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The 2009 Onondaga County Community Treatment Court Enhancement Project

Impacts on Capacity, Case Processing,
and Service Provision

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INTRODUCTION

The Onondaga County Community Treatment Court (OCCTC) opened in 1997 and hears both felony and misdemeanor cases from across Onondaga County. The court was one of eleven drug courts previously included in a 2003 evaluation of New York State adult drug courts, which found that OCCTC significantly reduced recidivism up to two years after the initial arrest (Rempel et al. 2003). The drug court impact was the result of reduced re-offense among program graduates; program failures actually re-offended at higher rates than the comparison group. The treatment court had a one-year retention rate of 56 percent and a graduation rate around 40 percent.

The current paper examines an enhancement project undertaken by OCCTC to expand treatment court capacity, expedite screening and referral for felony offenders, and enhance vocational and educational services for treatment court participants. By comparing cases referred to OCCTC during the period covered by this enhancement project (October 2009 through September 2011) to cases referred to OCCTC during the five years prior (October 2004 through September 2009), we document key impacts of the enhancement project, including identification and transfer of cases originating in local town and village courts throughout Onondaga County; identification and transfer of felony cases; delivery of vocational and educational services; and specialized training for town and village court personnel.

THE ONONDAGA COUNTY COMMUNITY TREATMENT COURT

The OCCTC is located in Syracuse, New York, the state's fifth largest city, and is in session three days per week. The court is staffed by a specially-trained, dedicated judge; a program coordinator; and case managers.

Participants in the treatment court during the time period covered in this report were primarily white (50%), black (39%), or Hispanic (9%) and were 30 years old on average.¹ Most prevalent primary drugs included marijuana (37%), crack cocaine (19%), heroin (14%), alcohol (11%), and powder cocaine (9%). Participants had been using drugs for an average of 14 years. More than a quarter of participants had been homeless at some time (28%) and 60% of participants were unemployed at the time of treatment court entry.

Participants in the OCCTC are required to complete four phases in order to successfully complete the program. Although these phases have no fixed duration, completion of all four phases typically requires at least 12 months. Not surprisingly, successful graduation from the treatment court takes longer than failure (14.1 v. 9.9 months, on average). Other components of the OCCTC adhere to the national drug court model and include:

- **Judicial Supervision.** Participants are required to attend regular compliance hearings during which the judge evaluates participants' progress. At these hearings, the court reviews progress reports from treatment providers and court staff. Defendants make weekly appearances in the early phases of the program; appearance frequency may later be adjusted on a case-by-case basis. On average, participants make 16 appearances during their drug court tenure; successful completers average more appearances than drug court failures (19 v. 14, $p < .001$).

¹ Unless otherwise noted, all numbers presented in this report reflect the period from October 2004 through September 2011.

