

*Implementing Rockefeller  
Reform:  
A Treatment Provider's  
Perspective*

**December 23, 2009**

*Reginald Fluellen, Ph.D.*

*Gail Gray, Esq.*

*Beny J. Primm, M.D.*

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## About the Authors

**Reginald Fluellen, Ph.D.**, is a criminologist and currently Chairman and Chief Executive Officer of Fluellen Associates. Fluellen Associates is a research and consultant firm that investigates the intersection between criminal justice and public health. Prior to Fluellen Associates, Dr. Fluellen was a research associate at the Vera Institute of Justice and the Vice President of Community Development and Research & Evaluation at the National Black Leadership Commission on AIDS. Dr. Fluellen has published several articles on substance abuse treatment, drug courts and various community interventions programs.

**Gail Gray, Esq.**, is an attorney and the Executive Director of the National Justice Initiative (NJI). NJI is an outgrowth of her decades-long experience as a criminal defense attorney, previously representing indigent clients as a staff attorney at The Legal Aid Society, Criminal Defense Division, and currently representing retained clients as a private practitioner. NJI's formation was also shaped by her experiences as a clinical professor in the nationally ranked Criminal Defense Clinic of the City University of New York School of Law, where Prof. Gray inspired a diverse cadre of dedicated public interest attorneys. Her first hand observations of disparity and injury in state and federal courts across the country inform NJI's mission to promote, foster and advance fairness and equity in the administration of justice. It encourages awareness and activism on legal issues impacting marginalized individuals and communities. Prof. Gray is the recipient of numerous awards and commendations. Several of her legal victories have appeared in the New York Law Journal.

**Beny J. Primm, M.D.**, is an anesthesiologist and Executive Director of Addiction Research and Treatment Corporation (ARTC). Dr. Primm is an internationally known expert on drug abuse and HIV/AIDS. In 1989 Dr. Primm was appointed to head the Federal government's Center for Substance Abuse Treatment (CSAT), formerly known as the Office for Treatment Improvement (OTI). In November 2000, Dr. Primm was granted the Surgeon General's Medallion for U.S. Public Health Service for his lifetime of leadership in mental health and substance abuse treatment in the battle against the AIDS Epidemic. In August 2003, Dr. Primm was appointed to the Presidential Advisory Council on HIV and AIDS (PACHA). Dr. Primm has published numerous articles on substance abuse treatment and HIV/AIDS.

National Justice Initiative, Inc.  
770 Broadway, 2<sup>nd</sup> Floor  
New York, N.Y. 10003  
(646) 495-6225

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## Introduction

On April 7, 2009, Governor Paterson signed into law sweeping changes to the Rockefeller Drug Law. The signing marked the culmination of a thirty five year effort by elected officials, advocates, community organizations, noted celebrities and average citizens to reform New York State's mandatory sentencing law by ameliorating the harsh sentences imposed on people suffering from addiction and ensnared in the criminal justice system. Recognizing addiction as an illness, not a crime, reformers rejected the long-standing punishment model in favor of a medical recovery model. As a result, they reinvested judges with the discretion and authority to divert drug users to treatment and to reduce or eliminate incarceration as the mandatory response to drug-related crime

On November 18, 2009, the National Justice Initiative (NJI), in partnership with community and religious organizations, hosted a luncheon and panel discussion at the Harlem State Office Building entitled, *Implementing Rockefeller Reform: Building Consensus for a Meaningful Medical Model*. NJI brought together some of the advocates who were on the front line of the battle to reform the Rockefeller Drug Laws.<sup>1</sup> Addressing treatment providers, these reformers discussed their expectation of the new legislation and the pivotal role they envisioned for treatment providers in the successful implementation of the reforms.

Prior to opening remarks, treatment providers were asked to complete a participant survey. The survey asked, among other things, whether treatment providers

believed their existing partnership with criminal justice officials adequate to advance a meaningful medical recovery model, whether they considered it necessary to expand their network of partners to include community organizations and other stakeholders able to meet the employment, housing, family and spiritual needs of addicted offenders, and whether they believed their organization had sufficient capacity and expertise to successfully undertake the anticipated increase in demand for substance abuse treatment services. What follows are the findings from the survey.

