

# Child Welfare Watch

## A NEED FOR CORRECTION: Reforming New York's Juvenile Justice System



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CONDITIONS IN SOME OF THE STATE'S juvenile correctional facilities are so poor that the U.S. Department of Justice has threatened federal intervention unless improvements are made. This issue of *Child Welfare Watch* examines conditions in the state juvenile justice system, particularly for mentally ill children, and weighs the promise of alternatives to incarceration—that is, home- and community-based programs designed to curb delinquent teens' antisocial tendencies while keeping them out of institutions.

A devastating August 2009 report by the Department of Justice confirmed advocates' worst fears about conditions in juvenile correctional facilities. Its investigation of four facilities in upstate New York found that staff members regularly used excessive force to restrain children, resulting in broken teeth, broken bones and concussions. Mental health care was found to be woefully inadequate. For example, children were given powerful psychotropic medications without proper monitoring to see if the drugs were effective or if they were causing side effects.

The federal report is especially notable because it follows two years of forceful efforts by the state Office of Children and Family Services (OCFS) to close some correctional facilities and shrink the population of others. The agency, which is responsible for the juvenile corrections system, has sought to transform the culture of these institutions from one based on

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- The number of children admitted to state-run juvenile justice facilities declined from 1,938 in 2001 to 813 in 2008 as Family Court judges relied increasingly on nonprofit residential centers and alternative-to-placement programs that offer supervision and guidance to youths at home.
- While the number of juvenile offenders (youths charged with serious crimes such as murder or rape) in state correctional institutions has remained roughly constant in recent years, the number of juvenile delinquents in custody has decreased significantly.
- The number of juvenile delinquents that judges sent to privately run residential treatment centers increased from 539 in 2000 to 813 in 2008. About one-half of all youth placed by Family Court in institutions are now in private centers. (See *Private Institutions, Public Costs*," page 10.)
- Some 50 percent of the young people in the state's juvenile justice facilities have been diagnosed with a mental illness, according to the state's own screening of children at admission. Other experts say the proportion is even higher. Some 72 percent of males and 87 percent of females in secure facilities nationwide have at least one mental health disorder, according to the U.S. Department of Justice. (See "Where the Sick Get Sicker," page 5.)
- There is not one psychiatrist or psychiatric nurse on the staff of the state's juvenile justice facilities, which are run by the Office of Children and Family Services (OCFS). Another state agency, the Office of Mental Health, provides psychiatric care to children in the facilities. However, the OMH psychiatrists are typically available only four or five hours a week. (See "Where the Sick Get Sicker," page 5.)

"custody and control" to a therapeutic model that recognizes that trauma is often at the root of a young person's bad behavior. Officials have encountered opposition to their reforms both from unions and from state legislators who are concerned with job security and public safety.

Paradoxically, the threat of a federal takeover puts Governor David Paterson in the driver's seat. He now has a unique opportunity to speed the transformation of this long-troubled system. In doing so, he can rely on existing alternatives to the state correctional system. But even this superstructure for reform has large gaps and requires new resources—as well as an investment of political will at a time when the state is facing extreme budget shortfalls.

Some history: The number of children under the age of 16 admitted to OCFS facilities has dropped sharply from 1,938 in 2001 to 813 in 2008. This is the result of a shift both in City Hall and, more recently, in Albany about how best to deal with juvenile delinquents. Spurred by a growing consensus that incarceration causes at least as much harm as good—that locking a child up is as likely to exacerbate antisocial behavior as to foster rehabilitation—Family Court judges across the state are increasingly sending youths to "alternative-to-placement" programs, which offer close supervision and guidance to young people in their own communities.

Judges are also sending more juvenile delinquents to nonprofit-run residential treatment centers, with 813 such admissions in 2008, up from 539 in 2001. Most of these centers once primarily housed foster children. That's no coincidence. Historically, a large proportion of the children adjudicated for delinquency have been in the child welfare system at some point in their lives. A recent study published by OCFS found that nearly half the boys—and two-thirds of the girls—released from juvenile correctional facilities in the early 1990s were previously involved with child protection, preventive services or foster care. Practitioners estimate these numbers are similar today.

As we explain in this report, 80 percent of the teens in state juvenile correctional facilities and all of those in the alternative programs are juvenile delinquents. In other words, they were under the age of 16 at the time of their

arrest and charged with misbehavior ranging from graffiti and shoplifting to assault and third degree robbery—that is, taking property by force but without a weapon.

These young people and their families need painstaking support and careful, fair supervision if they are to avoid cycling in and out of institutions. In this report, we look at some of the options. Many of the alternative programs in place today in New York City are adaptations of proven national models to prevent violence, but no one is sure how well these adaptations will work in the long run. Still, a growing body of research shows that recidivism rates for children who have been incarcerated are so high that nearly everyone involved—from the Family Court judges who sentence juveniles to the state officials who run the juvenile prisons—is willing to try alternatives.

State and city officials are committed to change, but deciding exactly what to do is not easy, particularly at a time of an increasingly frightening state budget deficit. Assemblyman William Scarborough (D-Queens) has introduced legislation that would force the state to reinvest money saved by closing juvenile facilities into community-based programs. The bill faces an uphill battle, even though alternatives to placement cost a fraction of the price of keeping a child in an institution.

Even reforms that everyone agrees are necessary can be difficult to carry out. For example, there is not one psychiatrist on the staff of OCFS, even though at least half the children in juvenile justice facilities have mental illness. But a nationwide shortage of child psychiatrists makes it difficult to recruit such highly trained personnel to work in rural areas where most of the OCFS facilities are located.

Yet there is reason for optimism. Other states, like Missouri, have shown that it is possible to improve conditions in juvenile correctional facilities. Paterson has convened a panel on juvenile justice which is expected to release its recommendations by the end of 2009. A number of nonprofit organizations have pioneered promising alternatives to incarceration, even for children with mental illness. The trick will be to bring together these strands into a coherent plan to increase the likelihood that juvenile delinquents grow up to lead productive lives.

# RECOMMENDATIONS AND SOLUTIONS

THE GOVERNOR OF NEW YORK must use the federal Department of Justice investigation of the state's juvenile justice system as an opportunity to leverage financial resources and policy reforms. State officials should not wait for a lawsuit to force them to establish a more effective and humane system, nor can they wait for an era of more plentiful budgets. Some of the recommendations below, proposed by the *Child Welfare Watch* advisory board, will require new funding. But over time they will save resources by diverting more young people from lengthy stays in inappropriate and potentially damaging institutions. If the state had pursued such preventive strategies years ago, its fiscal burden for institutions would be less now.

New York City and the state Office of Children and Family Services (OCFS) have made important recent advances, diverting a growing number of young people from detention and placement, both before and after adjudication of cases in Family Court. But there remain substantial gaps in the system that must be resolved.

## FAMILY COURT JUDGES SHOULD INSTITUTIONALIZE JUVENILE DELINQUENTS ONLY WHEN THEY HAVE COMMITTED VIOLENT CRIMES OR THERE IS TRULY NO ALTERNATIVE.

Four-fifths of the young people in state facilities are juvenile delinquents tried in Family Court (rather than juvenile offenders accused of crimes such as rape or murder, who are tried as adults). Some have committed assault or other violent crimes. Some are in institutions largely because judges and probation officers believe placement is necessary to provide a troubled young person with mental health care or substance abuse treatment. Others are locked up because judges have little faith that a parent or caretaker is able to provide the structure that will keep the teen from committing further crimes.

In a more adequate juvenile justice system, young people with serious mental illness would be treated in a mental health facility or program. Young people institutionalized only because they have unreliable parents would be placed with relatives or foster parents along with wraparound supports, case management and counseling. These are ambitious but necessary goals, and the recommendations that follow aim to describe steps toward such a system. For the most part, they build on the strong elements of current programs and services.

## THE GOVERNOR AND STATE BUDGET OFFICIALS MUST CHANGE THE FUNDING SCHEME FOR JUVENILES PLACED IN NONPROFIT-RUN RESIDENTIAL AND ALTERNATIVE-TO-PLACEMENT PROGRAMS.

Today, 50 percent of the youth in custody in state-run juvenile correctional facilities and 50 percent are in nonprofit residential treatment centers. This is a radical departure

from just eight years ago when about 75 percent were in OCFS care. This trend toward privatization is not sustainable, because city and county taxpayers must bear the full cost of placements of juvenile delinquents in nonprofit centers, while the state pays half the cost of the remaining OCFS facilities. Similarly, the city pays the full cost of several alternative-to-placement programs. Thus state government has accrued more than a fair share of the financial benefits of the system's transformation in recent years. The cost-share formula should be restructured and equalized so that teenagers will benefit from whatever services they need, and so that nonprofit and alternative programs are not subject to the vagaries of exclusively local funding.

## THE GOVERNOR MUST REQUIRE THE STATE MENTAL HEALTH SYSTEM TO DIVERT OR TRANSFER SERIOUSLY MENTALLY ILL CHILDREN OUT OF OCFS FACILITIES.

A juvenile correctional facility is no place for a child with a major psychiatric disorder. Family Court judges do not have the authority to send a child to a state psychiatric facility, and judges complain that it is next to impossible to persuade the state's Office of Mental Health (OMH) to admit a child to in-patient treatment or to find appropriate out-patient treatment. The state's residential treatment facilities—which provide long-term care for youth with serious psychiatric problems—routinely reject patients who are violent. In fact, OCFS officials complain privately that OMH transfers youths with psychosis and schizophrenia from hospitals to juvenile correctional facilities if their behavior becomes difficult to control. As a result, the juvenile correctional centers have some very sick, unmedicated children, in part because

OCFS has inadequate resources to care for them. OMH must take responsibility for severely disturbed children by setting aside or developing residential treatment beds for violent youth and by giving court-involved youth priority in admission to their facilities.

## THE STATE'S JUVENILE FACILITIES MUST EMPLOY PSYCHIATRISTS AND PSYCHIATRIC NURSES.

Even if the most seriously ill children are transferred out of OCFS facilities, many children with mental illness will remain. The state must improve the quality of care for all children in custody. About 50 percent of kids in OCFS custody have mental illness, yet there is not one psychiatrist or psychiatric nurse on the agency's staff. Teams of clinicians from nearby hospitals, including psychiatrists, visit the facilities but are typically available only a few hours a week. While OCFS recently hired two dozen clinicians, including social workers and psychologists, only a psychiatrist can prescribe and adjust psychotropic medications and only a psychiatrist or a psychiatric nurse can monitor the side-effects and effectiveness of these medications. OCFS has had difficulty recruiting highly-trained personnel to the remote, rural locations in which its facilities are located. If it is impossible to adequately staff facilities in remote locations, children with mental health needs should not be sent there.

## THE GOVERNOR SHOULD CLOSE OR SHRINK THE LARGEST OCFS FACILITIES.

The state of Missouri has shown that conditions of confinement are dramatically improved by replacing large juvenile correctional centers with smaller homes where children and adults can form closer relationships. New York closed a number of



relatively small facilities last year, reduced the number of young people at others, and has pledged to close more. But OCFS has run into political opposition. The unions representing workers at the facilities, fearful of losing jobs, have opposed these closings. Yet when institutional placement is necessary, a small facility closer to the young person's home is more likely to allow for productive engagement with parents and relatives during and after placement—which is likely to help reduce violence and re-incarceration rates.

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**THE STATE CIVIL SERVICE COMMISSION SHOULD CHANGE REQUIREMENTS THAT OCFS FACILITY DIRECTORS BE HIRED FROM WITHIN.**

Currently, directors must be promoted from current staff, mostly from a pool of candidates who have worked their way up from the position of youth development aide, similar to a prison guard. Some of these directors are effective and resourceful. However, some are ineffectual and resist change. If OCFS had the opportunity to hire from outside existing staff, the pool of candidates could be expanded to include more clinicians, including social workers and psychologists.

