

**The New York City Council,
Committee on Juvenile Justice
September 25, 2015**

"Examining ACS' Juvenile Offender Population"

Testimony by

**Felipe Franco, Deputy Commissioner
New York City Administration for Children's Services
Division of Youth and Family Justice**

Good morning Chair Cabrera and members of the Committee on Juvenile Justice. I am Felipe Franco, Deputy Commissioner of the Division of Youth and Family Justice. With me are Stephanie Prussack, Associate Commissioner for Detention Services and Jennifer Romelien, Executive Director of Program Services. Thank you for the opportunity to discuss the programs and services that the New York City Administration for Children's Services (ACS) and our partners provide to youth in secure detention residences. Also, on behalf of Commissioner Carrión and my colleagues, I would like to thank Chair Cabrera and the Committee for recognizing 25 deserving and committed Horizon Juvenile Center staff during last week's proclamation ceremony.

As the Committee is aware, ACS' Division of Youth and Family Justice (DYFJ) oversees a continuum of services and programs for youth at every stage of the juvenile justice process, with a strong mission to improve outcomes for young people who come into our care. We strive to accomplish this goal by partnering with contracted provider agencies to support youth in community-based alternative programs, secure and non-secure detention facilities, and non-secure placement residences.

Overview of the Court Process

Before I discuss ACS' experience with Juvenile Offenders, I would like to give the Committee an overview of how young people come to the attention of the justice system.

Typically, youth first encounter the justice system as the result of an arrest or due to a warrant. Depending on the time of day that the arrest occurs, the youth will immediately be taken to court or to a secure detention facility until court is in session. After appearing before the Court, the Judge will assess the nature and severity of the allegations, as well as the youth's likelihood of appearing in court on the next Court date. Depending on that assessment, the judge will either release the young person or remand the youth to detention.

A young person between the ages of 7-15 who commits a crime is considered a "juvenile delinquent" and his or her case is heard in the Family Court. Dispositions on Family Court delinquency cases may include treatment, probation, restitution, conditional discharge, or placement. A child who is 13, 14 and 15 years old and commits a more serious or violent act – such as murder, manslaughter, assault, sexual assault, attempted

murder, burglary, arson, or kidnapping- may be treated as an adult and is considered a “Juvenile Offender”. These cases are typically heard in the Criminal Term of the Supreme Court, but may sometimes be transferred to the Family Court if a judge determines the transfer to be in the interest of justice. Youth adjudicated juvenile offenders are subject to more serious penalties than a juvenile delinquent. Due to the nature of their charges, Juvenile Offenders in New York City are solely remanded to secure detention facilities.

Criminal Court processes Juvenile Offender cases in special parts heard by one dedicated Judge within the borough. Upon conclusion of the proceedings, the Court can dismiss the case, parole the young person to a community-based alternative program, or send the young person to a residential juvenile placement facility operated by the New York State Office of Children and Family Services. For Juvenile Offenders, the most severe consequence is a sentence to an upstate secure placement facility. In the rare event that a Juvenile Offender turns 18 years old while in secure detention, they will transition to Rikers Island to await the conclusion of their Criminal Court case.

ACS' Juvenile Offender Trends

DYFJ provides secure and non-secure detention services to pre-adjudicated young people awaiting the conclusion of their family or criminal court case. Our 13 non-secure detention residences solely serve juvenile delinquents, while our two secure detention centers (Horizon Juvenile Center in the Bronx and Crossroads Juvenile Center in Brooklyn) serve both juvenile delinquents and juvenile offenders.

In 2014, DYFJ served approximately 1,850 youth in our secure detention facilities. Overall, the average daily population for secure detention has decreased from 210.3 in FY 11 to 94.7 in FY 15. The number of youth admitted to detention continues to decline due to a decreasing number of juvenile arrests as well as the increased number of community-based alternative programs designed to divert juvenile delinquents from the justice system. Since 2011, the number of juvenile arrests in the City continues to decline for both Juvenile Offenders and Juvenile Delinquents.

As the overall population in secure detention continues to decline, the Juvenile Offender population does as well: in FY 14, the average daily Juvenile Offender population was 59.5; in FY 15 the average daily population decreased to 48.2.

