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FERRER'S YOUTH AT RISK PROGRAM WOULD REDUCE JAIL COSTS

Borough President Fernando Ferrer today announced a comprehensive approach to implement cost-effective programs to reduce jail and (youth) detention and give non-violent offenders an opportunity to lead productive lives. In an address to graduates of the El Rio program of the Osborne Association, 809 Westchester, in the Bronx, Ferrer outlined his model program.

Ferrer said, "I propose a model Youth At-Risk Program (YARP) that offers an approach that targets adolescent offenders and youth at risk. It builds on existing Bronx examples of inter-coordination and successes in other areas that can be built upon, such as the Bronx Health Link."

Ferrer contrasted the costs of incarceration against alternative programs:

> Cost per person of state, city jails and youth detention (annual)

City Jail	\$60,000
New York State prison	\$30,000
City Detention	\$112,000 (v. \$10,000 cost for a NYC public school student)

> Cost of ATI and ATD programs

Residential Drug treatment	\$17,000 to \$20,000
Nonresidential drug treatment	\$5,000-6,000
Alternative to detention	\$10,000
Community service supervision	\$1,500

Savings

NYC jail savings	\$25-40,000
NYS prison savings	\$10-25,000*
NYC detention savings	\$92,000 -107,000

*The Citizens Budget Commission estimates New York State could save \$96 million per year in prison costs without reducing public safety. To the extent that NYC programs support this reduction, the State should reimburse the city.

Fernando Ferrer | News Release

>Recidivist rates.

NYS juvenile	81% males, 45% females
NYS prison	44% returned to state custody within three years; 69% state prisoners in 1998 served previously
NYC jail	50% inmates released re-incarcerated within year, 15% within 90 days
City detention	40% within a year

Given the cost savings, even if an ATI/ATD produced similar recidivism rates, it would be successful, but in fact the ATI/ATD programs prove more successful by targeting varying populations.

Ferrer said, "Recognizing the success of programs such as Osborne and others, I recommend strongly that the next administration look to this model to expand ATI and ATD programs. I felt strongly about this before September 11, but the economic imperatives make it all the more important now."

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The Ferrer Model Youth At Risk Plan: Alternatives to Incarceration And Detention - A Multi-Discipline Approach

- One-stop evaluation, treatment, and alternative to detention/incarceration facility for troubled youths in all five boroughs.
 - Less expensive and more effective than incarcerating teenagers and young adults.
 - Closely monitors and accounts for non-violent juvenile and young adult offenders.
- Provide a "Home Depot" expanded range of social and other services for troubled youths and their families to steer them from paths that would lead them to Rikers Island.
 - Alcohol and other drug abuse education, prevention and counseling.
 - Mental health education and counseling.
 - Anger Management and domestic violence courses.
 - On-site high school, college, and vocational training.
 - Community services.
 - Legal and Financial assistance
- Mandate that teens attend enriching and stimulating after school programs, a time when statistics show most juvenile crime is committed.
- Network of providers would also be responsible for communicating with insurance companies and government agencies to obtain reimbursement.

- Court liaison to keep the court, prosecutors and other interested parties informed about spaces available and progress of individual cases.
- Lower costs and lower recidivism rates allow more individuals to be served and lead productive lives.

MODEL YOUTH AT-RISK PROGRAM ["YARP"]

Targeting Adolescent Offenders and Youths At Risk

Alternative programs need to move beyond drug courts that sentence offenders to alternative programs and better promote early intervention where needed. This model Youth At-Risk Program ("YARP") offers a holistic approach that targets adolescent offenders and youth at risk. It builds on existing Bronx examples of inter-coordination and a holistic approach of success in other areas that can be built upon such as the Bronx Health Link.

The Problem

In 1997, law enforcement agencies made an estimated 2.8 million arrests under the age of 18 years of age.

The Department of Juvenile Justice found that about 40% of arrests, 123,400 of 2,838,300, were for violent crimes. Violent crimes include Murder, Manslaughter, Rape, Robbery and Aggravated Assault.

Department data indicates that property crimes accounted for 701,500 arrests, non-index crimes (i.e. forgery, Fraud, Weapons Possession, Prostitution) accounted for 241,800 crimes and drug abuse violations accounted for 220,700 arrests.

