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COMMUNITY ALTERNATIVES
FOR FELONY OFFENDERS
A Preliminary Assessment

Submitted to the New York City Office of
the Criminal Justice Coordinator

Douglas Young
Rachel Porter
Gail Caputo, Ph.D.

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Executive Summary

As part of a comprehensive evaluation of alternative-to-incarceration (ATI) programs funded by the New York City Council and the Mayor's Office of the Criminal Justice Coordinator, the Vera Institute of Justice is issuing this first in a series of reports on the programs that work with felony offenders. To meet a need identified by local judges and prosecutors, the report describes the programs and the services they offer. It also discusses the court processes in which ATI placements occur, and the different roles of prosecutors, judges, and the city's new Central Court Screening Service (CCSS). In addition, the report includes some preliminary findings on whether the programs are serving their target populations.

Currently ten of the ATI programs serve defendants charged with felony offenses. Only one serves adult general population defendants; the rest are tailored to persons with special needs—women, substance abusers, youthful offenders, and juveniles. All but one of the programs work on a nonresidential basis, typically providing intensive day-long services supplemented by off-site education and employment. Participants are required to remain in the programs for six to twelve months, and usually proceed through phases marked by increasing autonomy, responsibility, and links to the community. While seeking to save jail and prison costs by serving as alternatives, the programs view their primary mission as assisting offenders to lead productive, crime-free lives.

Early findings are based on interviews with 135 program participants, file reviews of more than 300 participants, and discussions with ATI program staff and various court officials. Highlights include:

- **Offenders are appropriately matched to programs based on individual needs.** Our interview data show, for example, that those in the substance abuse programs have higher levels of past abuse and greater treatment needs than others in the sample. Similarly, clients of the specialized women-only ATIs have significantly higher rates of psychiatric and medical problems, and are twice as likely to report a history of abuse, as others in the sample. Felony program participants generally show poor educational attainment and vocational histories, particularly the women. Only 19% of the total sample have a GED or high school diploma, and they averaged just 15 weeks of employment in the year prior to entering the ATI.
- **The programs serve first-time felons charged with relatively serious offenses—most commonly robbery or drug sales.** Sixty-two percent of the sample were charged with B felonies at criminal court arraignment. If

convicted of this level charge, individuals must serve a mandatory prison term, unless they are granted Youthful Offender status. Also, nearly all of the sample were detained at arraignment.

- **Many felony defendants placed into ATIs face severe sentences if they fail in the programs.** In most cases, defendants must plead guilty to a felony offense in order to be placed in the ATI; the sentences are then held in abeyance until the defendants complete or fail the program. Although defendants often pled guilty to lower level charges than those they faced at arraignment—primarily from C level felonies—about one third of the adults in the sample pled guilty to the B level charge. This is about half the proportion who faced such charges at arraignment but indicates, nevertheless, that substantial numbers of adult ATI participants face mandatory prison should they fail in the ATI. It would appear that many judges and prosecutors trade an ATI placement for a plea to a serious charge, possibly to serve as a “stick” to deter ATI failure.

Introduction

Over the last several decades, New York City has seen the development of a network of programs designed to serve as alternatives to jail and prison. Most of these alternative-to-incarceration (ATI) programs are designed for offenders charged with felonies—typically drug offenses or robbery. These ATIs emphasize rehabilitation over punishment. The court orders offenders to attend for at least six months. While in the programs, offenders participate in a variety of groups and activities that treat problems contributing to crime, such as substance abuse and unemployment.

Although these treatment-oriented alternatives represent a substantial expense to New York City and continue to proliferate nationally in response to escalating jail and prison costs, little evidence exists about their impacts.

What are the long-term effects of this treatment? Are graduates less likely to commit crimes than those sentenced to jail or prison? Is public safety compromised while offenders are in the program and the community, rather than behind bars? Are the programs less costly than jail or prison and do they save the city money, as intended?

These are the questions that guide the evaluation of the ATI network being carried out by the Vera Institute of Justice over the next several years. Funded by the New York City Council through the Mayor's Office of the Criminal Justice Coordinator, the research addresses the recognized longstanding need for objective information about the effectiveness of ATI programs.¹

This is our first report on the felony ATIs. Issued while research is ongoing, the report provides descriptions of the programs and of the court processes by which offenders are assigned to them. The descriptions are based on our interviews with ATI program managers, judges, prosecutors, defense attorneys, and other system actors. In addition, the report provides preliminary findings from our analysis of offenders entering the programs during the study period. The analysis includes the demographic characteristics and the medical, substance abuse, and criminal histories of the 135 participants we interviewed. It also includes the most recent court experiences of 336 participants who were referred to the programs during the study period.

This report fills a need for program information, identified by local judges and prosecutors, and also provides a background for those outside of New York who are considering similar intermediate sanction programs. In addition, the analysis of the two samples gives preliminary answers to basic questions about whether the ATI programs enroll their target populations and match populations to treatment and services.

¹ Some programs have conducted self-evaluations in the past. The Center for Alternative Sentencing and Employment Services (CASES) has conducted fairly sophisticated studies of its own Court Employment Project (CEP), and concluded that CEP yields costs savings by displacing jail and prison beds and reducing recidivism when compared with traditional sanctions.

The Felony ATI Programs

This section describes core elements of the nine ATI programs serving felony offenders, and includes three tables listing specific characteristics of each program.² The narrative emphasizes common elements in the programs while the tables permit easy comparisons across the ATIs. Table 1 lists the programs and provides information about their parent agencies, budgets, and modes of operation. Table 2 identifies the programs' target populations, enrollments, and structural characteristics (e.g., treatment availability, length, and schedules). Table 3 displays the on-site services offered by the programs. Individual narratives, highlighting distinctive elements of each program, are provided in Appendix A.

As shown in Table 1, the nine ATIs target various subgroups of felony offenders. Two of them target youth: the Court Employment Project (CEP), which serves 16 to 19-year-olds eligible as "youthful offenders" under New York State law, and the Youth Advocacy Project (YAP) serving juvenile offenders under 16. Four of the programs target substance abusers: El Rio and Flametree, which admit all adults, and Crossroads and Hopper Home, which target women. In addition to these programs serving women substance abusers, two additional programs target women: DAMAS and STEPS, the latter serving victims of domestic violence, the great majority of whom are women. One of the nine programs, Freedom, serves the general population of adult felony offenders.

The Criminal Justice Agency's Centralized Court Screening Service (CJA/CCSS) screens defendants for all the programs except Crossroads and Hopper Home, which are currently negotiating to accept CCSS referrals. Several of the agencies that receive referrals through CCSS also maintain their own representatives in court for other programs that the agency operates.

Program Budget, Structure and Administration

The fiscal year 1998 budgets of the nine ATIs range from \$264,000 for STEPS to over \$2 million for CASES (Table 1). With these budgets, the programs intend to serve from 35 to 300 offenders (Table 2).

The parent agencies of the ATI programs all have extensive histories of providing services to offenders. The oldest agency, the Women's Prison Association, has worked with incarcerated women since the mid-1800s. All programs rely on their parent agencies for administrative support and other agency programming to supplement ATI activities.

In most programs, counselors or case managers comprise the clinical staff that have the greatest interaction with ATI clients. Support staff are usually shared with the parent agency or with other programs operated by the agency. Most staff have prior

² A tenth program serving felony offenders, Project Return's Comprehensive Day Treatment Program, began accepting referrals for female substance abusers on June 30, 1998. The analysis in this report does not include data from Project Return.