In addition to declining secure detention and Juvenile Offender populations, we have also experienced a decrease in the time that Juvenile Offenders remain in our care. The current length of stay of Juvenile Offenders as of July 2015 was 123.6 days with the majority of youth spending 1 to 3 months in the facility. This represents a decrease from the 131.7 day length of stay that occurred one year prior.

Juvenile Offenders typically experience a longer length of stay compared to Juvenile Delinquents due to the prolonged Criminal Court process. Additionally, although there are several community-based programs that enable Juvenile Delinquents to remain in the community with services and supports as they await the conclusion of their court case, very few alternative programs exist to divert Juvenile Offenders from detention. Since 2011, ACS has participated in PATH (Positive Alternatives Toward Home), a pilot program that uses electronic monitoring to help Juvenile Offenders re-enter the community with their families as they await final adjudication. Judge Eduardo Padró is the only Supreme Court judge in New York City who uses the program and there is concern that the program will end when Judge Padró retires this year. ACS supports the continuation of this program as well as other community-based alternative programs that divert Juvenile Offenders from residential care.

Secure Detention Programming

ACS strives to expose young people in detention to positive programming and services to encourage them to get on the right path while in our care. Services provided to youth in secure detention are not distinguished by a young person's court status; all youth receive the same programming and educational opportunities based on their needs. We do, however, recognize the distinct opportunity to provide unique programming to Juvenile Offenders. Juvenile Offenders tend to remain in our care longer and therefore have the potential to develop leadership skills and become role models for their peers. ACS takes this potential into consideration as we select youth for longer term programs. Additionally, due to their longer lengths of stay, Juvenile Offenders have opportunities for school credit recovery and access to mental health services that may address some of the reasons that they entered our care.

While in secure detention, residents receive a number of services—education, mental health services, and recreation. ACS works closely with the Department of

Education's (DOE), District 79 to provide educational programs and services within each of the secure detention facilities. DOE schoolteachers execute a standard curriculum that includes English language arts, mathematics, science and social studies, and enables youth to earn credits toward graduation. Each class is comprised of eight students who share similar levels of academic need; each period lasts 45 minutes. The school day consists of eight periods including lunch. In addition to providing tutoring sessions, DOE teachers work with high school students to help them prepare for Regents and English Language Arts examinations.

We are pleased to share that the DOE has launched computer technology programs for youth in detention through blended learning initiatives, to supplement classroom instruction and maximize content learning, credit accumulation and development of academic skills. Through this innovative model, teachers will be able to work with youth on the blended learning programs during the school day and during afterschool hours to ensure that youth remain on pace with their peers at their community school. Additionally, ACS' case managers and Juvenile Counselors, direct care staff that assist, coach and engage young people in every aspect of their day, work with youth to provide the encouragement and support that young people need while in detention so that there is no lapse in their education.

While education is a critical service for youth in our care, we also have an equally important responsibility to address underlying issues that many of our youth struggle with such as peer pressure and abusive and unhealthy relationships. ACS recognizes that the vast majority—as high as 90% of young people in the juvenile system, regardless of gender—have experienced some sort of trauma.

To address this trauma, we strive to have a system that is both informed and responsive. ACS is proud of our partnership with Bellevue Hospital and NYU Langone Medical Center to create and implement trauma-informed screening and care in our secure detention facilities, making us one of the first secure detention systems in the country to implement trauma-informed practices and training. This partnership is complimentary to the work that we are doing to create an integrated intake process for detention and establish a supportive environment to provide targeted re-entry and treatment recommendations for youth as they transition into placement.

Since 2013, Bellevue Hospital Center and the NYU Langone Medical Center have trained all secure detention staff in dealing with the various types of trauma that impact the youth in our care. The intensive four week training increases staff's ability to identify trauma exposure and work with traumatized youth and reduces secondary trauma issues among staff.

To further support the mental health needs of youth in detention, ACS contracted with NYU/Bellevue Hospital last fall to provide psychiatric and psychological services. Each secure detention site now has a full time psychiatrist and psychologist and youth are systematically screened for trauma exposure. Other services available to youth include assessment, evaluation and medication management.

