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ALTERNATIVE TO INCARCERATION
PROGRAMS FOR FELONY OFFENDERS
IN NEW YORK CITY

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Of the Criminal Justice Coordinator

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By

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Executive Summary

This is the second interim report being issued by the Vera Institute of Justice on New York City's alternative-to-incarceration (ATI) programs serving felony offenders. We are in the middle of a four-year evaluation of these programs. This report expands on findings from last year's report, with the benefit of much larger samples, about ATI participants and their criminal court processing. Additionally, this year we present data from a second interview done with participants about three months after they entered the programs. For the first time, we describe the type and amount of services participants report receiving in the ATIs, and assess how well these match participants' needs. We also report program retention and completion findings compiled from program files, and the results of preliminary analyses that assess which participant characteristics are associated with success and failure in the programs. This report addresses four research questions:

- Who enters the ATIs and what are their treatment needs? Do their needs match the types of services provided by the assigned program?

Findings from the larger study samples make it clear that the four special population groups that are served by these programs differ substantially. Participants attending the substance abuse programs and those specifically for women are older, have poorer employment and educational histories, more extensive drug use histories, and report many more medical and mental health problems than other groups. By contrast, participants in the adult general population group and the young offender group are much more likely to be young males with relatively stable social, economic, and health characteristics. All of the groups, however, are disadvantaged educationally and underemployed. The defendant targeting and referral system has appropriately matched offender profiles with the service specialties of the ATI programs. The distinctive nature of the different defendant groups suggests the city is correct to encourage the development and implementation of specialized ATI programs to meet the unique needs of these groups.

- What are the offenders' criminal histories, why have they been arrested, and how do the courts process their cases so that they are placed in an ATI? What does the current court data say about whether these defendants were actually headed for jail or prison in the absence of an offer to attend an ATI?

The ATI programs continued to serve primarily first-time felons charged with relatively serious offenses. There was relatively little charge reduction occurring between arraignment and the final plea agreement with the ATI cases. Seventy percent of all cases were disposed as either B or C-level felonies, indicating that judges and prosecutors continue to use high plea charges, and the corresponding prison sentences, to attempt to ensure compliance with the court. These dispositions may be changed (reduced) if the participant succeeds in the program, however defendants who plea to C or D felonies will not receive plea reductions upon successful completion.

- What are the amounts and types of services provided by the programs? Do the services match the needs of the participants?

According to interviews with participants after three months of treatment, the ATIs generally provide daily programming, including group counseling and education, and weekly individual counseling. Respondents reported that they attended group sessions in all treatment content areas, and generally report high levels of satisfaction with programming. Women and substance users report receiving extensive referrals to outside agencies for additional assistance, indicating program effort to address participant needs. Overall, the findings confirm that programs target their services to the needs of the special population group they serve. Participants in the general population attended more vocational and educational programming than other groups, while substance abusers and women report receiving more services in treatment areas such as counseling and drug treatment. Youth receive the fewest services, presumably because they are in school or vocational programs. All groups report more services with a substance abuse content than anything else, generally reporting an average of at least three drug treatment sessions per week. The programs appear to provide a wide range of services, meeting the needs of their participants.

- How many ATI clients actually complete the program? What portion of participants remains in treatment at 30, 90, and 180 days? Are there certain characteristics of offenders that are associated with failure to complete the program?

Program completion rates are somewhat lower than expected, with 49 percent of the 138 participants that we followed completing after the first year. The general population group showed the highest rates of retention at 30, 90 and 180 days, and of program completion. All other groups showed much lower rates of retention, particularly after six months, as well as lower rates of program completion. Groups also varied in their rate of achieving "other" outcomes, such as remaining in the programs for longer than the stated period or transferring to remedial treatment. Differences among special population groups indicate that it may be unreasonable to expect all groups to attain the same results, either for completion or other outcomes.

In examining possible relationships between participant background characteristics and program completion, use of heroin or cocaine in the 30 days prior to program entry showed the clearest relationship with the participant failing to complete the program. Other factors predictive of dropout included self-reported problems controlling violent behavior and a history of suicidal ideation and other mental health problems. Employment at program entry was associated with program completion. These findings, which will be expanded in the third year of the evaluation, should help programs identify risk factors and tailor services to better retain participants in treatment.

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Chapter One

Introduction

During the past two years the Vera Institute of Justice has been studying the network of programs that serve as alternatives to jail and prison in New York City. Most of these alternative-to-incarceration (ATI) programs are intended for first-time felony offenders. The ATIs combine goals of rehabilitation and punishment, requiring accountability while providing services and support to help the offender maintain a law-abiding lifestyle. New York City, and localities nationwide, spend considerable amounts on these community-based alternatives. However, relatively little evidence exists about their impact on offender rehabilitation. This second annual interim report to the Office of the Criminal Justice Coordinator and to the City Council of New York, provides preliminary data on outcomes such as program completion.

Last year's report described the ATI programs, the participants they serve, and their criminal court case information. We interviewed ATI participants and collected court data in this second year; and here we provide updated information, on much larger samples, on the backgrounds of ATI clients and how the cases that led to their ATI placement were processed in the courts. For the first time, we also report information gathered from interviews with participants while they were attending the programs. Additionally, we present information from the program files of all participants who entered our study sample in the previous year.

This second-year report addresses the following questions:

- Who enters the ATIs and what are their treatment needs? Do their needs match the types of services provided by the assigned program?
- What are the offenders' criminal histories, why have they been arrested, and how do the courts process their cases so that they are placed in an ATI? What does the current court data say about whether these defendants were actually headed for jail or prison in the absence of an offer to attend an ATI?
- What are the amounts and types of services provided by the programs? Do the services match the needs of the participants?
- How many ATI clients actually complete the program? What portion of participants remain in treatment at 30, 90 and 180 days? Are there certain characteristics of offenders that are associated with failure to complete the program?

The ATI Programs

The ten ATI programs target four 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), which serves juvenile offenders under 16. Four of the programs target substance abusers: El Rio and Flametree admit men and women; and Crossroads and Project Return target women. In addition to the two programs serving women substance abusers, three other programs target women: DAMAS, Hopper Home, and STEPS (which more specifically serves victims of domestic violence, the great majority of whom are women). The final program, Freedom, serves the general population of adult felony offenders.¹ The appendix provides tables outlining distinctions among the programs.

Every program’s mission statement describes the dual function of assisting offenders and providing an alternative sanction to jail or prison. The programs also seek to expand sanctioning options for judges and prosecutors through client advocacy, participant supervision, and community education. To do this, the programs provide six to twelve months of court-supervised treatment. Program activity generally progresses through at least three phases, typically characterized by intensive programming during the first and second phases, and increased off-site activity in the final phase. Generally the phases are: orientation to program structure, expectations, and rules; an intensive treatment phase involving frequent counseling sessions that usually follow a structured, progressive curriculum; and, finally, transition out of the program, during which the program helps the offender find stable employment, continue drug treatment, and establish reliable social supports. Participants graduate from one phase to the next, and can also be demoted to an earlier phase after a setback in treatment.

Most programs offer a similar set of core services designed to address the range of needs they presume have led the offender to involvement with the criminal justice system. These needs are expressed as substance abuse, unemployment, illiteracy, and family and health problems, which the programs believe contribute to a person’s instability. The ATIs provide drug treatment and counseling, life skills, education, job training, and job placement. Many of the programs also provide classes in parenting and HIV education and support. In addition, the programs can provide material resources for clients when needed, including lunch; clothing; and money for emergencies, rent, medication, or identification.

Typically, participants attend several group classes and counseling sessions each week. Additionally, they meet regularly with an individual counselor and, as the participants progress in treatment, they cultivate employment opportunities outside the ATI. Attendance and drug testing are required, and participants are expected to follow all program rules on

¹ Each of the ATI programs is run by the parent agency identified in parentheses: CEP (Center for Alternative Sentencing and Employment Services [CASES]); YAP (Center for Community Alternatives [CCA]); El Rio (Osborne Association); Flametree (Fortune Society); Freedom (Fortune Society); Crossroads (CCA); Project Return Intensive Treatment for Women (Project Return); DAMAS (Fortune); Hopper Home (Women’s Prison Association); and STEPS (Edwin Gould Family Services).

penalty of graduated sanctions, including program termination and incarceration. ATI program staff, however, seek to work with individuals who relapse, commit infractions, or do not progress, and they emphasize that services are not withheld due to failure to comply with program rules.

Program Screening and Court Monitoring

For the past two years the Centralized Court Screening Service of the Criminal Justice Agency (CCSS/CJA) has determined case and program eligibility, and ATI placement. Following guidelines established by the city, CCSS has employed statistical models to target felony defendants who are expected to receive a minimum of a 180-day jail sentence. CCSS screened defendants for seven of the ten programs that comprise the ATI system funded under contracts with the City's Criminal Justice Coordinator.² Several of the agencies also maintained their own representatives in court. CCSS conducted a preliminary case screening that determined eligibility based on criminal history and case severity. Representatives of CCSS then interviewed defendants to determine individual needs and make an appropriate referral to one of the ATIs. CCSS's court representatives continued to monitor defendant progress in the ATI, and report to the court on a regular basis, generally once a month. The individual ATIs did additional screening and assessment after receiving the CCSS referral, and, on defendants admitted to the program, wrote progress letters and delivered them to the CCSS representative monitoring the case.