TABLE 1: ATI Agency Characteristics

Referral Source	Parent Organizations	Program	City Funding FY 98	Agency Years in Operation	Program Court Representatives ¹ (Y/N)	Additional Criminal Justice Programs	
Centralized Court Screening Service	The Center for Alternative Sentencing and Employment Services (CASES)	Court Employment Project (CEP)	\$ 2, 265, 414	21	Yes	Court Employment Project Non-Detained; Family Court Project; Community Service Sentencing Project	
	Center for Community Alternatives (CCA)	Youth Advocacy Project (YAP)	\$ 925, 276	17	No	HIV Project; Family Court Project; Choices	
	The Fortune Society	Flametree	\$ 501, 198				
	The Fortune Society	Daughters & Mothers ATI Services (DAMAS)	\$ 376, 919	31	No	ETHICS; Nueva Vida; SATS; ATI Demo: Back Stop	
	The Fortune Society	Freedom	\$ 685, 661				
	The Osborne Association	El Rio	\$ 1, 193, 684	75	Yes	LEGIT; Living Well; Assigned Counsel Services; Family Works at Sing Sing	
	Edwin Gould Services for Children	STEPS to End Family Violence	\$ 263, 919	59	Yes ²	United Families; Reverend Kevin Folks Group Home; TRAX	
	CCA	Crossroads	\$ 350, 000	17	Yes	HIV Project; Family Court Project; Choices	
	Judges, defense attorneys; D.A.s; self-referral; other service providers ³	Women's Prison Association	Hopper Home	\$ 618, 000	150	Yes	HIV Project; Sarah Powell Huntington House; Steps to Independence; Transitional Services Unit

¹ The agencies listed as "Yes" have funding for a court representative independent of the OCJC contract, and they are explicitly permitted by their contracts to provide court screening and advocacy distinct from CCSS.

² STEPS contracts with the City, however, they rely largely on their own counselors to provide court screening and advocacy because CCSS claims to be unable to target the unique population served by STEPS.

³ Crossroads and Hopper Home are negotiating to begin accepting CCSS referrals.

Note: A 10th program, Project Return opened Comprehensive Day Treatment for Women on June 30, 1998. It is not included in these tables.

TABLE 2: ATI Programming Characteristics

Program	Target Population: Felony Offenders	Program Exclusion Criteria	Program Length	Total CCSS Referrals 7/97-5/98	Hours of Participation	Focus of Treatment	Drug Testing Schedule ¹
CEP	16 - 19 Youthful Offenders	Severe Mental Illness or Substance Use	6 mo. + 6 mo. aftercare	223	3:00 - 7:00 ²	Self-sufficiency and Living skills	1/month
YAP	13-16 Juvenile Offenders	None	9 - 12 mo.	84	Varies by day of week ²	Education and Community Service	1/month
Flametree	Substance users	Mentally Ill, Chemically addicted (MICA)	6 - 12 mo.	73	Up to 35 hr./week	Employment and/or Education	1-2/month
DAMAS	Women ³	MICA	6 - 12 mo.	42	Up to 35 hr/week	Living Skills	2-3/month
Freedom	General population	MICA	6 - 12 mo.	128	Up to 35 hr/week	Drug Treatment	1/week
El Rio	Substance using women	MICA	6 - 12 mo.	59	9:00 - 2:00	Drug Treatment	3/week
STEPS	Victims of domestic violence (primarily women)	None	6 mo. min.; 1 year average	0	Varies by individual need	Living Skills/ Healing from Abuse	No on-site testing. Will refer.
Crossroads	Substance using women	MICA	6 - 12 mo.	N/A	10:00 - 4:30 Evenings	Drug Treatment/ Healing from Abuse	Daily. Decreases over time
Hopper Home	Women	None	6 - 12 mo.	N/A	Residential: 2-9 months, Day reporting varies by need	Living Skills	3/week

¹ All programs, except STEPS, test at intake. Programs will follow up positive tests with increased testing, counseling and intensified treatment.

² Participants are required to be on site or in approved activities from 9:00 - 3:00 if they are not in school or in a program.

³DAMAS currently accepts women with substance use treatment needs; however, once Project Return opens its Day Treatment program, DAMAS will serve only women who do not need drug treatment.

experience working with a similar population, and administrators tend to rate life and work experience as more valuable than academic training or professional certification. New staff are trained by the parent agency on program policies and treatment practices, and are encouraged to attend training on an ongoing basis. Certification in substance abuse counseling and acupuncture is encouraged for clinical staff.

Program Missions

The ATI mission statements have important common themes. All of the programs are described as serving the dual function of assisting offenders and providing an alternative sanction to jail or prison. The programs seek to help clients establish productive, crime-free lives by providing comprehensive services that address socioeconomic needs and behavior problems such as substance abuse. The programs also seek to expand sanctioning options for judges and prosecutors through client advocacy, participant supervision, and community education.

Cost savings and public safety—two goals that frequently surface when government officials, judges, prosecutors, and criminal justice policy analysts discuss ATI programs—play a less explicit role in most of the mission statements of these agencies. However, the mission statements indicate that the programs aim to reduce repeat offending by treating and assisting offenders in the context of intensive community supervision, a method which is less costly than jail or prison. In this sense, all the programs seek to maintain and improve public safety and save criminal justice costs.

Program Participants

Eligibility Criteria. The programs generally define their target populations as inclusively as possible. However, individuals with previous arrests for such violent felony offenses as homicide, sex crimes, and arson, as well as those with severe mental or physical problems, are not eligible for any of the programs³ (Table 2). If the program determines that an offender is ineligible or needs residential substance abuse treatment, staff will, with court approval, refer the individual to an appropriate program. Most of the ATIs require participants to have stable housing and, if necessary, staff will assist them in securing housing.

Intake and Assessment. Assessment involves identifying a participant's service needs and risks, and developing a preliminary treatment plan. All programs use fairly extensive assessment measures of their own design, which incorporate some standardized measurement. Treatment plans, usually done collaboratively by a counselor and client,

³ Several of the programs are rethinking exclusionary criteria related to criminal history, particularly arson.

include goals and planned or prescribed activities and services. If the program does not provide a needed service on-site, it refers clients to other community-based agencies, retaining its case management responsibilities. The programs stress that the treatment plans utilize the participants' strengths in addressing needs and weaknesses; they emphasize building rapport and a "partnership" with participants from the beginning of their involvement in the ATI.

Complex Service Needs. Program staff describe their client populations as primarily indigent individuals with an array of needs for such things as food, medical care, income, housing, employment, education, substance abuse treatment, child care, and family counseling. They also see the participants as vulnerable because of their complex, interdependent needs; a relapse or emergency in one area can throw them (and those connected to them, especially children) into crisis. Program staff believe that involvement in crime is just one element of this larger picture of disadvantage.

Program Services

In response to the complex needs of participants, the felony programs provide a comprehensive set of services, designed to reduce future criminal activity.

Program Activities and Services. Most programs offer a similar core of services, including drug treatment and counseling, life skills, education, job training, and job placement (Table 3). Many of the programs also provide classes in parenting and HIV education and support. In addition, the programs provide material resources for clients throughout their stay, including daily lunch; clothing when needed; and money for emergencies, rent, medication, or identification. Finally, there are regular excursions to museums, parks and performances for both participants and family members.

Most program services are delivered in the form of small groups, classes and larger group meetings. Groups usually have a clinical or therapeutic purpose, as do individual counseling and case management sessions. Typically, participants are scheduled to meet with case managers twice weekly and take part in individual counseling once a week. Staff may require that participants receive additional counseling according to individual need. Crisis intervention is also used as necessary. Classes may be small or large, and are educational. The large group meetings, held daily or weekly, address routine issues involving the entire program community as well as specific concerns which may arise. While staff lead most classes and meetings, some held in the later stages of the program are peer sessions or are led by participants. All groups and individual sessions are mandatory; some of them, such as support groups, are ongoing, while others progress through a specific, sequential curriculum.