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**THE STATE OCFS MUST BETTER TRAIN STAFF TO MANAGE VIOLENT YOUTH.**

The Department of Justice found cases in which staff injured youth, causing broken bones and teeth. The staff at some OCFS facilities have undergone successful training in how to calm youth without causing injuries. In some facilities, staffers have learned how to deescalate volatile situations and, as a result, rarely resort to the use of "restraints." At some facilities, however, staff have resisted the training. "They are ignoring the training and doing what they please," says OCFS spokesman Eddie Borges. Staff members who violate OCFS rules are rarely disciplined, according to the federal investigation. The state must continue to provide adequate trainings. At the same time, staff who resist regulations on restraints must be disciplined. In addition, OCFS should have the authority to remove staff found to have abused children in their charge.

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**PRIVATE FOUNDATIONS, THE GOVERNOR AND CITY HALL SHOULD INCREASE THE AVAILABILITY OF ALTERNATIVES TO INCARCERATION FOR MENTALLY ILL YOUNG PEOPLE.**

Every year, about 60 juvenile delinquents from Brooklyn and Queens are rejected by

alternative-to-placement programs solely because they have a mental illness, and are sent to juvenile correctional facilities instead. Blue Sky, an alternative program run by New York Foundling, serves mentally ill children in the Bronx and Manhattan; Blue Sky and ACS are seeking philanthropic support for \$1.3 million to expand this program to all five boroughs. Foundations should fill this gap as soon as possible, but ultimately this is government's responsibility. In addition, Medicaid waiver programs, including Bridges to Health, should be expanded to include juvenile delinquents who need community-based case management to treat mental illness.

Over time, the state and city might consider a managed-care model of alternative supports for families of court-involved youth. For example, an award-winning Wisconsin program called Wraparound Milwaukee coordinates services for several hundred children each year, crafting highly individualized plans and using more than 100 providers of a wide variety of supports, paid on a fee-for-service basis. The program gives families broad choice as to which services they use, from mentoring to day treatment and mental health care. It relies on personalized case management. This approach strives to give families the ability to identify their own needs and greater control of their own lives—and it is far cheaper than residential care.

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**THE STATE OCFS SHOULD INVESTIGATE DRUG TREATMENT AS AN ALTERNATIVE TO PLACEMENT.**

Alternative-to-placement programs often reject youth who abuse drugs or alcohol. Moreover, drug treatment programs designed for adults are rarely appropriate for adolescents. However, other programs have been shown to be effective in reducing drug use among adolescents. For example, Adolescent Portable Therapy, a program of the Vera Institute of Justice, sends counselors into the homes of adolescent drug users and works with parents and their children together. "We have individual conversations with a kid about who they want to be," says Evan Elkin, a psychologist and program director. "You need to focus on what they want to be and what they are good at, connect them with social activities and a good peer group." Adolescent Portable Therapy has generally been used as a four-month intensive program after discharge from OCFS facilities, but it could be used as an alternative to placement as well, says Elkin.

**THE STATE OCFS AND PRIVATE PHILANTHROPY SHOULD SPONSOR RESEARCH ON THE EFFECTIVENESS OF ALTERNATIVE-TO-PLACEMENT PROGRAMS.**

Family Court judges and city officials say it can be hard to recommend alternatives to placement without knowing how effective these programs are at preventing violence and criminal behavior. Many alternative programs have been the subject of rigorous research in other states; however, these "evidence-based models" have been changed and adapted for application in New York City and the research published in other states may not be applicable. One thing is clear: the alternatives have been very successful in terms of keeping more than two-thirds of the children they serve out of institutional placements, at least for the period in which they are enrolled in the program. More extensive data have been collected about participants in New York's programs, but there have been no studies that provide information about long-term recidivism and re-arrest rates comparable across various programs. The Office of Children and Family Services should apply some of the money saved from closing juvenile correctional facilities to thorough, rigorous research.

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**FAMILY COURT JUDGES AND OCFS SHOULD MAKE GREATER USE OF FOSTER FAMILIES AND KIN WHO ARE TRAINED AND SUPPORTED TO WORK WITH COURT-INVOLVED YOUTH.**

A young person without a supportive family is far more likely to be placed in an institution than one whose parents can be involved. A few programs, like Cayuga Home in the Bronx, place juvenile delinquents with specially trained foster parents and work closely with biological parents to improve a child's support network as well as his or her behavior. But Cayuga Home is underutilized, with a capacity of 20 young people but only 12 to 18 enrolled at any one time. We urge the city and state to make better use of this program.

Of course, not every young person requires this level of support—some simply need a relative to take them in and help provide structure in their lives. New York should also develop other, less-expensive models in which host families, foster families and relatives can make use of wraparound family supports as they work with young people involved with the courts.

Photo: Arpan Muniér



The Pyramid Reception Center in the Bronx evaluates the mental health of young people in state custody.

# Where the Sick Get Sicker

As the juvenile correctional centers empty, the mentally ill remain.

BY CLARA HEMPHILL

CHRISTOPHER, A SLIGHT 15-year-old boy with a long history of psychiatric illness, spent three months in a state juvenile correctional facility in upstate New York for pestering a girl and stealing a cell-phone. His mental health, always precarious, deteriorated further while he was incarcerated at the Highland Residential Center near Poughkeepsie, one of

22 state juvenile justice facilities that house nearly 1,000 boys and girls between the ages of 12 and 18. He punched walls with his fists and tried to strangle himself with his pajamas, his mother says. On one occasion, a staff member attempting to break up a fight slammed Christopher's head against a desk so hard that his face bled profusely. "I was in a pool of blood," he says. "It seemed like hell."

More than half of the children admitted to the juvenile correctional centers run by the state Office of Children and Family Services (OCFS) suffer from mental illness, according to the agency's own statistics. Independent experts put the number even higher. Some 72 percent of males and 87 percent of females in secure facilities nationwide have at least one mental health disorder, according to The Office of Juvenile Justice and Delinquency Prevention, part of the U.S. Department of Justice. Children with serious mental illness may wind up in juvenile lock-ups—even if the charges against them are relatively minor—because there are so few alternatives for children who need psychiatric care, advocates say.

"They end up there because there are so few other options," says Leslie Abbey, executive director of the Juvenile Justice Initiative, an alternative-to-incarceration program managed by the New York City Administration for Children's Services.

Psychiatric care for incarcerated youth in New York State is so deficient that the Civil Rights Division of the Department of Justice has threatened a lawsuit seeking a federal takeover of four juvenile facilities unless the state takes prompt action both to improve the quality of services and to transfer to more appropriate settings any children who need more intensive care than the facilities can provide. The Justice Department gave Governor David Paterson until October to respond to its finding that conditions in four prisons violated children's constitutional rights to protection from harm. Paterson's initial reply has not been made public, but it's clear the state is under enormous pressure to find a solution to the intractable problem of caring for children like Christopher.

The state's juvenile lock-ups house children convicted of serious crimes (in secure facilities) as well as those accused of less serious misbehavior (in limited-secure or non-secure facilities). Juvenile offenders, who make up about 20 percent of the population, are 14- and 15-year-olds accused of serious crimes such as murder, robbery and arson, as well as 13-year-olds accused of murder. They are tried and sentenced in adult courts. Juvenile delinquents, who make up 80 percent of the population, are children under the age of 16 who are charged with misbehavior ranging from graffiti and shoplifting to assault and third degree robbery—that is, taking property by force but without a weapon.

Juvenile delinquents are adjudicated by the city's Family Courts. Family Court judges may place juvenile delinquents in juvenile lock-ups run by OCFS or in residential centers run by nonprofit agencies such as Children's Village, Lincoln Hall and Graham Windham. Or, they may order them to take part

## “The longer they stay with us, the more mental health problems they have.”

in one of several alternative programs that often allow young people to remain living at home, in their own community.

Over the past decade, the city and state have cut in half the number of children under 16 years of age who are sent to juvenile correctional facilities, relying instead on a range of these “alternative-to-placement” programs that offer close supervision and guidance to juvenile delinquents. But these programs are generally only open to young people who have a parent or other responsible adult who is able to take an active role in their therapy and treatment. Christopher’s mother, who acknowledges she once had a drug problem and has been hospitalized for psychiatric problems herself, visits him from time to time but is not a reliable source of support.

Inpatient psychiatric care is scarce: although Christopher was approved for admission to a community-based psychiatric facility soon after he was arrested, he had to wait months for a bed to become available. So Christopher wound up in a correctional center, even though children accused of similar misbehavior are often released or offered alternatives to placement.

“The biggest difference between the adult [criminal courts] and the children’s [Family Court] system is that in the adult system, your sentence is contingent on the severity of your crime,” says Tamara Steckler, attorney-in-charge of the juvenile rights practice of the Legal Aid Society. “In the juvenile system, it’s contingent on the social supports you have.”



Christopher says he had trouble following the rules at the Highland Residential Center, and was punished frequently for breaking them. “I didn’t know how to make my bed the Highland way,” Christopher recalled as he sat on his bed at the August Aichhorn Center for Residential Care, a psychiatric facility in Harlem where he was transferred in July. “They’d yell at me if my bed was wrinkled and now I’m late for breakfast, so I get another punishment, and then I’m late for school and I get in trouble again.”

In the prison school, he says, another child hit him, and when he started to hit him back a staffer grabbed both boys and slammed them down on the floor to restrain them. As they fell, Christopher banged his head on the desk, causing a cut so deep he had to go to the emergency room at a nearby hospital for stitches. On another occasion, he says, he got into an argument over which channel to watch on television; again, a staffer restrained him by forcing him to the floor and bending his arm behind his back. When Christopher tried to squirm, his face rubbed against the carpet. “I got a rug burn on my face,” he says.

Christopher has had mood swings and aggressive outbursts since he was a toddler, according to his mother, who lives in East Harlem. He was first sent to a residential facility in Westchester County for children with emotional problems when he was 9 years old. When he was 14, he was released from residential care and placed with a foster family in the Bronx. But he couldn’t adjust to life outside an institution. “He was innocent. He didn’t know how to cross the street,” says his mother, adding that he was injured slightly when he was hit by a car. He also got into trouble with the law. He was arrested twice in the first three weeks after he moved in with the foster family, once for “harassment” of a girl—following her around—and a second time for stealing a cell phone, according to the Legal Aid Society, which represented him.

Christopher was approved for placement in a state inpatient psychiatric facility, called a Residential Treatment Facility (RTF), but, because there were no available beds, he was placed on a waiting list. In the meantime, he was sent to the mental health unit of a juvenile correctional center in mid-April, despite protests from his attorney, says Nancy Rosenbloom, director of the juvenile rights practice of the Legal Aid Society.

