

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

**Drug Court Initiative
Annual Report
2016**

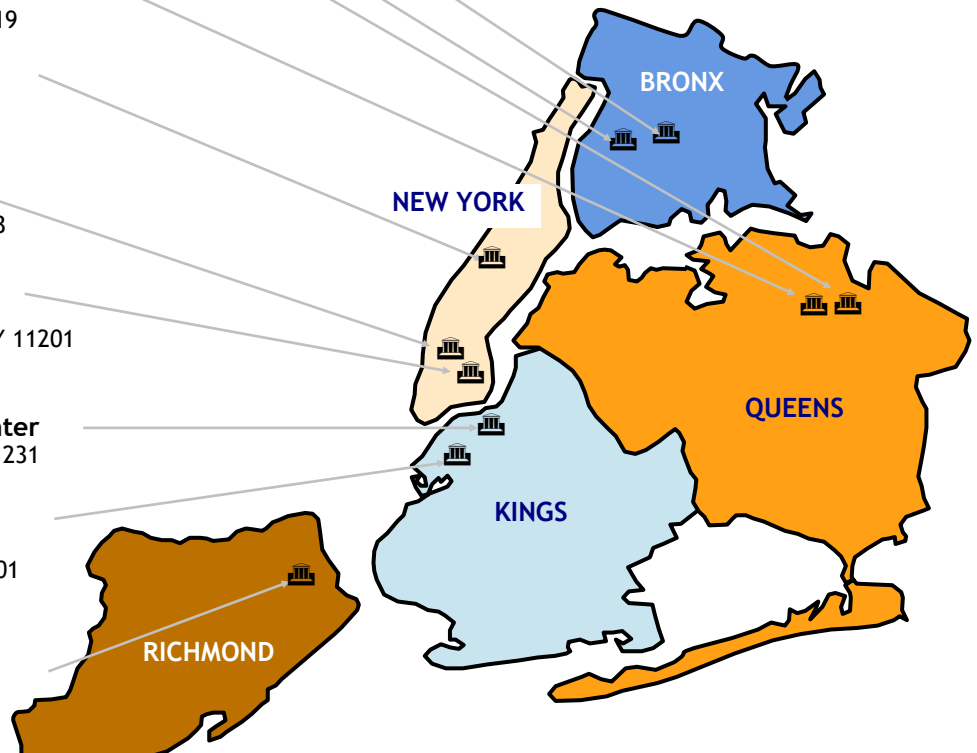




NEW YORK CITY

Courthouse Locations

- **Bronx Criminal Court**
215 E.161st Street, Bronx, NY 10451
- Drug Court
265 E.161st Street, Bronx, NY 10451
- **Queens Criminal Court**
125-01 Queens Blvd., Kew Gardens, NY 11415
- Drug Court
- **Queens Summons**
120-55 Queens Blvd., Kew Gardens, NY 11415
- **Midtown Community Court**
314 W. 54th Street, New York, NY 10019
- Drug Court
- **Citywide Summons**
1 Centre Street, New York, NY 10007
- **New York Criminal Court**
100 Centre Street, New York, NY 10013
- Drug Court
- **Kings Criminal Court**
120 Schermerhorn Street, Brooklyn, NY 11201
- Drug Court
- **Red Hook Community Justice Center**
88-94 Visitation Place, Brooklyn, NY 11231
- Drug Court
- **Richmond Criminal Court**
26 Central Ave., Staten Island, NY 10301
- Drug Court






CRIMINAL COURT OF THE CITY OF NEW YORK DRUG COURT INITIATIVE
 2016 ANNUAL REPORT
 Published September 2017

Hon. Melissa C. Jackson, Administrative Judge
 Hon. Alexander Jeong, Deputy Administrative Judge
 Justin Barry, Chief Clerk
 Lisa Lindsay, Problem-solving Courts Coordinator

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Cover Photo:
Abstraction, 1939 by Byron Browne
 (Located in the Staten Island Criminal
 Court jury room)

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5,605

The total number of drug court graduates citywide between 1998 and 2016.

Includes STEP, MBTC, MMTTC, MTC, QMTC, SITC, MDC-N, MDC-92A, MDC-92B, BMVTC and MVTC.



Executive Summary

This report profiles the judges, staff and participants of the New York City Criminal Court Drug Court Initiative. Implemented in 1998 with the opening of the Manhattan Treatment Court, the Drug Court Initiative was developed to make treatment available to non-violent, substance-abusing offenders as an alternative to incarceration with the goal of reducing criminal behavior and improving public safety. Over the course of the last nineteen years the Drug Court Initiative has expanded to include courts in all five counties of the City of New York. In order to make these programs accessible to all eligible offenders, Criminal Court implemented a Comprehensive Screening Program to evaluate every person charged with a criminal offense to determine appropriateness for court-monitored substance abuse treatment.

Each court was developed with input from local prosecutors, the defense bar, treatment providers, probation and parole officials and court personnel and all operate under a deferred sentencing model with participants pleading guilty to criminal charges prior to acceptance into the program. Successful completion of the program results in a non-jail disposition which typically involves a withdrawal of the guilty plea and dismissal of the charges. Failure to complete the program brings a jail or prison sentence. All of the drug courts recognize the disease concept of addiction and utilize a schedule of interim sanctions and rewards, bringing swift and sure judicial recognition of infractions and treatment milestones. Judges, lawyers and clinical staff recognize that relapse and missteps are often part of the recovery process, but participants are taught that violations of court and societal rules will have immediate, negative consequences.

This successful drug court model, together with excellent judges, clinical and court staff, are responsible for Drug Court Initiative’s retention and graduation rates.

Some 2016 Drug Court Initiative milestones:

- **†‡3,769** defendants were referred to drug courts for evaluation;
- **†‡615** defendants agreed to participate and pled guilty; and
- **†‡320** participants graduated from drug court.

*Depending on the court, not everyone who is referred is entered into the UTA.

† Statistical results originate from data inputted in UTA between 1/1/16 and 12/31/16.

‡ Includes STEP, MBTC, MMTTC, MTC, QMTC, SITC, MDC-N, MDC-92A, MDC-92B, BMVTC and MVTC.

*These data excludes BTC, BXTC and QTC.

Introduction

Drug Courts Work . . .

There are over 3100 drug treatment courts operating within the U.S, and internationally in 15 countries. By using a combination of accountability and treatment to compel drug court participants to change their lives, drug treatment courts significantly reduce crime, save money by avoiding criminal justice costs, and successfully reunite families. With teamwork among our drug court professionals and strong judicial leadership, drug courts are successful in addressing the myriad of issues that plague the drug court participants.

Many individuals and organizations continue to play a role in the success outlined in these pages. Criminal Court wishes to acknowledge the Deputy Chief Administrative Judge for New York City Courts Fern Fisher and Administrative Judge for New York City Criminal Court Melissa Jackson for the unwavering support they provide to the City’s drug courts. Their support has been integral in ensuring the success and validation of the drug courts.

Criminal Court would also like to thank Supervising Judges George A. Grasso (Bronx), Michael Yavinsky (Kings), Tamiko Amaker (New York), Michelle Armstrong (Queens) and Alan Meyer (Richmond), who work hand-in-hand with central administration to make these programs successful.

Director of the Unified Court System Office of Policy and Planning Hon. Sherry Klein Heitler and her staff, especially Kerry Ward, Valerie Raine and Sky Davis have been invaluable in their support, both technical and administrative, as have Frank Wood, Amelia Hershberger, Elizabeth Daich and Robyn Cohen from UCS Division of Grants and Program Development.

Criminal Court would like to acknowledge the interagency commitment it takes to ensure the overall execution and success of the many projects and programs under the Drug Court Initiative. The District Attorneys’ offices of the five boroughs, the Office of the Special Narcotics Prosecutor, the Legal Aid Society and other defender associations throughout the City deserve special mention for the support they have shown these innovative programs. They all have worked alongside the Courts to implement the provisions of the Judicial Division law. Lastly, without our partners in the treatment community, drug courts would not be able to exist.

Lisa Lindsay, Esq.
Citywide Problem-Solving Courts Coordinator



Summary Information - All Courts

The total number of drug court referrals citywide between 1998 and 2016.

Includes STEP, MBTC, MMTC, MTC, QMTC, SITC, MDC-N, MDC-92A, MDC-92B, BMVTC and MVTC.

64,327

Eligibility Criteria

Eligibility criteria are determined by the specific target populations decided by the steering committees during the planning phase of each drug court.

See the table below for specific eligibility criteria in each court:

DRUG COURT ACRONYMS

BMVTC - Brooklyn Misdemeanor Veterans Treatment Court
 BTC - Brooklyn Treatment Court
 BXTC - Bronx Treatment Court
 BXMTC - Bronx Misdemeanor Treatment Court
 MBTC - Misdemeanor Brooklyn Treatment Court
 MDC-N - Manhattan Diversion Court, Part N
 MDC-92A - Manhattan Diversion Court, Part 92
 MDC-92B - Manhattan Diversion Court, Part 73
 MMTC - Manhattan Misdemeanor Treatment Court
 MTC - Manhattan Treatment Court
 MVTC - Manhattan Veterans Treatment Court
 QMTC - Queens Misdemeanor Treatment Court
 QTC - Queens Treatment Court
 SITC - Staten Island Treatment Court
 STEP - Screening & Treatment Enhancement Part (Brooklyn)

	STEP	MBTC	MMTC	MTC	QMTC	SITC	MDC-N	MDC-92A	MDC-92B	BMVTC	MVTC
Target Population	Non-violent First Felony Offenders, Adolescents	Persistent Misdemeanor Offenders	Persistent Misdemeanor Offenders	Non-violent First Felony Offenders & Probation Violators	Persistent Misdemeanor Offenders	First Felony Offenders & Persistent Misdemeanor Offenders	Judicial Diversion Eligible Offences	Judicial Diversion Eligible Offences	Judicial Diversion Eligible Offences	Misdemeanor Offenders	Judicial Diversion Eligible Offences
Drug Sale - Felony	Y	N	N	Y	N	Y	Y	Y	Y	N	Y
Drug Possession - Felony	Y	N	N	Y	N	Y	Y	Y	Y	N	Y
Drug Possession-Misdemeanor	Y*	Y	Y	N	Y	Y	N	N	N	Y	N
DWI	N	N	N	N	N	N	N	N	N	Y	Y
Non-Drug Charge - Felony	Y	N	N	N	N	Y	Y	Y	Y	N	Y
Non-Drug Charge - Misdemeanor	Y*	Y	Y	N	Y	Y	N	N	N	Y	N
Violation of Probation	Y	Y	N	Y	Y	N	N	N	N	Y	N
Prior Felony	N†	Y	Y	N	Y	Y**	Y	Y	Y	Y	Y
Ages	16+	16+	16+	16+	16+	16+	16+	16+	16+	16+	16+

* Where the prosecutor has agreed to reduce the charges, STEP will accept pleas on some misdemeanor cases.

**Misdemeanor cases only

† Defendant allowed to participate upon plea of guilty to misdemeanor offense may have prior felony convictions.

11,327

The total number of drug court pleas citywide between 1998 and 2016.

Includes STEP, MBTC, MMTC, MTC, QMTC, SITC, MDC-N, MDC-92A, MDC-92B, BMVTC and MVTC.

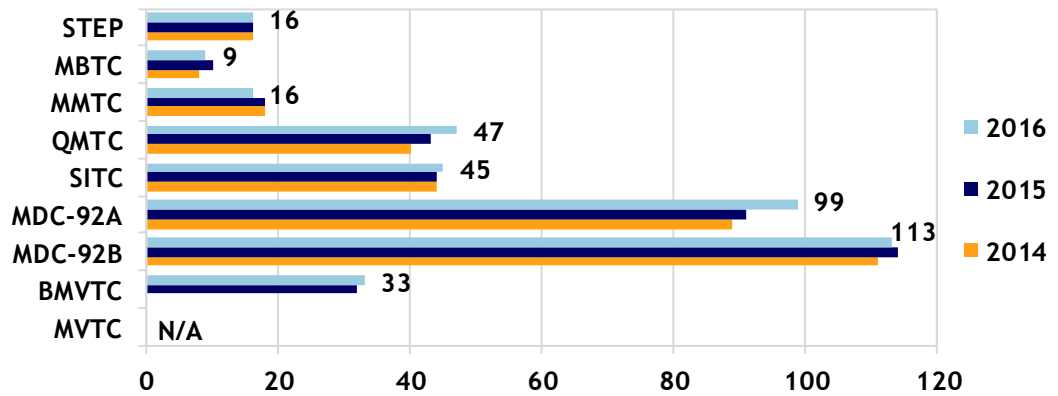


Summary Information - All Courts

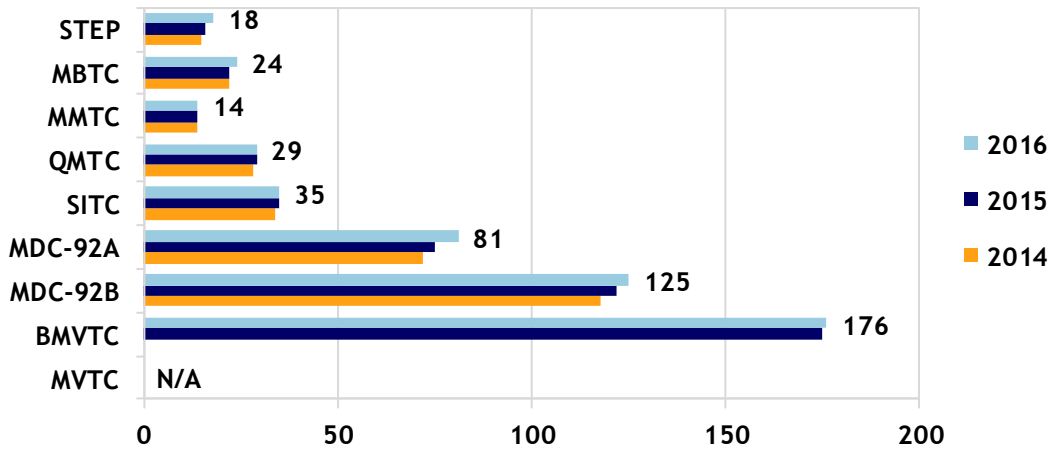
Types of Arraignment Charges

For purpose of analysis, the arraignment charges of defendants entering into our drug courts are divided into felony/misdemeanor and drug/non-drug designations. In 2016, about **fifty-eight percent (58%)** of drug court participants were arraigned on felony charges - and of those, **thirty-five percent (35%)** were arraigned on drug charges. **Twenty-nine percent (29%)** of participants were arraigned on misdemeanor charges - and of those, **eighteen percent (18%)** were arraigned on drug charges. Approximately **four percent (4%)** were arraigned on a drug violation charge and the remaining **nine percent (9%)** of the data was unknown.