TABLE 3: On-Site Program Activities¹

Program	Drug Treatment ²	Peer Education/ Rap Group	Job Training	Job Development	Mental Health Counseling	Education ³
CEP	Marijuana only	No	Yes	Yes	Crisis inter- vention only	Yes
YAP	No	Yes	Yes	No	Assessment only	Yes
Flametree	Yes	Yes	Yes	Yes	Yes	Yes
DAMAS	Yes	Yes	Yes	Yes	Yes	Yes
Freedom	Yes	Yes	Yes	Yes	Yes	Yes
El Rio	Yes	Yes	Yes	Yes	No	Yes
STEPS	No	Yes	No	No	Yes	No
Crossroads	Yes	Yes	Yes	No	Assessment only	No
Hopper Home	No	Yes	Yes	Yes	No	No

¹ Programs that do not provide a given service usually have a referral network already in place; if not, staff will locate an agency to provide treatment.

² Drug Treatment includes some combination of the following: cognitive skills, behavior modification, relapse prevention, support group, peer education, acupuncture and AA/NA meetings on site.

³ Classes include Adult Basic Education, English as a Second Language, and Graduate Equivalency Degree.

TABLE 3: Program Activities (continued)

Program	Life Skills/ Decision Making	Parenting	HIV Education ⁴	Anger Management/ Problem Solving	Relationship Group ⁵	Other
CEP	Yes	No	Yes	Yes	No	Sexual abuse awareness, computer skills, multimedia, physical examination, eye care as necessary
YAP	Yes	No	Yes	Yes	No	Sexual harassment awareness, substance abuse education and prevention, volunteer placement
Flametree	Yes	Yes	Yes	Yes	No	Art therapy
DAMAS	Yes	Yes	Yes	Yes	Yes	Art therapy
Freedom	Yes	Yes	Yes	Yes	No	Art therapy
El Rio	Yes	No	Yes	Yes	No	Ceramics
STEPS	Yes	No	No	No	Yes	Teen abuse prevention Child therapy
Crossroads	Yes	Yes	Yes	Yes	Yes	Physical examination, includes gynecological Child care—alternate responsibilities between clients
Hopper Home	Yes	Yes	Yes	Yes	Yes	Computer skills class Journal writing House chores

⁴ Includes prevention, support to individuals coping with the effects of HIV in their families, condom distribution.

⁵ Explores the influences that affect a participant's decision to be in a relationship and how the relationship may be constructive or destructive. It is used in the women's programs since the perception is that most participants have survived emotional, physical and/or sexual abuse.

Treatment Phases. Most of the programs provide services in three distinct phases that each last from two to six months. Movement between phases is based on clinical assessments of participant progress. All the programs, with the exception of CASES, use the phases to motivate participants. Phase I is highly structured and is designed to orient participants to the purposes, roles, and norms of the programs. Participants generally remain on-site, or pursue services in nearby communities during the day. Phase II focuses on building practical skills and coping strategies necessary for eventual integration into community life. Scheduling of activities may be more flexible to accommodate involvement in external educational and vocational activities, but most programs expect clients to remain on-site when not attending the external activities.

In Phase III, clients assume leadership positions in the program and engage in additional community work. Clients become peer counselors, lead rap groups, and escort Phase I clients to outside appointments. Much programming takes place off-site, in educational or vocational training, or in employment. The client will also work with counselors and specialized groups to address issues of termination from the program.

All the programs claim an interest in maintaining contact with participants after the court mandate has been fulfilled. While most programming is only for active clients, counselors and groups are usually available to graduates who wish to maintain ties. None of the programs, however, has formal mechanisms for tracking or recording data on former clients.

Substance Abuse Treatment. The drug treatment programs are drug-free and, with the exception of the Fortune Society, do not accept people on methadone maintenance. It is not uncommon for an offender to enter the program testing positive, and many attend a 7 to 14-day detoxification program in an outside clinic or hospital soon after intake. The drug treatment programs test participants almost daily in Phase I, at least twice a week in Phase II, and randomly in Phase III. The other programs test randomly and will increase testing after a positive result. Since all the programs also recognize the likelihood of relapse in the course of recovery, they do not regard it as grounds for termination, but they notify the court after a positive test. Relapse is addressed by intensified counseling, greater supervision, and increased testing. If progress is not evident, especially in the non-drug treatment programs, staff will consider referring the participant to long-term residential treatment.

Sanctions

Programs distribute rules and regulations to all new participants, who are required to sign a document stating that they understand and will abide by the rules. Attendance and drug testing are required, and participants are prohibited from verbal or physical assault on staff or other clients. Either implicitly or explicitly, they are told that failure to comply will result in disciplinary action, probation, or termination. Clients can also be

terminated if they bring weapons, drugs, or related paraphernalia to the program. In practice, however, most program staff are quick to describe their efforts to work with individuals who relapse, commit infractions, or do not progress, and they state that services are not withheld due to failure to comply with program rules.

Court Processing of ATI Felony Defendants

An ATI placement requires cooperation among the three principal court actors—the judge, defense attorney and prosecutor—and between them and the ATI program. In New York City, the Centralized Court Screening Service (CCSS) and, in some cases, representatives of the ATI programs operating in the courts also play a significant role in ATI utilization. We describe in this section the process by which defendants enter ATIs and are monitored there. The different roles and perspectives of these system actors are described at each step in the process, from targeting and selection through court reporting. This account is based on interviews with judges, prosecutors, and defense attorneys working in the four city boroughs that use the programs included in this research. Discussions with CCSS managers and ATI staff and participants also inform this section of the report.

Case Targeting and Screening

Traditionally, a court representative of the ATI program, the defense attorney, or a judge advocated that a defendant be placed in an ATI program. In July 1997, this process changed when the Mayor’s Office of the Criminal Justice Coordinator contracted with the Criminal Justice Agency (CJA) to open the Centralized Court Screening Service. With some exceptions, CCSS now targets and screens defendants for ATI placement in all boroughs but Staten Island. Judges and prosecutors may identify ATI candidates, who must then be referred to CCSS for screening. Two of the city-funded programs (Crossroads and Hopper Home) still sponsor court representatives who do their own screening and advocacy. Additionally, while not formally part of the city’s system, a number of other programs that are viewed as ATIs in the courts continue to operate outside the CCSS umbrella.

Part of the city’s rationale for developing CCSS was to employ a consistent and effective methodology for targeting defendants who would serve jail or prison sentences of at least six months in the absence of an ATI offer.⁴ Achieving cost savings through displacing jail beds is central to the city’s plans for CCSS. CJA used a statistical model to develop the targeting methodology, which considers the current offense and criminal

⁴The city identified this felony target group as “Model C” defendants. Model A and Model B defendants were those misdemeanor cases who would get 20 to 45-day, and 46 to 180-day sentences, respectively.

history of the defendant. Cases are targeted very early in the process in the hopes of reducing detention time and accelerating entry into programs.

Several of the judges and defense attorneys we interviewed were frustrated by the requirement that all defendants be screened by CCSS. On principle, judges guard their discretion, which they believe should extend to targeting and screening defendants for ATI placement.

Prosecutors generally do not view themselves in the role of targeting or referring defendants to ATI programs. Exceptions occur in the Drug Treatment Alternative-to-Prison (DTAP) program, a non-city-funded ATI, and similar programs where the DA works with court representatives to target cases for long-term residential drug programs.

Sentencing Limits and Plea Negotiations

Felony charges in New York are classified along a continuum from A to E, with A the most severe. All defendants are initially charged at arraignment in Criminal Court. The most common felony charges among adult defendants at arraignment are B or C-level charges, which include robbery and criminal sale or possession of controlled substances. Nearly all criminal cases in New York City are disposed through pleas rather than trials. Pleas determine sentences, and are reached through negotiations between the defense attorney and the prosecutor. Judges vary in their involvement in this process of plea negotiation. Important for the processing of offenders into ATIs, adults who plead to (are convicted of) an A or B felony are not “probation eligible”—they must serve a jail or prison term.

