

YOUTH EXPERIENCES INSIDE NEW YORK'S  
JUVENILE PLACEMENT SYSTEM



CITIZENS' COMMITTEE for CHILDREN  
OF NEW YORK INC



INSIDE OUT:  
*Youth Experiences  
Inside New York's Juvenile  
Placement System*

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# ACKNOWLEDGEMENTS

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# EXECUTIVE SUMMARY

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Over the past decade, more than 20,000<sup>1</sup> of New York's youth have been placed in the care and custody of the New York State Office of Children and Family Services (OCFS). New York City youth make up approximately 60% of all youth placed in OCFS juvenile placement facilities. These youth have been adjudicated a juvenile delinquent by the Family Court and by definition are between the ages of 7 and 16 and have committed an act that, if committed by an adult, would be considered a crime. Approximately half of the youth in placement had been charged with misdemeanor offenses that can range from shoplifting to marijuana possession. In addition to juvenile delinquents, juvenile offenders<sup>2</sup> can also be placed in an OCFS facility.

New York State's juvenile placement system has historically been closed off to the public eye despite years of poor youth outcomes and anecdotal evidence from former youth residents who have shed light on the conditions of care and who have spoken about the negative social and emotional impact of being locked up at an early age. More recently, the challenges that face the juvenile placement system in New York have attracted much public attention due to the ever increasing operational costs<sup>3</sup> amid the state's fiscal crisis as well as research which suggests that juvenile placement does little to rehabilitate youth. OCFS's own data indicates an 80% re-arrest rate for young men three years post-placement. But the most tragic reminder of why juvenile placement facilities must be subjected to greater and rigorous public scrutiny occurred in 2006, with the death of a young man at Tryon Boys Residential Center after he was physically restrained by staff. And more recently, a 2009 U.S. Department of Justice report found that four OCFS facilities routinely misused physical restraints and applied excessive force in addition to providing inadequate mental health treatment to youth in care.<sup>4</sup>

Advocates and community leaders have long derided the system's corrections-based approach to youth supervision and care and over the past several years, OCFS has begun to take steps to reform its approach to juvenile placement and re-align the capacity of the state's juvenile placement system. A convergence of several factors provided the momentum needed to advance reform beginning in the early part of this decade. First, New York State had been experiencing a downward trend in the number of youth in the juvenile justice system leading to underutilized facilities and skyrocketing operational costs. The state could no longer justify continued and costly spending for an intervention that was ineffective while trying to address a budget deficit, which in SFY 09-10 was projected to top \$16 billion. Second, OCFS's own data revealed that the agency struggled with poor youth outcomes and that youth were ill prepared to make a successful return to their communities.

In 2008, Commissioner Gladys Carrión announced a major multi-year effort to re-align and downsize the state's juvenile placement system with a plan to "right-size" the system by closing facilities and expanding community-based alternatives. OCFS proposed the closure and consolidation of a number of facilities as part of the SFY 09 Executive Budget and ultimately, the Legislature agreed to close 4 of 6 facilities slated for closure. Additionally, in September 2008, Governor Paterson announced the creation of the Governor's Task Force on Transforming the New York State Juvenile Justice System, which charged a panel of independent experts to create a blueprint with short and long-term goals to re-design residential care, expand community-based alternatives, and address the disproportionate confinement of minority youth in the state's juvenile justice system. The SFY 2009-10 Adopted Budget also closed and consolidated an additional 8 underutilized facilities and 3 evening reporting centers, and set aside \$5 million in Temporary Assistance to Needy Families (TANF) funds to expand community-based alternatives. Taken together, these actions have jump started and paved the way for significant juvenile justice reform in New York State. However, much more must still be done to significantly improve youth outcomes as highlighted by the experiences of the youth in CCC's study cohort.

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1 OCFS Youth in Care 2007 Annual Report.

2 A juvenile offender in New York State is a young person 13 to 15 years of age who is charged and tried as an adult for committing one or more specified crimes including homicide, kidnapping, robbery and burglary.

3 The average annual cost of placement in OCFS facilities is \$200,000 per year, per child. OCFS, Empty Beds, Wasted Dollars, 2008.

4 U.S. Department of Justice report on the investigation of 4 OCFS Juvenile Placement Facilities. Available online at: <http://www.usdoj.gov/crt/split/findsettle.php#FindingsLetters>.

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Since 1944, CCC has held firm to the basic belief that youth involved with the juvenile justice system are better served closer to home in community-based settings. Because youth in the juvenile justice system are among our most vulnerable, rather than subjecting them to the isolation and stigma of being locked up in state placement, the system's efforts must be focused on engaging them in developmentally appropriate care and supervision. More specifically, OCFS must provide youth in the juvenile justice system with the tools and resources to make positive choices, and achieve the social, emotional, and educational goals needed to make a successful transition to adulthood. These goals can best be achieved in a community setting and the system must work towards increasing the availability and use of community-based alternatives for the majority of youth in OCFS placement who could, with adequate community supports, be safely supervised in these settings.

At the same time, CCC is mindful that the state must maintain some capacity to supervise youth who require a greater level of supervision in residential placement settings. As such, CCC urges the state not to forget the overwhelming need to improve the conditions of care, and enhance the comprehensiveness and quality of services provided in placement to improve outcomes for youth in OCFS facilities. This report underscores the need to reject a corrections-based approach to supervision and care, and asks New York State to make significant investments to enhance program and family engagement services, improve quality controls, increase staff training and supports, and expand partnerships with community-based organizations in order to provide a truly rehabilitative experience for youth in OCFS custody. Additionally, CCC hopes that this report brings to the forefront the unique voice of youth in placement. Their concerns, experiences and recommendations for improving conditions of care have been and will continue to be used by CCC to advance on-going budget, program, and legislative advocacy efforts on behalf of youth.

## **HIGHLIGHTS FROM OUR FINDINGS AND RECOMMENDATIONS INCLUDE:**

### **Findings**

#### *Intake*

- Youth study participants were overwhelmingly anxious, nervous, and afraid of what the placement experience would be like but each resolved to make it through despite expressing concerns for their own safety. Despite that, youth also expressed a desire to use their time in placement to participate in programs and services that would better prepare them to fulfill their personal goals once they return home.
- Youth study participants expressed tremendous anxiety and guilt about leaving their family and friends behind while they were in placement. This was particularly troublesome for those who had been a caretaker for their parent/guardian or siblings at home. Many study participants acknowledged that although some of their peer relationships had negatively impacted their own behavior, they were also conflicted about whether and how to cut ties and pursue more positive influences.

#### *Facility Care*

- Substance abuse, mental health, youth development and employment services in particular lacked the scope and intensity required to effectively meet youth service needs and youth preferences.
- Service planning did not actively engage youth or parents in a meaningful way and service plans did not reflect youth and parent concerns and preferences. Rather service planning was primarily based on intake assessments with little room for youth or family input throughout placement.
- Youth study participants characterized the facility care experience as a test of their own survival skills and in the end, youth felt that it had little to do with receiving the rehabilitative care needed to address their service needs.

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### *Aftercare*

- Aftercare primarily served as a case management and reporting tool and youth received little or no assistance to help them coordinate and connect to program services such as school, employment, or youth development programs.
- The majority of youth had a difficult time making the transition home and many were unable to connect with and sustain positive relationships with family and peers.
- Youth and their parents exhibited varying levels of engagement with their aftercare caseworker and program services depending on the type of aftercare program they were assigned to. Those enrolled in aftercare programs that provided wraparound services to youth and their families' experienced higher levels of engagement and program satisfaction.

### *Systemic Findings*

- OCFS staff relied heavily on a behavior compliance approach that too frequently employed the use of physical restraints to manage negative youth behavior. Emphasis was placed on taking immediate control of a situation rather than on addressing root causes of behavior.
- There is an enormous disconnect between the pro-social youth development goals that youth are expected to achieve and the corrections-based behavior management approach used throughout placement.
- Reviews of youth case files revealed that there were significant gaps and in some cases errors in case files making it difficult to understand decision-making rationale or monitor treatment team plans to ensure accountability and follow-through on service plans.

Taken together, our findings demonstrate an urgent need for New York State to provide OCFS with the program, personnel, and strategic planning resources needed to advance system-wide the reforms already underway and to sustain and complete fundamental reform of the juvenile justice system. **The State must make a commitment to not only close underutilized facilities but also to allocate a portion of cost-savings as well as make new resources available to improve program services and the agency's capacity to better address, track and monitor youth and system outcomes.**

### *Recommendations*

- **Reject a corrections-based facility environment and implement a youth development approach to supervision and care and organizational culture.**
- **Tailor assessments and service plans to identify and meet individual youth service needs.**
- **Increase access to and the quality of education, youth development, and health and mental health services system-wide.**
- **Establish meaningful opportunities for youth and family engagement at each decision-making point from intake through aftercare.**
- **Strengthen quality control mechanisms in order to improve facility and agency accountability and youth outcomes.**
- **Align juvenile placement capacity with population trends and expand opportunities to place youth in community-based settings closer to home.**

# METHODOLOGY

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In 2001, CCC created the OCFS Placement Task Force which consisted of a group of a dozen volunteers led by CCC staff interested in better understanding the conditions for youth in state juvenile placement. From 2001-2002, the Task Force alongside CCC staff worked with OCFS staff in the Office of Strategic Planning and Policy Development to design a longitudinal qualitative project that included youth and caseworker interviews at intake, in facility care, and during aftercare; a comprehensive review of case management files; data collection; and background interviews with OCFS supervisory and executive level staff. Over the course of the year, Task Force members and CCC staff refined survey instruments and finalized project design. A project proposal was subsequently submitted to the OCFS Bureau of Evaluation and Research and OCFS Division of Legal Affairs for approval. In mid-2003, CCC received permission to begin fieldwork.

CCC conceived of this project as a qualitative study and sought to identify between 12-15 study participants to track throughout the duration of their placement in OCFS operated facilities only.<sup>5</sup> There were two basic criteria used to solicit study participants. First, youth were required to be a resident of New York City and second, due to our limited sample size, only young men were invited to participate in the study.<sup>6</sup> During a two-week window in May 2003, CCC (with assistance from OCFS) was able to conduct outreach to 20 young men who were randomly asked to participate in the study. At the end of the two-week process, CCC secured youth consent from 15 young men and parental consent from 12 of their parents. These 12 youth comprised CCC's study cohort. As part of the intake process, and in all subsequent interviews, youth were told explicitly that their participation or non-participation in the study would have no bearing on their treatment in placement.

CCC followed the study participants for the full length of their placement experience. From May 2003-June 2005, CCC traveled to more than a dozen facilities and aftercare offices to conduct intake, facility care, and aftercare interviews with youth and staff. CCC also conducted additional interviews with youth who revoked, meaning that they violated the conditions of aftercare, and were subsequently sent back to placement facilities.

Our data collection efforts also included two comprehensive reviews of each participant's case file, once post-intake and again, after the study participant was discharged from placement. The purpose of the reviews was to assess conditions of care, the effectiveness of case management protocols, the decision-making around service plans, facility transfers and release plans, as well as the systemic issues that may have impacted the youth's experience and care.

The final aspect of our fieldwork included a series of background interviews and conversations with OCFS frontline, senior and executive level staff both in facilities and in the central office staff, in order to obtain additional information about operations, and policies and procedures that impact youth care and supervision.

Approximately 20-25 volunteers from CCC's OCFS Placement Task Force received extensive training on fieldwork protocol,<sup>7</sup> and conducted all interviews and case file reviews under the guidance of CCC staff. Once data collection was completed, CCC staff compiled and analyzed the data and produced a set of preliminary findings and recommendations, which was shared in a debriefing meeting with OCFS senior and Executive level staff in December 2006, at the end of the Pataki administration. Due to the change in administration since the end of our fieldwork, we have noted changes in policies and procedures whenever relevant. In early 2007, CCC introduced the project to newly appointed OCFS Commissioner Gladys Carrión and Deputy Commissioner for the Division of Juvenile Justice and Opportunities for Youth (DJJOY) Joyce Burrell. With OCFS' continued cooperation and assistance, in 2008-09, CCC conducted a series of background interviews with senior staff to collect additional data and the program and policy updates needed to complete this report.

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5 Please note that CCC did not intend to examine the experience of youth in voluntary agencies. While licensed by OCFS, they do operate independent of OCFS-operated placement facilities.

6 In 2005, CCC launched a separate Girls in the Juvenile Justice Task Force to better understand the service needs and experience of girls in the juvenile justice system. CCC conducted background research, focus groups with court-involved girls, and stakeholder interviews with local and national experts, service providers, and city and state agencies and released a report with findings and recommendations in 2006. The report is available online at: [www.cccnewyork.org](http://www.cccnewyork.org).

7 In order to preserve the integrity of our data and fieldwork, volunteers were required to commit to the project for the entire length of the study participant's stay in placement. CCC volunteers were organized into teams that consisted of an interviewer and two note-takers.

# BACKGROUND

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This section provides an overview of OCFS operated facilities and youth population characteristics. Since CCC completed fieldwork in 2005, the agency has undertaken a number of initiatives that have been focused on aligning placement capacity with youth population, and improving conditions of care as well as youth outcomes. To help contextualize our findings and recommendations, we have provided updated information about the system when relevant.

## WHAT IS PLACEMENT?

In New York State, juvenile placement is a state function that is administered by the New York State Office of Children and Families (OCFS). Placement refers to a court ordered mandate that “places” youth in OCFS custody once they have been adjudicated a juvenile delinquent in Family Court. A juvenile delinquent by statute is a young person between the ages of 7 and 16 who commits an act that would otherwise be considered a crime if committed by an adult.<sup>8</sup>

Once the Court determines that the youth has committed the alleged acts, the judge decides the outcome of the case during the dispositional phase. After hearing testimony, reviewing probation reports and other materials, a judge has several options<sup>9</sup> including placement.<sup>10</sup> Once a judge enters a placement order, the custody of the youth is legally transferred to OCFS. The agency then typically has the ability to determine whether to place a young person in an OCFS operated facility or with a voluntary (private) agency that is contracted by OCFS, unless otherwise directed by the Court.<sup>11</sup> Once a placement order has been authorized, judges also have the discretion to assign youth to one of three types of OCFS facilities or leave it up to OCFS to make the final decision.<sup>12</sup> As of September 2009, OCFS operates a network of 23 facilities organized into three levels of restrictiveness:

- **Non-Secure:** Non-secure facilities are the least restrictive within the three-tier system. OCFS operates 17 non-secure facilities.
- **Limited Secure:** Limited secure facilities are distinguished by barbed wire around the buildings and locked doors. OCFS operates 7 limited secure facilities.
- **Secure:** Secure facilities are typically for juvenile offenders who have committed the most serious offenses and are held in OCFS placement for a period on average of between 3-5 years. Their stay in OCFS placement can be extended until age 21 at which time youth may be transferred to the adult prison system. Secure placement facilities have barbed wired around the buildings and doors are locked. Young people live in their own separate room. OCFS operates 5 secure facilities.

Generally, youth cannot be transferred between security levels unless otherwise indicated by court order.<sup>13</sup> Additionally, OCFS also operates a range of step-down programs, Evidenced-based Community Initiatives (EbCI) and non-residential day treatment programs. (*Please see Appendix A for a map of DJJOY facilities as of July 2009.*)

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8 Family Court Act Section 301.1, 301.2.

9 According to the Family Court Act, Section 315.1-315.3, a Family Court judge's dispositional options in a juvenile delinquency case include: 1) withdrawing or dismissing the case typically if there is insufficient evidence to substantiate allegations or for example if the court does not have jurisdiction over the case, 2) an adjournment in contemplation of dismissal (ACD) where although a judge finds that the young person has committed the alleged act, but suspend the dispositional phase of the case for six months during which time the youth must meet court mandates such as obey curfew, and maintain school attendance. If the youth successfully meets these conditions then the case is dismissed. The case can be brought back into court if the young person violates the conditions of the ACD, 3) a conditional discharge where the child is released on the condition that they comply with court mandates, 4) probation where the court determines that the young person does not require placement but does need guidance and support which in some cases may include mandating participation in a community-based alternative-to-placement program, and finally, 5) placement where the court places the youth in the legal custody and care of the State Office of Children and Family Services.

10 Placement either mandates OCFS to directly supervise the young person in an OCFS facility or directs OCFS to “place” them in a voluntary agency that is contracted by OCFS to care for and supervise youth. Once OCFS has custody of these young people, the agency can in some cases use its discretion and place youth in a voluntary agency.

11 The experience of youth in voluntary agencies while equally important is outside the scope of CCC's study and is not discussed in this report.

12 Family Court Act Section 353.3

13 JD youth may not be transferred to a secure facility without the presence of a court order. Youth who start at a non-secure facility may be transferred up to a limited secure facility without a court order so long as the youth was adjudicated as a Limited Secure JD. OCFS may place a Limited Secure JD in a non-secure or limited secure facility. OCFS may transfer youth to any facility at the same security level or a lower security level at any time without a court order. Secure facilities primarily serve youth sentenced as Juvenile Offenders (JOs), youth sentenced as Restricted JDs, or 60-Day JDs, where the Court allows the youth to be placed in a secure facility for 60 days and then stepped down to a Limited Secure facility.

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## THE THREE PHASES OF PLACEMENT:

### OCFS organizes placement into three distinct phases:

- **Intake:** Since 1996, the Pyramid Reception Center, located in the Bronx, has served as OCFS's intake facility for juvenile delinquent boys state-wide. As part of the State's Fiscal Year 2010 Budget, Pyramid Reception Center intake was phased out beginning in July 2009. OCFS will move the intake function to Ella McQueen Residential Center in Brooklyn, New York. During intake, youth undergo a two-week orientation period where they are subjected to a series of assessments to identify individual service needs including education, health and mental health, substance abuse, and family support needs. OCFS' Bureau of Classification and Movement use the results from the evaluations to determine and identify an appropriate placement for each youth. Youth also attend classes, receive clinical treatment, and get other basic service needs met during intake. Youth are required to be assigned to a placement facility and scheduled to leave the intake center within fourteen days of their arrival.
- **Facility Care:** Youth adjudicated juvenile delinquents can be assigned to any of the three levels of facility care (non-secure, limited secure, and secure) depending on the availability of beds and whether a facility is able to fulfill the requirements of an individual's service plan. While in care youth receive a slate of basic services including education, health and mental health, vocational, counseling, and substance abuse treatment among others. Every 30 days, youth are also subject to risk behavior assessments that determine the young person's risk for re-offense. This is used in conjunction with clinical assessments that help staff design a service plan that is monitored in monthly treatment team plan meetings. There are four basic stages of facility care: Orientation, Transition, Adjustment and Honors. Notably while youth generally proceed through these distinct phases while in facility care, advancement through each stage is not a pre-requisite of release. (*Please see page 18 for a more detailed description on each stage.*)
- **Aftercare:** When youth are released from OCFS operated facilities; they are required to receive at least 5 months of mandatory aftercare services and must adhere to the conditions of release as prescribed by OCFS or risk being sent back to facility care if they violate the conditions. Aftercare has a case management component where caseworkers monitor youth progress through curfew checks, school attendance and weekly meetings with the young person and sometimes their family. Youth are typically required to enroll in school or a GED program and must have a plan that meets their service needs. Caseworkers often refer youth to a particular program or service and are responsible for monitoring youth progress. Notably while participation in aftercare is the norm and once aftercare is completed, the youth is officially released from OCFS custody, some youth are released from OCFS custody without ever having participated in aftercare.

In addition to these general stages of facility care, there are several other components that are important to note. First, those youth who may be ready for reduced supervision, but not ready for release from facility care to the community, may be **stepped down** to a facility or program that prepares youth for release and provides youth with opportunities to experience community life. Second, OCFS may petition the Family Court for an **extension of placement** if the young person is nearing the end of his court mandated supervision period but has had trouble meeting treatment team plan goals. Third, if a young person violates their conditions of release during aftercare, OCFS can make the decision to **revoke**<sup>14</sup> their aftercare status and return the young person back to facility care.

## PRESCRIPTIVE PROGRAMMING<sup>15</sup>

Prescriptive Programming was the main decision-making protocol that was in use during the time that CCC conducted its fieldwork. In the late nineties and during the early part of this decade, OCFS took on the task of improving youth outcomes based on research indicating that placement is most effective for youth at high risk for re-offense and that, in fact, placing low-risk youth increased their likelihood of re-offense.<sup>16</sup> The OCFS Division of Rehabilitative Services applied this

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14 As of June 2009, OCFS operated two revocator programs in New York City-Bronx (Southern) Residential Center a 25-bed facility for males and Brooklyn Residential Center a-25 bed facility for girls.

15 Notably, the risk instruments used in Prescriptive Programming were not validated on the OCFS population and were found in later research conducted by Dr. Bruce Frederick of DCJS, to have little reliability or predictive validity.

16 OCFS Prescriptive Programming Overview, April 4, 2000.

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research<sup>17</sup> to a system that used eight risk/need areas to identify the potential recidivism risk for youth. The eight risk/needs areas contained in the risk instruments were: prior legal history and current offense, family circumstances, education/employment, peer relations, substance abuse, leisure/recreation, personality, and attitudes and orientation. The idea behind Prescriptive Programming was to identify each youth's need areas and then target treatment resources toward addressing them in order to reduce the likelihood of recidivism. The course of treatment for each youth was "prescribed," by his/her needs and risk factors.

At the operations level, OCFS facility staff conducts Intake Risk Assessments and examines the 8 risk/need areas to assess risks for re-offense and performs, at 30-day intervals, Residential Behavior Assessments to measure youth compliance with facility rules. Based on the services available at the particular facility, caseworkers assign interventions with the goal of reducing a particular risk factor and increasing a young person's release readiness. In theory, Prescriptive Programming is a way to standardize treatment and improve accountability and youth outcomes.

More recently, the agency has moved away from the Prescriptive Programming and towards a more youth development oriented and trauma-informed approach to supervision and care. In 2005-06, OCFS reorganized its juvenile justice program and case management operations, re-named the Department of Rehabilitative Services (DRS) the Division of Juvenile Justice and Opportunities for Youth (DJJOY) and implemented the Placement Re-Design Plan. The underlying philosophy of the Re-Design Plan was to begin to prepare youth for release on day one of facility care. The Re-Design Plan impacts every aspect of youth care during placement and seeks to address gaps in communication and service coordination. OCFS credits the Placement Re-Design Plan for reducing length of stay from an average of 9 months to 7 months.<sup>18</sup> *(Please see page 42 for more information on the Placement Re-Design Plan.)*

## YOUTH POPULATION CHARACTERISTICS

While the number of youth admitted to OCFS placement has experienced a considerable reduction since 2003,<sup>19</sup> the characteristics of these youth have largely remained the same. The majority continue to be young men of color from New York City who come into the system with multiple unmet social service needs such as special education, substance abuse and other clinical health and mental health needs.

