TREATMENT ALTERNATIVES IN THE CRIMINAL COURT: A PROCESS EVALUATION OF THE BRONX COUNTY DRUG COURT

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Executive Summary

In March 1999 the Bronx Treatment Court joined the growing number of drug treatment courts that sentence criminal offenders to drug treatment. There are over 400 such courts nationally, and five currently operating in New York City. In June 2000 the Chief Judge of New York State announced an ambitious plan to expand drug treatment for all addicted offenders. If successful, treatment courts can reduce substance use and reoffending, but a poorly implemented court runs the risk of increasing costs without achieving its goals. To implement successful courts, practitioners need to learn the successes and challenges faced by new projects such as the Bronx Treatment Court. Specifically: how do judges, attorneys and treatment providers reach consensus; how can costs savings associated with the court be assessed; and how can treatment be coordinated with the court process.

To answer these questions the Vera Institute of Justice conducted an implementation evaluation of the Bronx Treatment Court in its first 18 months of operation. Vera staff interviewed the seven principal stakeholders in the court; reviewed court documents, files, and procedures; and analyzed participant data collected by the court. We conducted anonymous interviews with 69 participants in the court to assess their perceptions of court components. Finally, the research team spent over one hundred hours observing treatment and courtroom proceedings.

The Bronx Treatment Court has successfully implemented a collaborative approach to screen, assess, and monitor people in treatment. In its first 18 months the court enrolled 453 non-violent drug offenders, most of them pleading to high-level felony charges. The judges, attorneys and treatment providers involved in the court met regularly to discuss differences and forge compromise agreements on issues such as eligibility and case disposition. These stakeholders remain committed to the compromise agreements constructed in court planning, even as they maintain their differences. Most treatment court defendants were not detained prior to entering the court, minimizing cost-savings associated with detention. However, more than 75 percent of participants who entered in the first year were still active, indicating the court's promising retention rates, which may lead to lower reoffending. Three quarters of the participants said that cocaine or heroin was their drug of choice and nearly 90 percent of all participants entered outpatient treatment. All treatment court participants were monitored by the court and treatment programs. The court was able and willing to expand its treatment network four-fold, and recognized the need for a treatment coordinator to manage the relationship between the court and treatment providers.

Three main themes emerged from research findings on court operations and participants. First, the successful implementation of the Bronx Treatment Court depended on early negotiation and collaboration between court and treatment actors. The teamwork across agencies is a defining characteristic of the court and a crucial

achievement. Second, any cost savings associated with treatment courts are more likely to come from long-term reductions of illegal activity and drug use, than short-term reductions of pretrial detention. Third, coordinating treatment for a caseload of several hundred participants requires both flexibility and resources. Communication and coordination between the court and providers is critical.

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Introduction

In March 1999 the Bronx County Criminal Court, in collaboration with the Bronx County District Attorney's Office, the Legal Aid Society and the Osborne Association, a treatment provider, opened a treatment court to provide an alternative to probation and confinement for first-time felony drug offenders. In exchange for a guilty plea, the court orders people to attend drug treatment for at least a year. Like drug courts active around the country and New York City's first drug court located in Brooklyn, the Bronx Treatment Court aims to use the judge's coercive and supportive authority to help people control their substance abuse and refrain from crime. And like other drug courts, this one is designed to use a team-based approach to enrolling and supervising people. Abstinence is the goal, and the court is designed to respond quickly and productively whenever people stray from recovery.

Prior to opening the treatment court, the Bronx County District Attorney's office (referred to throughout this report as "the district attorney's office") did not use outpatient treatment as a systematic sentencing alternative for felony drug offenders. With the exception of selected use of a handful of alternative to incarceration programs that had long-standing relationships with the Bronx courts, judges used traditional sanctions such as probation, jail, or prison time to sentence felony offenders. According to the chief of the narcotics bureau in the district attorney's office, people arrested for drug-related felonies needed long-term residential drug treatment, not outpatient care, to be rehabilitated. Repeat felons with no history of violence were sentenced to the Drug Treatment Alternatives to Prison (DTAP) program, which typically involved 18 months of residence in a therapeutic community. First-time felony offenders were unlikely to agree to long-term treatment of this nature because treatment would last longer than a jail alternative. Treatment court planners hoped that if the court took hold, it would provide a drug treatment alternative for first-time offenders—potentially diverting hundreds of first-time offenders from incarceration each year while providing needed social services. Planners also anticipated that drug treatment could reduce future offending, potentially further decreasing incarceration and probation populations.

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

document a court model that differs substantially from traditional criminal court case processing. Studies like this can highlight issues that arise in implementing an alternative court model, but research can only demonstrate the clear effects of these courts over time.

For these reasons, the New York State Office of Court Administration asked the Vera Institute of Justice to assess the start-up of the Bronx Treatment Court and two other new drug courts in the city, a court for felony offenders in Queens and one for misdemeanor offenders in Manhattan. This report is the second implementation evaluation of a drug court that Vera has conducted.[1] We will summarize our research findings from the three drug court implementation studies in a final report to be published in spring 2001.

This study of the Bronx Treatment Court poses several questions: At base, it asks whether the new court reflects the primary characteristics of the national drug court model as its planners intended in developing the court.[2] That model specifies a team-based approach to coordinating drug treatment with criminal case processing, using the coercive power of the court to maintain and support people in treatment. In particular, is there active and meaningful collaboration among all the stakeholders – the judge, court director, prosecution, defense and treatment providers? Does the court focus on rehabilitation and use established sanctions and rewards to help people move toward this goal? More specifically, is the court serving the defendants it intended to reach? How do cases enter the court and how long does the enrollment process take? Does the court provide the services it planned to offer, and does it successfully monitor participants and respond appropriately to their setbacks and accomplishments? Finally, is the court achieving the retention and graduation rates it originally proposed? This report explores each of these questions and, in the process, gives a detailed description of a new treatment court.

This study covers the court's first year of operation. Vera researchers observed the court and several treatment programs; interviewed each court stakeholder and several treatment providers; and reviewed court and treatment program documents, including the proposal to create the court. In addition, we analyzed basic demographic, educational and vocational characteristics as well as court outcomes for the 324 people who entered the treatment court between March 1999 and March 2000. These data were collected by the

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[1] The Institute recently published a literature review focused on the impact of drug courts on custodial resources. See *Do Drug Courts Save Jail and Prison Beds?* by Reginald Fluellen and Jennifer Trone, Vera Institute of Justice, March 2000. In July 2000 Vera released *Implementing a Drug Court in Queens County: A Process Evaluation* by Rachel Porter. Throughout its history Vera has conducted research and planning work in drug treatment and alternative sentencing that informs the current research. That work includes *Retaining Offenders in Mandatory Drug Treatment Programs: The Role of Perceived Legal Pressure* by Douglas Young, Vera Institute of Justice, March 1997; and, *Bridging Drug Treatment and Criminal Justice* by Jennifer Trone and Douglas Young, Vera Institute of Justice, 1996.

[2] Appendix A provides the key components of the national drug court model, along with a comparison between the national model and the Bronx Treatment Court.

treatment court staff.[3] The researchers also interviewed 69 people who appeared in the treatment court for status hearings during a four-week period in July and August 2000.[4] These brief interviews asked participants their opinions about how helpful court components were in their rehabilitation.[5]

Defining the Court's Mission and Structure

The Planning Process and Goals Planning for the court began in 1998, led by the Supervising Judge of the Bronx Criminal Court. She was joined by the chief of the Narcotics Trial Bureau for the district attorney's office, the Attorney in Charge of the Criminal Division of the Legal Aid Society for Bronx County, the executive director of the Osborne Association, an established treatment provider in the Bronx, and a senior planner from the New York State Office of Court Administration. With federal support for building a team, and assistance and encouragement from state court administrators, the planning committee met regularly for six months before launching the court. While each planning team member acknowledged the need for drug abuse treatment for the majority of court defendants in interviews with research staff, members also reported that the planning process was a contentious one. The district attorney's office demanded that the deadline for case prosecution be waived, against the defense bar's objections. The district attorney and the defense bar both took a narrower view of eligibility than the judge and the treatment provider, each initially taking a position in keeping with their professional interests. The prosecution did not want the treatment court to be available to defendants who had ever been on felony probation, and the defense did not want to use the court for felony defendants who would otherwise receive probation only. Finally, the district attorney's office did not want drug court completion to result in all case charges being dropped, as the rest of the team advocated, but insisted that the case be reduced to misdemeanor conviction only. Through extensive meetings and negotiations and group travel, the group achieved sufficient consensus to open the court as described in the next section. However, even after they set court policies, the planning group continued to disagree on matters of principle, such as eligibility and whether successful completion should result in charge reduction or dismissal. The planning group achieved compromise

[3] In May 2000 the Bronx Treatment Court began using a statewide management information system (MIS) developed by researchers at the Center for Court Innovation. The MIS database provides a central storehouse for information coming from drug courts across the state. The database captures criminal history information and information collected during intake and assessment and throughout treatment, as well as information about retention and graduation. The MIS database was not available during Vera's study, so this evaluation relies on the limited data collected by the court before the MIS was implemented.

[4] We were not permitted to interview anyone in detention.

[5] For a full description of the evaluation methodology, see Appendix D.

solutions in spite of these continued differences, suggesting that the time and commitment of all the participants contributed to the court's development.

In developing the court's mission, the planners focused on the lack of comprehensive sentencing alternatives for low-level felony offenders who, according to the proposal to create the court, were accounting for an increasing percentage of criminal court arraignments as a result of increased policing in the county. There was no mechanism to routinely provide treatment in those cases. Judges and the district attorney's office witnessed people returning to court on the same or similar charges. The second time around, these defendants were charged, processed, and if convicted, sentenced as repeat offenders. According to the district attorney's office, this type of offender typically receives a sentence ranging from four and one half to nine years. The planners sought to interrupt this cycle. While treatment courts are not the only way to coerce defendants to enter drug treatment – other possibilities include structured sentencing guidelines and committed judges – a treatment court in the Bronx would systematically place first-time felony offenders in treatment.