- **Drug Testing.** The treatment court requires participants to submit to random drug screenings at both court appearances and treatment programs. Positive drug tests alone are not a basis for program failure, but may prompt a court sanction. Participants average 19 drug tests, with an average of 1.90 positive tests for *any* drug and 0.87 positive tests for *serious* drugs (heroin, powder/crack cocaine, or alcohol). While drug court failures take fewer drug tests overall (11 v. 31, $p < .001$), they have *more* positive tests for serious drugs (1.07 v. 0.79, $p < .001$) and nearly identical positive tests for any drug (2.02 v. 2.05, ns).
- **Infractions and Sanctions.** The treatment court uses a system of graduated sanctions to respond to participant noncompliance. Sanctions include verbal admonishment, essay-writing, increased court or case management appearances, change to a more severe treatment modality, and short-term jail stays. Sanctions are explained to all participants both orally and in writing at the time they enter the treatment court. Nine percent of participants had at least one sanction during treatment court participation (8% of graduates, 12% of failures, $p < .01$); 7% of participants had one or more jail sanctions (6% of graduates, 10% of failures, $p < .05$). Participants incurred sanctions at a rate of one sanction for every 0.80 infractions (1:0.77 for graduates, 1:0.93 for failures, ns).
- **Achievements and Incentives.** The treatment court also uses a system of graduated incentives to reward and motivate treatment court participants. Incentives include praise from the judge, applause, reduced court reporting requirements, transition to the next phase, program graduation, and dismissal of charges. Seventeen percent of participants received an incentive during participation in the treatment court (22% of graduates; 15% of failures, $p < .001$). Participants incurred incentives at a rate of one incentive per achievement (no difference between graduates and failures).
- **Treatment.** The OCCTC refers participants to select community-based outpatient programs, inpatient treatment providers, long-term residential treatment programs, and halfway houses/supportive living facilities based on participant need. The court refers participants only to treatment programs licensed by the New York State Office of Alcoholism and Substance Abuse Services. One quarter of participants are initially referred to inpatient treatment (24% all participants; 19% graduates; 31% failures, $p < .001$); the rest of participants are referred to less intensive outpatient (75% all participants; 82% graduates; 69% failures, $p < .001$) or halfway house (<1%) facilities. Previous research finds rapid placement in treatment associated with improved outcomes; 59% of OCCTC participants receive treatment within 30 days of entering the treatment court (69% graduates; 51% failures, $p < .001$). Participants averaged just under three treatment episodes (2.9 all participants; 3.2 graduates; 2.9 failures, $p < .05$) and averaged 54 days of treatment (78 days, graduates; 36 days, failures, $p < .001$).

THE OCCTC ENHANCEMENT PROJECT

New York State's complicated trial court system means that criminal cases in Onondaga County may originate in the Onondaga County Court, the Syracuse City Court, or any of 28 local town and village courts throughout the county. Felonies committed within the City of Syracuse are arraigned in the Onondaga County Court; misdemeanors committed within Syracuse are arraigned in the Syracuse City Court. Both misdemeanors and felonies committed outside of the City of Syracuse are arraigned in the local town and village courts, but felonies are then transferred to the county court for further proceedings.

Prior to the OCCTC Enhancement project (hereafter, the Enhancement), only those misdemeanants arrested within the City of Syracuse were eligible for treatment court. The OCCTC screening process was generally initiated for such offenders prior to arraignment, with potential participants identified early and enrolled in the treatment court with minimal delay. In contrast, misdemeanants from elsewhere in Onondaga County were sent to one of the county's local town and village courts, none of which offers judicially-monitored substance abuse treatment.²

Felony cases pose a different challenge. The more than 4,000 annual felony arrests in Onondaga County are generally arraigned in the local court where the offense was committed before being transferred to the county court for further proceedings. But with dozens of arraignment courts throughout the county, the treatment court staff is effectively prevented from screening felony cases prior to arraignment. Further complicating matters, no effective mechanism exists for identifying appropriate participants even after felony offenders appear in the county court. As a result, potential treatment court participants generally make several court appearances before they are identified, if they are identified at all. This process can cause delays of weeks or months before eligible participants are linked to the treatment court.

In order to increase and expedite access to treatment for addicted offenders *throughout* Onondaga County, the New York State Unified Court System (UCS), in collaboration with the Center for Court Innovation, applied for and received funding from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. The funded Enhancement identified three distinct goals to ensure that all eligible offenders in Onondaga County would have access to the OCCTC:

Goal #1: Expand Treatment Court Capacity. By developing a standardized procedure for referring misdemeanor offenders from local town and village courts, the project sought to dramatically increase the capacity of the treatment court. During the grant period (October 2009 through September 2011), potential treatment court participants were referred from the four largest town courts in Onondaga County: Cicero Town Court, Clay Town Court, Dewitt Town Court, and Salina Town Court. Together, these courts disposed of 1,335 misdemeanor cases in 2005; based on this caseload, it was anticipated that referrals from these four courts would lead to approximately 160 new treatment court referrals annually.³ Such an expansion would constitute nearly a 50% growth in the court's capacity, and would enable the court to reach a population that previously had no access to judicially-monitored substance abuse treatment. In order to cope with the additional caseload created by the project, an additional case manager was funded by the Enhancement.