Data has indicated that nationally juvenile arrests for drug abuse violations have increased more than 70% between 1993 and 1997.

In fact, female drug abuse arrests were greater than males 117% to 78% between 1993 and 1997.

In that same time frame, DWI arrests for juveniles has increased by 40%, the juvenile arrest rate for simple assault has more than doubled between 1981 and 1997 along with weapons law violations between 1987 and 1993.

From 1984 to 1996 juvenile arrests for disorderly conduct doubled where one third of that population was under the age of 15 years.

Juvenile arrest rates for aggravated assault increased steadily between 1983 and 1994, up more than 120%. Juvenile arrests for vandalism in the 1990's have increased about 25% above the average rate in the 1980's.

What is interesting to see is that the department's data shows delinquency case rates generally increased with the age of the juvenile especially case rates in increases of age for drug and public order offenses. This increase was especially striking between the years 1986 to 1994 when the number of delinquency cases waived to criminal court increased 73%. Between 1987 and 1996 drug offense cases increased 124%. As a result of these arrests, the number of delinquency cases involving detention increased by 38% between 1987 and 1996.

By detaining these juvenile offenders, the cost of detention increased dramatically and the need to develop more detention centers arose. In fact, in the State of New York, \$761 million has been added to the State's budget to detain criminal offenders (from 1988-1998). In contrast, as it expanded prisons, New York State cut funds for higher education this same period by \$615 million dollars. What is most alarming is that the State now actually spends about \$300 million more dollars on detention than on education.

While 4,054 African Americans received a degree from the State University of New York, 4,727 African Americans entered State prisons on drug related offenses. Statistics indicated that 4,459 Latinos were convicted for drug related offenses while 2,563 actually received degrees from SUNY. These statistics show high levels of crime rates both nationally and within New York State; despite the actual reduction in violent crime among all populations. Yet the actual incarceration rate continues to increase. Statistics show that nearly 60% of the people sent to prison in 1997, were actually convicted of nonviolent crimes. Over the course of the last five years the percentage of people entering prison who were convicted of a violent crime has dropped by 27%. Critics indicate that New York's harsh drug laws are largely responsible for this economic and incarceration increase to detain these populations. New York became the only State to adopt a strict minimum mandatory drug sentence (Rockefeller Laws). In fact, of the 70,320 State inmates, one-third is incarcerated for drug crimes many individuals considered to be adolescent.

As of 1997, the New York State Division of Criminal Justice Services indicated that in 1997 a total of 17,703 arrests occurred for youths under 18 years of age in the County of Bronx, New York. Of those arrests, the highest offenses consisted of Fraud (9,951 arrests) and drug possession (6,357). Aggravated assaults were indicated as the lowest number of offenses (673). Juvenile arrests consisted of Robberies, Disorderly Conduct, Fraud, Drug sales and possession, simple and aggravated assaults. Most arrests were committed by both Caucasian and African American youths, nearly 50% for each group.

What is food for thought is that along with this growing criminal population is the fact that the actual adolescent population is also increasing. 69.5 million Americans or more than one in four were under the age of 18 in 1997. The number of youth under the age of 18 is projected to reach 77.6 million by 2020. By examining the national, New

York State and Bronx County statistics we can conclude that though population levels are increasing, violent crime levels are decreasing whereas non-violent crime levels are increasing. Despite this increase in non-violent crimes, incarcerations grow instead of greater use of alternative to incarceration programs proven to be both cost-efficient and effective at reducing recidivism.

COSTS OF INCARCERATION

Nationally, over 108,700 juveniles were in detention, correctional or shelter facilities on February 15th, 1995. Within the population, 91,505 were incarcerated for law violation, 84,020 for delinquency, and 17,241 for non-offender populations. Non-offender populations included abusive, neglected, emotional disturbance or mental retardation populations. The average length of stay for juveniles averaged 3.5 months. The proportion of juveniles held for drug offenses rose from 6% in 1983 to 14% in 1991. Data also indicated that violent crimes committed by juveniles were more likely to occur after school. In fact 57% of all juvenile violent crimes occurred on school days between 2:00 p.m. and 6:00 p.m. By 1996 juvenile court delinquency caseload rose more than four times the caseload from 1961. Data also indicates that the number of delinquency cases involving detention increased in all race groups between 1987 and 1996 with the sharpest increase being with African American youths.