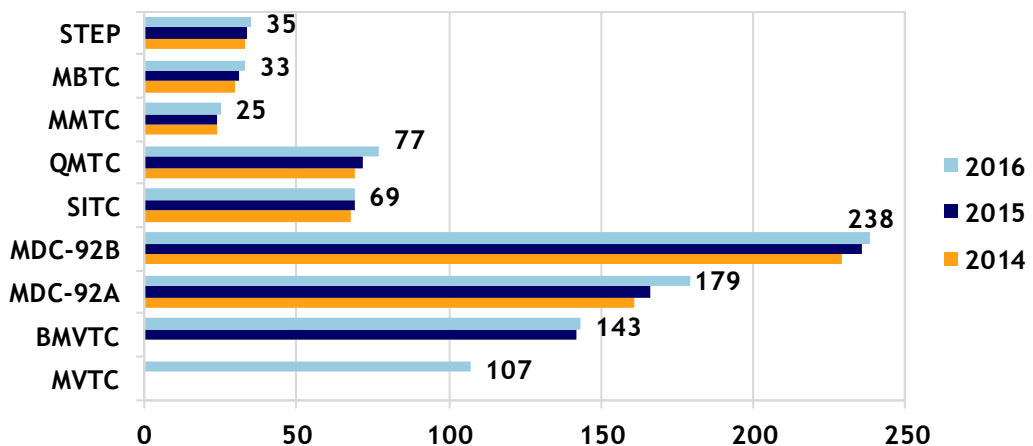
Mean Time Between Arrest and Assessment (Days)



Mean Time Between Assessment and Plea (Days)

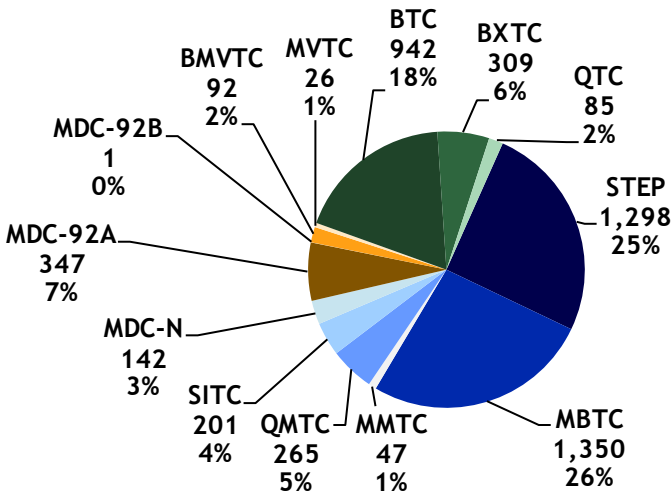


Mean Time Between Arrest and Plea (Days)

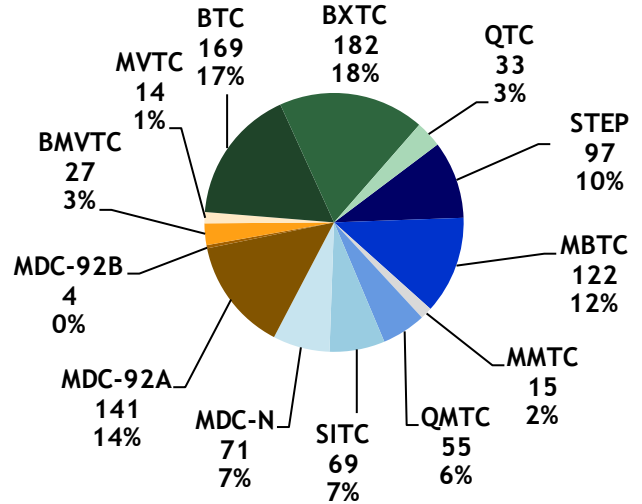




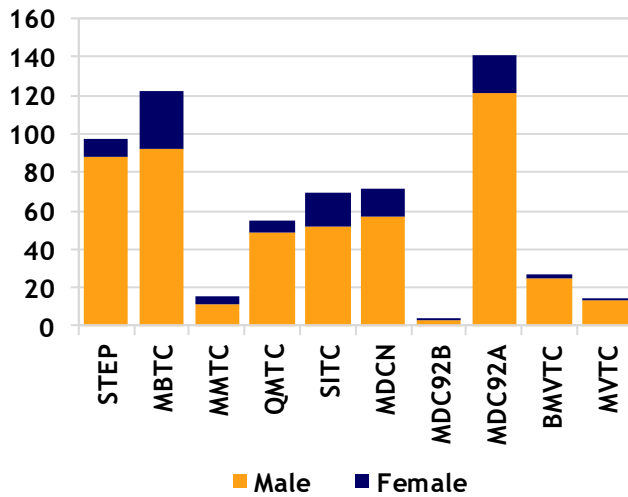
***†2016 Drug Court Referrals - Citywide**



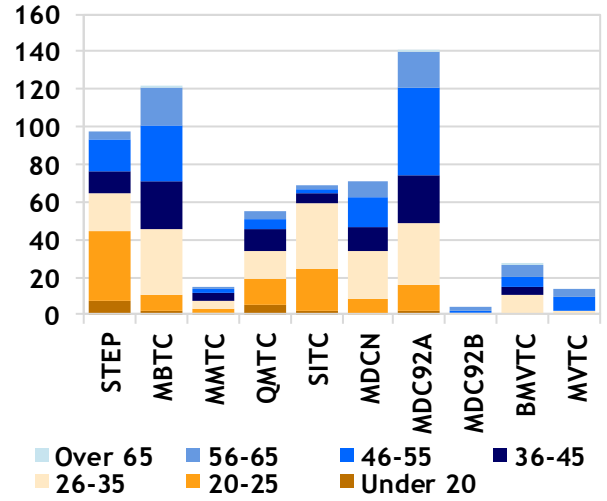
***†2016 Drug Court Pleas - Citywide**



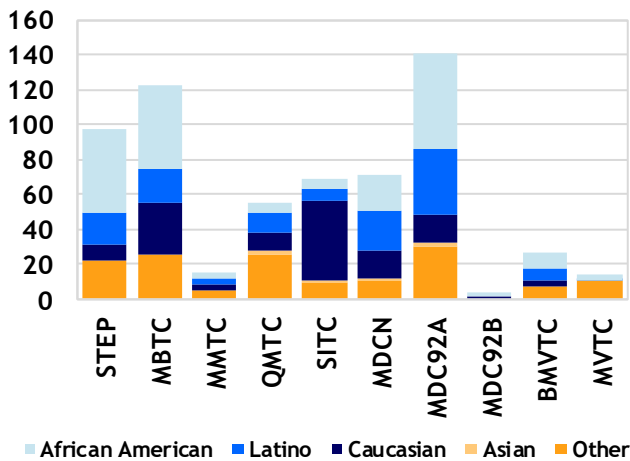
***†2016 Gender of Drug Court Participants**



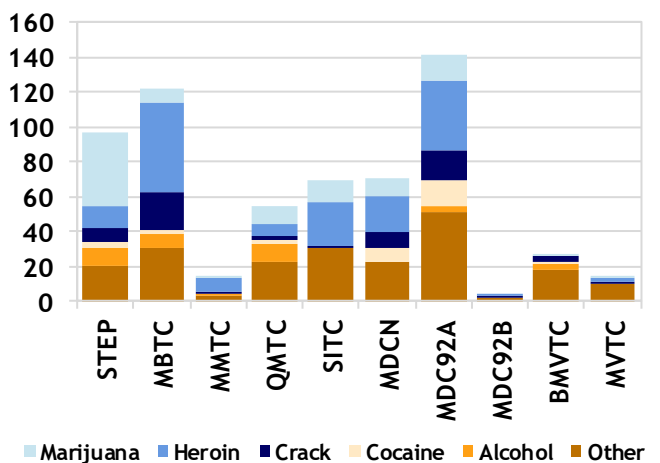
***†2016 Age of Drug Court Participants**



***†2016 Ethnicity of Drug Court Participants**



***†2016 Drug of Choice of Drug Court Participants**



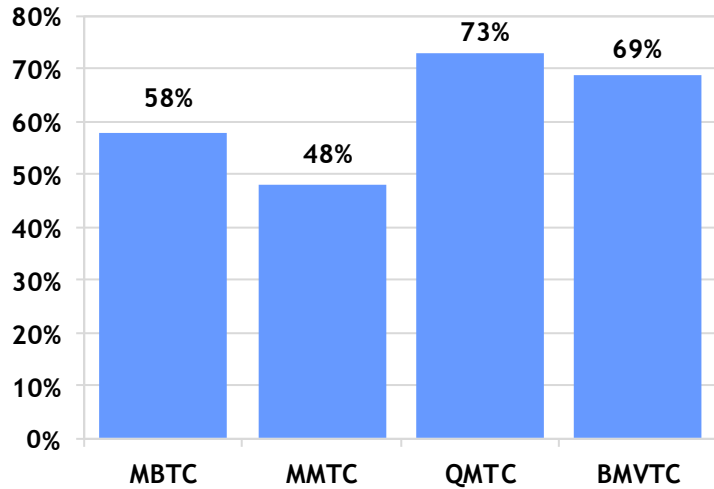
*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.
 †STEP, DTAP and Mental Health pleas are not being reflected entirely.



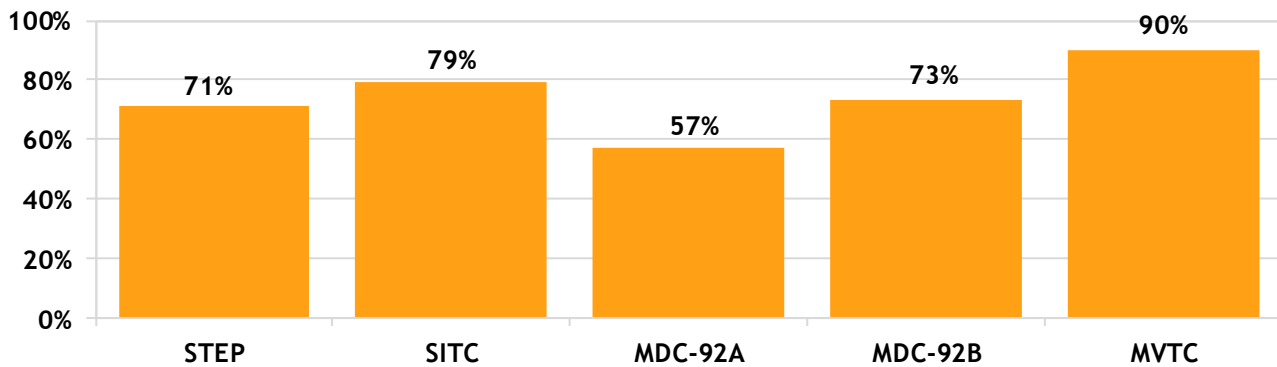
Retention Rates - All Courts

Nationally, retention rates are used to indicate the percentage of participants with positive outcomes within the treatment process. Retention rates are a critical measure of program success; a one year retention rate indicates the percentage of participants who, exactly one year after entering drug court, had either graduated or remained active in the program. The average retention rate for felony courts in the Drug Treatment Court Initiative is 74%. Misdemeanor courts were not included in the analysis of one year retention rates since the length of treatment is shorter (between 6-8 months). The average retention rate for Misdemeanor courts in the Drug Treatment Court Initiative is 62%.

2016 Misdemeanor Drug Court Retention Rates (7 Months)



2016 Felony Drug Court Retention Rates (1 Year)



Comprehensive Screening

Screening is a three-step process. **Step 1** is where court clerks screen papers at arraignment by identifying all defendants charged with a designated offense and requisite criminal history. The Arraignment Part adjourns all "paper eligible" cases to a treatment court. Eligible cases are adjourned for a short date in the treatment court. **Step 2** includes a review by the District Attorney for preliminary consent to treatment alternative. **Step 3** involves an assessment by court clinical staff and, in some instances, a urine toxicology screen test.

COURT REFERRAL SOURCE

STEP	Arraignment Clerks
MBTC	Arraignment Clerks
MMTC	Arraignment Clerks
QMTC	Arraignment Clerks
SITC	District Attorney
MDC—Part 92A	Court Part
MDC—Part 92B	Court Part
BMVTC	Court Part
MVTC	Court Part



Prospects of Problem Solving: A Student's Perspective

By Mark Williams Laforest

Over the course of the better part of two months, I have been interning in the Drug Treatment Courts of Brooklyn (STEP and MBTC) and later Manhattan (MTC and MMTC). Prior to this Criminal Court internship, I was not aware of the existence of problem-solving courts and, to say the least, they were a pleasant surprise. Though serving the needs of both the victims and the perpetrators of crimes may be the goal of all criminal courts, there are no courts I know of that accomplish this goal as well as problem-solving courts, particularly the Drug Treatment Courts.

While interning, I observed the proceedings of the STEP court and I saw Hon. Frederick Arriaga treat people who would normally be prosecuted as though they are patients experiencing a check-up at the doctor's office. While there is still the authority of a courtroom, there is also an aspect of guidance to each proceeding. The faith Judge Arriaga has in every person making it through the treatment program, and getting the applause that comes with their graduation gives the courts another dimension that normally criminal courts are lacking.

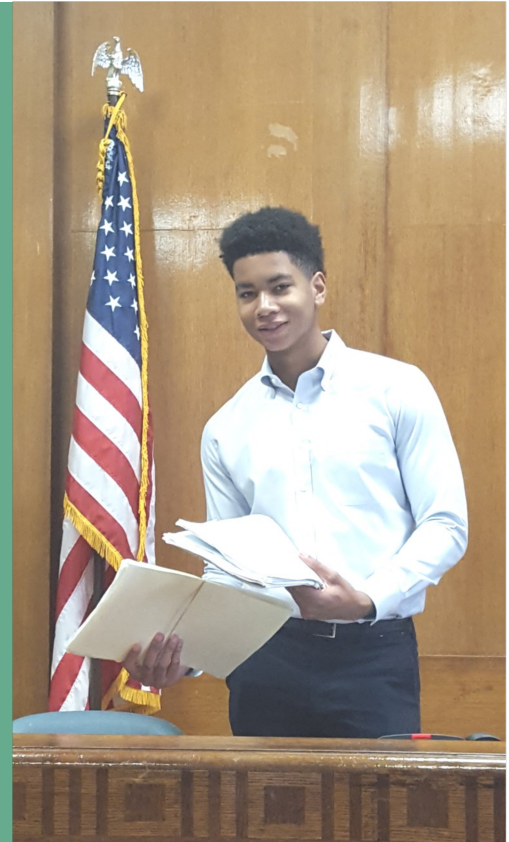
I see this as a possible promising future for many of the criminal courts in the City and the rest of the country. The damage of a criminal record in our society is so substantial and restricting that avoiding a felony permanently on one's record is an amazing opportunity for people. Many of these people have never hurt anyone but themselves with their illegal activities, so this gives them the chance to help rehabilitate themselves.