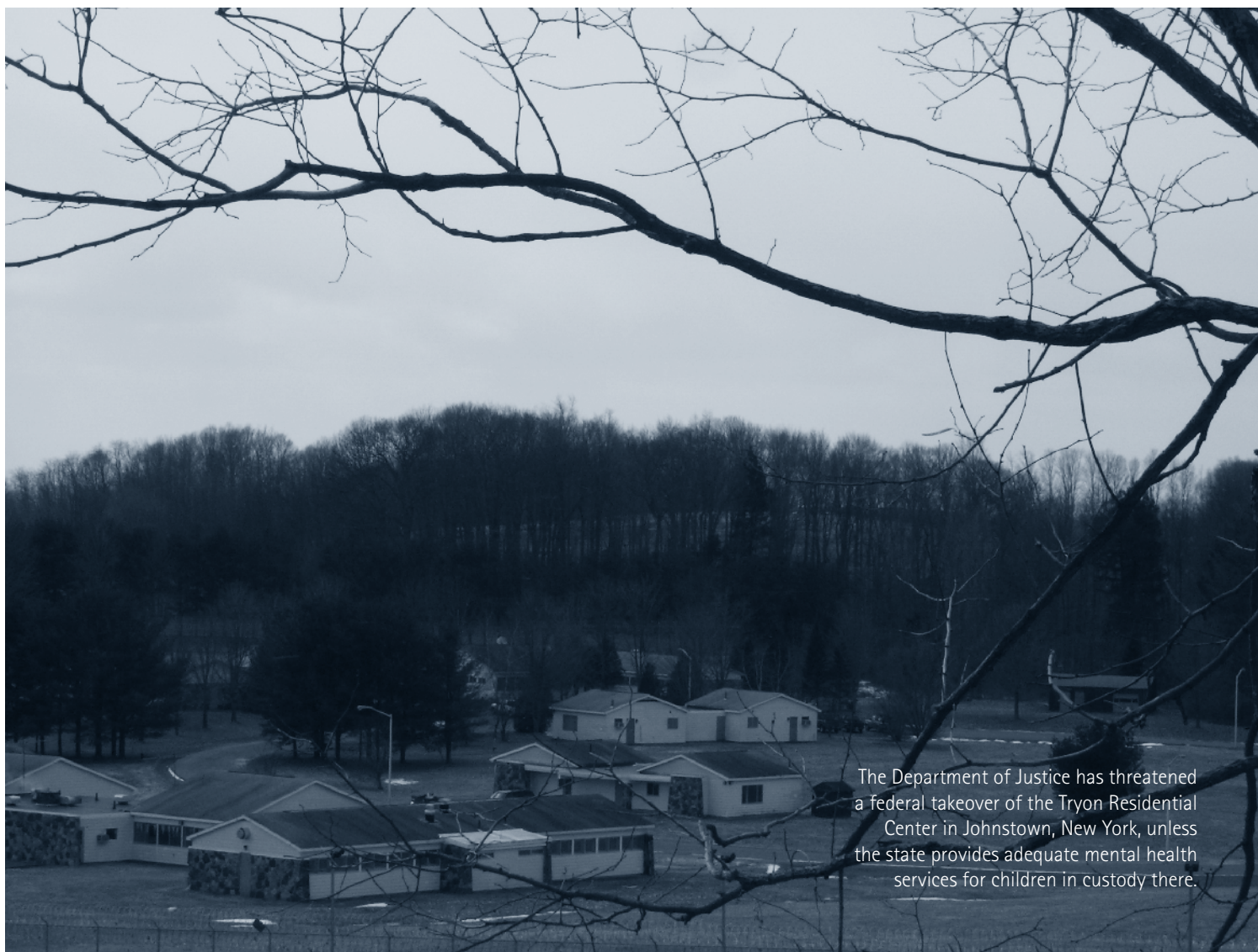
In mid-July, a space opened up at Aichhorn, an RTF on Manhattan’s Upper West Side that houses 32 young people, and the only such facility in New York City. Christopher was finally transferred. Dr. Michael Pawel, executive director of Aichhorn, says Christopher still lashes out at people when he feels he’s being picked on. But with three highly-trained staff members on duty for every eight residents, Aichhorn is equipped to calm Christopher and control his outbursts. “It takes a lot of time and it takes a lot of staff,” says Pawel.

OCFS, the state agency that runs the children’s prisons, has long struggled to care for mentally ill residents sent to them by the courts. “We’re basically a mental health system without mental health services,” says an OCFS employee who asked not to be identified. “This is a system that re-traumatizes the children. The longer they stay with us, the more mental health problems they have.”



The federal investigation, made public in August, found widespread abuse of children by staff in four of the state’s juvenile facilities: Lansing Residential Center, Louis Gossett Jr. Residential Center (both near Ithaca), Tryon Residential Center and Tryon Girls Center (both northwest of Schenectady). The investigation found that staff members regularly used excessive force to restrain children, resulting in broken teeth, broken bones and concussions. In addition, the Justice Department found the facilities failed to pro-





The Department of Justice has threatened a federal takeover of the Tryon Residential Center in Johnstown, New York, unless the state provides adequate mental health services for children in custody there.

vide adequate mental health care and treatment for seriously disturbed residents. For example, the staff was “at a loss” for how to address the problems of a girl who urinated and defecated on the floor of her room, refused medication, and stayed in her pajamas all day. She was isolated in a “cottage” without other girls for three months. A boy who had an upsetting phone call from his family hurt himself repeatedly by rubbing a scratch on his finger raw. The staff didn’t know how to stop him—so they handcuffed him and took him to an emergency room.

Psychiatric evaluations were incomplete, and staff apparently failed to review children’s previous medical records, the report found. Children were given powerful psychotropic medications without proper monitoring to see if they were effective or if they were causing side effects. One boy was taking six psychotropic medications, but federal investigators could find no rationale for the prescriptions. Even after he banged his head against the wall, there was no change in the prescriptions, the investigation found.

Unions representing the workers at the state prisons acknowledge that abuses by staff occur, but say they are the result of understaffing and poor training. Supervising aggressive, often violent youth is a stressful job. Staffers are frequently assaulted by young people in their care, the unions say. Staffers may overreact to children’s outbursts because of their own trauma experienced on the job, says Jonathan Rosen, director of health and safety for the Public Employees Federation, the union that represents social workers, counselors, teachers and other professional staff at the OCFS facilities.

“Both the youth and the staff have been traumatized,” says Rosen. “People who have been traumatized have an increased reaction to normal stimulus. It’s a fight or flight response. So you have an increased startle effect among the staff combined with an increased startle effect of the youth. Wow! It’s not geared toward de-escalating the situation.”

The situation is exacerbated by what the unions describe as chronic understaffing. They say many staff members are forced to work 16-hour shifts. Vacancies are not filled because

of a hiring freeze, the unions say, and turnover is high.

“People don’t want to work there, and even when you do get people they don’t stay,” says Mark Davis, a youth aide (whose function is similar to a prison guard in an adult prison) at Brookwood Residential Center, a secure facility for boys near Albany. Davis, CSEA chair of the labor management committee for OCFS, says he is required to work 16-hour days at least three days a week. Although he says he loves the kids and the pay is good—with overtime, some aides make \$80,000 to \$90,000 a year—the hours are grueling. Up at 4:15 a.m., he leaves his home at 5:30 a.m. to arrive at work at 6:30 a.m.

When he works two shifts, he leaves at 10:30 p.m. and is home by midnight. “You don’t really sleep, you keep looking at the clock knowing you have to get up in four hours.”

Davis, who has worked in OCFS facilities for two decades, says he has seen a change in the kind of kids who have been incarcerated. “When I started, you were dealing with street thugs,” he says. “It used to be 10 or 20 percent of the population had mental illness. Now it’s 80 to 90 percent. You’re dealing with kids who just don’t understand directions. And the vast majority of people there just don’t know how to deal with kids with mental health issues. You have a combustible mix of tired workers and mentally unstable kids.”



Gladys Carrion, state commissioner of children and family services, has struggled to improve conditions in the juvenile correctional system in a time of severe budget restraints. Formerly a lawyer for Bronx Legal Services and executive director of a foster care agency for pregnant and parenting teens, Carrion was named commissioner of OCFS soon after Eliot Spitzer became governor in January 2007. She moved quickly to hire an experienced administrator as her deputy commissioner: Joyce Burrell, former president of the Council of Juvenile Correctional Administrators who had run juvenile justice systems in Washington, D.C. and Philadelphia. Carrion also hired Lois Shapiro, a psychologist from the state Office of Mental Health, to serve as the agency’s director of behavioral health services, and nearly tripled the number of social workers and clinical psychologists on staff, increasing the number of mental health professionals from about 20 to nearly 60.

Carrion has also moved aggressively to close empty or nearly empty facilities and to reduce the size of those that remain, reflecting the fact that the number of children admitted to OCFS facilities declined from 1,938 in 2001 to 813 in 2008. She has also sought to transform the culture of the juvenile prisons from a correctional model of “custody and control” to one based on a therapeutic model that assumes juvenile delinquents and juvenile offenders need treatment rather than punishment.

Despite these moves, care for the mentally ill remains woefully inadequate, advocates say. For example, OCFS acknowledges there is not a single psychiatrist or psychiatric

nurse on the staff of OCFS. Psychologists may offer psychotherapy, but only psychiatrists may prescribe and adjust the powerful psychotropic medications that some severely mentally ill children need.

OCFS has a contract with the state Office of Mental Health to provide “mobile mental health teams” of psychiatrists and other clinicians who prescribe medication and offer individual therapy to the severely ill children who are assigned to seven small, specialized, 10-bed “mental health units” within the OCFS facilities. However, these psychiatrists and clinicians are on the staff of nearby hospitals and are typically available to OCFS only four or five hours a week, OCFS sources say.

Psychiatric care is even more limited for the hundreds of children with mental health diagnoses who are not assigned to these seven mental health units. For example, a 2006 report by the state inspector general found that a consulting psychiatrist at the Gossett facility allocated just 90 minutes per week to manage 34 residents taking psychiatric medications

All children entering OCFS facilities are evaluated for mental illness (as well as medical issues) at “reception centers” such as Pyramid in the Bronx, where Christopher spent two weeks. Once the evaluation is completed and a treatment plan is drawn up, a child is transferred to one of the state’s juvenile justice facilities, most of which are in rural areas upstate. However, staff at the facilities often fail to follow treatment plans, sometimes because records are lost, says Rosenbloom of the Legal Aid Society.

There is also poor coordination between the professionals charged with treating children and the front-line workers who are with the children throughout the day. “There has been a huge issue with turnover of mental health staff at Lansing because they feel so unwanted by the line staff,” says Mishi Faruqee, director of the Youth Justice Program at Children’s Defense Fund-New York.

Children who are not assigned to mental health units receive little in the way of therapy, Rosenbloom says. Rather than individual psychotherapy by trained psychologists, children tend to receive group counseling offered by youth development aides (who typically have a high school diploma) or youth counselors (who have a bachelor’s degree), she explains. These counselors have no specialized mental health training.

Carrion declined to be interviewed for this article, citing the sensitivity of negotiations with the Justice Department. However, other state officials acknowledge that OCFS has difficulty recruiting professional staff, particularly in facilities in rural areas. There is a national shortage of child psychiatrists and psychiatric nurses; finding professionals willing to work in remote areas of the state is particularly difficult, they say.



Carrion has sought to transform the culture of OCFS by adopting a therapeutic design called “The Sanctuary Model,”



## “You have a combustible mix of tired workers and mentally unstable kids.”

which is used by some psychiatric facilities and congregate care foster care agencies. She contracted with the Andrus Children’s Center in Yonkers, New York, to train staff members and the young people in their care. The Sanctuary methods, which recognize that trauma is often at the root of a child’s bad behavior, work to de-escalate conflicts, says Dr. Joseph Benemati of Andrus.

Some of the juvenile correctional centers have embraced the new training: The Annsville Residential Center in Taberg, New York, received a prize from the Juvenile Justice Trainers Association in October 2008 for its success in training staff. Benemati, who says the training may take up to three years, says staff morale has improved and violence has decreased at Annsville.

But at other facilities, including the troubled Tryon center cited by the Department of Justice investigation, training has been less successful. In some cases, advocates say, the staff are simply resistant to change. In other cases, the staffers say they are open to change but don’t have the resources to carry out the reforms effectively. For example, if a child becomes agitated when asked to leave his room and go to school, “the Sanctuary model says leave the kid behind with one or two staffers to see him through the crisis,” says Davis, the youth aide at Brookwood. But, he says, there aren’t enough adults on duty to stay behind with one child and still supervise the rest of the group. “If you took any facility and staffed it appropriately, Sanctuary would work,” he says.