Currently, many politicians and community leaders are now faced with the dilemma of observing non-violent crimes increase and violent crimes decreasing under old, extremely costly, ineffective and non-rehabilitative laws. Imprisonment is an expensive, especially if it's ineffective and enables the possibility of future offenses to occur. In 1990, combined Federal, State and local spending used to secure inmate populations totaled \$24.9 billion and increased to \$31.2 billion in 1992. It should be noted that no other society in history has ever imprisoned so many of its own citizens for the purpose of crime control. In New York State, The Correctional Association of New York indicated that the 33,458 State prison beds built since 1993 will cost \$180,000 per bed over the next 30 years totaling \$6 billion. In 1993, residential drug treatment averaged \$16,000 per prisoner per year as compared to \$25,694 for jailing a prisoner without treatment. The Correctional Association indicated that it costs the City of New York \$60,000 and New York State \$30,000 for incarceration per occupant annually. This contrasts with between \$17,000 and \$20,000 to provide residential drug treatment and an average of \$5-6,000 annually to provide nonresidential drug treatment costs. At a December 10, 1998 City Council Public Safety Committee hearing NYPD Commissioner Safir stated 70-80% of those arrested had drugs in their systems. This data further demonstrates the growth of non-violent offenders. Commissioner Kerik (Corrections) testified that 80% of inmates have drug problems. The Department of Corrections budget for 1999 is \$828.6 million. This figure does not include the costs of prison health care or education. Jailing also imposes other expenses such as childcare.

In terms of the youthful offender, secure detention costs about \$112,000 annually per occupant. This contrasts with approximately \$10,000 for alternative to detention

programs (ATDs). The City currently has about 200 detention slots, 190 occupied, and about 150 non-secure detention slots.

And the Giuliani administration proposes to expand costly youth detention beds. This is in addition to re-opening the former Spofford Detention Facility, now called Bridges Juvenile Center. The City's Capital programs also calls for 100 new detention beds at each of its new facilities, Crossroads Juvenile Center in Brooklyn and Horizons Juvenile Center here in the Bronx, costing nearly \$65 million. If these beds go on line, the expense costs will reach at least \$23,000,000.

The number of New York State prisoners increased almost by 500% between 1970 and 1996. In 1985, violent felony offenses were committed by 59% of the incarcerated population. In 1994, that population decreased to 37%. About one half of all non-violent offenders were convicted of drug offenses. Currently, 27% of the New York State prison population is considered violent offenders. The Citizens Budget Commission estimates New York State could save \$96 million per year in prison costs without reducing public safety. To the extent that NYC programs support this reduction, the State should reimburse the city.

In terms of youth detention, 40 percent of youths in the custody of the New York City Department of Juvenile Justice have been previously in DJJ custody at least once before in a given year.

ALTERNATIVES:

Upon evaluating the information and data mentioned above, it is apparent that alternatives need to developed and implemented to rehabilitate and monitor non-violent offenders. As of today there exist new and promising advances in identifying rehabilitative and effective programming for non-violent offenders.

A Vera Institute study found that Alternative to Incarceration Programs (ATIs) expand a range of sanctions available to judges, offer services that benefit clients in their effort to rehabilitate their lives and divert significant numbers of offenders from costly detainment and imprisonment. ATIs provide a wide range of services and educational mechanisms to increase the probability for developing occupational duties, reducing and counseling of alcohol and substance intake, job training and enhancing the monitoring and progress of a offender. Similar programs are provided for youth offenders in the guise of Alternative to Detention programs (ATDs).

Alternative programs save millions in jail costs and ensure jail slots for more violent and serious offenders. Police Commissioner Safir indicated in May of 1998 that 84% of a sampling of arrestees tested positive for drug use; and 60-70% of parolees, who are substance users and receive no treatment, return to drugs and crime within three months of their incarceration arrest. ATDs similarly offer savings on the youthful offender side (ages 15 and under). This evidence suggests that the lack of resources implemented into education, training, employment and treatment results into a vicious

cycle. It is also apparent that the triggering effect of an offender's behavior pattern is not essentially being attacked but rather a removal from an environment without sufficient rehabilitation.