The recidivism and damage associated with prisons, which punish and deter future crimes, yet are also supposed to serve the same purpose of rehabilitation and reintegration into society, demonstrate how an alternative method is necessary to truly achieve that goal. While working around the case managers, I saw that there was an air of understanding to each interaction and that they wanted nothing more than to see their clientele succeed.

Seeing every facet of STEP showed me that there is a part of the criminal system that I, as a young Black man, can have complete faith in. This is not to say that the treatment courts and similar problem-solving courts are the perfect solution, as there is no way to offer every minor offender treatment and people will occasionally refuse treatment, however I see this as the best solution.

I am very happy I was able to intern in these courts and work on finding resources for its clients, as I have had the opportunity to observe this novel approach to criminal justice. What I value most about court proceedings is that standards are dynamic rather than static: a new precedent can always be set. There will always be the possibility of improving the criminal justice system due to this fact. So in the long run, I feel that these courts will push forward the evolution of criminal justice and help us achieve solutions to many of the system's problems.

I am thankful I had the opportunity to see this side of the justice system through the eyes of the many case managers who work tirelessly to help their clients to graduate. I was able to see the effort behind the treatment courts and the dedication to improving people's lives rather than locking them up for petty crimes.





Screening & Treatment Enhancement Part

Program Description

Staff

Presiding Judge	Hon. Frederick Arriaga
Project Director II	Mia Santiago
Resource Coord. III	Robert Rivera
Case Manager I	Miriam Fmania
	Theresa Good
	Shama Greenidge
	Melinda Pavia
	Lisa Tighe
Probation Officer	Barbara Miles
DOE Liaison	Kristen Murphy
Case Technician	Lyndon Harding

In January 2003, the Screening & Treatment Enhancement Part (STEP) opened in the Kings County.

Arraignment charges differ for STEP participants, with **20%** charged with a felony drug offense and **64%** charged with felony non-drug offenses. There are a handful of misdemeanor (both drug and non-drug) cases that have also been handled by STEP, which amount to approximately **12%**. **Four percent (4%)** of the data was incomplete.

Since its inception in 2003, **20,200** defendants have been referred to STEP for clinical assessment, of which **2,551 (13%)** have taken a plea and opted for treatment. Of the **17,649** who did not take the plea, **6,294 (36%)** refused to participate. Of those who were accepted by STEP and agreed to participate, **1,565 (61%)** graduated within the average length of treatment (based on graduation date) of twelve months, and **917 (36%)** failed to complete treatment. Of the **917** that failed, **78%** of the failures were involuntary, **12%** of failures were voluntary and **10%** were deemed inactive.

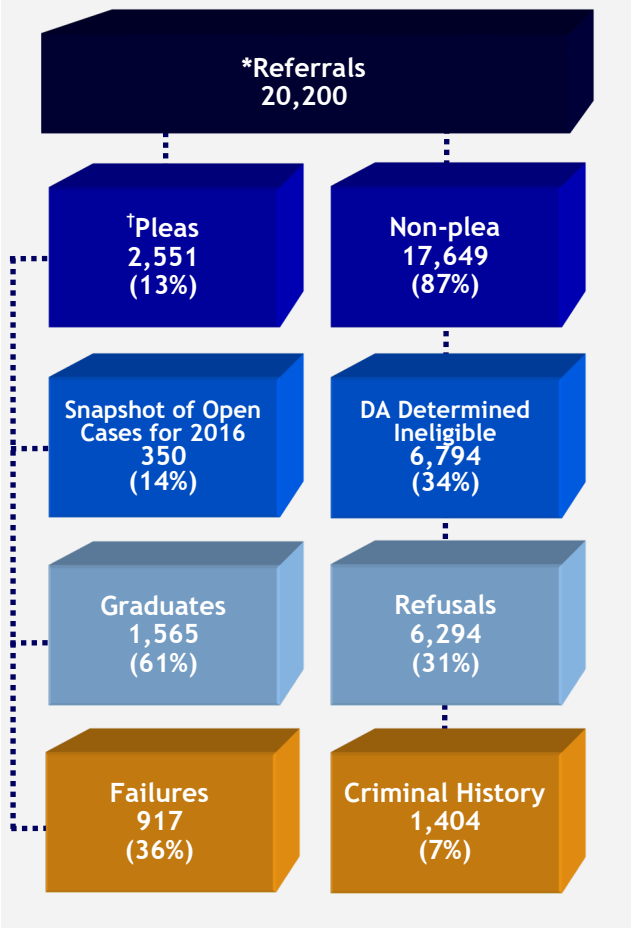
The following information is available for the **1,565** STEP graduates: **19%** of graduates were either full or part-time employed; **19%** were receiving governmental assistance; **46%** were receiving Medicaid; **27%** of the graduates were either in school, full or part-time; and, **18%** of graduates received vocational training.

In calendar year 2016, STEP made up **25% of all referrals for clinical assessment, and **10%** of all pleas taken in the Drug Treatment Court Initiative.

That same year, **1,298** defendants were referred to STEP for clinical assessment, of which **97 (7%)** took a plea and opted for treatment. Of the **97** who agreed to participate, **91%** were males, **49%** were African-Americans, **38%** were within the **20-25** age group, and **Marijuana** was the primary drug of choice (the largest groups in each category).

Seventy-four (74) participants graduated and **51** failed in 2016. Of the **51** that failed, **98%** of the failures were involuntary and **2%** of failures were voluntary.

On average the STEP daily caseload for 2016 was **350** cases. Each case manager typically monitored approximately **70-80** cases.



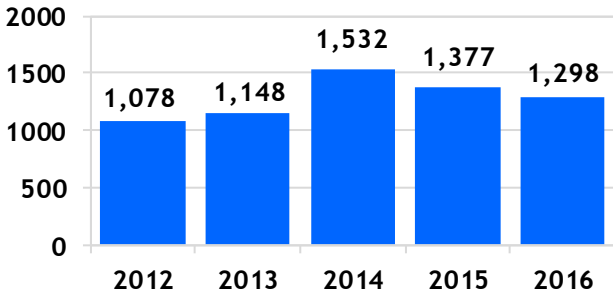
*Data from inception to 12/31/2016.

**Referral and plea data includes BTC, BXTTC and QTC (See pg. 7).

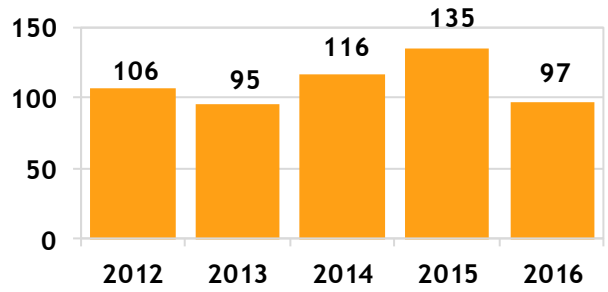
†STEP, DTAP and Mental Health pleas are not being reflected entirely.



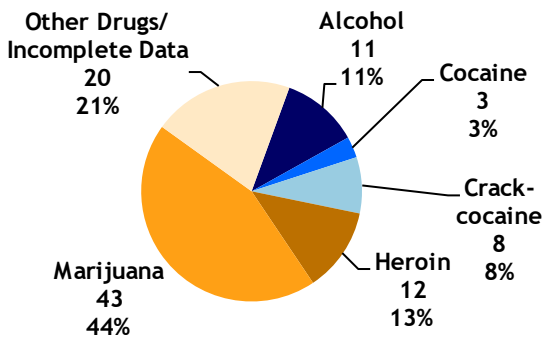
**STEP - Referrals



**STEP - Pleas



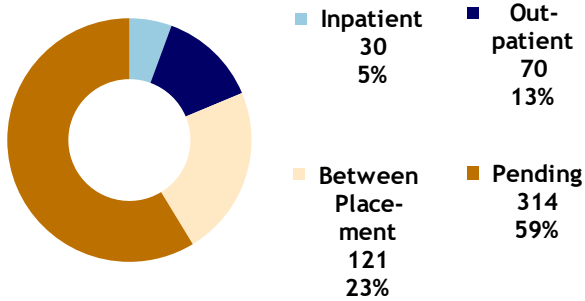
**STEP - Participants' Drug of Choice



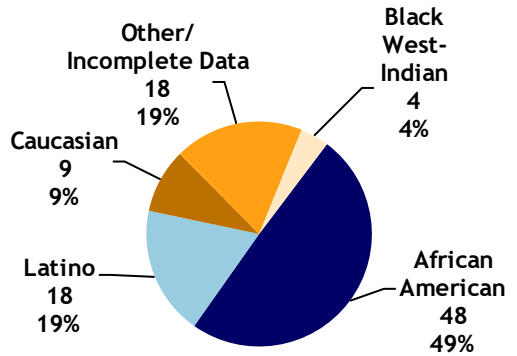
**STEP - Gender of Participants



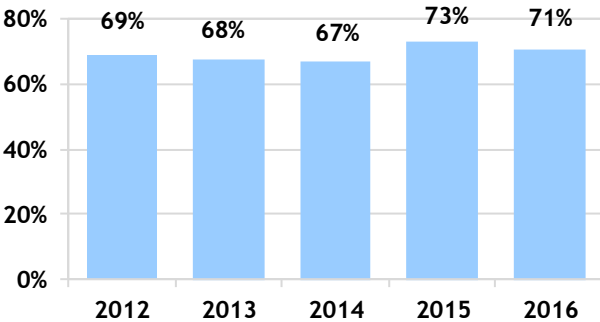
**STEP - Treatment Modalities of Participants



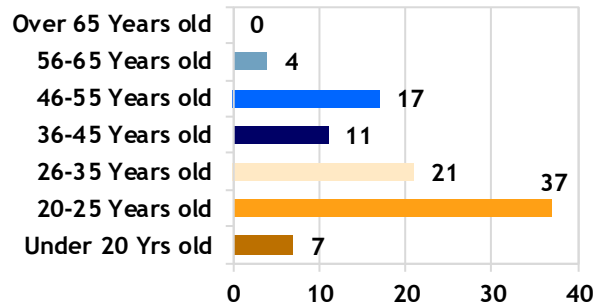
**STEP - Race/Ethnicity of Participants



**STEP - Retention Rates (6 Months)



**STEP - Age of Participants



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.

†Treatment Modalities data will not total 2016 pleas, but are snapshots on or near 12/31/16 UTA data entry.

**STEP, DTAP and Mental Health pleas are not being reflected entirely.



Misdemeanor Brooklyn Treatment Court

Program Description

Staff

Presiding Judge	Hon. Sharen Hudson
Project Director II	Mia Santiago
Resource Coord. III	Robert Rivera
Case Manager I	Miriam Famania
	Theresa Good
	Shama Greenidge
	Melinda Pavia
	Lisa Tighe
Probation Officer	Barbara Miles
DOE Liaison	Kristen Murphy
Case Technician	Lyndon Harding

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

Arrestment charges differ for MBTC participants, with about **43%** charged with a misdemeanor drug offense and **30%** charged with misdemeanor non-drug offenses, while **8%** were arraigned on a drug violations. **Nineteen percent (19%)** of the data was incomplete.

Since its inception in 2003, **27,386** defendants have been referred to MBTC for clinical assessment, of which **2,757 (10%)** have taken a plea and opted for treatment. Of the **24,629** who did not take the plea, **13,273 (54%)** refused to participate. Of those who were accepted by MBTC and agreed to participate, **1,186 (43%)** graduated within the average length of treatment (based on graduation date) of twelve months, and **1,396 (51%)** failed to complete treatment. Of the **1,396** that failed, **60%** of the failures were involuntary and **40%** of failures were voluntary.

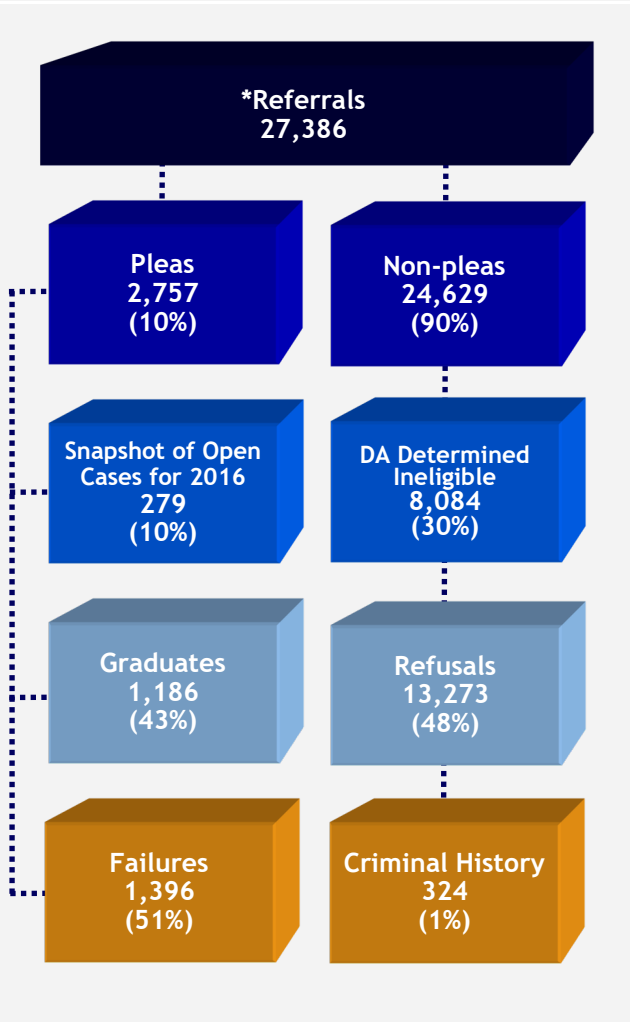
The following information is available for the **1,186** MBTC graduates: **7%** of graduates were either full or part-time employed; **20%** were receiving governmental assistance; **21%** were receiving Medicaid; **9%** of the graduates were either in school, full or part-time; and, **7%** of graduates received vocational training.

In calendar year 2016, MBTC made up **26% of all referrals for clinical assessment, and **12%** of all pleas taken, in the Drug Treatment Court Initiative.

That same year, **1,350** defendants were referred to MBTC for clinical assessment, of which **122 (9%)** took a plea and opted for treatment. Of the **122** who agreed to participate, **75%** were males, **39%** were African-Americans, **28%** were within the **26-35** age group, and **Heroin** was the primary drug of choice (the largest groups in each category).