This single-screener model was changed in the spring of 1999 when the city elected to return case screening and court reporting responsibilities to the individual ATI programs and close the CCSS. While it is difficult to know all the factors, several issues likely contributed to the decision to close CCSS. Most notably, ATI intakes in the first and second years of the CCSS model fell well short of projected numbers, leading to frustration for CCSS, the city and the ATIs. Renewed focus on reporting requirements throughout the city, created a stronger role for individual agencies working with the Office of the Criminal Justice Coordinator, and strengthened the ATIs' requests for greater involvement in screening and reporting. Further, the utility of an independent agency responsible citywide for case targeting, placement, and court monitoring was the subject of considerable discussion since first proposed in 1996. Proponents believed that a single agency would reduce inefficiencies and provide the needed structure for planning and developing the city's ATI system. However, many of the ATI providers argued that an outside agency would be unable to appropriately assess defendants' needs in the referral process, or provide detailed descriptions of program activity to the court. An additional concern was whether CCSS could target and place a sufficient number of defendants into the ATIs annually, given explicit city mandates that required them to target certain jail and prison-bound defendants, a concern born out by the low numbers of referrals. The return to the earlier system does not significantly affect our research since it is focused primarily on the ATI programs rather than

² Crossroads and Hopper Home did not receive CCSS referrals, STEPS received CCSS-generated targeting information, but no direct referrals.

on case targeting and referral. Still, over the coming year, it will be useful to compare changes in case selection and outcomes between the two systems.

Chapter Two

ATI Participants

Who enters the ATIs and what are their treatment needs? Do their needs match the types of services provided by the assigned program?

CCSS Population and Vera Research Sample

The CCSS referred 756 individuals to felony ATI programs between early July 1998 and late May 1999, when we terminated data collection for this report.¹ When compared to the CCSS referral figures we monitored last fiscal year, the average monthly referral rate decreased by about 30 (from about 100 to 70 per month). This drop is attributable to low numbers referred in the final months of this fiscal year, when CCSS and the programs were anticipating the closing of CCSS.

Demographic data, which are available on nearly all ATI participants referred by CCSS between February 1998 and May 1999, are broken down into the four offender groups identified by the city (see Table 2A). The range of ages in the four groups underscores their differences, with a median age of 31 for participants in the specialized programs for

Table 2A: Demographics of Offender Groups Referred to ATIs
(February 1998-May 1999)

Variable Description	Total (N=1089)	General Populatio n (N=258)	Substance Abusers (N=304)	Women (N=106)	Youth (N=460)
Age: mean median	23 19	25 21	29 24	32 31	17 17
Male	81%	98%	75%	—	88%
Latino	40%	44%	48%	48%	30%
African-American	55%	50%	46%	47%	66%
White	3%	5%	4%	5%	2%
Months lived at current address (median)	48	36	48	48	60

¹ Comparable data on referrals to Crossroads, Hopper Home, and STEPS were not available. As noted earlier, these programs do not receive CCSS referrals but are included in the research and a sample of their participants are included in the Vera study group discussed later in this section.

women, contrasted with a median age of 24 for participants in the specialized programs for substance abusers, 21 for the general population program, and 17 for the two young offender programs. Women account for about one-fifth of the 1,089 program clients. The gender segregation in the system is evident in this table and the next, Table 2B, which shows the numbers of men and women referred to each program. Of 207 female referrals, over half were in the two specialized programs for women offenders (DAMAS and Project Return), and most of the rest were in the other two substance abuse programs. The proportions of African-Americans and Latinos represented in three of the four treatment groups are fairly equivalent; there are proportionately many more African-Americans than Latinos in the young offender programs.

Table 2B: ATI Referrals from CCSS and the Vera Study Sample

Participant Group and Program	CCSS Referrals 2/98-5/99	Vera Study Sample 2/98-5/98; 1/99-5/99	
		n	% of Total Referrals
<i>General population, adult</i> Freedom	258	96	37
<i>General population, youthful</i> offenders CEP	324	44	14
<i>Juvenile offenders</i> YAP	136	25	18
<i>Substance abusers</i> El Rio	109	39	36
Flametree	156	47	30
<i>Women offenders</i> DAMAS	67	28	42
STEPS	—	(5)	
<i>Women substance abusers</i> Project Return	39	8	21
Crossroads	—	(23)	—
Hopper Home	—	(7)	—
TOTAL	1,089	322	27

The right-hand column of Table 2B shows the distribution of ATI clients participating in the Vera interview among programs admitting CCSS referrals. Those programs outside the CCSS umbrella, Crossroads, Hopper Home and STEPS, have no total intake numbers or percent of total figures because they did not receive CCSS referrals. Our sample of 322 clients, accounts for 27 percent of those referred to the ATIs during the interview/study.⁴ Vera interviewers visited most sites at least once weekly and recruited newly admitted clients identified on CCSS weekly referral lists or by program staff (at those sites that did not receive CCSS referrals). Thus, individuals who dropped out very soon after admission, or those who attended irregularly and were unavailable to our interviewers, are underrepresented in our sample. Additionally, as is evident in Table 2B, participants of CEP and to some extent YAP are underrepresented relative to the total number entering these programs. This is primarily due to difficulties in obtaining parental consent (which is required in addition to the participant's consent) for these young offenders to take part in the research. Comparisons showed the Vera sample to be very similar to the overall sample demographically, with the exception of age, which is higher in the Vera sample of substance abusers than in the total group of referrals.

Vera Sample Profile

Extensive background and history data gathered soon after admission to the ATI are summarized in Table 2C. Because we had to cut off data collection for purposes of these analyses in early May, the data presented here are on a slightly smaller group (300) of the 322 study participants described above. These findings update the profile described in last year's report on 135 of these ATI clients. With the larger sample, we can be more confident that the findings reported for each of the offender subgroups accurately represent the group.

Demographics, Education, Employment. The demographic differences among the offender groups are evident in our study sample. The young offender group (from CEP and YAP) and those attending the general population program (Freedom) are typically in their late teens and early twenties, while those in the substance abuse and women offender programs are, on average, about ten years older, at just under 30 years of age. Women are concentrated in the specialized programs for women and the substance abuser group, where they account for one-third of the participants. There are almost no women in the general population program and girls comprise only 13% of the young offender group.⁵ Nearly all study participants are either African-American or Latinos. African-Americans are present in larger numbers in the

⁴ The Vera sample includes 135 individuals we interviewed between February and May 1998 and profiled in last year's report, and 187 who joined the study this year between January and May of 1999. Due to a funding hiatus, we did not recruit new participants for the research between June and December 1998; however, CJA continued to provide us data during that period and CCSS referrals to programs during this period are counted in these CCSS columns of the tables.

⁵ As in last year's report, defendants attending the programs for women substance abusers (Crossroads, Project Return, and Hopper Home) are counted twice in the data presented in this section on the Vera sample, as members of the substance abuser group and the women offender group.

programs serving younger offenders; in CEP and YAP there are more than twice as many African Americans as Latinos.

The felony participants have poor educational and vocational histories. The men in the general population program had the highest socioeconomic indicators of any group, and just over one-third of them (37 percent) had a high school diploma or GED, or were employed at the time of our interview (36 percent). They averaged 19 weeks of work in the prior year and their income in the prior month averaged \$315. In the women's programs group, only 7 percent were working; they had worked seven weeks in the prior year and their average employment income in the prior months was a paltry \$132.

Medical and Mental Health. As was evident from last year's report, participants in the women's programs have an alarming prevalence of medical and mental health problems. They report these problems at roughly twice the rate of (younger, male) Freedom clients, while the rate of problems in the substance abuse program group is midway between these groups. For example, almost half the women's program group reported suffering from chronic medical problems, as compared to 19 percent of the general population (Freedom) group and 36 percent of the substance abuse group. An extraordinary proportion of women—70 percent—said they had experienced serious depression at some point in their lifetime, 42 percent reported being "very troubled" by psychological problems at the time of the interview, and one in four said they had seriously contemplated suicide at some previous time. About one-third of the women reported prior physical abuse and 16 percent said they had been sexually abused in their lifetime. As noted in last year's report, these numbers are smaller than might be expected based on staff reports and probably reflect some underreporting. Overall, the CEP and YAP clients report medical or psychological problems at predictably low rates; the notable exception here was that 37 percent of these young ATI participants said they had experienced serious depression at some point in their lives.