On the night shift in so called “limited secure” facilities, a youth development aide may be alone supervising nine to 12 residents; two aides might supervise 18 to 20 residents, according to Mary Rubilotta, deputy director for contract administration for the CSEA, the union representing the youth aides. (As a comparison, an in-patient psychiatric facility like Aichhorn has three staffers for eight residents.)

Advocates for juvenile justice reform say better training and smaller facilities will help ameliorate some of the dangerous conditions. Faruqee, of the Children’s Defense Fund, says there have already been improvements. For example, while some facilities report a large number of “restraints” each month, others report almost none.

Annie Salsich, director of the Center for Youth Justice at the Vera Institute of Justice, is optimistic that a governor’s task force appointed in September 2008 will make useful recommendations in its report, scheduled for release by the end of 2009. She and others point to the improvement in the conditions of confinement in the Missouri juvenile justice system, which is held up as a national model for reform. In Missouri, juveniles are housed in small, cottage-like dormitories, rather

than large facilities. The Task Force on Transforming New York’s Juvenile Justice System will report on both the conditions in the prison and on alternatives to placement.



Sylvia Rowlands, a clinical psychologist who worked for many years at the Youth Leadership Academy, a juvenile lock-up for girls in South Kortright, New York, north of the Catskills, cautions that reformers face an uphill battle—in part because the skills kids need to get along in prison run counter to the skills they need to get along in a community.

“The problem is what folks are being asked to do is impossible,” says Rowlands, who is now director of Blue Sky, an alternative-to-placement program in New York City. “In prison, you throw a bunch of kids who have anti-social behavior together. To create a positive peer culture [in that setting] is an impossible job.

“Most of the folks on the ground are not trained psychologists, they are not trained social workers. The folks who do the day-to-day care do not have advanced degrees, they have high schools diplomas.”

Much of the counseling revolves around group therapy to get kids to better conform to the institution’s rules, rather than individual therapy designed to help them overcome trauma, and the skills they develop don’t translate into more sociable behavior when they leave, she says.

“It’s hard to do work on how to live better in the community when the community is three hundred miles away,” she says.

Rowlands left her OCFS career in 2003 to work with New York Foundling on creating Blue Sky, one of the few alternative-to-placement programs in the city that treats children with mental illness. The Blue Sky model is designed to work with children as well as their families—and it is unusual in that it also works with parents and caregivers who have mental illness themselves. Together with the city’s Administration for Children’s Services, Rowlands has applied for a \$1.3 million grant from the Robin Hood Foundation to expand the program, which now serves 130 children in the Bronx and Manhattan. Their goal is to serve children in all five boroughs. About 60 children in Brooklyn and Queens are rejected from alternative-to-placement programs each year solely because of mental illness, so a larger Blue Sky program could have an immediate impact on their lives and reduce the number of children with mental illness living in the upstate OCFS centers.

“The answer is keeping kids connected to their families,” Rowlands says. “Do everything up front before you place them.” ❀

# Private Institutions, Public Costs

Juvenile incarceration has become increasingly privatized, yet costs keep rising. New York City wants judges to keep more delinquents out of institutions.

BY KENDRA HURLEY

FOR YEARS, CITY OFFICIALS have sought to reduce the number of juvenile delinquents sent to institutions, relying instead on cheaper and more humane alternatives to incarceration that offer close supervision and guidance to youths in their own homes and communities. But even as the number of juvenile delinquents admitted to institutions has declined dramatically over the past eight years, the cost to the city of caring for them has increased because of flukes in the formulas that divide costs between the city and state.

Now, in an attempt both to save money and to give juvenile delinquents alternatives that child welfare experts believe they should have, the city's Administration for Children's Services (ACS) has asked the city's Family Court judges to send about 100 fewer youth this year to the private residential treatment centers run by nonprofit agencies such as Children's Village, Lincoln Hall and Graham Windham. Instead, ACS has asked the judges to consider programs to keep juveniles at home, with close monitoring and supports in their own communities. ACS has also informed the nonprofit agencies that it has placed a cap on the number of juvenile delinquents it will pay for in the privately run facilities.

Family Court judges have wide discretion in deciding the fate of children under 16 who are accused of misbehavior that would constitute a crime if committed by an adult. Judges may dismiss a case, order supervision by the probation department, enroll a child in an alternative-to-placement program, or send a child to an institution—which may be either a juvenile justice facility run by the state's Office of Children and Family Services (OCFS) or a residential center run by a private agency. The city and state share the cost of OCFS facilities, while the city bears almost the entire cost of sending a child to a private residential treatment center.

The number of youths sent to OCFS facilities declined sharply from 1,938 in 2000 to 813 in 2008, while the number of youths sent to private residential treatment centers increased from 539 in 2000 to 813 in 2008. The overall number of children placed in either type of institution has declined largely because of the expansion of alternative-to-placement programs, where children receive services and support while living at home.

In other words, about one-half of the young people in custody in New York are now sent to private residential centers, up from about one-quarter just eight years ago. (See table, page 12.)

The state's OCFS facilities have long been considered expensive and ineffective. The federal Department of Justice recently documented brutal treatment of youth by staff and found that conditions in four OCFS facilities were so bad that they violated children's constitutional rights. The OCFS facilities cost between \$140,000 and \$200,000 per person per year, according to Mishi Faruqee, director of the Youth Justice Program at the Children's Defense Fund-NY. In 1999, a state government study found that 81 percent of young men and 45 percent of young women were arrested within three years of their release from state juvenile facilities during the early 1990s. An OCFS study released this year found that 89 percent of the young men and 81 percent of the young women released from juvenile correctional facilities in New York State from 1991 and 1994 were rearrested

“When a judge does want to place someone, they’re more likely to place them in a private agency.”

by the time they were 28 years old. Moreover, 71 percent of the young men and 32 percent of the young women spent time in an adult jail or prison by age 28.



Many of the state facilities resemble adult prisons, their walls topped with razor wire. They require young people to wear uniforms, and have a reputation of being dangerous and poorly run.

Advocates say that many Family Court judges consider the privately run institutions to be better places for youth than state facilities. The private campuses are often described as “bucolic” and “leafy.” Juvenile delinquents living there do not wear uniforms, and in some cases they may roam about the campus and interact with children who are in foster care or who have been sent there by the Department of Education for special education services. These campuses are also closer to New York City than most state-run facilities, making it easier for young people to remain connected to their families and communities.

“When a judge does want to place someone, they’re more likely to place them in a private agency,” says Faruqee, “I think there’s a myth among judges that private agencies are better facilities so they’ll consider a private placement first.”

Faruqee and other advocates warn that little is known about the outcomes of young people at private facilities. The 1999 state study suggested that young people released from private residential centers in the early 1990s had the same high re-arrest rates as young people leaving state-run facilities. In 2007, nearly 30 percent of all juvenile delinquents admitted to private centers were moved to the more secure state-run facilities, either because they broke the rules, were not making progress or were presenting dangerous behavior, or because the agency was unable to provide necessary services. As a growing percentage of children are placed in the private centers many experts expect the rate of transfers to increase.

Moreover, the length of stay is longer at private campuses, averaging 12 to 14 months, about six months longer than OCFS facilities, according to the New York City Independent Budget Office. And, unlike youth at the state-operated facilities, most teens at the private agencies do not receive support, called “after care,” when they return home.

“The kids in the voluntary agencies aren’t getting home sooner,” says OCFS Associate Commissioner Felipe Franco.

It costs \$80 million a year to house young people in these facilities, according to the city’s Administration for Children’s Services, which foots the bill for nearly all of it.

In early 2007, the city created the Juvenile Justice Initiative (JJI), an alternative to incarceration program that was expected to save the city money by reducing the number of young people placed in any facility. Though the program has succeeded at keeping more youth out of placement, it has not yet saved the city money. With nearly \$11 million of city money invested in the community-based JJI each year, the city nonetheless continues to spend the same amount on housing young people in private facilities. In fact, the cost of housing a declining number of young people in OCFS facilities has increased sharply, thanks to complicated budget formulas and the expense of maintaining half-empty facilities.



“Despite the steep drop in the city’s use of OCFS placement, the costs to the city have not been reduced,” said the city’s then-commissioner of probation and corrections, Martin Horn, in a talk he gave last June at John Jay College of Criminal Justice, just before leaving the Bloomberg administration for an academic post. He argued that “because of archaic and counterproductive accounting rules determined by the state... the cost of running this bloated system has been unfairly apportioned to the localities, including the city.”



One way to reduce the cost burden to the city, Horn says, is to place fewer teens in any kind of facility, private or public, so long as there is a safe alternative.

So last March, OCFS Commissioner Gladys Carrion and ACS Commissioner John Mattingly informed Family Court judges that they intended to limit the number of delinquent youth who could be placed at privately operated residential treatment centers. Starting April 1, for the remainder of 2009, they wrote, no more than 300 New York

City adjudicated delinquent youth could be admitted to a voluntary agency placement.

“We have determined that a target is the best means to continue to reduce our reliance on institutional placements and to more fully encourage use of the alternative-to-placement programs that have been developed,” the commissioners wrote. “We are doing this to make sure that youth who can be served in structured community-based programs are not sent to more restrictive ones.”

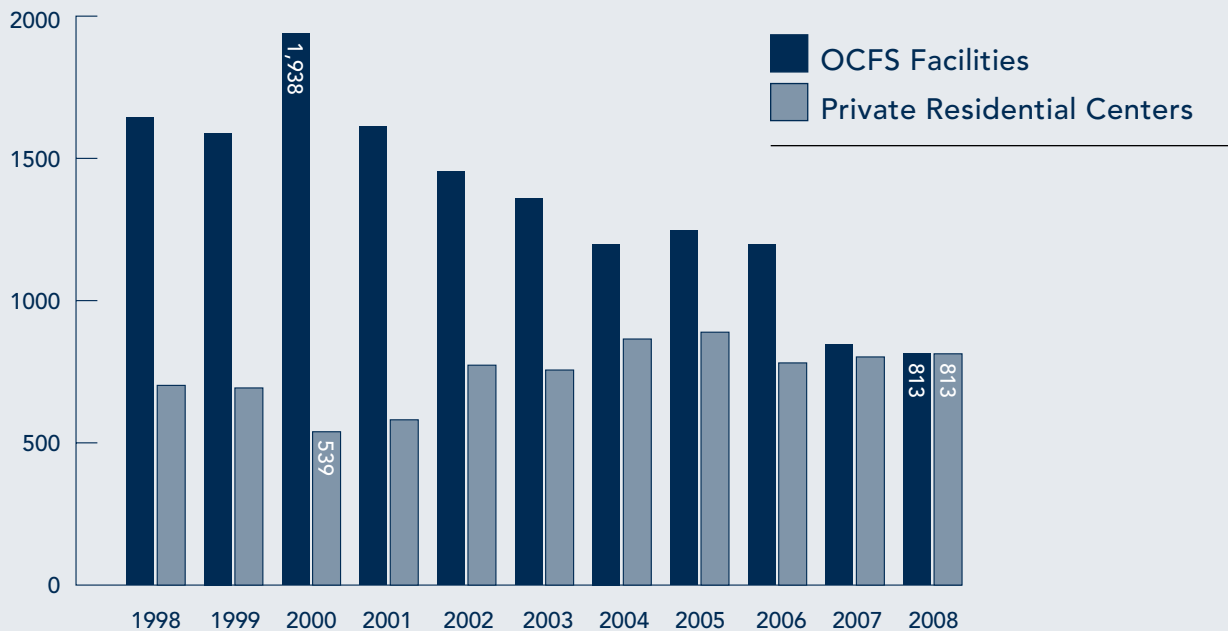
Since then, ACS has raised that target slightly, but plans to keep setting a new limit each year.

There is no guarantee judges will respond to this limit by relying more heavily on community programs. They could simply send young people to state-run facilities instead. However, providers of community-based programs for juvenile delinquents say they are cautiously optimistic that judges are on-board with the effort to keep more kids at home.