Fifty-two (52) participants graduated and **96** failed in 2016. Of the **96** that failed, **52%** of the failures were involuntary and **48%** of failures were voluntary.

On average the MBTC daily caseload for 2016 was **279** cases. Each case manager typically monitored approximately **45-50** cases.

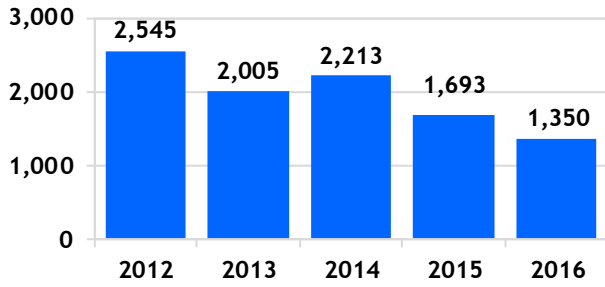


*Data from inception to 12/31/2016.

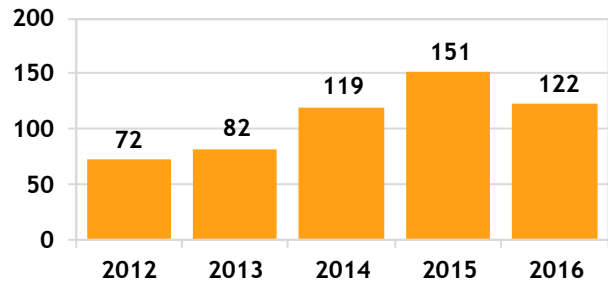
**Referral and plea data includes BTC, BXTTC and QTC (See pg.7).



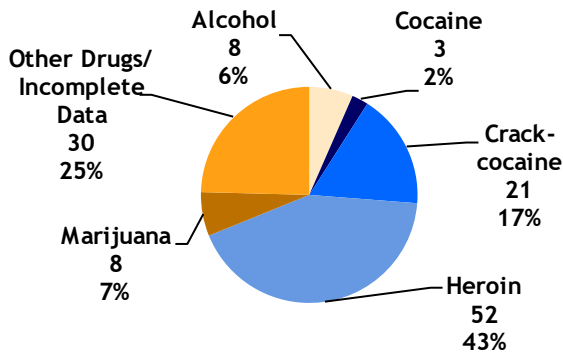
*MBTC - Referrals



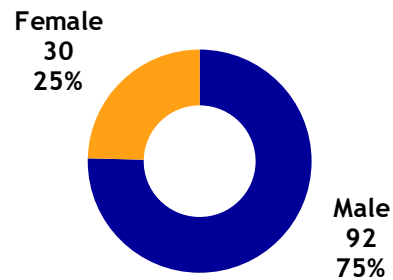
*MBTC - Pleas



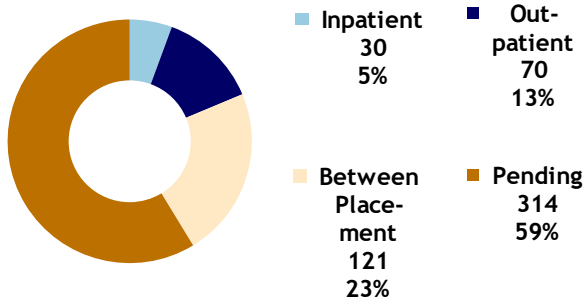
*MBTC - Participants' Drug of Choice



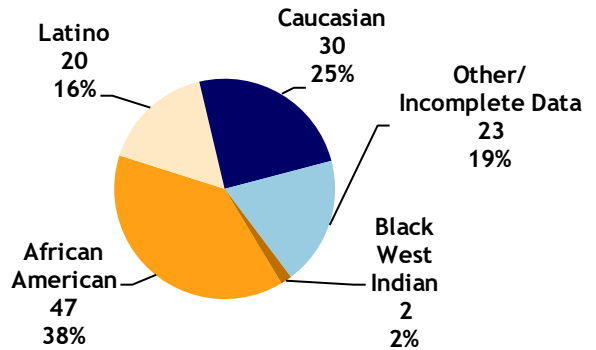
*MBTC - Gender of Participants



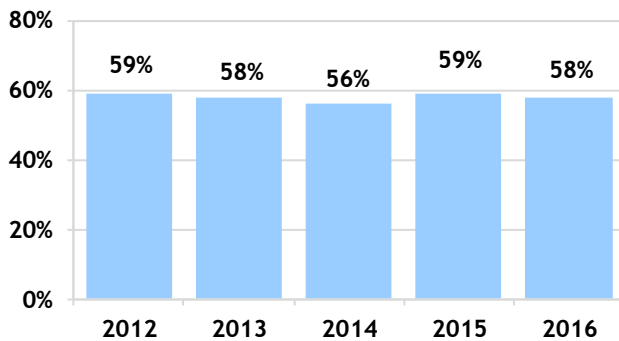
*MBTC - Treatment Modalities of Participants



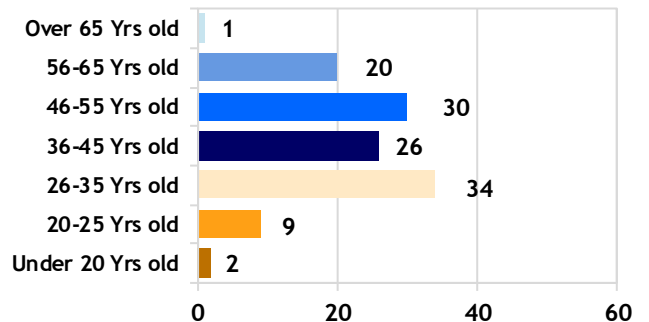
*MBTC - Race/Ethnicity of Participants



*MBTC - Retention Rates (6 Months)



*MBTC - Age of Participants



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.
 †Treatment Modalities data will not total 2016 pleas, but are snapshots on or near 12/31/16 UTA data entry.



Manhattan Misdemeanor Treatment Court

Program Description

Staff

Presiding Judge	Hon. Richard Weinberg
Project Director II	Debra Hall-Martin
Resource Coord. III	Sherry Haynes
Case Manager II	Alisha Corridon
Case Manager II	Desiree Rivera
Case Manager II	General Wright
Case Manager I	Darlene Buffalo
	Richard Cruz
	Darryl Kittel
	Darlene Smith
Case Manager I (Sup. Ct.)	Maribel Ledesma
Case Technician	Monique Emerson

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

MMTC participants can be charged with either a misdemeanor drug or non-drug offense. The data collected thus far suggest that 27% were arraigned on a non-drug misdemeanor with 66% charged with a misdemeanor drug offense, while 7% were arraigned on a felony non-drug offense.

Since restructuring in 2003, 3,470 defendants have been referred to MMTC for clinical assessment, of which 536 (15%) have taken a plea and opted for treatment. Of the 2,934 who did not take the plea, 1,725 (59%) refused to participate. Of those who were accepted by MMTC and agreed to participate, 158 (29%) graduated of which the average length of treatment (based on graduation date) was six months, and 338 (63%) failed to complete treatment. Of the 338 that failed, 66% of the failures were involuntary and 34% of failures were voluntary.

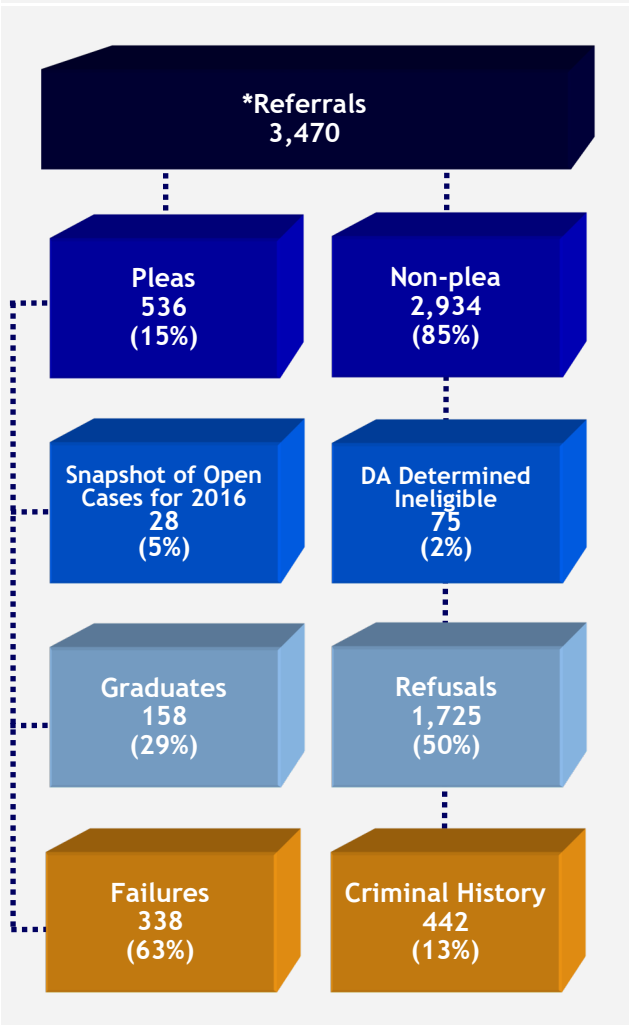
The following information is available for the 158 MMTC graduates: 14% of graduates were either full or part-time employed; 23% were receiving governmental assistance; 30% were receiving Medicaid; 7% of the graduates were either in school, full or part-time; and, 20% of graduates received vocational training.

**In calendar year 2016, MMTC made up 1% of all referrals for clinical assessment, and about 2% of all pleas taken, in the Drug Treatment Court Initiative.

That same year, 47 defendants were referred to MMTC for clinical assessment, of which 15 (32%) took a plea and opted for treatment. Of the 15 who agreed to participate, 73% were males, 27% were Latino, 33% were within the 36-45 age group, and Heroin was the primary drug of choice (the largest groups in each category).

Two (2) participants graduated and 2 participants failed in 2016. Of the 2 participants that failed, one was involuntary and the other was deemed voluntary.

On average, the MMTC daily caseload for 2016 was 28 cases. Each case manager also monitored approximately 0-5 cases. Case managers also monitored participants from other Manhattan problem-solving courts.

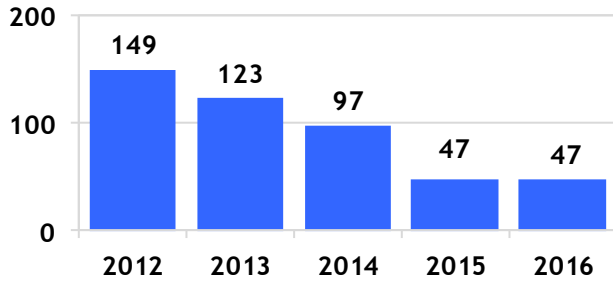


*Data from inception to 12/31/2016.

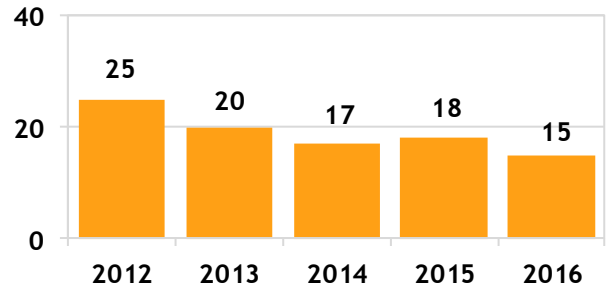
**Referral and plea data includes BTC, BXTTC and QTC (See pg.7).



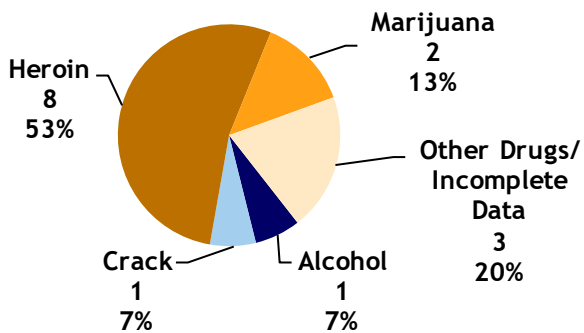
*MMTC - Referrals



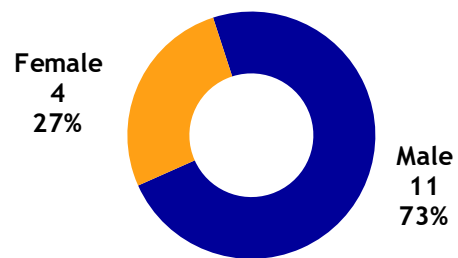
*MMTC - Pleas



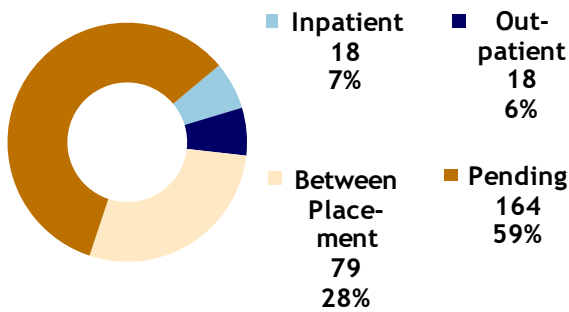
*MMTC - Participants' Drug of Choice



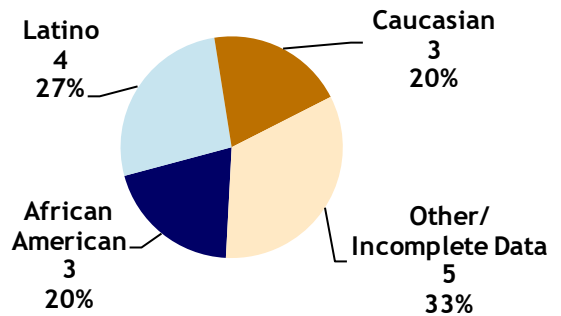
*MMTC - Gender of Participants



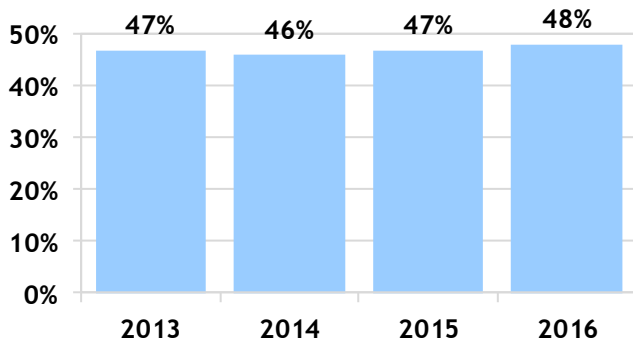
*†MMTC - Treatment Modalities of Participants



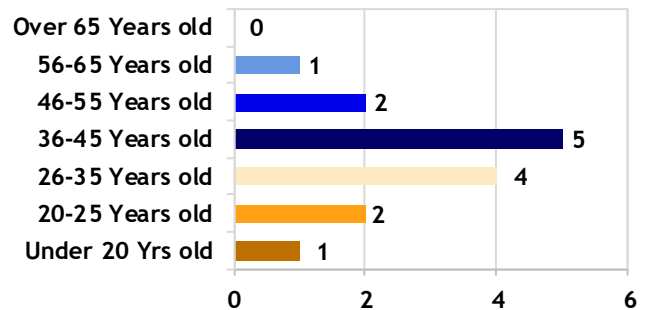
*MMTC - Race/Ethnicity of Participants



*MMTC - Retention Rates (6 Months)



*MMTC - Age of Participants



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.
 †Treatment Modalities data will not total 2016 pleas, but are snapshots on or near 12/31/16 UTA data entry.