Substance Abuse History. Participants in the substance abuse and (specialized) women programs reported very similar substance abuse histories; as expected, their prior drug problems were much more extensive than those in the other programs. Just under one-fourth of both groups reported using heroin or cocaine (including crack) in the thirty days prior to the interview, in contrast to ten percent of those in the adult general population program. Participants of the young offender programs report very modest drug histories; since CEP and YAP will not admit defendants who have used heroin or cocaine in the past year, it is not surprising that only two percent reported use of these drugs in the prior month. Clients of the substance abuse and women offender programs were about four times more likely to report attending treatment in the past, and three times more likely to report a current need for drug treatment. Still, it is worth noting that this amounted to less than one-third of the substance abuse program group; in other words, 69 percent of the defendants placed in the substance abuse programs did not report even a moderate need for drug treatment. This likely reflects the substantial numbers of persons in these programs whose primary drug of

abuse was marijuana or alcohol, and who believed that drug treatment was for persons addicted to heroin or cocaine

Table 2C: Background Data from the Intake Interview

Variable Description	Total (n=300)	General Pop. (n=87)	Substance Abusers (n=111)	Women (n=65)	Youth (n=63)
<i>Demographic & Employment Data</i>					
Age: mean	25.6	24.5	29.5	30.1	17.4
median	20.6	20.5	27.8	30.6	17.5
Male	73%	99%	66%	—	87%
Race/Ethnicity					
Latino	41%	37%	47%	52%	29%
African-American	51%	51%	44%	40%	70%
White	2%	2%	4%	5%	0%
Married	11%	16%	11%	14%	0%
High school diploma or GED	29%	37%	35%	37%	6%
Unemployed at time of interview	83%	64%	89%	93%	94%
Weeks worked in prior year	13	19	15	7	6
Employment income, past 30 days	\$196	\$315	\$170	\$132	\$79
Depends on others for majority of support	63%	51%	58%	63%	92%
<i>Medical, Psychiatric, and Family Problems</i>					
Bothered by chronic medical problem(s)	25%	19%	36%	48%	10%
Experienced emotional abuse in lifetime	27%	26%	34%	42%	10%
Experienced physical abuse in lifetime	18%	15%	24%	33%	3%
Experienced sexual abuse in lifetime	9%	6%	12%	23%	2%
Experienced serious depression in lifetime	51%	47%	56%	70%	37%
Had thoughts of suicide in lifetime	16%	14%	21%	26%	8%
Is very troubled by family problems	14%	10%	18%	13%	13%
Is very troubled by social problems	12%	11%	12%	21%	10%
Is very troubled by psychological problems	23%	16%	29%	42%	14%

Table 2C: Background Data (continued)

Variable Description	Total (n=300)	General Pop. (n=87)	Substance Abusers (n=111)	Women (n=65)	Youth (n=63)
<i>Substance Abuse History</i>					
Any prior admission to drug treatment	19%	9%	33%	35%	8%
Used heroin, cocaine past 30 days	14%	10%	23%	24%	2%
Prior IV drug use	6%	5%	10%	14%	0%
Reports need for alcohol treatment	4%	0%	11%	8%	2%
Reports need for drug treatment	20%	9%	31%	33%	5%

Summary and Conclusions:

Unique Defendant Groups and Specialized Treatment

With a sample more than twice the size of last year, we can now be more certain of the reliability of our intake interview findings for each of the four offender groups identified for analysis. Compared to last year, the current data make it even more evident that these groups differ substantially. The defendants in the substance abuse programs, and particularly those in the specialized programs for women, present a much more despairing picture than the other defendant groups: they are older; have poorer employment and educational histories, and more extensive drug use histories; and report more medical and mental health problems. Drug use, of course, is more of a problem with those in the substance abuse programs, and psychological problems in particular are very prevalent among the women ATI clients. Participants in the adult general population program and the two young offender programs are much more likely to be relatively young males who do not display the substance abuse, medical, or mental health problems of the other groups. While these groups, compared to the women and substance abusers, are also better off in terms in socioeconomic indicators, they are still disadvantaged educationally and underemployed.

Echoing last year's conclusions, the CCSS targeting and referral system did appear to function appropriately, evincing a match between offender profiles and the service specialties of the ATI programs. More generally, the distinctive nature of the different defendant groups suggests the city is correct to encourage the development and implementation of ATI programs to meet the unique needs of these groups.

What are offenders' criminal histories, why have they been arrested, and how do the courts process their cases so that they are placed in an ATI? What does the current court data say about whether these defendants were actually headed for jail or prison in the absence of an offer to attend an ATI?

Criminal History and ATI Case Processing

Criminal History. These data are available from the files CCSS makes available to us on all ATI participants; we also obtain some self-reported criminal history data from the Vera intake questionnaire. Available results for all ATI participants referred by CCSS between February 1998 and May 1999 are shown in Table 2D. Mirroring the pattern from the intake interview—and predictably consistent with the age differences of these groups—clients of the substance abuse and female offender programs had the most extensive histories, while the young offender group had very limited prior records. Only 6 percent of the young offender group had any prior criminal record, and virtually all of these were for misdemeanors.

About 15 percent of the participants in the specialized substance abuse and women programs had a prior felony conviction, which was twice the prevalence of prior felonies in the general population program. While the occurrence of prior prison sentences was very small in any group, the fact that drug program clients had twice the rate (four percent vs. two percent) of any other group is likely due to the harsh sentencing structure for drug offenses in New York.

Table 2D: Criminal History of All CCSS-Referred ATI Participants (2/98-5/99)

Variable Description	Total (N=1,107)	General Pop. (N=258)	Substance Abusers (N=317)	Women (N=124)	Youth (N=460)
Ever convicted of a criminal offense	26%	27%	43%	37%	6%
Ever convicted of a felony	7%	7%	16%	14%	1%
Ever convicted of a misdemeanor	19%	24%	35%	29%	5%
Ever sentenced to prison	2%	2%	4%	2%	0

The more serious criminal records evident among substance abusers and women offenders also likely reflect the fact that judges and prosecutors are more willing to work around these sentencing policies and consider ATIs for these groups even after they have committed prior felonies. Male felony offenders who do not have a substantiated drug problem are probably less attractive as candidates for rehabilitation-oriented ATI programs.

Displaying the same CCSS-provided data for the Vera sample, the results in the top-half of Table 2E show our sample participants to be very similar to the ATI population, with slightly more severe criminal records (with prevalence rates one to six percentage points above the population percentages). The self-reported data shown in the bottom part of the table reflect anticipated differences. Reported drug sales, while quite high in all groups, is highest (81 percent) in the substance abuse group and lowest (24 percent) in the young offender group.

Table 2E: Criminal History of Vera Sample Participants

Variable Description	Total (n=322)	General Pop. (n=96)	Substance Abusers (n=123)	Women (n=73)	Youth (n=69)
Ever convicted of a criminal offense	28%	26%	41%	35%	8%
Ever convicted of a felony	10%	6%	20%	16%	2%
Ever convicted of a misdemeanor	25%	26%	36%	30%	6%
Ever sentenced to prison	3%	2%	7%	0%	0
<i>Self-Reported History:</i>					
Ever sold drugs	58%	53%	81%	60%	24%
Ever committed robbery	35%	44%	17%	12%	67%
Ever arrested as juvenile (< 16 years)	13%	18%	13%	13%	8%
Number of prior convictions, mean	2	1	2	2	1
Months incarcerated, mean	6	4	10	7	4

These findings are reversed in the next row of the table, where commission of robbery was reported among two-thirds of the latter group, while only reported by 12 percent of the women offenders and 17 percent of the substance abuse clients. The general population group is less specialized, with roughly half reporting that they had committed robbery (44 percent) or drug sales (53 percent). Self-reported prior convictions and time incarcerated are in accordance with the official CCSS-reported data (and the state's more punitive response to drug offenders), with substance abusers (and to a lesser extent the women offender group) reporting more convictions and longer time in jail or prison.

Criminal Case Processing of ATI Participants. The results of our analyses of court case processing, shown in Table 2F, were done on the entire 15-month sample of CCSS-referred ATI clients and represent a sample more than three times the size used for last year's analysis. As noted at that time, these data are of interest because they indicate the severity and type of cases entering ATI programs in New York City. Charge level at the beginning of the case and at the final plea, as well as other indicators such as the decision to detain or release a defendant at arraignment, provide some sense of whether the system is truly diverting defendants—that is, targeting and referring individuals who would likely go to jail or prison in the absence of the ATI offer.

These ATI defendants came into the system charged with serious offenses; about two-thirds were arraigned on B-level felonies, the second-most serious charge level in the state's system (felonies range from levels A to E). Under New York law, B-level charges are not "probation-eligible." Persons convicted of these offenses must serve a prison sentence unless they are under the age of 19 (at the time of the offense) and can be designated by the judge as youthful offenders.⁶ The women offender and substance abuser groups had somewhat higher rates of B-level charges than the other groups, primarily because of the prevalence of drug charges in these groups. Drug sales and possession accounted for over two-thirds of the charge types in these two groups, and in New York, even with relatively small quantities of narcotics, these qualify as B- and sometimes even A-level felonies. Roughly similar proportions of the general population group were arraigned on drug charges (40 percent) and robbery, assault, or weapons offenses (44 percent), which usually qualify as violent offenses under New York law. Robbery, assault, and weapons offenses were much more common among the young offenders (73 percent) than any other group.

While very few of these ATI defendants were remanded to jail, in 86 percent of the cases the judge set the bail figure at arraignment high enough so that the defendant could not pay it. Those defendants were thus detained while their case was being considered before the court. This offers further evidence that these defendants were judged to be charged with serious offenses, and that the ATIs were likely diverting individuals heading for a custodial sentence. In three of the four groups, ten percent or less of the defendants were released on recognizance (ROR) at arraignment. Interestingly, 28 percent of the women offender clients

⁶ Youthful Offender status is a legal designation selectively invoked to seal the case of a person, between the ages of 14 and 18 who has been convicted of a felony. Judges have the discretion, within certain guidelines, to identify an individual as a "YO" and thus are not obligated to follow sentencing mandates that affect adults convicted of a felony (and, that in many cases require a prison sentence).

were ROR'd, despite having the greatest proportion of defendants charged with B (and A) - level offenses (85 percent). This would seem to offer relatively direct evidence that at least some judges believe the risk posed by releasing these women is not commensurate with the rather severe sentencing structures specified in the state's Rockefeller drug laws.