- ***Racial Disparity of Youth in OCFS Placement:*** Historically, New York State has struggled with the issue of the over-representation of youth of color in the juvenile justice system. The severity of the racial disparity that exists in the juvenile justice system can be measured by comparing the percentage of Black and Latino youth in OCFS placement against their share of the general population of youth in New York State under the age of 16. It important to note that racial disparity begins at point of arrest and continues at almost every stage of the juvenile justice system from arrest, and adjudication to placement and release. Consider these numbers:<sup>20</sup>
- In 2006, OCFS reported that there are 633,758 children under age 16 in NYC. 25% White, 30% Black, 34% Hispanic, and 11% Other.
- 56% of the 12,393 youth under age 16 that were arrested were Black, 32% Hispanic and only 8% White. (4% Other).
- 64% of youth in OCFS facilities are Black, 33% Hispanic, 2% White, and 1% Other.
- In NYC, Black children are 31.8 times more likely and Hispanic children 16.4 times more likely than White children to be placed in OCFS facilities.<sup>21</sup>

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<sup>17</sup> The theoretical basis for Prescriptive Programming is found in the research of Don Andrews, Steve Aos and Ed Latessa and includes models to assess, classify and treat youth based on data about youth's risk for re-offense.

<sup>18</sup> Unpublished OCFS data.

<sup>19</sup> In 2003, OCFS admitted a total of 2,154 into juvenile placement while in 2007, that number had dropped to 1,680. OCFS Youth in Care Report, 2007.

<sup>20</sup> *Race and Ethnicity: Path Through the Juvenile Justice System*, OCFS Deputy Commissioner Joyce Burrell, March 2008 presentation.

<sup>21</sup> Ibid.

## OCFS PLACEMENT – YOUTH POPULATION CHARACTERISTICS<sup>22</sup>

	2003	2008
<b>Total Admissions</b>	<b>2,148</b>	<b>1,632</b>
<b>Gender</b>		
• Male	1,750	1,389
• Female	398	243
<b>Race/Ethnicity</b>		
• African American	1,189	989
• Asian	15	15
• Latino	467	428
• Native American	116	3
• White	334	157
• Other	19	36
• Not Specified By Youth	8	4
<b>Residence<sup>23</sup></b>		
• NYC	1,331	1,009
• All Other Counties	784	619
<b>Service Needs<sup>24</sup></b>		
• Health	139	361
• Limited English	96	64
• Mental Health	485	394
• Mental Retardation	53	33
• Sex Offender	125	48
• Special Education	457	166
• Substance Abuse	1,351	166

## CURRENT STATE OF OCFS' JUVENILE PLACEMENT SYSTEM

YOUTH POPULATION TRENDS FOR OCFS PLACEMENT <sup>25</sup>				
	2000	2003	2005	2008
<b>Total Admissions</b>	2,518	2,154	2,091	1,632
<b>Secure Facility</b>	194	164	147	202
<b>Limited Secure Facility</b>	1,191	719	630	334
<b>Non-Secure Facility</b>	553	485	469	245

22 OCFS Youth in Care Report, 2003 and OCFS Youth in Care Report, 2008 to be published.

23 Please note that the number does not add up to the total admissions number of 2148 because it does not include the 33 out-of-state youth that were admitted to OCFS facilities in 2003. OCFS Youth in Care Report, 2003.

24 Screening was not performed for every admission and youth may have more than one need. Therefore, column sums may not equal "Total Admissions". The total number of youth admitted during 2008 who were screened at intake is 838. OCFS 2003 Youth in Care Report and 2009 unpublished data.

25 OCFS 2009 unpublished data. As this report focuses primarily on the experience of youth in OCFS operated facilities, this chart focuses only on admissions by setting for secure, limited secure and non-secure OCFS operated facilities. It should be noted that OCFS also contracts with voluntary or private agencies and also operates other types of programs including aftercare, group homes, and day programs which are not represented in this chart.

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CCC's study participants entered OCFS placement at time when the system had begun to recognize the need to implement programmatic and systemic reforms in response to poor youth outcomes, rising operation costs, and a declining youth in care population. **A number of factors have helped to increase the momentum that has gathered around the reform measures including:**

- **Population Decline: The Juvenile Placement Population Has Steadily Declined Over the Past Decade.** Since 2002, OCFS has begun to re-align its capacity with a decrease in the numbers of youth entering placement. In 2003, when CCC first began fieldwork, 2,154<sup>26</sup> youth were admitted to OCFS placement, and the system had a budgeted capacity of 1,861 beds. By 2005 when fieldwork was completed, admission to OCFS facilities had dropped to 2,091 and the system shed 90 beds for a total budgeted capacity of 1,771.<sup>27</sup> This right-sizing process continues today as part of a larger effort by OCFS to reduce the number of youth sent to placement by localities. As a result, in SFY 2009, OCFS successfully closed 4 facilities, and in SFY 2010, OCFS closed an additional 8 facilities and 3 evening reporting centers. The population decline continues – for example, a weekly population report from OCFS indicated that during the week of August 3, 2009 the average daily census was 993 despite an available capacity of 1,225. *(Please see Appendix D for the Weekly Population Summary Report from August 3, 2009.)*
- **Geographic Isolation: Despite that fact that 72.5%<sup>28</sup> of youth in OCFS placement come from New York City the majority of OCFS placement facilities are located outside of New York City in upstate New York.** Although one of the central goals of placement is to prepare youth for a successful return home, when youth are placed in upstate facilities, they are isolated from community and family life. The long distances between home and placement facilities also make it extremely difficult for parents to be fully engaged in their child's well-being and progress while they are in facility care. Many families do not have the resources needed to make the long trip. Other localities such as Missouri have successfully **regionalized** placement facilities to allow for youth to be served closer to home which has enhanced family engagement and been proven to improve youth outcomes.
- **High Cost of Placement coupled with Poor Youth Outcomes: The costs of placing youth in state juvenile placement has skyrocketed, placing greater scrutiny on the practice of sending adjudicated youth to OCFS facilities.** While it costs upwards of \$200,000 annually to send one young person to placement, the re-arrest rate within three years has remained steady at 80%.<sup>29</sup> In SFY10, the looming \$16 billion budget deficit forced New York State to take a hard look at whether it made sense to continue to invest heavily into a system of care for youth with such persistently poor outcomes. By contrast, community-based alternatives cost on average \$5-20,000 annually depending on the program model and many have reported re-arrest rates of less than 35%.<sup>30</sup>

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26 OCFS 2007 Youth in Care Annual Report. Available online at: <http://www.ocfs.state.ny.us/main/reports/Youth%20In%20Care%20Report.pdf>.

27 OCFS Bureau of Classification and Movement, unpublished data.

28 As of March 31, 2008, there were 2,622 youth in OCFS custody. *Meeting The Educational Needs of Children in the Custody of New York State*, Presentation by OCFS Commissioner Gladys Carrión.

29 OCFS, Empty Beds, Wasted Dollars, 2008. Available online at: <http://www.ccf.state.ny.us/Initiatives/CJRelate/CJResources/Feb28Summit/EmptyBeds.pdf>.

30 Ibid.

# FINDINGS AND RECOMMENDATIONS

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## FINDINGS FROM CCC'S FIELD RESEARCH 2003-2005

As described in the methodology section, our fieldwork consisted of longitudinal youth and case worker interviews at three points in time – at intake, 30 days prior to the youth's release from facility care, and then again 30 days prior to the end of aftercare. On average, the youth in CCC's study cohort were in placement for approximately 18 months. Placement by definition encompasses the time a young person spends at intake, in facility care and aftercare combined. The shortest length of stay in placement for the study cohort was 11 months and the longest was 26 months. With regard to aftercare, on average, youth in CCC's study received 5 months of aftercare services. CCC also conducted a comprehensive review of each study participant's case file during each phase of placement.

It is important to note that youth are technically still in the custody of OCFS while they are in aftercare. Therefore, OCFS can decide to "revoke" their aftercare status and return the youth to residential placement for violations of the condition of release. Also OCFS may petition the Family Court for an extension of placement if the youth needs additional time to have aftercare supervision in the community or complete community-based treatment programs. Of the 12 youth in CCC's study cohort, four were revoked and sent back to facility care. Of those four, two of the young men revoked twice.

At each phase of placement, study participants responded to interview questions that asked them to reflect upon their own well-being and progress with regard to education, health and mental health, and other goals that were outlined in their Treatment Team Plans (TTP). Youth were also asked to reflect upon the impact of placement on their relationship with family and peers, as well as speak to the prospects of achieving future goals over time. Finally, youth were asked to identify service areas that were in need of improvement and to share recommendations. The caseworker interviews and case file reviews helped to clarify and contextualize our findings and recommendations and additional background interviews were conducted with executive level staff to gain a better understanding of the agency's operational goals and vision. Our findings come from an analysis of first person accounts of day-to-day life in OCFS placement within the context of a complex system of operational rules, procedures, and policies that together impact upon youth experience and outcomes.

The following findings are based on interviews with the 12 young men in our study cohort, interviews with caseworkers, case file reviews and additional background interviews. The findings have been organized to track the three phases of placement that youth experience: Intake, Facility Care and Aftercare. The final set of findings deals with systemic concerns including data and case management and the overall approach to supervision and care.

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## 1) INTAKE

The Pyramid Reception Center (PRC) is a 48-bed intake facility for male juvenile delinquents destined for an OCFS facility. Upon receipt of a placement order and probation reports from the Family Court, OCFS arranges transfer of youth from a local detention center<sup>31</sup> to the Pyramid Reception Center. The PRC operates a 14-day program that introduces youth to OCFS facility norms, rules and expectations, and prepares youth for placement in an OCFS facility. OCFS uses this 14-day period to find an appropriate placement for the young person based on records from Family Court and initial assessments that are conducted for every young person when they enter Pyramid. Upon arrival at the Center, youth are searched, showered and given regulation haircuts and uniforms. Youth receive a formal orientation to facility expectations and rules. All youth receive a series of assessments during the 14-day stay – medical, educational, psychological, mental health and sex offender screens are conducted. Parent(s) and/or guardian are also contacted and intake staff is required to conduct a home assessment.

Once the intake assessments have been completed, OCFS' Bureau of Classification and Movement analyze the data and assign youth to a specific facility placement. Barring any specific statutory requirements based on the offense charged or a court mandate, this decision is made based on the availability of beds and the youth's service needs.

**CCC interviewed youth towards the end of their 14-day stay in Pyramid. Our findings in this section focus on the demographics of our study participants in addition to examining initial impressions that study participants had of intake, expectations for facility care, as well as the impact that they thought placement would have on their future, including their relationships with family and friends.**

**FINDING: The demographics of CCC's study participants mirrored that of OCFS' larger population.** A review of their case files revealed that each study participant entered OCFS placement with an extensive history of unmet service needs and prior contacts with the Family Court system. Overall, the service needs of youth in our study cohort are consistent with trends as reported by OCFS.

- Each of CCC's 12 study participants resided in New York City and was placed initially in either a non-secure or a limited secure OCFS facility. All but 1 of the study participants was a young person of color, and their average age upon admission to OCFS placement was 14.
- As with the majority of youth placed in OCFS, all 12 of the study participants had been charged with non-violent property or drug offenses and adjudicated juvenile delinquents in the New York City Family Court. Youth were most commonly charged with criminal possession of marijuana or criminal trespass.
- Ten of the 12 study participants came from families where there was a single female head of household with most receiving either received public assistance or disability benefits. All of the study participants had experienced multiple family stressors throughout their childhood. For example, some were responsible for taking care of a parent or guardian who was chronically ill in addition to assuming some financial and care-giving responsibility for younger siblings; some were not living with biological parents but rather extended family members or family friends; and few had regular contact with their biological fathers.
- Half of the study participants had previous contact with the Family Court whether as a result of a PINS petition or involvement with the child welfare system.

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<sup>31</sup> In New York City, local detention centers are operated by the NYC Department of Juvenile Justice.

- All of the study participants came to OCFS placement with significant unmet health and mental health needs including: asthma, bereavement issues (for example, a parent or sibling who passed away from AIDS, drug abuse, suicide, or a long-term illness); substance abuse treatment needs; and depression.
- All of the study participants experienced poor education outcomes prior to OCFS placement and had been chronically truant, suspended or left back multiple times, were below grade level in reading and math, and reported few positive experiences throughout their school career.

**FINDING: At intake, study participants were overwhelmingly anxious, nervous, and afraid of what the placement experience would be like but each resolved to make it through despite expressing concerns for their own safety. Youth also expressed a desire to use their time in placement to participate in programs and services that would better prepare them to fulfill their personal goals once they return home.**

*When I first found out I had to go to placement I was...*

- “Mad, that my aunt turned me in... I just want to hurry up and get this over with.” – YOUTH 11
- “Angry, because I heard the judge say that I could go to a group home so how did I end up here? Staff told me that the judge didn’t care so he let OCFS decide.” – YOUTH 12
- “...feeling crazy and I hurt myself. I had to get seven stitches.” – YOUTH 1
- “Scared, because they [staff] yell at you all the time and I’ve heard about how the staff will beat you up or send other residents to beat you up...” – YOUTH 5
- “Sad, because my mother is sick and she needs me...” – YOUTH 2

When study participants were asked about their impression of Pyramid and what they thought facility care would be like, all of the young men reported that they were under the immediate impression that placement was going to be a “tough experience” and that staff was “strict.” One young man remarked that placement was, “no joke.” When asked to give examples, all spoke about the volume of rules and regulations that would now dictate their lives. In particular, study participants talked about how it was difficult to live with the rule that they were not talk to other residents unless given permission. One young man remarked that he could not understand how he was supposed to play basketball with other residents on the court without talking to them. Several study participants also explained that because many of the residents had been in the same NYC juvenile detention facilities in the past, or had grown up together in the same neighborhoods, it was unrealistic for them to not acknowledge or engage them in a conversation while they were in Pyramid. Others shared that, beyond the rules and regulations, they were even more concerned about the stories that they had heard from staff, friends who had been to placement before, and other residents about the prolific use of physical restraints in OCFS facilities. Nine out of 12 study participants talked about their fear of getting “rug burns” which can occur as a result of being taken down to the floor by staff during a physical restraint. One young man said, “If you disrespect staff, they will beat you up.”

Each of the young men saw the experience that they were about to undertake as a test of their own survival skills and several made remarks such as, “I got myself into this situation so it’s up to me to make it out.” Their strategy for how to make it through placement included a mix of advice given to them by fellow residents, OCFS staff and family members. According to the study participants, the most often-used phrases were, “keep your head down,” “don’t talk to other people,” and “do what they [staff] say so [you] can get out and see [your] family.”

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When CCC asked study participants if there was anything that they wanted to get out of placement, all of the young men stated that as difficult as it was to be “locked-up” they hoped that placement would somehow better prepare them for life to come. All of the study participants wanted to get more help with school and achieve the credits that they needed to graduate, participate in sports, arts and other enrichment activities, and most important of all, receive job training, and be qualified for a good-paying job once they returned home. Several of the study participants had heard from other residents that it was possible to get a job while in placement and looked forward to receiving a paycheck. Study participants also wanted to use the time in placement to learn more about how to manage their emotions and to resolve conflicts in order to improve relationships with family members and peers.

**FINDING: At intake, study participants expressed tremendous anxiety and guilt about leaving their family and friends behind while they were in placement. The prospect of being away from home for a long period of time without consistent contact with their family and friends was particularly troublesome for study participants who had previously been caretakers for their parent/guardian or siblings. Although many of the study participants acknowledged that some of their peer relationships had negatively impacted their own behavior, they were also conflicted about whether and how to cut ties and pursue more positive influences.**

*What about my family and friends while I am in placement?*

- “I am going to miss my little sister growing up...helping her do her homework.” – YOUTH 8
- “My mom is sick and I am afraid I won’t know how she’s doing-whether she’s dead or alive.” – YOUTH 1
- “When I get out of here I’m not going to have any friends.” – YOUTH 10
- “When I talk to my family on the phone, everyone is getting older, my younger brother has a baby now.” – YOUTH 11

CCC interviewers found that study participants were motivated to make it through placement as quickly as possible because they wanted to be reunited with their families as soon as possible. More than half of the study participants had never been away from home for an extended period of time. All of the young men, even those who had had difficult relationships with their families, were worried and upset about being away from home for so long. Study participants who had been responsible for taking care of their families were particularly devastated when faced with the reality that they would not see their families for six or more months at a time. These young men blamed themselves for letting their families down. Two of the study participants attributed the worsening of their parent’s and guardian’s respective chronic illnesses to the fact that they were in placement and therefore were unable to take them to doctor’s appointments, get their medication and care for them as they had prior to placement. Another mentioned that he was the oldest of his siblings and had always watched out for his younger siblings and he “felt bad” that he wouldn’t be there to walk them to school. He went on to explain that he would miss his sister’s graduation as well as everyone’s birthdays and other important family events while he was away from home.

With regard to peer relationships, while many of the study participants acknowledged that many of their friends had been negative influences on them and that they hung out with the “wrong” group of people, they were also concerned that they would either not be able to get away from those influences when they returned home or that they would not be able to find a new peer group.

While all of the study participants understood that their families could come to visit them while they were in facility care, the majority expressed that they did not think their families would have the capacity to do so whether it was due to work and family obligations, or financial or health constraints. Instead, they hoped to communicate with their family and loved ones by phone or by mail as much as possible.

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**FINDING: At intake, study participants were confident that they could be resilient despite being in placement and were eager to use the lessons they were going to learn to build a future that included pursuing higher education, career opportunities, and having a family of their own.**

*What's my life going to be like after placement?*

- “I am going to be a whole different me. The kids on the block will probably say ‘let’s go smoke’ but I won’t go. I want to go back to high school.” – YOUTH 6
- “I want to move out of my aunt’s house. I think she’s too strict and that’s why I get in trouble all the time. I am going to be 16 and I can have a less strict curfew and fewer rules. I am going to go live with my friend or maybe go to Puerto Rico.” – YOUTH 5
- “Before I came here, I had a job with a guy doing painting and contracting and he said I was like a son to him. He said I could get my job back but that I should finish school so I want to go back to school and do that. I am going to be 16 and I need to move out of the house because it’s crazy there with all my nieces and nephews in the house.” – YOUTH 4
- “I want to go back to school, finish high school and then college and become a gym teacher. I want to be a gym teacher so I can counsel kids. I don’t want other kids to lose their minds over something little.” – YOUTH 10
- “When I get out I don’t want to deal with probation. I just want to move to Pennsylvania with my girlfriend and raise our daughter, and I want to finish high school and go to a two year college.” – YOUTH 12

And despite the anxiety of the unknown, all of the study participants spoke with great enthusiasm about their lives post-placement. Each of the young men talked about going back to school, getting their high school diplomas, moving on to college and getting a job. The young men were also very clear about wanting to live a better life and to avoiding some of the pitfalls that led them to placement in the first place. They all vowed to “do better” and to stay away from negative peers and influences. Several study participants wanted to be professional basketball players and still others talked about having families of their own in the future. In sum, study participants arrived at Pyramid Reception Center with the same hopes, fears and dreams that come with being a teenager and struggling to make a successful transition from adolescence to adulthood.

## 2) FACILITY CARE

OCFS facilities are organized by level of security: non-secure, limited secure and secure. Youth in CCC’s study cohort were all placed in limited secure and non-secure facilities. CCC spoke to the same 12 youth approximately 30 days prior to their release from facility care into aftercare. Once a Pre-Release Assessment (PRA) was initiated for a study participant, CCC was notified and made arrangements to interview the youth. Study participants were placed in a number of juvenile placement facilities throughout the state with 10 of the 12 young men placed in limited secure facilities while the remaining 2 were placed in non-secure facilities. Our 12 study participants were placed in the following facilities:

- **Limited Secure:** Tryon, Lou Gossett, Highland, Youth Leadership Academy, and Goshen
- **Non-Secure:** Allen and Cass<sup>32</sup>

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<sup>32</sup> This facility was closed in 2007 as part of OCFS’s right-sizing initiative.

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During facility care, youth typically cycled through four different phases and were evaluated every 30 days using an instrument known as the Risk Behavior Assessment (RBA). The RBA was used in Treatment Team Plan (TTP) meetings. In TTP meetings, the case worker, clinical and professional staff, youth and parents (who are invited to participate) came together to discuss youth progress and make adjustments to service plans as needed. As a young person met behavior and other program-oriented goals, their risk of re-offense generally decreased and they advanced to the next stage in care and were one step closer to returning home. Notably, youth could be subject to release from OCFS custody at any time, proceeding through all four stages was not a fixed prerequisite for release.

During facility care, youth typically moved through: Orientation, Transition, Adjustment and Honors phases.

- **Orientation phase:** This was the first of 4 phases that the young person had to complete in order to be considered release-ready from facility care. The Orientation phase typically lasted for 2-3 months.
- **Transition phase:** During the second stage of facility care, youth spent the bulk of their time following and adjusting to the rules, procedures and routines of facility care. The Transition stage was also when youth began to engage more actively in program services and developed relationships with staff and other peers. This was often the longest stage for youth and many residents were vulnerable to setbacks due to staff-to-resident or peer-to-peer conflicts, inadequately addressed service needs and family situations that negatively impacted youth behavior and progress.
- **Adjustment phase:** A Pre-Release Risk Assessment was usually conducted during the Adjustment phase to determine whether the young person was ready to return home. As youth move from Orientation to Adjustment they were given more privileges as they met program and treatment goals. However, if staff felt that the young person's progress had not improved or their behavior deteriorated they had the discretion to move the youth back down to a previous phase which prolonged their stay in facility care.
- **Honors phase:** In this final phase of facility care, youth successfully met their behavioral and other goals. OCFS staff shared that most youth do not spend enough time in facility care to even advance to this stage because youth are typically ready to begin the process of returning home sometime during the Adjustment phase.