This report begins with a description of the participants who attended the luncheon and who completed the survey. It then explains the methodology used to conduct the survey and presents the results. The results focus on four topics: 1) participants' affiliation; 2) participants' views concerning their relationship with criminal justice officials and community stakeholders; 3) participants' views concerning the need to counsel patients prior to entry into the diversion program; 4) participants' views concerning their capacity to meet the increased demand for substance abuse treatment services. The discussion section assesses these results. The report ends with a conclusion, exploring the policy implications and recommending next steps.

### The Participants

Four reformers were invited to the luncheon to speak to the guests: Robert Gangi, Rev. Dr. Calvin O. Butts, III, Phyllis Harrison-Ross, M.D., and Ruth Finkelstein, D.Sc.<sup>2</sup> Hosting the luncheon was Gail Gray, Esq., Rev. Dr. Adolph Roberts, and Beny J.

Primm, M.D. Reginald Fluellen, Ph.D. coordinated the luncheon.

In addition to the speakers, fifty-one (51) individuals attended the luncheon. These individuals came from thirty-eight (38) organizations and agencies located in the five boroughs of New York City and from Westchester, Nassau and Suffolk Counties.<sup>3</sup> Nine were methadone maintenance treatment organizations, two were New York State agencies, one was an academy, and one was a public advocacy organization. The remaining twenty-five (25) were OASAS-licensed substance abuse treatment organizations.

### Methodology

The luncheon and panel discussion were held at the Harlem State Office Building located at 163 West 125<sup>th</sup> Street, New York, N.Y. It ran from 12:30pm to 4:00pm and consisted of two sessions. The first session ran from 12:30pm to 1:30pm and was held on the second floor. A light lunch was served during this session. The second session ran from 1:30pm to 4:00pm and was held on the eighth floor. The panel discussion, including an audience question and answer period, took place during this session.

During the first session, printed materials, including the survey and an agenda, were made available to the guests in attendance. It was during this period, prior to opening remarks by the speakers, participants were asked to fill out the survey and return the completed form to the hosts or coordinator. Completed forms were collected throughout the first session. For the benefit of those who did not complete the survey during the first session, an announcement was made during the second session reminding them to

kindly complete the survey and return it to the hosts or coordinator before the end of the session.

Of the fifty-one (51) people who attended the event, thirty (30) returned the survey to one of the hosts. Of the thirty surveys, two were incomplete. They were not used in the analysis. As a result, twenty-eight (28) or 55% of the participants completed the survey. Their results are included in this report. The small sample size makes it difficult to conduct rigorous statistical analysis. Therefore, the result of this survey should be viewed with caution.

The survey was a self administered questionnaire consisting of seventeen (17) true/false and multiple choice questions.<sup>4</sup> Two sets of multiple choice questions were provided. The first allowed respondents to select more than one answer. For example, when asked to select the entity with whom they would be willing to participate in future workshops, seminars and panel discussions, participants were permitted to select as many of the seven criminal justice officials and community stakeholders as they liked. The second multiple choice question provided four possible answers but only allowed respondents to select one of the four: very important; important; somewhat important; and not important.<sup>5</sup> The answers were ranked from highest to lowest. "Very important" received the highest ranking, followed by "important" and "somewhat important." "Not important" received the lowest ranking.

An additional question provided at the end of the survey was open-ended, permitting respondents to share their thoughts and observations.

## Results

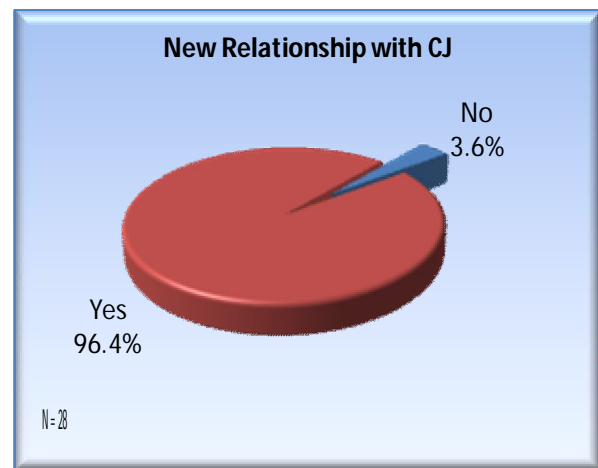
### *Participant Affiliation:*

Among the twenty-eight (28) respondents who completed the survey, twenty-six (26) considered themselves treatment providers. Of the remaining two, one was identified as a “patient/client” organization, while the other did not indicate an affiliation. Twenty-five (25) of the twenty-eight (28) respondents identified themselves as part of “management.” Two identified themselves as “staff.” The remaining respondent did not identify as either.