Recreational activities are also a critical component of our programming for young people in detention. In addition to a range of arts and humanities programs such as drama workshops, dance classes, poetry readings, and yoga sessions that teach youth mindfulness, we are excited to embark on a new collaboration with the New York City Department of Youth and Community Development (DYCD) under the leadership of Commissioner Chong to further increase programming opportunities to youth in our care. As part of Mayor de Blasio's initiative to expand after school programming for middle school students, ACS, via a RFP with DYCD, will be able to provide a host of new activities in areas such as arts, STEM (Science, Technology, Engineering and Math), leadership development, career and college exploration, and physical fitness. While we are pleased with our growing portfolio of programs for youth, we remain committed to providing as many diverse services as possible for our young people. We invite the Committee to continue to share suggestions regarding programs that may be appropriate for youth in our care.

Closing

Thank you for the opportunity to share with you the important work we are doing to address the needs of young people in our juvenile justice programs, particularly the needs of Juvenile Offenders in our care. We are grateful for the Council's support and greatly appreciate the funding provided by Chair Cabrera to develop a mentorship program in the Bronx and the funding allocated by Councilmember Arroyo to provide cultural services to youth at Horizon Juvenile Center. We look forward to updating the Committee as both of these projects move forward. I am happy to take any questions you may have.

TESTIMONY

The Council of the City of New York

Committee on Juvenile Justice
Fernando Cabrera, Chair

Oversight: "Examining the ACS's Juvenile Offender Population"

September 25, 2015
New York, New York

Submitted by
The Legal Aid Society
Criminal Defense Practice
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Good morning. I am Nancy Ginsburg, director of the Legal Aid Society's Adolescent Intervention and Diversion Project in the Criminal Practice, a specialized unit dedicated to the representation of adolescents aged 13 to 18 who are prosecuted in the adult criminal courts. I submit this testimony on behalf of the Legal Aid Society, and thank Chairperson Cabrera and the Committee on Juvenile Justice for inviting our thoughts on the youth held in secure ACS facilities who are charged as juvenile offenders in the adult criminal court system.

The Legal Aid Society is the nation's largest and oldest provider of legal services to low-income families and individuals. As you know, from offices in all five boroughs, the Society annually provides legal assistance to low-income families and individuals in some 300,000 legal matters involving civil, criminal and juvenile rights problems. Our Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear before the New York City Family Court in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare. Last year, our Juvenile Rights staff represented more than 33,000 children, including approximately 3,800 who were charged in Family Court with juvenile delinquency. During the last year, our Criminal Practice nearly 220,000 cases for clients accused of criminal conduct. Many thousands of our clients with criminal cases in Criminal Court and Supreme Court are teenagers. In addition to representing these children each year in trial and appellate courts as well as school suspension hearings, we also pursue impact litigation and other law reform initiatives on behalf of our clients.

Our perspective comes from our daily contacts with children and their families, and also from our frequent interactions with the courts, social service

providers, City agencies including the New York Police Department, Department of Education, and Department of Probation as well as the Administration for Children's Services.

Juvenile Offenders, defined

In New York State, teenagers between the ages of 13 and 15 charged with committing certain serious crimes are prosecuted as adults in the Criminal Court system. These adolescents are classified as "juvenile offenders" and the offenses are defined by Penal Law §10(18) and Criminal Procedure Law §1.20(42). If detained pending the outcome of their case, they are held in secure detention facilities administered by the Administration for Children's Services. There are two such facilities, Crossroads in Brooklyn and Horizon in the Bronx.

Adolescent defendants present unique challenges to the criminal justice system since their involvement with other systems must be considered in the determination of the outcome of the criminal case. The needs of these youth exist along a continuum, but the majority present multiple, significant issues which must be addressed to minimize incarceration and recidivism. Approximately 20% of this group have been or presently are in foster care. Half regularly use drugs and/or alcohol and/or have a family member who are chemically addicted or dependent. A significant percentage have been victims of or have lived in the presence of domestic violence. Approximately two-thirds have known or undetected special education needs. Many of the youth do not attend school regularly because their school programs fail to meet their needs. Twenty-five percent have significant mental health needs, requiring medication and consistent counseling services.

Increase and sustain staff training in secure detention

Adolescents in secure detention have experienced trauma both in their homes and their communities at significantly higher rates than average community rates. Often, youth who present as angry and oppositional have undiagnosed mental health issues such as depression and post traumatic stress disorder. Without appropriate identification, these young people are often further punished as aggressive and non-compliant without ever reaching the underlying causes of their presenting behavior.