Charge reduction—the change in the level of offense charged at arraignment and at the disposition of a case—is standard practice in criminal courts. The data shown in the disposition sections of Table 2F show, in fact, that there was relatively little charge reduction occurring with the ATI cases. Confirming an observation made last year with a much smaller sample, prosecutors and judges are successfully requiring offenders to plea to quite serious charges in order for them to attend the ATI (presumably in lieu of jail or prison). The least amount of reduction occurred in the youthful offender group, where 59 percent were arraigned on the B felony and 49 percent pled to a B charge at disposition, before entering the ATI. In contrast, 56 percent of the Freedom clients were charged with B-level offenses at arraignment, but only 20 percent of this group were disposed with B charges. Slightly lower levels of charge reduction occurred in the other two groups. Fifty-seven percent of the women offenders were disposed as B cases (down from 83 percent at arraignment) and 49 percent of the substance abusers pled to B charges (down from 77 percent at arraignment).

While reductions in charges were recorded in the study group, there are still substantial numbers of defendants taking pleas that are quite serious—overall, 70 percent are disposed as B- or C-level felonies—in order to enter ATI programs. Plea charges serve as threats to keep people in the programs; they are the “stick” that judges and prosecutors use to attempt to ensure compliance with the court. In New York, defendants (and their attorneys) who bargain for and accept the ATI offer risk a potentially severe penalty if they fail to complete their end of the deal and do not complete the program.

Not all of these are final disposition charges. Adult defendants who plead to B felonies and who complete the ATI typically have their charges reduced to C or D felonies and serve probation. Those who plead to C or D charges at program entry, however, do not see their charges reduced upon completion. And defendants who plead to B felonies as a Youthful Offenders and complete the ATI do not have their charges reduced, since Youthful Offender status means that they are eligible for probation in spite of a B-level charge.

Table 2F: Case Processing of All CCSS-Referred ATI Participants (2/98-5/99)

Variable Description	Total	General Population	Substance Abusers	Women	Youth
Top Charge at Arraignment	(n=867)	(n=207)	(n=254)	(n=85)	(n=353)
Robbery	40%	30%	20%	14%	63%
Assault	5%	4%	2%	9%	5%
Weapons	5%	10%	2%	4%	5%
Burglary	4%	5%	3%	3%	3%
Drug Sale	34%	33%	59%	59%	15%
Drug Possession	6%	7%	9%	9%	3%
Other	7%	11%	4%	3%	7%
Top Charge Level at Arraignment.	(n=1,063)	(n=254)	(n=308)	(n=110)	(n=436)
Felony A	1%	56%	77%	83%	59%
Felony B	65%	18%	13%	3%	26%
Felony C	19%	20%	8%	11%	12%
Felony D	12%	5%	2%	1%	2%
Felony E	2%	1%	0%	1%	1%
Misdemeanor/Violation	1%				
Detention Status at Arraignment.	(n=383)	(n=96)	(n=101)	(n=18)	(n=169)
Remanded/Detained	86%	93%	88%	72%	88%
Bail Not Made/Detained	1%	2%	1%	0%	1%
Bail Made/Released ROR	9%	5%	10%	28%	9%
Disposition Charge Type	(n=722)	(n=168)	(n=215)	(n=65)	(n=295)
Robbery	39%	25%	22%	13%	62%
Assault	5%	4%	5%	7%	5%
Weapons	4%	9%	2%	1%	2%
Burglary	5%	7%	3%	4%	5%
Drug Sale	35%	38%	57%	60%	16%
Drug Possession	6%	6%	7%	12%	3%
Other	7%	12%	5%	4%	6%
Disposition Charge Level	(n=722)	(n=168)	(n=214)	(n=65)	(n=295)
Felony A	0%	0%	0%	0%	0%
Felony B	42%	20%	49%	57%	49%
Felony C	28%	33%	30%	28%	24%
Felony D	22%	36%	14%	11%	22%
Felony E	6%	9%	6%	2%	4%
Misdemeanor/Violation	1%	2%	2%	3%	0%
Status at Release to ATI	(n=985)	(n=240)	(n=275)	(n=98)	(n=409)
Convicted, entered guilty plea	84%	83%	88%	83%	84%

Chapter Three

Program Services and Performance

What are the amounts and types of services provided by the programs? Do the services match the needs of the participants?

Assessment of Services and Participant Status at Three Months

The Time 2 interviews were conducted after participants had been in the ATI programs for three months. This second interview serves three primary functions for the research: to assess the participant's status in such areas as residential stability, familial relationships, drug use, and medical and mental health; to provide quantitative information on the content and frequency (or dosage) of services at each site; and to assess the relative importance of these participant factors and treatment service components for program outcomes, most notably retention and rearrest. Like the intake interview, the participant information at Time 2 provides another opportunity to gauge the needs of these individuals, and to assess how well services are matched to those needs. Once sufficient samples are available, we will also track change between the first and second interviews, at least partly to assess whether the programs might be responsible for improvements.

Measuring service delivery is a major challenge of program evaluation. Program participant responses to the Time 2 questions on the content and frequency of, and satisfaction with various program components supplement our review of program documents and reports, program observation, and reviews of client case files. To maintain a consistent measure across programs and to minimize problems of recall bias, we asked the participants in the Time 2 interview about program-related services received during the previous week.¹ Their responses provide a useful description of an average week, after any orientation or assessment and before the program emphasizes preparation for release. Because most of our questions were limited to a single week, they may neglect important programming that took place during a program's first weeks or after the week that we chose.

Ninety-one Time 2 interviews were conducted during an initial wave of data collection between April 1998 and July 1998. An additional 23 Time 2 interviews were conducted in April 1999. The analyses on the following pages are based on those data (N=114) which are presented in total and by the same four groupings presented in the earlier analyses.

Participant Status in Several Life Areas

Queries about the participant's life in several areas provide information about their circumstances and needs.

¹ In taking this approach we were adapting a version of a standardized measure, the Treatment Services Review (McClellan et al., 1989).

Table 3A: Status in Life Areas 30 Days Prior to Time 2 Interview

Variable Description	Total (N=114)	General Population (N=40)	Substance Abusers (N=32)	Women (N=25)	Youth (N=17)
Living with immediate family	65%	65%	53%	36%	88%
Living in an institution	9%	0%	19%	44%	0
Changed residence	11%	5%	23%	24%	0
Mean days worked	5.95	10.6	3.41	1.6	8.87
Mean days in school or job training	4.67	3.9	1.48	3.9	6.13
Mean days experienced serious family/social probs.	1.49	1.4	3.34	1.9	0
Mean days experienced emotional problems	3.81	3.0	5.47	6.8	1.24
Prescribed psychiatric medication	6%	3%	7%	17%	0
Mean days experienced physical health problems	3.12	2.0	6.34	4.9	1.29
Treated for physical problems	12%	8%	22%	16%	6%
Drank to intoxication	3%	3%	6%	4%	0
Used: marijuana	17%	13%	16%	12%	18%
heroin	1%	0	3%	4%	0
methadone	3%	8%	0	4%	0
crack	1%	0	3%	4%	0
cocaine	2%	0	6%	4%	0
Engaged in illegal behavior	5%	10%	0	4%	0

As the study sample grows, we will examine the statistical associations between needs made evident in the interview and service delivery, and how participants' circumstances at Time 2 make them vulnerable for early dropout or recidivism.

This initial analysis indicates several distinctions among the four participant groups that can help illuminate the programs' understanding of and responsiveness to clients' needs. Most notably, these data (see Table 3A) show that participants in the specialized

programs for women and substance abusers are more likely to report instability related to housing, employment, family and social relations, and medical and mental health.

Living Conditions and Stability. One of the clearest distinctions among groups is the greater instability of both women and substance abusers along several dimensions addressed in the interview. Only 36 percent of women report living with immediate family members, nearly half the proportion of respondents in the general population. In contrast, 88 percent of youth say they live with immediate family members. Women are also much more likely to live in an institution, a finding partially accounted for by the inclusion of Hopper Home, which has a residential phase. Even excluding these figures, however, at least some women in each of the women's programs live in an institution, while none of the participants in the other programs do.

Women and substance abusers are more likely to have moved than are participants in either the general population or youth programs. This finding is explained in part by the number of women who moved into and out of Hopper Home; however, these two populations clearly yield a higher number of participants reporting less stable living conditions than either general population participants or youth. None of the youth interviewed had moved during the three months before our interview.

Employment. Substance abusers, and particularly women, worked much less than participants in the general population or youth programs. However, none of the groups averaged more than part-time work during the previous 30 days. This is consistent with program reports that most participants are not ready to work until they are stable in their living and family environment, and until those with drug histories have achieved a stable period of abstinence. Few respondents in any of the programs reported participating in job training. This is not surprising as the information was collected after approximately three months of participation in the ATI, when most participants are likely to be completing the first phase of treatment and have not yet entered job training or other community reintegration services.

Social, Family, and Health Experiences. Compared with the total sample, substance abusers were twice as likely to experience social or family problems in the 30 days prior to the interview. Women reported only a slightly higher incidence of these problems than the other two groups. Overall, respondents report relatively high levels of physical and mental health problems. Because many of the participants may not have medical benefits when they enter the ATIs, chronic health conditions may have gone untreated for months or years.