“I would hope the judges would think that if a kid was a good fit for a private [center], he should then be given a chance in an alternative,” says Jenny Kronenfeld, executive director of Esperanza. ✖

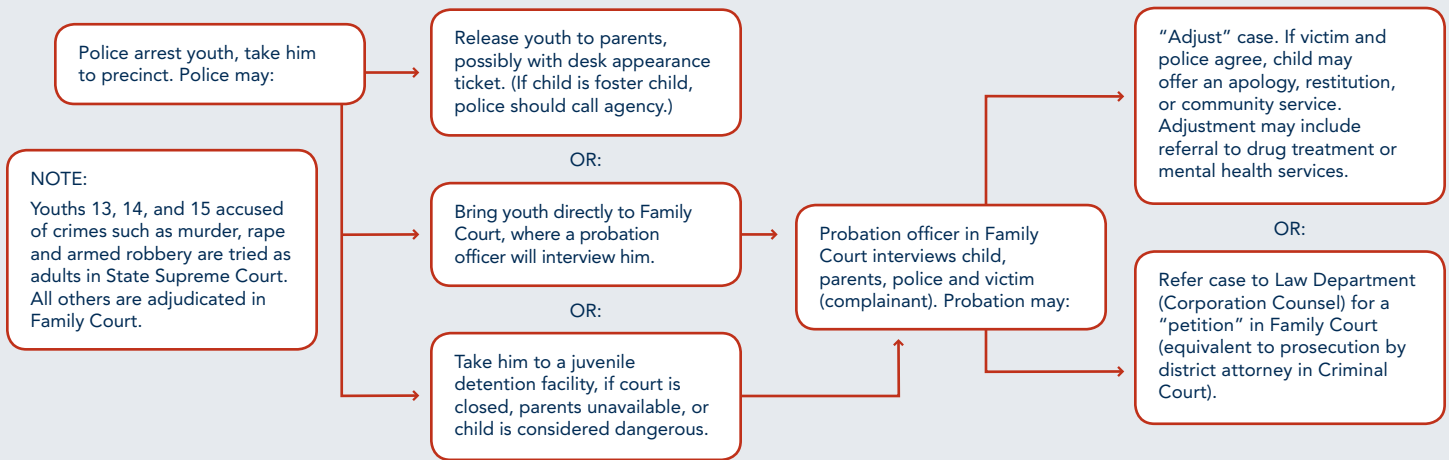
## ADMISSIONS OF JUVENILE DELINQUENTS AND JUVENILE OFFENDERS TO INSTITUTIONS 1998-2008

The number of court-involved youth admitted to state-run OCFS facilities has declined dramatically in recent years, while the number sent to private residential treatment centers (such as Children's Village and Lincoln Hall) has increased. The city (or county) bears most of the cost of housing children in private centers, but the cost of OCFS facilities are shared between the city (or county) and the state.

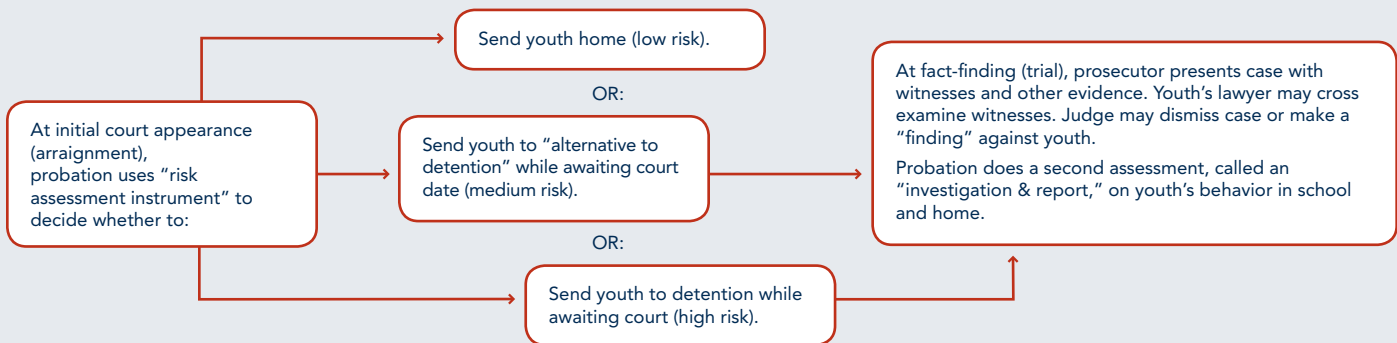


# How New York's Juvenile Justice System Works

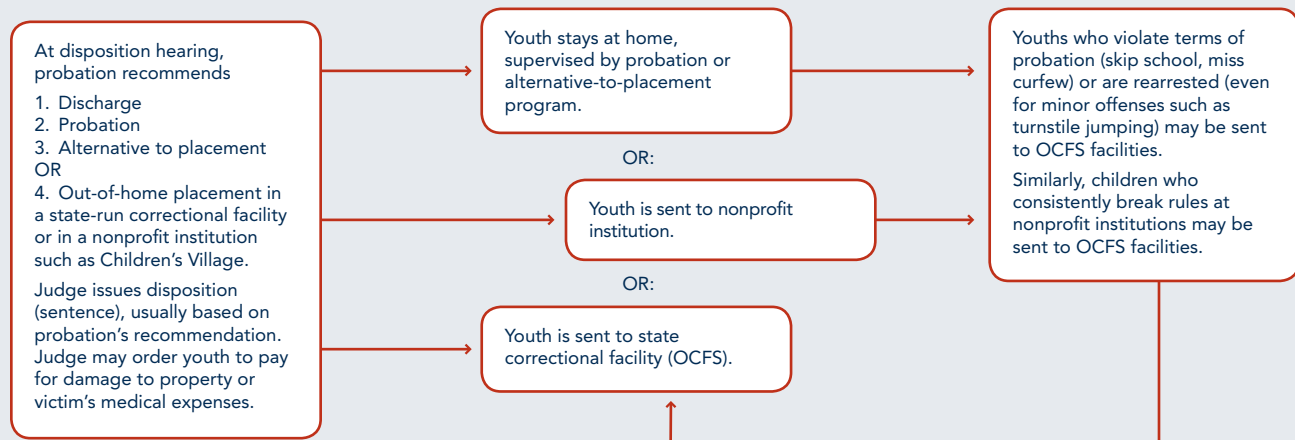
## 1. ARREST AND PRE-TRIAL



## 2. FACT-FINDING (TRIAL)



## 3. DISPOSITION (SENTENCING)



# Homes for Teens, Not Lock-Ups

New York City experiments with keeping young lawbreakers in the community.

BY KENDRA HURLEY

IN THE HUNTS POINT SECTION of the Bronx, Jackson Watts\*, a small boy who looks younger than his 13 years, slouches over his homework in the barebones offices of Cayuga Home for Children, an alternative to incarceration program for young delinquents. Jackson misses his neighborhood, his friends, his father and his mother. “This place is kind of twisted,” he concludes with adolescent bravado, but in a voice that sounds like a child’s. “This place is ridiculous.”

Jackson, who has been arrested three times in his short life, was referring to Cayuga Home’s boarding home program, which arranges for juvenile delinquents to live with specially trained host parents instead of in juvenile prisons. Jackson has been living with Donald Franklin, his host parent, for only two weeks. Though the program is nine months long, he already wants out.

Jackson’s thick file at Cayuga Home traces his problems to his being a follower, too eager to impress his friends. The first time Jackson got arrested he was only 10 years old. That arrest, records indicate, was for gang-assaulting and injuring a “mentally limited” person. According to the victim, Jackson slammed his hand in a door. “I was bleeding all over the place, all over clothes, and all over the floor,” the victim said in a statement.

The second was attempted robbery. According to the victim, Jackson grabbed her cell phone and sang out, “I got me a new phone!” The woman told police she tried to hold Jackson down but he bit and punched her and caused her to fall on some stairs.

While on probation for attempted robbery, Jackson was arrested a third time for robbery with a gun, court records indicate. Cayuga Home staff say the weapon was later determined to be a BB gun.

Jackson himself claims the first arrest was only a misunderstanding—the victim’s finger just got caught in the door. As for the third arrest, Jackson says the gun was really a magic marker.

The city’s Family Court didn’t buy it. A prosecutor labeled him “at high risk of committing serious crimes.” But officials also took note of the fact that Jackson had a caring, involved father, who, at 66, admitted to not knowing how to manage his teenaged son. That counted for a lot. In a move that would likely not have happened a few years ago, the court decided that instead of sending Jackson to a juvenile prison, he would get another chance. This time, he was placed in an alternative program designed to work closely with Jackson and his father in the hopes of preventing the boy from committing any more crimes.

Jackson’s program is just one in a rapidly growing collection of alternatives to juvenile prison on which the city is depending more heavily than ever, in order to keep delinquents in their homes and neighborhoods and out of trouble. Rather than considering law-breaking children as problems that can be isolated, treated and reformed, these fast-growing programs aim to have a far more positive impact on young people by working with them amid the complex system of influences that shape their lives—their families, friends, relatives and communities.

Such programs have already helped spur a dramatic reduction in the number of youth admitted to state institutions, from 1,938 in 2000 to 813 in 2007. They work with teens who have been adjudicated for both violent and non-violent crimes, ranging from turnstyle jumping, graffiti and vandalism to assault, theft and robbery. Jackson was lucky—if he had been one year older when he was charged with armed robbery, he would have been tried as an adult—and ineligible for Cayuga Home and other alternative programs that help young people and their families navigate the destructive impulses and other factors that drew them into trouble in the first place.

For more than a decade, innovators in juvenile justice and family therapy across the United States have experimented with methods to teach young people self control while also transforming the family unit, inculcating greater discipline where before there had been little or no structure. Many of these initiatives have taken part in an intensive national effort to document success and establish the parameters of proven models that strengthen families’ capacity to keep kids out of trouble.

Today in New York City, modified versions of these tested programs are growing quickly. It is a grand experiment, one with potential risks. Young people, some who have committed violent crimes, are staying in the city’s neighborhoods, fortified by the work of therapists and others who know with certainty that sending youngsters to juvenile correctional centers is usually a recipe for lifelong failure. Judges and attorneys representing victims are cautious but willing to let these models develop, and to send more and more young people home instead of locking them up.

So far, there is no guarantee these new variations of proven programs are working as well as the originals, which

*\*The names of Jackson and his host father have been changed to protect their identities.*



were designed, implemented and tested in other cities and states. For the moment, alternatives to youth incarceration in New York are still a work in progress, part of a justice system eager to test the waters—and a city still waiting for assurances that this is the answer.

• • •

There was a time not long ago when those working in the city's juvenile justice system believed the best way to reform young people who had committed crimes was to isolate them in costly institutions and treat them apart from the influences of the streets and people that had led them to trouble. It's a belief that Edward Myers Hayes, chief executive officer of Cayuga Home (which used to provide purely residential, in-

stitutionalized care for juvenile delinquents) now recalls with a grimace. He remembers it as "faith-based work," meaning he and his colleagues once had great faith in what they were doing, but no proof it was effective.

Back then, adds Laurence Busching, chief of the Family Court division of the New York City Law Department, judges had only two options for young people charged with crimes—either keep them at home and put them on probation, or send them to a juvenile lock-up. More often than not, when judges had trouble deciding between the two options for particular young people, they opted to remove the young person to prevent them from committing further crimes at home. "The system tended to err on the side of placement when there were grey areas," says Busching.