In October, 2014, ACS and the New York City Health and Hospitals Corporation (HHC) entered into a contract providing that Bellevue Hospital Center would provide psychiatric and psychological care to youth in secure and non-secure detention. In the two years prior to entering this contract, Bellevue Hospital in conjunction with ACS provided trauma-informed training to the staff and adolescents in the secure detention centers in Brooklyn and the Bronx. This initial training set the necessary groundwork for the collaborative work we have seen since October in the provision of mental health services to our clients in detention.

We applaud the Administration for Children's Services for seeking out the services of Bellevue Hospital as the mental health provider. Since these contracted services have begun, we have seen a marked enhancement in the level of mental health service provided to our clients. Both ACS and the clinicians have created opportunities for more open information sharing which has consistently led to better treatment for our clients. The clinicians are highly qualified—a vast improvement over prior service providers—and have worked

with us to identify our clients' needs, continue prior treatment and worked towards meaningful service plans after discharge.

Since so many of our clients in detention enter with depression and trauma histories, the initial trauma screening is critical to quickly identifying who requires mental health attention from the outset. We are encouraged by the proficiency and dedication of the doctors and clinicians providing these services. Additionally, the clinical services provided by START appear to have improved and there is much needed communication between the START and Bellevue clinicians. We have advocated for enhanced mental health services for many years and we are pleased to report that the implementation has been impressive. We have met with the clinical teams at both secure facilities and are energized about the level of care that is now available to our clients, many of whom present great need.

One of the most impressive components of the services provided by Bellevue clinicians has been the staff training in trauma. We have consistently heard staff voice appreciation for this training both for its effect on how they work with the young people in the facilities and manage their own experiences in and out of the facilities. We recognize the inherent stress in working with a population of traumatized teenagers and we encourage the expansion and sustainability of training in trauma and adolescent development made available to staff in the secure detention centers.

Due to the serious nature of the charges pending against teenagers prosecuted in the adult system, a percentage of these young people spend significant periods of time in detention. It is critical that the adults responsible for

these youth have the tools to manage their own stress, understand the developmental path of adolescents in order to provide context for their behaviors, and are provided with strategies and supports to help the youth manage their behaviors. Ideally, time in secure detention should provide an opportunity for the youth to learn new behavior management skills and they need the support of the adult staff to be successful.

Improve discharge planning/ linkages to community-based services

The vast majority of individuals processed through the juvenile and adult courts come from five communities of New York City: Harlem, Bedford-Stuyvesant, Brownsville, East New York and the South Bronx.¹ South Jamaica and the Rockaways also have high representation in this category. These neighborhoods also share significant problems of poverty, inadequate services to meet high need, low performing schools, higher than average prevalence of health and mental health issues and substandard housing stock. Additionally, the services that do exist in these communities often have long waiting lists to start services. While service availability has improved throughout these neighborhoods in the last few years, much more must be done to augment and expand existing services to address the persistent need. Breaks in service provision can portend future non-compliance, making consistency in service provision even more important.

In 2011, the New York City Department of Health and Mental Health issued a Dear Colleague letter explaining the regulatory change requiring expediting initial assessments for delineated vulnerable populations, including “individuals referred by the juvenile justice or court system.” [attached as Exhibit

¹ http://www.correctionalassociation.org/wp-content/uploads/2012/05/detention_fact_sheet_2010.pdf

A] We would urge that community providers be reminded of this directive and that all staff in the secure facilities are made aware of this. More formalized linkages between the facilities and community mental health and social service providers would expedite and streamline the referral process.

Restorative practices for conflicts in detention

Because teenagers facing charges in the adult court system can spend extended periods of time in detention, conflict among the youth naturally arises. The traditional response is to discipline the youth involved, but there is a growing movement to use restorative practice principles to resolve conflicts and to build competencies among youth. Restorative practices allow individuals who may have committed harm to take responsibility for their behavior by addressing the individual(s) affected by the behavior. Taking responsibility requires understanding how the behavior affected other, acknowledging that the behavior was harmful to others, taking action to repair the harm, and making changes necessary to avoid such behavior in the future. Restorative practices build competency among the youth involved.

Such practices would have great benefit in a detention setting, since this is the young people's temporary community and it would begin a process in which the young people could learn the skills necessary to mediate conflict and accept responsibility for one's actions. The development of such competency would improve a young person's ability to be a productive member of his community in the future. Restorative practices also place the adults in a coaching role and eventually, the youth support each other in the process. Restorative practices are being used in schools in New York City and we urge the adoption and funding of such practice in the secure detention centers.