**In this section, our findings examine service planning, access to programs and services offered in facility care, as well as youth reflections on facility care.**

**FINDING: While youth did receive a basic array of program services in facility care, CCC found that OCFS' substance abuse, mental health, youth development and employment services in particular lacked the scope and intensity required to effectively meet youth service needs and youth preferences.**

- **Medical and Dental:** According to case files, all 12 youth received medical and dental assessments and care upon admission at Pyramid and then follow-up care after they were transferred to their placement facility. In many cases, youth who had pre-existing conditions received consistent medical care to address their health care needs for the first time. Prior to placement, less than half had regular access to a physician and many went to emergency rooms when they needed to see a doctor. Conditions treated upon placement ranged from asthma and headaches, to insomnia and cavities to a young man getting a pair of much-needed glasses. With regard to medication, while there were records indicating that medication was dispensed, there were also instances when a prescription was altered, but there was no record in the file to indicate the reason for the change.
- **Counseling and Mental Health Services:** Intake assessments and case records revealed that youth in the study cohort entered placement with a range of counseling and mental health needs including suicidal ideation, unresolved bereavement issues, anxiety and depression, and/or long-standing family and peer conflicts as a result of previous gang activity.

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Youth received counseling from a variety of facility personnel including youth aides, youth division counselors, and psychiatrists. Case records indicated that all youth attended both group and individual counseling sessions facilitated by staff but in most cases, counseling session notes lacked specific detail making it difficult for CCC to assess whether youth received adequate counseling. For example, a counseling note would simply state that the staff spoke to the youth but there was no descriptive information about follow-up or outcomes. In fact, in some cases, it was clear that the same set of notes were copied from week to week. For those case files with more extensive documentation, counseling sessions were most often used to correct behavior rather than to address root causes of behavior. For example, in one case, a young man was scheduled to be released; however, CCC learned that he had received a phone call from his mother telling him that she did not want him to return home. Immediately afterwards, the young man received multiple rule violations within a short period of time, each one more serious than the prior. There was no indication that an attempt was made to contextualize his behavior or counsel the youth during that period of time. Instead, according to his case record, the youth's behavior deteriorated so much that he was transferred from a non-secure facility to a limited secure facility.

Approximately half of the study participants required a psychiatric evaluation according to their intake assessment. Documentation of a psychiatric evaluation was found in case files for 4 participants while for the remaining 2 participants, there was documentation for one participant to suggest that an evaluation had been completed, but none for the other youth.

Youth experiences with counseling varied widely. At one end of the spectrum, some youth had no interest in speaking with counseling staff and this was evident because staff counseling notes were sparse and caseworkers seemed not to know a lot about the study participant's progress. On the other hand, there were also youth who remarked that staff was often too busy to meet with them outside of a regularly scheduled counseling session despite repeated requests for additional time with counseling staff. In cases where youth met with a psychiatrist, some youth remarked that they did not feel that they could trust the psychiatrist and were fearful that the psychiatrist would use the information gathered in the sessions against them in ways that could lead to an extended placement or other negative consequences.<sup>33</sup>

With regard to group counseling sessions, several of the young men who participated in group sessions did not find them useful and instead found them "boring because we talked about the same things over and over again," and some youth found it difficult to talk about personal issues in front of other residents so they did not actively participate in discussion groups. Also, as one young man explained, "There were also town meetings where everyone from the unit (residents and staff) would meet and talk. We would talk about how to resolve peer conflicts in-group and things would be good for a few days and then slide down. Most of the kids just say what they need to say to get it over with."

- **Substance Abuse:** With regard to substance abuse treatment, all of the young men in our study cohort were identified as in need of substance abuse counseling and treatment, which primarily came in the form of group counseling using a curriculum known as Innervisions. In only one case was a young person enrolled in the Vera Institute's Adolescent Portable Therapy. The majority of youth did not feel that the group counseling was helpful and many said that it was "repetitive" and would have no impact on their behavior upon their return home. One young man explained that, "For drug counseling, during group we watched films and the role it [drugs] played in our lives. They also gave us a pamphlet; there is just one for the whole unit to look at. It talked about heroin, and ecstasy – I didn't know about these drugs but I already knew about marijuana. I am learning about marijuana for nothing because I knew about it. I am probably going to smoke again but not during aftercare because I don't want to re-offend. But I will smoke again because that's what I do for fun." Another study participant shared that once a week, a staff person asked him if he would smoke again in aftercare and he would respond, "Yes." The study participant went on to say, "...and then he [the staff person] tells me that I should go to Narcotics Anonymous (NA) and that was it."

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<sup>33</sup> Several young people felt that caseworkers were "leaked" information regarding details about their personal lives that were disclosed to the psychiatrist in private sessions.

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- **Education:** All youth received educational services while in facility care. Eight of the 12 youth required an Individualized Education Plan (IEP) as part of their special education designation. In five of these cases, an IEP was included in the case file and it appears that those students were placed in smaller classrooms and received individualized assistance. In three of the remaining case files, there was no IEP and it was difficult to ascertain whether the youth received specialized education services.

The majority of students reported that they had good experiences in class while in placement. Students noted they had a better classroom experience in placement as compared with their previous school experiences because they received more individual attention, and felt like they had achieved mastery in the core subject areas. On the other hand, one student who was classified as emotionally disturbed noted that he did not like school in placement because he was used to having his own para-professional in class to help him through the lessons and would have liked to have had the same kind of support in placement.

An examination and comparison of grades pre-placement to those obtained during placement indicated a substantial improvement over the course of several months. In some cases, students increased their math and reading levels by two or three fold during their stay in facility care.

It is important to note that there was almost no documentation regarding the re-enrollment of youth in their neighborhood school as part of Pre-Release planning. Again, it is difficult to ascertain whether these omissions were because no work was being done to help youth re-enroll during pre-release planning, or whether documentation was simply not included in the case file. In either case, the lack of documentation suggests that the status of youth school enrollment was not being well monitored on an individual or system-wide basis.

- **Vocational Training:** According to case files, access to job training programs varied widely among the facilities CCC's study participants were placed in. Only half of study participants were able to participate in a vocational program and most were not able to achieve certification in auto repair or computer repair, for example, because the facility was either not properly equipped, staffing was inadequate, or because youth were subject to facility transfers which disrupted youth participation in coursework.<sup>34</sup>

From the very beginning, youth expressed great interest and anticipation with regard to engaging in job training classes while in placement. Many had heard about these prospects from friends who had been former residents and other current residents at intake. They looked forward to job training that would prepare them to get a job in the culinary arts, automotive repair, and the computer networking industries and all felt that it would be a worthwhile use of their time in placement. This became a great source of disappointment for youth as they realized that they would not have an opportunity to complete coursework or receive certification, which diminished their hopes for accessing legitimate jobs upon returning home.

**FINDING: Service planning did not actively engage youth or parents in a meaningful way and service plans did not reflect youth and parent concerns and preferences. Rather, CCC found that service planning was primarily based on intake assessments with little room for youth or family input throughout placement.**

Prescriptive Programming employs a number of protocols to assess youth progress and prescribe service plans based on current youth service needs. Staff conducts monthly Risk Behavior Assessments (RBAs), which measure the likelihood of re-offense based on the youth's ability to engage in pro-social behavior. The RBAs are used in monthly Treatment Team Plan (TTP) meetings,

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<sup>34</sup> Although the Midas program was a popular vocational training program, CCC was told by caseworkers that youth were never able to complete the rigorous curriculum while in placement and would likely have to find a way to complete the training on their own when they returned home. In other instances, for example, equipment required for culinary arts training was not readily available in the facility.

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which are led by the caseworkers and can include education, health and other staff specialists as needed. The young person is also present and their parent or guardian is also invited. Ideally, the meeting results in an assessment of the young person's progress as well as a service plan that takes into consideration youth and parent input on the direction of the treatment plan. Youth should come away from the Treatment Team Plan meetings with a sense of their own progress, and should be given a slate of focus items that detail current behavioral goals that they must achieve in order to advance to achieve release readiness.

In theory, TTP meetings should be used as an opportunity to troubleshoot, discuss youth progress, and make changes to the service plan as needed. However, CCC found that in practice, TTP meetings were conducted as a pro forma check-in that did little to adjust service plans or take youth input into consideration. While invited, few parents actually participated in the monthly meetings whether due to financial, family or work constraints and obligations. For example, in some cases, the exact same set of notes were copied from month to month and in others, there was very little documentation to support any substantive discussions about youth progress and almost no documentation to account for youth or family input. CCC found that TTP notes at the beginning of the young person's stay tended to be more complete and thorough whereas TTP notes towards the middle and end of the young person's stay in facility care were lacking in quantity and quality of documentation.

Despite the fact that youth must sign-off on TTP notes, all too often youth simply rubberstamp them as their input was not actively solicited or taken seriously. The youth CCC interviewed said that they saw little benefit in making their voices heard and felt that it was easier in some respects to remain silent. It was clear that while a majority did try, few were able to effectively self-advocate for service plan preferences or changes.

According to caseworker interviews, when youth enter placement they are assigned a basic slate of services and any additional special consideration or accommodation a young person may receive is typically as a result of a clinical diagnosis. In cases where youth input was included as part of the service planning process, staff conceded that it was more likely to be a subjective phenomenon based on whether the youth had established a good relationship with the staff.

**FINDING: Study participants had a difficult time with the first phase of facility care, and struggled to understand the norms of facility care and follow the rules and regulations that would govern their daily lives. Study participants also craved greater opportunity for youth input into their daily schedules and expressed a desire to engage in a wider variety of program services and enrichment activities.**

*When I first arrived in facility care....*

- “The guards yelled at us a lot in the first couple of weeks. At first I thought they were playing but then it got scary. I know this is an artificial environment but if I want to get out of here I have to follow the rules and respect authority.” – YOUTH 1
- “When I first arrived, I was sad, depressed, and lonely. I was assigned a mentor who helped me a lot with day-to-day stuff like clothes, food, and phone calls. That made me feel better.” – YOUTH 12
- “I was stressed out and nervous all the time but I got used to it.” – YOUTH 9
- “I was real nervous about what to expect because they had scared me at Pyramid. When I first arrived in the van, I knew I was far from home because I saw this place that looked like a concentration camp with the barbed wire. I never thought I would end up here.” – YOUTH 3
- “Out in the world, we tried to act like big men but here they treat you like little kiddies...you always gotta ask for permission and you are always under the light.” – YOUTH 11

- “I was scared, the staff was always screaming at me and I thought they were picking on me but now I know it’s just part of the process because I saw them doing it to some new residents who came in after me. After I figured that out, I just ignored them and got used to it eventually.” – YOUTH 10
- “I didn’t expect the cottages or the woods, and the kids all looked really young. I thought we’d be in jumpsuits but we wore khakis. But, I was still angry about being here the whole time.” – YOUTH 11

When the study participants first arrived at their placement facilities, a majority was scared, anxious and shaken by the intensity of the first phase of placement, which is otherwise known as Orientation. During the Orientation phase, youth expressed a range of visceral reactions to the environment. Some in limited secure facilities talked about being housed in heavily barbed wired buildings, while others were “surprised” that they were in cottages, and still others mentioned being completely unnerved by staff that yelled at them throughout the Orientation phase. One young man held up his palm to within an inch of his face to demonstrate how close staff would stand when they were yelling commands.

While study participants were scattered throughout the state’s juvenile placement facilities, the majority described the first month in facility care as anxiety provoking, scary, and unreal. By virtue of their own resiliency, youth said that they eventually “got used to it,” and quickly learned the rules of facility care in order to make it through the Orientation phase.

#### *Everyday in facility care...*

- “The schedule is very set. Everyday except for weekends is the same. It makes the days go by faster. Get up at 6:30am, then you do hygiene, get dressed, go to breakfast, then school classes, next lunch, then vocational classes and after school programs (for example, homework help or gym), and then dinner. Bedtime is based on the number of points you have and can be around 9 or 9:30. On weekends there is no school, we get to watch movies in the a.m. and then gym in the p.m. It’s the reverse on Sunday. I can’t believe I’ve been here for seven months.” – YOUTH 2
- “We are all assigned to units. When you first get here, you are in Unit 1, which is basic and very strict. It’s a directive environment and you don’t have a lot of freedom. You have to make your score for the week and if you don’t follow the rules your score can drop. It took me a long time to figure out what I needed to do to move forward and go to the next unit. I am now in Unit 2. I was in Unit 3, but I had to move back to 2 because they made less units – it wasn’t because of me. In Unit 3, you can work outside and you have more freedom to make your own decisions.” – YOUTH 1
- “It was bad. Kids peed in the beds and the place smelled. The food was nasty, half cooked fish, bad cheese, the juice was frozen in the winter and hot in the summer. There aren’t a lot of activities. I go to school, and an hour of recreation, and then back to the room, shower, and sleep. I liked the weight room, but because I did a lot of fighting, the gym teacher didn’t like me and held a grudge. I wanted to do more gym activities and maintenance work but I was put in my room a lot.” – YOUTH 5

The majority of youth felt that while there was some comfort in knowing what to expect with regard to their daily schedule, it was also very repetitive and provided few opportunities for youth input unless they had earned that privilege through stage advancement. Study participants across the board were consistent about their favorite parts of the day such as mealtimes or recreation times, particularly any time they were able to be outdoors, and time spent in vocational, arts and other enrichment classes. They were equally consistent about their least favorite which included bedtime because some found it difficult to fall asleep, and “prep time,” the period in between activities where youth had nothing to do.

Almost any extra-curricular activity was a welcomed sight and experience for our study participants. One young man shared that while he was in facility care he read his first real book, *Manchild in the Promised Land*, and said that every Tuesday, he looked forward to going to the facility library and in fact had already completed 15 other books while in facility care. Another talked about his crocheting class and the joy of discovering that he was actually really good at it and was able to crochet blankets for his family.

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Similarly, every study participant asked for more frequent opportunities and an extended period of time to engage in meaningful youth development programming such as mentoring, art and music classes, job training, community service, and other activities. One study participant said that he learned a lot in his cooking class and wanted to continue to take culinary classes when he returned home. Another had the opportunity to work with the facility's custodial staff and was interested in learning how to get a job in the field upon his return home. In the end, many of the study participants were excited about the prospects of continuing to actively engage in these newly found interests when they returned home. These activities introduced study participants to new skill sets and interests, while at the same time significantly minimized the level of anxiety, boredom and stress associated with life in a locked facility.

**FINDING: While in facility care, the majority of study participants were able to identify at least one staff person who they felt comfort with and with whom they could confide. However, these positive experiences were also tempered by study participants who did not trust staff and who had been restrained on multiple occasions. In the end, all of the study participants realized the importance of being compliant in order to secure a release date sooner rather than later.**

### *My relationship with staff*

- “Now, I have a good relationship with the staff. I had to earn their respect and build a relationship with them. When I first got here, I thought I could have a good relationship with them if I just tried to be their friend. I had to learn that the only way to earn their respect is to do the program and follow the rules.” – YOUTH 1
- “Every youth meets with their mentor officially every two weeks, but I see my mentor every day and he helps me and tells me what to work on and counsels me about my problems with my mom and he also lets me call home more often.” – YOUTH 2
- “Some staff I get along with, some staff I don't. I don't get along with my mentor – I don't talk to him about my family problems. My mentor only writes me up all the time. My mentor puts things out there that I tell him in confidence and my mentor jokes out loud about the things I tell him. But I can talk to Mr. C. and Mr. B. – Mr. C. works at night so I wait til night to talk to him.” – YOUTH 11
- “Staff have different shifts 6-2, 2-10 and 10-6 shifts. I get along with all of them. Some you can have a regular conversation with, then others you can't. I know who I can talk to.” – YOUTH 4

It was clear from the interviews that the majority of the study participants were able to identify at least one OCFS staff person who they felt they could confide in while they were in facility care. While study participants stated at intake that they would under no circumstances engage with staff or youth, the reality of facility life was one in which staff often acted as a surrogate parent in many ways; someone to set boundaries and at the same time be a source of support in times of distress and conflict. An examination of case files and interviews with OCFS caseworkers also revealed other aspects of the youth-to-staff relationship. Because youth-to-staff relationships take time to build and are often fragile, study participants who experience staff turnover often manifested their disappointment and frustration over the loss in the form of negative and regressive behavior which then negatively impacted their ability to meet progress goals and achieve stage advancement. Three of the 12 study participants experienced staff turnover while they were in facility care and went through a difficult time of adjustment with new caseworkers.

Another one of our study participants experienced a difficult time with staff throughout his stay in facility care and was restrained by staff on numerous occasions. After a long struggle he was finally able to conform to facility norms and explained that,

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“[My] main problem was my temper. I would go berserk. I would throw things like a desk when I got angry. I got isolation a lot and lost gym privileges. I was isolated in the classroom. At first I didn’t care – I mean so much bad already happened to me. In the beginning I was taken to the central office when I was out of control. I would be moved by a vehicle to that unit. Then I was seen by a doctor and photographed for bruises. I was always worried about my face because when they held you down after a fight, they would push your face in the carpet and you would get bad rug burns. I would try to get to the bathroom before they got me. That tile floor wasn’t as bad. The staff would say you were resisting and sometimes kids’ arms got broken when they were being restrained but not mine. When I got to central, if I calmed down, I was sent back. Sometimes kids were sent from central to jail because they were trying to escape or it was a bad gang riot. If I was fighting a lot, I got a 90-day hold on release and couldn’t be with anyone, in the showers, in school... I felt like the senior YDC (Youth Development Counselor) was always baiting me and saying I would never go home. But then I did this 360 and I figured it out and I thought I would kill her with kindness. I changed my ways, especially when I saw kids coming in after me and leaving before me. I figured out it was ok to be mad, but it’s how you show it [that matters] and then you could get out.” – YOUTH 5

**FINDING: While in facility care, study participants were wary of engaging too much with other residents, for fear that they might get involved in fights or other conflicts which would extend their stay in placement.**

*My relationship with other residents...*

- “I made two friends here. We all want to go home so my friends help me stay under control. They keep me from talking back and getting in trouble.” – YOUTH 12
- “I have anger problems that I need to work on and I haven’t made any friends while I’ve been here. I had some of my privileges taken away because a neighborhood kid and I got into a fight. My mentor reminded me that my goal is to go home. A lot of the other residents I came in with have left and now I am the senior here. It hasn’t been going well since they left.” – YOUTH 8
- “There are always arguments between residents especially when we play games but we try to think ahead and say to ourselves it’s not worth it. If you get a level 1 violation you get written up but a level 3 you get restrained and rug burns. I never got restrained yet but sometimes I think staff set it up so you get hurt. It’s scary.” – YOUTH 4
- “I don’t get along that good with the other residents. We argue a lot in my unit. I mean I try to get along but we argue – they say something personal and I say something personal back but the staff knows when it’s coming and sends us to our room. I have some friends here...they give me good advice and they tell me their problems and we put it all together and we overcome our problems together instead of alone but I am the class clown, so when the teacher asks me a question, I say a stupid answer and the teacher writes me up.” – YOUTH 11

With regard to relationships with other residents study participants spent a large part of their time in facility care avoiding both the fights and the negative consequences, which could include a loss of privileges or even worse an extended stay in facility care. As one young man said, “Some kids have nothing to lose. They have no family to go home to and after a whole year they are still on a blue bracelet. If you get into the Transition stage where you are getting ready to go home, don’t tell others [residents] of your release date or they will try to set you up and get you into trouble so you will stay longer.” This reality of facility care was echoed by another study participant who said, “I’m just trying to take it day by day. I know people who’ve been here two years, maybe even until they’re 21. Those guys try to get you in trouble, because they’re mad when they see you getting ready to go home.” Study participants were very careful not to invest too heavily in friendships while in care and instead talked more about their friends back home and wanting to connect with positive peers once they returned home.

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**FINDING:** While in facility care, study participants expressed feeling disconnected and experienced tremendous anxiety and frustration about being away from family members and loved ones. For those who had some contact with family during facility care, “news” from home was often upsetting, and only sought to increase the study participants’ anxiety and frustration over placement. At the same time, there was some acknowledgement by study participants that being away from home encouraged forgiveness and healing of old wounds.

*How has being in placement impacted my relationship with family and friends?*

- “I heard my sister got jumped by those 8th graders and I went crazy. I talked to my friends here and they told me they knew what I was going through because they had the same thing going on. My relationship with my little brother is good but I smoked cigarettes and sold weed in front of him and he said he wanted to be just like me. Whatever I do, I am not going to do it in front of him anymore. I am not going to sell any drugs anymore.” – YOUTH 5
- “It hurts. I’m a mama’s boy. I try to keep this place out of our conversations. Holidays are hard. I notice now how many people actually love you, and how lucky I am. Being here is like a wake-up call.” – YOUTH 6
- “We got into a fight over the phone and there was stuff I wanted to say to him not over the phone but face to face. We used to go fishing together but we haven’t done that in three years.” – YOUTH 4
- “It’s been hard to be away from home. I’ve been away for eight months and it feels like 2 years.” – YOUTH 3
- “My mom was upset that I didn’t do good enough to come home and I promised her that I would work harder. I know she needs me. She sends me extra stamps so I can write letters home.” – YOUTH 10

After anywhere from 6-21 months in facility care, the study participants’ resolve had decidedly been worn down and although many youth had adjusted to the routines of institutionalized life, thoughts of family members, friends and loved ones whom they had not heard from or seen remained in the forefront of their minds. Although the majority of study participants received phone calls from loved ones typically 3 or 4 and sometimes 5 times a week, in addition to letters, study participants reported that they still worried about their family back home.

This was particularly true for study participants who had served as a primary caretaker for younger siblings or to family members who were chronically ill. Few study participants received regular visits from their loved ones due to the prohibitive cost and time required to travel the often long distances to the facilities. And when they did receive visits, youth reported the visits to be difficult and upsetting especially when they received “bad news” about a family member or loved one. One study participant reported that two of his best friends were killed while he was in placement, “one shot, one stabbed”.

Although caseworkers did routinely invite parents and guardians to Treatment Team Plan meetings to discuss youth progress, few were actually able to participate as most families did not have the means to travel the long distances to facilities nor did they have the ability to take time off from work.

**FINDING:** Prior to their release from facility care, participants were eager to express the fear and loathing that the placement experience engendered. The experience was characterized by many study participants as a test of their own survival skills and, in the end, youth felt it had little to do with rehabilitative care needed to address their service needs. Study participants made little mention of the program services that they received while in facility care and their impact, rather their most vivid memories had to do with the corrections-based environment that they experienced.