Queens Misdemeanor Treatment Court

Program Description

Staff

Presiding Judge	Hon. Toko Serita
Project Director II	Naima Aiken
Resource Coord. III	Lisa Babb
Case Manager I	Jose Figueroa
	Diana George
TASC Case Manager	Brian Delaney

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

QMTC participants can be charged with either a misdemeanor/felony drug or non-drug offense. The data collected thus far suggest that 9% were arraigned on a non-drug misdemeanor with 16% arraigned on a misdemeanor drug offense. **Seventy-five (75%)** were arraigned on felony drug, non-drug and drug violation. **Twenty-nine percent (29%)** of the data was incomplete.

Since its inception in 2002, **5,098** defendants have been referred to QMTC for clinical assessment, of which **1,401 (27%)** have taken a plea and opted for treatment. Of the **3,697** who did not take the plea, **1,692 (46%)** refused to participate. Of those who were accepted by QMTC and agreed to participate, **782 (56%)** graduated which the average length of treatment (based on graduation date) was twelve months, and **518 (37%)** failed to complete treatment. Of the **518** that failed, **51%** of the failures were involuntary, **38%** of failures were voluntary and **11%** were deemed inactive.

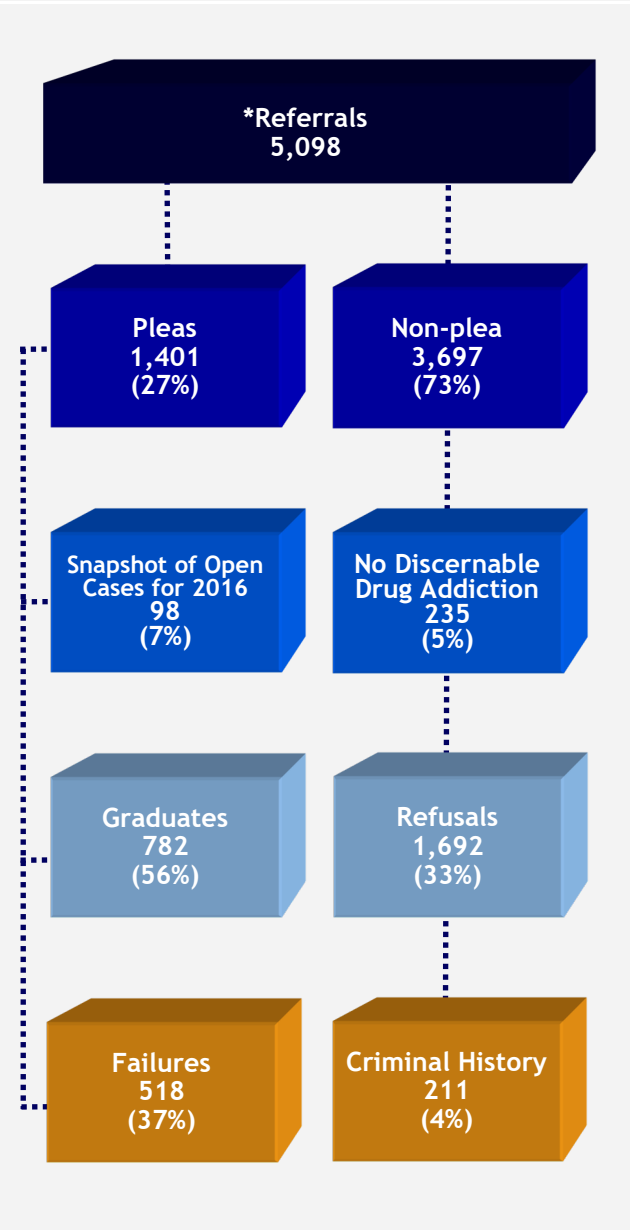
The following information is available for the **782** QMTC graduates: **41%** of graduates were either full or part-time employed; **51%** were receiving governmental assistance; **63%** were receiving Medicaid; **20%** of the graduates were either in school, full or part-time; and, **12%** of graduates received vocational training.

******In calendar year 2016, QMTC made up **5%** of all referrals for clinical assessment, and **6%** of all pleas taken, in the Drug Treatment Court Initiative.

That same year, **265** defendants were referred to QMTC for clinical assessment, of which **55 (21%)** took a plea and opted for treatment. Of the **55** who agreed to participate, **89%** were males, **20%** were Latino, **27%** were within the **26-35** age group, and **Marijuana** was the primary drug of choice (the largest groups in each category).

Six (6) QMTC participants graduated and **2 participants** failed in 2016. Both failures were voluntary.

On average the QMTC daily caseload for 2016 was **98** cases. Each case manager typically monitored approximately **30-40** cases.

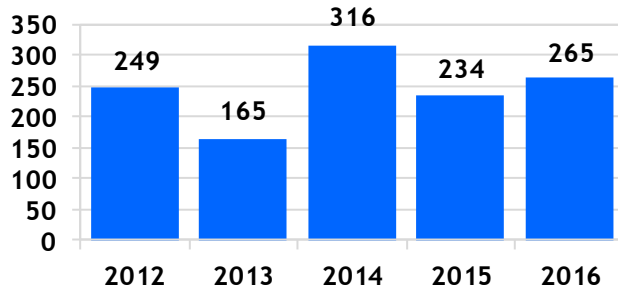


*Data from inception to 12/31/2016.

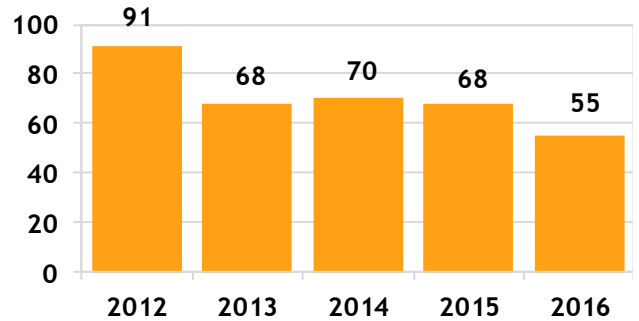
**Referral and plea data includes BTC, BXTTC and QTC (See pg. 7).



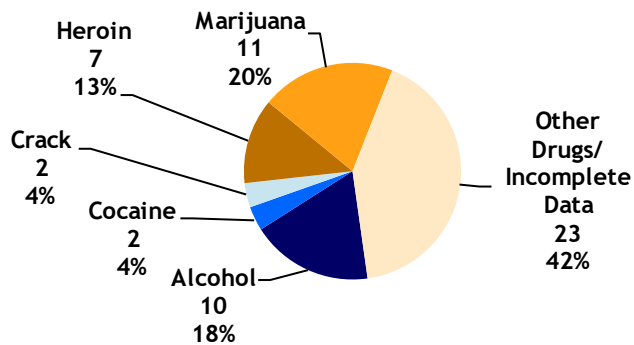
*QMTTC - Referrals (Calendar Year)



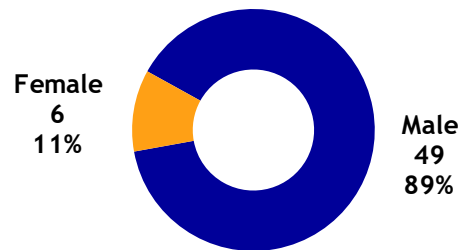
*QMTTC - Pleas (Calendar Year)



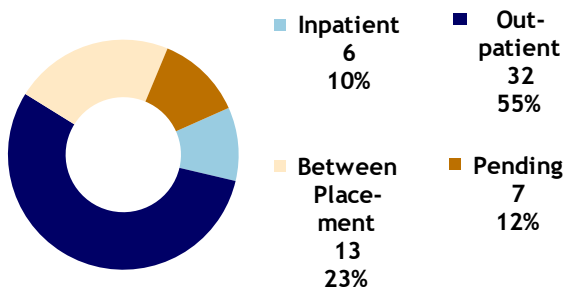
*QMTTC - Participants' Drug of Choice



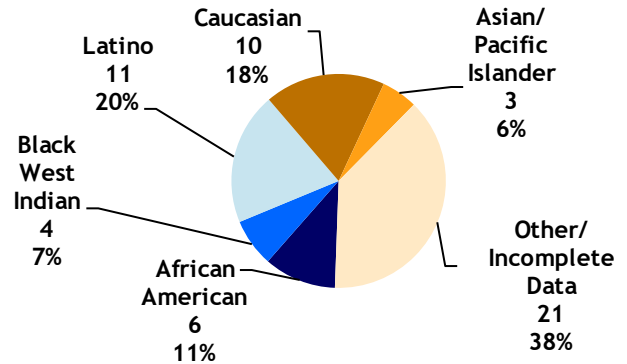
*QMTTC - Gender of Participants



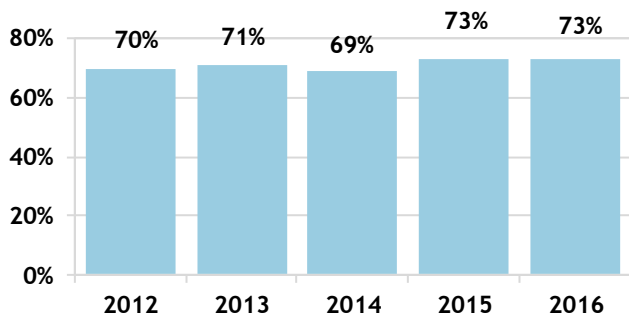
*QMTTC - Treatment Modalities of Participants



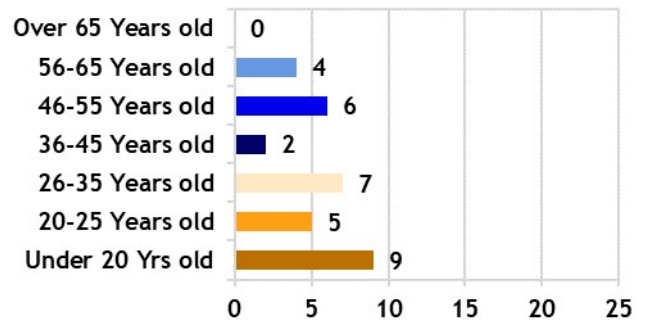
*QMTTC - Race/Ethnicity of Participants



*QMTTC - Retention Rates (6 Months)



*QMTTC - Age of Participants



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.



Staten Island Treatment Court

Program Description

Staff

Presiding Judge	Hon. Alan Meyer
Project Director II	Laverne Chin
Case Manager I	Sandra Thompson Lucy Perez

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

Arraignment charges differ for SITC participants, with **32%** charged with a felony drug offense and **16%** charged with felony non-drug offenses. There are a number of misdemeanor (both drug and non-drug) cases that have also been handled by SITC, with **36%** charged with a misdemeanor drug offense and **16%** charged with misdemeanor non-drug offenses.

Since opening its doors in 2002, **2,730** defendants have been referred to SITC for clinical assessment, of which **1,126 (41%)** have taken a plea and opted for treatment. Of the **1,604** who did not take the plea, **505 (31%)** refused to participate. Of those who were accepted by SITC and agreed to participate, **709 (63%)** graduated of which the average length of treatment (based on graduation date) was twelve to eighteen months, and **267 (24%)** failed to complete treatment. Of the **267** that failed, **38%** of the failures were involuntary, **39%** of failures were voluntary and **23%** were deemed inactive.

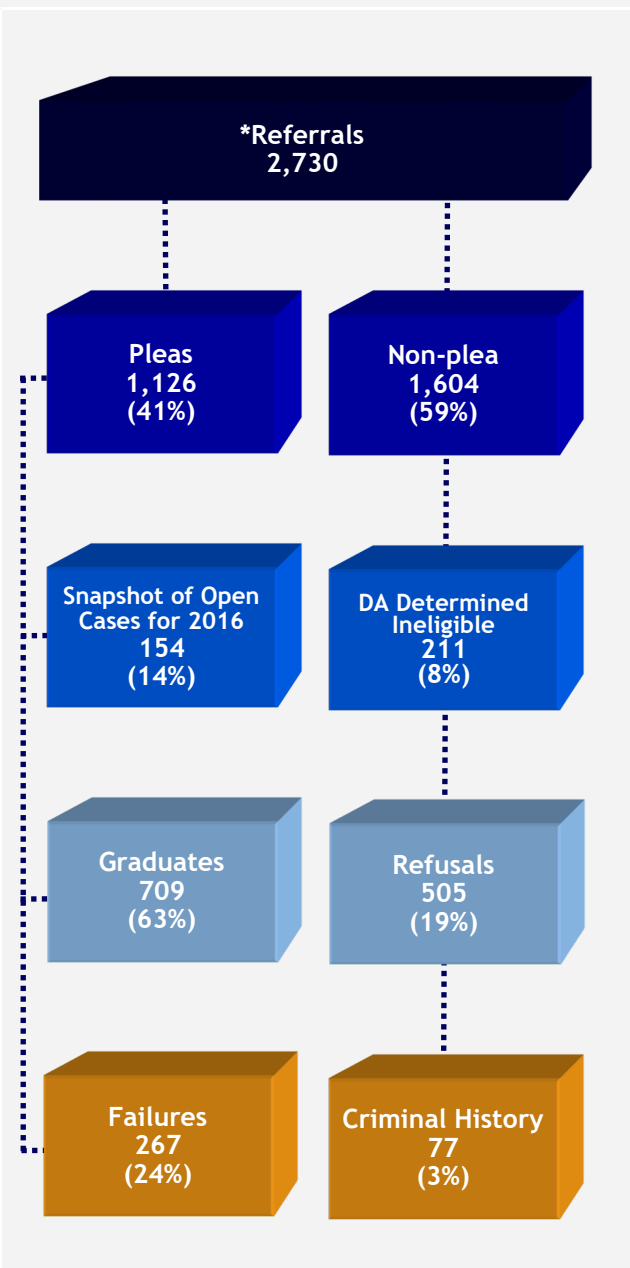
The following information is available for the **709** SITC graduates: **63%** of graduates were either full or part-time employed; **22%** were receiving governmental assistance; **44%** were receiving Medicaid; **34%** of the graduates were either in school, full or part-time; and, **10%** of graduates received vocational training.