## Keeping it in the Family

### Evidence-based models depend on parents and communities.

NEW YORK CITY'S FAMILY COURT judges are increasingly sending juvenile delinquents to alternative-to-placement programs rather than to juvenile lock-ups. Some of these alternatives are based on three "evidence-based" models—that is, rigorous research studies have shown that the models have been significantly effective in reducing youth violence. All three keep children in their own communities and work directly with parents to help them manage their children more effectively and to reduce antisocial behavior. Each program costs significantly less than the \$140,000 or more that it costs to incarcerate a child for a year. The city's Administration for Children's Services (ACS) has adapted all three models as part of its Juvenile Justice Initiative, launched in 2007 to try to keep children out of foster care and institutional placement.

#### Functional Family Therapy

In Functional Family Therapy (FFT), a therapist meets with each family, often in their own home, once a week for three to five months. The therapist seeks to establish goodwill among family members and to persuade them that change is possible. The therapist helps family members trust one another's intentions and motivations before attempting to change a

child's behavior. Practitioners are trained to reframe a child's problematic behavior in more positive terms. For instance, a therapist might help a family see how the child arrested for dealing drugs had "noble intentions" of helping the family financially, even as he or she acknowledges the act as criminal, says Sylvia Rowlands, director of Blue Sky, which is part of the Juvenile Justice Initiative.

FFT was designed for a population that therapists traditionally did not know how to help—families and young people who'd already received a number of interventions and did not believe they could change. This model has been proven to work well with families that have significant family violence, says Rowlands, including children who have assaulted parents with weapons.

Studies have found that young people enrolled in FFT are far less likely to be placed in foster care or an institution than a control group, and one 2000 study at the University of Utah found the program reduced recidivism to about 20 percent, as opposed to nearly 90 percent for the comparison group. FFT is the least intensive of the three evidence-based models. Each therapist has a caseload of eight families.

#### Multi-systemic Therapy

In Multi-systemic Therapy (MST), case-workers meet with family members two to four times a week for four to six months. The therapist will sometimes work with parents without the child present. MST is more intensive than FFT. Each therapist

has a caseload of about four families. The therapists are available by cellphone to the youths and their families 24 hours a day, 7 days a week.

The therapist's goal is to create a healthy "circle of influence" in a child's life when a parent's influence has broken down, says Edward Hayes, chief executive officer of Cayuga Home for Children. Hayes compares this circle of influence to the solar system, with the child at the center. "The therapist's influence is like the ring where Pluto would be," says Hayes, suggesting that ultimately a therapist has very little influence over a child. The goal of therapy is to make the parent's influence central to the child, so that they can continue to manage a child's behavior for years to come.

Developed in the 1970s, MST has been the subject of several research studies. Studies have found that long-term rates of re-arrest for MST participants were 25 to 70 percent less for program participants than a control group, and participants had 47 to 64 percent fewer out-of-home placements.

#### Multidimensional Treatment Foster Care

One criticism of both the MST and FFT models is that because they are family-driven, they can not engage young people without family members who are willing and able to participate. In Multidimensional Treatment Foster Care (MTFC), the most intensive of the three models, children live with a specially trained "host

*continued from page 16*

parent” for about nine months, instead of in their own homes. The host parent sets clear rules and boundaries for the young person and monitors the teen closely and constantly. Meanwhile, one therapist meets with the teen regularly, helping the young person learn skills and attitudes to avoid crime, and another meets with the teen’s parents to support them and teach them how to set rules.

The program is tightly structured. A young person’s positive behavior is rewarded through a point system, and as teens receive points they move to higher levels with different rules and privileges, including home visits or unsupervised

time with friends. These privileges increase in length as the program progresses, giving the teens more freedom and, with it, more chances to practice their new skills in the real world. Both Cayuga Home and the Juvenile Justice Initiative use MTFC.

Youth who participated in MTFC were found to have spent 60 percent fewer days incarcerated within a year than a control group, and had significantly fewer arrests. They also ran away from the program about three times less often than youth in a control group and had better school attendance.

New York City’s foster care system is exploring the possibility of using MTFC

with young people who do not have families with whom they can live and who need this kind of intense structure. Cayuga Home has applied to create 30 beds for this population, which, if approved, could be up and running as soon as June 2010, says Troy Brathwaite, director of Cayuga Home’s New York City MTFC program. One potential model would use MTFC with young people living in foster care who are preparing to live independently. Another is to adapt the model to work with foster youth who have a goal of returning to their biological families. In the latter, the model would help prepare their families to manage their behavior even after they’ve left the foster care system. —*Kendra Hurley*

Proof of the system’s failures arrived with a damning 1999 study by the state’s Division of Criminal Justice Services, which found abysmal recidivism rates of young people released from residential programs. More than 80 percent of young men locked up in New York’s juvenile correctional centers during the early 1990s were re-arrested within three years of their release, the study found.

Hayes, judges, and many others in the juvenile justice system began viewing incarceration not as a necessary move to give a young person a fresh start, but as an interruption, a respite from their usual lives and pressures. They recognized juvenile justice institutions as schools for learning criminal behavior from peers. And they interpreted the 1999 study to suggest that the bond between young people and their parents is only weakened by time spent apart, making it even harder for parents to exercise authority over their children after they return home.

Meanwhile, national researchers rigorously studied programs intended to prevent youth violence. They were in search of promising program models. Blueprints for Violence, a research center at the University of Colorado, determined that some popular programs, like Scared Straight—which tried to scare young people into staying on the straight and narrow—actually did more harm than good. The center deemed other less well-known models to be truly “evidence-based,” the social science field’s jargon meaning they had demonstrated, through high-quality evaluation research, that they reduced youth violence.

For a program to be considered evidence-based, Blueprints required that participants improve not only during the program, but also for several years after. Program models also had to achieve the same positive results when replicated at other organizations.

From a pool of more than 700 programs emerged three

family-centered models, each of which would eventually heavily influence the juvenile justice landscape in New York City. One of them, Multi-systemic Therapy (MST), was a three-to-five month intensive program for delinquents and their families, developed at the Medical University of South Carolina. A study found that a year after treatment began, only 20 percent of participants had been re-arrested, compared to 68 percent of non-MST participants. The effects lasted, though they were far from perfect. About two and one-half years after the program began, 61 percent of participants had been re-arrested, compared to 80 percent in a control group.

Studies found that young people enrolled in Functional Family Therapy (FFT), a model developed in the early 1970s at the University of Utah, were far less likely to ever be placed in foster care or in an institution for delinquents, compared to a control group. One study also demonstrated that siblings were still reaping the benefits of the family therapy three years later. (See “Keeping it in the Family,” page 15, for more information on each of the models.)

And a study of Multi-systemic Therapeutic Foster Care (MTFC), developed at the Oregon Social Learning Center and the model used today at Cayuga Home, found that one year after treatment, young men had significantly fewer arrests and were incarcerated less often than boys in institutional care.

Although the three evidence-based models have many differences, each of them subverts the usual paradigm for rehabilitating young people. “They’re family-focused, with a recognition that young people don’t live in a vacuum,” says Mishi Faruquee, director of the Youth Justice Program at the Children’s Defense Fund-New York. “It’s about not only building strengths of young people, but also strengths of their family and their community.”

Unlike conventional therapy, which can drag on for years, these evidence-based models are time-limited. The goal is for counselors to help families—many of whom are regular recipients of social services and supports—to become self-regulating. They focus on behavior rather than insight, teaching young people to better navigate the challenges of their daily lives—including “negative peer influences,” which are considered in these programs to be contagions, sometimes compared to viruses.

At the same time, the counselors try to empower parents to become authority figures capable of enforcing rules and helping their children stay out of trouble even after the program has pulled out. All of the programs rest on the notion that children learn these skills not in an institution, but in the community, where teens and parents learn through experience, through trial and error. The threat of being sent away serves as an incentive to keep the young person engaged.

“The real work is trying to really put the internal fortitude in the family and the young person so they don’t get in trouble again,” explains Felipe Franco, associate commissioner of community partnerships at the state’s Office for Children and Family Services (OCFS) juvenile justice division. “The real work happens in the ecology of the community.”



Barely a month before he met Jackson, Donald Franklin prepared to say goodbye to another young man he’d taken into his home. The boy, Jason, was a 16-year-old with braids, a shy smile and a charge of assault. He had lived with Franklin for the full nine months of the Cayuga Home program. He officially graduated at a ceremony filled with balloons, tearful speeches, and a home-cooked meal of collard greens, beans and rice, baked ziti, macaroni and cheese, and fried chicken. That week, at a meeting where a group of host parents received coaching from a Cayuga Home counselor, Franklin got misty-eyed as he spoke about Jason, whose rough background reminded him of his own.

“He did just great,” Franklin said. “We had a ball. I learned a lot from him. I think he’s going to do great. I’m going to monitor him all summer. My household is his.”

“See? We can reform a criminal, right? In nine months, right?” joked Antoinette Dawkins Grant, the therapist who coordinates all the elements of each case—the host parent, the parents’ therapist and the young person’s therapist. “So in two weeks you’ll take another kid, right?”

Franklin paused for a long time. “I’m thinking about it,” he finally said.

“Don’t think too much!”

“I learned a lot from him,” Franklin continued. “You really need your parents. I was showed how much he loved his mother.”

“You’re going to miss him?” the therapist asked.

“Yes,” Franklin said wistfully. “I’m always going to check

## On the Same Page

### A family-focused approach gets one young mother-to-be in synch with her parents.

Shayla Gomez\* is a soft spoken young woman who is six-months pregnant. When she was 13—the same year her brother was murdered—Shayla’s uncle began molesting her. Soon, she began acting out, and Shayla says the Family Court sent her to the residential campus of Leake and Watts in the Bronx following charges of fighting and robbery. Shayla does not remember getting any therapy there.

Eventually, Leake and Watts sent Shayla to a group home in Staten Island where she began therapy. It was good to talk to somebody, she recalls, but she doesn’t think it helped improve her life. Back then, she adds, she had two modes of communicating with her parents—one was to shut down, and the other was to curse them out—and the therapy did nothing to help break the silence and anger that had come to define her relationship with them.

“She never really did anything with the family,” Shayla remembers about that therapist. “She just spoke to me.”

Eventually Shayla went to live with her father, but she had not been home five months before things escalated. Shayla got pregnant; her mother threatened to get the baby’s 19-year old father beat up and arrested for statutory rape; and her father kicked Shayla out of the house.

Once again, the court got involved, this time sending Shayla to Cayuga Home, where she began living with a host family.

As specified by Cayuga Home’s multi-systemic therapeutic foster care model, it is no longer just Shayla doing the hard work of therapy. Her parents are now required to meet with a therapist as well, and to stay involved in Shayla’s life. Cayuga Home actually loses money from its contract with OCFS if one of its therapists does not make contact with a parent each week. For Shayla, this family approach has worked wonders. Now she says she feels less like a problem child, and more like part of a family—something that is especially important to her as she imagines becoming a mother. Now, when Shayla feels herself getting so angry at her mother that she wants to shut her out, she writes her a letter, instead.

“Now me and my mom, we just got back on the same page,” she says. “Now I speak with her every single day. When I have the baby, I can’t shut down.”

Meanwhile, Shayla’s mother has begun talking with the father of Shayla’s baby, preparing for the baby’s birth. And perhaps most significant, Shayla’s two parents now talk, as well, often conferring about their daughter. Shayla sees that as nothing short of amazing. —Kendra Hurley

\*Not her real name.



up on him. He wants to be an accountant and I think he can do it. He's very good at math."

Now, Franklin hopes he can be as successful with Jackson as he was with Jason.

Jackson, two weeks into the program, does not consider success to be likely, though he knows that if he messes up he may be placed in a juvenile lock-up—something he desperately wants to avoid. Already he has been pegged for "giving lip all day" to Cayuga Home staff, Grant says, and he's gotten in trouble for taking change off a table to buy a sandwich while Franklin was in the shower. That would have been perfectly acceptable behavior in his father's Bedford-Stuyvesant home, but not in Franklin's. In my home, Franklin explained, you have to ask for permission to come and go. You can have whatever you want, but you have to ask. Rules are different here.