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### *Looking back at the time I spent in facility care ...*

- “I talked to the psychiatrist about these strange dreams that I was having. I think that means that I’m worried about going home. I’ve been good in here but what if I make a mistake when I get home like miss a curfew and what if it’s not my fault and then I won’t get another chance and I will end up back here.” – YOUTH 12
- “I remember how scared I was when I walked through the gate. I don’t ever want to feel like that again. I didn’t think I would ever get adapted to the program, but now I know what I need to do to get out.” – YOUTH 1
- “All I can think of is the restraints, getting rug burns, and gangs.” – YOUTH 5
- “It was really stressful and all I can remember is being locked up in a room and staring at the walls.” – YOUTH 2
- “When they tell me that I’m going home, I am going to go to my room, cry, and then go to sleep. I can’t wait to see my girlfriend and my daughter. I just want a chance at aftercare – I think I’ve earned it.” – YOUTH 12
- “I learned survival skills while I was here. I learned how to deal with all different types of people especially people without a lot of patience and people with mental problems but I wouldn’t want to do it again.” – YOUTH 5
- “I feel like this just makes kids worse. The program is like a gimmick. I learned on my own what to do and you find out who will be there for you or not.” – YOUTH 3

As the youth prepared for release into aftercare, CCC asked study participants to reflect upon the facility care experience and share their thoughts about its impact on them. For most, the anticipation of release meant that they would do no harm to their progress and were focused on following every rule and regulation so they could get out as soon as possible. One young man remarked that although “placement was an important [experience],” he was unclear as to whether it would help or hurt him in the long run. For others, it was an experience filled with anxiety, stress and foreboding and was more of a matter of survival than anything else.

In addition, there was some anxiety about what aftercare would be like as well as what it would be like to be back in their old neighborhoods. Several participants were concerned for their safety due to previous gang affiliations. One young man explained, “Since I’ve been up here, people have been talking about me around the neighborhood and I am a Blood, so I guess some guys will try to mess with me when I get home.”

### **3) AFTERCARE**

Youth in OCFS-operated facilities are mandated to receive at least 5 months of aftercare services once they are discharged. Prior to 2005, preparation for a young person’s release to aftercare typically did not occur until 30 days before their release date. In more recent years, OCFS through its placement re-design initiative has sought to prepare youth for community re-entry earlier on in the placement process.

A young person’s readiness for release is driven by their Risk Behavior Assessment (RBA), which is an inventory of youth behavior that is taken every 30 days while the young person is in facility care and is an integral part of Prescriptive Programming. Stage advancement is tied to the scores that youth achieve on the RBA. If they are deemed ready for release a Pre-Release Assessment (PRA) is conducted which includes a home assessment to ensure that the family can serve as resource and the youth is able to return home to a safe environment and with adequate supervision.

Before a young person is released from residential care they must agree to and sign a *Conditions of Release* form that outlines the young person’s responsibilities while they are in aftercare. Some of the conditions include meeting curfew, school attendance, and engagement in clinical services as determined by OCFS. Prior to 2005, there was one aftercare office in each of the five

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boroughs of New York City. Each young person was assigned an aftercare worker in their home borough who provided case management and supervision during aftercare. In addition to the aftercare offices, youth can also be supervised at evening reporting centers or enrolled in evidenced-based therapies such as Multisystemic Treatment (MST)<sup>35</sup> as part of their aftercare services. Because youth in aftercare are still considered to be in placement, if a young person does not meet the conditions of release, OCFS can seek to revoke and send the youth back to facility care or extend their placement.

A typical weekday schedule for a young person in aftercare involved regular school attendance, observing curfew, participating in an after school program or a part-time job, and attending weekly meetings with the aftercare worker assigned to track youth progress. Sometimes the aftercare worker might have the young person participate in group activities or counseling sessions with other youth in aftercare. Weekends are less structured and youth can become vulnerable to the negative influences that led them to placement in the first place.

CCC, with the help of OCFS aftercare workers, monitored the progress of the study participants and interviewed the youth immediately prior to the completion of aftercare. During aftercare, CCC's study cohort was supervised by staff in all five aftercare field offices, City Challenge, Bronx Evening Reporting Center, and MST therapists. CCC's aftercare findings are derived from case file reviews, interviews with youth and OCFS caseworkers and a review of community case contact logs.<sup>36</sup>

CCC was only able to conduct youth aftercare interviews for 10 out of the 12 study participants because although one study participant did in fact complete aftercare, he moved out-of-state to live with his grandmother before CCC could reach him for an interview and another participant did not receive aftercare because he was released directly from facility care into his father's custody who also lived out-of-state.

CCC also conducted additional interviews with 4 out of 12 study participants who violated their conditions of release during aftercare and were revoked, which meant that they had to return to facility care. Two of these 4 study participants violated the conditions of release on numerous occasions and were sent back to facility care twice.<sup>37</sup> Initially, sanctions are given to youth who violate conditions of release for actions such as breaking curfew or not attending mandated program services. If there are repeat violations, youth can be sanctioned in a number of ways including more rigorous reporting requirements and/or revocation. More egregious rule violations such as going AWOL or a re-arrest usually result in an almost immediate revocation, which might be followed by OCFS petitioning the Family Court for an extension of placement.

**The findings in this section explore the access and availability of programs and services for youth during aftercare as well as the relationship between case management practice and youth outcomes. CCC also examines youth experience during aftercare and the transition home as well as the impact of facility care on their sense of self, their future and relationships with family and friends.**

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35 Multisystemic Therapy (MST) is an evidenced-based short-term treatment modality that has been successfully used as an alternative-to-placement program for juvenile delinquents. MST focuses on the root causes of anti-social behavior as it manifests in the different environments and interactions that a young person experiences on a daily basis- school, peer, family, and community. MST helps youth to identify and address negative behavior in these various environments and works to enhance the protective factors that prevent and change negative behavior and interactions. Youth and their families receive a total of 50-60 hours of direct service during a 3-6 month period. Program services are rendered in the home, or in the community and therapists are available 24 hours a day 7 days a week to help youth and their family resolve situations that may arise during the course of treatment. OCFS has adapted the model and used it primarily as an aftercare program since 2000. A June 2008 OCFS evaluation of MST services is available online at: <http://www.ocfs.state.ny.us/main/reports/final%20mst%20report%206-24-08.pdf>.

36 CCC came upon community contact logs only after alerting OCFS to the dearth of an aftercare case file documentation in youth case files. Upon request, OCFS provided CCC with copies of the community contact logs which at the time were stored in OCFS' central data system. Community Contact logs document any contact the aftercare worker has had with youth and their family. Community Contact logs were not available for all youth.

37 One of the revocators in CCC's study cohort was arrested during aftercare and spent 3 months in Riker's Island because he was 16 years old at the time of the arrest. After Riker's Island, he was returned to an OCFS facility as a revocator.

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**FINDING: The majority of youth in CCC's study cohort found that aftercare served primarily as a case management and reporting tool, and youth received little or no assistance to help them coordinate and connect to program services such as school, employment, or youth development programs.**

Based on case file documents and interviews with all 12 of the OCFS aftercare workers, CCC found that the primary function of aftercare was to ensure that youth reported regularly to an aftercare office and staff person. The majority of the aftercare caseworkers for our study cohort had done little to help youth re-enroll in school, had little knowledge of the young person's progress in school or participation in after-school programs, and had limited or no contact with the young person's caregiver. There were, however, several exceptions: 1) where the youth had a particularly involved parent and because the parent was in constant contact with the caseworker, the caseworker was more knowledgeable about the young person's day-to-day progress; and 2) when youth were enrolled in the Community Re-Entry Program<sup>38</sup> and City Challenge,<sup>39</sup> they were better equipped to make the transition home and to access education, youth development, and health and mental health services because these programs provided direct assistance not only with school re-enrollment but also locating other needed social services.

**FINDING: With regard to program services overall during aftercare, the majority of study participants did not feel like that they had the scope and intensity of services needed during aftercare to help them make a successful transition back into the community.**

- **Education:** *Only half of the youth returning home to Aftercare received educational services immediately after returning home.* Educational services most often consisted of enrollment in a neighborhood school, a transitional education program, or a GED program. There were significant delays in school re-enrollment and for some youth, the school placements that they received did not appropriately meet their educational, developmental and social needs. Those with special education needs seemed to have even more difficulty finding an appropriate school placement, as it took anywhere from 4-7 months before these youth were re-enrolled.

Several study participants wanted to transfer to a school other than their zoned high school due to past conflicts with teachers and/or peers. For example, it was clear from one study participant's case file that he was a gang member in a school heavily populated by an opposing gang and expressed concern for his own safety and asked to be transferred out upon his return home, but his request was denied and he received no further assistance. As a result, he stopped going to school and talked about possibly enrolling in a GED program one day. Other study participants spent several weeks to months in aftercare without a school placement for any discernible explanation that CCC could find in the record or in interviews. Those in transitional educational programs that offered wraparound services, such as City Challenge (that has a NYC Board of Education alternative school on the premises) or those operated by the Children's Aid Society, had an easier time making a transition to an appropriate school placement that fit both the student's needs and preferences. In those cases, youth had advocates other than their aftercare caseworkers working on their behalf to ensure they were able to find an appropriate school placement.

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<sup>38</sup> The Community Re-Entry Program provides re-entry services for youth returning home in Manhattan and the Bronx and is a collaboration between OCFS, Boys and Girls Club of America and The Children's Aid Society.

<sup>39</sup> City Challenge serves youth returning from the OCFS boot camp limited secure facility known as the Youth Leadership Academy (YLA).

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*Aftercare workers did not play a significant role in helping youth re-enroll in school.* In many instances, school enrollment was delayed because parents did not bring papers or documentation to the school enrollment centers. In two cases, the aftercare worker threatened the parents with educational neglect for failing to enroll their children in school. It should be noted that once the youth returned home, there was little documentation to suggest that caseworkers assisted parents in navigating the school re-enrollment process. There was only one case in which a young man who was enrolled in Multisystemic Therapy (MST), an evidenced-based intervention, received assistance with school re-enrollment from both the aftercare caseworker and the MST therapist. While frontline responsibility for school re-enrollment does rest with the parents, based on available documentation and interviews with aftercare workers and youth, parents were not provided any specific assistance to negotiate the school re-enrollment process, which can be daunting in New York City.

- **Health and Mental Health:** *Case files and interviews with youth revealed that there was little coordinated access to regular medical or dental care and over half reported that they received no health or dental care during aftercare and would not know where to turn to if they needed it.* This is in contrast to youth experience during facility care where youth received medical and dental assessments and treatment. It is unclear to what extent aftercare caseworkers are responsible for linking youth and their families with medical and dental services or helping them to establish a medical home. One young man who wanted to go for an eye exam and possibly get glasses was told by his aftercare worker to seek vision care at a school-based clinic, even though he was not enrolled in school. Another youth accessed health care while in Riker's Island after an arrest during aftercare. Two others brought themselves to the emergency room for treatment.

*With regard to counseling services and mental health care, 2 of 12 study participants received Multisystemic Therapy (MST).* Based on the case file data, and youth interviews, these two youth seemed to have very different experiences with MST. With one young man there was very little documentation other than a mention that he was enrolled in MST in his case file. There was no information about the frequency of the sessions or the work with his family, and his case file did not include any progress notes. When CCC asked about his experience with the MST therapist during aftercare, the young man said that it was "a little helpful" but that he was not interested in participating in any more counseling post aftercare. By contrast, another study participant who was enrolled in MST during aftercare and who had been diagnosed in facility care as having had suicidal ideations had a very different experience with MST. His case file contained weekly documentation with comprehensive progress notes and assessments that demonstrated a high level of youth and family participation from week to week.

*Based on a review of youth case files and interviews, there is no indication that any of the youth received drug or alcohol counseling or treatment services during aftercare except for one young man who had been enrolled in the Vera Institute's Adolescent Portable Therapy (APT) while in facility care.* This one youth continued to participate in regular APT substance abuse counseling sessions during aftercare. At intake and prior to release, almost all study participants were assessed to be in need of drug and alcohol counseling. When asked by CCC, youth said that they were not very interested in participating and that no one followed up with them to engage them in services during aftercare.

- **Youth Development and Youth Employment:** *More than half of CCC's study participants did not participate in any youth development or after-school programs during aftercare.* The majority of youth were interested and willing to participate in a youth development program failed to do so because they either were not aware of programs in their neighborhood, the program they wanted to participate in was too far away from their homes, or they were once again responsible for taking care of younger siblings and/or chronically ill parents/guardians. Again, there was little indication to suggest that aftercare workers took an active involvement in connecting youth with these programs and services. Those youth who did take part in after school programs were typically part of more comprehensive aftercare programs such City Challenge, or the Children's Aid Society's Community Re-Entry Program, which connects youth to a larger network of after school and social services.

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*Although all study participants expressed a strong desire to engage in a job experience during aftercare, none were enrolled in career readiness programs, and only two were able to obtain part-time employment.* The youth articulated to CCC that a job would provide them with the opportunity to earn money legally and keep them out of trouble. Although caseworkers were aware of programs such as Job Corps and Summer Youth Employment Program (SYEP) when interviewed by CCC, there was no indication of any follow-up with regard to helping youth apply for any of these programs. In one case, a young man who began the MIDAS automotive training program while in facility care wanted to complete the program during aftercare and receive certification. He was told to make some phone calls, but there was nothing in his case file to indicate whether he was able to re-enroll or find another job training opportunity.

In both of these program areas, study participants who came from Staten Island had a particularly difficult time finding either an after-school program or youth employment opportunity. Caseworkers noted that although youth were eager to engage in positive and productive activities in their local neighborhoods, there were “limited choices” in Staten Island and so they felt that there was little they could do to help the youth.

**FINDING: During aftercare, youth and their parents exhibited varying levels of engagement with the aftercare caseworker and program services depending on the type of aftercare program to which they were assigned.**

For those youth assigned to report to an OCFS aftercare office, aftercare workers focused much of their time and attention on tracking and ensuring youth compliance with reporting requirements. These youth were typically asked to report to the office several times a week. During these sessions, caseworkers would check in with the young person and engage in counseling sessions as needed. There were no specific activities designed or methods used to engage the young person’s parents or guardians. On the other hand, youth enrolled in programs such as the Children’s Aid Society’s Community Re-Entry Program, or evidenced-based programs such as Multisystemic Therapy (MST) experienced a more comprehensive level of supervision and services that focused greater attention on youth and family engagement. For example, the Community Re-Entry Program holds evening meetings for families of youth who are returning home from facility care, which continue on a regular basis throughout aftercare. Similarly, by definition, MST is an intervention that requires a high level of interaction and youth and family engagement among the therapist, youth and parents/guardians.

While not all interventions work for all youth and families, what is so characteristically different with MST and the Community Re-Entry Program is the high level of coaching and engagement that is provided to youth and their families. The focus is on providing youth and families with the tools and resources that they need to successfully interact with the various systems or spheres of influence (peer, family, and community) in their lives to ensure that the young person successfully completes aftercare and remains out of placement.

**FINDING: The majority of youth who returned home from facility care had a difficult time making the transition home, with many unable to connect with and sustain positive relationships with family and peers.**

While youth enjoyed the freedom of being released from placement facilities, they also underwent a difficult period of adjustment when they first returned home. As one young man said, “The world didn’t stop while I was in placement.” However, as much as things changed, youth continued to face many of the same difficulties with family members, and negative peer and neighborhood influences that they experienced before they were sent to placement. One young man articulated the irony when he said, “Even though I feel like I’ve changed, no one else has.” Another young man who had previously had a

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difficult relationship with his guardian simply said, “I stay away from them. Nothing has changed.” While all were happy to have their freedom back and to be home, several study participants felt that it was often difficult to engage in conversations with family and friends because as one study participant said, “Being in placement is not something you can describe. It’s hurtful.” Still others felt that rather than trying to make new friends in their old neighborhood, perhaps it was best to leave them behind and move to another borough to start over.

**FINDING: As study participants neared the end of aftercare, youth did not have a good sense of whether or how the placement experience would impact their life in the present or beyond.**

When CCC interviewers asked youth to look back at their time in placement and to respond again to the question of whether they felt placement had a positive or negative impact, many of the study participants seemed to have retreated from the positive and more hopeful outlook on life that they exhibited at the beginning of the placement experience. The enthusiasm for change that they exhibited upon their return home was replaced by a sense of stagnation. While many hung on to their dreams, few had a good sense of how to pursue them. Many felt directionless and were focused primarily on finding ways to make money and once again try to “survive”. In many ways, it was as if whatever “lessons” could be learned from being in facility care were a distant memory. Many youth responded that they did not want to participate in any more “programs” and that they were just looking to get a job and lead a normal life. Many also articulated concerns about the daily struggle of staying on the right track and not re-engaging with the negative influences such as peers and neighborhood life, which led to their placement in OCFS custody. Full of hope, but without additional support or a clear pathway to more positive outcomes, many of the study participants felt like they were right back where they started and felt uncertain about their futures. Similarly, many of the aftercare workers that we interviewed shared that without continued support and guidance beyond aftercare, youth often fall back into their old patterns and thus become vulnerable to negative peers and influences. In the end, the majority of study participants had little insight into how they would achieve their hopes, dreams and goals post aftercare.

#### **4) SYSTEMIC CONCERNS**

##### *i. Approach to Supervision and Care*

Juvenile placement by law and according to best practices provides youth an opportunity to engage in rehabilitative services with the goal of preventing further delinquency and helping youth make a successful transition away from the juvenile justice system. For decades, New York’s juvenile placement system, not unlike the majority of those around the country, has operated with a corrections-based model of care and supervision. Within this framework, placement is used as a form of discipline rather than for rehabilitative care. As with most basic forms of discipline, youth are taught the consequences of positive or negative behavior using a system of rewards and punishments or in this case, youth can earn “privileges” or have them taken away due to a violation of a particular rule.

CCC’s findings suggested that while Prescriptive Programming provided a framework to target placement resources, in practice, there were a number of implementation challenges particularly around quality control and how to better align risk assessment data to service planning. Additionally, CCC found that the emphasis on behavior compliance ran counter to many of the pro-social norms that Prescriptive Programming sought to promote. While OCFS has since moved away from Prescriptive Programming and has begun implementing more youth development focused and trauma-informed approaches to care, the corrections-based approach is still a part of daily life in many OCFS facilities.

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**FINDING: To manage youth behavior, staff relied heavily on a behavior compliance approach that too frequently employed the use of physical restraints. Emphasis was placed on taking immediate control of a situation rather than on addressing root causes of youth behavior.**

Staff placed a high value on immediate behavior compliance as evidenced by a review of case files. In the majority of cases, staff responded to a study participant exhibiting negative behavior by dispensing a rule violation<sup>40</sup> and a counseling session that consisted of additional verbal directives to comply with directions or orders. In many cases, staff either was not aware of underlying mitigating circumstances or when aware did not acknowledge or take into consideration the underlying personal circumstances or events that may have triggered the negative behavior. For example, one young man's behavior deteriorated significantly after he received a phone call from his mother telling him that he could not return home; however, the young man was simply written up for his behavior and received no additional counseling to address the underlying issue.

Additionally, the specter of the physical restraint is a large part of this behavior compliance approach. Many youth spoke candidly about either experiencing or witnessing the use of physical restraints and described how they had been warned by staff and fellow residents not to do anything that would illicit this kind of a response. Youth remarked that the practice was "...too risky, too dangerous," and that "bad things have happened to kids," when a restraint is used.<sup>41</sup> Even though, OCFS has revised the regulations governing the use of physical restraints by limiting the number of circumstances in which staff is permitted to apply physical restraints, the use of physical restraints continues today and remains a controversial practice. To its credit, OCFS has more recently begun to monitor and track the use of physical restraints and require that facilities develop and follow through with a corrective action plan when an increased use in physical restraints is identified at facilities. In addition, OCFS has piloted the Sanctuary Model, which engages facility and staff in a trauma-informed and more therapeutic approach to behavior management, with the goal of reducing the need for physical restraints. It is undoubtedly a difficult process as both staff and youth must embody and buy into a new approach that provides both groups with the ability to engage in participatory decision-making. *(For more information about the Sanctuary Model, please see page 38.)*

**FINDING: There is an enormous disconnect between the pro-social youth development goals that youth are expected to achieve and the behavior management approach used throughout placement.**

At every stage of placement, youth are assessed on their mastery of pro-social skills as part of their readiness to be released. Although OCFS offers individual and group counseling and workshops on substance abuse prevention, life skills and conflict resolution, there is little linkage between the values that are taught in these programs and how youth are supervised and treated while in facility care. Youth interviews and case file documentation indicate that staff value and reward strict behavioral compliance first and foremost, with few opportunities to engage in mediation and conflict resolution skills, yet these are the skills youth need when they return to their communities.

Rule violations are the most common consequence of negative behavior. Youth can receive a rule violation from a staff person if they break a facility rule or do not follow staff directions. The behaviors themselves can range from what might seem

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<sup>40</sup> A resident can be cited for a "rule violation" when they exhibit behavior or conduct that does not conform to OCFS resident conduct rules. These rules are outlined in a resident guidebook. When a young person commits a rule violation, staff is required to formally record the incident in the resident's case file. When there is a rule violation, it is typically followed by a counseling session where staff discusses the behavior with youth and a formal corrective action plan is developed. Sanctions for negative behavior range from a verbal or a written apology to a loss of a particular privilege determined by the staff.

<sup>41</sup> In 2006, a young man in Tryon Residential Center died after staff placed him in a physical restraint. This incident led in part to the U.S. Department of Justice's on-going investigation of alleged misconduct at Tryon and other facilities in the system.

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like typical adolescent behavior (e.g., talking out of turn, or staying in bed too long) to more serious offenses (e.g. physical assaults). Once a young person receives a rule violation they are assigned a corrective action plan, which typically involves both a sanction (such as loss of specific privileges), and/or writing letters of apology or essays for the specific behavior.

While rule violations can be one way to hold youth accountable for their actions and behavior, when given in excess, youth become numb to their impact. The cumulative effect of the aggressive use of rule violations is that youth do not have an opportunity to practice the conflict resolution skills and pro-social behavior that they are taught in individual and group counseling sessions and workshops. Additionally, youth with a particularly high number of rule violations often end up having a difficult time advancing from one stage to the next and therefore have a difficult time becoming release-ready, which perpetuates a cycle of further negative behavior, more rule violations, and then leads to a longer length of stay in placement. The number of rule violations that each of the 12 study participants received varied in part due to their different lengths of stay. For example, one young man received 12 rule violations during his 9-month stay, while another young man received 39 rule violations during his 7 month stay, and yet another young man received a total of 180 rule violations during his 23 month stay in facility care.