Increased Calorie Intake

Many of our clients in the secure detention facilities complain they are hungry. They say there is not enough food that they like and the snacks that are offered are not substantial enough. We recognize the importance of fighting obesity and providing healthy food choices, but most of our clients in secure detention are between 14 and 17 years old. The New York City Food Standards require that males shall not be provided with more than 2,500 calories in youth detention facilities, even though 2,800 calories are permitted on Rikers Island.² For some reason, a 16 or 17 year old has access to 300 additional calories on Rikers than he has in Crossroads or Horizon. Significantly, the U.S. Department of Health and Human Services recommends 2,400-2,800 calories for moderately active males ages 14-18, and 2,800-3,200 calories for very active males in the same age group.³ We urge the City to allow increased calorie intake for the teenagers held in secure detention.

Increased telephone access to family members

Our clients sometimes report that they are denied permission to call their family members. At a time when there is heightened sensitivity to maintaining family relationships for youth who are incarcerated, phone contact should be encouraged. Incarceration, by definition, is an isolating experience and contact with family members can be stabilizing, soothing and provide hope for young people. ACS has made advances in involving family members of youth in secure detention, and increasing permitted phone contact would further improve conditions.

² <http://www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf>

³ <https://www.nhlbi.nih.gov/health/educational/wecan/downloads/calreqtips.pdf>

Expand electronic monitoring

Electronic monitoring, the use of ankle bracelets has been in use with teenagers charged as juvenile offenders in the Manhattan Supreme Court Youth Part, for a couple of years. For the most part, our clients' experience has been positive. It is used as a release option for teenagers who are detained in secure DYFJ facilities. We believe the program serves several different purposes. First, it provides enhanced community supervision for higher risk clients who might not ordinarily be released into the community. Second, it is likely that certain clients are released earlier than they might have been without the monitoring. Third, it provides a physical reminder to our clients that they are under court supervision, thereby raising the likelihood of compliance with court mandates and ensuring their successful re-entry to the community.

Shortening stays in detention

We believe that electronic monitoring has led to the release of certain clients earlier than they would have been released without the enhanced level of supervision. Because the bracelet adds additional, strict monitoring with almost immediate notification of violations, it provides additional assurance to a judge and the prosecution that, short of being detained, a youth's whereabouts will be monitored.

Areas of concern

We had, and continue to have, concerns that our clients are exposed to greater restrictions in situations where they would be released without the electronic monitoring. We shared these concerns with DYFJ, the Court and the prosecution during the planning process. Thus far, we have seen the program applied fairly due to the conscientious evaluation of release factors by Judge

Padro, the presiding judge in the New York County youth part. We are concerned about the potential abuses of such monitoring where assignment of youth to the bracelet is less thoughtful. We continue to carefully monitor the application of electronic monitoring as applied to our clients. Thus far, we believe do have clients who have been released from detention successfully, who may not have been released as early or at all.

It is important to keep in mind that electronic monitoring is being used after the case has been indicted, where a showing of probable cause has been made by the prosecution, and the youth is held in a detention facility. These elements serve to limit net widening, where too many clients would be placed on bracelet monitoring who previously would not have been subjected to such strict oversight.

Thank you for the opportunity to speak about our clients' needs in secure detention.

Contacts: Nancy Ginsburg, Director, Adolescent Intervention and
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Exhibit A



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD, MPH
Commissioner

Adam Karpati, MD, MPH
Executive Deputy
Commissioner
for Mental Hygiene

93 Worth Street, Room 410
New York, NY 10013

212-219-5400 tel
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March 31, 2011

Dear Colleague,

We are writing to inform you that individuals who need outpatient mental health treatment services have a wide range of clinics to choose from in New York City. This letter serves to familiarize you with those options for making referrals to mental health clinics. We would also like to bring your attention to a regulatory change that affects the referral process, and to highlight two important issues relating to admissions.

To facilitate linkages and referrals between providers, please see the attached PDF that lists current clinics and the different populations they serve, i.e., adult, child, adolescent. We encourage you to refer to the full range of available clinics when making referrals that are sensitive to client choice and convenience. For the most up-to-date information, please go the State Office of Mental Health website and search under the Mental Health Provider Directory.