Again, consistent with staff perceptions, women and substance users reported higher incidences of emotional and physical health problems and treatment than did the other respondents. A surprisingly high proportion of women, 17 percent, reported that they had taken prescribed psychiatric medication in the month before the interview—more than twice

the rate of substance users and more than five times the rate of those in the general population program. This may reflect a heightened awareness of depression and other mental health diagnoses in the women's programs, as well as the possibility that women are more likely to receive psychiatric medication once under some form of supervision. In terms of medical treatment, substance users, reporting an average of over six days of medical treatment, were nearly three times more likely to report receiving such treatment than were respondents in the general population group. According to program managers, substance abusers are less likely to maintain good health practices due to long periods of "street time" resulting from their drug use. Neglected health problems may then result in higher than average rates of medical conditions (including emergency care and dental work) requiring immediate treatment.

Drug and Alcohol Use and Illegal Activity. The ATIs vary in their policies on drug testing. For example, programs for substance abusers test several times weekly, reducing that schedule as participants gain "clean time," while most of the other programs test randomly. One program (STEPS) will test only upon suspected drug use. Less than 4 percent of respondents said they used alcohol to the point of intoxication, or any illicit drugs other than marijuana (which was reported to be used by 10 percent of all respondents). Several of the programs will not admit individuals who are taking prescribed methadone, so reported methadone use is lower than might otherwise be expected in this population. Youth reported using no substances other than marijuana, and had the highest rate of marijuana use. In the third year of the research we will conduct an intensive service review, which will include urinalysis test results. It will be interesting to compare the results recorded in client case files with self-reported figures.

Self-reported illegal activity, while undoubtedly affected by underreporting, is the only area in which general population participants show higher prevalence rates than other groups. Respondents in that group were more than twice as likely as women to report any illegal activity; neither substance users nor youth reported any illegal activity. Assuming that all groups are equally likely to underreport criminal behavior, the difference may indicate that such activities are more a part of the lifestyle of general population participants, and less likely to be disrupted as a result of ATI program participation. While such speculation may help the program serving general population offenders to focus its services, these findings are preliminary and should be interpreted with caution.

Services Received in the ATI Programs

The second portion of the Time 2 interview asked participants to estimate the number of times in the previous week they had received services within specified areas. In this section we sought to quantify the core programming they attended, such as different forms of drug treatment and psychological counseling, as well as to learn whether supplementary services, such as medical and legal assistance, were provided. Participants were also asked to rate the

utility of the services they received according to a three-point scale: not helpful, helpful, very helpful. Those who did not receive a particular service were not included in the utility measures for that service.

The ATIs tailor programming to meet the needs of their target population, so program services and hours were expected to vary. Program managers express strong views on the needs of different client groups, and their anecdotal information is largely confirmed by our preliminary overall findings. Participants in full-time programs, particularly those for women and substance abusers, report higher needs and receive more programming than participants in less intensive programs.

Table 3B: ATI Service Participation

Variable Description	Total (N=114)	General Population (N=41)	Substance Abusers (N=34)	Women (N=27)	Youth (N=23)
Mean days attended in month	14.94	15.3	14.5	14.68	13.88
Mean days scheduled in month	18.11	18.1	19.91	19.12	15.06
Mean unexcused absences in month	.42	.54	.35	.67	0
<i>In the week prior to the interview:</i>					
Education and Job Training					
Mean sessions on <i>education or job training</i>	1.22	1.73	1.13	1.32	.29
Percent judged service very helpful (number responding)	67.8 (59)	72.7 (22)	61.9 (21)	68.8 (16)	50.0 (6)
Job Placement					
Mean Sessions on <i>job placement</i>	.59	1.00	.59	.20	0
Percent judged service very helpful (number responding)	57.1 (28)	54.5 (11)	53.8 (13)	42.9 (7)	100 (1)
Drug Treatment					
Mean sessions on <i>drug treatment</i>	3.21	3.63	5.18	3.30	.39
Mean <i>drug/alcohol tests</i>	1.22	.6	2.16	1.84	.88
Respondents reporting one or more <i>positive drug tests</i>	13	3	3	0	7
Mean <i>AA/NA sessions</i>	.90	1.20	1.50	.48	0
Percent judged service very helpful (number responding)	65.5 (55)	68.4 (19)	60.0 (30)	78.6 (14)	N/A
Mean <i>relapse prevention sessions</i>	.69	.59	.91	.63	.13
Percent judged service very helpful (number responding)	70.3 (64)	63.6 (22)	69.2 (26)	88.2 (17)	100 (2)
Mean <i>drug/alcohol education sessions</i>	.79	1.02	.76	.89	.17
Percent judged service very helpful (number responding)	70.0 (60)	69.6 (23)	70.0 (20)	78.9 (19)	50 (2)
Mean <i>drug/alcohol other sessions</i>	1.08	.83	2.00	1.30	0

Table 3B: Service Participation (continued)

Variable Description	Total (n=114)	General Population (n=41)	Substance Abusers (n=34)	Women (n=27)	Youth (n=23)
Percent judged service very helpful (number responding)	82.0 (50)	90.0 (20)	78.3 (23)	90.0 (10)	N/A
Family and Social Problems					
Mean sessions on <i>family problems</i>	.52	.59	.53	1.19	0
Percent judged service very helpful (number responding)	78.1 (32)	100 (8)	72.7 (11)	84.2 (19)	N/A
Psychological and Emotional Problems					
Mean sessions on <i>psychological/ emotional problems</i>	1.35	.88	2.85	2.22	0
Mean <i>relaxation therapy or acupuncture sessions</i>	.64	.22	1.76	.96	0
Percent judged service very helpful (number responding)	54.8 (42)	69.2 (13)	52.2 (23)	66.7 (12)	N/A
Mean <i>behavior treatment sessions</i>	.33	.17	.62	.78	0
Percent judged service very helpful (number responding)	77.8 (27)	85.7 (7)	85.7 (7)	83.3 (12)	N/A
Mean sessions on <i>psychological/emotional problems</i>	.45	.49	.47	.48	0
Percent judged service very helpful (number responding)	61.5 (26)	70 (10)	37.5 (8)	85.7 (7)	N/A

Table 3B: Service Participation (continued)

Legal Problems					
Mean sessions on <i>legal problems</i>	.25	.13	.44	.32	.12
Percent judged service very helpful (number responding)	42.9 (21)	60.0 (5)	33.3 (9)	60.0 (5)	100 (2)
Program Assistance					
Percentage receiving <i>material assistance</i> (e.g. food, clothing, etc.)	29.3	22	35.3	59.3	13
Percentage receiving assistance in <i>coordinating benefits</i>	23.7	15	41.2	50	8.7

Programs that do not anticipate such varied needs, such as STEPS or the youth programs, provide fewer services as part of their standard service plan.² This issue is most notable within the youth programs. The two programs serving youth focus on stabilizing their clients as soon as possible, through school or an alternative educational or vocational training program. These ATIs may provide additional counseling services and referrals as needed; however, their primary function is to provide case management and supervision. Neither youth program required full-time attendance by the time researchers conducted the second interview, at the three-month mark.

Attendance and General Program Experience. Six of the programs are full-time, so participants are expected to be on site every weekday. However, this does not mean that programming takes place seven or eight hours daily; lunch, breaks, and waiting between scheduled sessions is likely to take well over an hour each day. Occasionally a full-time program will allow participants to attend less than five days a week if they are working, have been referred to another full-time program, or, in the case of STEPS, if the participant is assessed as able to function independently without further intervention from the ATI. The part-time programs may require participants to attend the ATI only one or two days a week, for a few hours at a time.

Participants in the youth programs reported somewhat fewer days scheduled and attended than the other three types of programs, which were very similar in requirements and

² STEPS provides counseling to women who are victims of domestic abuse. The program does not assume that clients will be substance abusers, undereducated, or underemployed—all of which are common assumptions in the other programs for women. STEPS' principal goals are to remove criminal charges against their clients, and to assist women in avoiding abusive relationships in the future. The youth programs, CEP and YAP, focus on maintaining or restoring regular school attendance. These programs, too, do not regularly provide the comprehensive services of most of the other ATIs, again, because they do not assume the population they serve needs those services.

attendance. Required attendance ranged from full time (19.9 out of 20 days per month in the substance abuse programs) to about 15 days per month for the youth programs. We anticipated these findings for the youth programs, since they emphasize stabilizing their clients in schools and communities early in treatment, rather than providing intensive service at the program site. The different approach of the youth programs is also evident in the more detailed service utilization data in Table 3B, where these program participants report receiving considerably fewer services than any of the other groups. These findings coincide with the programs' emphasis on case management rather than direct services.

Educational and Vocational Services. The programs all recognize that many of their participants lack high school degrees, GEDs, and/or job skills. While providing classes to respond to these needs is not a central component of the ATI, the programs do generally assess educational and vocational needs and attempt to respond to them, either with classes or through referrals. However, many of the programs, particularly the drug treatment programs, maintain that clients must first achieve a period of stable abstinence before they can assume the responsibilities of regular class work. Frequently, then, participants will not enter these education and training classes until they have been in treatment for several months. For this reason we did not expect to see large numbers of participants reporting regular class involvement.