### *Criminal Justice and Community Relationships:*

In order to assess participants’ perception of the adequacy of existing relationships with their criminal justice partners, they were asked whether they believed current relationships with judges, prosecutors and defense attorneys were adequate. Of the twenty-eight (28) participants who responded to the survey, only one (1) indicated that the current relationship was “very adequate.” The overwhelming majority of respondents, over eighty percent (82.1%), indicated that their relationships with justice officials were either “not adequate” or only “somewhat adequate.” Ten (10) indicated that their relationships were “not adequate,” and thirteen (13) indicated that their relationships were “somewhat adequate.”

Participants were asked whether they believed reform of the Rockefeller Drug Law required them to establish new working relationships with criminal justice officials. All but one of the respondents, over ninety six percent (96.4%), believed reform required them to establish new relationships with criminal justice officials.<sup>6</sup>

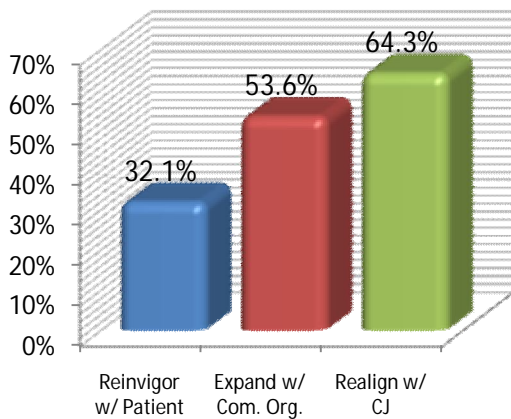


Participants were asked whether they considered it necessary for the implementation of a medical recovery model to expand their relationships to include community organizations and stakeholders able to provide support services meeting the employment, housing, vocational training, and spiritual and family needs of addicted offenders. Nearly two thirds (64.3%) indicated it was “very necessary” to expand their relationships to include community organizations and stakeholders. Over a quarter (28.6%) indicated it was “necessary.” Only one respondent believed it was “not necessary” to expand these relationships in order to advance a medical recovery model. Similarly, only one respondent indicated it was “somewhat necessary” to expand relationships to advance this reform.

In order to gauge the willingness of participants to engage in future workshops, seminars and panel discussions aimed at realigning relationships with criminal justice officials, expanding collaborative relationships with community organizations, and reinvigorating relationships with patients, participants were asked to indicate

which of these activities would interest them. Nearly two thirds (64.3%) indicated their willingness to participate in workshops, seminars or panel discussions that realigned relationships with criminal justice officials. Over half (53.6%) indicated their willingness to participate in these forums if they were aimed at expanding collaborative relationships with community organizations. Slightly less than a third (32.1%) expressed a willingness to participate if the forums were aimed at reinvigorating their relationship with their patients.

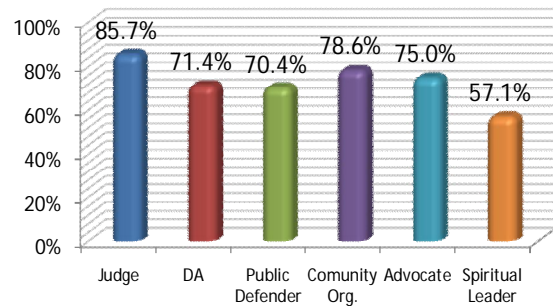
**Willingness to Participate in Forums**



We also sought to determine whether participants preferred to engage, at a later date, in workshops, seminars and panel discussions with a particular segment of the justice system (judges, prosecutors, defenders) or with a particular community constituency (spiritual leaders, advocates, community organizations). Participants were asked to select from a list the justice officials and community stakeholders with whom they would be willing to engage. Over half (53.6%) indicated a willingness to engage with all segments of the justice system and all community stakeholders. Among justice officials, the overwhelming majority of respondents was interested in

meeting with judges (85.7%), followed by prosecutors (71.4%) and defense attorneys (70.4%). Among community stakeholders, the majority was interested in meeting with community organizations (78.6%), followed by advocates (75%) and spiritual leaders (57.1%). It appears respondents were slightly more interested in engaging community organizations and advocates than they were in engaging prosecutors and defense attorneys. Respondents were most interested in collaborating with judges and least interested in collaborating with spiritual leaders.