Further, we want to inform you of a regulatory change affecting the referral process. Section §599.6 (c)(7)(i) of the new SOMH clinic regulations requires all licensed outpatient clinics to provide an initial assessment to the following populations within five business days of referral: inpatient, forensic, or emergency settings, those determined to be at high risk, and those determined to be in urgent need by local government. The New York City Department of Health and Mental Hygiene has identified additional populations deemed to be in urgent need of services, per §599.6 (c)(7)(i), as follows:

- Children/Youth leaving a Residential Treatment Facility (RTF) or Residential Treatment Center (RTC)
- Children/Youth referred by a Home Based Crisis Intervention Program (HBCI)
- Individuals in receipt of services from a mobile crisis team who are not currently receiving treatment
- Individuals in domestic violence shelter programs who are not currently receiving treatment
- Homeless individuals (including runaway and homeless youth) and those who present at NYC homeless shelters who are not currently receiving treatment

- Youth aging out of foster care who are not currently receiving treatment
- Individuals who have been discharged from an inpatient psychiatric facility within the last 60 days who are not currently receiving treatment
- Individuals referred by rape crisis centers
- Individuals referred by the juvenile justice or court system

If the individual is in a managed care plan, the referral source should check the provider network prior to making the referral to ensure the referral is made to a provider that accepts the individual's health plan.

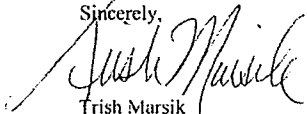
Following initial assessment, the clinic is required to admit the individual or refer him/her to an appropriate provider of services, if indicated.

Finally, we would like to clarify two important issues that affect access to clinic services and have been brought to our attention in the past. First, if an individual requests medication treatment only, without accompanying psychotherapy, this alone does not constitute grounds to deny him/her admission to the clinic. Second, while many individuals receive treatment services within their communities, each individual has the right to receive services based on choice. This means that there are no geographic limitations (also known as catchment areas) on where you may refer an individual, based on where he/ she may choose to receive clinic services.

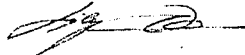
If you make a referral to an outpatient clinic and do not receive an appropriate response, please contact Anne Marie Bove, Deputy Director, New York City Field Office of the New York State Office of Mental Health for assistance. She may be reached at (212) 330-1650, extension 660.

As always, thank you for your continued efforts to serve the people of New York City.

Sincerely,



Trish Marsik
Assistant Commissioner
Bureau of Mental Health
Department of Health and Mental Hygiene



Lily Tom
Assistant Commissioner
Bureau of Children, Youth and Families
Department of Health and Mental Hygiene



**BROOKLYN
DEFENDER
SERVICES**

TESTIMONY OF:

**Amy Albert – Criminal Defense Practice
BROOKLYN DEFENDER SERVICES**

Presented before

**The New York City Council Committee on Juvenile Justice
Oversight Hearing on Examining ACS's Juvenile Offender Population**

September 25, 2015

My name is Amy Albert and I am a staff attorney with Brooklyn Defender Services (BDS). Our organization provides innovative, multi-disciplinary, and client-centered criminal defense, family defense, immigration, civil legal services, social work support and advocacy to more than 40,000 indigent Brooklyn residents every year. I thank the New York City Council Committee on Juvenile Justice, and in particular Chairperson Fernando Cabrera, for the opportunity to testify on Juvenile Offenders in New York City.

BDS is fortunate to have the support of the City Council, as well as other elected officials and the Office of Court Administration, to supplement the services we provide as the public defense office in Brooklyn for people who have been arrested, are facing child welfare allegations and are facing deportation. We have developed a model of specialization to best represent certain types of clients, including adolescents, people with mental illness, and victims of human trafficking. Through specialized units of the office, we provide extensive wrap-around services that meet the needs of these traditionally under-served clients in a comprehensive way.

We are grateful for the opportunity to speak today about ways that the Administration of Children's Services (ACS) can better serve New York City youth charged with or convicted of Juvenile Offender (JO) offenses. I currently represent a full caseload of adolescents, ages 13-21, in Kings County Criminal and Supreme Court. I am also the Coordinator of the Brooklyn Adolescent Representation Team (BART), Brooklyn Defender Services' specialized adolescent unit. Our team represents over two thousand adolescents ages 13-21 annually. In the past five

years the BDS Adolescent Representation team has represented over 150 youth ages 13-15 charged with JO offenses.