All agreed that the goals of the treatment court would be to reduce delays in case processing and reduce drug dependency and criminal activity, while maintaining public safety. Court planners also anticipated that these goals would contribute to cost-savings related to detention and repeat offending. The plan for the court, which was submitted to the federal Drug Courts Program Office, specified that within eighteen months of operation the Bronx Treatment Court would:

- enroll at least 600 people charged with their first nonviolent, drug offense felony who were themselves substance abusers
- maintain an average of five days or less from arrest to case disposition[6]
- retain 65 percent of defendants in treatment for more than 90 days
- retain 60 percent of defendants in treatment for more than 180 days
- graduate at least 55 percent of all defendants who participated in the court.

Building a Treatment Court Team. In keeping with the idea of a mandated treatment coordinated through the court, the planners agreed on a team-based approach to place and maintain people in treatment. The team meets on a regular basis and reviews cases based on the planning specifications, however there is no on-going required training for team members. The team includes a project director and two case managers who are the principal liaisons between the court and defendants. These three positions are included in the treatment court budget. They are joined by a judge, a court attorney who assists the judge, and four court officers—all of whom were originally recruited for the court[7], an

[6] While the proposal for implementation funding submitted to the United States Department of Justice states that the time to disposition will be reduced, court planners agree that what they intended was to reduce the time from arraignment to entry into the Bronx Treatment Court

[7] For several months this policy was reversed and court officers rotated between courtrooms including the Bronx Treatment Court. Now the court has resumed the original policy of assigned court officers.

supervising assistant district attorney assigned to the court, and defense attorneys who work on these cases. The team is completed by staff from eight core treatment programs, who screen and assess defendants, place them in treatment programs, and report back to the court. In addition to the core treatment network, the court uses approximately twenty other treatment programs, which do not screen or place defendants but do provide written reports to the court about participant progress.

The project director was hired in March 1999, shortly after the court opened. While the planning team continued their involvement in court policy, the director took over primary responsibility for court administration. Working with court stakeholders, she developed the court manual, which describes the court structure, protocol and regulations and includes all forms. She discusses all case issues with the court case managers, the treatment program case managers, and the judge daily to insure that they make referrals and clinical decisions coherently and consistently. She also speaks with the rest of the team as needed to keep them informed and address concerns. Finally, the project director leads efforts to plan for the court's future.

The case managers review eligibility and assessment screening and discuss both with the treatment programs' staff and with the court director. Once defendants have plead guilty and enter the Bronx Treatment Court, the court case managers meet with them if defendants do not comply with court or treatment rules, and discuss defendant performance. The case managers speak with the treatment programs several times each week to monitor participant progress and clarify any misunderstandings in treatment and court requirements. For example, if a participant has missed several days of treatment, the treatment provider speaks with one of the case managers to assess the appropriate treatment and court response. The court case manager is the liaison between the court and the treatment providers, and is responsible for coordinating the interaction between the treatment provider, the court and the participant. Through this kind of regular, detailed contact, the case managers inform the court director about treatment decisions, allowing the director to monitor the collaboration with outside treatment providers.

A new position—community resource coordinator—has been funded to begin in 2001. Originally, the court planners thought that the court director and case managers would be sufficient to coordinate treatment. However, the director's administrative and management responsibilities did not leave her enough time to devote to the treatment providers. Similarly, while the case managers contact the treatment programs regularly, they have neither the authority nor the time to coordinate all aspects of treatment delivery with the court. The new position will manage the relationship between court case managers, the judge and the treatment programs. The coordinator will provide the court director and the judge with additional information about individual defendants who have problems in treatment or in the court as well as information about how the treatment programs operate. Additionally, the treatment coordinator will work closely with case managers from both the court and the treatment programs to see that participants are properly assessed and placed in treatment, and that treatment is delivered appropriately.

Finally the coordinator will be responsible for ensuring that the programs are aware of and comply with court procedure and for addressing problems should they arise.

The treatment court judge is an elected Civil Court and acting Supreme Court justice who was assigned to the Bronx Criminal Court. She was selected to preside over the Bronx Treatment Court in December 1998. She operates the court on a full-time basis but also continues to accept non-treatment court drug cases in order to process the total number of drug cases most expediently. The judge discusses all new placements with court and treatment program case managers and the court director. She reviews defendant cases and performance each morning in a meeting with case managers, the court attorney, treatment providers, and representatives from the defense bar and the district attorney's office. These meetings provide the judge with information on participant behavior. They are also the forum for the judge to discuss the court's response to infractions with the full treatment court team. The judge then speaks directly to the participant in the courtroom, asks about his or her experience in the treatment program and tells the participant what he or she must do next. Participant reports confirm conclusions from structured observation that the judge combines authority with concern for the well being of the people the court serves. Due to high caseload, she moves through court reports quickly, however she speaks directly to defendants, asks about their treatment and other life issues and conveys that she cares about the participant's progress in the court.

The Bronx District Attorney's Office has maintained an active role in the court. A narcotics supervisor in the Narcotics Trial Bureau is responsible for paper screening all drug-related cases prior to arraignment. The district attorney's office assesses case eligibility based on criminal history and current charge, in accordance with specified treatment court criteria. An assistant district attorney assigned to the court is available to discuss the treatment court option with defense attorneys, to answer questions that defendants and their family members may have, after the case is arraigned in the Criminal Court. Once defendants are in the treatment court, the assistant DA represents the district attorney's position during status hearings and when people who fail in the treatment court are sentenced. According to both the court director and the district attorney's office, the DA presence in court reminds defendants about the consequences of breaking the rules, but also encourages defendants to remain in treatment.

Beginning in January 2000 a single Legal Aid attorney was assigned to the court. While the Legal Aid Society was involved in court planning, it had not assigned an attorney to work exclusively on treatment court cases. Several treatment court stakeholders viewed the absence of a dedicated defense attorney as a problem, but it is not uncommon in drug courts. According to the Attorney in Charge of the Criminal Division of the Bronx County Legal Aid Society, defense associations are less likely than judges and district attorneys to embrace treatment courts for several reasons. Defenders are typically skeptical about whether these courts actually benefit their clients. Many feel the frequent court appearances, drug tests, and other types of supervision are unduly burdensome and that drug courts are more difficult for many people to complete than a

short jail stay or probation. Additionally, defending people in drug court is regarded as less time-consuming than maintaining a standard criminal defense caseload, so some defense attorneys have resisted assigning a single attorney to a drug court full-time. The Attorney in Charge assigned an attorney after a year of pressure from the rest of the court stakeholders that he do so. He held ongoing negotiations with his staff, who agreed based on the increased caseload in the Bronx Treatment Court. Additionally, the growing visibility and credibility of the Bronx court, and of treatment courts generally, may have factored into the agreement. Other defense attorneys continue to be involved in the court because not all defendants are represented by the Legal Aid Society.

The Bronx Treatment Court originally intended to use five local treatment programs for screening and service delivery. The core group was constructed with the assumption that women would be a large portion of treatment court defendants, so two of the original five programs served women exclusively. The planning team intended that the five core programs would act as a treatment unit, and would refer participants to each other's programs. Treatment programs would only report to the court about their own clients, however, so a court case manager would appear in court if a treatment program representative was not available. A representative from one program was to be on site at the treatment court each day. This model proved to be problematic within the first month of implementation for several reasons. The five programs were not enough to serve the diverse needs and circumstances of the defendant population, for example accommodating child care needs or individual "fit" in a treatment program. Additionally, coordinating the treatment providers required effort and resources that neither the treatment court nor the providers were able to spare. Finally, as defendants were referred to additional programs, some of those programs failed to take responsibility for reporting to the court about defendant progress in treatment. The court attempted to address these issues by adding programs to the treatment network. By the end of the court's first eighteen months, ten treatment programs provided core services (screening, assessment, and monitoring) to the court, and more than fifteen additional programs accepted referrals from the court. The total number of programs fluctuates as programs drop out and new programs are incorporated. The core programs make initial referrals to all treatment programs. Court case managers maintain contact with non-core programs and monitor defendant compliance in those programs.

Together these stakeholders are responsible for the daily operation of the treatment court. Even without the aid of a computerized system for sharing information, and with the problems the group has experienced, they are collaborating as the court's planners intended. The court director says that the district attorney's office routinely informs the other team members about who is eligible to be screened and has responded to requests from the defense to reconsider cases. The director also says that decisions about which treatment program to use and the treatment progress reports that programs submit are generally accepted by the court and the attorneys, and that the programs have been responsive when the court requests additional information or suggests alternative

possibilities. The court case managers talk with treatment program case managers daily, consult with the court director as necessary, and meet with the judge in morning staff meetings to monitor and respond to participant behavior. The judge then uses this information while addressing defendants in court. The entire team meets weekly to discuss problem cases, court policies and new treatment programs. Observations and interviews with staff, treatment providers and participants confirm the ability of the court to function as a unified system.

The county, city, and state administrative judges have all expressed support for the court both in public statements and in interviews; they have attended meetings and graduation ceremonies, and provided administrative and other help. The underlying support for the treatment court continues, although changes in court administration have resulted in some shifts. One example involves court officers. The supervising judge who led the court planning process firmly believed that the treatment court required assigned court officers to maintain decorum and safety in the courtroom. Officers were interviewed and selected for the position. When a new supervising judge took over the Bronx Criminal Court, he responded to concern from the court officers' union that assigning officers was inappropriate. Consequently, for several months court officers rotated through all Criminal Court parts, and the treatment court no longer had assigned court officers. However, the supervising judge saw that officer rotation was problematic for the treatment court, and reverted to the assigned officer system. The change illustrates how individual and institutional priorities can affect court administration. This is true even when, as is the case in the Bronx, the supervising judge has experience with drug courts and has indicated his interest in maintaining the court.

System-wide support for treatment courts is critical if the courts are to continue after federal funding ends. Since its inception, the court's costs have been limited largely to the salaries of the director and the case managers. All other staff and administrative costs are covered by other court budgets. Treatment costs are covered within the individual treatment programs' budgets, which include a combination of local, state, federal and/or private sources. According to court administrators, the New York State Unified Court System has allocated funds to continue paying treatment court salaries, and maintain the court and the coordination this particular team structure requires.