Consistent with these expectations, substance abusers and women were somewhat less likely than respondents in the general population group to report attending education, job training, and job placement sessions. General population participants also reported working more in the previous month (Table 3A), possibly indicating both greater access to employment opportunities and a willingness on the part of case managers to permit these participants to focus on employment and education early in treatment. While youth reported the second highest rate of days worked and days in job training in the first part of the interview (which addressed the previous 30 days (Table 3B)), in this section they reported the lowest rate of training and job placement. This implies that the ATIs serving youth are not directly involved in job development, but monitor compliance with program (and court) requirements.

Drug and Alcohol Treatment. Drug treatment is integrated into the program curriculum of all the ATIs (with the exception of STEPS); the programs acknowledge that even those who do not have a primary drug problem may use drugs recreationally or may have a history of abuse that makes them vulnerable to drug use as a route to criminal activity. Participants in all groups report receiving more substance abuse treatment classes than any other type of class, averaging over three sessions each week. Substance abuse programming may include drug and alcohol education, counseling, group support, behavioral therapy, relapse prevention, acupuncture, and twelve-step groups.

As expected, participants in the substance abuse treatment programs report having more drug treatment sessions (over five times per week) and are tested more often for drug use (more than twice each week) than other respondents. Notably, substance users did not report more frequent positive drug tests than other groups. Youth report the highest number of positive drug tests, which, according to program staff, are nearly always for marijuana. The most common type of substance abuse sessions are counseling groups devoted to drug and alcohol issues (recorded as “other” drug and alcohol sessions in our interview, to contrast with more specific sessions). Twelve-step groups are also common, except in the programs for women. At the three-month point, these programs do not offer many drug and alcohol education groups (which are typically held in the early stages of treatment), nor, somewhat surprisingly, many relapse prevention sessions. Given the widespread adoption of cognitive-behavioral principles in substance abuse treatment, we expected that participants would report more relapse prevention groups. Apparently, these programs still employ traditional treatment techniques, relying on group counseling and twelve-step self-help groups.

Social, Family, and Health Services. We know from interviews done at admission that the offenders entering the ATI programs show high levels of recent problems with family and friends, as well as medical and mental health problems. Armed with individualized assessment data compiled by program staff at admission, the ATIs address these concerns in creating treatment plans that take into account the diverse needs clients bring to these programs. Our early data confirm staff assertions that they tailor services to address the complications faced by many female clients in dealing with family and social networks, and mental and physical ailments. According to the programs, these problems are partially responsible for both substance use and criminal activity, and counseling that addresses these underlying issues is an integral part of ATI treatment for women. Women report attending sessions on family and social problems at more than twice the rate of other respondents. In comparison, and somewhat surprisingly, youth report receiving no family counseling. Women and substance abusers report attending many more emotional/psychological group sessions than other participants, again consistent with program reports on the needs evident in these populations. Completing this picture of greater need relative to the other populations, women received much more assistance in securing entitlements and material assistance, such as food, clothing and shelter, from the ATI programs than did any other group. Youth, predictably, received the least assistance, probably because nearly all of them reside with immediate family who provide for them.

At a more general level, these data at least suggest the possibility that programs take different approaches in responding to these special client populations. ATIs serving women and substance abusers may devote more time to a comprehensive, holistic assessment of their clients, gauging needs on a variety of social and health factors that underlie addiction and criminal behavior. Programs working with populations that are perceived as more

stable—the general population and young offenders—may limit their assessment and services to more concrete issues, such as vocational and residential needs.

Participants' Ratings of Service Utility. Researchers asked respondents to assess the utility or helpfulness of each service they reported receiving. Utility ratings, which are reported in Table 3B, are generally high among all service categories. Of those who report receiving a service, at least half said the service was very helpful to them, and less than five percent judged any services as not helpful. In viewing these responses, it is important to note that several of the ratings came from only a few participants since we did not query those who did not attend a service.

Substance abusers in general give lower ratings to various program services; this is consistent with anecdotal reports from program staff, and perhaps not surprising given the greater complications they face in treatment. In contrast, women tend to be more laudatory than other groups, partially dispelling anecdotal reports about the difficulty of treating female clients. Respondents gave drug treatment the highest utility ratings, regardless of whether or not they were in the specialized substance abuse treatment programs. Job placement services received the lowest ratings. Finding a job (and income) is a priority for many ATI participants and it is a truism that this population is difficult to place in stable employment. It is not surprising, then, that job placement drew low satisfaction ratings. While these patterns were evident, it was also clear that responses varied considerably within categories. For example, within the category of emotional and psychological counseling, participants in all groups rate behavioral therapy higher than acupuncture. As the sample grows, utility ratings will be examined for correlations with program outcomes; these findings can be particularly useful to programs seeking to refine counseling and service options to meet participants' needs.

Referrals Outside the Program. All ATI programs will make referrals to outside agencies in addition to their in-house group and individual counseling. These referrals may be used to supplement on-site programming—for example, nighttime AA/NA groups when the ATI is closed—or they may be used to accommodate the special needs of a participant, such as someone who works during program hours, or someone with extensive needs in an area that cannot be met by ATI staff. Generally, the ATI programs exist within larger, multipurpose agencies and may utilize the services of the parent agency in a referral. This is most clearly the case with the Fortune Society, which runs the Flametree, Freedom, and DAMAS programs. Additionally, the programs work with each other and dozens of other agencies throughout the city to provide outside referrals for individual participants.

Table 3C: Program Referrals to Outside Services

Percentage Referred For ...	Total	General Population	Substance Abusers	Women	Youth
Education or Job Training	7.8%	2.4%	20.6%	18.5%	0%
Job Placement	2.6	0	5.9	7.4	0
Detoxification	1.7	0	2.9	7.3	0
Drug Treatment	9.5	4.9	26.5	25.9	0
Family Counseling	6	2.4	14.7	18.5	4.3
Emotional/Psychological Counseling	6.9	0	14.7	29.6	0
Physical Health	6.9	0	13.5	25.9	0
Legal Assistance	2.6	0	5.9	7.4	4.3

As shown in Table 3C, women and substance abusers receive over five times the number of referrals to outside organizations in nearly every service category. In contrast, general population participants and youth report receiving very few outside referrals. Neither of these latter groups reported any detoxification, job placement, or mental or physical health care referrals. One possible reason for the lack of referrals for the general population group is that the Fortune Society, which is the umbrella organization for the sole general population program (Freedom), provides numerous services on site, including job placement and psychological counseling. However, this does not explain why participants in the Fortune programs for women and for substance abusers report referrals at such higher rates. A more comprehensive explanation, and one reflected in the tables discussed previously, is that women and substance abusers enter the ATIs with greater needs, which cannot be met on site. Staff in these programs may also be especially attuned to these diverse needs and are experienced in using outside agencies to meet those needs.

The programs should be credited for their efforts to address the extensive needs presented by women and substance abusers beyond the treatment provided on-site. Our analysis shows that the programs provide services targeting special needs such as mental health and substance abuse, and then make the additional effort of supporting participants with supplemental services provided outside of the ATI. Additionally, as we show later in this report, these populations are difficult to work with and have a heightened risk of failure. It appears that the programs targeting women and substance abusers respond to the combined urgency by coupling on-site treatment with referrals.

Individual Counseling. Programs report that they provide individual counseling as necessary, generally at least once each week. Our respondents confirmed this, reporting at least an hour of individual counseling weekly. This average shows an impressive willingness on the part of counseling and case management staff to respond to individual needs as they arise, despite heavy caseloads. Our data suggest that counselors in the full-time programs schedule fewer appointments, but are available for individual discussion on a spontaneous basis. Programs in which participants are on site for only a few hours each week are more likely to rely on scheduled appointments.

Generally, individual sessions are designed to address the participant's concerns. Staff are generally less directive about the content of an individual session, and follow the participant's lead. The topical items listed in Table 3D are thus a useful indicator of participants' concerns and, perhaps, of those issues with which participants believe program staff can be most helpful.

Table 3D: Individual Counseling

Variable	Total	General Population	Substance Abusers	Women	Youth
Average weekly hours in individual counseling sessions (mean)	1.8	2.3	1.5	1.1	1.9
<i>Percentage of time individual counseling sessions addressed...</i>					
Education/Job training	63.8	65	68.7	52	47.1
Job Placement	31.9	37.5	21.9	16	29.4
Drug Treatment	34.5	35	43.7	28	17.6
Family problems	46.6	45	37.5	68	29.4
Psychological/Emotional problems	25.0	22.5	12.5	36	5.9
Legal problems	42.2	40	46.9	36	47.1

Participants in the general population program, Freedom, report receiving the most individual counseling—over twice the amount reported by women. The general population group is more likely to be in off-site programming or employed, and therefore would not participate in as many group activities. Individual counseling, then, may function as one of the principle contacts with this group. In contrast, women, who attend more groups, may engage more in group activity, and have less need for individual counseling. With the exception of women, respondents in each group report receiving more education and vocational counseling than any other type of individual counseling. Although women also show high rates of vocational and educational individual counseling, they report more family counseling. Predictably, women discuss emotional problems in these sessions more than

other population groups, and are less likely to have spoken about job placement than other program participants. Substance abusers are less than half as likely to attend sessions on psychological problems than women and general population participants. Even fewer youth report sessions on emotional problems, but this is more predictable, as the youth programs are less therapeutically oriented and more focused on the case management issues reflected in higher rates of vocational, educational, and legal counseling.