Goal #2: Expedite Felony Screening and Referral Procedure. One of the ten key components of the drug court model is that eligible participants should be identified early and promptly enrolled in the drug court program. Previous research has shown that defendants who

² Prior to the Enhancement, misdemeanor cases originating in the local town and village courts *could* be transferred to the treatment court by request of the OCCTC staff. In practice, however, this occurred only when it was learned that a drug court participant had an additional case in one or more of the local courts.

³ An analysis of Onondaga County Court data indicates that an estimated 35% of misdemeanor offenders have ongoing substance abuse problems and that one-third of that number, or approximately 12%, are eligible to participate in the treatment court. Applying this figure to the combined case load of the Cicero, Clay, Dewitt, and Salina Town Courts yields an estimated 160 new referrals to the OCCTC per year.

become engaged in treatment quickly after their arrest have greater chance of success (e.g., Rempel and DeStefano 2001; Rempel et al. 2003). Accordingly, the Enhancement includes an expedited screening and referral process to identify felony offenders who are eligible for treatment court. This expedited process allows the treatment court to begin intervening with defendants as soon as possible—ideally, within two weeks of arrest.

In order to accomplish this goal, treatment court staff began to conduct a preliminary “paper screen” of all felony cases scheduled to appear in the Onondaga County Court. Once a defendant is deemed paper eligible for treatment court participation, OCCTC staff notify the presiding judge and attorneys that the defendant must be referred for individual eligibility screening within two weeks in order to participate in the treatment court. As noted above, much of the additional work created by the Enhancement was the responsibility of an additional case manager funded by the project.

Goal #3: Enhance Vocational and Educational Services. Because 60% of OCCTC participants are unemployed at the time of enrollment, vocational and educational services play a central role in the court’s service delivery strategy. Prior to the Enhancement, two local educational service providers (VESID and ARISE) staffed the treatment court with a representative to provide on-site assistance. The Enhancement enabled the court to hire a dedicated part-time vocational and educational specialist to provide participants with one-on-one assistance and consistent follow-through. This specialist helps participants to schedule meetings with service providers, gather necessary forms and documentation, and seek appropriate job and education placements. The specialist also oversees onsite implementation of the PLATO Learning System, a self-paced educational tool that provides access to a simulated GED test and other educational content. These efforts supplement the pre-Enhancement services to ensure that participants are linked to jobs and continuing education, in the interest of promoting long-term stability.

OCCTC ENHANCEMENT IMPACTS

The impact analyses below rely on four primary data sources. First, information on the OCCTC’s caseload (e.g., referrals, participation, case processing time, charge severity) was drawn from the statewide specialized treatment court management information system (MIS). However, the MIS does not contain a reliable indicator of the referring court for cases originating in the local town and village courts. Instead, this information came from records captured in a separate spreadsheet and maintained by the OCCTC Coordinator. Cases referred to the treatment court during the Enhancement period were identified by referral date and compared to all cases referred to the treatment court during the preceding five-year period. A pre-training survey was administered to all attendees at a 2010 training session for court personnel in town and village jurisdictions targeted by the Enhancement; results from this survey helped to shape additional outreach over the course of the Enhancement and are presented below. Finally, the vocational and educational specialist hired through the Enhancement kept detailed records of referrals to and use of vocational and educational services, including resulting job placements.

Five key outcomes are included as measures of the impact of the Enhancement: impact on town and village referrals; specialized training for town and village court personnel; impact on felony referrals; impact on time to treatment court referral; and impact on vocational and educational services.