Screening and Enrolling Defendants

Who is Eligible. In accordance with planning guidelines, the Bronx Treatment Court restricts participation to drug users accused of nonviolent, felony-level drug offenses who have no prior felony convictions or convictions for violent crimes. Defendants must be at least 19 years old because the district attorney's office did not want the treatment court to interfere with an existing, therapeutic community-based program for teenage offenders, and possibly because the DA is skeptical that adolescents could comply with the court's

structure. These charge-related eligibility criteria are not entirely aligned with the broadest therapeutic goals of treatment courts. Ideally, treatment courts aim to serve offenders with a clear need for substance abuse treatment. But like most treatment courts, the one in the Bronx focuses on people charged with drug crimes. These targeting criteria make it easy to identify potential participants: people with substance abuse problems who commit nondrug offenses—often to get money to buy drugs—are difficult to identify during criminal court arraignments, where information is largely case-related and does not include the background information necessary to recognize addiction. An additional concern raised by the district attorney's office was that nondrug offenders were more serious offenders who did not merit the special consideration afforded to treatment court participants. While several stakeholders in the Bronx court told us they would like to include offenders charged with nondrug crimes, in preliminary discussions the district attorney's office has opposed such eligibility expansion.

During the planning process, the district attorney defended considerable internal discretion in determining who enters the treatment court. The Chief of the Narcotics Division within the District Attorney's office refused to accept several offense categories, most notably those allegedly committed within a school zone, which accounted for more than half of all B-level drug offenses prosecuted by his office in 1999.[8] Felonies that are classified as B-level are in the second most serious offence category in New York State, which rates felony crimes from E to A. These school cases are commonly ineligible for alternative sentences. The DA did compromise by agreeing to accept defendants commonly excluded from treatment courts, such as those defendants who have histories of misdemeanor offending, a group often exclude because they are considered "career criminals." Similarly, the DA agreed that a defendant could be eligible if arrested on the same case as someone else who is not eligible, i.e. the court accepts co-defendants. Perhaps most significantly, the Bronx county prosecutor agreed to use outpatient treatment for defendants who would have been offered only long-term residential treatment. Residential treatment is both more costly and more restrictive than outpatient treatment. This shift on the part of the district attorney's office allows less expensive alternative sanctions to be used for more people, and is perhaps the single greatest accomplishment of the collaboration behind the treatment court.

The DA also agreed to accept defendants who are detained at their first appearance in the Bronx Treatment Court. While the court did not keep records on the number of clients detained, the court director told us that the overwhelming majority of treatment court participants are released at arraignment – before entering the treatment court. This suggests that the DA's willingness to target more serious cases, and the court planners' interest in reducing costs associated with unnecessary detention have not been fully realized. Because detention is commonly associated with a greater likelihood that

[8] This figure is based on case outcome data reported by the New York State Division of Criminal Justice Services for 1999. The Bronx District Attorney's Office prosecuted 1818 school cases (all of which are classified as B-level felonies) and 1570 non-school, B-level felony cases.

defendants will receive a jail or prison sentence if convicted, looking at the number of treatment court clients who are detained at first appearance in the treatment court is important in determining whether a treatment court saves costs associated with incarceration. If a court targets defendants who would not otherwise be incarcerated, it incurs costs associated with case management that is more intensive than normal case processing, without reducing incarceration costs of detaining defendants.

The Initial Screen: Criminal History Assessment. The treatment court functions as an alternative to the narcotics part (N-Part) of the Bronx Criminal Court, which is dedicated to crimes involving controlled substances. The narcotics trial bureau chief of the district attorney's office reviews all drug cases and conducts the preliminary screen for treatment court eligibility. The screen is based on the defendant's charge and criminal history and does not involve an interview with the defendant. Defendants are considered paper-eligible for the treatment court if they: are not accused of the most serious level felony (A-level); have not previously been convicted of a felony offense; were not arrested after a search warrant was obtained; are more than 19 years old; and, were not arrested for committing an crime within 1000 feet of a school[9]. Drug cases that are not eligible for the Bronx Treatment Court are sent to that narcotics part after criminal court arraignment.

While the district attorney assesses a case, the defense attorney also begins to handle it. The defense attorney may approach the DA with a request that a defendant enter the treatment court. While Legal Aid Society attorneys, and increasingly other defense attorneys, are familiar with and accept the treatment court, they may also pursue other plea options and alternatives, including case dismissal or a lesser plea, if such pleas seem possible and appropriate. If the defense attorney or the defendant believes the treatment court is too burdensome or that the defendant is unlikely to succeed in treatment and would receive a higher sanction as a result, the defense may refuse to consider a treatment court plea. However, once a case has been screened eligible for the treatment court, the defendant's case will be heard in that court, even if the defendant does not enter the treatment court program.

This pre-treatment court plea period is the most traditional part of the treatment court process. While both parties have agreed to general eligibility criteria, prior to taking a plea into the treatment court the drug court partnership between defense and prosecution has not yet been forged on the individual case. Further analysis of all arraigned cases is needed to examine the frequency with which the defense opts out of the treatment court partnership. The prosecutor's office appears to place all treatment court-eligible cases in the court. However, the eligibility requirements to which the DA's office agreed remove over half of all Bronx drug cases from the target pool.

[9] There may be some exceptions to the school-case prohibition based on the hour and day the offense was allegedly committed

The Second Screen: Clinical Assessment. After the district attorney approves a case for court entry, and the defense grants permission to pursue a treatment court plea, a treatment program case manager conducts a clinical assessment, examining the defendant's personal history to establish a genuine need for treatment. As with other alternative sentences involving drug treatment, planners were concerned that some defendants would feign a need for treatment in order to avoid a criminal conviction and possibly confinement.

Treatment case managers interview defendants to assess their need for drug treatment, whether they are suitable for the court, and to determine treatment level and program placement. The interview is a full psychosocial assessment and is used to eliminate people who say they want treatment but do not actually need it. This screen, developed for the court by the core treatment providers and taken from their own screening tools, asks people about their background, including their social and family networks, physical and mental health, drug use, criminal history, and educational and vocational experience. The screen closely examines drug use through questions about a person's drug of choice and other drugs used, patterns of drug use, and drug treatment history.[10] In the course of the interview defendants may be found ineligible for the treatment court for severe mental health needs, criminal history reasons that were missed in the initial case screen, or for lack of need of drug treatment. The program case managers' primary responsibility is to determine which type of treatment program would be most appropriate for each defendant. Placement depends on severity of addiction (which is based on drug of choice, length of time using the drug, amount of drug used and money spent on drugs, etc.), personal needs (such as: Spanish language programming, childcare, evening hours to accommodate a job) and individual treatment history. Additionally, case managers collect information about defendants' need for auxiliary services. All this information becomes a valuable reference document used throughout a person's participation in the treatment court. After the treatment program case managers conduct the clinical assessment, the court case mangers and court director review it to verify that the defendant's history of drug use, mental stability, and motivation to enter treatment have all been considered for both assessment and placement.

Entering a Plea and Beginning Treatment Once all stakeholders approve a defendant's proposed treatment placement, a treatment program case manger refers the defendant to a treatment program. As soon as the appropriate treatment is reserved, the case is called to plea in the Bronx Treatment Court. In court, the judge asks the person if he or she agrees

[10] This assessment was replaced by the New York State treatment application assessment in May 2000. The statewide application, which is similar to the treatment program assessment, is used by all drug courts in New York. A key transitional concern was whether the treatment programs would adopt the statewide system, or whether the court would be forced to translate individual program assessments into the court data system. The court says that all the treatment programs use the system for court reporting, but may not use it internally.

to plea to the most serious charge. The defense attorney will have already discussed the plea agreement with the defendant.

In agreeing to the plea charge, the defendant also agrees to an alternative incarcerative sentence if he or she fails to complete treatment. Absent the treatment court, this sentence is typically for one to three years in state prison, however, defendants pleading guilty to B-level felonies in the treatment court are given an alternative sentence of two to six years. These alternative sentences are fairly long, particularly for B-level offenses which, according to the narcotics bureau chief, would otherwise result in sentences of one to three years. The reason for this is that the district attorney's office considers the treatment court more lenient with offenders, so that failing in the court implies consistent disregard for the court's authority and should be punished more severely. If the participant successfully completes the treatment court, the district attorney's office agrees to withdraw the felony plea and accept a new plea to a misdemeanor. Harsher sentences for failing in the court, and a reduction in charge to misdemeanor for succeeding, are the carrot and the stick of the treatment court. This is also the reason why even defendants who might get lesser sentences, such as five years probation or a "split sentence" of six months jail and five years probation, choose the more intensive treatment court option. Graduates of the court avoid a felony conviction, which is important for three reasons: they maintain the right to vote; it will be easier for them to get a job; and it will reduce the chances that they will be sentenced as a repeat offender in the future.

At the time of the plea in treatment court, the judge describes the drug court system to the defendant and explains that the consequences of infractions. Unlike some alternative programs that expel people who break rules, the treatment court instead uses a series of graduated sanctions (described below) to punish negative behavior. The court's flexibility enables it to carry out its mission: to encourage defendants to take responsibility for their behavior, particularly their mistakes. Learning to accept responsibility is itself an outcome of treatment and defendants are encouraged to inform the treatment program and the court when they break program rules.

Speedy Case Processing.

A look at case processing in the Bronx Treatment Court illustrates how the court achieves some of the central goals of drug treatment courts, and highlights some of the problems associated with reaching those goals. Following national standards, the court sought to reduce the time between arrest and placement in treatment. This goal has a clear cost-savings component: one of the main reasons to speed case processing is to reduce the cost of detaining people in jail. According to the New York City Department of Corrections, the city spends some $43,083 annually to house someone in the city jail system. Treatment courts can conserve local resources by reducing the number of days people spend in detention before their cases are resolved. However, the Bronx court faces an obstacle that several courts have grappled with: reducing time in detention is difficult to

achieve because most of the defendants entering the court are not detained at arraignment. When the defendant is detained after arraignment, the treatment court's quicker processing would produce cost-savings. Separately, quicker case processing may facilitate treatment readiness. The period of crisis following an arrest, when people may be receptive to new solutions to their immediate problems, is viewed as one of the best times to point out a person's need for treatment. Moreover, research indicates that people are more likely to remain in treatment if their motivation is high initially.[11]

Court planners expected that the screening and placement process would take place within a week of arrest and the court director estimates that in most cases the court has succeeded in meeting this goal. While there are some delays due to the volume of narcotics cases, the court director told us that cases move from arrest to placement in treatment quickly. In the few cases when defendants are detained, the treatment and court staff make additional efforts to move their cases quickly so as to further reduce costs and the burden on defendants.