## ii. Data and Case Management

Prior to the start of our fieldwork, OCFS provided CCC with a sample case file which while voluminous was organized, detailed, and provided a complete picture of the young person's service needs, experiences and progress while in placement. Based on this preliminary review of the sample case file, CCC sought to use the 12 case files in the study cohort to evaluate the following aspects of placement:

- Data and case management
  - Whether the case file included documentation as required by Prescriptive Programming
  - Accuracy and quality of documentation
- Service Planning and Implementation
  - Evidence of service planning and whether service plans were tailored to meet the youth's service needs
  - Whether youth received required services and the level of youth participation in program services
- Youth Experience
  - Impact of placement
  - Impact of program services
  - Relationship with staff, residents and family members during placement
- Systemic Issues
  - Core values of placement
  - What the case file revealed about decision-making processes and outcomes during placement

**FINDING: Reviews of youth case files revealed significant gaps in data and case file management and in some cases errors, making it difficult to understand decision making rationale or monitor treatment plans to ensure accountability or follow through on service plans.**

Only 1 out of the 12 case files was ostensibly reviewed by a supervisor. This case file included a quality control checklist that was included in the front of the case file and signed off by a supervisor. Given the lack of comprehensive documentation overall, the question must be asked whether and how OCFS uses case file data to track outcomes and what level of supervision and training is provided to help caseworkers track youth progress and outcomes as required by Prescriptive Programming.

## PLACEMENT TIMELINE FOR 12 STUDY PARTICIPANTS

MONTH YEAR	May 2003	June 2003	July 2003	Aug 2003	Sept 2003	Oct 2003	Nov 2003	Dec 2003	Jan 2004	Feb 2004	Mar 2004	Apr 2004	May 2004	
YOUTH 1	INTAKE	PLACED IN FACILITY												
										stepped down			aftercare	
YOUTH 2	INTAKE	PLACED IN FACILITY												
								aftercare				released		
YOUTH 3	INTAKE	PLACED IN FACILITY												
							aftercare					released		
YOUTH 4	INTAKE	PLACED IN FACILITY												
								stepped down				aftercare		
YOUTH 5	INTAKE	PLACED IN FACILITY												
YOUTH 6	INTAKE	PLACED IN FACILITY												
													aftercare	
YOUTH 7	INTAKE	PLACED IN FACILITY												
						aftercare								
YOUTH 8	INTAKE	PLACED IN FACILITY												
								transferred						
YOUTH 9	INTAKE	PLACED IN FACILITY												
								aftercare		revocated				
YOUTH 10	INTAKE	PLACED IN FACILITY												
									aftercare				released	
YOUTH 11	INTAKE	PLACED IN FACILITY												
										aftercare	revocated			
YOUTH 12	INTAKE	PLACED IN FACILITY												
												stepped up		

intake



placement



date specific transition



June 2004	July 2004	Aug 2004	Sept 2004	Oct 2004	Nov 2004	Dec 2004	January 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	July 2005
[Redacted]			released										
revocated	[Redacted]		aftercare	[Redacted]					released				
[Redacted]					aftercare			arrested sent to Rikers	aftercare	[Redacted]			released
[Redacted]			released										
[Redacted]			released										
[Redacted]													released
[Redacted]			aftercare	[Redacted]		revocated		released					
aftercare	revocated	[Redacted]		aftercare	[Redacted]			released					
[Redacted]											released		

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### *Data during facility care*

The quality of facility care documentation varied greatly among the 12 case files that were reviewed. Although there was a lot of paperwork included in the case files, often data were incomplete, missing, and/or disorganized (not in chronological order) making it difficult to track service provision, youth progress, or the rationale for decision-making. Typically, a case file documenting facility care would include initial assessment reports; monthly Treatment Team Plan notes; Risk Behavior Assessments (RBAs) to evaluate youth progress and stage advancement; youth development, mentoring, and counseling notes; rule violation reports; court records; school grades; and progress notes for any programs and activities that the young person was involved in among other documentation.

Of the 12 case files reviewed:<sup>42</sup>

- Four case files included a comprehensive set of case records including the required number of Treatment Team Plan (TTP) notes, progress reports, education and medical records as determined by the length of their stay in facility care.
- Eight of the case files were lacking in both quantity and quality of documentation with many months of missing Treatment Team Plan notes, and progress notes that seemed to be copied from month-to-month without a change in youth progress despite evidence in other parts of the case file to indicate otherwise. For example, one case file was missing four out of seven months worth of TTP notes, while another young man who spent a total of 17 months in facility care had only one complete set of TTP notes in his case file. With regard to contradictory information, there was conflicting information on the number of visits from family members and number of counseling sessions received. In one case file, half of the case file included the records of a resident who was not in our study cohort. Another common finding was that case files had extensive documentation in one service area for example education records, but then nothing to indicate services received in health or mental health.

### *Data during aftercare*

Similarly, the lack of comprehensive documentation and data during aftercare made it difficult to track youth progress, discern the aftercare worker's roles and responsibilities, or understand the caseworker's actions taken to assist the youth with service needs. Typically, the first item that should be found in an aftercare file is the **Pre-Release Assessment**

(PRA), which is done prior to the youth's release to aftercare and evaluates their readiness for release and includes an assessment of the young person's service needs while in aftercare and a cursory identification of the community resources they will need. Once in aftercare, caseworkers document weekly contacts with youth in a **community contacts** log and evaluate youth progress with monthly **Community Risk Assessments** (CRAs). If the youth received specialized programs and services such as substance abuse treatment, transitional educational services or evidenced-based therapies, additional notes documenting youth progress should also be included in the case file.

During the review of the aftercare portion of the case files, CCC found that not a single case file contained a complete set of aftercare documents, which at a minimum should have included the Pre-Release Assessment (PRA), monthly Community Risk Assessments (CRA), and a community contacts log. In order to provide a more meaningful assessment beyond stating that the files were incomplete, CCC devised a rating system (on a scale of 0-11) that looked initially at whether the three basic aftercare-related forms were included in the case file: the PRA, CRAs and case contacts log and then with each of these forms whether the forms were filled out completely with all required detail and if there was evidence or documentation of efforts to help youth meet service needs. One point was given for each criteria that was fulfilled where a rating of between 0-4 = Poor (no PRAs, CRAs or case contacts), 5-8= Good (some documentation and detail), and 9-11= Excellent (a complete set of documentation was included in the case file and was filled out in detail).<sup>43</sup>

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<sup>42</sup> Please note that this finding does not speak to the quality of the assessments, evaluations or clinical work conducted on behalf of or with the study participant. This finding takes into account whether documentation exists and was filled out in a manner consistent with OCFS protocols.

<sup>43</sup> CCC did not devise a rating system for the facility care portion of the case file because the data variances were too complex to simplify using a rating system.

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Using this rating system, CCC found that 6 of the 11 aftercare case files<sup>44</sup> received a Good rating, and 5 received a Poor rating. (A final case file was not rated because the young person was sent to live with his father out of state post-facility care and as a result did not receive OCFS aftercare.)

The same was true for youth who revoked during aftercare. Of the 12 youth in CCC's study cohort, 4 revoked, with 2 young men revocating twice. Due to a lack of descriptive documentation, it was difficult to discern the distinguishing features of a revocator's program as compared with their initial facility placement or whether a service plan was developed and established goals were met. CCC also interviewed youth and caseworker about the distinguishing features of revocator and step-down programs. Other than the length of stay and opportunities to make home visits, there were few differences in the programs and services offered to youth in these programs.

## RECOMMENDATIONS

CCC's findings, based on interviews with young men in facility care, case file reviews and interviews with caseworkers, have led us to conclude that while the basic needs of youth were met while in placement, the system fell far short in providing youth with a rehabilitative experience, that is developmentally appropriate, addresses individual service needs, and prepares the youth for a successful return to their families and communities.

Since the completion of our field work, the agency has undergone a leadership change with the appointment of Commissioner Gladys Carrión in 2007. The current administration has introduced a number of new reforms to program, policy and practice that seek to move the system away from a corrections-based model of care and treatment towards one that is rehabilitative and developmentally appropriate. Each of these new program, policy and practice initiatives come with a unique set of challenges and opportunities for implementation, growth, and sustainability. Some will require an agencywide culture change while others demand changes in operations management and a significant commitment of additional resources.

Our recommendations are organized into two major categories: **Program, Policy and Practice**, which include recommendations focused around service planning, service delivery, youth and family engagement, and overall approach to supervision and care and **Systemic functions**, which include recommendations focused around resource allocation, data collection and case management, and quality control measures.<sup>45</sup>

Under each recommendation, CCC includes a brief synopsis of new program and policy initiatives in text boxes. While CCC has not had the opportunity to evaluate the impact of these new initiatives on youth in care, reference to them is included to ensure that our recommendations are responsive to the current program, policy, and budgetary environment.

Finally, CCC's findings and recommendations continue to resonate. As the agency takes steps to improve youth outcomes and increase agency accountability, we urge OCFS, legislators, and advocates to use our findings and recommendations to inform reform work underway and identify and address areas that require additional improvements and resource supports.

### Recommendations

- **Reject a corrections-based facility environment and implement a youth development approach to supervision and care and organizational culture.**
- **Tailor assessments and service plans to identify and meet individual youth service needs.**
- **Increase access to and quality of education, youth development, and health and mental health services system-wide.**

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<sup>44</sup> Of the 12 study participants, CCC reviewed a total of 11 aftercare case files because the remaining study participant did not receive aftercare as he was released from facility care directly into his father's custody who lived out-of-state.

<sup>45</sup> CCC conducted additional background interviews in the summer of 2009 with OCFS senior staff for this section.

- Establish meaningful opportunities for youth and family engagement at each decision-making point from intake through aftercare.
- Strengthen quality control mechanisms in order to improve facility and agency accountability and youth outcomes.
- Align juvenile placement capacity with population trends and expand opportunities to place youth in community-based settings closer to home.

**RECOMMENDATION #1: Reject a corrections-based facility environment and implement a youth development approach to supervision and care.**

CCC’s findings suggest that the youth in our study cohort experienced a corrections-based model of supervision and care. In contrast, a youth development approach to supervision and care recognizes that all young people have inherent strengths no matter what challenges they face. Overall, a youth development approach to supervision and care creates opportunities for young people to develop both their cognitive, and social and emotional competencies in normative settings. Youth are seen as full and contributing members of society. They are viewed as individuals whose assets and strengths need to be cultivated rather than as problem that needs to be fixed. This approach to care and supervision recognizes that adolescents require multiple and varied opportunities to test boundaries, develop pro-social skills in normative settings, and take on leadership roles to build their own capacity to become productive members of society.

While OCFS has begun to pilot the use of a trauma-informed and youth development approaches to care and organizational management known as the **Sanctuary Model and Youth Development Systems (YDS)**, there is much more work to be done to ensure they are implemented system wide.

**2009 PROGRAM AND POLICY UPDATE:** In recent years, OCFS has undertaken a series of initiatives designed to address gaps in service planning and service delivery and began to implement models of supervision and care that focused more on addressing individual youth service needs and that are more consistent with youth development principles. In doing so, OCFS has moved away from Prescriptive Programming and in its place introduced the following protocols and practices:

**The Sanctuary Model:** This model is a comprehensive trauma-informed approach to care that takes into account the impact of exposure to violence, abuse and other forms of traumatic as it relates to individuals, family staff and organizational culture. OCFS first piloted the Sanctuary model in two OCFS operated facilities and five voluntary agencies beginning in 2006. One of the major goals of the Sanctuary Model is to transform organizational culture and move institutions towards a non-violent therapeutic approach to supervision and care for both staff and youth.<sup>46</sup> The Sanctuary Model was developed by Dr. Sandra Bloom of Drexel University and was first used in mental health facilities. It has also been used in adult correctional facilities as well as in child welfare congregate care settings. OCFS is the first agency to pilot the program for use with juvenile delinquents, many of whom have experienced significant trauma and

<sup>46</sup> The Sanctuary Model is different from other therapeutic approaches because both youth and staff to commit to and use many of the same tools and techniques which furthers both culture and organizational change. For example, just as youth start their days with Community Team meetings and have the ability to provide input into their programs via resident councils, staff also use Community Team meetings with their colleagues and have instituted multi-disciplinary Core Teams at the facility level to ensure that all levels of staff have an opportunity to weigh-in and be part of the decision-making process. At the agency level, OCFS has also established a Steering Committee for the Sanctuary Model that includes executive level staff as well as facility line staff. These parallel interactions provide both youth and staff with a greater stake in the decisions made at the facility level and strengthens the bond between youth and staff based on shared experiences.

loss in early childhood, which can lead to disrupted attachment or an inability to bond with peers and adults in a positive way. This in turn negatively impacts their social and emotional learning and results in behaviors that are reactive, self-protective and sometimes destructive. Rather than view their life experiences as a form of pathology, the Sanctuary Model recognizes that youth have survived significant adversity and provides youth with a set of tools that they can use to set both the individual and the organization on a path to better outcomes.

According to DJJOY's Sanctuary roll-out plan, staff in all OCFS juvenile placement facilities, Community Service Teams (CSTs), voluntary agencies, as well as executive level OCFS staff will be trained in the model by 2012. As of July 2009, more than half of OCFS residential staff has undergone training, and facilities system-wide are in various stages of implementation. OCFS has contracted the Andrus Center<sup>47</sup> to provide training and technical assistance as it implements the model system-wide. The Sanctuary Model requires an initial five day training as well as booster training sessions as part of a two-year implementation process at each facility. An evaluation of the impact of the Sanctuary Model on youth and facility outcomes has been included in the agency's implementation plan.

OCFS is also in the process of developing and implementing a new **Youth Development System (YDS)** which would be complementary to the Sanctuary Model. The system would provide ongoing assessment of a youth's treatment needs and supports for both facility and community adjustment; a daily system of care to reinforce and shape positive behavior; and support movement through a stage system that incrementally reflects engagement in treatment, commitment to change, and enhanced community and leadership skills. The idea is that the young person would move from externally motivated goals and behaviors to internally motivated ones. For example, youth may initially follow the treatment plan in an effort to leave the facility as soon as possible; however, by using some of the tools provided through the Sanctuary Model and dialectic behavioral therapy (DBT), the goal is to have the young person move to a place where they are able to define their own goals, based on their own aspirations rather than on what adult staff tell them they need to do.

The introduction of youth development principles at the facility level is challenging because historically the emphasis has been on custody and control within the facility environment. Successful implementation of youth development principles at the facility level is labor intensive but crucial and will require on-going investments in staffing, training, and supervision. To ensure that these reforms can go to scale system-wide and positively impact youth experience and outcomes, CCC recommends the following:

**a. OCFS must be provided with the resources needed to recruit and retain high-quality staff to ensure successful system-wide implementation of the Sanctuary Model and the Youth Development System (YDS).**

As a cultural change must be made, there is the challenge of operationalizing the Sanctuary Model and YDS on the ground because they are labor intensive by design. Facility directors must at all times ensure continuous 24-hour supervision of youth, which can be challenging given chronic staffing shortages. During the initial pilot phase of these new protocols, the agency has had to use executive staff to fill in shifts while line staff engaged in Sanctuary training. The Sanctuary Model also includes refresher training sessions, requires participation in team meetings and/or participation in facility and agency-wide oversight bodies which monitor implementation. Additionally, the Sanctuary Model requires staff to provide youth with greater individualized attention particularly when an individual resident is experiencing a crisis, which can require a change in the staffing pattern at a moment's notice.

<sup>47</sup> For more information about the Sanctuary Model and the Andrus Center please visit: [http://www.andruschildren.org/Sanctuary\\_Model.htm](http://www.andruschildren.org/Sanctuary_Model.htm)

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Furthermore, while the Youth Development System is designed to work in tandem with the Sanctuary Model it is yet another protocol that must be implemented and operationalized at the facility level. As staff is asked to develop new skill sets, OCFS must have the resources to provide adequate training and in some cases may need to add supervisory and support staff, revise current job descriptions for line staff and increase hiring and salary requirements to ensure a highly qualified workforce. A recent state imposed hiring freeze may exacerbate the situation and has already required the agency to stretch their personnel resources to the limit.

**b. To facilitate culture change, OCFS must ban the use of the prone (face down) restraint altogether and implement alternative conflict resolution and de-escalation techniques systemwide.**

In recent years, OCFS has implemented a number of policy changes aimed at reducing the use of physical restraints and has created a system to monitor and track the use of restraints.<sup>48</sup> However, these measures do not go far enough to protect youth from the use and abuse of physical restraints. The use of physical restraints has all too often led to youth and staff injuries as evidenced by a 2006 youth fatality at Tryon Residential Center and the 2009 DOJ report on the excessive use of force in four OCFS juvenile placement facilities. OCFS should take lessons learned from the Sanctuary Model and other alternative conflict resolution methods to develop concrete protocol and training guidelines to inform the rare occasions when youth need to be physically subdued if they present a danger to themselves or staff. In addition, the use of prone or face down restraint should be banned completely.

#### **2009 PROGRAM AND POLICY UPDATE:**

**Reducing the Use of Physical Restraints:** In 2005-06, OCFS convened an agency-wide Crisis Management committee that consisted of OCFS staff from the child welfare, juvenile justice, legal, policy and training departments to review the use of physical restraints and identify safe and effective alternatives.<sup>49</sup> Since then, the use of physical restraints in OCFS facilities has decreased by almost half and continues to decline. In January 2008, OCFS reported an average monthly population of 1,166 youth with 585 instances of physical restraints. By June 2009, the average monthly population and the number of facility restraints declined to 1,020 and 320 respectively.<sup>50</sup>

OCFS attributes the reduction in the number of overall restraints to the following program and policy initiatives:

**Installation and Monitoring of Security Cameras:** Beginning in 2003-04, OCFS introduced the use of video cameras to better monitor the use of physical restraints. Since then, cameras have been installed in all non-secure facilities, 4 secure facilities and some limited secure facilities. OCFS expects to have cameras installed in all facilities by mid-2010. The video footage is forwarded to the central office bi-weekly and reviewed by the Associate Commissioner for Facility Management and other senior staff to determine whether the use of a physical restraint was appropriate and applied in a manner consistent with OCFS policy and regulations.

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<sup>48</sup> In 2007, OCFS revised its restraint policy to reduce the number of circumstances from seven to three in which staff is authorized to use a physical restraint on residents. Currently, staff are permitted to apply a physical restraint when a young person's actions represent an immediate danger to themselves, others (staff and residents), or if the young person presents an immediate risk for going AWOL or leaving the facility premises without authorization.

<sup>49</sup> OCFS's internal review of the use of physical restraints across the agency was initiated in response to a U.S. Department of Health and Human Services investigation which found that the agency had not been meeting safety requirements for youth in child welfare settings. OCFS was required to respond with a program improvement plan and subsequently, then Governor Pataki expanded the inquiry and review and convened a state-wide workgroup to review physical restraint techniques in all state-operated adult and youth facilities. Both the OCFS Crisis Management Committee and the state-wide work group reviewed best practices in other states and found that many localities had turned to trauma-informed approaches to care such as the Sanctuary Model and which resulted in better outcomes for residents.

<sup>50</sup> OCFS, DJJOY, Bureau of Management and Program Support, *DJJOY Facility Restraint Totals by Month Jan. 08-June 09*. Please visit <http://www.sanctuaryweb.com> for more information.

**Implementation of the Therapeutic Intervention Committee:** The therapeutic intervention committee consists of a team of multi-disciplinary staff located at each facility who are responsible for monitoring the use of physical restraints, and examining trends and developing action plans when there is an increase in the use of restraints. Their data are forwarded to the central office and are monitored and reviewed by the Associate Commissioner for Facilities Management on a regular basis.

**Data Collection on Restraints and Restraint Action Plans:** As part of OCFS' efforts to monitor and reduce the use of physical restraints, each facility is required to collect and forward weekly restraint reports to the Associate Commissioner for Facilities Management. OCFS categorizes the number of restraints into three levels- low (2-4), medium (4-8) and high (10+).<sup>51</sup> If a facility experiences a *high* number of restraints based on the scale, the facility is required to develop and submit an action plan that explains in narrative form the reason for the excessive number of restraints as well as specific actions the facility staff will take to reduce the number of restraints for the following week.

Notably, recognizing that the practice of using prone restraints places both the individual in custody and staff at risk for grave injury, the New York State Office of Mental Health, which cares for youth and adults with behavioral and psychiatric disorders, banned its use as has the New York State Department of Corrections, which supervises an adult population.<sup>52</sup>

Although OCFS has reduced the number of circumstances in which staff is permitted to use a prone restraint, the choice to engage in facedown restraint often comes down to a split second decision that always comes with a high degree of risk for bodily harm. The practice leaves no room for errors in judgment and is a risk that the State can ill afford to take particularly when the outcomes have included youth fatalities.

## **RECOMMENDATION #2: Tailor assessments and service plans to identify and meet individual serving needs throughout placement and aftercare.**

Among youth in CCC's study cohort, despite regular assessments of youth service needs throughout out placement, there were few instances where an assessment led to a specific or immediate change in the service plan or services secured. Instead service plans were often carbon copied from one study participant to another regardless of the service needs identified.

- a. OCFS must provide caseworkers and other staff involved in Treatment Team Plan meetings with additional training and oversight from supervisory staff.** All training and supervision must be focused on ensuring that the assessment tools and service planning process is being carried out as intended, tailored to meet individual youth service needs, and informed by youth input and preferences.

To this end, the restructuring of OCFS' placement and case management operations sets the stage for a fundamental shift in the way placement is viewed and operationalized by OCFS staff at every level.

<sup>51</sup> The scale is adjusted to take into account the capacity of the facility, as well as the actual youth population for that particular week.

<sup>52</sup> Eight states have banned the use of the prone restraint or restraints that "impeded a child's ability to breathe" including Colorado, Connecticut, Iowa, Massachusetts, Pennsylvania, Rhode Island, Tennessee, and Washington. U.S. General Accounting Office, *Seclusions and Restraints: Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers*. May 2009. Available online at: <http://www.gao.gov/new.items/d09719t.pdf>. Additionally, in January 2009, Governor Strickland of Ohio signed an executive order banning the use of the prone restraint by all state agencies. Press release available online: <http://www.governor.ohio.gov/Portals/0/Executive%20Orders/EO%2009-13S.pdf>. As noted earlier, NYS's Office of Mental Health and Department Of Corrections have both banned its use as well.