There are differences in the processing of adult and youth felony offenders. A judge may place a defendant in an ATI as a part of a sentence. In this case, if the defendant is an adult and is charged with an offense that is not probation-eligible (such as a B-level offense), the DA must agree to a reduction to a probation-eligible charge (such as a C or D-level felony) that permits a non-incarcerative sentence. For example, the sentence might be five years probation and completion of a six-month ATI program. The defendant then enters the ATI program as a condition of the sentence.

A different set of factors affects ATI processing of 14 to 19-year-olds who are eligible for Youthful Offender status under New York law. YO status is a legal designation invoked to seal the case of an adolescent convicted of a felony. With the felony conviction removed from the public record, any subsequent felony offense is treated as a first-time offense—a critical designation since state law mandates a prison sentence for a repeat or “predicate” offender. Judges have discretion in granting YO status within statute guidelines. Judges are not required to treat YOs convicted of most felony offenses as adults, that is, higher level offenses may be handled with non-incarcerative sentences. If judges decide to grant YO status, they may treat the offenses as probation-eligible, and may make ATI involvement a condition of the sentence.

In addition to these scenarios, there are two other, less common mechanisms for placing defendants in ATI programs. ATI placements can be made as a condition of a deferred sentence for adults: the defendant admits guilt to a specific offense, but the judge holds the sentence in abeyance, permitting the defendant to attend an ATI program. The court record specifies that if the defendant fails in the program, he or she will be sentenced under the plea agreement. In negotiating this agreement, prosecutors and some judges typically advocate for a charge that carries a lengthier sentence than the one faced if the defendant had not opted for an ATI. They believe this practice of promising a harsher sentence provides the “stick” needed to encourage defendants to remain law-abiding while attending the ATI program. Counties vary in their use of this strategy. If the defendant completes the ATI program successfully, the original guilty plea may be revoked. At that point, either the judge dismisses the case or the defendant pleads guilty to a lesser offense and is sentenced to time served and/or probation. Conditions for both successful completion and failure in the ATI are specified in the court record at the initial plea.

Another scenario involves placing the defendant into an ATI as a condition of release from detention, prior to a plea. This might occur if the prosecutor is insistent on the B felony, while the judge seeks a charge that does not mandate prison. Here, the judge would release the defendant, mandate ATI attendance, and adjourn the case for several months. The judge would thus try to show the DA that the defendant was suitable for ATI placement and did not present a public safety risk, to convince the DA to accept a plea that does not carry an incarcerative sentence.

Selection Criteria

Within these discretionary constraints, judges and prosecutors vary in the extent to which they will seek or thwart an ATI plea. Once the defense attorney agrees to an ATI, the choice of making an ATI offer or agreeing to an ATI plea involves weighing the nature of the charge, criminal history, and other special characteristics of the defendant. In considering the nature of the offense, judges and prosecutors focus on whether a non-incarcerative sentence would threaten public safety, so evidence of violence or weapons lessens the likelihood of ATI placement.

Circumstances surrounding the crime are also taken into account. Some prosecutors and many judges say they are more willing to utilize ATIs when the defendant appears to have committed the offense under the influence of illegal substances or to support an addiction. DAs consider whether the crime took place near a school or in a community where there have been complaints about similar offenses. Finally, the DA is more likely to consent to a reduction when he or she wants to avoid going to trial to protect a witness or because the evidence against the defendant is weak.

The criminal history of the defendant is another major factor in ATI selection. Repeat felony offenders are much less likely to be approved and are rarely targeted by

CCSS. Judges and DAs, in the interest of the public safety, are generally wary of ATI placement for people with violent histories and, to a lesser extent, histories of absconding or violating probation or parole. Prosecutors generally interpret past events more broadly than judges, and may regard arrest charge as grounds for excluding an ATI offer, as well as prior convictions.

In addition to substance abuse, the defendant's stated motivation for treatment, mental stability, family ties, and vocational history enter into the ATI decision. Judges and prosecutors also consider the defendant's appearance and attitude, and family presence in the courtroom. More so than prosecutors, judges reported that they rely on (and will request) additional information about the public safety risk posed by the individual, and about the prognosis for rehabilitation through treatment.

Judicial inclination to utilize ATIs in sentencing generally varies between cases, and is based on personal beliefs and knowledge developed during years of presiding over similar cases. The judges we interviewed did not refer to any particular policy that guided their ATI decision-making, and they said there was little significant discussion among peers about this process. Rather, personal experience was their reference point in assessing the defendant's risk to public safety and potential for responding to treatment.

Options in ATI Placement

Judges and prosecutors also take into account a variety of other intermediate sanctions available to them. Many of our respondents did not distinguish between the ATI system of day treatment programs and the growing number of residential treatment options for offenders. This is consistent with findings from the *Report of the Unified Court System's Committee on Alternative Criminal Sanctions* (1996) which indicate that judges feel they lack sufficient information about individual ATI programs. A number of respondents specifically cited residential programs, such as those used by the DTAP program and TASC (Treatment Alternatives to Street Crime), as preferable to day treatment. TASC serves as a broker between the courts and private drug treatment, providing referral, case management, and court reporting services. Most TASC referrals are to long-term residential drug treatment programs known as therapeutic communities or TCs.

Judges and DAs cited two aspects of intensive day treatment substance abuse programs that make them less desirable than residential alternatives and TCs in particular. First, outpatient programs are less secure and pose greater public safety risks. Since offenders spend so much time out of the program, they are likely to remain in the same communities where they have obtained drugs and committed crimes in the past. Second, because the offender resides in the community, there is no punitive appeal. DAs in particular expressed the belief that non-incarcerative sanctions must have a punitive element and, in their view, there was nothing punitive about the current array of outpatient ATI programs for felons.

TCs are perceived to be much better at fulfilling this role, and their supporters are quick to use terms like difficult, rigorous, and intensive in describing the treatment regimen. Moreover, these programs usually require stays of a year or more, which are viewed by some as achieving parity with jail stays. Additionally, some court officials view a criminal record as a rough proxy for measuring the defendant's severity of addiction, and long-term treatment may be viewed as a more appropriate consequence.

It is notable that few judges and virtually no prosecutors made strong distinctions among programs regarding their effectiveness in reaching and rehabilitating offenders. Preferences for specific programs are usually grounded in familiarity or a longstanding relationship established with the program's court representatives.

Court Reporting

Once a defendant is mandated to an ATI, the program is required to provide progress reports regularly to CCSS, which reports this information to the court. Non-CCSS programs report directly to the judge. The judges we interviewed emphasized the importance of this reporting and expressed frustration at hearing about a defendant only after another crime has taken place. While some judges praised the reporting of TASC and CCSS representatives, who work directly with the court, several judges voiced a preference for direct program contact. However, most judges accepted CCSS's new role in monitoring and reporting.

Court reports usually include information about drug testing, attendance, treatment progress, and infractions. A program may request the assistance of the judge in convincing the defendant to adhere to program rules, and most of the judges interviewed are willing to comply by directly addressing the defendant in court. While most judges have learned enough about addiction to be tolerant of an occasional relapse, they expect to see tangible improvements (in defendant appearance, attitude and activity) by the end of the sentence.

Final court dispositions of ATI cases are different for adults and Youthful Offenders. Upon program completion, charges against YOs are generally sealed. Adult offenders may, in rare instances, have charges dismissed or may plead to a lesser charge and be sentenced to time served and/or probation after completing the ATI program.

Bench warrants are issued if the defendant absconds from the program or fails to appear at a regular court hearing. Individuals returned on bench warrants (or, more commonly, upon the commission of another crime) can be sentenced as promised under the original plea agreement. Those who fail the program but do not abscond may be sentenced or given an opportunity to attend another program.