Because dates of arrest, arraignment, treatment placement and treatment court plea were not kept in court or other databases during this evaluation, we could not confirm reports on the speed of case processing. Once the court database is fully functional, this question should be examined if the cost savings and treatment benefits associated with rapid case processing remain critical goals for the court. However, court stakeholders will have to devote staff to enter data, such as the dates needed to assess case processing time, into the database. Because such administrative tasks are not critical for the daily operation of the court, they may not be priorities within the offices of the judge, the treatment court and the district attorney. This problem is not specific to the Bronx Treatment Court, but the court director has expressed concern that the issue will not be resolved quickly.

The Court's Caseload

The court planners projected that the court would admit 600 defendants within its first 18 months of operation. The court succeeded in enrolling 453 people during that period. The target number, which was based on the estimated number of felony prosecutions annually, might have been optimistic in three respects. First, as a new program with a limited staff, the treatment court experienced some delays in screening and intake. This problem was exacerbated by an overburdened judiciary in the Bronx that needed time to be trained in forwarding cases to the treatment court from criminal court arraignment. In fact, intake was low – sometimes less than one person entering the court in a week -- during the first six months of operations. Second, felony arrests declined twenty percent

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

in the Bronx during 1999, leading to fewer cases in all Supreme Court parts.[12] Third, the 600-person target may not have included a realistic assessment of the type of cases handled by the district attorney's office. Treatment court restrictions may apply to a larger portion of felony arrests than projected during the planning process – most clearly the prohibition of school cases. In order to determine a realistic intake number, the court team should analyze county arrest and prosecution data to determine the pool from which cases can reasonably be drawn, and look at how many people the court has enrolled since it began operating full-time.

Participant Characteristics. Table 1 shows some background characteristics of the first year's cohort of court participants. These data confirm that participants overwhelmingly come from communities of color and face substantial economic and social challenges.

[12] Office of the District Attorney of Bronx County. Annual Report 1998 & Annual Report 1999.

Table 1: Bronx Treatment Court Participant Characteristics
March 1999 – March 2000[13]

Participant Characteristic	BxTC Participants (n=324)
Age: Mean	32
Median	34
Male	73%
Ethnicity	
African American	47%
Latino	44%
Caucasian	5%
Other	4%
High school diploma or GED	57%
Unemployed at court entry	54%
Married	30%
Other drug users in household	8%
Average number of children in home [14]	2
Ever homeless	42%
Bothered by chronic medical problems	45%
Drug of Choice	
Marijuana	22%
Cocaine/crack	46%
Alcohol	8%
Heroin	24%
Average age first used drugs	17

The defendant pool is overwhelmingly African-American and Latino. The average age is 32, somewhat older than participants in other alternative sentencing programs[15] -- this makes sense given the age restrictions for court entry. The majority of defendants are in their thirties or forties, confirming that the district attorney's office places nonadolescents in the treatment court and divides alternative sentencing options according to age as well as criminal history.

[13] All data are reported for the 15 months from January 1999 through March 2000 because that was the period for which reliable court data existed. The court is in the process of back-entering data into its new data system, however that system was not fully operational at the time of this analysis.

[14] Children under the age of 18.

[15] For example: Kramer, R. & Porter, R. (2000) Alternative to Incarceration Programs for Felony Offenders: Progress Report and Preliminary Findings from a Recidivism Analysis. Vera Institute of Justice; Young, D. (1997) Retaining Offenders in Mandatory Drug Treatment Programs: The Role of Perceived Legal Pressure. Vera Institute of Justice.

Thirty percent of the court's first-year participants report being married, which is typically viewed as an indicator of stability. Two-thirds of treatment court participants have at least one child living at home, and participants report an average of two children at home, indicating that the court affects families, not just individual defendants. Only about half of the treatment court participants did not complete high school or they attained a graduate equivalency degree. Similarly, half of the participants were unemployed when they entered the court. Forty percent report being homeless at least once, forty-five percent say they have chronic medical problems and the average age at which participants report having first used drugs is 17. Taken together, these findings present a complex set of defendant characteristics which include lifetime disadvantage but also indicate that the population has a resource base on which to build treatment.

Forty-six percent of the first-year participants say cocaine is their drug of choice; 24 percent say they use heroin primarily, and 22 percent cite marijuana as their primary drug. The data confirm that the Bronx treatment court accepts defendants who have histories of drug use, and who continue to use illegal drugs. The data also show the treatment court team's commitment to accept participants in need of intensive treatment. Treatment advocates are divided on the implications of smoking marijuana, particularly less frequent use. Marijuana may be a "gateway drug" leading to abuse of more damaging drugs later; however, some research indicates that the majority of marijuana users do not go on to use other illegal drugs.[16] Even assuming that the marijuana users in the treatment court are persistent users, the behavior patterns associated with marijuana use—the social circumstances in which and reasons why people buy and use it—differ from behaviors associated with other illegal drugs. However, the treatment court judge emphasizes the importance of court intervention in defendants drug use early on, and points to the ability of the court to define consequences for illegal activity, even if that activity is relatively less severe. The available data provide only a preliminary picture of defendant drug use. To maximize treatment potential, the frequency and extent of participants' drug use should be further examined.

Table 2 provides information on participants who are found eligible and approved for court entry in the initial district attorney screen, but do not enter the treatment court. No information was kept on the total number of defendants screened by the district attorney, so we do not know how many defendants that office found ineligible initially. Future analysis should examine the number of defendants rejected during the initial screening to determine whether the district attorney's office has adhered to the targeting criteria developed by the planning committee.

We do know that 169 defendants who were found eligible for treatment court at arraignment were later rejected either by the treatment team (either court or treatment case managers), or by the defense. Most of the cases (88), were rejected based on eligibility. While a quarter of the people in this group were assessed as not needing

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

treatment, nearly as many were rejected for needing more treatment than the court could provide, namely for medical and mental health needs. Additionally, defendants who appear to be illegal immigrants, and therefore not eligible for participation, and defendants in methadone maintenance programs accounted for sizable portions of the total number of rejected cases.[17] This suggests the need for enhanced

Table 2: Defendants Screened for the Bronx Drug Treatment Court Who Do Not Enter: March 1999 – March 2000

Reason for Rejection	Number
Defense	*62 total*
Less restrictive sentence obtained	24
Not interested	38
Eligibility	*88 total*
Not drug addicted	23
Undocumented alien	13
Severe mental or physical illness	22
Defendant on methadone	11
District Attorney rejects	9
Other[18]	10
Administrative	*17 total*
Case dismissed	2
Abscond or rearrest	2
Other case outcome[19]	13
Total rejected	169

programming for these groups that may otherwise be excluded from treatment.

Table 2 also shows that at least 62 defendants rejected the treatment court option. The actual number may be slightly higher as "other case outcomes" may indicate that the

[17] The court does not accept people who are on methadone maintenance, however, unlike many alternative treatment sentences , it will accept people who are willing to enter methadone-to-abstinence programs. Because these programs prescribe such low dosages of methadone, sometimes as low as 40 milligrams a day , many heroin users find compliance too difficult to maintain. Initially, the district attorney's office insisted that participants had to be methadone-free for two months in order to graduate, however, the office now assesses cases individually because some otherwise successful participants were unable to stop using methadone without becoming seriously ill.

[18] Includes defendants rejected because of age, lack of New York state address and health needs that make treatment court participation too difficult.

[19] Includes cases that are transferred to the State Supreme Court and those disposed with jail sentences.

defense preferred traditional case processing because of a belief that the case could be won, or that the sentence would be less severe than treatment court participation. While the number of defendants who reject the treatment court option is high relative to other reasons that defendants do not enter the court, the 62 people account for a relatively small portion of the total number of defendants eligible for the court during this time period. This portion is small enough that it may allay a concern that has been expressed about drug courts generally, namely that the treatment court is excessively burdensome for the offense levels it targets. Finally, a small number of the rejections are due to administrative reasons that make treatment court participation impossible.

Table 3 shows the charges associated with all cases that were eligible for the Bronx Treatment Court between court inception and October 2000.[20]

Table 3: Pleas Entered in the Bronx Treatment Court: March 1999 – October 2000

BxTC Arraignment Charge	BxTC Active Cases	BxTC Closed Cases	BxTC Ineligible
B-Level Felony			
Sale of a controlled substance in the 3rd degree	280	87	236
Possession of a controlled substance in the 3rd degree	8	2	15
Sale of a controlled substance in or near school grounds	8	3	4
C-Level Felony			
Sale of a controlled substance in the 4th degree	6	--	4
Possession of a controlled substance in the 4th degree	1	--	--
D-Level Felony			
Sale of a controlled substance in the 5th degree	--	1	2
Possession of a controlled substance in the 5th degree	--	--	1
Missing	99	13	20
Total	**402**	**106**	**282**

The cases are divided into three groups: active cases; closed (terminated) cases; and cases that were later determined ineligible in a clinical assessment. Of the closed cases, 24 graduated and 82 were terminated unsuccessfully during this time period.

[20] These data were obtained from the centralized New York State treatment court database in the final weeks of the process evaluation, and cover a larger time period than is noted in the rest of this report.

The overwhelming majority of cases in all three categories are the criminal sale of a controlled substance in the third degree, a B-level felony. The high level charge allows the district attorney's office to maintain control of the case in the event of failure, while at the same time demonstrating that the treatment court is interested in offering alternatives to serious offenders.