Alternative programs include Parole, Probation, Court liaisons, residential inpatient programs, outpatient programs, intensive supervision, community service which could be used to provide restitution and also to foster civic engagement and a sense of ownership in solving community problems), day reporting, house arrest, electronic monitoring, halfway housing and boot camps. Much evidence has indicated some significant results with these types of programs. Offenders are more closely monitored by not one agency but many agencies. Though this is effective it may also be an obstacle for appropriate rehabilitation of the offender or sufficient accountability of the offender's progress. ATIs and ATDs provide a significant reduction in taxpayer spending, and allow multiple agencies to monitor the client and assist in the occupational and educational development of the offender.

However problems still arise in the ATI/ATD system. When working with an offender with multiple issues, it requires multiple agencies. Few ATIs and ATDs provide a full-expanded range of services to better benefit the offender. For example, an adolescent offender that is convicted on a drug possession charge is unemployed, uneducated, performing high-risk sexual behaviors and is a parent. Following the conviction usually the offender is sentenced to a substance abuse treatment program. They're told to develop a recovery from alcohol and substance use and are usually on their own to work on any of the other issues facing the client. The client, if motivated, is then expected to develop an education (i.e., GED), receive vocational counseling and occupational duties, attending a sex education program and then attend a parental skills program without much assistance and in different life fragments. This offender who may be poor, may need to find ways to pay for transportation, buy supplies and try to develop an efficient lifestyle in elongated fragments. This results in delays in the treatment of much of the primary issues that may trigger the offender's pathological behaviors and or substance intake.

THE NEED

A simple cost-effective approach will demonstrate long term utility by shifting funds to a central site to educate, counsel and monitor non-violent adolescent offenders. This type of ATI/ATD would provide extensive after school programming and court monitoring. It would also reduce the proportional size of at risk populations and enabling more funding to more beneficial programming and less funding to the incarceration of non-violent offenders. By developing and offering an all-inclusive "Home Depot" ATI/ATD we attempt to make many of today's non-violent offenders part of our working taxpayer force, reducing felony rates and restructuring behavioral and social patterns.

GOAL: To establish an alternative to incarceration/ alternative to detention program that

- a) Closely monitors and accounts for non-violent juvenile offenders
- b) Reduce incarceration rates for non-violent offenders.
- c) Increase and provide in-house education, counseling, alcohol and substance counseling, family services, vocational counseling, language and acculturation programs.
- d) Reduce fragments in treatment services
- e) Develop a provider network of counseling - treatment, educational, residential-inpatient, and vocational providers.
- f) Establish effective court liaisons between criminal court, monitoring agency and treatment providers.
- g) Provide assessment programs within Criminal court facilities for effective referral to treatment.
- h) Provide reward systems for program completion.
- i) Establish and maintain Crisis intervention, sex education, anger management, anti-gang, domestic violence, language and child care programs.
- j) Develop and manage a curfew system
- k) Provide urine toxicology evaluations.
- l) Provide after school art, music, computer, athletic and acting programs
- m) Provide follow-up interviews

PROGRAM MODEL:

This initiative focuses on the complete issues facing today's adolescent offender. Generally youths up to aged 15 will be placed in the custody (detention) of the Department of Juvenile Justice; youth ages 16-21 will be placed in the custody of the Department of Corrections (incarceration in jail at Rikers Island). A rehabilitated and appropriately case managed adolescent offender has a less likelihood to become a repeat offender and will more likely become a working member of society. If an adolescent offender has a felony on one's record, the likelihood to develop acceptance in a job market significantly decreases therefore increasing the probability to repeat crimes. The model devised must identify all high-risk conditions within an adolescent offender and to address the entirety of those issues in a central location at one time to better assist, manage and identify progress and accountability. A "Home Depot" of social services for this population is essential to maintain motivation and to case manage the progress of the adolescent offender.

A full services treatment and accountability model improves the adolescent offender's psychological development, educational – occupational skills and placement, social skills, enhance family programming, reduce high-risk situations and relationships, establish safe havens, increase accountability, reduce repeat offenses, develop reward systems and reduce felonies with the application of conditional discharges. This full service treatment model includes a "Soup to Nuts" model that immediately takes on the responsibility to give adolescent offenders a second chance for life development and success.