**Collaboration With CJ & Community Stakeholders**



***Counseling and Advising Patients:***

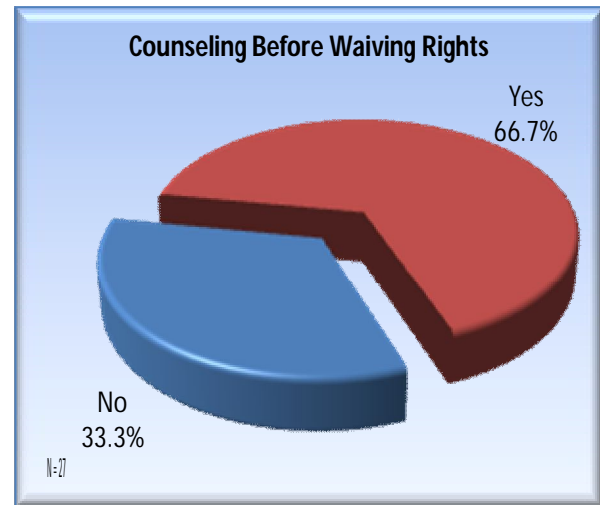
As currently enacted, legislation reforming the Rockefeller Drug Law requires individuals to undergo substance abuse treatment as a condition of entry into the judicial diversion program. In addition, the legislation requires these individuals to sign a consent form, making their otherwise confidential medical records available to justice officials and researchers. It appears then that individual legal outcomes will rest, in part, on treatment outcomes and individual medical histories will now be used for purposes other than aiding medical recovery. Consequently, participants were asked whether individuals contemplating entry into the judicial diversion program

should receive counseling from a health professional before agreeing to enter the program and before waiving confidentiality of their medical records.

Nearly ninety percent (89.3%) of the respondents indicated that individuals entering the diversion program should receive counseling from a medical professional before entering the diversion program. Only one respondent believed they should not, another replied “maybe.” Moreover, two thirds (66.7%) of the respondents believed that individuals should receive counseling from a medical professional before consenting to the release of their otherwise confidential medical records to justice officials and researchers. A third (33.3%) believed it was not necessary that individuals receive counseling from a medical professional before consenting to the release of their medical records.

To the extent defense attorneys identify, explain and offer advice regarding the legal options available to their clients, and to the extent resolution of legal proceedings against their clients may hinge on successful completion of treatment, participants were asked whether defense counsel should offer advice concerning treatment options.

Over half of the respondents (53.6%) believed defense attorneys should advise their client on treatment options. Significantly, all respondents who answered “yes” to this question also believed that defense attorneys should first obtain information on treatment options from qualified health professionals.

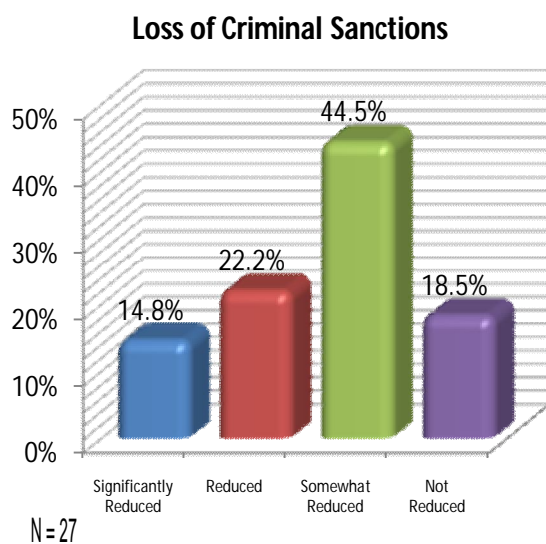


A third (32.1%) of the respondents did not believe defense attorneys should give advice to their clients on treatment options. All of these respondents were of the opinion that defense attorneys should simply refer their clients to qualified health professionals for advice on treatment options.