In calendar year 2016, SITC made up **5% of all referrals for clinical assessment, and **11%** of all pleas taken, in the Drug Treatment Court Initiative.

That same year, **201** defendants were referred to SITC for clinical assessment, of which **69 (34%)** took a plea and opted for treatment. Of the **69** who agreed to participate, **75%** were males, **65%** were Caucasians, **51%** were within the **26-35** age group, and **Heroin** was the primary drug of choice (the largest groups in each category).

Sixty-six (66) SITC participants graduated and **13** failed in 2016. Of the **13** that failed, **77%** of the failures were involuntary and **23%** of failures were voluntary.

On average the SITC daily caseload for 2016 was **154** cases. Each case manager typically monitored approximately **70-80** cases.

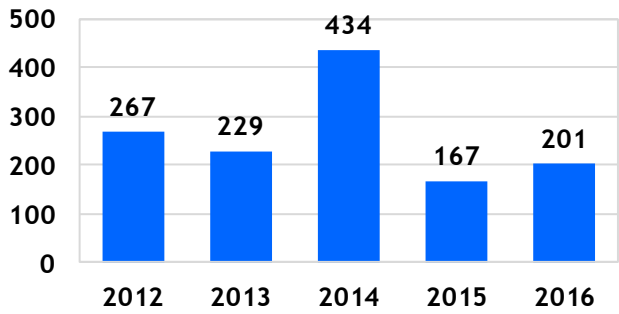


*Data from inception to 12/31/2016.

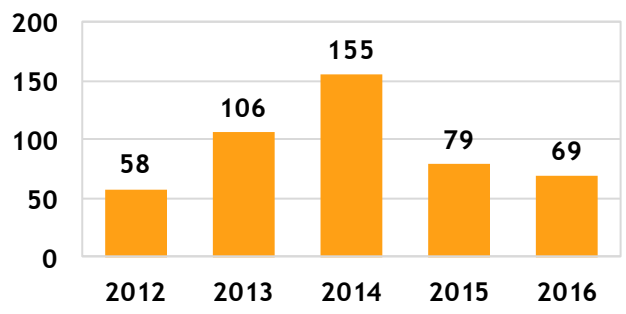
**Referral and plea data excludes BTC, BXTC and QTC (See pg. 7).



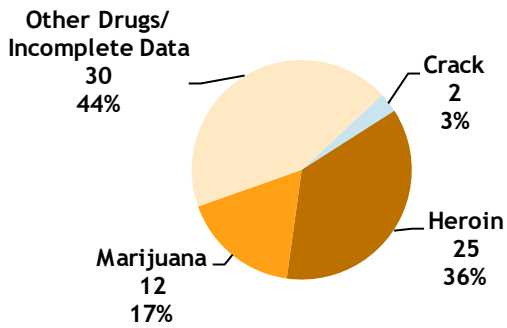
***SITC - Referrals (Calendar Year)**



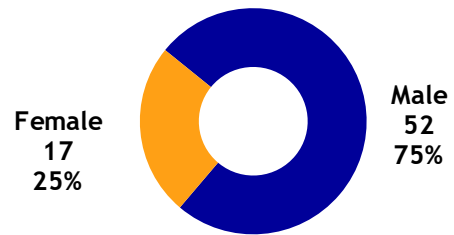
***SITC - Pleas (Calendar Year)**



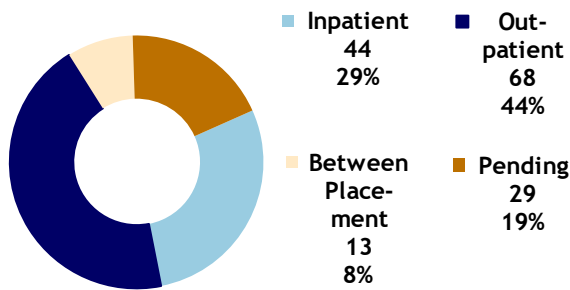
***SITC - Participant's Drug of Choice**



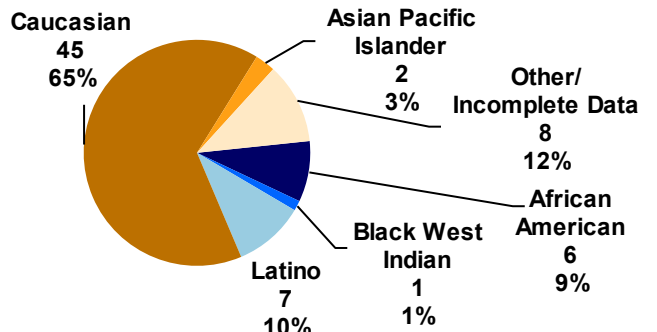
***SITC - Gender of Participants**



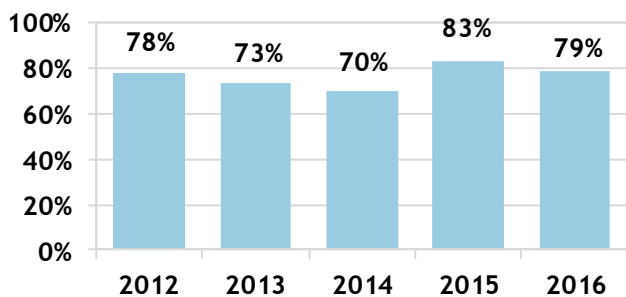
***†SITC - Treatment Modalities of Participants**



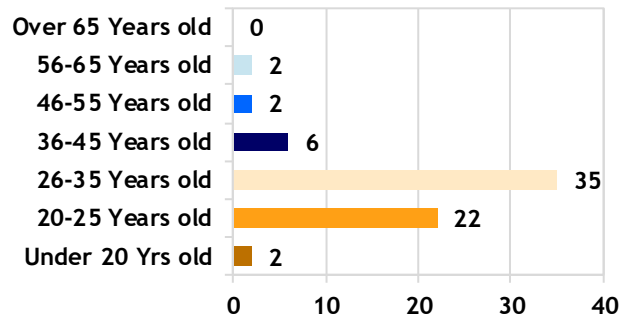
***SITC - Race/Ethnicity of Participants**



***SITC - Retention Rates (6 Months)**



***SITC - Age of Participants**



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.
 †Treatment Modalities data will not total 2016 pleas, but are snapshots on or near 12/31/16 UTA data entry.



Manhattan Diversion Courts

Program Description

Staff

Presiding Judge	Hon. Patricia Nunez
Project Director II	Debra Hall-Martin
Resource Coord. III	Sherry Haynes
Case Manager II	Alisha Corridon
Case Manager II	Desiree Rivera
Case Manager II	General Wright
Case Manager I	Darlene Buffalo
	Richard Cruz
	Darryl Kittel
	Darlene Smith
Case Manager I (Sup. Ct.)	Maribel Ledesma
Case Technician	Monique Emerson

In October 2009, the Manhattan Diversion Courts (MDC-N, MDC-73(92B) and MDC-92(92A) opened in the Manhattan County Criminal Court to provide an alternative to incarceration for drug-addicted felony offenders. The intended target population of the MDC program is felony offenders with long histories of recidivism. MDC functions as a collaborative effort between Manhattan Criminal and Supreme Court, the New York County District Attorney's Office, the Office of the Special Narcotics Prosecutor (OSN), the defense bar and community-based treatment providers.

MDC participants can be charged with either a felony drug or non-drug offense. The data collected thus far suggests that **73%** were charged with a felony drug charge, while **27%** were charged with non-drug charges.

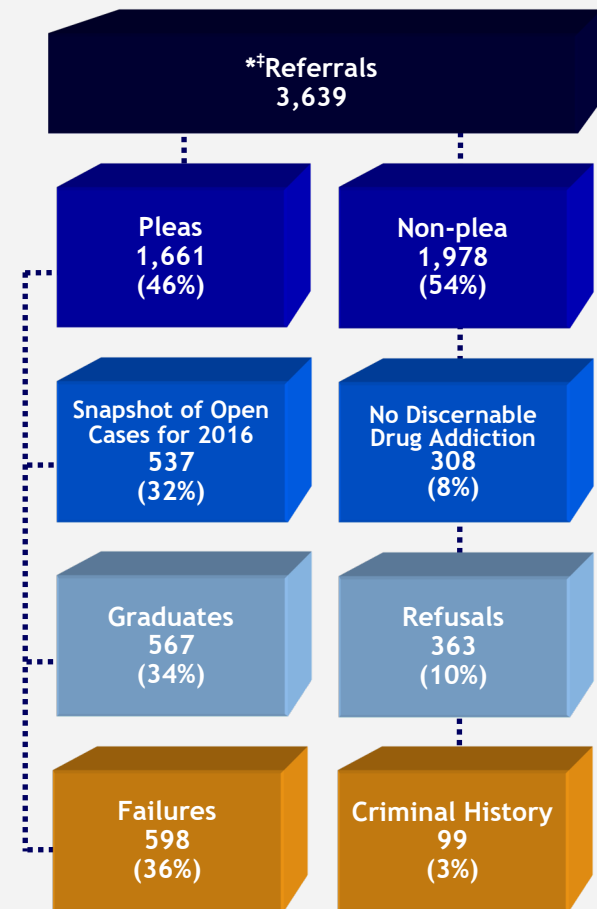
Since restructuring in 2009, collectively, **3,639** defendants have been referred to MDC for clinical assessment, of which **1,661 (46%)** have taken a plea and opted for treatment. Of the **1,978** who did not take the plea, **363 (18%)** refused to participate. Of those who were accepted by MDC and agreed to participate, **567 (34%)** graduated of which the average length of treatment (based on graduation date) was sixteen to eighteen months, and **598 (36%)** failed to complete treatment. Of the **598** that failed, **82%** of the failures were involuntary, **17%** of failures were voluntary and nearly **1%** were inactive.

See page 26 for more information about MDC graduates.

In calendar year 2016, MDC made up **10% of all referrals for clinical assessment, and **22%** of all pleas taken, in the Drug Treatment Court Initiative.

That same year, **490** defendants were referred to MDC for clinical assessment, of which **216 (44%)** took a plea and opted for treatment. Of the **216** who agreed to participate, over **84%** were males, **36%** were African-Americans, **30%** were within the **46-55** age group, and **Heroin** was primary drug of choice (the average totals and largest groups in each category).

Ninety-five (95) MDC participants graduated and **63** failed in 2016. Of the **63** that failed, **92%** of the failures were involuntary and **8%** of the failures were voluntary.



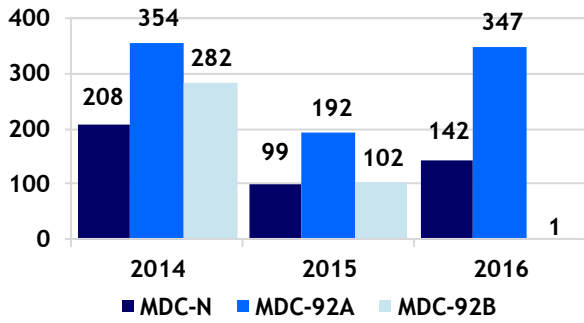
*Data from inception to 12/31/2016.

†Data is the sum of MDC-N, MDC-92A and MDC-92B (a breakdown is provided on pg. 26).

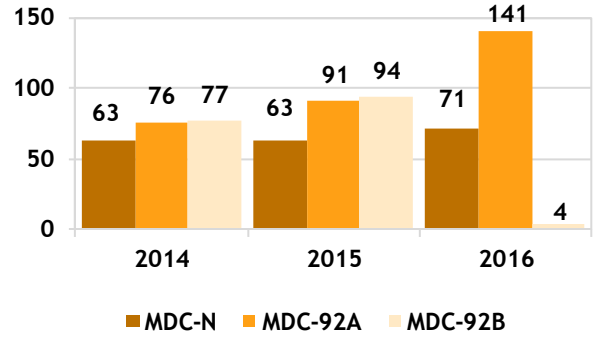
**Referral and plea data includes BTC, BXT and QTC (See pg. 7).



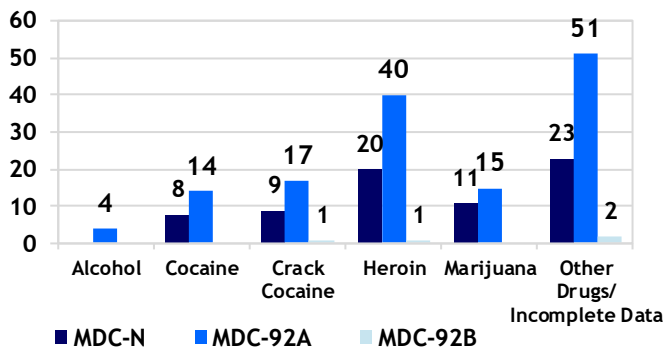
***MDC - Referrals (Calendar Year)**



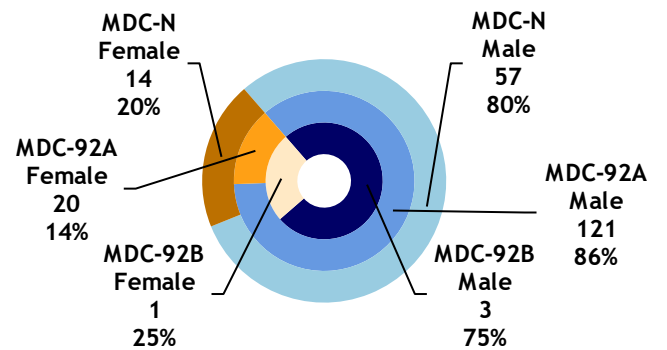
***MDC - Pleas (Calendar Year)**



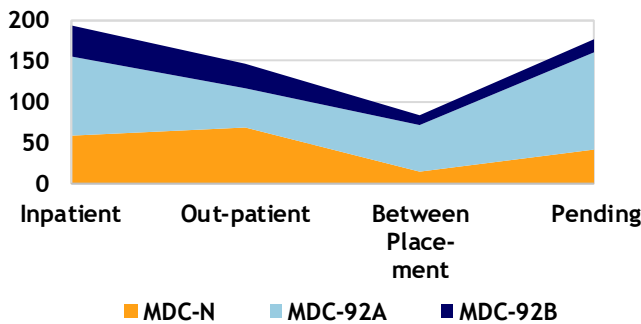
***MDC - Participant's Drug of Choice**



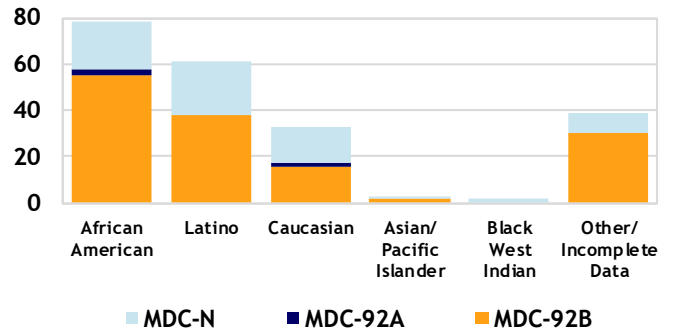
***MDC - Gender of Participants**



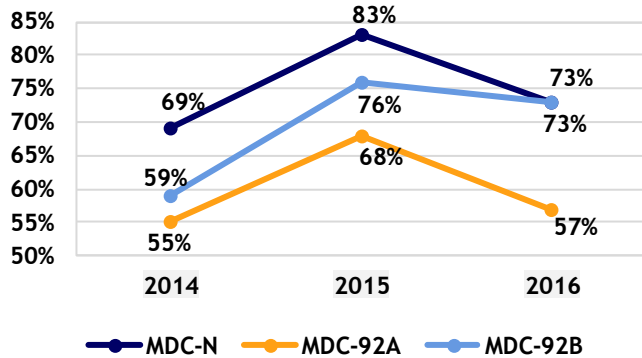
***†MDC - Treatment Modalities of Participants**