Unlike some drug courts that work primarily with defendants who would otherwise receive little if any incarceration, according to both the district attorney's office and defense attorneys, the Bronx Treatment Court focuses on defendants who would otherwise receive state prison or jail and probation sentences. The district attorney assures the defense that the office is willing to "give up" cases that could otherwise be sentenced as serious felony offenses. It is not possible to determine with absolute certainty whether these cases would have been disposed at such high levels absent the treatment court, but defense attorneys say that the charges are not inflated. Only a few cases are fourth or fifth degree offenses, which are the lower C- or D-level felonies that are likely to be sentenced without incarceration. This indicates that the DA's office is not using the court to prosecute low-level charges. The data also include a handful of school cases. As noted earlier, these cases are excluded from the Bronx Treatment Court, however, the district attorney's office explained that cases are occasionally considered depending on the time of the sale, and whether they were mistakenly classified as school cases.

Monitoring People During Treatment

The court monitors each defendant's progress in treatment. By swiftly and consistently responding to defendant behavior, the court intends to show defendants that there are consequences for both infractions and good behavior. In addition to experiencing it for themselves, defendants witness the court's response to other defendants while they wait for their cases to be called.

The court distributes a booklet detailing court rules and regulations to all new participants, who are required to sign a consent form stating that they understand and will abide by the rules, and that the court may exchange participant information with the treatment providers. Attendance – both in the court and the treatment program -- and drug testing are required, and participants are required to be law-biding. Any physical violence in the court or treatment program is prohibited and participants are told they will be expelled if they are violent. Participants are told that failure to comply will result in disciplinary action or termination. However, the judge and treatment team consistently demonstrates to defendants that they will continue to work with individuals who relapse, commit infractions, or do not progress, and that services are not withheld due to failure to comply with program rules while the person remains in the program. Participants are also told that treatment may be suspended if the judge determines that a person has

continually failed to abide by court rules. The court rules emphasize that if defendants violate the court policies, they will be treated more leniently if they tell the court about the violation, rather than the court finding out from another source. This policy is designed to encourage personal responsibility.

Court Appearances. Initially, participants are required to appear in court every two weeks to report to the judge on their progress in treatment. Participants in residential treatment appear less frequently—generally once a month—to accommodate the residential treatment structure. Court appearances become less frequent as people settle into their treatment programs successfully. Similarly, participants who fail to abide by program rules are required to come into court more often. For example, a man who had been required to come into court every two weeks complied with treatment rules for two months. As a result, his adjournments were spaced out to once a month. However, when the same man missed three days of treatment between adjournments and then tested positive for marijuana, his case was called early, and the judge told him he would have to come in the following week.

According to court documents and the judge and court director, each morning before the court opens, case managers from the treatment court and from a treatment program brief the judge about the people she will see that day in court. The court director, a defense attorney, and a representative from the district attorney are always present. These briefings are designed to inform the judge and provide the consultation necessary for the court to monitor treatment decisions. We observed the morning briefings throughout the evaluation period. Typically they last slightly less than an hour and are structured as conversations rather than rote updates. The judge is an active participant in these briefings. She listens to the updates with open case files in front of her and questions any inconsistencies.[21] She reviews program updates with careful attention and is quick to request additional information or a change in protocol if information is not available, erratic or fails to conform to treatment court standards.

Defendants wait in the audience until their cases are called, and then stand at the defense table, some 15 feet from the bench, alongside the defense attorney to address the judge and answer any questions. Generally, the judge exchanges a few pleasantries with the defendant, but moves quickly to a summary of the defendant's progress report from the treatment program. The conversations between judge and defendant tend to be brief, but direct. The judge looks directly at and speaks to the defendant, usually without sorting through case files or referring to notes. Overall, defendants appear interested in speaking with the judge and engaged in conversation with her.

The judge does not hesitate to rebuke defendants who have problems with attendance, lateness, program participation, or who have committed more serious program or court infractions, and is equally willing to compliment and support

[21] The management information system was not active, so the judge relied on case files.

defendants who progress in the court. One participant had done poorly early in her treatment court participation, not speaking in groups and frequently coming late to the treatment program. The judge told her that she had no intention of accepting such behavior and reminded the defendant that she had agreed to enter treatment and that her alternative was jail. Having said that, the judge returned the defendant to an earlier phase of treatment. Several months later, the same defendant was observed upon graduation to the final phase of treatment. The judge reminded the woman of the difficulty she had experienced, and congratulated her on how well she had done since that time. The judge complimented her, saying that she looked healthier and happier and that the judge was impressed with her determination to succeed in treatment. In conclusion the judge said that the woman deserved to advance in phase and deserved the certificate of achievement. She asked the woman to approach the bench and initiated a round of applause. Although the entire exchange took less than five minutes and was not dramatic, the participant was very attentive and clearly proud of herself. Once she shook the judge's hand and received the certificate she broke out in a huge grin, which she maintained as she returned to the audience and began showing other defendants the piece of paper.

The courtroom conversations between the judge and the defendant maintain defendant accountability. The judge uses information from the treatment program to assess each individual's progress. Whether discussing the case, drug treatment, family concerns, housing, or other personal matters, the judge is, by turn, warm, authoritative, no-nonsense and encouraging. Court observations and interviews with staff and participants all reveal that the current judge engages defendants while they are in the court. Overall, treatment court participants appear comfortable responding to inquiries about their treatment and home life with relative candor. Generally, the conversations in court are not very detailed and the judge refrains from counseling defendants. Whether this approach is necessary because of time constraints or whether it is simply the judge's individual approach, it maintains a clear role for the judge as monitor of treatment, rather than provider of treatment. The interaction between judge and defendant in this court is particularly interesting because it suggests that a judge who is neither a counselor nor is highly emotive still conveys her concern to participants. It is possible that the level of detailed, animated conversation is less critical in retaining defendants than simply having a respectful interaction with an authority figure.

Sanctions and Rewards. The court uses a system of sanctions for specific infractions, broken down by level of severity. These sanctions are used with increasing severity, and repeat infractions are punished more harshly than first infractions. The judge retains discretion over what sanctions to use within each infraction level. For example, the judge may decide that sitting in the courtroom is less effective than writing an essay, or that a defendant who works should be jailed over a weekend, rather than for a full week. The court director, the judge and observations confirm that the judge uses traditional sanctions, such as increased supervision and jail, as well as the newer, symbolic sanctions

associated with drug courts such as essays and sitting in a penalty box to observe court proceedings. The judge has embraced several of the drug court rewards developed to reinforce participant behavior. These rewards, such as judicial praise, certificates of achievement, and applause, are symbolic gestures from the court to support participant effort. In keeping with the treatment court model, the court stakeholders believe that swift and clear responses to infractions are critical in affecting participant behavior. Observations and staff interviews indicated that the court quickly punishes people when they break program rules, and readily congratulates participant success. Not only does the judge literally applaud participants who make progress, so too do the attorneys, the court officers, and the court audience. These positive and negative responses gestures may affect participant behavior and buy-in to the court model, but detailed data are needed to understand how consistently they are applied and whether they have an effect.

Table 4: Treatment Court Sanctions and Rewards

<table>
<tr><th>Behavior</th><th>Possible Court Action</th></tr>
<tr><td></td><td>Sanctions</td></tr>
<tr><td>Arrest for a new offense[22]</td><td>Termination in treatment court or jail</td></tr>
<tr><td>A-level Infractions</td><td></td></tr>
<tr><td>Arrest without prosecution</td><td>Jail 1-28 days</td></tr>
<tr><td>Abscond from program</td><td>Jail 1-28 days</td></tr>
<tr><td>B-level Infractions</td><td></td></tr>
<tr><td>Abscond from program, but voluntarily return</td><td rowspan="2">2 days observe court &/ or writing assignment &/or detox; jail 1-28 days (after 2nd infraction)</td></tr>
<tr><td>Tamper with drug test</td></tr>
<tr><td>C-level Infractions</td><td></td></tr>
<tr><td>Positive drug test</td><td rowspan="4">Any three infractions within 30 days: 2 days observe court &/ or writing assignment &/or detox &/or additional court appearances; jail 1-28 days</td></tr>
<tr><td>Missed appointment</td></tr>
<tr><td>Break court rules</td></tr>
<tr><td>Repeated lateness to court</td></tr>
<tr><td></td><td>Rewards</td></tr>
<tr><td>Completion of phase requirements</td><td>Advance in phase; applause</td></tr>
<tr><td>Effort to respond to suggestions
Consistent compliance
Effort to address new problems</td><td>Praise from judge</td></tr>
</table>

[22] Only those arrests that the district attorney prosecutes as felonies are included in this category.

The judge addresses participant behavior at every defendant appearance, so the court response to minor infractions or achievements may consist only of the judge's words and tone to the defendant, and her acknowledgement of treatment program response to the behavior. Table 4 provides a summary of the Bronx Treatment Court's prescribed responses to participant behavior. Each level of sanction may also include lesser punishments, and all achievements are recognized by the judge. The treatment court team reviews the status of all defendants who break court rules. This includes rearrest; any rearrest, however, is considered a serious infraction and the court will impose sanctions. The district attorney's office prefers to review each case rather than create predetermined responses to new arrests. .

If an arrest is prosecuted sanctions will include significant jail time and may include expulsion from the court, particularly for a felony offense. While defendants may be allowed to remain in the treatment court despite a new arrest, additional supervision is imposed. All other infractions are categorized according to decreasing severity level: A, B or C. Running away from the court and being involuntarily returned is an A-level infraction, and is typically punished with time in jail, which may range from 1 to 25 days. Absconding from the court but returning voluntarily is a B-level infraction, as is tampering with a drug test sample. C-level infractions include a positive drug test, a missed appointment, consistent lateness, and violations of court rules. Both B- and C-level infractions can be addressed with or without a jail stay, depending on the severity of the incident and the person's history in the program. The court sanctions all B-level infractions; C-level infractions are commented on if they occur infrequently or are isolated, however, if a participant commits any three C-level infractions within a 30-day period, the court will issue one or more sanctions. Sanctions that are less severe than detention include: sitting in court all day to observe the rest of the cases; writing an essay (or speaking into a tape recorder for participants who cannot write) on why the infraction was committed; returning to an earlier phase of treatment or a higher level of treatment supervision; submitting to more frequent drug testing; and attending more frequent or more restrictive drug treatment. The complete list of the court's sanctions and infractions appears in a table in Appendix B.