**2009 PROGRAM AND POLICY UPDATE:** In 2005-06, OCFS reorganized its juvenile justice program and case management operations, re-named the Department of Rehabilitative Services (DRS) the Division of Juvenile Justice and Opportunities for Youth (DJJOY) and phased in the implementation of the Placement Re-Design Plan. The underlying philosophy of the **Re-Design Plan** is to begin to prepare youth for release on day one of facility care. The Re-Design Plan is designed to impact every aspect of youth care during placement and seeks to address gaps in communication and service coordination. Additionally, it also reflects the desire to move towards a youth development, and trauma-informed approach to supervision and care.

As a result, the Bureau of Intake, Juvenile Aftercare and Family Advocacy were merged into a new Bureau of Community Services (BCS) in the first round of restructuring, and later the Intensive Aftercare Program (IAP), Pre-release Planners, and DJJOY Foster Care Services were also moved into BCS. Additionally, a new Office of Community Partnerships within DJJOY was created to house the Bureau of Community Services, Evidence-based Community Initiatives (EbCI), and the Bureau of Juvenile Detention Services. Further, at the regional level, Community Service Teams (CST) are organized as field offices that are responsible for assessing youth and family service needs, developing service plans, and working with the youth and family to identify appropriate resources in the community from intake through to aftercare upon admission. Community Service Teams work closely with facility care staff to monitor youth progress and pro-actively plan for aftercare while the youth is still in facility. When youth are determined to be release ready, CSTs are responsible for ensuring that the services are in place in the community to address on-going service needs and provide continuity of care. CSTs are supported by regional Community Multi-Service Offices that are located throughout the state. Rather than rely on Prescriptive Programming and a points-based system, release readiness under the Re-Design Plan is now determined by a young person's individual progress as assessed by the Community Service Teams as well as input from youth and families. OCFS credits the use of early and more rigorous aftercare with having helped to reduce length of stay from an average of 9 months to 7 months.<sup>53</sup> (*Please see Appendix B for a map of CMSO offices.*)

**b. In order to appropriately assess and meet individualized youth service needs, and to improve youth outcomes system-wide, OCFS must be provided with the resources needed to reduce caseloads for Community Service Team (CST) workers and to maintain at a maximum 25:1 caseworker to youth caseload ratio.**

The hallmark of OCFS' placement Re-Design plan is a new mandate that requires all staff to begin to prepare youth for release upon admission. Both facility care and Community Service Team workers are accountable for new timelines regarding facility, youth and family contacts, home assessments, and service planning and service coordination. The new protocol broadens both the scope and depth of the work that CSTs must undertake and is labor-intensive. Also, because youth often return home to unexpected challenges (e.g., homelessness, peer or family conflict), a more manageable caseload would allow CST workers to respond to emergencies as they arise.

Currently, the average caseload for CST workers is upwards of 40 per caseworker at any given time. Best practice suggests OCFS should achieve a CST worker to caseload ratio of no more than 25:1 in order to ensure appropriate attention is given to each young person's service needs and progress.

**RECOMMENDATION #3: Increase access to and the quality of education, youth development, and health and mental health services system-wide.**

<sup>53</sup> Unpublished data OCFS.

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Youth in placement should not be subjected to a “luck of the draw” approach to programming and service delivery, they all must have access to the full range of programs and services.

## EDUCATION

**While the agency has focused in recent years on improving educational programming and school re-enrollment, OCFS still faces some major hurdles with regard to ensuring more adequate resources for educational programs in facilities, ensuring that youth receive DOE credit for coursework completed while in placement, and that youth are connected with appropriate supports in the community.**

**To address these challenges:**

- a. **OCFS should continue to pursue local school district status with the State Education Department.** While OCFS is mandated to provide both regular and special education services to youth in placement and adheres to SED regulations it is not considered a local school district and as such does not receive dedicated state education aid. It is important to note that on average, over a nine-month period, New York State’s per pupil expenditure in 2007 was \$14,119 while OCFS’ rate was \$10,322.<sup>54</sup> For special education students, the average per pupil expenditure over a 12-month period is \$38,000 while OCFS spends \$14,755 per pupil.<sup>55</sup> Dedicated state education aid would also enable OCFS to improve its ability to recruit a more competitive teaching staff and enhance classroom resources. For example, OCFS’ pay scale for teachers tops out at between \$57-67,000 while in New York City a seasoned teacher can make upwards of \$100,000. In 2008-09, although OCFS was able to add 11 new teaching positions to its budget the agency has been unable to fill these positions due to a state-wide hiring freeze.

Direct access to state education aid is critical, not only to enhancing core classroom services, but also to enable OCFS to better serve children with special educational needs as well as contract with community-based providers who can offer enriched academic services (tutoring, literacy, and transitional education services) in facilities to better prepare youth to make a successful transition back into their neighborhood schools and provide educational support services during aftercare.

- b. **OCFS should work with the NYC DOE to create a standardized process for translating coursework completed in facility care into credits, which can be used to fulfill high school diploma requirements.** Currently, principals have the discretion to reject or accept OCFS completed coursework for credit. It is crucial that the coursework completed in OCFS classrooms be recognized and count towards moving youth one step closer to fulfilling diploma requirements, particularly when so many youth are over-aged and under-credited.

**2009 PROGRAM AND POLICY UPDATE:** Over the past several years, OCFS has worked more closely with the NYC Department of Education (DOE) and other agencies to address a number of on-going challenges including:

**Improving access to DOE student records.** Oftentimes, students arrive at intake with incomplete or missing school records which make it difficult to develop educational service plans or place youth in the appropriate classrooms. As a result, OCFS has been working on a Memorandum of Understanding with the DOE to ensure better access to DOE student records at intake.

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<sup>54</sup> Meeting the Educational Needs of Children in the Custody of New York State, OCFS presentation to the NYC Department of Education and NYS Board of Regents.  
<sup>55</sup> Ibid.

**Improving timeliness of school re-enrollment.** OCFS now reports that as of summer 2009, 98% of all youth leaving facility care received a school placement within five days of their return home. This can be attributed to improved coordination among Community Service Team workers and the agency's efforts to work more closely with the New York City Department of Education to facilitate re-enrollment.

**Increasing access to higher education opportunities.** OCFS now partners with local community colleges in upstate New York to provide college-level classes for students who have achieved their GED diplomas in some OCFS operated facilities. Using video conferencing technology, residents at Brookwood, Goshen, Highland, Industry Secure and Tryon Girls Residential Centers are able to take college level courses for credit.

- c. **OCFS must work more closely with the New York City Department of Education to provide timely and appropriate school placements that can address the specific educational needs of youth returning home from OCFS placement.** Many of CCC's study participants returned home and were not immediately placed into public school settings and were left in educational limbo for long stretches of time. For those that were placed, youth were unable to obtain any assistance from either aftercare workers or the DOE if they sought a transfer for either academic or safety reasons. Many of CCC's study participants had already experienced enormous difficulties in the public school system prior to placement and because of the profound lack of communication between OCFS aftercare workers, the DOE, and youth and their families, study participants often found themselves at risk for falling through the cracks of the NYC public school system a second time.
- d. **In addition to timely assistance with school re-enrollment, school placements must effectively address the unique challenges that youth face as they make the transition from an OCFS classroom to a large public school setting.** OCFS should explore and expand partnerships with the DOE and community-based organizations such as the Children's Aid Society and CASES who have successfully provided transitional educational programs for youth returning home from care. **Additionally, OCFS should also, as part of its aftercare planning efforts, identify after-school programs that can help provide the academic and social support needed to help youth to remain actively engaged in school.**

## YOUTH DEVELOPMENT

- a. **Age appropriate job skills and vocational programming must be accessible to all youth irrespective of their facility placement.** While OCFS currently does offer food service, building trades and facility maintenance courses, and despite the introduction of new employment programs, youth are still only able to participate if the facility they are placed in has the specific equipment and staff expertise on-site. Bringing programs to scale has been particularly challenging due to current fiscal restraints however, OCFS can and should reach out to the private sector including local civic and trade organizations to cultivate a cadre of mentors that can connect with youth while in facility care and during aftercare.
- b. **OCFS should actively seek opportunities to partner and contract with community-based organizations that have the expertise to engage youth in facility care in job readiness and/or youth employment programs.** Study participants expressed their enthusiasm and interest in participating in expanded youth employment programs at each stage in placement. However, the majority of CCC's study participants had trouble accessing and engaging in these programs during placement, and were disappointed to find that there were few organized and sustained opportunities to participate in work readiness, job training or career exploration programs, especially during aftercare.

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- c. **OCFS should build on the successful partnerships it has already cultivated with providers such as the Children's Aid Society, and to reach out to youth service providers in all five boroughs to ensure that all youth have equal access to comprehensive program services.** OCFS can also explore opportunities to engage youth in facility care in structured service learning opportunities outside of the facility setting to both reduce the isolation that many youth feel while away from home and help connect them to positive community-based supports and resources early on in the placement experience. As part of these efforts, OCFS should seek to draw upon the resources of the local communities in which juvenile placement facilities are located to engage local civic organizations, colleges and universities and OCFS youth in joint volunteer and community service projects. Programs such as City Year and AmeriCorps offer a proven program model that can be adapted for use with youth in OCFS placement.

**2009 PROGRAM AND POLICY UPDATE:** OCFS's focus in this area has been led by its Office of Workforce Development (OWD) which oversees both vocational and job readiness programming both in facilities and during aftercare. While OCFS reports that access to vocational programming within facilities continues to be dictated by the availability of specific equipment and appropriate staff, OWD has:

- **Refocused vocational educational programs to provide age appropriate career exploration, job readiness and other soft skills training to younger residents** (those age 15 and under) and offer more certificate-based vocational training for youth who have already obtained their GEDs and those 16 and older.
- **Improved access to the Summer Youth Employment Program (SYEP).** With the influx of federal stimulus dollars, OCFS has worked with localities to set aside SYEP slots for youth both while in facility care and aftercare. OCFS reports that in 2009, 138 young people in 16 facilities were enrolled in SYEP programs state-wide.
- **Partnered with the NYS Department of Labor (DOL) and the NYS Weatherization Directors' Association (WDA) to enhance vocational programs:** Federal stimulus funds have also made it possible for OCFS to work more closely with the DOL and WDA to pilot a Green Jobs-Weatherization program at Allen Residential Center. The program is designed for older youth aged 16 and 17 year old who ideally could leave placement and be placed in entry-level weatherization jobs. The DOL provides a 6-day training to staff which includes information on the labor market, developing career plans and techniques for identifying career skills and talents in youth. Youth receive a 4-day training that includes basic air sealing, Occupational Safety and Health Administration (OSHA) health and safety procedures and high-density cellulose installation. OCFS anticipates serving approximately 30 youth in the program annually.<sup>56</sup>

## HEALTH AND MENTAL HEALTH

- a. **OCFS must increase its capacity to provide a continuum of health and mental health services that are high quality, and responsive to youth service needs and preferences in both facility-based settings and aftercare.** It is widely known that youth in OCFS care enter placement with a high-level of need for both general and acute health and mental health services. While OCFS was able to budget for 18 new mental health staff positions, and establish 2 additional discrete mental health units for a total of 10 units system-wide in 2007, the need remains much greater than the supply in the current system.<sup>57</sup>

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<sup>56</sup> The federal government has created a pipeline of jobs in the weatherization industry with incentives and subsidies that can be used to improve home energy efficiency and reduce home heating costs for low income families and the elderly. State-wide, an estimated 48,000 homes are eligible for the program and in New York City, 12,000 homes are eligible. *New York State Initiates Green Jobs Training For Troubled Youth*, OCFS Press Release, June 5, 2009. Available online: <http://www.ocfs.state.ny.us/main/news/2009/2009-June-5%20Weatherization-final.pdf>.

<sup>57</sup> OCFS Commissioner Carrión's Testimony on the 2007-08 Executive Budget before the Joint Legislative Finance Committees. Available online: <http://www.cofcca.org/pdfs/carrion3807.pdf>.

**2009 PROGRAM AND POLICY UPDATE:** Overall, OCFS reports that the health service needs of youth in OCFS placement have largely remained the same with a slight decrease in the number of dental service needs in recent years. With regard to recent health initiatives, OCFS's federal reimbursement unit now helps to facilitate Medicaid enrollment for youth prior to their release from residential care to ensure access and continuity of care upon their return home. Also, OCFS is now able to access and update the New York City/New York State immunization database to ensure that residents leave placement with updated records which are important particularly to facilitate school re-enrollment.

OCFS does note that while the type of health service needs may not have changed over the years, there has been an increase in the volume of psychotropic medications that must be administered by its nursing staff each year. OCFS' maintains a nursing staff of 80 system-wide and they are responsible for administering approximately 10,000 doses of psychotropic medications each year.

Since 2007, OCFS has taken a number of steps to improve its capacity to deliver quality mental health services in placement. Some of these actions include the addition of 36 nurses and psychiatric social workers, as well as a partnership with the New York State Office of Mental Health (OMH) which provided 52 additional clinicians to OCFS state-wide. While staff to youth ratios depend largely on the size of the facility and youth population, this has allowed the agency to significantly reduce the staff to youth ratio from 100:1 to 15:1 system-wide on average. Other new program initiatives include:

- The creation of a chief of treatment position in each region.
- Introduction of an 8-hour mental health training module for all staff when previously, staff was only required to attend a 2-hour session.
- Introduction and training of all facility staff in dialectic behavioral therapy (DBT),<sup>58</sup> a cognitive-behavioral intervention that has been used successfully with youth who have experienced trauma in a variety of settings including the child welfare and juvenile justice systems.
- Increased usage of mobile mental health teams where OMH clinicians travel to OCFS facilities to provide care.

The Bridges-to-Health program<sup>59</sup> provides community-based care for youth who are diagnosed with serious emotional disturbances (SED) as well as those who are medically fragile or have developmental disorders in order to reduce the length of stay in residential care and prevent hospital placements. Currently, there are 150 slots available with 30 youth enrolled and 30 who have been referred for services. Much of OCFS' efforts are now focused on educating families on the benefits of community-based care.

With regard to substance abuse services, OCFS has increased the number of contracts with community-based substance abuse treatment providers who are able to both provide services in the facility environment while maintaining continuity of care when youth return home. Additionally, the agency now convenes regular meetings with the Office of Alcoholism and Substance Abuse Services (OASAS) to identify ways in which to better address the substance abuse needs of youth in juvenile placement.

<sup>58</sup> DBT consists of several components including: 1) individual therapy sessions with a clinician or counselor to get to a point where they can commit to change and then develop goals based on the young person's own hopes and aspirations; 2) participating in group therapy sessions where youth learn specific DBT skills which focus on emotional regulation, distress tolerance, and negotiating skills all of which are inherent in the Sanctuary Model; 3) staff are trained to coach youth in using DBT skills within the facility environment; and 4) the Egregious Behavior Protocol is used when a resident is involved with a serious incident that is harmful to either themselves, staff or peers in which youth are asked to complete a "chain analysis" of the incident in order to understand both what and why it happened and how to prevent this in the future. Before returning to the regular program, the youth engages in a restorative justice process which may entail apologizing to the group or other action that repairs the negative interaction. E-mail communication with Lois Shapiro PhD, OCFS DJJOY, Director of Behavioral Health Sciences.

<sup>59</sup> For more information please visit: <http://www.ocfs.state.ny.us/main/b2h/about.asp>.

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- b. All frontline childcare staff should be trained in core health and mental health competencies.** Given the impact of current fiscal constraints on the agency's ability to hire additional staff, OCFS must ensure that all existing frontline childcare staff receives training in core health and mental health competencies so that they can effectively identify and respond to service needs.
  - c. Each facility should employ adequate on-site clinical health, mental health and substance abuse treatment staff and expand partnerships with other state agencies.** Ideally, each facility should have the capacity to provide on-site health and mental health care to youth residents in a timely and comprehensive manner. Currently, not all OCFS facilities have discrete mental health units, which can result in placements that are far from home. This often exacerbates issues around continuity of care and youth and family engagement upon the young person's return home.

OCFS must continue to build partnerships with sister agencies OMH, OASAS, and the State Department of Health (DOH) and work collaboratively to provide youth in OCFS custody with high-quality programs and care. Because the placement population has decreased over the years, and more low-risk youth are being served in community-based settings, youth placed in OCFS facilities are admitted with a greater intensity of health and in particular mental health service needs. While OCFS has commenced partnerships with OMH to improve mental health care for youth in placement, the agency continues to be challenged with the task of ensuring adequate nursing and clinical staff to meet acute service needs system-wide in all areas including health, mental health and substance abuse preventive and treatment services.

- d. OCFS increase and improve oversight of both contracted out and in-house mental health clinicians and improve the quality of the documentation included in case files to ensure adequate tracking and accountability for youth outcomes.** Clinicians should be in regular contact with treatment teams and be required to include comprehensive documentation on diagnoses, treatment and outcomes in a resident's master case file to ensure proper oversight at all times.
- e. OCFS should create partnerships with established community health centers in each of New York City's five boroughs to ensure that every young person returning home has a home base where both preventive and primary care can be provided.** While referrals for health and mental health services are a first step, OCFS must help youth make a tangible connection to a service provider in order to ensure that youth receive the health and mental health services that they need.

**RECOMMENDATION #4: OCFS must establish meaningful opportunities for youth and family engagement at each decision-making point from intake through aftercare.**

CCC's findings suggest that all too often, youth and their families were not included in key decision-making points making it difficult to effectively engage youth in their own rehabilitation and treatment and leaving parents with little guidance about how to help their child achieve program goals.

- a. As part of intake assessments, OCFS should conduct a comprehensive interview with youth and their parent and/or guardian to determine the youth and parent/guardian's expectations for placement, and to identify specific education, health and mental health, youth development, and family goals.**

While OCFS does conduct multiple intake assessments and probation reports are provided to the agency, initial decisions about placement settings and service plans are not youth or family-driven which results in young people feeling disconnected from the rehabilitative care that should be offered to them. Concrete opportunities to engage youth and family members in the identification of services needed and service plan implementation must be established, documented, and monitored as part of OCFS' quality control system. Opportunities to weigh-in on service plans and the quality of rehabilitative services must begin at intake and extend through aftercare at regular intervals particularly at critical decision-making points (for example, at Treatment Team Plan meetings, and at pre-release assessments). Youth and their family members must also be informed of these opportunities to weigh-in at the outset during intake.

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From a youth development perspective, taking the time to elicit feedback from youth and their families, and then using that information to adjust program services as needed, allows both the youth and the parent or guardian to develop a treatment plan that is self-directed, which should increase participation and active engagement in rehabilitative care. It also fosters a sense of self-efficacy that is a critical part of adolescent development.

**b. OCFS must heighten the visibility and independence of the Ombudsman's Office.** The function of the Ombudsman's Office is critical because it provides youth in custody with an advocate who is responsible for hearing, mediating, and responding to youth grievances. The majority of youth in CCC's study cohort knew very little about the services that the Office of the Ombudsman provided, how to access Ombudspersons, and had little faith that the Office of the Ombudsman could help resolve their concerns. Historically, the Ombudsman's Office has been short-staffed and as a result, there have been enormous delays in hearing and responding to individual youth grievances.

More recently, OCFS has fully staffed the Ombudsman's Office and re-activated the Independent Review Board (IRB) which by statute is responsible for monitoring the activities of the Ombudsman's Office and advising the Commissioner on matters pertaining to the conditions of care for youth in placement. While these actions have improved awareness of and access to the Ombudsman's Office for youth in residential care, the agency should do more to ensure that youth and parents use the Ombudsman's Office as a resource for resolving grievances during aftercare.

Best practice requires that the entity be truly independent and situated outside of the agency that it is charged with providing supervision and care of youth in placement. CCC recommends that the Governor and the Legislature consider restructuring or relocating existing oversight entities such as OCFS's Ombudsman's Office and Independent Review Board (IRB) outside of the agency. In addition we would encourage the Governor and State Legislature to consider charging the State's Commission on Quality of Care and Advocacy for Persons with Disabilities with the responsibility of investigating reports of abuse or neglect in OCFS facilities. The Commission currently plays that role for state-operated mental hygiene facilities.

**2009 PROGRAM AND POLICY UPDATE:** There are several steps that OCFS has taken to increase youth and family engagement during placement including:

- **Establishing new protocols as part of the Placement Re-Design plan that require and monitor youth and family engagement at 30-60-90 day intervals** and at treatment team plan meetings.
- **Established youth councils in each facility that meet with staff to discuss complaints and provide youth more opportunities for regular input on program activities.**
- Increased the availability and use of video conferencing **to ensure that parents and guardians are more able to participate in treatment team plan meetings.**

**While OCFS has taken some measures to enhance youth and family engagement, it is difficult to know without further evaluation the level and meaningfulness of engagement by youth and parents and guardians.** Because so much of improving youth and family engagement is dependent on good practice by staff, OCFS' greatest challenge is in monitoring day-to-day staff interactions with youth and families both for individual and systemic improvements.

**To meet this goal, OCFS should consider:**

**c. Creating Parent Councils which can be organized by borough and provide a source of peer support for parents who may not be familiar with juvenile placement and need guidance navigating the system.** Successful youth rehabilitation requires active family engagement and OCFS must be committed to system-wide implementation of

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family support services from intake through to aftercare. While OCFS does have discrete family days, more can be done to provide families with family support and crisis intervention services during placement. Parents and family members are often wary of engaging further with the agency as they deal with the stigma of having their child “locked-up” or in state custody. Throughout the creation of Parent Councils, parent leaders could help encourage other parents to be actively engaged in their child’s care and supervision during placement and conduct outreach to those parents who may be initially uncomfortable speaking up about concerns to OCFS staff for fear of adversely affecting their child’s treatment particularly while in residential care.