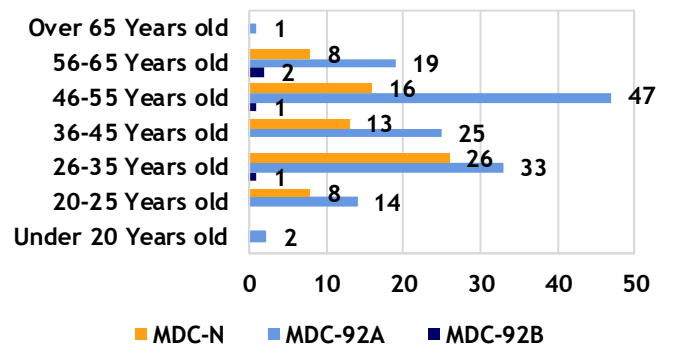
***MDC - Race/Ethnicity of Participants**



***MDC - Retention Rates (6 Months)**



***MDC - Age of Participants**



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.
 †Treatment Modalities data will not total 2016 pleas, but are snapshots on or near 12/31/16 UTA data entry.



Brooklyn Misdemeanor Veterans Treatment Court

Program Description

Staff

Presiding Judge	Hon. Craig S. Walker
Project Director II	Mia Santiago
Resource Coord. III	Robert Rivera
Case Manager I	Miriam Famania
	Theresa Good
	Shama Greenidge
	Melinda Pavia
	Lisa Tighe
Probation Officer	Barbara Miles
DOE Liaison	Kristen Murphy
Case Technician	Lyndon Harding

In November 2015, the Brooklyn Misdemeanor Veterans Treatment Court (BMVTC) opened in the Kings County with a mission to provide services and supports to Veteran-defendants involved in the justice system, by ensuring Veterans receive appropriate, comprehensive services, and assist Veterans to lead healthy, productive and meaningful lives in the community.

Arrestment charges differ for BMVTC participants, with about 15% charged with a misdemeanor drug offense and 30% charged with misdemeanor non-drug offenses, while 11% were arraigned on a felony non-drug offenses.

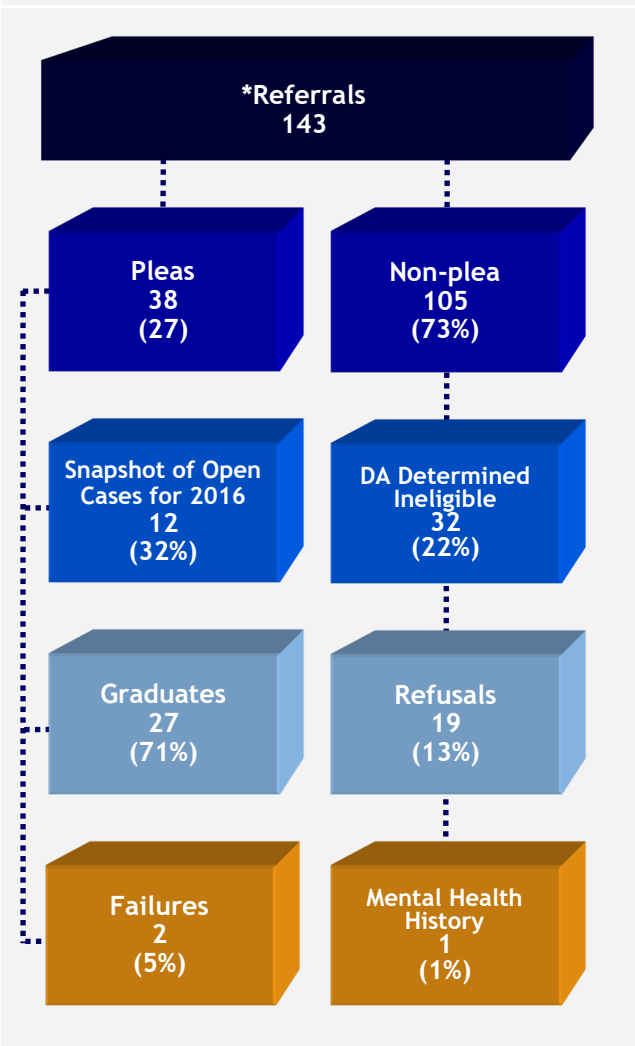
Since its inception in 2015, 143 defendants have been referred to BMVTC for clinical assessment, of which 38 (27%) have taken a plea and opted for treatment. Of the 143 defendants who were referred to BMVTC, 19 (13%) refused to participate. Of the 38 participants who were accepted by BMVTC, 27 (71%) graduated of which the average length of treatment (based on graduation date) was seven months, and 2 (3%) failed to complete treatment. Both of the failures were involuntary.

**In calendar year 2016, BMVTC made up 2% of all referrals for clinical assessment, and 3% of all pleas taken in the Drug Treatment Court Initiative.

That same year, 92 defendants were referred to BMVTC for clinical assessment, of which 27 (29%) took a plea and opted for treatment. Of the 27 who agreed to participate, 93% were males, 37% were African-Americans, 37% were within the 26-35 age group, and Alcohol was the primary drug of choice (the largest groups in each category).

Twenty-five (25) participants graduated and 2 failed in 2016. Both of the failures were involuntary.

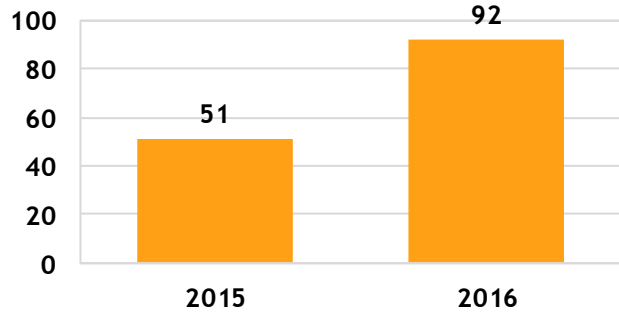
On average the BMVTC daily caseload for 2016 was 12 cases. One case manager has been assigned all those cases.



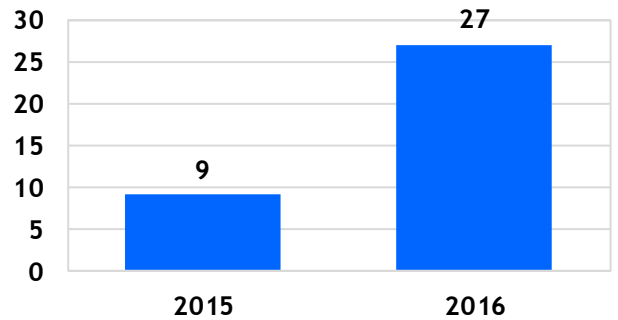
*Data from inception to 12/31/2016.
 **Referral and plea data excludes BTC, BXTC and QTC (See pg. 7).



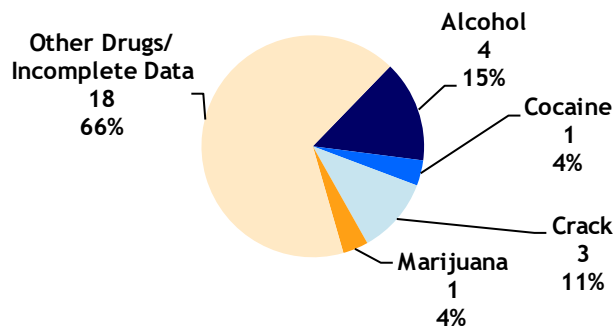
*BMVTC - Referrals



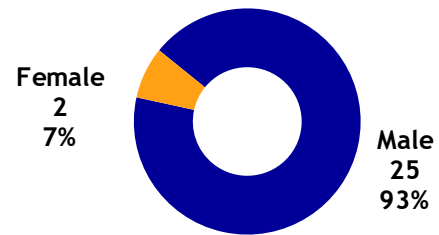
*BMVTC - Pleas



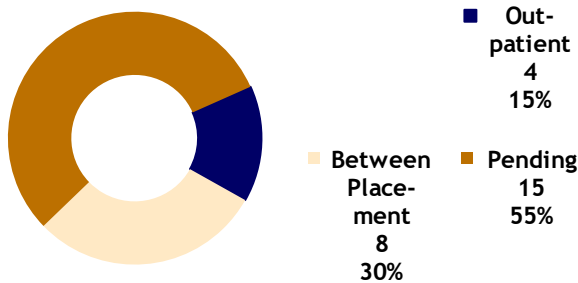
*BMVTC - Participants' Drug of Choice



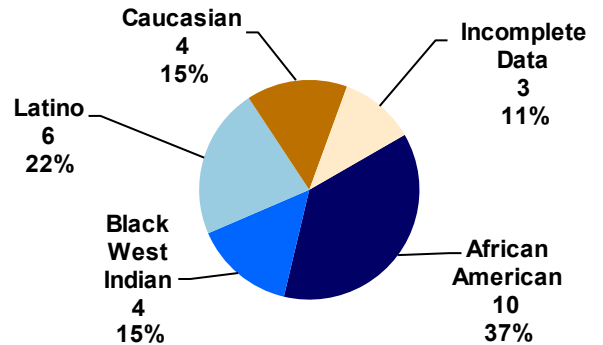
*BMVTC - Gender of Participants



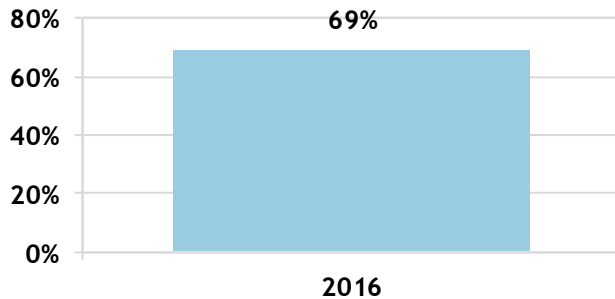
*BMVTC - Treatment Modalities of Participants



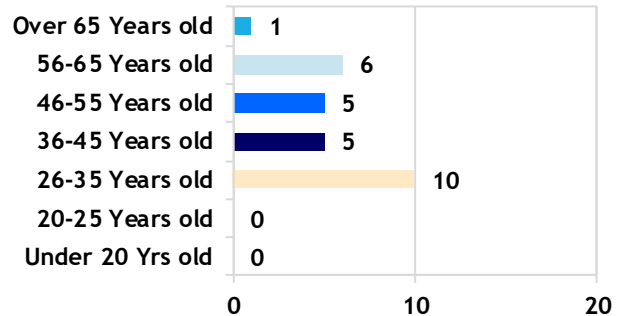
*BMVTC - Race/Ethnicity of Participants



*BMVTC - Retention Rates (6 Months)



*BMVTC - Age of Participants



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.

†Treatment Modalities data will not total 2016 pleas, but are snapshots on or near 12/31/16 UTA data entry.

*STEP, DTAP and Mental Health pleas are not being reflected entirely.



Manhattan Veterans Treatment Court

Program Description

Staff

Presiding Judge	Hon. Kirke Bartley
Project Director II	Debra Hall-Martin
Resource Coord. I	Brandon Partnow
Case Manager II	Alisha Corridon
Case Manager II	Desiree Rivera
Case Manager II	General Wright
Case Manager I	Darlene Buffalo
	Richard Cruz
	Darryl Kittel
	Darlene Smith
Case Manager I (Sup. Ct.)	Maribel Ledesma
Case Technician	Monique Emerson

Manhattan Veterans Treatment Court (MVTC) opened in January 2016 in the County of Manhattan with a mission to provide services and supports to Veteran-defendants involved in the justice system, by ensuring Veterans receive appropriate, comprehensive services, and to assist Veterans to lead healthy, productive and meaningful lives in the community.

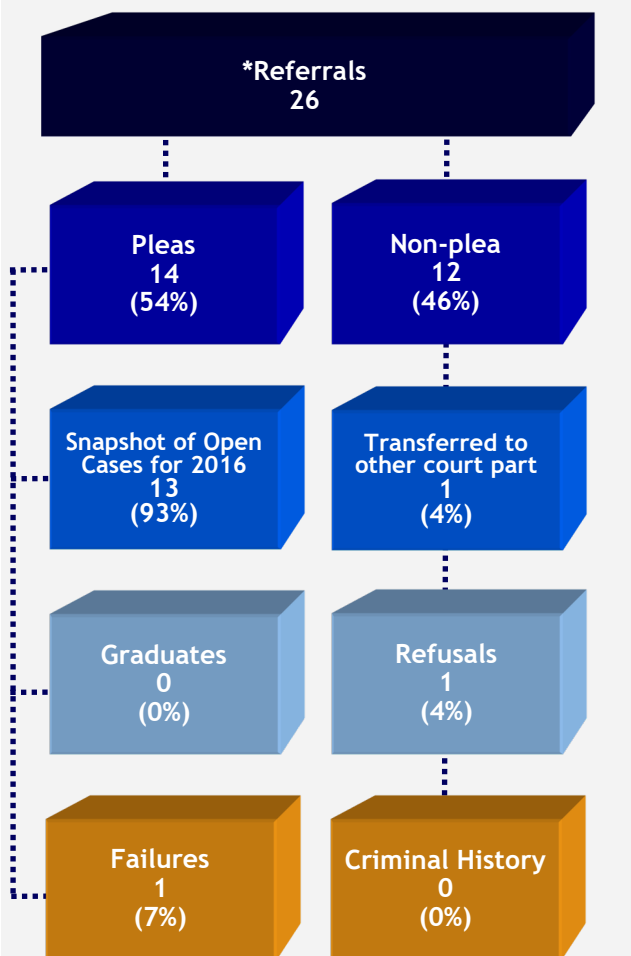
MVTC participants can be charged with either a felony drug or non-drug offense. The data collected thus far suggests that **79%** were arraigned on felony drug charge, while **21%** were arraigned on non-drug charges. There were a handful of misdemeanor drug and non-drug offenses.