Profile of Participants

Sampling Method

Vera researchers began recruiting felony offenders for the study at most of the ATI sites in mid-March, 1998. Participants were recruited at each site using weekly referral lists provided by CJA. One hundred and thirty-five ATI participants comprised the study sample, all of whom entered the programs between February 21 and May 15, 1998. These represent about 40 percent of those referred to the ATIs during this period. Two persons who were approached and asked to take part in the study refused.⁵ There are several reasons why other participants were not recruited. There were proportionately fewer participants recruited from CEP and, to a lesser extent, YAP, due to delays in developing a protocol to gain appropriate consent for juvenile and youthful offenders served by these programs. Our interviewers also missed individuals who never showed up at the program, dropped out very soon after admission, or attended irregularly. We also chose not to recruit anyone who had been in the program for six weeks or more, to avoid problems with the respondent's recall of events and status prior to incarceration.

Table 4: Total Referrals and Study Sample by Program

Participant Group and Program	Annual Client Target, FY 98	CCSS Referrals* 2/21/98-5/31/98	Current Study Sample
<i>General population, adult</i>			
Freedom	200	73	38
<i>General population, youthful offenders</i>			
CEP	300	112	15
<i>Juvenile offenders</i>			
YAP	130	49	14
<i>Substance abusers</i>			
El Rio	200	28	15
Flametree	145	44	25
<i>Women offenders</i>			
DAMAS	75	15	12
STEPS	75	-	3
<i>Women substance abusers</i>			
Crossroads	75	-	10
Hopper Home	35	-	3
TOTAL	1235	315	135

*CCSS does not currently refer participants to STEPS, Hopper Home, or Crossroads.

⁵ A strict informed consent protocol was followed with those who were available for the interview; a stipend of \$10 per hour was paid to those who participated.

Table 4 shows the number of study participants from each of the nine programs, along with admission figures and the target census for the current fiscal year. It is evident from the table that the study sample is generally proportionately representative of the actual distribution of FY 1998 admissions, with the notable exception of CEP participants. Because the numbers in any individual program are small, descriptive analyses of the intake interview focuses on the aggregate sample of 135, those attending the adult general population program (Freedom), and offender groups attending specialized programs for substance abusers, women, and youth.

Description of the Participants

Demographics, Education, Employment. The total felony sample averaged 25.8 years of age. Breakdowns of the age data show there are three groups—young adults in the general population program, who average 24 years of age; those attending the substance abuse and women programs, who average 28 to 30 years of age; and the participants of CEP and YAP, who average about 17 years of age.

Women account for just over one-quarter of the total sample. They account for one-third of the substance abuser group when Crossroads and Hopper Home (two programs exclusively for women) are included. There are only two women (3%) in the general population group and three (9%) in the two substance abuse programs that are not gender-specific (El Rio and Flametree). Girls also comprise only 10% of the young offender group (CEP and YAP). Nearly all study participants are either African-American or Hispanic. Proportionately more blacks are included in the programs for women and the two programs for young offenders, where there are more than twice as many blacks as Hispanics.

The felony participants have poor educational and vocational histories. This was especially true for the women's program group, which averaged just six weeks of work in the prior year and \$71 of employment income in the month before admission. These figures contrast with results from the male-dominated general population group, which averaged more than three times more weeks worked in the past year (22) and more than four times the recent employment income (\$363). Substance abuse program participants (two-thirds of whom are men) appear midway between these two groups in their vocational and educational histories.

Medical and Mental Health. Participants in the women's programs have a particularly high prevalence of medical problems (43%). The aggregate rate of problems for women is twice that reported in the Freedom program (21%) and three times the rate reported by young offenders in CEP and YAP (14%). Women in DAMAS and STEPS report medical problems at a greater rate (50%) than women do in the two female substance abuse programs (35%). Women in the specialized programs also have the greatest prevalence of reported psychiatric problems and, as expected, more extensive histories of abusive treatment. Compared to the overall sample, participants in women's programs

Table 5: Background Data from the Intake Interview

Variable Description	Total Sample (N=135)	Adult General Pop. Pgm. (N=38)	Substance Abuse Programs (N=53)	Women Offender Programs (N=28)	Young Offender Programs (N=29)
<i>Demographic and Employment Data</i>					
Age, mean	26	25	30	28	17
Median	25	21	29	29	17
Male	73%	97%	68%	0	90%
Race/Ethnicity					
Hispanic	44%	42%	51%	36%	31%
Black	50	53	38	57	69
White	3	3	6	7	0
Married	10%	16%	13%	11%	0
High school diploma or GED	19%	32%	23%	18%	0
Unemployed at time of interview	76%	54%	83%	93%	86%
Weeks worked in past year, mean	15	23	17	6	6
Employment income, past 30 days	\$210	\$364	\$146	\$71	\$163
Depends on others for majority of support	55%	40%	45%	61%	86%
<i>Medical, Psychiatric and Family Problems</i>					
Bothered by chronic medical problem(s)	26%	21%	30%	43%	14%
Experienced emotional abuse in lifetime	29%	29%	34%	48%	7%
Experienced physical abuse in lifetime	16%	13%	21%	32%	0
Experienced sexual abuse in lifetime	7%	7%	6%	16%	0
Experienced serious depression in lifetime	39%	42%	36%	61%	28%
Had thoughts of suicide in lifetime	19%	18%	26%	32%	3%
Is very troubled by family problems	12%	11%	15%	18%	3%
Is very troubled by social problems	11%	8%	10%	32%	3%
Is very troubled by psychological problems	20%	13%	29%	39%	3%

table 5, continued

Variable Description	Total Sample (N=135)	Adult General Pop. Pgm. (N=43)	Substance Abuse Programs (N=49)	Women Offender Programs⁶ (N=28)	Young Offender Programs (N=29)
<i><u>Substance Abuse History</u></i>					
Any prior admission to drug treatment	24%	9%	45%	39%	7%
Used heroin, cocaine past 30 days	17%	16%	36%	18%	3%
Prior IV drug use	5%	5%	8%	11%	0
MAST score (alcohol scale), mean	8	6	12	8	5
DAST score (drug scale), mean	6	5	9	8	4
Reports real need for alcohol treatment	11%	0	27%	18%	0
Reports real need for drug treatment	26%	13%	55%	29%	3%
<i><u>Criminal History—Self Report</u></i>					
Ever sold drugs	53%	58%	60%	50%	38%
Ever committed robbery	37%	47%	30%	4%	55%
Ever arrested as juvenile (< 16 years)	36%	40%	23%	11%	72%
Number of prior convictions, mean	2	2	2	3	1
Months incarcerated, mean	6	7	9	11	4
<i><u>Criminal History—CJA Data</u></i>					
Ever convicted of a criminal offense	29%	22%	42%	36%	0%
Ever convicted of a felony	8%	6%	15%	25%	0%
Ever convicted of a misdemeanor	27%	22%	43%	42%	0%

are twice as likely to report that they are considerably or extremely bothered by psychological problems. Just under one-third of the women program participants report prior physical abuse, which is twice the proportion reported for the sample as a whole. Sixteen percent of the women participants report past sexual abuse. The interview data show a very low prevalence of abusive treatment or psychological or social problems among participants of the young

⁶ Where applicable, women are counted twice in this analysis in the two groups, women's programs and substance abuse programs. Therefore the total number in the sample will not equal the sum of the groups.

offender programs. This data may reflect underreporting by all participants, particularly adolescent offenders who may be afraid of the consequences of reporting abuse.

The high rates of psychological problems and abuse histories in the women's group accentuate the important role that can be played by specialized programs that respond to the unique needs of these offenders. Still, the rates obtained from our assessment are lower than those reported by staff of these programs, who characterize most of their clientele as victims of physical abuse. Underreporting of abuse to our interviewers (all of whom were women) accounts for at least some of this discrepancy. It will be important to track these figures over time, and examine whether rates of self-reported abuse increase, as interviewers build rapport and trust with program clients and staff.