Length of stay in a program will be set by the court either as an alternative sentence, or as part of an agreement prior to a case disposition that would result in an ACD (adjournment in contemplation of dismissal) upon successful completion of the program. Thus, entry in a program will not depend upon conviction. In addition, the program model will also seek to target at-risk youth not in custody.

Funding for the program would be coordinated through a central city office. Currently, most ATIs get funded through the Office of the City's Criminal Justice Coordinator. Some other ATIs and all ATDs get their funding through the Department of Probation. This model envisions only one agency providing funding to ATIs and ATDs.

ALTERNATIVE TO INCARCERATION/ ALTERNATIVE TO DETENTION MODEL:

In the initial stage of the project, court liaisons would act as representatives for the ATI/ATD agency with the criminal court system. The liaison would take the immediate responsibility of referring and escorting the adolescent offender to its administrative offices (Strategically placed near criminal court facilities) to a case manager. This court liaison would act as a communicator between the assigned case manager, the criminal court and its presiding judge to identify the progress of the adolescent offender.

The ATI/ATD would require a full multi-disciplinary of qualified and “street smart” case managers, supervisors, assessors, clinicians and court liaisons. This team of individuals would primarily focus on the effective placement, accountability, assessment, treatment planning and discharge follow - up of the mandated adolescent offender. In addition, this team would provide home visits, curfew enforcement, meetings and in-service trainings for offender’s parents. The ATI/ATD team would be educated on the different cultures to enable them to provide services in multiple languages. Other responsibilities for this team would be to establish a comprehensive team of both in-house and outside network of counseling- treatment, anti-violence, educational, vocational, social support, college placement, substance abuse education, family and health services. This team would also provide counseling and referral services for crisis intervention, anger management, anti-shop lifting, anti-gang, language and legal services. The ATI/ATD team would develop special off-site presentations to its adolescent population that would include trips to incarceration facilities (i.e., Rikers Island), Substance and Alcohol Detoxification Units, HIV-AIDS facilities and present numerous public speakers that would include rehabilitated adults, victims and role models.

TARGETING ADOLESCENTS

Most crimes committed by adolescent offenders occur following after-school participation. The ATI/ATD would develop and monitor programs that would mandate adolescent offenders to beneficial and stimulating after school programs. The model

would develop programs and possible linkage agreements with other private and public agencies to establish athletic leagues (i.e., Basketball), Arts and Dance programs, computer and continuing education programs, vocational programs and family services. The ATI/ATD would recruit and monitor coaches, educators and volunteers. In addition, the ATI/ATD would establish a random sampling placement of after school programs to increase the probability of relationships, teamwork, and multiple-participation within many cultures, socio-economic classes, and age groups. Prior to any type of after school participation many of the adolescent offenders would initially participate in an effective community service program that is geared toward the retribution of their offense. For example, if an adolescent offender is arrested for writing graffiti, then they will be mandated to scrub off graffiti or participate in painting walls in public institutions. Once community service is completed, offenders will then earn the status to participate in programming that is geared for their development.

IN-HOUSE SERVICES:

The program model itself should include services that focus on the complete development, management and accountability of the adolescent offender. The model should be seven day a week program and open every day during the school year. It would be essential that all adolescent offenders mandated to the program participate during holidays and weekends. Within the “in-house” model ATI/ATD supervisors would develop and maintain programs that would include:

- A) Alcohol and Substance Abuse Education, Prevention and Counseling
- B) Mental Health Education and Counseling
- C) Domestic Violence, Anger Management, Anti-Violence Education, Prevention and Counseling
- D) Legal Information and Services
- E) On Site High School Services
- F) Satellite College / University Continuing Education Services
- G) Educational Scholarship Programs
- H) Vocational Counseling and Job Placement
- I) Community Services Unit
- J) Financial / Investment Information
- K) Sex Health Education
- L) Recreational Programs (i.e., Basketball, weight training, nutrition, boxing, arts-dance, computer)
- M) Public Speakers (i.e., Pro athletes, recording artists, business persons, rehabilitated offenders)
- N) Reward Systems
- O) Specialized Language Programs