Table 5 shows participants' perceptions of the treatment court features that are useful in maintaining their rehabilitation efforts. These data were drawn from participant interviews conducted during a four-week period in July and August 2000. Responding participants spent an average of eight months in the treatment court, but their participation ranged from one month to a year and a half . Therefore, responses do not indicate the number of sanctions and rewards participants experienced. Instead, the data show the overall perceived effectiveness of positive and negative interaction with the court. Participants rated court features using a scale of zero to five, with five indicating the most useful elements.

Participants rate monitoring functions, such as regular court appearances and drug testing, as more effective than court-imposed sanctions (drug testing had a utility rating

of 4.4, compared with a jail stay, which had a rating of 1.9). Consistent with observation and staff reports, and with the treatment court model, participants report that direct interaction with the judge (4.3), praise from the judge (4.5), and the threat of substantial incarceration (4.8) are helpful in maintaining compliance with court rules. The utility ratings suggest that participants are more likely to comply with court rules if they have both positive incentive (interaction with and praise from the judge) and negative pressure (the threat of incarceration) to do so.

Direct interaction with the judge is one of the key components of drug courts as is a structured system of graduated sanctions (see Appendix A). The findings on perceived utility suggest that participants value the rapport they have with the judge. This may be because of the direct, respectful interaction with an authority figure. It may also be that the stability of regular contact with the judge gives participants the sense that she cares about what happens to them, and will try to help them succeed. At the same time, these ratings indicate that participants are mindful of the consequences of failure, and that that awareness helps them too. Taken together these indicators suggest that participants may accept the drug court system – at least to the extent that participants follow the rules in order to complete the court sentence. Such "buy-in" to following rules is a critical step in the long-term goal to reduce offending.

Table 5: Perceived Utility of Treatment Court Components
July 10-31, 2000

Court Component	Average Utility Rating: 0-5 (number responding[23])
Threat of sentence upon failure	4.8 (69)
Reward: Praise from judge	4.5 (65)
Drug testing	4.4 (69)
Direct interaction with the judge	4.3 (69)
Frequent court appearances	4.3 (69)
Develop a treatment plan	3.9 (60)
Witness other participants be sanctioned	3.6 (69)
Reward: Applause	3.5 (55)
Reward: Phase advance	3.2 (50)
Sanction: Jail stay	1.9 (28)
Sanction: Essay	0.9 (14)
Sanction: Observe court	0.8 (13)

[23] Sixty-nine participants were interviewed, however not all respondents had experienced each situation.

Sanctions received the lowest utility ratings (a range of 0.8 to 1.9), although respondents were more positive about the effect of seeing other treatment court participants sanctioned (3.6). This may be because only those participants who had experienced them could rate sanctions, while the entire sample had witnessed someone else being punished. Defendants who have been sanctioned may be more likely to focus on the negative effects of their experience. Sanctions such as essays and sitting in court were given low utility ratings and may have little impact on participant behavior. The use of short-term jail, which was singled out for its effectiveness by the Bronx judge, was not viewed as effective by participants (1.9). While it may seem obvious that participants would view jail stays negatively, it should be noted that several participants have expressed the usefulness of a short jail stay when reflecting on their overall experience in the treatment courts.[24] Additionally, the treatment court relies on the theater of watching other participants to convey the consequences of both positive and negative behavior, a method that appears to work given the high utility rating participants gave to witnessing other people sanctions.

If jail-based responses to infractions were not considered to positively affect participant behavior, the use of short periods of incarceration could indicate that the drug treatment court retains an element of retribution that is more commonly associated with the traditional criminal justice model. Twenty-eight of the 61 participants we interviewed had received a jail sanction during their participation in the court. Interestingly, participants rated phase advancement as more useful than a short jail stay, indicating that participants are invested in the idea of personal achievement within the court. This finding supports court observation in which defendants monitored the phase lists posted in the court, commented to each other and to staff about demotions and promotions, and complained when the lists were inaccurate.

Jail-based sanctions, while apparently useful in achieving compliance, should also be considered in assessing the costs associated with the treatment court. If a judge uses jail frequently or for long periods of time (e.g. five days compared with one day) then the costs of maintaining the treatment court increase. However, the judge and other court planners have said they think jail stays are useful. This dilemma highlights one of the problems in assessing the cost-savings associated with treatment courts. While cost-savings was not a primary goal of the Bronx Treatment Court, it is clearly a factor in determining the feasibility of expansion of treatment courts and graduated sanctions more generally.

[24] Graduate speeches at the Queens Treatment Court (December 1999) and the Bronx Treatment Court (June 2000).

Treating the Addiction

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

Providing a Range of Treatment. The court uses a network of more than 20 local treatment programs. The programs range from outpatient to long-term residential to hospital 15-day detoxification-rehabilitation programs, and vary in size from small programs with a capacity of less than 20 to national programs serving hundreds of clients annually. Table 6 shows the number of treatment court participants who were in each type of treatment in June 2000. Of the 312 participants in treatment, approximately 95 percent were in outpatient treatment, including those in methadone-to-abstinence programs and treatment programs designed for participants diagnosed with both mental illness and substance abuse. Only five percent of the sample was in residential treatment.[25] Thirty-three participants (about ten percent) were in one of the four treatment programs exclusively for women, 18 of whom were in the one program for women with children. Participants may transfer from one treatment program to another for a variety of reasons including: need for more or less intensive services, proximity to work or home, and problems in a program resulting from personal or therapeutic differences. Assessing the frequency of transfer between treatment programs could inform the court about the effectiveness of its placement system. Transfer information may also be related to program completion.

Outpatient treatment ranges from 12-step groups such as Alcoholics Anonymous that meet weekly to intensive outpatient treatment programs that require daily attendance and provide seven hours of services each day. The majority of participants in outpatient treatment are in intensive outpatient, however, the less intensive outpatient 12-step programs have been used for participants who have adhered to court rules, have stopped using drugs, and who work or are in school fulltime. Additionally, outpatient treatment may provide services for specific groups, such as heroin users (methadone-to-abstinence programs) and dually diagnosed people (the Mentally Ill Chemical Abuser, or MICA, programs). Residential programs isolate substance abusers from their social and family contacts and provide highly structured daily routines for participants, who typically have been diagnosed as needing the most intensive substance abuse treatment. These numbers, that together total less than 20 percent of the court intake, are sufficiently low to indicate that the court has been successful in retaining participants. These findings on the

[25] Thirteen of the defendants who entered the court by March 2000 were not included either because they had been sentenced or because we did not have data on them.

Table 6: Bronx Treatment Court Participants by Type of Program
June 2000

Type of Program	Participants
Outpatient	144
Long-term residential	15
Methadone outpatient	137
MICA program*	16
Total	312

*Dually diagnosed: Mentally Ill Chemical Abuser

predominance of outpatient care in the Bronx Treatment Court show the treatment court's departure from traditional court-based treatment in Bronx County. In the past, according to some Bronx judges and the district attorney's office, that office has been reluctant to use day treatment programs because of a belief that those programs are less restrictive and less effective than residential programs. By using outpatient treatment the Bronx Treatment Court can admit and retain people who may be unwilling or unable to enter residential programs.

Substance abuse treatment varies according to program philosophy. While a systematic review of all the available treatment programs was beyond the capacity of this evaluation, we did examine ten treatment programs, observing their activities and interviewing staff to document each one's services and structure. Appendix C provides additional information on services in each of the treatment programs.

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

Most programs offer a similar core of services that includes individual and group counseling, acupuncture, life skills training, education, job training, and job placement. Programs usually refer participants to outside agencies for any additional services that are needed. Although the treatment court does not accept people on methadone maintenance—treatment for heroin addiction that uses the medication to treat addiction

indefinitely—the court does encourage people in methadone maintenance programs to enter methadone-to-abstinence programs, in which participants' methadone dosages are slowly reduced to zero. Several of the programs also provide parenting classes and HIV education and support. Some programs provide material resources, such as groceries or clothing, for participants throughout their tenure in the program , or help participants coordinate entitlements such as public assistance.

It is not uncommon for an offender to test positive for drug use, either at intake or during the course of treatment. While the court recommends random testing, programs may test for drug use randomly or according to a schedule. Generally, random testing is considered more effective, as it is more difficult for participants to anticipate when they will be tested. Random testing is also more difficult for a program to manage, however and some programs test according to a schedule. While relapse is expected in the course of recovery and is not grounds for termination, programs are all expected to notify the court about positive results in their reports to the court. Typically, programs address relapse by intensifying counseling, and increasing supervision and drug testing. If progress is not evident, the court frequently increases the total length of time the defendant is in treatment by demoting the participant to an earlier, and more intensive, supervision schedule. The court may also refer the participant to more intensive treatment, especially upon recommendation by the treatment provider. Finally, either the court or the treatment program may refer a participant to a detoxification program in an outside clinic or hospital. While some alternative sentencing uses both residential treatment and detox as punishments rather than as clinical treatment, the Bronx Treatment Court has achieved a new willingness on the part of the district attorney's office to avoid this mixing of clinical and punitive goals.

While the court planning document specifies that defendants will accumulate "clean time" as they progress through treatment phases, in reality, periods of abstinence may be interspersed with relapse. The Bronx Treatment Court has adopted a treatment philosophy central to drug courts that this relapse is an expected part of the recovery process. While defendants are required to have three months of negative drug tests to graduate, the court permits accumulated (not necessarily consecutive) negative testing to advance into the final phase of treatment. The court does not sanction every positive drug test since each infraction is handled individually. In some instances the judge will speak to the defendant about a positive drug test, but decide not to impose a sanction. For example, the defendant otherwise complies with the court, or the treatment court team believes the drug use was a aberration that does not indicate a return to drug use. The possibility of not being sanctioned does not necessarily signal that the court has failed to engage defendants in treatment, but it does suggest that the recovery process is long and likely includes relapse even after months of treatment. During the final phase of treatment, the court watches participant behavior very carefully, and is more likely to sanction any infractions. To address this issue, the court should encourage programs to

provide long-term relapse prevention and teach coping skills to limit drug use after participants graduate from the treatment court.