Substance Abuse History. The substance abuse data also follows the expected pattern, with more extensive histories reported for participants of the drug programs and the women's programs (half of whom were attending specialized programs for women substance abusers). Of the drug program clients, 35% report using heroin or cocaine (including crack) in the thirty days prior to the interview, in contrast to 16% of those in the adult general population program. Compared to these Freedom participants, clients of the drug program are five times more likely to report attending treatment in the past (9% vs. 45%). Participants of the young offender programs report very modest drug histories; only 3% of the CEP and YAP clients had used heroin or cocaine in the prior month.

Criminal History. Criminal history information in Table 5 is taken from data obtained by the Criminal Justice Agency as well as the self-reported information from the intake interviews. Involvement in drug crime was prevalent among adults in the sample, with half the women, 60% of the substance abuse clients, and 53% of the entire sample reporting that they had sold illegal drugs at some point in the past. Robbery, usually classified as a violent crime, occurred in widely varying proportions in the groups, occurring ten times more frequently among youth than among women in the sample. The majority of participants have no previous criminal convictions and only 8% of the total sample have a prior felony conviction. The general population is less likely to have a prior felony conviction, probably because judges and prosecutors rarely consider non-incarcerative sanctions for predicate felony offenders who do not show a need for substance abuse treatment.

Women show the highest percentage of previous felony convictions. This may indicate a lower likelihood of violent crime among women and a corresponding willingness of judges and prosecutors to utilize ATIs with this population. The discrepancy between the self-reported prior convictions and the CJA-reported convictions among youthful offenders is attributable to prior convictions being sealed (not appearing) in the official CJA records.

Summary and Conclusions: Are ATI Defendants Matched to Treatment?

These early results suggest that the screening and referral mechanisms used in the felony ATI system are effective in matching defendants to specialized programs. According to measures made at admission, offenders in the substance abuse programs showed more extensive drug histories, and women in the gender-specific programs reported worse abuse histories and related psychological problems, than other program clients. Consistent with the system's design, participants in the adult general population program do not display the employment, substance abuse, or psychological problems of the other groups.

More generally, the interview results underscore the diversity of the ATI felony offender population. Females and substance abusers are different from other adult offenders, and distinctions between participants in the adult and youth programs are especially apparent. Comprised of proportionately more black males, the young offender group is demographically unique and reports much lower rates of medical, psychological, familial, and substance abuse problems. This group, however, is much more likely to report committing a violent crime (robbery) in the past and, not surprisingly, is more than twice as likely to have a juvenile arrest record. This distinctive profile of young offenders offers further support for the city's policy of creating specialized programs that are responsive to particular offender groups.

Participants' Criminal Cases

This section discusses the criminal cases of felony defendants referred to ATI programs during the study period. The analysis centers on the highest or most serious charge entered against the defendants at criminal court arraignment (the beginning of the case) and upon final disposition of the case, when a guilty plea is entered and conviction, sentencing and ATI placement occur. These charges are of interest descriptively—showing the types and severity of offenses committed by ATI participants—and they provide also a sense of whether ATI placement serves to divert those defendants who are likely to go to jail or prison.

Because charges are associated with specific sentences, they determine the legal jeopardy of the defendant. Persons convicted of a B felony must serve a prison sentence, unless they are YO eligible. Lower level felonies (levels C-E) can result in a sentence to probation. Tracking charge reduction—the difference between the arraignment and conviction charge—measures the prosecutor's success in maintaining the defendant's legal exposure and in trading ATI placement for the "big stick" of a severe sentence in the event of failure in the program. The case outcome, of course, also reflects the judge's position and impact.

Table 6: Case Processing Data Information¹

Variable Description	Total Sample	Adult General Population	Substance Abuse Programs	Women Offender Programs	Young Offender Programs
Top Charge at Arraignment	(N=293)	(N=70)	(N=70)	(N=13)	(N=140)
Robbery	43%	27%	18%	15%	65%
Assault	6	6	4	0	6
Weapons	5	14	1	0	3
Burglary	4	6	4	0	3
Drug Sale	29	34	57	62	9
Drug Possession	6	6	10	15	3
Other	9	9	4	8	11
Top Charge Level at Arraignment	(N=293)	(N=70)	(N=70)	(N=13)	(N=140)
Felony A	2%	3%	1%	15%	1%
Felony B	62	53	76	77	58
Felony C	20	17	17	0	24
Felony D	14	24	4	0	14
Felony E	3	3	1	8	4
Misdemeanor/Violation	0	0	0	0	0
Detention Status at Arraignment	(N=289)	(N=70)	(N=70)	(N=12)	(N=137)
Remanded/detained	1%	0%	0%	0%	2%
Bail not made/detained	89	93	89	67	88
Bail made/released	1	3	1	0	1
ROR	9	4	10	33	9
Sentenced	0	0	0	0	1
Disposition Charge Type	(N=242)	(N=57)	(N=59)	(N=12)	(N=114)
Robbery	40%	21%	17%	17%	64%
Assault	6	5	9	0	5
Weapons	3	7	0	0	3
Burglary	5	7	5	0	4
Drug Sale	31	42	58	42	11
Drug Possession	5	4	3	33	4
Other	10	14	9	8	10
Disposition Charge Level	(N=242)	(N=57)	(N=59)	(N=12)	(N=114)
Felony A	0%	0%	0%	0%	0%
Felony B	38	9	39	42	52
Felony C	32	47	29	50	24
Felony D	22	33	22	0	18
Felony E	7	9	7	8	6
Misdemeanor/Violation	1	2	3	0	0

¹ Percentages may not equal 100 due to rounding. The size of the group in each cell (N) decreases between arraignment and disposition because some cases are pending and not yet disposed..

The findings in Table 6 are shown for 293 defendants who entered the ATIs between February 21 and May 31, 1998.⁷ Results are displayed for the same four subgroups discussed in the previous section.

Charge Levels and Charge Reduction

This group of felony defendants clearly faced serious charges. Sixty-two percent were charged at criminal court arraignment with a B-level offense, usually robbery or drug sales. The group data shows a clear split on charge type, with robbery much more prevalent in the youth group (YAP and CEP referrals), and drug offenses more common in the older substance abuse and women groups. The adult general population group is about evenly divided between violent offense charges (robbery, assault, weapons) and drug charges (sale or possession). This adult group had, on average, less serious charges than the other three groups, and the other adults in particular.

Like charge level, detention status after criminal court arraignment indicates the severity of the case. The detention results in Table 6 echo the charge information, as about 90% of defendants in all groups except the women offenders were detained. And results concerning the womens' group must be viewed with caution because of the small size of this sample (N=13).

Charge reduction between the charge defendants face at criminal court arraignment and the charge to which they plead guilty (the disposition charge) is evident in all groups but the young offenders. The biggest drop occurred with the adult general population group, as the proportion with B felony charges dropped from 53% at arraignment to 9% at disposition. Most of the B charges were reduced to Cs, which increased from 17% to 47%. The proportions with lower level felony charges (D and E) also increased from arraignment to disposition in the general population group. The other adult groups showed a similar, but less marked pattern. The proportion with B felony charges in these groups decreased by roughly a third, primarily to C-level at disposition.

In contrast, the young offender program group remained largely static in terms of charge levels between arraignment and disposition. Again, this was expected, since the YO-eligible offenders who make up this group do not face mandatory incarceration for B-felony pleas. The offense types at disposition also mirror those at arraignment—almost two-thirds of the young offender group pled guilty to robbery, while a similar proportion of those in the adult substance abuse and women groups pled guilty to drug charges.

Summary and Conclusion

It appears from these early case processing data that CCSS's screening and referral process is yielding serious felony cases. Robbery and drug sales classified as B-level

⁷ Twenty-two individuals admitted during this period were not included due to incomplete arraignment data.

felonies are the most common charges of the group at arraignment. Data on both charge level and detention status suggest these defendants are likely facing jail or prison sentences, and are good candidates for achieving cost-savings through diversion to treatment.