- d. Continuing to work on efforts to regionalize its residential services so that youth are placed close to home and families do not have to bear the undue burden of traveling long distances to be actively engaged in their child’s rehabilitative care.** Despite the availability of video conferencing, there is no substitute for much needed face-to-face visits and regular meetings with family members when youth are in facility care.
- e. Incorporating tracking and monitoring of youth and family engagement into OCFS’ new case management known as the Juvenile Justice Information System.** For example, when fully developed and implemented, JJIS would require caseworkers to log contacts into the resident’s electronic case file. The information would then be accessible to supervisors for oversight and review. CCC recommends that OCFS also consider conducting anonymous exit interviews with youth and family members, the results of which could also be included as part of JJIS and the data later mined for outcomes. *(For more detail on the use of youth surveys and exit interviews, and JJIS, please see the next section)*

**RECOMMENDATION #5: OCFS must strengthen its quality control mechanisms to improve agency accountability for youth outcomes.**

CCC’s findings suggested that while protocols and some data collection systems were in place, it was unclear whether data on youth progress were uniformly collected. Based on CCC’s review of study participants’ case files, there were often gaps or discrepancies in the data collected that led to questions about whether the documentation had been subject to review by supervisory staff to ensure the integrity of decisions made around youth care, service plans, and extensions of placement- all of which profoundly impact youth progress and outcome.

**CCC recommends that OCFS take the following actions to improve quality control and enhance youth outcomes:**

- a. OCFS should review its case management protocols to ensure that rigorous quality control measures are in place and that staff has sufficient training and support to make informed decisions regarding youth care and supervision throughout placement.** Each day, OCFS staff is asked to make critical decisions that impact a young person’s experience in placement. CCC’s findings suggest that for our study participants, there were multiple missed opportunities to help connect youth to a much-needed program or service whether in facility care or aftercare. From the case file reviews, CCC found that in several instances, gaps in the data made it difficult to ascertain the rationale behind the decisions made around service planning and delivery, release and revocation, and treatment needs. OCFS must ensure that sufficient checks are in place to prevent administrative or judgment errors that can negatively impact service planning, length of stay, and youth outcomes.
- b. OCFS should conduct anonymous surveys and/or independent focus groups with youth in intake, during facility care, and at completion of aftercare to collect first hand qualitative data on the impact of current program services and the impact of the placement experience** which can be used to identify areas in need of improvement and to inform on-going systemic reforms. Similarly, OCFS should solicit regular feedback from parents to ensure that their expectations are met and their concerns are addressed.

c. **OCFS should ensure that OCFS' *Youth in Care* report, which provides an annual statistical overview of the youth population in OCFS custody, is in fact published annually.** The last edition was published in 2009 and contained data from 2007. While a two year lag time is not uncommon in data reporting, CCC encourages OCFS to publish a preliminary Youth in Care report that highlights key indicators such as admission rates, service needs, service setting, movement between settings and other key population trends and characteristics. This would be akin to the New York City Mayor's Management Report, which is a preliminary report of agency statistics, and performance that is published each spring followed by a final report that is released at the end of the year. This will enable the agency, advocates and community leaders to note on-going trends and respond to them in a timely manner. The report should be widely disseminated and could be packaged with a year-end report from the Office of the Ombudsman that would highlight major issues of concerns regarding conditions of care and provide summary of statistical data on the number, type and outcome for youth grievances system-wide.

**2009 PROGRAM AND POLICY UPDATE:** OCFS has introduced two systemic efforts to enhance its data collection capacity as well as to improve accountability with regard to youth and systemic outcomes.

**Juvenile Justice Information System (JJIS)** is a new comprehensive computer case management and billing system that replaces OCFS's previous computer legacy system (known as KIDS) which was built in the 1970s and over time had become difficult to manage and upgrade. OCFS initiated the development of JJIS in 2005 which was organized into three phases with the application going live on July 7, 2007. OCFS is currently in the third phase of development. JJIS is used by OCFS system-wide (central office, Bureau of Class and Movement, facility staff, and Community-Multi Service Office staff) from intake through to aftercare to access youth case records, input and track youth progress in each service area (i.e. education, health and mental and health, youth development), and monitor performance outcomes. While paper case files continue to be used as JJIS is rolled-out, over time the expectation is that youth case records will be centralized and accessible via JJIS. Additionally, the system is able alert staff of upcoming important dates/events (i.e., court appearances) as well as when staff must take specific actions on a case (for example, when pre-release home assessments, or contacts initiated with family members are required). Management staff is also able to access individual and system-wide performance reports to better track outcomes and identify areas in need of improvement. As of the summer 2009, OCFS reports that JJIS has 1200 live accounts (or users). It is the third largest computer application in an agency with 4,000 employees.

**Performance-based Standards (PbS)**<sup>60</sup> is a protocol that employs national standards and outcome measures to identify, monitor and improve conditions and treatment services for youth in juvenile corrections and detention settings.<sup>61</sup> PbS was first introduced to OCFS in 2007 and in 2008, DJJOY participated in its first data collection effort. The data and performance management reports generated are used for internal quality control and monitoring purposes.

PbS sets national standards for facility operations and youth outcomes. PbS addresses 7 critical areas including safety, order, security, health and mental health, programming, justice and reintegration.<sup>62</sup> PbS gives participating agencies the tools needed to collect data, analyze the results, design improvements and implement change and measure effectiveness and requires agencies to collect data twice a year (in October and April). PbS generates up to 106 outcomes that include indicators on injuries, suicidal behavior, assaults, time in isolation or room confinement, percentage of health and

60 For more information about Performances-based Standards, please visit: <http://pbstandards.org/aboutpbs.aspx>.

61 PbS was launched in 1995 by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) after a 1994 Congressional study on the conditions of care in secure facilities found that programs in secure facilities lacked adequate safety and programming to meet youth service needs. PbS is directed by the Council of Juvenile Correctional Administrators (CJCA).

62 For more information about the specific standards and outcomes desired please visit: [http://pbstandards.org/DocLib/PbS\\_Standards\\_April\\_2009.pdf](http://pbstandards.org/DocLib/PbS_Standards_April_2009.pdf).

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mental health screenings as well as measures of academic, life skills, and behavioral progress. It also requires facilities to implement regular youth and staff surveys to elicit feedback on the quality of programs and services and facility culture and environment. The results from the data collection efforts are reported back to the agency and a PbS coach works with the facility to create facility improvement plans which is then monitored by facility staff, agency leaders and a PbS coach, which allows for continuous quality improvement.

**With the development and implementation of JJIS and PbS, OCFS has taken an important step towards improving the agency's capacity to improve accountability for youth and system outcomes.**

**CCC recommends that the State provide OCFS with on-going and adequate resources to:**

**d. Fully develop and implement the Juvenile Justice Information System:** As noted in our findings, CCC's review of youth case files found that prior to JJIS, OCFS lacked the capacity and tools to effectively track and monitor youth progress and hold staff accountable for outcomes. In addition, case files did not adequately capture youth participation in community-based programs such as after-school programs upon their return home. There were no reliable protocols in place for community-based organizations (CBOs) to provide OCFS aftercare workers with up to date information regarding youth participation and engagement in contracted services.

As OCFS works to complete JJIS, the agency's primary challenge will be to ensure that adequate resources are allocated so that on-going fiscal constraints do not hamper completion and the application is built to meet OCFS' data collection needs and accountability goals. Additionally, because access to different parts of the information system can be tailored to the individual staff person's needs and level of security clearance OCFS could in fact provide community-based providers with a window in which to enter progress reports directly in the young person's case file.<sup>63</sup> Over the years, the timeline has had to be adjusted due to budget cuts and a reduction by half (from 12 to 6) of JJIS's development team. With the current resources, OCFS expects to be able to complete production and rollout of JJIS in 3-5 years.

**e. Publicly report select indicators on safety and youth outcomes from PbS management reports.** Currently, PbS is only being used as an internal quality control tool. However, with its vast data collection and analyses capacity, PbS should also be used to increase the agency's public accountability for youth and facility performance outcomes. More specifically, PbS has the ability to produce outcome reports for each individual facility as well as provide a comparative analysis of facility performance system-wide, which would enable OCFS to better target resources and monitor the impact of quality improvement plans. In addition, because PbS is used in 26 states nation-wide, it can also be used to measure New York's performance against that of other localities. CCC recommends that OCFS consider both releasing performance data from select indicators (particularly those having to do with the safety and well-being of youth while in care) in publicly available documents on a regular basis and/or include this information in more comprehensive reports such as OCFS' Annual Youth in Care publication.

**f. Conduct randomized and anonymous staff surveys, youth and parent surveys during placement as well as exit interviews during aftercare.** While PbS does require facilities to administer staff climate surveys, and youth climate surveys as well as youth exit interviews, the surveys are only administered during facility care and are not applicable to aftercare. CCC urges OCFS to conduct similar anonymous and random staff, youth and parent surveys during aftercare in order to get a complete assessment of the placement experience. Youth are often at risk for revocation while in after-care because, as CCC found, many struggle to engage in positive activities and relationships upon their return home, and it is critical that OCFS be able to learn from the feedback provided by youth as well as parents and use that information

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<sup>63</sup> The cost to build-in and provide CBOs access to JJIS's youth contact notes is estimated to be \$75,000.

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to improve both the quality and the coordination of aftercare programs and services. Regular feedback from staff members who work with youth during aftercare is also essential so that the agency can identify both the challenges and solutions needed to improve performance from frontline workers.

**RECOMMENDATION #6: OCFS must continue to align the juvenile placement capacity with population trends and expand opportunities to place children in community settings closer to home.**

Out-of-home placements are temporary fixes for the longer-term challenge of equipping youth and their families with the resiliency and constructive tools to prevent and manage crisis, improve family dynamics, and sustain the family unit. The inevitable outcome that must be acknowledged is that although youth are taken away from family and friends who may have been contributing factors to their delinquent behavior, they will in most cases return home and be exposed to similar if not the same conditions. While OCFS has made cost-effective accommodations such as increasing the use of video conferencing intended to reduce the negative impact of an out-of-home placement, nothing can replace the therapeutic work that youth and their parents must engage in to overcome the root causes of delinquency. The intense family coaching that has been successfully practiced as part of evidenced-based interventions such as Family Functional Therapy (FFT) and Multi-systemic Therapy (MST) indicates that the guidance and support that is needed for youth and their families is best achieved in a community-based setting. Increasingly, localities have sought to regionalize their facility operations in order to meet the goal of serving youth closer to home.

There are two major approaches to serving youth closer to home: 1) ensure that youth who can be appropriately served in community-based settings have access to community-based alternatives and 2) consider the regionalization of placement facilities which is an approach that states such as Missouri have successfully implemented. The basic premise of regionalization requires the system to align its capacity to population trends, while at the same time ensuring that each geographic region of the state has the capacity to meet the specific service needs of youth in their care. OCFS reports that youth are often placed in limited secure facilities merely because a non-secure facility did not have adequate mental health care or other clinical service which would have allowed the young person to be placed in a less restrictive setting that would perhaps have been closer to home.

**2009 PROGRAM AND POLICY UPDATE:** Between 2003-2005 when CCC conducted fieldwork, OCFS offered a number of evidenced-based community initiatives including Multi-Dimensional Treatment Foster Care (MTFC), Multi-systemic Treatment (MST), Family Functional Therapy (FFT), Back to Your Future (BTYF), and Big Brothers/Big Sisters (BB/BS). Since then, OCFS has discontinued BTYF and BB/BS and implemented four additional programs – North American Family Institute (NAFI), Adolescent Portable Therapy (APT), Dialectical Behavior Therapy (DBT), and the Children’s Aid Society’s Lasting Investments in Neighborhood Connections (LINC) program. While youth are typically referred to EbCI programs 6-8 weeks prior to release from facility care, select youth may be enrolled in MTFC as an alternative to facility placement. As of September 2009, 192 youth were enrolled in EbCI programs and all but 19 are from New York City.

While OCFS in years past has been able to incrementally increase spending for community-based alternatives, more recent state budget proposals have made it difficult to sustain and expand such programs. These include:

- The SFY10 Executive Budget proposed a Youth Services Block Grant (YSBG) that consolidated 6 disparate youth funding streams into a \$90 million block grant. This represented a 24% or \$28 million cut in overall funding for youth development programs, alternatives-to-detention (ATD), alternatives-to-placement (ATP), and detention services. After vigorous protests from youth service providers and the advocacy community, the proposal was rejected

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by the Legislature in SFY10 and was not enacted. The YSBG would pit non-mandated youth development and alternative-to-detention and placement services against mandated detention services which localities are obligated to pay for. Further, without more comprehensive reform efforts, localities typically have little control over detention use because that decision rests in the hands of a Family Court judge. At a time when localities are faced with scarce resources, YSBG would have forced localities to reduce spending on preventive youth services and community-based alternatives in order to keep up with ever-increasing cost of mandated detention services.

- Despite calls from the advocacy community to re-invest cost-savings from facility closures as way to fund expanded community-based alternatives and improve conditions of care, both the SFY09 and SFY10 Adopted Budget did not include such a proposal. The Legislature did add \$5 million to the SFY10 Adopted Budget to expand community-based alternatives with temporary federal stimulus dollars.

As the state continues to struggle with budget deficits, CCC is concerned that funding for non-mandated youth services and community-based alternatives will continue to be targeted for budget cuts. **As the state juvenile placement system continues to re-align itself with population trends, the state must ensure that localities have the resources needed to support a robust range of non-mandated youth services (to prevent youth entrance into the system) as well as community-based alternatives to detention and placement (to ensure that youth in the system are served closer to home).** Unfortunately, because localities too face the same budget constraints that the state is experiencing, most localities find it difficult to make a significant and sustained investment in youth services or community-based alternatives.

New York State should explore the creation of fiscal incentives to enable localities to sustain and expand youth services and community based alternatives to detention and placement. While the state reimburses localities 50% for the cost of local detention, it does not provide a similar reimbursement structure for community-based alternatives (CBAs) nor does the state adequately support youth development programming. This has made it difficult for many localities to fund mandated detention services while simultaneously investing in non-mandated youth services and community-based alternatives. While New York City faces the same dilemma, it has made the commitment to invest in and pilot a number of innovative ATP programs such as Esperanza and the New York City Administration for Children's Services's (ACS) Juvenile Justice Initiative (JJI) which cost the fraction of placement costs and have reported successful youth outcomes by incorporating evidenced-based practices and focusing on intensive youth and family engagement over a short period of time. The challenge ahead is whether these innovative initiatives can be sustained and whether they can be expanded to ensure that all youth appropriate for community-based supervision have an opportunity to enroll in these programs. *Re-Direct New York* is one example of proposed legislation that seeks to provide localities with an incentive to create and invest in CBAs. The proposed legislation would create a 65-35 reimbursement rate for CBAs and require localities to create and submit multi-year plans and hold them accountable for meeting specified performance targets in order to receive reimbursement.

# CONCLUSION

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Best practice suggests that to meet the needs of youth, the use of out-of-home placements should be limited and a long-term plan to increase the state's capacity to serve youth in the community must be developed. All adolescents including those who are court-involved require opportunities to test boundaries, develop self-confidence and self-efficacy, and begin taking steps towards fulfilling future goals while still preserving public safety. And while OCFS is in the midst of restructuring its juvenile placement system, in its present form it still operates a corrections-based model that makes it difficult for youth to achieve real-world developmental milestones. As one young man said in a facility care interview, "This place is artificial. It's not real." And yet the isolation of youth in facility care does have real impacts. Rather than building protective factors and resiliency in youth, CCC's study participants at the end of placement reported having little insight into why they were subjected to placement, saw the experience as something to endure rather than as a positive life lesson, and doubted whether it would help prepare them for a more productive future in the long-term.

As OCFS continues its efforts to advance juvenile justice reform, it is important that the system adopts a multi-pronged approach to change and improving outcomes for youth. The system must move on parallel tracks – first, by changing the physical environment and culture of juvenile placement and second, by closely examining the array of programs and services, and policies and practices that can create a safe and developmentally appropriate experience for youth in facility care. At the same time, OCFS must make every effort to place youth closer to home, continue to re-align system-wide capacity with current population trends and move towards a community-based model of supervision and care for the majority of juvenile delinquents who can be safely supervised in the community. Furthermore, investing in the creation of a robust array of community-based youth services that help to avert risk and prevent entrance into the juvenile justice system must also be part of the equation.

As evidence of the State's commitment to improving youth outcomes, OCFS announced in 2008, the formation of the Governor's Task Force on Transforming the Juvenile Justice System which is charged with creating a blueprint for juvenile justice reform state-wide. Task Force members include a range of stakeholders including Family Court judges, local and national experts and advocates working in partnership with OCFS to identify barriers to reform as well as viable solutions to advance change. CCC is proud to be a member of the Task Force and hopes that this report can be used to reinforce and inform its work.

# APPENDIX A



New York State  
Office of  
Children &  
Family Services

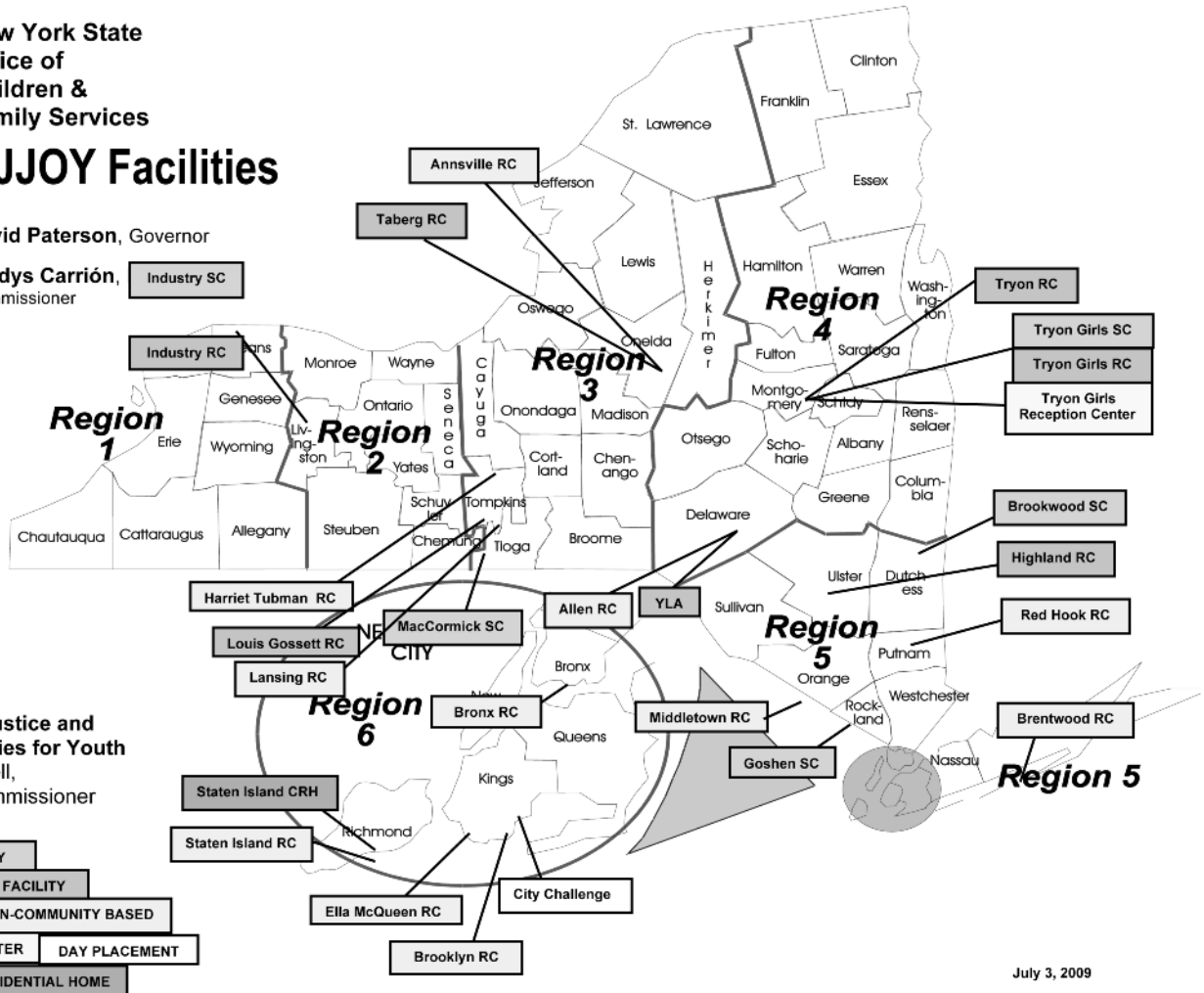
## DJJOY Facilities

David Paterson, Governor

Gladys Carrión,  
Commissioner

Division of  
Juvenile Justice and  
Opportunities for Youth  
Joyce Burrell,  
Deputy Commissioner

- SECURE FACILITY
- LIMITED SECURE FACILITY
- NON-SECURE/NON-COMMUNITY BASED
- RECEPTION CENTER
- DAY PLACEMENT
- COMMUNITY RESIDENTIAL HOME



July 3, 2009

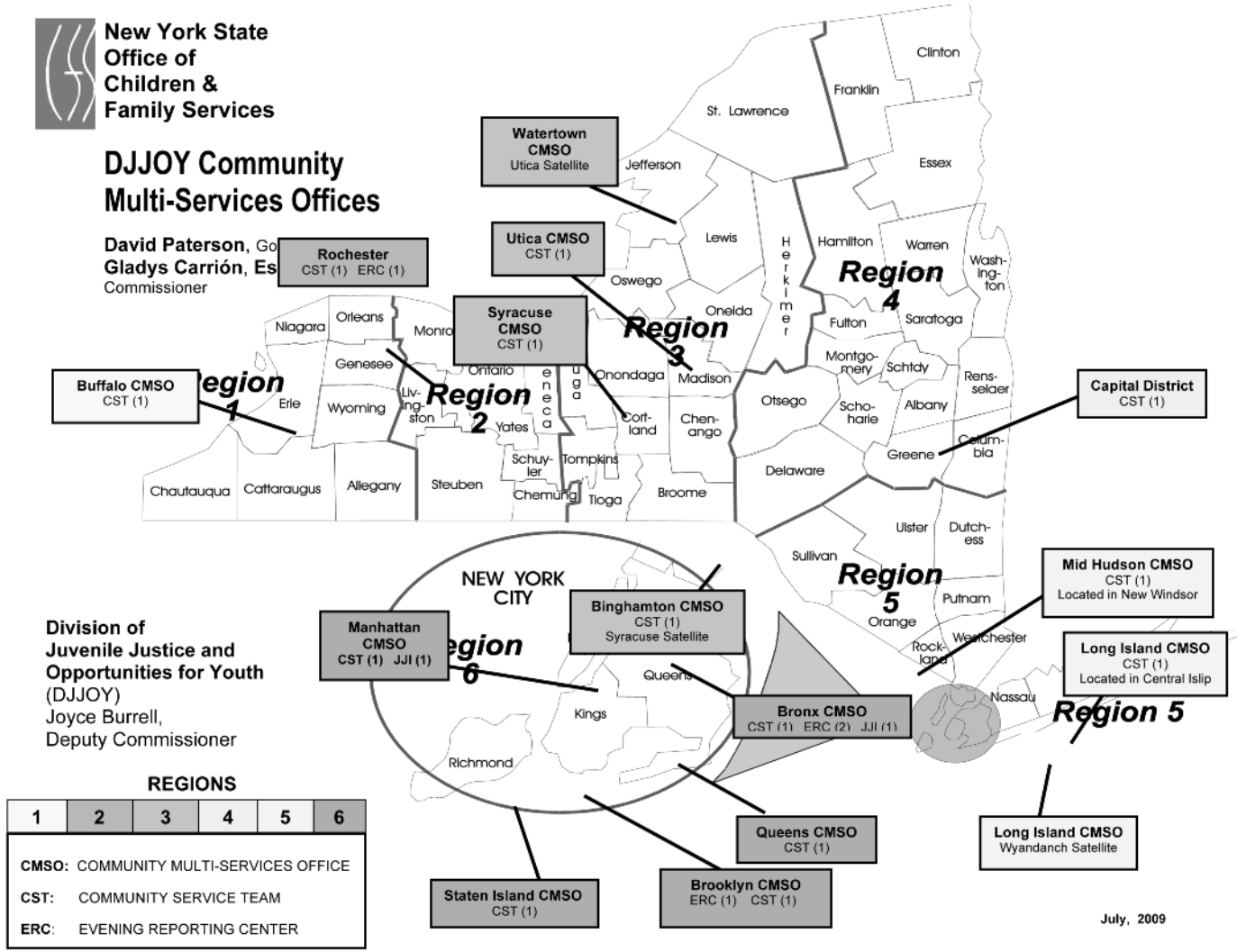
# APPENDIX B



**New York State  
Office of  
Children &  
Family Services**

## DJJOY Community Multi-Services Offices

**David Paterson, Governor  
Gladys Carrión, Esq.,  
Commissioner**



**Division of  
Juvenile Justice and  
Opportunities for Youth  
(DJJOY)**  
Joyce Burrell,  
Deputy Commissioner

### REGIONS

1	2	3	4	5	6
CMSO: COMMUNITY MULTI-SERVICES OFFICE					
CST: COMMUNITY SERVICE TEAM					
ERC: EVENING REPORTING CENTER					

July, 2009

# APPENDIX C

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## YOUTH AND CASEWORKER INTERVIEW QUESTIONS

### I. Intake Youth Interview (at Pyramid Reception Center)

#### Introduction

1. *(You've been here for a few days now...)* Can you tell me what it was like for you when you first got here?
  - a. What did you think of the schedule? *(For example, classes, assessment tests, recreation.)*
  - b. Have you spoken to the other residents here? Do you get along with them?
2. Have you had an opportunity to speak to your family or friends since you arrived?
  - a. What was the conversation like?
  - b. When was the last time you spoke to your family or friends?