Jackson had been in a therapeutic program before, and so far the Cayuga Home staff seemed no different from all the other counselors who had tried to help him. Records show Jackson had a poor track record in a previous, more traditional program he attended sporadically for about three years following his first arrest. "It was a waste of time to me," Jackson shrugs. "Being there got me madder, so the more I showed I didn't learn, the longer I had to stay there."

At least there, he says, he could leave anytime he wanted. Not so here. Franklin logs every phone call Jackson makes or receives, and at school Jackson has to get signatures from each of his teachers to prove he attended class. Jackson—who quickly earned the nickname of "Dennis the Menace" at Cayuga Home for being hyper and disrespectful—can't gain privileges, like the right to hang out with friends, without first proving himself responsible by abiding Franklin's rules.

Jackson and his father talk almost daily on the phone, which is expected of all the kids and parents in the program to help maintain family bonds. But they see each other only at the Cayuga Homes office. When Jackson earns more privileges he will spend every other weekend at his father's house, where the two of them will put to practice the skills they are learning. Jackson can't wait for home visits to start. "I want to sleep in my bed," he says. "I want to step in my shower."



The juvenile justice system is historically more concerned with public safety than with the ability of parents to support and guide their teenage children. Seeing the value in directing services to caregivers has been an adjustment for some judges, who are the ones ultimately responsible for deciding which kids are locked up and which stay home. It is asking them to think like social workers.

"Although it's nice for judges to hear that the parent is responding to support and services, what they really want to know is whether the kid is doing what they're supposed to be doing," says Leslie Abbey, executive director of the Juvenile Justice Initiative, which is the largest alternative-to-incarceration program in the city and is based at the city's

Administration for Children's Services. "Bridging that gap is challenging."

This is exactly the reason why the Cayuga Home's boarding home program is underutilized, suspects Troy Brathwaite, its director. Though it is small, with the capacity to work with only 20 young people and their families, only 12 teens were enrolled as of early this year. By October, the number had risen to 18. Brathwaite says that even convincing OCFS, which funds the program, to take the chance of sending young lawbreakers here has been an uphill battle.

Cayuga is the most expensive of the alternative programs, costing about \$60,000 per child when at full capacity. Other less comprehensive programs are far cheaper: the Juvenile Justice Initiative estimates its cost at about \$17,000 per child, and another program, Esperanza, based very loosely on the MST model, is somewhat less for a six-month program. By comparison, the annual cost of housing a teen in an OCFS facility is at least \$140,000, according to city officials.

Directors of Esperanza and the Juvenile Justice Initiative say they sometimes struggle to convince judges that sending young people to their programs rather than juvenile correctional facilities will not lead to an uptick in criminal activity. "Sometimes the court feels as though they gave the youth enough chances, and they have to react to certain bad behavior or else lose their credibility," explains Abbey.

Esperanza, started in 2003, works with up to 216 kids a year. The Juvenile Justice Initiative (JJI), launched in 2007, diverts about 280 young people from incarceration. Both work with teens initially recommended for placement in a juvenile correctional facility. Their crimes often involve harming other people, sometimes violently. About 57 percent of the young people participating in JJI in 2007 had been arrested for committing a crime against a person, such as assault or robbery, and one-third of Esperanza participants had been charged with a violent offense. Most of these were misdemeanor-level crimes, not felonies. But they are often serious offenses nonetheless.

The Juvenile Justice Initiative is a collection of programs using different evidence-based models. When the Administration for Children's Services (ACS) first created the initiative, the agency sought to reassure stakeholders in the system, including Family Court judges, that they would use evidence-based programs that were scientifically proven to reduce youth violence. Judges and the City Council agreed to work with them, but said they thought the MST model's three-to-five month timeline was too short, and that kids diverted from jail needed more time in a program. So program developers tweaked MST to make it last as long as seven months for each young person.

"It's great to find options on how to keep the young people in the community as long as it's consistent with public safety," says Busching, who oversees the city's prosecutors in Family Court. He adds that these programs are especially appropriate for young people charged with misdemeanors, who make up a fast-growing percentage of the number of young people brought to court each year.

Photo: Arpan Munier



A host parent oversees the homework of her daughter and a Cayuga Home participant, who will be part of the household for nine months.

As acceptance of the programs has grown, judges have begun permitting a few very young people suspected of committing crimes with weapons, such as 13-year-old Jackson, to participate, so long as they are confident that parents or caregivers will closely monitor the young people along with program staff.

• • •

Not everyone is convinced these New York experiments will reap the same results that evidence-based programs have in other cities. On the surface, extending the length of the MST model was a small concession. But practitioners of much-tested models warn that small changes can have serious consequences; these models are only proven to work if programs stay faithful to the original. Hayes compares it to a cookie recipe. “You may come up with something better, but you may come up with a disaster,” he says.

When ACS added an extra few months of therapy to assuage judges and victim advocates, there was no guarantee

they would get the results they wanted, warns Sylvia Rowlands, director of Blue Sky, a program at New York Foundling that is part of the Juvenile Justice Initiative. “All of the models operate on getting families [to be] independent of services,” says Rowlands. “Letting them stay too long means they can build reliance [on the program].”

Officials have tracked participants in Esperanza and JJI since the programs started. Nonetheless, the city has shared only general statistics to show how well the programs are performing. Only Blue Sky is planning a close evaluation of outcomes, and that won’t be available for some time.

In the absence of such a thorough assessment, there’s always the danger that a single bad story could derail the work. “All it will take is one major disaster, one case that blows up in the media, and this could come apart,” says a city official who supports JJI but would only speak anonymously.

In fact, one recent case came close, raising concerns voiced by Judge John M. Hunt of Queens Family Court when he reviewed a teenage boy’s probation violation in July.

Ronald B., a 17-year-old young man, had first been arrested at age 15 for assault and menacing a witness. Instead of sending him upstate, the court put Ronald on probation. When he violated probation for not going to school the following year, the court sent him to the Juvenile Justice Initiative. In January 2009, while still enrolled in the program, he and an accomplice wrapped T-shirts around their faces, forced their way into an apartment and threatened a woman with handguns. After they forced her to the floor, they robbed the apartment and fled.

By the time Judge Hunt reviewed the case, the teen had been arrested, convicted and sentenced to an adult prison upstate.

“When standard probation supervision failed, Multi-systemic Therapy through the Juvenile Justice Initiative program was implemented. Unfortunately, for reasons which may never be known to this Court, the juvenile’s criminal activity progressed to the point where he committed an armed felony offense which ultimately led to his incarceration in a correctional facility,” Judge Hunt wrote about the case. “While this juvenile delinquency proceeding has reached its conclusion, those administering the JJI/MST program are encouraged to thoroughly review the circumstances of this case so that structural and programmatic problems can be identified and changes implemented where necessary.”

Recently, JJI determined that about 35 to 40 percent of its participants were rearrested while participating in the program in 2008. The vast majority of these arrests were for minor offenses, like rollerblading on a subway platform or jumping a turnstile. Abbey views such arrests as one element of the participants’ learning processes. “The rehabilitation trajectory is not going to be straight with kids,” she says. “Perfection is not going to happen on day one or month one or month two. The important issue is progress.”

Rowlands of Blue Sky agrees. “We know how bad placement is,” she adds. “We know kids are coming back madder and doing more stuff.”

Similarly, Esperanza reports that among young people who have been enrolled in the program, 55 percent have avoided incarceration for at least the following two years. While these results are far better than for young people who are sent to institutions in the first place, many young people still fail the program.

For his part, prosecutor Busching would like to see more data. “In evaluating the success of the programs and in determining which respondents are appropriate for them, a key factor in making those decisions will be a review in data. And we need to have as much data as possible in making these determinations.”



At Cayuga Home’s weekly meetings, host parents often complain about the young people’s parents. “He just loves to speak to his moms,” Franklin tells the group about Jackson at one

recent meeting. “It makes his day.” But too often when Jackson calls his mother, who long ago lost her legal right to be a parent to her son, she can’t be bothered, says Franklin. She says she’ll call back, then doesn’t. “It just kills him,” Franklin says, shaking his head, as other host parents murmur support. “It gets him down,” he says.

Yet Franklin has nothing but praise for Jackson’s father, who has quickly become Cayuga Home’s model parent, never failing to travel from Brooklyn to the Bronx for his weekly therapy sessions. Sometimes he takes his son to lunch. “He’s a real gentleman,” Franklin says.

After two months in the program, Jackson is doing well. Though Franklin and Cayuga staff think he needs to keep working on communicating respectfully with adults and staying away from “negative peers,” Jackson abides by Franklin’s house rules without complaint and has even started doing chores without being asked. Whenever there’s a dirty plate lying around, he washes it, basking in Franklin’s praise.

Clean dishes might sound trivial when the task at hand is the rehabilitation of a young teen accused of robbery at gunpoint. But Franklin and the other host parents describe their work as strong parenting, centered around the kind of mundane details that many parents of teens must grapple with: how to get a young person to do their chores, stop cursing, or start dating nicer boys or girls. At Cayuga Home, instead of one or two parents mulling endlessly over these details, it’s an entire team, with lots of support.

Jackson, for his part, says he now likes the program and its structured approach. He’s bonded with Franklin and has started reading *The Autobiography of Malcolm X* at his host father’s suggestion. On weekends back home, he’s eager to show his father all he’s learning, surprising his dad by taking out the trash or making his bed.

Jackson has noticed that his father is learning new skills, too. In the past, the two would have yelling matches that led nowhere. On a recent visit, when Jackson came home past his 8 p.m. curfew, his father tried something new. He stayed calm and reminded Jackson that there were consequences to breaking the rules. At the suggestion of Cayuga Home staff, Jackson’s father has also begun drawing on the support of his siblings who live nearby, enlisting them to help keep Jackson on track.

“We’re both changing,” says Jackson. “He’s trying to work with me. I think it builds a better relationship.”

What if someday his friends try to lead him into trouble? “I’ll walk away,” he says. Then he adds, “Or go to the other side of the street.” Then, with a moment of reflection, he settles on a remarkably realistic answer. “I would have to be in that position,” he says. “I would say I would walk away now, but I would have to be in it to really know.”

Franklin prefers optimism, imagining only bright things in Jackson’s future. “If he stays away from negative peers,” he says, “he is going to shock everyone.” ❀



# What are the alternatives to juvenile institutions?

LAST YEAR, ABOUT 5,900 CASES were pursued against juvenile delinquents in Family Court. At a fact-finding hearing, the city's Department of Law presents the case before a judge—and if the judge finds for the prosecution, the case moves to its disposition phase. At this point, the court and city probation officers must decide whether to send the young person to an institution or to an alternative program, assign him or her to the supervision of the city Department of Probation, or simply set conditions for his or her release to family members.

In 2008, the courts sent almost 1,100 juvenile delinquents to alternative-to-placement programs. Below are short descriptions of the most common of these programs:

## Enhanced Supervision Program (ESP)

The Enhanced Supervision Program (ESP), run by the city's Department of Probation, provides much closer supervision than a typical youth on probation receives. ESP probation officers work with all family members, not just the probationer. They maintain a caseload of 25 cases and are required to have more frequent contact with the youngster and the juvenile's family, school and treatment programs than they would under standard probation. Youngsters assigned to ESP are required to perform 60 hours of community service. ESP generally lasts nine months.

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CHILDREN ADMITTED IN 2008: 633  
COST PER CHILD: \$3,743

## Esperanza

Esperanza offers six months of family therapy and crisis management. Under a contract with the city's Department of Probation, counselors work with families in their homes and help set up a system of rules, reward, and consequences. Esperanza helps families develop goals that build on personal and family strengths while also addressing areas they would like to change. Young people continue to attend their school and meet regularly with a probation officer. Launched in 2002 as a project of the Vera Institute, Esperanza became an independent nonprofit organization in 2006.