As expected, charge reduction is evident in all the adult offender groups, primarily from B to C-level charges. Still, a substantial proportion from two of the groups—about 40% of the substance abusers and women—pled to B felonies and face mandatory prison should they fail in the ATI. Judges and prosecutors maintain a considerable degree of control over these cases, and may view the threat of prison as a potentially powerful incentive to succeed in the program. Besides sending a message to the defendant, the fact that 70% of the entire sample were disposed with B or C-level charges may also signal that judges and prosecutors feel the need to be “tough” when agreeing to an ATI placement.

APPENDIX

**Court Employment Project
Center for Alternative Sentencing
and Employment Services (CASES)**

Kevin White, *Program Director*
Joel Copperman, *Executive Director*

346 Broadway
New York, NY 10013
(212) 732-0076

The Court Employment Project (CEP) is the only ATI that targets 16-19 year olds eligible for Youthful Offender status.⁸ With a capacity of 300, CEP is by far the largest of the city-funded ATIs; the program's budget and staff are more than twice that of any other ATI. The program's current census is 223. CEP has 58 people on staff and also uses CASES for additional staff needs. CEP explicitly seeks to address public safety and cost-savings in its programming.

Unlike most of the other ATI programs, CEP is not a full-time day treatment program, but requires participants to attend services at CEP offices between 3:00 p.m. and 6 p.m. Most participants are expected to be attending high school until 3:00 p.m. Those not in high school are at the CEP site all day, or in an approved activity from 9 a.m. to 3 p.m. Participants who are not in school attend CASES educational classes during the day initially, and are transitioned into full-time educational and/or vocational programs in their communities.

Activities take the form of group classes and group and individual counseling. Sessions focus on job training and development; support services are also available onsite to assist the participant in maintaining constructive activity. While in-house substance abuse counseling is available, more extensive treatment is done through referrals to other agencies. CEP participants are not heavy drug users, and the program focuses on job training and development rather than clinical intervention. To guide staff planning, CEP's programming is structured around five phases, moving the client towards sustained productive behavior. Unlike the other ATIs, CEP phases are not made explicit for participants.

The participant develops a program plan with a CEP counselor in the first six weeks of programming. In developing the plan, counselors refer to an extensive CEP manual that describes participant profiles and a system of client issue groups designed to "strengthen foundations," "address and avoid obstacles," and "expand opportunities" to maximize positive behavioral change. Clients are expected to engage in all scheduled activities, and their effort in doing this is the principle measure of program success. Participants must achieve 80% attendance to complete the program.

⁸ YO status is a legal designation invoked to seal the case of an adolescent convicted of a felony. With the felony conviction removed from the public record, any subsequent felony offense is treated as a first-time offense. Judges have discretion in granting YO status within statute guidelines. Once they have done so, they treat the defendant as a Class E felony offender, and may make ATI involvement a condition of the sentence.

**Crossroads
Center for Community Alternatives**

Marsha Weissman, *Executive Director*
Tamara Andrews, *Program Director*

39 West 19th Street
New York, NY 10011
(212) 691-1911

Crossroads is a substance abuse day treatment program for women felony offenders who are at least 16 years old. Crossroads operates out of the Center for Community Alternatives, which began in 1981. Crossroads has an annual capacity of 75 and a current census of 26. CCSS does not currently refer defendants to Crossroads, which continues to place representatives in the courts to advocate for new client intake and maintain regular contact with court officials regarding participant progress. It is a six to twelve-month program with a staff of seven.

Crossroads is licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) as a substance abuse treatment program. Clients are involved in on-site programming from 10:00 a.m. until 4:30 p.m. daily; however, there are plans to begin evening and Saturday meetings to accommodate women as they move into the work place. Staff counselors and the transitional specialist work with clients to develop treatment plans in each of the three program phases. Some of the specialized groups and services available at Crossroads include: acupuncture, parenting, feelings management, HIV education and support, health education, women's health, and survivors' and spirituality groups. Throughout treatment, the women are encouraged to take active roles in raising their children, and program staff assist women who are trying to regain custody of children in foster care.

The Crossroads director estimates that at least 90% of the women served by the program are survivors of mental, physical, and/or sexual abuse. The program provides specific groups to help participants come to terms with a history of victimization.

El Rio
The Osborne Association

Lenard Hebert, *Program Director*
Elizabeth Gaines, *Executive Director*

809 Westchester Avenue
Bronx, NY 10455
(718) 842-0500

El Rio is an OASAS-licensed comprehensive day treatment program for substance abusers aged 18 and older. It is the only city-funded ATI program in the Bronx, and the only city-funded program to work with CCSS and retain a court representative. It is one of two ATIs contracted to provide substance abuse day treatment for a general adult population. Unlike many of the other ATIs, El Rio is located in a community which is representative of the clients it serves.

The program has a capacity of 200 clients annually and the current census is 84, 59 of whom were referred by CCSS. There are eleven people on staff at El Rio, and the Osborne Association provides additional support staff. Participants are onsite weekdays from 9:00 am until 2:00 p.m. and do not have a curfew, unless imposed by the court. Due to recent cuts in funding, the program currently provides fewer educational classes than it has in the past.

El Rio divides cases geographically with Flametree, the other substance abuse treatment program: El Rio takes referrals from the Bronx and upper Manhattan; Flametree accepts referrals from Brooklyn, Queens, and Lower Manhattan.

El Rio clients move through four treatment phases: Orientation, Early Recovery, Stabilization, and Community Reintegration. Program activities include individual and group counseling, classes about substance use, and support and phase groups four days per week. In addition to clinical and educational programming, El Rio relies on two alternative activities, acupuncture and ceramics, to treat substance abuse. Participants also develop computer and other job readiness skills, and are required to participate in a constructive leisure activity to help them maintain abstinence.

Structure is a central component of treatment at El Rio. Staff and participants are required to keep specific schedules, record all attendance and participation, sign in and out, and attend all meetings. Staff generally avoid punitive responses to infractions and relapses, which are treated in the context of recovery. All graduates of El Rio are encouraged to attend alumni support groups.

DAMAS
Flametree
Freedom
The Fortune Society

Peggy Arroyo, *Project Director*
Eddie Joseph, *Project Director*
Max Lindeman, *Project Director*
JoAnne Page, *Executive Director*
Diana Davila-Ross, *Senior Director*
Ken Bloomfield, *Senior Director*

39 West 19th Street
New York, NY 10011
(212) 206-7070

The Fortune Society has three city-funded ATI programs: Freedom for the general population, Flametree for substance users, and DAMAS for women. Fortune is the only agency operating more than one city-funded ATI program. All three are day treatment programs, requiring participants to attend on-site programming for 35 hours each week. Persons who are employed or in a job training or education program elsewhere must come in for a minimum of ten hours each week. Partly because of overcrowding problems at their base site, Fortune is seeking to amend their contract with the city to increase the flexibility of clients' on-site attendance. The Fortune programs are unique in admitting and supporting clients who are on methadone maintenance.

Fortune counselors work with each new participant to develop a schedule that includes individual counseling, general activities such as house meetings and recreation, and group counseling and classes. All clients attend groups two or three times daily and attend individual counseling weekly and as needed. All three programs follow the same three phase system similar to that described in the text of this report. At least 85% attendance is required to advance in each phase. All participants have access to Fortune programming in education (Basic Adult Literacy, ESL, and GED), HIV education and support groups, art therapy, career development, and recreation.

Unlike the other ATIs, Fortune requires that all staff be either ex-offenders or in recovery from substance abuse; administrators feel that persons with this experience can best provide direct peer support and serve as positive role models. Program administrators emphasize that they are reluctant to terminate a client who is not progressing. However, as with the other programs, clients who break program rules will be counseled, may be demoted or otherwise disciplined, and can be terminated. All major infractions and incidents are reported to both the court and to CCSS.