Impact on Town and Village Referrals

Using data tracked by the treatment court (through the statewide specialized treatment court MIS and paper records), we compared the number of misdemeanor offenders referred to and enrolled in the OCCTC from local town and village courts during the period of the Enhancement (October 2009 through September 2011) to referrals during the five years preceding the Enhancement (October 2004 through September 2009). As shown in Table 1, a total of 120 defendants were referred to the treatment court from local town and village courts over the 24 months covered by the Enhancement. Ninety-six percent of these defendants (N=115) went on to become drug court participants. On average, this represents five referrals per month during the Enhancement period, a 250% increase over the average rate of two referrals per month during the pre-Enhancement period.

Table 1. Referrals to OCCTC from Local Town and Village Courts

	Pre-Enhancement Period 10/1/2004-9/30/2009	Enhancement Period 10/1/2009-9/30/2011
Total Months Covered	60	24
Defendants Referred from Local Courts	120	120
Referral Rate (Mean Referrals/Month)	2.0	5.0
Participation Rate ¹	93% (N=112)	96% (N=115)

¹ Participation Rate: Percentage of defendants referred to OCCTC from the local courts who went on to become OCCTC participants.

Specialized Training for Town and Village Court Personnel

As part of the Enhancement, the Center for Court Innovation, in collaboration with OCCTC, convened a one-day training session for local court personnel on February 10, 2010. A total of nine local court judges and six clerks from five jurisdictions (Cicero Town, Clay Town, Dewitt Town, Salina Town, and Onondaga Town) attended the training. Prior to the training, attendees were asked to complete a brief survey documenting their knowledge about and use of the treatment court.

Understanding of the Drug Court Model. Respondents were asked to rate their overall understanding of the drug court model on a scale of one to five, with one representing no understanding at all and five representing a very good understanding of the model. The mean response score was a four (response range: three to five).

Understanding of the OCCTC Mission. Respondents were asked to rate their overall understanding of the mission of the OCCTC on a scale of one to five, with one representing no understanding at all and five representing a very good understanding. Again, the mean response score was a four (response range: three to five).

Transfer to OCCTC. All 15 respondents reported that they transfer cases to the OCCTC on occasion. Reasons for transfer include: request for transfer by the OCCTC (100%); request for transfer by the prosecutor (20%); request for transfer by the defense attorney (13%); defendant eligibility (13%) or apparent defendant drug problem (7%). Just under half of respondents (47%) reported that they transfer cases to the OCCTC on a monthly basis; the remainder reported that they transfer cases every few months. The majority of respondents (60%) reported that the process for transferring cases to the OCCTC is very straightforward; other respondents had some (20%) or great (20%) difficulty with the transfer process. The primary reasons identified by

respondents for difficulties with transferring cases were related to difficulties getting all required parties to sign and/or return paperwork to the court. When asked what cases they would consider transferring to the OCCTC in the future, the majority of respondents (67%) indicated that they would consider transferring *any* treatment court eligible cases.

Need for Technical Assistance. Respondents selected areas in which they would like additional technical assistance from a list. Areas of interest included: screening for treatment court eligibility (53%); the transfer process (40%); services for addicted offenders (33%); the drug court model (27%); the OCCTC mission (27%); and contacting the OCCTC (27%).

Impact on Felony Referrals

The special felony screening calendar component of the Enhancement was not implemented until January 2011. Using data tracked by the treatment court (through the statewide specialized treatment court MIS), we compared the number of felony cases referred to the OCCTC during this limited period of the Enhancement (January 2011 through September 2011) to referrals during the five years preceding the Enhancement (October 2004 through September 2009). As shown in Table 2, a total of 170 defendants with felony cases were referred to OCCTC over the nine month limited Enhancement period, representing an average of 19 felons referred per month. This compares favorably to the average of 15 felons referred to OCCTC per month during the pre-Enhancement period. More than half of referred felons went on to become OCCTC participants in both the Enhancement and pre-Enhancement periods (55% and 61%, respectively). As a result, whereas an average of 9.1 defendants per month became participants during the pre-Enhancement period, that average rose slightly to 10.4 participants per month during the Enhancement.