Table 3E: Program Environment

COPEs SUBSCALES AND DOMAINS	Average Score				
	Total	General Population	Substance Abusers	Women	Youth
Involvement	3.4	3.6	3.5	3.7	2.5
Support	3.2	3.5	3.1	3.4	2.6
Spontaneity	1.2	1.2	1.6	1.6	.4
Relationships	2.6	2.7	2.7	2.9	1.8
Autonomy	1.5	1.5	1.9	1.7	1.1
Practical	2.6	2.6	2.8	2.4	2.4
Personal Problem Orientation	2.6	2.6	2.7	2.8	2.2
Anger and Aggression	1.8	1.5	2.2	2.3	1.6
Personal Growth/Goal Orientation	2.1	2.1	2.4	2.4	1.8
Order and Organization	3.6	3.8	3.6	3.6	3.6
Program Clarity	2.9	3.0	2.9	3.0	2.9
Staff Control	3.4	3.5	3.4	3.5	3.2
System Maintenance and Change	3.3	3.4	3.4	3.3	3.2

The final section of the Time 2 interview involves the COPEs (Community Oriented Program Environment Scale) measure of program environment, or milieu. Participants answer 40 true or false questions about the nature and structure of interactions with peers and staff, and about the program's rules, organization, and clinical milieu. Responses are grouped into three domains, or subscales, shown in Table 3E. There is a surprising degree of consistency in participants' perceptions of program environment across groups. Program order, staff control, support, and program involvement are all rated high relative to other domains. Program spontaneity and participant autonomy are rated lowest by all respondents. This is somewhat surprising as the ATIs emphasize their willingness to adjust requirements according to the participant's need and circumstances. While spontaneity and autonomy might be predictably low in highly structured residential programs or institutions (such as jail or prison), nearly all the ATIs are day treatment and outpatient programs that emphasize

personalized treatment planning and case management. Still, participants apparently view the programs as offering little flexibility, and as providing them only a modest opportunity to influence the course of treatment.

It would appear that this perception contributes to the punitive aspect of the programs—an interesting point given the concern of some court officials we interviewed, who ventured the view that ATIs were too lenient and not perceived as a punishment by defendants. At the same time, it is clear that participants view the staff as caring and organized, and that participants are engaged in programming, rather than attending or simply “going through the motions” to fulfill a court mandate.

Summary and Conclusions

Services Matched According to Specialized Group

We would expect to find that programs differ in the content and quantity of programming they provide, according to the needs of the special population groups they serve. This initial analysis of program service delivery generally confirms that programs target their services. Participants in the general population attended more vocational and educational programming than other groups, not surprising given that they report greater stability in the prior month than either substance abusers or women. Youth receive fewer services than other groups, presumably because they are in school or vocational programs by the three-month mark. Based on what they report, substance abusers and women are clearly the most disadvantaged of these groups, particularly in terms of medical and mental health, and employment. Apparently programs respond to these needs, targeting both groups with extensive therapeutic counseling and drug treatment. For example, substance abusers receive more substance abuse programming than any other group, and women receive more family counseling. We were somewhat surprised to see that all groups report more services with a substance abuse content than anything else. This could imply that the programs provide preventative substance abuse services as well as treating existing conditions. Alternatively, the programs may see low-level addiction across the special populations, and incorporate treatment into other services which are more population-specific. It should also be noted that there is more material on substance abuse treatment than other forms of rehabilitative counseling, so programs may be better equipped to provide substance abuse programming than other therapeutic interventions. The extent to which programs target their services can be used to assess the utility of the current special population categorization.

How many ATI clients actually complete the program? What portion of participants remains in treatment at 30, 90 and 180 days? Are there certain characteristics of offenders that are associated with failure to complete the program?

Program Attendance and Completion

Self-Report of Program Attendance in the Third Month. Researchers asked participants to estimate their attendance during the third month of program activity. All groups report that they were required to attend program activities, on average nearly every day (18 of approximately 20 possible days), confirming program claims. Unexcused absences account for a relatively small portion of required days (less than five percent), implying that participants take seriously their obligation to attend the ATIs. The general population group reported slightly higher, and youth reported slightly lower, figures. As with all self-reported information, of course, these figures may exaggerate positive performance.

It is important to note that attendance rates are not necessarily full-time. Participants may be required to attend program activities for up to six hours per day, but four of the ten programs require only a few hours of program each week. Requirements vary according to the population served as well as the individual circumstances of an individual client. For example, programs generally require youth to attend one to two hours of after-school programming, whereas substance users are required to be on-site all day. However, a participant in a substance abuse program may be excused from full-time program activity if employed, or involved in a job training program. Similarly, a teenager in one of the youth programs who appears to be at high risk of failure, may be required to attend more than the usual hours of program activity.

Case File Review of Program Attendance and Completion. Researchers reviewed program case files for all participants entering the study in its first year (138 participants). Program staff record required and actual attendance, and excused absences. We collected this information by month, as well as final completion status (graduated, terminated, or other, which includes active clients and clients transferred to other programs). Typically, drug treatment programs experience high dropout during the first thirty days, and then see retention stabilizing (with slight declines) for the duration of treatment.¹ Here, we analyzed attendance according to retention at three key time indicators, 30, 90, and 180 days. It is important to recognize that while some of the ATIs keep track of daily attendance, we found that several of the programs either do not record it on a daily (or even weekly) basis, and that others record attendance in several different files, making a single calculation difficult. While completion status is reliable, attendance data should be regarded as an approximation, rather than exact figures. In the third year of the research we will analyze sentencing outcomes so that we can determine whether a participant who is terminated from the ATIs actually receives the prison sentence promised in the event of program failure.

¹ See, for example, Hubbard (1997) and Simpson (1997).

Completion rates were generally lower than expected given the 55 percent program graduation rate specified in ATI contracts with the city. The general population achieved (and surpassed) the contractual target but the other groups did not.⁴ However, higher proportions of the remaining groups – particularly substance abusers and women – achieved “other” outcomes, including remaining in the program for longer periods and transferring to other programs.⁵

Table 3F: Case File Review of Program Outcomes

Program Outcome	Total (n=138)	General Population (n=37)	Substance Abusers (n=41)	Women (n=29)	Youth (n=33)
Positive or Neutral Outcomes					
% Completed	49	81	27	45	33
% Other	15	0	34	24	18
Negative Outcomes					
% Failed to Complete	36	19	39	31	49
% In Program After 30 Days	93	97	88	86	96
% In Program After 90 Days	76	95	56	71	80
% In Program After 180 Days	57	78	39	57	50

These could be considered as neutral or as additional positive outcomes, depending on the circumstances. For example, women and substance abusers may transfer to residential programs that better meet their needs, or they may require more time in treatment than other groups.

Lower than expected participant retention may indicate the need for adjusted standards in monitoring outpatient ATIs. Until now, the city has had no basis for distinguishing between groups, however these early findings indicate sizable differences between populations. The city could use these findings to reexamine how to measure program outcomes, and to establish retention, completion, and “other” outcome goals that are specific to the population being served. In keeping with previous research, we expected

⁴ The programs have generally consistent criteria for completion, but we did not examine whether there are any differences in the application of those criteria that might account for differences in completion rates.

⁵ The individuals remaining in the program who are included in the analysis of outcomes all had remained beyond the normal program limit, which ranges from 6 to 12 months.

to see higher dropout initially, and lower rates after the first month; however this was not the case.

All groups showed relatively high retention in the first thirty days, the general population maintaining the highest rates of program retention and women showing the lowest. The general population group continued that high rate through the three-month mark. While youth show higher dropout at three months than in the first month, it is not until after the third month in treatment that we see accelerated dropout rates for both youth and the general population group. Substance users and women show substantial and consistent declines in retention at three and six months.

Participants in the general population group consistently had higher rates of program retention and completion than any other group. Eighty-one percent of this group successfully completed treatment, nearly twice as high a percentage as women and triple the rate of substance abusers. The general population group, which is almost entirely male, has more positive social and economic indicators than the other groups, indicating greater stability and, possibly, a greater ability to maintain responsibilities.

Other groups varied in both retention and completion. Substance abusers showed the least favorable outcomes in several areas, notably completion and remaining in the ATI after 90 and 180 days. Nearly half of the substance abuse group had dropped out after three months, and another ten percent of the original group was lost in the following three months. For both time periods substance abusers dropped out at higher rates than any other group, well above the average rate for the total sample. Substance abusers, as noted earlier, may experience more disruptions during the course of their treatment, resulting in fewer days of program attendance, and higher failure rates. While this group had one of the highest failure rates (39%) they also have the highest portion of "other" outcomes, probably indicating that substance abusers are more likely to be transferred into other treatment programs. These other programs may be used if a program participant is not progressing in the ATI, but retains an interest in treatment. Similarly, an individual who is failing in outpatient treatment may improve in a residential treatment setting. The high rate reported in the "other" category is an encouraging indication of the ability of the clinical staff in the ATIs to conduct on-going client assessment, and respond to increased treatment needs as they arise.

Youth have the lowest completion rates, dropping out of treatment primarily in the second quarter of their sentences (the fourth through sixth month). The youth programs focus on stabilizing the participants in outside activities, either school or vocational development programs. However, these findings indicate that the two ATIs working with youth may want to place a greater focus on maintaining program engagement throughout treatment in order to increase participant retention.