ALCOHOLISM AND SUBSTANCE ABUSE SERVICES:

The ATI/ATD would provide all outpatient alcohol and substance abuse counseling, education and prevention services to all admissible adolescent offenders and or their family members. It would provide a full clinical and administrative team of health care professionals and substance abuse specialists. It would provide counseling and education services on the same site as the ATI/ATD. By placing both the ATI/ATD and a treatment facility at an identical location, it ensures immediate referral, excellent accountability and appropriate treatment planning. It would not request public funding and would seek counseling, education or prevention reimbursement from the adolescent's insurance carrier, government funded (i.e., Medicaid) or from out of pocket expense. ATI/ATDs such as Human Services Center currently provide treatment services in both Kings and Queens Counties and would have to apply for licensure with the Office of Alcoholism and Substance Abuse Services (OASAS).

MENTAL HEALTH SERVICES:

As with the model for alcoholism and substance abuse services, the ATI/ATD would apply for licensure to provide outpatient mental health services, within the identical treatment site. It would provide a full clinical and administrative team of health care professionals to identify and treat mental health disorders of mandated adolescent offenders and their families. It would provide a comprehensive domestic violence, anger management, anti-violence, sex education and other maladaptive behavior programs within this on site unit.

MEDICAL SERVICES:

The ATI/ATD would provide medical staffing to evaluate and contagious diseases, injuries or medical complications that may affect the adolescent offender. Medical services would be only for outpatient services and medical emergencies. The ATI/ATD administrative team would develop a linkage agreement with a New York City based hospital institution to provide medical personal to provide medical check ups for each admitted offender, medical case find, provide medical information and to admit into inpatient medical facility if necessary. By establishing a linkage and a medical office for a hospital institution, it enables the hospital to place a satellite facility within the ATI/ATD site. This also enables the satellite site to bill the adolescent offenders insurance carrier, government funded or a realistic out of pocket expense. It should be noted that all adolescent offenders that are admitted into either the alcohol – substance or mental health outpatient facilities require a medical evaluation by the treatment facility itself.

LEGAL SERVICES:

The ATI/ATD would identify possible candidates to assist in the information and administration of legal services and counseling for adolescent offenders and their families. This on-site component would present public legal counsel employed by either the City or State of New York. If developed, legal counsel could provide information on such topics as civil rights, rental, domestic violence, and custody, financial and criminal issues. This legal service unit would be accountable to the ATI/ATD to ensure appropriate case management for the adolescent offender.

HIGH SCHOOL SERVICES:

Alternate programs, such as HSC, currently provide Board of Education off-site high school programs in their facility locations. These off site education unit's assist high-risk youth to earn their New York City issued high school diploma or GED. Similarly, this ATI/ATD would collaborate with the NYC Board of Education to establish on-site high school programming. Currently, the Board of Education provides the educator; and the ATI/ATD provides the counseling and education site. In this instance the ATI/ATD would provide the site, placement and case management and equipment (i.e., Tables, Chairs, Marker Boards) and also would provide counseling services.

COLLEGE SERVICES:

The ATI/ATD would also take the initiative to establish a linkage agreement with an accredited community college or university to provide collegiate or continuing educational services. The ATI/ATD administrative team would establish a linkage agreement, spacing and equipment with the educational institution. The educational institution would be responsible for the education parameters, class advisory, application to financial aid and payment. The ATI/ATD would attempt to establish college programs that are high in demand for today's job market (i.e., Computer training, Financial Services). In addition, the ATI/ATD model would attempt to establish full or partial educational scholarship programs with the educational institution and identify both private and public funding to assist in scholarship program development. The ATI/ATD would also attempt to develop college savings programs with financial institutions with the actual adolescent offender or family members. For example, HSC holds off-site campus status with Queens College and Queensborough Community Colleges.

VOCATIONAL AND FINANCIAL SERVICES:

The ATI/ATD would take the initiative to develop and manage vocational counseling services and job placement programs. ATI/ATD administrators would attempt to develop on going relationships with employers, internship programs, and recruit certified vocational counselors and maintain case management with the vocational department. The Vocational program in accordance with the ATI/ATD would also

establish occupational – job fairs, occupational public speakers and precise and realistic vocational information. Under this initiative financial education programs will be introduced and administered. Both the mandated adolescent offender and their families would be introduced to financial institutions, investment programs, savings and insurance programs.