#### ***Treatment Interventions:***

Mindful of the legislative shift from a criminal justice punishment model to a medical recovery model, participants were asked whether they believed the loss of criminal sanctions would reduce their ability to achieve desirable treatment outcomes. They were also asked whether they considered the threat of criminal sanctions necessary to achieve desirable results. Over half (57.7%) of the respondents believed the threat of criminal sanctions was either “not necessary” (15.4%) or only “somewhat necessary” (42.3%) to achieve desirable treatment outcomes, while slightly over two fifths (42.3%) believed the threat of criminal sanctions was either “very necessary” (19.2%) or “necessary” (23.1%).

Similarly, nearly two thirds (63.0%) believed the loss of criminal sanctions either “did not” reduce (18.5%) or only “somewhat” reduced (44.5%) their ability to achieve desirable treatment results, while slightly over a third (37%) believed the loss of criminal sanctions either “significantly reduced” (14.8%) or “reduced” (22.2%) their ability to achieve desirable treatment outcomes.



In order to determine whether participants believed they had sufficient capacity and expertise to successfully undertake the anticipated increase in demand for treatment, they were asked whether treatment interventions focusing on criminogenic thinking and behavior were necessary to effectively treat individuals diverted to their programs. In addition, they were asked whether they believed their agency currently has the capacity to offer treatment interventions focusing on criminogenic thinking and behavior.

In order to determine whether these participants believed it was necessary to expand their capacity to include services addressing the employment, housing, family

and spiritual needs of addicted offenders, they were asked whether they believed it was necessary to broaden their capacity to include these services.

Over two fifths of the respondents (44.%) believed that treatment interventions focusing on criminogenic thinking and behavior were “very necessary” to treat individuals diverted to substance abuse treatment programs, while only two respondents (8%) believed that criminogenic interventions were “not necessary.”<sup>7</sup> Nearly three quarters of the respondents (72%) indicated that their agency presently has the capacity to provide individuals with treatment interventions focusing on criminogenic thinking and behavior.

Over eighty percent (82.1%) of the respondents indicated that it was either “very necessary” or “necessary” that they broaden their agencies’ capacity to include employment, housing, vocational training, and spiritual and family services in order to advance a medical recovery model. Nearly half (46.4%) of the respondents indicated that it was “very necessary” to broaden their agencies’ capacity to include these services, while slightly over a third (35.7%) indicated that it was “necessary” that they broaden their agencies’ capacity to provide these services. Only three (3) respondents (10.7%) believed it was “not necessary” to do so.

## Discussion

It is clear from these results that virtually all of the participants who completed the survey considered themselves treatment providers and members of management. Among this group, virtually all believed reform of the Rockefeller Drug Law requires them to develop new working relationships with

their criminal justice partners. The vast majority believe the existing relationships are inadequate or only modestly adequate. Likewise, a clear majority believe that it is necessary to broaden their network of partners to include organizations that provide employment, housing, and family relations services. This suggests that treatment providers view these services as essential to the successful treatment of people simultaneously suffering from drug addiction and involved in the justice system.

Their strong views on the importance of establishing stronger and broader relationships is reflected in their willingness to participate in future workshops, seminars and panel discussions aimed at realigning their relationship with criminal justice officials and broadening their partnerships to include organizations situated outside of the criminal justice system. Well over half of the respondents indicated a willingness to participate in workshops, seminars and panel discussions focused on realigning their relationship with justice officials, and on broadening relationships to include community organizations with the potential to expand the menu of services available to their patients.

While a sizable majority of respondents expressed a willingness to realign relations with criminal justice officials and broaden relations with community organizations, a significant “minority,” comprising a third of the respondents, were interested in engagement on issues designed to reinvigorate relationships with their patients.

From the results of this survey, we learned that respondents were overwhelmingly interested in collaborating with judges in upcoming workshops, seminars and panel

discussion. More interesting was the discovery that respondents were slightly more inclined to collaborate with community organizations and advocates than with prosecutors and defense attorneys. This may reflect the priority placed on expanding the array of services available to their patients. Overall, a majority of respondents indicated a willingness to collaborate with all justice officials and all community stakeholders in future workshops, seminars and panel discussions.

