either still active (4%) or on warrant (7%).

Since 47% of participants had not reached final status (graduation or failure) at the one-year mark, this indicates that most QMTC participants take longer than the projected nine to twelve month range to complete their QMTC participation. In fact, the average time to completion for QMTC graduates is almost 13 months (12.8).

The QMTC graduation rate is likely to be similar to its 52% two-year retention rate, since only 11% of participants had not reached a final graduation or failure status after two years. The QMTC is very close to reaching its targeted graduation rate of 50%. This is consistent with the national drug court graduation rate, commonly estimated at about 50%, which is remarkable for a New York City misdemeanor court, serving a population with severe drug use histories and socioeconomic disadvantages (General Accounting Office 1997).

Figure 2. QMTC Retention Rates



## X. Court Elements

### Technology

QMTC utilizes the New York State Universal Treatment Application (UTA) to collect data on all program participants. The UTA is a customized drug court technology application created by the New York State Unified Court System (UCS) for the purpose of obtaining reliable and comprehensive data on drug courts statewide. The resource coordinator and case managers have access to the UTA and are responsible for inputting and updating the data. No one indicated any difficulties or issues concerning the technology.

### Evaluation

QMTC engaged the services of the Center for Court Innovation to conduct a process evaluation, to which this report contributes, and an impact evaluation (forthcoming in 2007).

## XI. Conclusion

The QMTC has attained its goals. During the planning and implementation stages, the QMTC established a strong stakeholder collaboration. This collaboration worked together to create eligibility requirements, the jail alternative, sanctions and rewards. The current working group shares a genuine concern for each other and the participants that they serve.

The effectiveness of the QMTC is reflected in its 53% one-year and 55% two-year retention rates, both of which meet or exceed stated QMTC objectives. These retention figures are particularly notable, since the QMTC works with a severely addicted, disadvantaged misdemeanor population over which it has limited legal leverage.

When faced with obstacles or problems – e.g. lower-than-expected volume at the outset of operations and a relatively high program refusal rate -- the QMTC team made necessary mid-course adjustments. For example, the volume problem was successfully resolved by lowering the jail alternative and educating judges about the importance of misdemeanor treatment court.

One notable recommendation was made during the focus group with drug court participants, several of whom expressed their desire for support from the QMTC post-graduation. One person commented that QMTC had been “the only positive support system that I have had in my life.” They suggested a phone call or an alumni group so that they could still feel connected to the court.

“QMTC works and needs to be continued. They should reach into the penal system for others who can use treatment and get the same help we got.”

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Government Accountability Office. 1997. "Drug Courts: Overview of Growth, Characteristics, and Results." Washington, D.C., Report to Congress.

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**Appendix A.**

**QUEENS MISDEMEANOR TREATMENT COURT - COURT OBSERVATIONS**

Date: \_\_\_\_\_ # QMTC cases: \_\_\_\_\_ Court start-time: \_\_\_\_\_ # non-QMTC cases: \_\_\_\_\_

	1	2	3	4	5
<b>TYPE OF APPEARANCE</b>					
Pre-plea					
Participant					
Non-QMTC					
Start time of appearance					
End time of appearance					
<b>SPOKE DURING APPEARANCE</b>					
Judge					
TASC Case Manager					
Court Case Manager					
Resource Coordinator					
Assistant District Attorney					
Defense					
Defendant					
<b>JUDGE'S TACTICS</b>					
Engaged in direct conversation					
Made eye contact					
Issued sanction (specify)					
Issued reward (specify)					
Positive feedback					
Negative feedback					
Asked probing questions					

**Appendix B.**  
**INFORMED CONSENT FOR STUDY PARTICIPATION IN THE**  
**QUEENS MISDEMEANOR TREATMENT COURT FOCUS GROUP PROJECT**

1. Why are you being invited to take part in this research?

You are being asked to sign this Informed Consent because you are being requested to participate in a research study to determine how past drug court participants view their experiences in the drug court program. If you volunteer to take part in this study, you will be one of about 8 to 12 drug court participants from your court to do so.

2. Who is doing the study?

Researchers at the Center for Court Innovation, a public/private partner of the New York State Unified Court System, are conducting the study.

3. What is the purpose of this study?

The purpose of this study is to determine how past drug court participants view their experiences in the drug court and what suggestions they might have to improve the way the drug court operates. By agreeing to participate in this group discussion, you can help officials at this drug court, and at drug courts around the country, develop more effective drug court programs.