Esperanza is not equipped to take children who are abusing drugs, who have major mental illnesses, or who are sexually aggressive. The program can only take children who have a family member willing and able to participate.

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CHILDREN ADMITTED IN 2008: 115  
COST PER CHILD: \$13,000 PER CHILD.

## Juvenile Justice Initiative

The Administration for Children's Services (ACS) launched the Juvenile Justice Initiative (JJI) in 2007. The program emerged within ACS largely because the agency is responsible for the full cost of placement for juvenile delinquents sent to nonprofit residential treatment centers by the courts. With JJI, the agency offers judges an alternative to placement, in hopes of making better use of limited resources by providing services in communities rather than institutions.

ACS has contracted with social service agencies in the Bronx, Queens, and Staten Island to provide a modified version of Multi-Systemic Therapy (MST). (See "Keeping it in the Family," page 15.) Therapists meet with families in their homes several times a week to help reestablish parents as authority figures. The therapists are available by cellphone to the young people and their families 24 hours a day, 7 days a week. These programs are available to juvenile delinquents who have family members willing and able to participate. Most of the JJI programs are not available to youngsters with mental health issues or who abuse alcohol or drugs.

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CHILDREN ADMITTED IN 2008: 278  
COST PER CHILD: \$17,000

The exception is Blue Sky, a project of New York Foundling, which contracts with ACS to provide a range of services to families in the Bronx and Manhattan, including some that are significantly more intensive than those available from the other agencies. Blue Sky employs all three of the "evidence-based models" of family therapy. (See "Focus on the Family," page 15.) Depending on the need, families may meet with a therapist as little as once a week or as often as four times a week. A particularly needy child may be placed with a "host family" while therapy continues with the biological family. Blue Sky is one of the few programs in the city equipped to serve children with severe mental health needs through a therapy called the MST-psychiatric adaption team.

Blue Sky serves about 130 families in Manhattan and the Bronx, about half of whom have either a child or a parent with mental illness. New York Foundling and ACS have applied for a grant to expand the MST-psychiatric program to other boroughs. About 60 children in Brooklyn and Queens who are rejected from alternative-to-placement programs each year solely because of mental illness; the new program would serve them as well.

## Cayuga Home "Host Family" Program

Juvenile delinquents live with specially-trained host parents for nine months while a team of therapists work with both the teens and their families. (See "Homes for Teens, Not Lock-Ups," page 14.) Young people learn to manage their behavior by earning privileges—like home visits—through a highly structured point system. Families learn how to help manage their teen's behavior. Also called Multi-dimensional Treatment Foster Care (MTFC), this is the most expensive ATP program. (See "Keeping it in the Family," page 15.) Right now, the program can only engage young people whose families agree to participate. The program does not take sex offenders or young people with serious mental illness or substance abuse issues. The program, under contract to the state's Office of Children and Family Services (OCFS), serves youth who are in detention, at risk of placement within the state's juvenile correctional system, or returning home from a correctional placement.

CHILDREN ADMITTED IN 2008: 29  
COST PER CHILD: \$60,000.

## SNAPSHOT OF JUVENILE JUSTICE IN NYC 2008

|  |        |
|--|--------|
| TOTAL JUVENILE ARRESTS<br>(INCLUDES JUVENILE OFFENDERS, WHO ARE TRIED IN CRIMINAL COURT)                             | 12,558 |
| JUVENILE MAJOR FELONY ARRESTS (FY 2009)  | 4,207  |
| JUVENILE DELINQUENCY CASES "ADJUSTED"<br>(VICTIM AGREES TO APOLOGY OR RESTITUTION, CASE NOT BROUGHT TO FAMILY COURT) | 3,569  |
| CITY PRESSES CHARGES IN FAMILY COURT   | 5,905  |
| COURT SENTENCES YOUTH TO PROBATION<br>(INCLUDES FOLLOWING ALTERNATIVES-TO-PLACEMENT)                                 | 2,452  |
| Enhanced Supervision Program   | 633    |
| Juvenile Justice Initiative  | 278    |
| Esperanza  | 115    |
| Other ATP  | 71     |
| COURT ORDERS CHILD PLACED IN NONPROFIT RESIDENTIAL TREATMENT CENTER  | 547    |
| COURT ORDERS CHILD PLACED IN OCFS CORRECTIONAL FACILITY<br>(INCLUDES JUVENILE OFFENDERS SENTENCED FOR MAJOR CRIMES)  | 461    |
| JUVENILE OFFENDERS, SENT TO SECURE FACILITIES  | 120    |

*Data from city's Criminal Justice Coordinator, the New York City Mayor's Management Report, and OCFS.  
Compiled by the NYC Independent Budget Office for Child Welfare Watch.*

A six-year statistical survey monitoring New York City's child welfare system

# WATCHING THE NUMBERS

## PROTECTIVE SERVICES

|   | FY 04  | FY 05  | FY 06  | FY 07  | FY 08  | FY 09  |
|---|--------|--------|--------|--------|--------|--------|
| <b>REPORTS OF ABUSE AND NEGLECT:</b>  | 51,477 | 50,251 | 62,585 | 64,190 | 64,572 | 64,748 |
| The pace of reports to the state hotline remained near historical highs.  |        |        |        |        |        |        |
| <b>PERCENTAGE OF REPORTS SUBSTANTIATED:</b>   | 33.7   | 32.6   | 36.7   | 39.8   | 39.9   | 42.1   |
| Child protective services' more frequent validation of suspected abuse or neglect appears to be an enduring change. |        |        |        |        |        |        |
| <b>PENDING RATE:</b>  | 5.9    | 6.1    | 7.5    | 6.0    | 5.4    | 4.8    |
| The monthly average of new cases per child protective worker was at the lowest it has been in over a decade.        |        |        |        |        |        |        |
| <b>AVERAGE CHILD PROTECTIVE CASELOAD:</b>   | 12.1   | 12.1   | 16.5   | 15.1   | 11.6   | 9.6    |
| Caseloads were at the lowest they've been in over a decade.   |        |        |        |        |        |        |
| <b>FAMILIES RECEIVING ACS COURT-ORDERED SUPERVISION (ACTIVE, JUNE):</b>   | 2,289  | 1,947  | 2,689  | 3,570  | 3,865  | 3,682  |
| Court orders for families to be supervised by child protective services have become a more routine practice.        |        |        |        |        |        |        |
| <b>CHILD FATALITIES IN CASES KNOWN TO ACS (CALENDAR YEAR):</b>  | 33     | 30     | 44     | 41     | 49     | NA     |

## PREVENTIVE SERVICES

|   |        |        |        |        |        |        |
|---|--------|--------|--------|--------|--------|--------|
| <b>FAMILIES RECEIVING ACS-CONTRACTED PREVENTIVE SERVICES (MONTHLY AVERAGE):</b>                         | 11,622 | 11,542 | 11,695 | 12,889 | 13,868 | 13,785 |
| The number of families receiving preventive services each month flattened out.                          |        |        |        |        |        |        |
| <b>NUMBER OF CHILDREN IN PREVENTIVE CASES (ACTIVE, JUNE):</b>   | 30,033 | 29,405 | 28,663 | 30,358 | 33,022 | 31,584 |
| Preventive programs continued operating at full capacity.   |        |        |        |        |        |        |
| <b>PERCENT OF PREVENTIVE CASES REFERRED BY ACS:</b>   | 50     | 49     | 52     | 68     | 76     | 68     |
| After spiking in FY08, the rate of new cases referred to general preventive agencies from ACS declined. |        |        |        |        |        |        |

## FOSTER CARE SERVICES

|   |        |        |        |        |        |        |
|---|--------|--------|--------|--------|--------|--------|
| <b>NUMBER OF CHILDREN ADMITTED TO FOSTER CARE:</b>  | 6,201  | 4,813  | 6,213  | 7,132  | 7,460  | 7,474  |
| The number of children placed in care remained consistent three years after the Nixmary Brown murder. |        |        |        |        |        |        |
| <b>NUMBER OF CHILDREN DISCHARGED FROM FOSTER CARE:</b>  | 8,854  | 7,907  | 6,625  | 7,219  | 7,587  | 7,557  |
| Discharges kept pace with admissions.   |        |        |        |        |        |        |
| <b>TOTAL FOSTER CARE POPULATION (ANNUAL AVERAGE):</b>   | 22,082 | 18,950 | 16,645 | 16,854 | 16,701 | 16,440 |
| The number of children in foster care declined slightly.  |        |        |        |        |        |        |
| <b>MEDIAN LENGTH OF STAY FOR CHILDREN BEFORE RETURN TO PARENTS (MONTHS):</b>                          | 7.6    | 8.2    | 10.3   | 11.5   | 9.3    | 8.3    |
| Children entering foster care for the first time returned home more quickly than in the past.         |        |        |        |        |        |        |
| <b>PERCENTAGE OF CHILDREN WITH REUNIFICATION GOAL (PREVIOUS CALENDAR YEAR):</b>                       | 44.0   | 44.3   | 45.5   | 55.3   | 51.3   | 51.6   |
| More than half of the children in foster care in December 2008 were expected to return home.          |        |        |        |        |        |        |
| <b>PERCENTAGE OF SEPARATED SIBLINGS (PREVIOUS CALENDAR YEAR):</b>                                     | 51.4   | 50.7   | 49.3   | 47     | 48.3   | 44.2   |
| The rate of siblings who are separated is at an all-time low.   |        |        |        |        |        |        |
| <b>RECIDIVISM RATE (%) (PREVIOUS CALENDAR YEAR):</b>  | 12.8   | 13.6   | 11.5   | 9.1    | 10.0   | 12.3   |
| The percentage of children returning to foster care within two years of discharge increased.          |        |        |        |        |        |        |
| <b>PERCENTAGE OF FOSTER CHILDREN IN KINSHIP CARE:</b>   | 26.0   | 24.6   | 24.3   | 28.3   | 32.3   | 33.9   |
| The proportion of children in kinship care continued to increase.                                     |        |        |        |        |        |        |
| <b>PERCENTAGE OF FOSTER BOARDING HOME PLACEMENTS IN BOROUGH OF ORIGIN:</b>                            | 72.4   | 76.8   | 74.1   | 65.7   | 54.0   | 57.8   |
| The rate of in-borough placements rose slightly in FY 2009.   |        |        |        |        |        |        |
| <b>PERCENTAGE OF FOSTER BOARDING HOME PLACEMENTS IN COMMUNITY DISTRICT:</b>                           | 23.7   | 21.7   | 17.8   | 13.5   | 11.2   | 13.6*  |

\*This figure is for only January through March 2009. Data for the full year are not available.

## ADOPTION SERVICES

|   |       |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|-------|
| <b>PERCENTAGE OF CHILDREN WITH ADOPTION AS A GOAL:</b>                          | 38.8  | 39.8  | 37.4  | 31.0  | 29.2  | 28.0  |
| With fewer children in foster care, a smaller proportion moved toward adoption. |       |       |       |       |       |       |
| <b>NUMBER OF FINALIZED ADOPTIONS:</b>   | 2,735 | 2,364 | 1,831 | 1,562 | 1,472 | 1,344 |
| Finalized adoptions continued to decline.                                       |       |       |       |       |       |       |
| <b>AVERAGE TIME TO COMPLETE ADOPTIONS (YEARS):</b>                              | 3.6   | 3.4   | 3.5   | 3.4   | 3.4   | 3.2   |

All numbers above reported in NYC fiscal years unless otherwise indicated. Sources: NYC Mayor's Management Reports; NY State Office of Children and Family Services Monitoring and Analysis Profiles; NYC Administration for Children's Services Updates and Performance Reports.



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