Current legislation reforming the Rockefeller Drug Law paves the way for more addicted offenders than ever to enter into judicial diversion programs. Favorable resolution of their criminal cases will result in reduction or dismissal of the charges and, in some instances, sealing of their criminal records. However, these favorable legal outcomes rest, in large part, on successful completion of the treatment component of the program. Put differently, successful treatment outcomes will determine favorable legal outcomes for participants in the judicial diversion program. This places the legal status of untold numbers of patients in the hands of treatment providers.

Entry into the diversion program requires individuals to waive the right to the privacy of their medical records. Individuals who enter the program must now agree to make their records available to justice officials and researchers as a condition of judicial diversion.

Consequently, we asked our respondents whether they believed individuals should have the opportunity to receive counseling from a qualified health professional before electing to participate in treatment through the diversion program. Ideally, the

counseling session would include a discussion of the benefits of participating in a substance abuse treatment program as well as a discussion of medical challenges and legal risks.

Respondents were also asked whether these individuals should receive counseling from health professionals before waiving their right to the confidentiality of their medical records.

Overwhelmingly, our respondents agreed that counseling by a qualified health professional should occur before the individual decides whether to enter the diversion program or to withhold otherwise confidential medical information from justice officials and researchers. These results suggest the heightened awareness of treatment providers regarding the impact of these decisions on the legal well-being of individuals entering the diversion program.

Interestingly, a third of the respondents did not believe it necessary that individuals receive counseling from health professional prior to releasing their medical records to justice officials and researchers. This sizeable “minority” apparently does not view uncounseled waivers as a serious breach of medical privacy rights. Though troubling, this finding is outweighed by responses indicating counseling from health professionals should precede the decision to enter the diversion program.

In this regard, we know from the results of this study that health professionals are not the only professionals who respondents believe should provide information on treatment options. A substantial majority of respondents believe defense attorneys should also advise clients entering the

diversion program about treatment options. Yet, they took the position that before advising their clients, defense attorneys should obtain information on treatment options from qualified health professionals. Those respondents who did not believe defense attorneys should give treatment advice to their clients were of the view that defense attorneys should simply refer their clients to qualified health professionals for advice on treatment options.

It is reasonable to conclude from these findings that the majority of treatment providers acknowledge the special role defense attorneys play in shaping legal and treatment outcomes. The majority of treatment providers also appear to welcome the opportunity to engage defense counsel about the range of treatment options available to their clients. At the same time, treatment providers appear increasingly sensitive to the impact they have on the legal well-being of patients, signaling an opportunity for defense attorneys to engage them about the range of potential punishments that result from program lapses and failure.

Mindful of the policy shift away from punitive penal sanctions toward a medical recovery model, treatment providers were asked whether they believed the loss of criminal sanctions would reduce their ability to achieve desirable treatment outcomes and whether the threat of criminal sanctions was necessary to achieve desirable results. In response, a clear majority indicated that the threat of criminal sanction was either “not necessary” or only “somewhat necessary” to achieve desirable treatment results. A slightly greater majority believed the loss of criminal sanctions “did not reduce” or only

“somewhat reduced” their ability to achieve desirable treatment outcomes.

Significantly, the results revealed less anxiety about the loss of sanctions and more interest in increasing and improving capacity to comprehensively and holistically treat the patient. To begin with, a significant majority of respondents believe effective treatment interventions must include a focus on criminogenic thinking and behavior and that their agencies presently possess the capacity to include them.

From the point of view of participants, what appears to be lacking is an internal capacity to provide a broad menu of critical services. Thus, when asked whether it is necessary for implementation of a meaningful medical recovery model to broaden their capacity to include employment, housing, vocational training, and spiritual and family services, the vast majority of respondents indicated that their ability to offer these services was essential for success.

## Conclusion

Elected officials and drug law reformers who have fought courageously over the past three decades to reform the Rockefeller Drug Law have much to celebrate. The 2009 reform significantly altered the harsh sentencing regime, which shaped the legal landscape and became a hallmark of the Rockefeller Drug Law.

What we learned from this study is that treatment providers, entrusted with the responsibility to care for, not punish, substance abuse offenders, are unequivocal about what they believe is needed for the successful implementation of the reform.

Overwhelmingly, they believe it is important to reshape the existing relationship with their criminal justice partners. They believe it is essential to expand the services they make available to their patients by collaboration with community organizations and stakeholders and by increasing their internal service capacity. They hold to the position that along with discrete substance abuse services, individuals entering the diversion program should have access to employment, housing, family and spiritual services. They should also receive treatment interventions that focus on criminogenic behavior.