Freedom targets the general population of felony offenders who do not have significant drug treatment or mental health needs. The program has a full-time staff of seven. Program capacity is 200 and the current census is 128. As the only general population program that accepts methadone maintenance clients, Freedom provides an accessible alternative sanction for an older offender population in recovery from heroin addiction. After a second consecutive positive drug test, Freedom staff will refer the

individual to a drug treatment program, preferably at Fortune. Staff reward progress in phases by group acknowledgement in house meetings, by casual, "family-style" congratulations during the day, and through increased independence in scheduling during phase III.

DAMAS is the Fortune Society's general treatment ATI program for women. It has a staff of 6, an annual capacity of 75, and a current census of 42. It is not a drug treatment program, and referrals must score low on current substance abuse treatment need in the CCSS interview. However, *DAMAS* is accepting women in need of drug treatment until the Project Return program for female substance abusers begins intake. A primary goal of *DAMAS* is to provide women with a safe, supportive environment in which they can honestly confront numerous problems of caring for themselves and their children. Program management note that many incoming clients deny needs and problems, and much of the early work by staff focuses on engaging participants.

In addition to attending Fortune programming available to all clients, women at *DAMAS* participate in single sex groups on topics such as codependency, parenting, and anger management. Program staff believe that intergender groups provoke reactive behavior from women and impede their progress in treatment. When building space permits, Fortune intends to make all *DAMAS* programming for women only. If it is not otherwise available, Fortune allows on-site childcare. Participants and staff will also watch children; program managers view this as a way to model the positive ways other people interact with a child and as a supplement to classes in parenting.

Flametree is the general population substance abuse treatment program. Project staff is 7, annual capacity for clients is 145, and the current census is 73. Staff conduct daily classes, relapse prevention, and support groups. Additionally, staff target participants who are unable to maintain sobriety with intensive counseling about individual patterns of substance use.

Initially, the staff work to help clients adjust to program rules and it is not until phase II that clients are expected to make real efforts to reach treatment goals. When clinical staff determine that a client is fully engaged in treatment as a process, clients begin education and vocational training. Because clients' needs are likely to shift throughout treatment, schedules are regularly revised to address them. Administrators believe that recovery is a longer process than the court mandate permits, and setbacks are expected. *Flametree* staff are reluctant to terminate clients and will work to place someone who is not progressing in an alternate program if they feel they have exhausted in-house resources.

**STEPS to End Family Violence
Edwin Gould Services for Children**

Denise Clay, *ATI Coordinator*
Mary Nerney, *Director*

104 East 107th Street
New York, NY 10029
(212) 410-4200

STEPS serves defendants who have been the victims of domestic violence and who have attacked or killed their abusers. Participants must have a history of domestic abuse that is directly connected with their crime. The CCSS is unable to screen defendants adequately for admission to STEPS and thus does not currently refer individuals to the program. The program accepts referrals from judges, defense attorneys, and prosecutors and often advocates for the release of defendants who are in detention. STEPS accepts male clients who fit entry criteria; however, currently, there are no men in the program. The program director emphasizes that STEPS clients, compared to those in most offender service programs, have less developed criminal and drug use histories and more extensive employment histories. The program capacity is 75 people annually and the current census is 51. STEPS has a staff of six women and receives some additional support from the parent agency, Edwin Gould Services.

The treatment component of the program counsels clients so that they can avoid abusive relationships in the future. STEPS works to assist participants in telling their own story of domestic abuse, both to attain the best legal outcome and to avoid future abuse by confronting their victimization. The program does not use the phase system but focuses on individual assessment and counseling. The program director emphasizes that most of the participants have very little sense of entitlement upon entry to the program, which serves as a major barrier to change. Building trust is the central initial goal of counseling; individual, group, and support sessions are required weekly. New clients also take an eight-week class on recovery from abuse called New Beginnings. Counselors at STEPS provide case management, which may include job training and employment placement. They also provide extensive court advocacy, which is considered a major drain on staff resources.

STEPS has a teen program specifically focused on strengthening personal resources to avoid abuse. The program also provides counseling for participants' children who have witnessed domestic violence.

Hopper Home ATI Program
The Women's Prison Association

Ann Jacobs, *Executive Director*

110 Second Avenue
New York, NY 10003
(212) 674-1163

The Hopper Home ATI program, of the Women's Prison Association, is a transitional residence and supervision program for women aged 18 and older. The program is the only ATI funded by the city with a residential capacity. WPA has worked to "create opportunities for change in the lives of women prisoners, ex-prisoners, and their families since 1844." Hopper Home has 20 beds and the capacity for 30 additional women, who reside in the community and report to the program on a regular basis. The current census includes 12 residential and 1 reporting client. The project has a 14-person staff. Hopper Home is one of the two programs included in the research that does not currently receive referrals from the Central Court Screening Service.

The program consists of four phases, which include a one to six-month residential component and a community supervision component, where the program client lives in the community and reports to Hopper Home several times each week. The community supervision component lasts the remainder of a one-year term. Unlike the other ATIs, Hopper Home provides limited substance abuse and clinical programming onsite, and arranges for these services through agreements with other agencies. The program is significantly more restrictive than the other felony ATI programs under evaluation. Clients have a curfew and are not permitted visitors except at scheduled times. They are not permitted to go out alone for non-program activity (such as a walk or to visit a friend) and are required to do chores in the facility.

Virtually all clients attend either Crossroads or El Rio from 8:30 a.m. to 5:30 p.m. weekdays, and return to Hopper Home to participate in evening and weekend groups. Counselors from these programs communicate with Hopper Home staff several times weekly to report on progress. WPA also provides education and support groups for clients, and specialized weekly sessions on topics such as developing independent living skills, parenting, stress reduction, and computer training. Staff test for drug use at least three times each week during the residential phase, and randomly once the women are living in the community. Hopper Home staff also work with clients to negotiate the Family Court system and advocate for regaining custody of children in foster care.

Youth Advocacy Project
Center For Community Alternatives

Nancy Serling, *Project Director*
Marsha Weisman, *Executive Director*

39 West 19th Street
New York, NY 10011
(212) 691-1911

The Youth Advocacy Project is the only city-funded ATI program that serves as an alternative-to-detention for 12 to 15-year-old Juvenile Offenders. A parent or guardian must provide written consent for a youth to be released to YAP. The program provides primarily counseling and community monitoring. It is operated by the Center for Community Alternatives, which has been providing pretrial services since 1981. The project has a staff of 13 and utilizes the support staff of the CCA. Annual project capacity is 130 youth and the current census is 84.

The three-phase system requires school attendance throughout the one-year program. Participants maintain a schedule of on-site individual and group counseling for a minimum of three afternoons weekly, and monitor curfew early in the program. These activities decrease, and curfew hours are later, as the participant shows increased responsibility and reliability in latter phases. By approximately the sixth month of attendance the youth is expected to enter phase III, which features placement in a community service program for a minimum of four hours weekly. This work continues until the youth completes the year-long program.

Participant monitoring occurs by telephone, beeper, and home and school visits. In the program's first phase, the monitor will visit the home and school weekly, and the participant must page the monitor each night. Initially, the standard curfew for participants is 8 p.m. on weeknights and 10 p.m. on weekends; however, judges frequently impose earlier curfews. In phase II, home and school visits are bi-weekly and monitoring is usually reduced. In the third phase, all monitoring is done randomly and on an as-needed basis. Project staff rely on family members to locate participants and increase their involvement in the program. YAP provides weekly family support groups.

Staff report that new YAP clients often use marijuana and alcohol, but rarely use other drugs. In the event that a participant repeatedly tests positive for drug use, YAP counselors will involve the family in treatment, and residential treatment is used for those who do not progress in the program. The program will also accept youth mandated to residential treatment, refer the client, and monitor and report on their progress to the court.