Homelessness is one of the greatest challenges that our clients face and is often either a cause of or the unintended result of a young person being charged with a JO offense. We make the following recommendations based on our experience representing youth charged and convicted of JO offenses in Brooklyn:

1. Establish and fund crisis shelter housing for youth in every borough of the City
2. Establish and fund short-term respite centers for youth and families
3. Ensure that every ACS employee receive training specific to the needs of youth charged with or convicted of JO offenses

Youth Homelessness in New York City

I represented a young man, Jayquan¹, who was arrested on charges of Robbery in the First Degree at the age of 15. Jayquan was charged as an adult; indicted and served approximately eight months at Crossroads before being released and returned to his family. When he was arrested, Jayquan was in ninth grade in a neighborhood high school and involved in a local crew (not as formal as a gang, but an association of youth nonetheless). When he returned home, he had earned a few more credits but would have to repeat the ninth grade again. His crew was fighting with another group of kids and both groups attended the high school to which he returned. He had lived away from his mother and siblings for many months. His mother reported that he was distant, sullen and became defensive if anyone touched him. He had angry outbursts more frequently than ever before. Within two months of his release, Jayquan was begging his mother to transfer schools because of the tension between his crew and the rival crew. Jayquan and his mom weren't communicating well. She refused. They began arguing. The argument escalated into a physical fight. Jayquan's mother locked him out of the house. Jayquan had nowhere to go. He tried Covenant House, but the shelter was full. Covenant House called ACS. A caseworker went out to the home and mom agreed to take Jayquan back in. This worked for a few days and then they began fighting again. This time the argument escalated and Jayquan's mother called the police. Jayquan was arrested for a misdemeanor assault. He was back in front of the Court where the judge issued an Order of Protection preventing Jayquan from returning to his mother's home. He had no place to go.

One of the greatest crises facing youth charged with or convicted of Juvenile Offender crimes is homelessness. When the young person returns home after a period of incarceration, the trauma that he experienced while locked up may create tension in the family and community, often leading to intra-family disputes. According to Covenant House, 50% of adolescents aging out of foster care and the juvenile and criminal justice systems will be homeless within six months. When youth are kicked out of the home they have very few options because many are unprepared to live independently, have limited education and no social support.

¹ Name changed to protect his identity.

There is a severe need for shelter options for adolescents in New York City. The New York City Department of Youth and Community Development (DYCD) runs a range of services for Runaway and Homeless Youth. Unfortunately, DYCD only has two crisis shelters, Covenant House and Safe Horizon, both in Manhattan. Covenant House, near Times Square, is the largest and has about 200 shelter beds and another 140 spots for longer-term residential stays. The shelter serves youth age 16-21 and turns away about 75 people a month. Safe Horizon, located in Harlem, offers only 24 beds. There are other limited shelter options for LGBTQ youth, victims of sex trafficking, and pregnant and parenting young mothers. Unfortunately, the majority of our JO clients are teenage boys of color who do not meet these criteria. Drop-in centers exist in all of the five boroughs but do not provide short-term emergency housing to accommodate youth like Jayquan.

Right now, too many of our clients live in the streets, “couch surf” or sleep on the floors or couches of friends, neighbors or even strangers. Indeed, homeless youth are more likely to be arrested, engage in criminal activity to meet their survival needs, or engage in unsafe sexual relationships or the commercial sex trade because they need a place to sleep. A 2013 study by Covenant House and Fordham University found that 1 in 4 of the surveyed homeless youth became a victim of sex trafficking or was forced to provide sex for survival needs, such as food or a place to sleep. Of these victims, about half reported that the number one reason they had been drawn into commercial sexual activity was because they did not have a safe place to sleep.

New York City’s youth homeless crisis places an enormous burden on ACS to house youth in the foster care system. Even if a young person is taken into ACS custody, because of overcrowding at the Children’s Center, some adolescents are currently being housed on Long Island away from their friends, families and schools until appropriate group or foster homes can be found. As this Committee is well aware, those group and foster homes are in short supply. Older teens may end up staying weeks or months at the Children’s Center because it is so hard to find foster homes for them.