Treatment providers have also been unanimous in their belief that individuals contemplating entry into the judicial diversion program should receive counseling from a health professional before making the final decision.

The policy implications are clear. Successful implementation of drug law reform will depend in large part on the effective response of policy makers to the current deficiencies in the relationship between treatment providers on the one hand and criminal justice officials and community organizations on the other hand. Success will also depend on whether policy makers see to it that providers receive the resources to take a more comprehensive and holistic approach to service provision.

Accordingly, we offer the following recommendations to policy makers:

- 1) Support the creation of workshops, seminars and panel discussions, providing opportunities for treatment providers to realign their relationships with their criminal justice partners (including defense

- attorneys) and expand their relationship with community organizations;
- 2) Monitor the outcome of relationship building efforts and require participants to reach a consensus;
  - 3) Allocate adequate resources to enable treatment providers to take a comprehensive and holistic approach to service provision;
  - 4) Adopt appropriate measures to insure that individuals contemplating entry into the judicial diversion program receive counseling from a health professional before making the final decision to enter the program.

This report provides only a glimpse into the views held by treatment providers. The limited number of respondents and their limited geographic scope make it difficult to draw definitive conclusions from the results. Nevertheless, this report sets the stage for a more comprehensive state-wide study designed to more thoroughly probe the issues highlighted in this report.

# APPENDIX - A

## **Implementing Rockefeller Reform: Building Consensus on a Meaningful Medical Model**

Harlem State Office Building  
November 18, 2009

### **SPEAKERS AND HOSTS**

#### **HOSTS**

**Gail Gray, Esq.**

Executive Director, National Justice Initiative

**Rev. Dr. Adolph Roberts**

Pastor, Mount Calvary Baptist Church &  
Executive Director, Museum of African American History

**Beny Primm, M.D.**

Executive Director, Addiction Research & Treatment Corporation

#### **COORDINATOR**

**Reginald Fluellen, Ph.D.**

Chairman/CEO  
Fluellen Associates, Inc.

#### **SPEAKERS**

**Robert Gangi,**

Executive Director, Correctional Association of New York

**Rev. Dr. Calvin O. Butts,**

Pastor, Abyssinian Baptist Church &  
President, SUNY at Old Westbury

**Phyllis Harrison-Ross, M.D.**

Commissioner, New York State Commission of Corrections &  
Chair of the Commission's Medical Review Board

**Ruth Finkelstein, Sc.D.**  
Vice President for Health Policy  
New York Academy of Medicine

# APPENDIX - B

## **Implementing Rockefeller Reform: Building Consensus on a Meaningful Medical Model**

Harlem State Office Building  
November 18, 2009

### **Organization List**

#### **OASAS – LICENSED ORG.**

1. Arms Acres, Inc
2. Basics
3. Bridge Back to Life
4. Brooklyn AIDS Task Force
5. CIS Counseling Center, Inc
6. Counseling Services of N.Y.LLC
7. Exponents, Inc,
8. Hamilton-Madison House, Inc.
9. Harlem United
10. Inwood Community Services, Inc
11. J-Cap
12. New York Center for Addiction Treatment
13. Odyssey House, Inc.
14. Palladia, Inc.

#### **METHADONE MAINTENANCE ORG.**

1. Addiction Research and Treatment Corporation
2. Bronx Lebanon Hospital
3. Harlem East Life Plan (H.E.L.P.)
4. Legal Action Center
5. Metropolitan Hospital Center
6. NARCO Freedom
7. PROMESA, Inc.
8. St. Vincent Catholic Medical Center
9. West Midtown Medical Group