Table 2. Felony Referrals to OCCTC

	Pre-Enhancement Period 10/1/2004-9/30/2009	Enhancement Period 1/1/2010-9/30/2011
Total Months Covered	60	9
Defendants with Felony Cases Referred	895	170
Referral Rate (Mean Referrals/Month)	14.9	18.9
Participation Rate ¹	61% (N=545)	55% (N=94)

¹ Participation Rate: Percentage of defendants with felony cases referred to OCCTC who went on to become OCCTC participants.

Impact on Time to Treatment Court Referral

One of the goals of the Enhancement was to reduce the time from arrest to treatment court referral—particularly for felony cases. As noted above, the special felony screening calendar component of the Enhancement was not implemented until January 2011. Again using data from the treatment court’s specialized MIS, we compared time from arrest to OCCTC referral among felony cases referred to the OCCTC during a limited period of the Enhancement (January 2011 through September 2011) to time to referral for felony cases processed during the five years preceding the Enhancement (October 2004 through September 2009).

It took an average of just under six months (178 days) for felony cases to be referred to the treatment court during the limited Enhancement period, slightly less than the six and a half months (202 days) to referral during the pre-Enhancement period. However, this difference was

not statistically significant. Median time to treatment court referral may present a more realistic gauge of time to referral for most defendants, given the time from original arrest to treatment court referral can be particularly lengthy for defendants referred to the court as the result of a probation violation. Median time to referral was around four months during both the Enhancement and pre-Enhancement periods (115 v. 126 days).

When cases transferred from the local town and village courts are isolated, it appears that the mean time from arrest to treatment court referral slightly *increased* over the Enhancement period (161 v. 127 days), though this difference was not statistically significant. Median time to treatment court referral was just over two and a half months during the Enhancement period (78 days), as compared to a referral time just shy of two months during the pre-Enhancement period (58 days).

Impact on Vocational and Educational Outcomes

The dedicated part-time vocational and educational specialist funded by the Enhancement was not hired until June 2010. Therefore, this section only details accomplishments during the 16-month period from June 2010 through September 2011. During this period, 90 participants were referred to the vocational specialist. On average, there are 420 open treatment court participants in the program at any time, so just over 20% of participants were referred to the vocational specialist.

Referred participants were given the opportunity to attend a workshop explaining SSI/SSDI benefits and how they could work while still collecting those benefits. Participants were also offered a variety of training opportunities through a partnership with The Altamont Program, Inc. These opportunities included a four-week “green” jobs training initiative, a 12-week culinary certificate program, and a 12-week hospitality certificate program. GED classes were offered through the Onondaga County Board of Cooperative Educational Services (BOCES). In addition, the vocational specialist offered one-on-one services to participants including resume and cover letter creation, job search and job application assistance, and counseling on work readiness and professionalism. The vocational specialist met with participants on a regular basis to track their job search progress and reported back to OCCTC staff as needed.

Of the 90 participants referred to the vocational specialist, 42 (47%) went on to obtain employment. Because several participants obtained multiple jobs, this represents a total of 52 job placements. An additional three participants decided to attend college full-time rather than seek employment. A breakdown of referrals by program is presented in Table 3. A total of twelve referrals to five additional community-based programs (Aurora, ARISE, E-Cuse, CNY Works, and Cayuga Works) were made, but data on attendance and subsequent employment for participants referred to these programs was not tracked.

Table 3. Referrals through the Dedicated Vocational Specialist

	Referred	Attended	Subsequently Obtained Employment
SSI/SSDI Workshop	6	4	1
Green Jobs Training	8	4	2
Altamont Hospitality Certificate Program	1	1	1
BOCES GED Program	2	<i>Information Not Available</i>	<i>Information Not Available</i>

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