SOCIAL SUPPORT GROUPS:

The ATI/ATD would develop and maintain social support groups for many different populations. The ATI/ATD team would develop social support networks for both the adolescent offender and their families. Social Support Programs (SSP) would also be managed and assisted by the different components placed within this ATI/ATD facility. Many SSP's such as Alcoholics Anonymous, Narcotics Anonymous, Al-Atee, Al-Anon, and Gamblers Anonymous would be provided. In addition, SSP's would be recruited to meet the needs for different age levels, sexes and languages attending the ATI/ATD.

PARENTAL SKILLS / DAY CARE:

The ATI/ATD model would also develop and maintain parental skills training and supply day care for the children of the adolescent offenders. The ATI/ATD would recruit Parental Skills Specialists to provide education and training in the nurturing, care taking and responsibilities of being a parent. Parental Skills Specialists would also work closely with ATI/ATD case management to better assist the parental issues facing the adolescent offender. This component of services will also assist in working with the Vocational component of services to find gainful employment with day care services. By providing Day Care services, the ATI/ATD is better able to assess the health and supervision of the mandated client's child, assist in delineating obstacles to attend treatment, educational or vocational services and to increase active participation of the mandated client.

NETWORK OF PROVIDERS:

The ATI/ATD would develop an effective and accountable network of treatment, educational and inpatient providers. These providers would provider the above-mentioned services but at a more intensive level. The ATI/ATD administrative team would recruit, evaluate and supervise outside resources such as alcohol, substance and mental health inpatient treatment services, medical hospitalization, occupational organizations, law enforcement agencies (i.e., Boot Camps), Care taking agencies and Foster Care Services. The network of providers would need to provide services to insurance, government funded populations or provide realistic payment options if necessary. These providers would be accountable to the ATI case management team and would be required to present necessary documentation on admission, progress and discharge of adolescent offenders referred to the provider.

STAFFING MODEL:

For effective staffing and management of this type of project the ATI/ATD would have to provide a full multi-disciplinary team of qualified court liaisons, case managers, supervisors, clinical assessors, Clinical Social Worker's, clerks and security guards.

In regards to court liaisons, one should preside for each courtroom within criminal court that wishes to utilize the ATI/ATD. A ratio of 200 adolescent offenders per one case manager and clinical assessor – Clinical Social Worker is essential for appropriate case management and assessment. Two to three weekend case managers and one weekend assistant clinical director are also necessary. The supervisory team would consist of one Executive Director, one Clinical Program Director, One Administrative Director, one office manager, five to ten clerks / receptionists / secretaries. It is essential that the ATI/ATD have 24-hour security guards and provide maintenance crews.

FACILITY SPACING:

Spacing for such a comprehensive program would require a large, well-ventilated space that is easily accessible to public transportation and near the County Criminal Court building. If outpatient services requiring State licensure is implemented with this project it is recommended that the site be brick, provide emergency exits, sprinkler systems, does not present asbestos, handicap accessible and meets all licensure requirements. The spacing for this type of project would have to provide sufficient spacing for:

- a) Alcoholism - Substance Abuse and Mental Health Treatment Facility (To include counseling rooms for individual, group, family counseling)
- b) ATI work areas for case managers, supervisors, liaisons, clinical assessors, clerks, educators and lunch area.
- c) Medical office
- d) Classroom
- e) Vocational Counseling Office
- f) Computer Room
- g) Auditorium
- h) Legal Office
- i) Recreational Area / Gym
- j) Dance Room / Art Area
- k) Day Care Center
- l) Cafeteria

EQUIPMENT:

- a) Desks
- b) Computers
- c) Chairs
- d) Marker Boards
- e) Day Care Equipment
- f) Office Supplies
- g) File Cabinets and Office Furniture
- h) Conference Area
- i) Phone and Fax Systems
- j) Pagers

Appendix:

Cost of state, city jails and youth detention (annual)

City Jail	\$60,000
New York State prison	\$30,000
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the ATI and ATD cost.

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Giving the cost savings if an ATI/ATD produced similar recidivism rates, it would be successful, but in fact the programs prove more successful targeting varying populations.