Treatment Phases. The court uses a three-phase system to define and monitor defendants' progress in treatment. Most of the treatment programs also use a phase system, which may or may not be coordinated with the court's system. All participants enter the court in Phase I, and must complete Phase III to graduate. Participants move between phases based on their progress both in terms of drug abuse treatment and court compliance. The court uses the phases to motivate participants and define their movement through court requirements. Phase I lasts as much as 30 days and is designed to orient participants to the purposes, roles, and norms of the court. During Phase I participants receive help applying for entitlements, such as public assistance and Medicaid, are placed in a suitable treatment program, and are told they are expected to achieve abstinence. Phase II lasts between two and six months. It focuses on building the coping strategies and practical skills necessary for paricipants' eventual return to independent life. Participants are expected to be stabilized in treatment, to maintain abstinence, and to begin educational and vocational planning. In Phase III, participants engage in educational and vocational programming, perform community service work, and take part in other activities designed to help them reintegrate into their communities. Participants graduate after three to four months in Phase III. Like many aspects of court monitoring, graduation eligibility is determined on an individual basis. There is no set amount of time by which participants will or must graduate, but participants must be in compliance with the court and be stable in their abstinence. As participants advance in phase, their requirements become less onerous. In Phases II and III defendants may attend treatment for fewer hours each week and may be tested there for drug use less frequently, and case adjournments are further apart. Scheduled activities become more flexible to accommodate participants' involvement in external educational and vocational activities.

While the court had hoped to regularly test defendants for drug use, the costs for testing were not adequately covered by implementation funds, so the court decided to cut back on-site testing. The court tests all defendants who miss court dates when they reappear in court. Additionally, infrequent, disputed or ambiguous results from treatment programs are checked by on-site court tests, and are sent to a laboratory for more precise testing if necessary. While the drug test the court uses has several flaws common to drug testing (defendants can claim that testing positive resulted from using prescription or over-the-counter medication, and some drugs, notably marijuana, will stay in the body for up to one month) participants rate the usefulness of testing relatively highly.

Linking Treatment with the Court. Contact between program and court is an integral component of the treatment court mission, but one that has been challenged by the difficulties of coordinating the growing number of providers. Because the court operated without a treatment coordinator during its first 18 months, the task of visiting and

maintaining contact with the treatment programs fell to the case managers and the court director. Court administration required the majority of the court director's time, and she says she was rarely able to visit or otherwise engage with most of the treatment programs, except when a crisis arose. While observation, interviews and file reviews confirm that the two court case managers are in regular contact with the treatment programs, this contact is primarily with treatment program case managers, and rarely with program administrators. Some treatment administrators say they feel they should be more involved in court planning and in the court's decisions about treatment. Additionally, court referrals to many of the treatment programs are sporadic, a situation that leads program administrators to question devoting a staff person to the treatment court each week to screen cases. As a result several treatment programs remain ambivalent about their involvement with the Bronx Treatment Court, and a handful of programs have dropped out of the treatment network because of mutual dissatisfaction.

Deciding who has responsibility for clinical decision making has been an additional challenge in the relationship between the court and the treatment providers. The treatment agencies were accustomed to handling all aspects of assessing, placing, and monitoring offenders who were required to attend drug treatment as a condition of their sentence. In the treatment court, however, the treatment program case managers were expected to share those tasks with the treatment court case managers and the court director. While the treatment program case managers conduct the screenings and assessments, the court staff discuss the assessments and other clinical decisions with the program staff. The court case managers and the court director intend to act in partnership with the programs in clinical as well as legal matters. This has led to concern on both sides about insufficient authority. The court director has said that it is critical for the court staff to be involved in treatment in order to assure that treatment providers maintain court standards and goals. For example, some of the treatment programs normally test only once each week. The treatment court expected testing at least twice. Initially, these programs were reluctant to allow the court to determine treatment protocol, but the court explained the importance of close supervision within the court, and the programs consented. Similarly, some programs were reluctant to inform the court when participants broke rules, because the program case mangers thought the court would be too severe. Again, the programs developed confidence in the treatment court approach, through conversation and example, so that now, reporting is less of a problem. The court director addresses concerns such as these when they arise, typically in telephone conversations with administrators from the treatment agencies. In this case, the program agreed to promptly inform the court of participant behavior in the future, and the judge scolded the defendant and told him he would be sanctioned if he was unable to get to the program on time in the future.

The tensions between the needs of the court and the needs of the treatment providers are likely to emerge repeatedly. They may be better addressed once the treatment coordinator is able to devote a significant portion of time to maintaining

relations with the providers. Recognizing that the treatment court was grappling with the need to reconcile the treatment programs' practices with the court structure, the court director raised additional funds to hire a treatment coordinator. Based on concerns expressed by both treatment administrators and the court director, the needs of the court will require the coordinator to go beyond managing the referral and monitoring process. Treatment providers should be convened on a regular basis for two purposes: to achieve buy-in from the programs; and to monitor services. As the treatment network expands, the treatment coordinator will need to monitor the core group of providers that screen defendants and report to the court to ensure that they understand all the other treatment programs well enough to use them correctly and consistently. Additionally, the non-core programs may be unaware of important court procedures, or may have policies that conflict with the court's. Issues such as the frequency of drug testing, program sanction policy, and what to report to the court vary between programs. Finally, some program policies differ from the treatment court rules that all defendants are told to follow. The court director and the court judge will continue to address these issues by holding regular meetings, visiting the treatment programs, and inviting them into the court to encourage their partnership. While the treatment programs operate independently of the court, it is a referral source for the programs so they are invested in working together with the court.

Finally, the court director still needs to supervise the full implementation of the court management information system. Ideally, treatment providers, the judge, the court director and case managers will all use the central database to record and review information about each case. However, the court director has said that she anticipates significant delays before all of these stakeholders regularly enter information. A fully operational MIS would allow the court and the treatment programs to refer to the same records to track participant progress and assess appropriate responses to participant behavior.

Support Services. The treatment court provides limited health-care services and entitlement coordination on site in the court building. The court screening room is decorated with posters for health services (as well as anti-substance use posters), and health pamphlets and condoms are available for participants. The New York City Department of Health provides HIV and pregnancy screening on request, as well as tuberculosis testing. Court case managers may help defendants with these needs, and may assist defendants in educational and vocational development, but no formal structure—or time—for them to do so exists. Several court stakeholders expressed an interest in developing these services, either by providing them directly (for example by hiring a support services coordinator) or by contracting with an existing public or private agency to provide a staff person on site at the court. Support services are consistent with the treatment court model, but require fiscal and time resources to be implemented effectively. These additional services may not be necessary if the treatment programs successfully assess participants and refer them to the appropriate support service

agencies. In the event that additional support services are made available to defendants, the court team will have to decide whether taking advantage of those services should be made mandatory, and, if so, whether the court should monitor use of services, and sanction defendants who fail to attend the services recommended for them.

All treatment court participants are reminded that the court supports their abstinence, and are encouraged to remain in contact with both court staff and the judge. The court does not provide graduates with aftercare or other follow-up support services, but includes plans for aftercare in the graduation application and has plans to develop an alumni group. Aftercare is required for state licensing so treatment programs also provide it, but the structure of those services is not standardized. Aftercare has been shown to be an important component of long-term abstinence, particularly for a criminal justice population.[26]

Bronx Treatment Court Outcomes

Table 7 shows the outcomes of the 324 cases admitted into the Bronx Treatment Court in its first year. The majority of the defendants who entered the court are still active participants. The court held its first graduation in June 2000, at which twenty-four people graduated. A total of 58 participants failed in the court. Forty-five were involuntary failures, ten people chose to leave the court and accept a sentence through the usual criminal court process, and three people had to leave the court because of medical complications that made continued participation too difficult.

Table 7: Bronx Treatment Court Outcomes
March 1999- March 2000

Outcome Measure	Number (percent)
Enter Treatment Court	324 (100)
Active cases	242 (75)
Graduate Court	24 (7)
Involuntary Failure	26 (8)
Re-Arrested	19 (6)
Medical	3 (1)
Voluntary Failure	10 (3)

However, the relatively small number of people who have graduated suggests the time involved in working with clients as they recover from addiction. While the treatment

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

court planning document states that treatment will last at least eleven months, it appears that the average length of stay in the treatment court is longer than a year. That is, the court appears to succeed in retaining participants, and may actually retain them significantly longer than expected. If this is the case, it shows the court's success at maintaining participant engagement, but also the willingness of the court to increase sentence length well after the defendant agrees to enter treatment.

Conclusion

The planning document specified ambitious goals for the Bronx Treatment Court, and the opportunities and challenges the court has faced provide lessons for developing future treatment courts. That the Bronx Treatment Court team has succeeded in implementing a drug court is apparent in the court's process and structure. The team succeeded in implementing a full-time court that monitors felony offenders in treatment. The judge is an active and attentive authority figure who both dispenses sanctions and provides support. The Bronx district attorney and the Bronx County Legal Aid Society have forged a working relationship and appear to respect the compromises achieved by the team as a whole. Seventy-five percent of people who entered the court are still active in it. However, that figure should not be used to assess whether the court has met its goals, laid out in the planning document, to retain 65 percent of its participants for 90 days and 60 percent for 180 days. In order to determine length of stay, researchers must track all participants from court entry to court exit, a task that was not possible due to limitations of the court's data system.

The court has experienced problems in achieving some of its goals. Its caseload was smaller than its planners expected it to be, it continues to develop its treatment network, and its data systems are not yet fully functional, so much detail about the court is not yet known. As the court stabilizes, the team should reassess some of the goals set early in the planning process to determine their long-term feasibility.

The court's success remains unknown in several areas. Its graduation and retention rates should be tracked over time. In order to measure the court's impact on reoffending, information is needed on participants' arrests while in the program and after court completion, both for graduates and those who failed the program. Additional information on participants' drug use after court graduation or termination may be difficult to obtain, but it is needed to assess the long-term impact of treatment court participation. Further research is also needed to examine the impact treatment court components have on these outcomes. The preliminary data presented here indicate that participants value their interaction with the judge. This issue should be explored further to assess whether it is linked with participant outcomes. The graduated sanctions system appears to be valued differently by participants and court planners. This system too should be explored to assess its impact.