4. What will you be asked to do?

You will be asked to attend a discussion group with other past drug court participants. During the group, you will be asked to discuss your experiences in the drug court. You will be asked to talk about what you found useful in helping you, what was less useful, things about the drug court you would change, and so on. The discussion will last one and half to two hours, and will take place in an empty room in the courthouse. During the discussion, only the researchers and drug court participants taking part in the discussion will be in the room.

5. What are the possible risks and discomforts of being in this study?

Although none of the questions you will be asked are expected to cause any emotional distress, it is possible that discussing your drug court experience may be distressing. You are not required to answer any question that makes you uncomfortable. If your participation in the group causes you to experience stress or discomfort, the researchers running the group can provide you with a referral to the appropriate services.

Some of the comments and suggestions made during the discussion might be shared with staff members when we talk with them. However, nothing you say about the drug court will be attributed to you. The comments made by drug court participants will not be identified with participant names or other identifying information. Therefore, drug court staff will know generally WHAT was said in the participant discussion group, but will not know WHO said what. In addition, all notes and transcripts where drug court participants are identified will be kept secure in locked cabinets at the Center for Court Innovation.

6. Are there any benefits to you being in this study?

8. Do you have to stay in the study?

No. You can stop your participation in the study at any time, for any reason. You can refuse to answer any question asked. Your decision to end your participation or to refuse to answer a question will not influence how your case is being handled.

9. Will information about you be confidential?

Yes. Although confidentiality cannot be guaranteed, we will take specific steps to maintain confidentiality. If you participate, we promise you that we will take the utmost precautions to assure that everything you tell us will be kept in strictest confidence. Your name will not be given to anyone, including court officials, or police. Only the people doing the research will see any information that identifies you personally. Your name will never be used in any report. The discussion group in which you participate will be tape recorded and transcribed by the research team. All written records and hard copies of the focus group interviews will be kept in locked cabinets in a secure area. After the study's completion, the hard copies of the group discussions will be destroyed.

The only exception to the pledge of confidentiality is if you tell the researchers that you intend to harm yourself or somebody else, have committed child abuse, or intend to commit a specific crime against someone else. If this happens, the researchers are instructed to contact the appropriate authorities.

10. What should you do if you have any questions?

If you have any questions about the study, or wish to receive a summary of the interview when it is completed, you can call Melissa Labriola, Principal Investigator, at the Center for Court Innovation at (212) 373-1693.

In addition, you may contact the Institutional Review Board's Administrator, Kelly O'Keefe, at the Center for Court Innovation at (718) 643-5729 if you have any questions regarding your rights as a research participant.

Please sign and date below to show that you have read and understood this information, and you agree to participate in the study. A copy of this consent form will be provided to you.

#### PARTICIPANT'S STATEMENT

I agree to participate in this group discussion. I understand that my participation is voluntary and will not affect how any current or future case is handled. I understand that I can stop participating at any time or refuse to answer questions asked of me. I have received a copy of this form.

Name \_\_\_\_\_  
(PLEASE PRINT)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Appendix C.  
DISCUSSION TOPICS FOR QUEENS MISDEMEANOR TREATMENT COURT

- **Motivation to Enter and Remain in Drug Court**
  - Why did you agree to enter drug court?
  - What motivated you to continue?
  - In what ways, if any, does motivation to stay in the program change over time?
- **Perceptions of Procedural Justice in the Drug Court Program**
  - Did drug court staff make your responsibilities clear? Did you understand what would happen if you graduated? If you failed? What, if anything, was confusing?
  - Do you believe the court treated you fairly? Did you agree or disagree with sanctions imposed on you? What types of sanctions were imposed on you?
  - How does the drug court experience compare to other criminal justice experiences you might have had?
- **Treatment and other Services**
  - How do you view the treatment experience?
  - What did you expect treatment would be like? Were there surprises once you began treatment?
  - Had you been in treatment previously? If so, what was different about this treatment experience?
  - What additional services (beyond treatment) are available, how do you feel about them, and what additional services would you like to see provided?
- **Court-related Components of the Drug Court Program**
  - How helpful are different program components (judicial supervision, case management, rewards and sanctions, etc.)?
  - What happens during your court appearances? What does the judge say? What kinds of comments are helpful, and what kinds are not? Did the judge ever praise or criticize you? If so, how did that affect you?
  - How helpful is seeing other participants get rewards and sanctions? Seeing others graduate and fail? Hearing others' cases?
- **Suggestions for Improvement**
  - What aspects of the drug court program do you find most positive? Most negative? In what ways could the drug court program be improved?