#### **NEW YORK STATE AGENCIES**

1. N.Y.S Commission of Correction

2. OASAS

#### **ACADEMY**

1. New York Academy of Medicine

**ADVOCACY**

15. Parallax Center, Inc.

16. Phase Piggy Back

17. React Center

18. Stay-N-Out

19. Success Counseling Services, Inc.

20. The Educational Alliance, Inc.

21. The Guidance Center

22. Upper Manhattan Mental Health Center

23. Veritas Therapeutic Community Inc.

24. Women In Need, Inc.

25. Western Queens Recovery Services

1. New York Civil Liberty Union

# APPENDIX - C

## **IMPLEMENTING ROCKEFELLER REFORM: CREATING CONSENSUS ON A MEANINGFUL MEDICAL RECOVERY MODEL**

HARLEM STATE OFFICE BUILDING

NOVEMBER 18, 2009

### **PARTICIPANT SURVEY**

#### **1. Indicate with a check your affiliation:**

<input type="checkbox"/> Treatment Provider Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff
<input type="checkbox"/> Advocacy Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff
<input type="checkbox"/> Defender Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff
<input type="checkbox"/> Judicial Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff
<input type="checkbox"/> Patient/Client Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff
<input type="checkbox"/> Prosecutor Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff
<input type="checkbox"/> Spiritual Organization	<input type="checkbox"/> Management	<input type="checkbox"/> Staff

#### **2. Indicate with a check what stakeholders you are willing to participate with in panel discussions, workshops or seminars:**

Judges

Defenders

Prosecutors

Advocates

Community Organizations

Spiritual Leaders

Treatment Providers

**3. Indicate with a check the topics you are interested in participating in as part of a panel discussion, workshop or seminar:**

The Reinvigoration of Relationships with Patients

The Realignment of Relationships with Criminal Justice Partners

The Expansion of Collaborative Relationships with Community Organizations

**4. Indicate with a check whether you are willing to moderate panel discussions or facilitate workshops and seminars:**

Yes

No

**5. Indicate with a check whether you believe reform of the Rockefeller Drug Law require establishing a new working relationship with criminal justice officials (judges, prosecutors, public defenders):**

Yes

No

**Please answer the following questions with one of the choices provided.**

**6. Are current relations with criminal justice officials adequate to advance a meaningful medical recovery model:**

Very Adequate  Adequate  Somewhat Adequate  Not Adequate

**7. Is it necessary for the advancement of a meaningful medical recovery model to expand relationships to include community organizations and stakeholders that provide employment, housing, vocational training, and spiritual & family relations:**

Very Necessary  Necessary  Somewhat Necessary  Not Necessary

**8. Is it necessary for the advancement of a meaningful medical recovery model to broaden your agency's capacity to include employment, housing, vocational training, and spiritual & family relations:**

Very Necessary  Necessary  Somewhat Necessary  Not Necessary

**9. Is the threat of criminal sanctions necessary to achieve desirable treatment outcomes:**

Very Necessary  Necessary  Somewhat Necessary  Not Necessary

**10. Will the loss of criminal sanctions reduce your ability to achieve desirable treatment outcomes:**

Significantly Reduce  Reduce  Somewhat Reduce  Not Reduce

**11. Should patients be given an opportunity to receive counseling from a health professional before making a decision to enter the diversion program:**

Yes

No

**12. Should patients be given an opportunity to receive counseling from a health professional before signing a waiver permitting the release of confidential medical information to criminal justice officials:**

Yes

No

**13. Should a patient's lawyer advise a patient on treatment options:**

Yes

No

**14. If Yes, should a patient's lawyer obtain information on treatment options from qualified health professionals before advising patients on treatment options:**

Yes

No

**15. If No, should patients' lawyers simply refer patients to qualified health professionals for advise on treatment options:**

Yes

No

**16. Are treatment interventions that focus on criminogenic thinking and behavior necessary to effectively treat people diverted to substance abuse treatment:**

Very Necessary  Necessary  Somewhat Necessary  Not Necessary

**17. Does your agency currently have the capacity to provide patients with treatment interventions that focus on criminogenic thinking and behavior:**

Yes

No

**18. Feel free to add your comments and observations:**

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<sup>1</sup> Senator Ruth Hassell-Thompson, one of the elected officials on the front line in the fight to reform the Rockefeller Drug Law, was scheduled to speak to treatment providers but was held in Albany by Governor Paterson to complete impending legislation.

<sup>2</sup> See Appendix – A for description of speakers.

<sup>3</sup> See Appendix – B for list of agencies.

<sup>4</sup> See Appendix – C for Participant Survey

<sup>5</sup> Another answer in this category consisting of four possible outcomes is—very important, important, somewhat important and not important.

<sup>6</sup> The single respondent who did not answer “yes” to this question elected not to answer the question.

<sup>7</sup> Only 25 participants responded to this question.