The court team should also consider several underlying issues that surfaced during implementation. While cost savings was not a central goal of this court, it remains an important issue for planners and policy-makers to consider in linking treatment with sentencing. Costs associated with processing felony offenses may not be reduced if the majority of cases in a treatment court involve felony offenders who, absent the court, could receive probationary sentences or sentences combining probation with jail time. If a treatment court provides more supervision than defendants would otherwise receive, the court cannot expect to reduce the cost of handling the current caseload. However, a court may reduce recidivism and thus save future costs, in particular, by preventing the lengthy sentences given to repeat offenders. This form of cost-savings through cost prevention is a more likely achievement of this and other treatment courts, but requires impact evaluation to verify. Another possibility to expand cost savings is to target defendants who cost the corrections system more, for example, defendants who are detained, and more serious offenders likely to be sentenced to longer prison terms.

One of the major achievements of the court has been the court team's ability to achieve compromise on two key points: treatment type and relapse. The district attorney's office showed a considerable willingness to compromise in accepting outpatient treatment for high-level felony offenders. Previously, the Bronx prosecutor held to a policy of placing defendants convicted of selling drugs in residential treatment. Outpatient treatment allows participants to maintain family and community ties while addressing their addictions. It is generally considered a form of treatment that is more accessible to substance abusers than residential treatment. Because the court agreed to a substantial jail alternative for failure, the district attorney could use a less restrictive form of treatment without sacrificing what that office perceived as appropriate punishment. The district attorney's office also shifted in its position on positive drug tests. By accepting the treatment court stance that relapse is part of recovery, the court maintains people in treatment in spite of their setbacks. Again, the prosecutor was able to acquiesce to this policy because of confidence that the rest of the treatment court team was willing to monitor defendants and maintain their accountability.

Finally, an issue that is central to drug courts nationally, and applies in the Bronx, is that high retention rates reflect these courts' willingness to work with people even after repeated infractions. This is a defining feature of the Bronx Treatment Court. The court's less punitive response to relapse, as well as the intense level of attention it gives to individuals, makes it different from other mandated treatment programs. Given these differences, a comparison of retention rates in the Bronx Treatment Court with those in other court-ordered treatments that do not maintain such high standards of engagement is unlikely to yield useful findings. Outcome research is needed to show whether the court is an investment in drug treatment that pays off, over time, in reduced recidivism and increased public safety. But the Bronx Treatment Court is part of an effort to redefine the social service role of the criminal justice system, and to assess the acceptable costs of doing so.

Appendices

In 1997 the Drug Courts Program Office within the Office of Justice Programs released *Defining Drug Courts: Key Components* based on the experience of treatment courts nationally. In the forward, the authors state that these elements are not mandatory, but are areas that are important in establishing a successful treatment court. The table below lists the ten components specified in that document in the first column. The second column compares the Bronx Treatment Court to the national recommendation, and the third column shows additional work necessary to develop the court in keeping with the national recommendations

Key Components of a Treatment Court:
Comparison Between National Recommendations and the Bronx Treatment Court

Office of Justice Programs Key Component	Bronx Treatment Court Indicator	Areas to Develop
1. Integrate drug treatment with judicial case processing.	All BxTC cases enter court as felony cases and are mandated into drug treatment.	
2. Nonadversarial approach to protect public safety and due process.	Once a case is in the BxTC the defense and prosecution cooperate. Prior to entry, roles are more traditional.	Assess number of cases screened that do not enter the court and why. Assess reoffending and likely sentence absent BxTC.
3. Early identification and placement in treatment of participants.	Court staff say that case placement takes approximately one week – a successfully short period.	Record and analyze dates of arraignment and BxTC entry to definitively measure time for case processing.
4. Access to a continuum of treatment and related services.	Court uses a range of treatment modalities, but some coordination of responsibilities still needed. Court does not currently use an extensive network of support service providers	Enhance interaction with treatment programs. Expand network of support service providers, and develop support services placement protocol.
5. Frequent drug testing of participants to monitor abstinence.	Treatment programs test participants for drug use at least weekly and report results to court. Court resources prohibit regular drug testing, but on-site testing is available selectively.	Continue to monitor efficiency of testing protocol, including the speed and accuracy of treatment program reports to court.

Office of Justice Programs Key Component	Bronx Treatment Court Indicator	Areas to Develop
6. Coordinated response to participant behavior to monitor compliance.	Court has a sanction and incentives protocol that it distributes to all participants. Judge reserves discretion to respond to participant behavior, but does so in consultation with BxTC team.	Record and analyze court response to participant behavior to assess systematic and consistent use of sanctions and incentives.
7. Ongoing interaction between judge and participant.	Judge speaks directly to participant at all court appearances. Usually defense attorney stands next to participant in court.	
8. Monitoring and evaluation of court to assess program success and achievement.	Vera Institute of Justice conducted implementation evaluation. New York State management information system installed in BxTC but not yet fully operational.	Develop court capacity to manipulate MIS in order to generate information about court operations on a regular basis.
9. Ongoing training and education of stakeholders to benefit planning and operations.	Planning team attended two training sessions. Court director and judge attended national and regional trainings. No ongoing staff training, but staff are permitted to attend training and education sessions.	Develop policy specifying type and quantity of training for staff. Set goals for staff training.
10. Partnership between court and other government and community agencies.	Established relationship with New York Unified Court System and limited partnership with New York City Department of Health. District Attorney's office conducts regular community outreach for its office including its work in the BxTC	Develop specific goals of outreach. Expand outreach by senior court stakeholders, primarily the judge and court director.

Treatment Providers for the Bronx Treatment Court
March 1999-July 2000

Name	Modality	Full/Part-time (outpatient only)	Special Population	Other Services (vocational, educational, health)
ARTC	Outpatient/ methadone	Part-time/ Evenings	Adults	Yes
Crossroads	Outpatient	Full-time	Women	Yes
Cumberland Diagnostic	Outpatient	Part-time	MICA	Yes
Daytop Village	Outpatient/ residential	Full-time	Spanish language	Yes
El Regresso	Residential	Full-time	Spanish language, Men	Yes
El Rio	Outpatient	Full-time	Adults/Spanish language	Yes
Fordham Tremont (St. Barnabas Hospital)	Outpatient/ methadone	Part-time	MICA, methadone	Yes
Greenhope	Residential	Full-time	Women	Yes
JCAP	Residential	Full-time	Adults	No
Lincoln Medical (Lincoln Hospital)	Outpatient	Part-time	Adults, Spanish language, MICA	Yes
Narco Freedom	Methadone	Part-time	Adults	Yes
North Shore	Methadone	Part-time	Adults	Yes
Odyssey House	Outpatient	Part-time	Adults	Yes
Phoenix House	Residential	Full-time	Adults, Spanish language	Yes
Project Return*	Outpatient/ residential	Full-time	Women	Yes

* Project Return no longer works with the Treatment Court.

Name	Modality	Full/Part – time (outpatient only)	Special Population	Other Services (vocational, educational, health)
Reality House	Outpatient/ methadone	Part-time & Full-time	Adults	Yes
Soundview Throgs Neck	Outpatient	Part-time & Full-time	MICA	Yes
South Bronx Mental Health Council	Outpatient	Part-time & Full-time	MICA	Yes
Veritas	Residential	Full-time	Women	Yes
Veterans' Administration	Outpatient	Part-time	Veterans	Yes
VIP	Outpatient/ long-term residential/ methadone	Part-time & Full-time	Adults	Yes
Women In Need	Outpatient	Full-time	Women	Yes
Young Mothers	Outpatient	Full-time	Women with children	Yes

Process Evaluation of the Bronx Treatment Court: Research Methodology

The research for this report was approved by Vera's institutional review board and was planned and conducted between January 1999 and August 2000. This appendix includes and explains the interview instruments and observation guidelines used.

Researchers conducted structured observations of the treatment court examining four domains: drug treatment, support services, court actors, and interim case outcomes. Research staff spent the equivalent of 21 full days in court over a ten-month period, taking field notes that were then transcribed and analyzed.

We developed an open-ended questionaire to interview the six key stakeholders: the court director, the judge, the chief of the narcotics bureau in the district attorney's office, the district attorney assigned to the treatment court, the director of the Bronx County Legal Aid Society, and the executive director of the Osborne Association, the treatment provider involved in the court from the planning stages. Additionally, research staff met, and held regular telephone conversations, with most of these actors, and attended borough-wide meetings and local and national conferences with members of the treatment court team.

The research staff used data collected by the Bronx Treatment Court. Information about defendant eligiblity, participant characteristics, criminal charge, treatment programs used, and case outcomes were all collected and recorded by the court staff between March 1999 and March 2000. The Bronx Treatment Court is now part of the New York State treatment court management information system which includes an extensive database on case and participant characteristics. However, that system was not installed until May 2000, and was not useful for this evaluation because much of the data from the first year of court operations had not been back-entered. As a result, the data presented in this report are taken from the interim records system developed by the court director. A research intern reviewed active court case files to collect a small amount of additional information about participants during a two-week period in July 2000. Some of these data are reported in Table 1.

While we were restricted in our ability to collect data, the researchers were interested in assessing participants' perceptions of treatment court components. Based on instruments developed by researchers at the Institute of Behavioral Research at Texas Christian University, Vera researchers developed a utility rating instrument. We asked participants to assess how much each component assisted them in complying with court and treatment requirements. A trained intern conducted 69 anonymous interviews with treatment court participants who appeared in the court for a case adjournment between July 10th and August 4th, 2000. Defendants were not required by the court to consent to the interviews and received no compensation for participation. Three participants declined to be interviewed.

Finally, research staff observed a sample of ten drug treatment programs, and conducted staff interviews at half of these programs. The interviews were based on instruments developed by members of the research team in earlier analyses of drug treatment sentencing alternatives. The researchers also benefited from conversations with several of the treatment providers during the course of the evaluation.