The City must do better to provide safe shelter space for youth in the communities that they live in so that they do not end up in these situations. **We urge the members of the Committee on Juvenile Justice to work with your colleagues at City Council to address the youth homeless crisis by establishing and funding crisis shelters in all of the five boroughs. You should also increase funding to the Children’s Center to ensure that youth identified by ACS can remain in their communities.**

Respite Centers as a Haven for Families in Crisis

Young people and their families could be invaluablely served if youth had a safe place to stay while both sides had time to cool off after a disagreement. Many of these youth need never become homeless in the first instance if they and their families have a neutral, safe place to go where they can mediate their differences, figure out a family member that the youth can stay with, or collaborate with a case manager about long-term placement options. Adolescent Respite Centers provide parents and youth with a safe place for the youth to stay while both parties cool off. New York State Assembly Members Andrew Hevesi and Joseph Lentol published an

opinion piece in *City & State* calling for the creation of respite centers with state social services funds in July of this year.

Adolescent Respite Centers should be open 24 hours a day, 7 days per week. Youth, police or families may drop-in to the centers, and the youth may voluntarily stay there no more than six weeks. Clinical social workers would be available to evaluate the adolescent's and family's needs within 24 hours of entering the Center. Nurses would be available to assess health needs, including reproductive health issues such as pregnancy. Centers would not be appropriate for serious mental health diagnoses. Schooling would be available on site, along with an educational coordinator who would work with the youth and the family to evaluate the young person's educational needs. During their time at the shelter, youth and their families would have the opportunity to create a long-term placement plan along with a case worker and receive referrals to appropriate services. Staying in the Center would not automatically trigger an ACS intervention, though licensed clinical social workers would be mandated to report abuse or neglect in such cases.

Schools, police, medical professionals, EMTs, defender organizations, and social service providers would be encouraged to refer potential families to Adolescent Respite Centers. Centers should be located in diverse communities throughout the state, in urban, suburban and rural areas. A great example of an existing Adolescent Respite Center is Wind Youth Services in Sacramento, California.² **We urge the members of the Committee on Juvenile Justice to work with your colleagues at City Council, the State legislature, DYCD, ACS and other stakeholders like BDS to establish and fund respite centers.**

ACS Training

ACS staff should receive training about the specific needs of court-involved youth, including those charged and convicted of JO offenses who are placed at Crossroads and Horizons. ACS should work with community members like the groups that testified here today, including BDS, to develop best practices for working with this population. New York City's Crossover Youth Practice Model could serve as a model for how to begin developing a protocol for how ACS workers at all levels of the organization interact with youth transitioning out of Crossroads and Horizons.

² According to their website: "Wind Youth Services provides the [Sacramento] area's only short-term shelter and crisis intervention program for homeless and runaway youth, ages 14-17. Our 6-bed shelter provides homeless youth immediate safety from the streets until they can reunite with their families or find an appropriate longer-term housing solution. At the Wind House youth have a warm bed to sleep in, food, clothes, showers, laundry services and crisis counseling. Youth Workers provide a safe and nurturing environment where youth can develop relationships with caring adults, often for the first time in their life. Using a trauma-informed approach, Wind Youth Advocates work with each youth individually to develop a case plan with an emphasis on personal safety (shelter, food, crisis management, physical and mental health, etc), life skills development, and education. Once a case plan has been developed, Wind offers individual, family, and group counseling to address the underlying causes of the youth's homelessness and promotes social and emotional well-being, while working through the immediate crisis." Wind Youth Services webpage available at: <http://windyouth.org/programs>.

Conclusion

ACS staff work hard to serve New York City youth. But the challenges facing youth charged with or convicted of JO offenses are immense. City Council efforts to limit the harms of homelessness would go far in improving outcomes for youth charged with JO offenses.

To that end, BDS recommends that City Council:

1. Establish and fund crisis shelter housing for youth in every borough of the City
2. Establish and fund short-term respite centers for youth and families
3. Ensure that every ACS employee receive training specific to the needs of youth charged with or convicted of JO offenses

Thank you for your time and consideration of this important issue.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Nancy Gunshurst (PLEASE PRINT)

Address: 49 Thomas St NY

I represent: Legal Aid Society

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Amy Albert (PLEASE PRINT)

Address: _____

I represent: Brooklyn Defender Services

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Stephanie Prussack (PLEASE PRINT)

Address: 150 William Street

I represent: ACS

Address: _____

Please complete this card and return to the Sergeant-at-Arms

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THE CITY OF NEW YORK**

Appearance Card

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(PLEASE PRINT)

Name: _____

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