#### Family and Community

3. What neighborhood were you living in before you came here? Have you lived there your entire life?
4. Can you tell me a little about what it was like to live there?
  5. Who were you living with before you came here? *(For example, parents, brothers and sisters, foster family?) (If foster family, ask if they keep in touch with their biological mother/father?)*
6. Are you the oldest or youngest in the house (or family)? What is that like for you? *(For example, do you take care of the younger siblings or kids in the house, or are you the youngest?)*
7. Are there any family members that you are close with but that don't live with you? Do they know that you are here?

#### Education

8. Were you going to school regularly before you came here?
  - a. Which school did you go to? Grade?
  - b. What was school like for you? *(For example, did you have a favorite class, teacher? Lots of friends? or What didn't you like about it?)*
9. Before you came here, what were your plans for school? *(For example, did you want to finish high school, go onto college, get a GED, go to a vocational school?)*
10. Have you ever gone to an afterschool program, a community center, or church program on a regular basis? *(For example, a Boys and Girl Club, YMCA, or youth group at church?)*
  - a. If you didn't attend any of these programs, are you familiar with these types of programs in your neighborhood?
  - b. Where did you go? How often did you go?
  - c. What kinds of activities were you involved in?
  - d. Did you enjoy going? Why?
  - e. Would you be interested in going back to the program when you return home?

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## Health and Mental Health

11. Do you have a doctor that you see at home? How long have you been going to them?
  - a. *(If they do not have a regular doctor that they see...)* Where do you normally go when you need to see a doctor back home? *(To a local health clinic, emergency room?)*
12. Have you had your medical exam here yet?
  - a. Was there anything the doctor said you should be concerned about? Or did they tell you anything that you didn't know before about your health? *(For example, high blood pressure?)*
  - b. Was there anything that you asked the doctor to help you with or that you were concerned about? *(For example, if you've had problems with asthma in the past, or if a member of your family had heart trouble?)*
  - c. Did the doctor provide you with treatment or medication?
  - d. Did the doctor tell you if you would need to continue treatment or medication while in placement?
13. Before you came here, when was the last time you went to see a dentist?
14. Do you have a dentist that you normally go to back home?
  - a. *(If they do not have a regular family dentist, then...)* Where do you go when you need to see a dentist back home? *(To a local health clinic?)*
15. Have you seen the dentist here yet?
  - a. How did your dental exam go? Was there anything the dentist said you should be concerned about? *(For example, cavities?)*
  - b. Was there anything that you asked the dentist to help you with? *(For example, toothaches?)*
  - c. Did the dentist tell you whether you would need further dental care while in placement? *(For example, root canal?)*
16. Have you ever been to counseling sessions? *(For example, with a social worker, psychologist, or other health professional?)*
  - a. When did you start going? Did you go regularly, and for how long? *(months, years?)*
  - b. Can you tell me a little bit about the sessions?  
*(For example, were they individual sessions, or was a group? Did any family members participate in the sessions with you?)*
  - c. Were the sessions helpful to you? How?
  - d. Would you be interested in continuing counseling sessions in placement?
17. Have you ever been to a drug or alcohol treatment program?
  - a. Where did you go? Recently?
  - b. Did you attend regularly?
  - c. Was the program helpful to you? How?
  - d. Would you be interested in enrolling in a drug or alcohol abuse treatment program while in placement?

## Expectations about Placement

18. When you first found out that you were going to placement, what was the first thing that ran through your mind?
19. How do you feel *now* about placement?
20. Who did you want to talk to first when you found out that you were going to be in placement? *(family, friend, counselor, teacher...?)*
  - a. What was their reaction? Was it what you expected?
  - b. Do you plan on staying in contact with them while you are away?

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21. Did you have a chance to speak to your family right before coming to Pyramid? Where? When? *(For example, at court?)*
    - a. How does your family feel about you being here?
  22. How do *you* feel about being away from your family and friends?
  23. Do you think you will stay in contact with family and friends while you are away from home? How? *(For example, letters, phone calls, visits?)*
  24. Has anyone given you any advice about what to expect while you are in placement?
    - a. Who did you speak to? *(family, friends, other residents, staff at Pyramid, lawyer?)*
    - b. What have they told you?
  25. What do you think it's going to be like in placement? *(For example, living conditions, food, other residents, staff, and daily activities?)*
  26. What kinds of activities or programs would you want to participate in while at placement? *(For example, school, counseling, sports, work activities, vocational classes?)*
  27. Have you thought about what life will be like when placement ends and you return home?
    - a. Do you have any specific plans?
    - b. What do you hope life will be like after placement?

## II. Facility Care Youth Interview

### Introduction

1. How did you feel when you first came here?
2. What was it like during the first couple of days? (Describe living conditions: food, living space, daily schedule.)

### Family and Community

3. What has it been like being away from home, friends and family?
4. Have your friends and family changed the way they feel about the time you've spent here? How do you feel about their reaction?
5. Have you kept in contact with family and friends? How? And how often?
  - a. What do you tell them about the placement experience?
  - b. Do you think your relationship with your family and friends has changed since you've been away? How?
6. If you were part of a youth group or an afterschool program, have you spoken to anyone from the organization?
  - a. Do you think you will return to the program once you leave here?

### Placement

7. How do you get along with the staff here? (Youth aides, caseworkers, counseling and medical staff) Describe your relationship with them generally.
  - a. Do you feel like you can talk to them if you are having a problem?
  - b. Have you ever had to talk to them about a particular issue during your stay here? Did the conversation help to resolve the issue?

- 
8. How do you get along with the other residents here?
    - a. Have you had any problems with other residents? What happened?
    - b. Were there any disciplinary actions taken (privileges taken away etc.)? How did you feel about that?
  9. Have you made any friends while you've been here?
    - a. Do you think you will keep in touch with them when you return home?
  10. How do you feel about your daily schedule?
    - a. Which are your favorite, or least favorite parts of the day? Why?
    - b. Are there any other activities or classes you would have liked to participate in?
  11. Have you had the opportunity to provide input into the development of your service plan (schedule)? Do you feel like your opinion was taken into consideration?

### **Programs and Services**

12. Have you had a physical or dental exam since you've been here?
13. Have you been treated for a medical condition during placement?
  - a. Has your condition improved since you began treatment?
  - b. Will you require medication or treatment after you return home?
14. If you've received counseling while you were here, have these sessions been helpful to you?
  - a. Are you interested in continuing counseling when you return home?
15. If you've been enrolled in a drug or alcohol treatment program, has the program been useful for you? Are you interested in continuing treatment after your return home?
16. What is school like here compared to school back home?

### **Preparing for Release/Aftercare Planning**

17. Do you feel prepared to go home?
18. Do you know who you will be living with when you return home?
  - a. What do you think its going to be like? (Same or different than before placement?)
  - b. Do you want to live with them or is there someone else you'd rather live with?
19. How do you feel about seeing your family and friends after placement?
  - a. Do you think there will be a change in your relationship when you return? How?
20. How do you feel about seeing people from your neighborhood when you get back home?
21. Have you talked to anyone here about what happens after placement? Has your caseworker explained to you what Aftercare is and what to expect?
22. Which programs and services do you think would be most helpful to you once you leave here?
  - a. Getting back to school
  - b. Afterschool activities
  - c. Finding a part time job
  - d. Health or mental health
  - e. Employment
  - f. Others:

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23. Do you know which school you want to go to when you return home?
    - a. Is there any reason why you wouldn't want to return to your old school?
    - b. Have you spoken to your caseworker about this?
  24. What are your plans for school beyond placement? (*Do you want to finish high school, or get a GED, and then go onto college or a vocational school?*)
  25. Have you thought about what life will be like after placement?
    - a. What are your plans?
    - b. What do you hope your life will be like after placement?
  26. Now that you are preparing to return home, how do you feel about having been here? What is the one thing that you will always remember?

### III. Aftercare Youth Interview

#### Introduction

1. How have you been doing since your return home?
2. How do you feel about your schedule and supervision plan? Is there anything you would like to change about it?

#### Family and Community

3. Where are you currently living? How do you feel about the living arrangements?
4. Looking back, what was it like to be away from family and friends while you were in placement?
  - a. Describe. (*Was it difficult? Was it good because it gave you some time apart?*)
5. How are you getting along with your family and friends now?
  - a. Has your relationship with them changed at all? How?
6. Have you used any of the skills from the anger management and conflict resolution classes you took in placement, with family and friends?
7. Have you noticed any changes in your neighborhood while you've been away?
8. Have you had any problems with people in your neighborhood since your return? Have you spoken to an adult about it?
9. Have you stayed in touch with friends you've made in placement?

#### Programs and Services

10. How do you feel about the programs and services that you are receiving now?
  - a. Which programs are the most and least helpful to you?
  - b. What additional services would you be interested in?
11. What school do you go to now?
  - a. How is it going? (*relationships with peers, teachers, how they're handling the schoolwork?*)
  - b. How long after release did you start school?

- 
12. Has it been easy or difficult for you to make the transition back into school? How so?
  13. Is there any reason why you would want to go to a different school? Have you spoken to your caseworker?
  14. Are you involved with an afterschool program or other youth program?
    - a. How many hours a week do you go?
    - b. Do you enjoy the time that you spend there? Why?
    - c. If you are not involved in an afterschool program, would you like to be and have you spoken to your caseworker about this?
  15. What are your plans for school now? Do you want to finish high school, go on to college?
  16. When was the last time you went to a doctor for a physical or a dentist appointment?
    - a. Where did you go?
    - b. How did the visit go?
  17. If you have an on-going medical condition, have you been able to receive treatment (including medication) since your return home?
  18. Have you been receiving counseling services since your return home?
    - a. Has that been helpful to you? How?
    - b. Will you continue these sessions beyond aftercare?
  19. Are you currently in a drug and alcohol treatment program? Do you find the program helpful? How?
  20. Is your family currently receiving any services (counseling, employment, housing assistance, health-related?) What kind of impact has this had on your family?

### Feelings About Placement and Return Home

21. How do you feel now about the time you spent in placement?
  - a. How has the placement experience affected you? (*for example, the way you feel about yourself and others, or how you feel about your own future*)
22. How do you think your friends and family feel about the time you've spent in placement? (*Do they think it was something positive or negative for you?*)
23. Have you had any difficulty adjusting to life back home? How?
  - a. What do you think would help or has helped make the transition smoother?
24. Have you talked to anyone in detail about your time in placement? (friends, family, counselors, teachers, other adult.)
  - a. What did you tell them?
  - b. What was their reaction?
  - c. How did you feel after the conversation?
25. Now that you've gone through the placement experience and have almost completed Aftercare- what do you think you will need in order to continue making progress?
26. What is the one thing that you will always remember about the placement experience?

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## OCFS STAFF INTERVIEWS

### I. Facility Interview with Caseworkers

#### Introduction

1. When did you first started working with this young person?
2. How would you describe the client and his/her needs?
3. How would you describe the young person's outlook and behavior when he first arrived at the facility? Has it changed?
4. How has the client handled his time in placement overall?
5. Are you involved with creating the client's service plan? If so, how?

#### Family Relationships

6. What goals have been established regarding the client's relationship with family (parents/guardian, grandparents, siblings)?
7. Has the youth achieved these goals? If so, how has their service plan helped them to do so? If not, what else would the young person need to help address the challenges?
8. Have you spoken to the young person's family since his arrival at [name of facility]? If so, how do you think the family has dealt with the client's placement?
9. Has the young person's family remained in contact with the client during placement? If so, how? (For example, email, phone, visits)
10. If not, what are the factors that have prevented the young person from maintaining contact with the parents? (For example, distance, parents/guardian or client's reluctance towards contact, financial costs?)
11. Has he had other visitors? If so, who?
12. Have you met with the youth and their family together? If so, how many times?
13. What is your current assessment of the client's relationship with his family (parents/guardian, grandparents, siblings)?

#### Peer Relationships

14. What goals have been established regarding the young person's behavior with peers?
  15. Have they achieved these goals? If so, how has their service plan helped them to achieve these goals? If not, what else would the young person need to help address the challenges?
  16. What is your current assessment of their ability to interact positively with peers?
  17. Have they formed friendships with other residents?
- Have they developed skills to cope with peer pressure and conflict?

#### Education and Employment

19. What is the young person's outlook on school/education in general?

- 
20. What education goals have been established for him during placement?
  21. Have they achieved these goals? If so, what aspects of their service plan helped them to achieve these goals? If not, what else would the young person need to help address the challenges?
  22. What kinds of classes have they been enrolled in?
  23. Has he demonstrated an interest in any particular classes or subject areas?
  24. Are there classes that he finds more difficult?
  25. What is your assessment of their educational progress thus far?
  26. Have there been any barriers to progress? If so, what and is there a plan to help him improve his progress?
  27. Have they been involved in youth employment programs while at the facility? If so, what does he do and how would you describe his work habits and behavior?
  28. Has the client expressed any interest in job readiness or training classes? If so, have they been made available to him? If yes, how well does he perform in those classes?

### **Health and Mental Health**

29. How would you describe the young person's overall health while in facility care?
30. Within the case plan, what health and mental health treatment and/or other intervention needs have been identified?
  - a. How have they been addressed while in placement?
  - b. What is the quality of client's participation in treatment?
31. Does the young person feel comfortable speaking with staff about his health and mental health needs?
32. Have they come to staff with health or mental health concerns or issues/needs? If so, how was the situation resolved?

### **Aftercare Planning**

#### *Family Relationships*

33. Have any preparations been made for the young person's release and aftercare plan? If so what are they? If not, when do you expect preparations to begin?
34. Has the family been informed about their child's release and aftercare plan?
35. What do you think the transition home will be like for the young person and their family?

#### *Education and Employment*

36. Have any preparations been made for the young person's enrollment into a school or other educational program? If so, what are they? If not, when do you expect preparations to begin?
37. Have they expressed any interest in going to a particular school or taking classes in a particular area of study during aftercare?

#### *Health and Mental Health*

38. Does the young person have any major health needs upon release?

- 
39. If the young person was treated, or participated in any health or mental health programs during placement, will he have the opportunity to continue treatment services that began during placement? What is their disposition towards continuing treatment after placement?

## II. Aftercare Interview with Caseworkers

### Introduction

1. What are the young person's goals for aftercare?
2. How is the aftercare plan designed to meet these goals? (What programs and services have been offered to the young person?)
3. What are the major challenges he must overcome during aftercare? (For example, health or mental health, education, family issues?)
4. What level of supervision is the young person subjected to during aftercare? (For example, electronic monitoring, daily or weekly check-ins with the aftercare worker?)
5. How have they adjusted to life post-release? (For example, peer relationships, family life, school?)
6. Have their service needs changed since facility care? If so, how?
7. Has the young person spoken about their goals once they complete aftercare?
8. Looking back, what are your impressions of how the young person felt about the time they spent in facility care?
9. Have they generally complied with the requirements of his aftercare plan? If no, which areas need improvement?

### Family Relationships

10. What are the young person's specific aftercare goals with regard to family relationships post release?
  - a. How does his aftercare plan address these goals?
  - b. Has the client made progress towards meeting these goals?
11. What has his relationship with parents/guardian, siblings or other relatives been like post-release? Have relations improved, or deteriorated? Why?
12. Has the young person's family participated in any post-release family programs or services? (Counseling, support groups?) If so, which ones, and how often do they participate?
13. Do you meet with the young person and their family on a regular basis? If so, how often and what have those discussions been like?
14. Is there a family member that the young person talks to about their experience in placement?

### Peer Relationships

15. What are the young person's goals for his relationships and interactions with peers during aftercare?
  - a. How does his aftercare plan address these goals?
  - b. Have they made progress towards meeting these goals?

- 
16. What are their greatest challenges when dealing with peers? (Does the client have difficulty engaging with peers in one-on-one or group settings? Is he easily influenced by peers?)
  17. What are the young person's strengths with regard to peer relationships?
  18. How have they handled peer pressure and conflicts since release?
  19. How does he feel about re-engaging with peers from the home and school community? Please describe.
  20. Is the young person's aftercare plan designed to help deal with negative friendships from the past? (conflict resolution skills, group counseling?)
  21. Does the young person's aftercare plan include social activities or programs that foster the development of positive youth relationships? (afterschool programs, peer mediation, weekend youth groups?) If so, what are they specifically and how often is the client involved in with the program?

### **Education**

22. What are the young person's specific education goals during aftercare and beyond?
  - a. How has his aftercare plan addressed these goals?
  - b. Has the client made progress towards meeting these goals?
23. Are they currently enrolled in school, or any other educational program?
  - a. If so, has the client adapted to the classroom outside of placement?
  - b. Has he made academic progress? Explain.
  - c. If not, why not? What provisions are currently being made to enroll him in school or other educational program?
24. Does their aftercare plan include educational support services? If so, what are they? (afterschool centers, tutoring, school-to-work programs?)
25. What is the young person's outlook on continuing his education? Are they interested in finishing high school, obtaining a GED or going on to college?

### **Health and Mental Health**

26. How would you describe the young person's overall health? Please explain.
27. Have they experienced any emotional or psychological difficulties associated with the time spent in placement?
28. Does he know where to go in the community if he needs medical, dental, or mental health services? Have any referrals been made for him post-release?
29. Does he currently participate in any health or mental health programs? If so, describe.

# APPENDIX D

NYS Office of Children and Family Services  
 Division of Juvenile Justice and Opportunities for Youth  
 Bureau of Classification and Movement

## WEEKLY POPULATION SUMMARY REPORT FOR AUGUST 3, 2009

Facility Type	Budgeted Capacity	Available Capacity	Population	Temp. Absences	Total	Temp Beds	Vacant (-)/ Overage
<b>Secure</b>	374	374	286	10	296		-78
Male	344	344	278	8	286		-58
Female	30	30	8	2	10		-20
<b>Limited Secure</b>	665	550	464	14	478	6	-66
Male	608	493	422	13	435	6	-52
Female	57	57	42	1	43	0	-14
<b>Non-Secure</b>	292	274	191	6	197	1	-76
Male	142	129	105	4	109	0	-20
Female	150	145	86	2	88	1	-56
<b>Group Homes</b>	7	7	1	0	1	0	-6
Female	7	7	1	0	1	0	-6
<b>TOTAL</b>	1338	1205	942	30	972	7	-226

Reception Centers	Budgeted Capacity	Available Capacity	Population	Temp. Absences	Total	Vacant (-)/ Overage
Pyramid Boys	48	48	27	4	31	-17
Pyramid Temp Unit	9	9	4	0	4	-5
Total	57	57	31	4	35	-22
Tryon Girls	16	16	9	0	9	-7

# CCC'S OCFS YOUTH IN PLACEMENT TASK FORCE

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Since 1944, Citizens' Committee for Children of New York, Inc. (CCC) has convened, informed and mobilized New Yorkers to make the city a better place for children. CCC's approach to child advocacy is fact-based and combines the best features of public policy advocacy with a tradition of citizen activism. Our focus is on identifying the causes and effects of vulnerability and disadvantage, recommending solutions to problems children face and working to make public policies, budgets, services and benefits more responsive to children. Our mission is to ensure that every New York City child is healthy, housed, educated and safe.

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