Baseline data and program managers consistently indicate that women and substance users have more, and more serious, social, economic and health problems than any other group. Participants who come into the programs with more problems may be less able to

adjust to the rigors of full-time treatment⁶, and are therefore more likely to drop out early. This may also explain the high portion of these participants in the “other” outcome category. While women and substance users show consistent declines in retention, youth and the general population group dropout more after three months in treatment. The differences in dropout rates offer further evidence for distinguishing between groups both in completion goals set by the city, and in program responses to participant needs.

Correlates of Program Completion

Program completion rates were analyzed according to select background variables to examine the relationship between participant characteristics and program performance. Research subjects are divided between those who complete and those who fail to complete the ATI program. Chi-square is the statistic typically used to measure the extent of a relationship between two categorical variables. In this case we used it to examine whether key background variables, such as gender and history of abuse, are significantly related to program completion. Table 3G shows the percent (and number) of the total sample who reported select background characteristics shortly after program entry.

Table 3G: Associations Between Program Completion and Select Background Characteristics

Background Variable	Percent Complete	Percent Fail to Complete	N	p-value
Male	59	41	88	n/s
Female	54	46	28	
Race				
African-American	60	40	60	n/s
Latino	53	47	51	
High school diploma or GED	69	31	35	.138
No diploma or GED	54	46	80	
Employed at interview	77	23	31	.011
Unemployed at interview	51	49	84	
Chronic medical problems	52	48	29	n/s
No chronic medical problems	60	40	87	
Emotional abuse in lifetime	59	41	32	n/s
No emotional abuse	56	44	80	
Physical abuse in lifetime	47	53	17	n/s
No physical abuse	59	41	95	

⁶ Programs requiring attendance Monday through Friday for at least five hours each day are considered ‘full-time’. Only one of the women’s programs, STEPS, is not a full-time program.

Table 3G: Program Completion and Participant Characteristics (continued)

Background Variable	Percent Complete	Percent Fail to Complete	N	p-value
Trouble controlling violent behavior In lifetime	41	59	34	.020
No trouble controlling violent behavior	65	35	82	
Serious thoughts of suicide in lifetime	33	67	21	.012
No serious thoughts of suicide	63	37	95	
Serious thoughts of suicide in lifetime	33	67	21	.012
No serious thoughts of suicide	63	37	95	
Prescribed psychiatric medication in lifetime	20	80	10	.012
Not prescribed psychiatric medication	61	39	105	
Used cocaine or heroin within 30 days of program entry	26	74	19	.002
No cocaine/heroin use within 30 days	64	36	97	
Reports need for drug treatment	54	46	24	n/s
No needs or drug treatment	59	41	92	
Has been in drug or alcohol treatment previously	50	50	24	n/s
No prior treatment	60	40	92	
Has prior criminal convictions	58	42	90	n/s
No prior convictions	70	30	20	
Incarcerated for more than 3 months in lifetime	46	54	24	.092
Incarcerated for less than 3 months	65	35	80	

Probability values (p-value) test the significance of the chi-square statistic and indicate the probability that the observed relationship is random. Conventionally, a p-value of less than five percent is considered significant, meaning that there is a less than five percent chance that the strength of association is considered random. Table 3G shows the strengths of the associations between completion and select background characteristics.

Cocaine and heroin use in the month prior to entering treatment shows the strongest relationship to program completion, that is, the lowest p-value (.002). Three-fourths of the participants reporting cocaine or heroin use drop out of the treatment program, compared with roughly one third of respondents reporting no recent cocaine or heroin use. This may indicate the value of early urine testing, and the use of immediate therapeutic responses to people who give positive samples.

Additional findings are generally grouped around psychological and emotional characteristics. Those respondents who have a history of trouble controlling violent behavior, have seriously considered suicide, or who have taken psychiatric medication during their lifetime are more likely to fail than to complete an ATI program. Conversely, participants who were employed completed at three times the rate that they failed, while those not employed at the interview were about equally likely to complete or fail. These findings, while not related, indicate that individual stability contributes to a participant's ability to remain in treatment. These findings demonstrate a clear need for early assessment of mental health, and a targeted therapeutic response. Similarly, they imply a clear need to develop new programs that specifically target defendants with mental health needs.

Associations between defendant characteristics and program completion can be used to assist the ATIs in understanding the risks for defendants. Similarly, those characteristics which are not significantly associated with dropping out can be reexamined, and perhaps rejected as important indicators for program screening. It will be interesting to continue the analyses next year, with a larger study sample, to see if these findings are replicated, and if additional relationships between participant characteristics and outcome emerge.

Future Research

The findings reported above are clearly useful in providing objective information about the type and amount of ATI programming, participant outcomes, and the relationship between outcome and participant characteristics. Next year we will continue to collect data on large numbers of incoming felony ATI participants, both at intake and after several months of treatment. The larger sample sizes will allow us to expand our analysis of factors that contribute to program dropout and completion. The sample will also be large enough to conduct that analysis by special population, rather than only for the total group, as in this report. Additionally, we will be able to report individual program data for the larger programs. Finally, we will be able to report rearrest information on the ATI participants, and a matched comparison group who received a minimum jail sentence of 180 days. This comparison will provide the city with an understanding of the impact of these programs on recidivism.

ATI PROGRAMMING CHARACTERISTICS

PARENT ORGANIZATION	PROGRAM	TARGET POPULATION: Felony Offenders	PROGRAM LENGTH	HOURS OF PARTICIPATION	FOCUS OF TREATMENT	DRUG TESTING SCHEDULE ¹
The Center for Alternative Sentencing and Employment Services (CASES)	CEP	16 – 19 Youthful Offenders	6 mos. 6 mos. aftercare	3:00 – 7:00 ²	Self-sufficiency and Living skills	1/month
Center for Community Alternatives (CCA)	YAP	13-15 year old Juvenile Offenders	9 – 12 mos.	Varies by day of week ²	Education and community service	1/month
The Fortune Society	Flametree	Substance users	6 – 12 mos.	Up to 35 hrs./week	Drug treatment	1-2/month
The Fortune Society	DAMAS	Women ³	6 – 12 mos.	Up to 35 hrs/week	Living skills	2-3/month
The Fortune Society	Freedom	General population	6 – 12 mos.	Up to 35 hrs/week	Employment and/or education	1/week
The Osborne Association	El Rio	Substance users	6 – 12 mos.	9:00 – 2:00	Drug treatment	3/week
Edwin Gould Services for Children	STEPS	Victims of domestic violence (primarily women)	6 mos. Minimum; 1 year average	Varies by individual need	Living skills/ healing from abuse	No on-site testing. Will refer.
Project Return Foundation	Women's Day Treatment Program	Substance using women	6 – 12 mos.	9:00 – 3:30	Drug Treatment	3/week
CCA	Crossroads	Substance using women	6 – 12 mos.	10:00 – 4:30, Evenings	Drug treatment/ healing from abuse	Daily. Decreases over time
Women's Prison Association	Hopper Home	Women	6 – 12 mos.	Residential: 2+ months. Aftercare 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.

³ DAMAS 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.

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 intervention only	Yes
YAP	No	No	Yes	No	Assessment only	Yes
Flametre	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
Project Return	Yes	Yes	Yes	Yes	Yes	Yes
Crossroads	Yes	Yes	Yes	No	Assessment only	No
Hopper Home	No	Yes	Yes	No	No	Yes

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

ATI PROGRAMMING CHARACTERISTICS

PARENT ORGANIZATION	PROGRAM	TARGET POPULATION: Felony Offenders	PROGRAM LENGTH	HOURS OF PARTICIPATION	FOCUS OF TREATMENT	DRUG TESTING SCHEDULE ¹
The Center for Alternative Sentencing and Employment Services (CASES)	CEP	16 – 19 Youthful Offenders	6 mos. 6 mos. aftercare	3:00 – 7:00 ²	Self-sufficiency and Living skills	1/month
Center for Community Alternatives (CCA)	YAP	13-15 year old Juvenile Offenders	9 – 12 mos.	Varies by day of week ²	Education and community service	1/month
The Fortune Society	Flametree	Substance users	6 – 12 mos.	Up to 35 hrs./week	Drug treatment	1-2/month
The Fortune Society	DAMAS	Women ³	6 – 12 mos.	Up to 35 hrs/week	Living skills	2-3/month
The Fortune Society	Freedom	General population	6 – 12 mos.	Up to 35 hrs/week	Employment and/or education	1/week
The Osborne Association	El Rio	Substance users	6 – 12 mos.	9:00 – 2:00	Drug treatment	3/week
Edvin Gould Services for Children	STEPS	Victims of domestic violence (primarily women)	6 mos. Minimum; 1 year average	Varies by individual need	Living skills/ healing from abuse	No on-site testing. Will refer.
Project Return Foundation	Women's Day Treatment Program	Substance using women	6 – 12 mo.s	9:00 – 3:30	Drug Treatment	3/week
CCA	Crossroads	Substance using women	6 – 12 mos.	10:00 – 4:30, Evenings	Drug treatment/ healing from abuse	Daily. Decreases over time
Women's Prison Association	Hopper Home	Women	6 – 12 mos.	Residential: 2+ months. Aftercare 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.

³ DAMAS 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.

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 class, physical examination, eye care as necessary
YAP	Yes	No	No	No	No	Writing class, 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
Project Return	Yes	Yes	Yes	Yes	Yes	
Crossroads	Yes	Yes	Yes	Yes	Yes	Physical examination, including 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 which 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.