Since the beginning of 2016, **26** defendants have been referred to MVTC for clinical assessment, of which **14 (54%)** have taken a plea and opted for treatment. Of the **12** who did not take the plea, **1 (8%)** refused to participate. Of those who were accepted by MVTC and agreed to participate, none has yet to graduate since the average length of treatment (based on graduation date) is 12-13 months, but **1 (7%)** failed to complete treatment. The failure was involuntary.

In calendar year 2016, MVTC made up **1% of all referrals for clinical assessment, and about **1%** of all pleas taken, in the Drug Treatment Court Initiative.

That same year, of the **14** who agreed to participate, **86%** were males, **21%** were African Americans, **36%** were within the **46-55** age group, and **Heroin** was the primary drug of choice (the largest groups in each category).

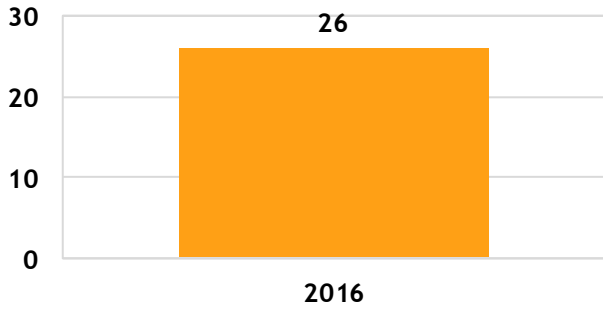
On average, the MVTC daily caseload for 2016 was **13** cases. The Resource Coordinator in that part has been assigned all those cases.



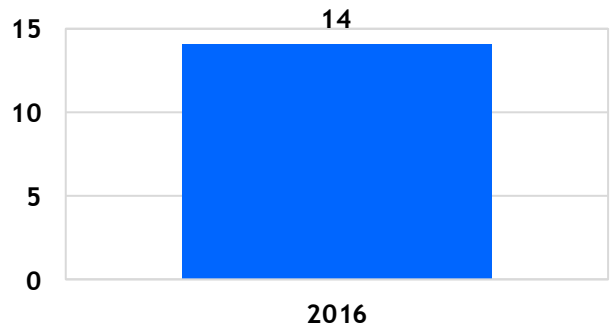
^aData from inception to 12/31/2016.
^{**}Referral and plea data includes BTC, BXTTC and QTC (See pg.7).



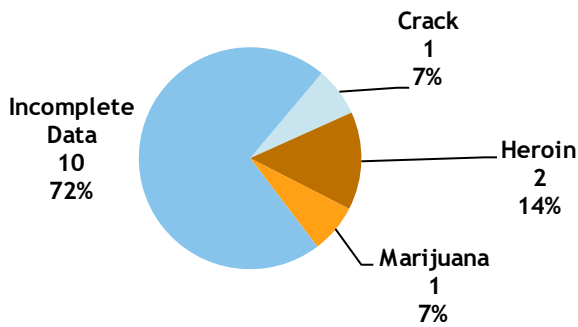
*MVTC - Referrals



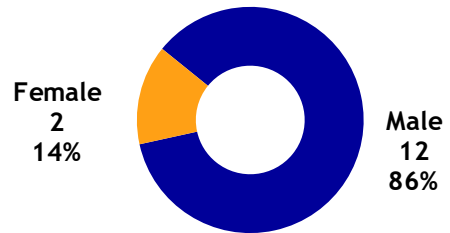
*MVTC - Pleas



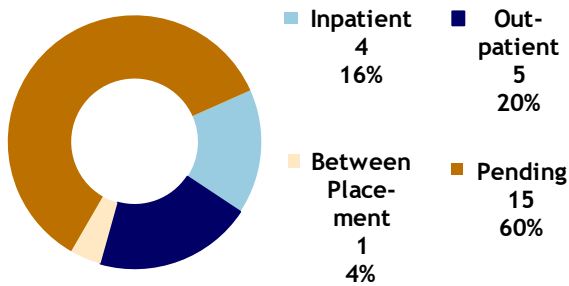
*MVTC - Participants' Drug of Choice



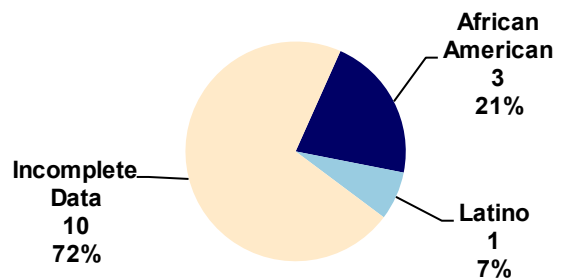
*MVTC - Gender of Participants



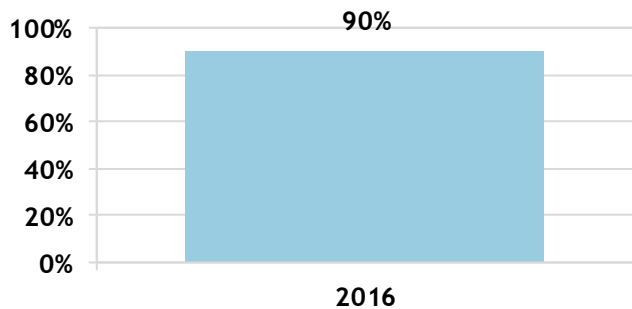
*MVTC - Treatment Modalities of Participants



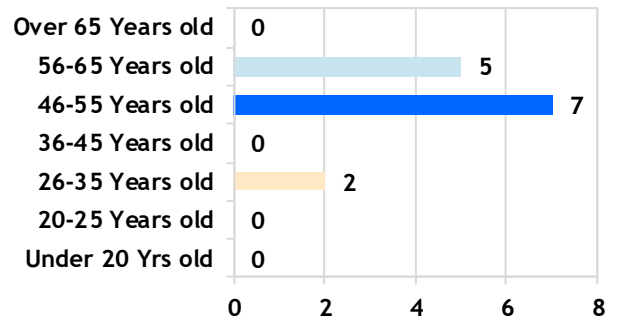
*MVTC - Race/Ethnicity of Participants



*MVTC - Retention Rates (6 Months)



*MVTC - Age of Participants



*Figures specify the number of participants while percentages illustrate participants' proportions in relation to the whole.
 †Treatment Modalities data will not total 2016 pleas, but are snapshots on or near 12/31/16 UTA data entry.



2016 STATISTICAL SUMMARY

Note: Data below excludes BTC, BXTC and QTC.

	STEP	MBTC	MMTC	MTC	QMTC	SITC	MDC-N	MDC-92A	MDC-92B	BMVTC	MVTC	TOTALS
ARRAIGNMENT CHARGE												
MISD DRUG	9	53	10	0	9	25	0	0	0	4	0	110
MISD NON-DRUG	3	36	4	0	5	11	0	0	0	8	0	67
FELONY DRUG	19	0	0	0	7	22	71	85	2	0	11	217
FELONY NON-DRUG	62	0	1	0	2	11	0	56	2	3	3	140
VIOLATION DRUG	0	10	0	0	16	0	0	0	0	0	0	26
MISSING	4	23	0	0	16	0	0	0	0	12	0	55
	97	122	15	0	55	69	71	141	4	27	14	615
GENDER												
MALES	88	92	11	0	49	52	57	121	3	25	12	510
FEMALES	9	30	4	0	6	17	14	20	1	2	2	105
	97	122	15	0	55	69	71	141	4	27	14	615
AGE												
Under 20	7	2	1	0	5	2	0	2	0	0	0	19
20-25	37	9	2	0	14	22	8	14	0	0	0	106
26-35	21	34	4	0	15	35	26	33	1	10	2	181
36-45	11	26	5	0	11	6	13	25	0	5	0	102
46-55	17	30	2	0	6	2	16	47	1	5	7	133
56-65	4	20	1	0	4	2	8	19	2	6	5	71
65+	0	1	0	0	0	0	0	1	0	1	0	3
	97	122	15	0	55	69	71	141	4	27	14	615
ETHNICITY												
AFRICAN AMERICAN	48	47	3	0	6	6	20	55	3	10	3	201
BLACK WEST INDIAN	4	2	0	0	4	1	2	0	0	4	0	17
LATINO	18	20	4	0	11	7	23	38	0	6	1	128
CAUCASIAN	9	30	3	0	10	45	16	16	1	4	0	134
ASIAN/PACIFIC ISLANDER	0	0	0	0	3	2	1	2	0	0	0	8
OTHER	0	0	0	0	0	1	0	1	0	0	0	2
MISSING	18	23	5	0	21	7	9	29	0	3	10	125
	97	122	15	0	55	69	71	141	4	27	14	615
DRUG OF CHOICE												
ALCOHOL	11	8	1	0	10	0	0	4	0	4	0	38
COCAINE	3	3	0	0	2	0	8	14	0	1	0	31
CRACK	8	21	1	0	2	2	9	17	1	3	1	65
HEROIN	12	52	8	0	7	25	20	40	1	0	2	167
MARIJUANA	43	8	2	0	11	12	11	15	0	1	1	104
OTHER	5	7	1	0	3	22	12	10	1	9	0	70
MISSING	15	23	2	0	20	8	11	41	1	9	10	140
	97	122	15	0	55	69	71	141	4	27	14	615
1/1/2016 - 12/31/2016												
REFERRALS	1298	1350	47	0	265	201	142	347	1	92	26	3769
PLEAS	97	122	15	0	55	69	71	141	4	27	14	615
REFUSED	494	595	11	0	76	66	10	10	0	18	1	1281
CRIMINAL HISTORY	1	0	0	0	9	3	12	17	0	0	1	43
GRADS	74	52	2	0	6	66	42	53	0	25	0	320
FAILED	51	96	2	0	2	13	22	41	0	2	1	230
-VOLUNTARY	1	46	1	0	2	3	3	2	0	0	1	59
-INVOLUNTARY	50	50	1	0	0	10	19	39	0	2	0	171
INCEPTION												
REFERRALS	20200	27386	3470	1635	5098	2730	966	1764	909	143	26	64327
PLEAS	2551	2757	536	1243	1401	1126	505	694	462	38	14	11327
REFUSED	6294	13273	1725	85	1692	505	111	125	127	19	1	23957
CRIMINAL HISTORY	1404	324	442	21	211	77	13	62	24	0	0	2578
GRADS	1565	1186	158	611	782	709	227	186	154	27	0	5605
FAILED	917	1396	338	646	518	267	129	273	196	2	1	4683
-VOLUNTARY	108	565	114	119	198	105	21	50	30	0	1	1311
-INVOLUNTARY	714	831	224	488	262	100	106	219	164	2	0	3110
-INACTIVITY (DEATH, WARRANT, INELIG.)	95	0	0	39	58	62	2	4	2	0	0	262
CASELOAD (End of Year Snapshot)												
	350	279	28	N/A	98	154	175	313	49	12	13	1471
RETENTION RATES (%)												
	71%	58%	48%	N/A	73%	79%	73%	57%	73%	69%	90%	
GRADUATES (Since Inception) (%)												
EMPLOYED FULL-TIME/ PART-TIME	297	80	22	426	319	444	153 (72%)	104 (60%)	102 (69%)	N/A	N/A	1947
GOVT ASSISTANCE	304	235	36	120	401	156	61 (29%)	74 (43%)	49 (33%)	N/A	N/A	1436
MEDICAID	721	254	47	198	489	310	87 (41%)	84 (48%)	66 (45%)	N/A	N/A	2256
IN SCHOOL	423	103	11	259	156	238	56 (16%)	27 (16%)	22 (15%)	N/A	N/A	1295
VOCATIONAL TRAINING	285	78	32	186	92	73	39 (18%)	45 (26%)	34 (23%)	N/A	N/A	864

MDC graduate data.



NYC DRUG COURT TIMELINE

2016

Manhattan Veterans Treatment Court (MVTC) opens in January

2015

New York City celebrates the opening of it's first Veterans Misdemeanor Treatment Court (BMVTC) in Brooklyn



2011

Court appoints Lisa Lindsay as Problem-Solving Courts Coordinator

2009

In October, three Manhattan Diversion Court (MDC), Supreme Court parts MDC-N, MDC-92 and MDC-73, open

The Brooklyn and Manhattan Career and Educational Centers open in August



2007

In August, Queens Mental Health Court opens

2004

The Staten Island Treatment Court's misdemeanor part begins to take cases

2003

The Screening Treatment Enhancement Part (STEP) and the Misdemeanor Brooklyn Treatment Court (MBTC) both open



2002

Queens Misdemeanor Treatment Court (QMTC) opens

Staten Island Treatment Court felony part (SITCF) begins

2000

Chief Judge Judith Kaye announces her plan to implement drug court in every county

Manhattan Misdemeanor Treatment Court (MMTC) opens in the spring

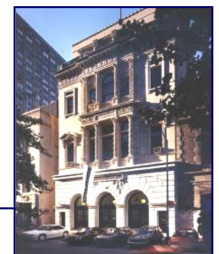
1998

In the fall, Manhattan Treatment Court (MTC), a felony drug court opens



1995

The first drug court opens in Rochester



1993

New York's first community court opens in Midtown Manhattan



www.nycourts.gov/nycdrugcourt

Criminal Court of the City of New York
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NEW YORK CITY CRIMINAL COURT: DRUG COURT INITIATIVE

Drug Treatment Courts
City-Wide Info
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NYC Drug Court Initiative

Overview

Welcome to the Drug Courts of New York City Criminal Court.

Here you will find information on the nine drug courts. Criminal Court operates in Brooklyn, Manhattan, Queens and Staten Island. Drug courts are a partnership between the Court, prosecutors, law enforcement, defense bar and treatment and education providers. Each drug court places non-violent, drug-addicted offenders into treatment in an effort to break the cycle of drug abuse, addiction, crime and jail. While each drug court has the same goals and uses the same guiding principles, each one operates in its own unique way. These pages will give you information on individual programs, including rules of participation and results. We hope you find this information helpful!

Lisa Lindsay
Citywide Problem-Solving Court Coordinator

Administration

100 Centre St.
New York, NY 10013

Phone: 646.386.4700
Fax: 646.386.4395

Info

[Drug Court Video](#)
 Run Time: 9.5 minutes, MPEG format
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