

FINAL REPORT OF THE
GOVERNOR'S COMMISSION
ON YOUTH, PUBLIC SAFETY
AND JUSTICE

Recommendations for Juvenile Justice
Reform in New York State

settlement agreement in September 2014.⁴⁷³ In addition, most recent Department of Justice monitoring visit reports filed with the court for the other two covered OCFS facilities found Finger Lakes Residential Center to be in full compliance with all of the settlement provisions and Taberg Residential Center to be in full compliance with 44 of the provisions and in partial compliance with the other 14 provisions. Facilities must be in full compliance for 12 consecutive months to be released from the settlement agreement.

These overarching improvements have increased youth access to specialized and evidence-based services, improved integrated case planning and re-entry planning, extended safety precautions like video cameras to all facilities, and invested in a more highly trained workforce.⁴⁷⁴ Many OCFS facilities are now fully trained in the New York Model, with training expected to continue into 2015 in order to achieve full implementation in all OCFS-operated facilities.⁴⁷⁵ While these substantial improvements in the juvenile placement system are taking hold in OCFS-operated facilities, it is critical that juvenile placement capacity for the new 16- and 17-year-old population is developed in a manner that expands this shift to a therapeutic model and meets the many specialized needs of the new population.

Supporting Youth with Specialized Needs

Any out-of-home placement setting, whether state-operated or run by a voluntary agency, must have the capacity to meet the varied needs of 16- and 17-year-old youth. A review of the needs of the current population of youth sent to OCFS facilities provides a framework for the expected needs of the older population. Youth entering OCFS facilities in 2013 brought significant need for substance abuse, mental health, and special education services.⁴⁷⁶

Needs of Youth Admitted to OCFS Facilities in 2013^a

		TOTAL	
		PERCENT	NUMBER
NEEDS AT INTAKE	Total Facility Admissions	100.0%	396
	Substance Abuse	86.1%	341
	Mental Health	57.3%	227
	Special Education	52.5%	208
	Sex Offender	7.1%	28
	Limited English Proficiency	3.3%	13

Meeting Significant Mental Health Needs: August Aichhorn

The Commission found that the current model of care provided by the August Aichhorn Center for Adolescent Residential Care is a promising model that should be expanded to meet new need for 16- and 17-year-old youth with serious mental health disorders who are sent to juvenile placement.

a. 396 JO and JD youth entering OCFS facilities (73% total admissions) were screened for special needs as part of intake process. JDs entering Voluntary Agencies or Interstate Compact youth in community settings are excluded. Youth can have multiple service needs, so it is not meaningful to sum across categories

The August Aichhorn Center was established to “serve, to study and to teach about the special problems of providing long-term care and treatment to teenagers who were [deemed] ‘unplaceable’ in any existing facilities except State hospitals or

⁴⁷³ See United States of America v. The State of New York and the New York State Office of Children and Family Services, Civil No. 1:10-CV-0858(FJS/DRH), Document 24 Filed September 8, 2014.
⁴⁷⁴ “Investigation of the Lansing Residential Center”; U.S. Department of Justice, New York State Settlement on Juvenile Justice Findings, “Highlights of Substantive Obligations,” <<http://www.ocfs.state.ny.us/main/Final%20Fact%20Sheet%20-%20settlement%20highlights%207%2014%202010.pdf>> (15 December 2014); and unpublished data provided to the Commission by Acting OCFS Commissioner Sheila Poole and Acting Deputy Commissioner Ines Nieves in a presentation on July 23, 2014.
⁴⁷⁵ Information provided to the Commission by Acting OCFS Commissioner Sheila Poole and Acting Deputy Commissioner Ines Nieves in a presentation on July 23, 2014. The current New York model facilities are Columbia Girls Secure Center, MacCormick Secure Center, Industry Residential Center, Youth Leadership Academy, Red Hook Residential Center, and the Ella McQueen Reception Center for Boys and Girls. Highland Residential Center is in the training phase.
⁴⁷⁶ Unpublished data prepared for this Commission prepared by NYS Office of Children and Family Services.

correctional institutions.”⁴⁷⁷ Through a partnership between the New York State Office of Mental Health (OMH) and OCFS, August Aichhorn operates a Residential Treatment Facility (RTF) in Brooklyn. Admission to the RTF is managed by the OMH Pre-Admission Certification Committee (PACC) through a special application process because RTF is the highest level of mental health care available in the state system, reserved for only youth with serious mental health disorders.

The program provides a kind of care and supervision that is significantly different from traditional correctional settings. The model does not use room seclusion or mechanical restraints, provides full-day education in a classroom setting, engages youth in positive activities in a community room or outdoors when school is not in session, houses youth in rooms that resemble a dormitory setting, offers the constant support of therapists, and operates on the philosophy that the program cannot achieve success by excluding, transferring, or discharging the most troublesome on the grounds of their special needs.⁴⁷⁸

Youth currently served at the August Aichhorn Center present with significant mental health and behavioral issues. A review of the first 61 youth who entered the RTF operated by August Aichhorn showed 193 previous episodes of out-of-home care for those 61 youth.⁴⁷⁹ At the same time, the model of care is reaping positive outcomes both for youth and for public safety. A study of youth who completed the program found a recidivism rate of 39 percent compared to a recidivism rate of 60 percent among the control group.⁴⁸⁰ The program has accomplished this with no transfers to psychiatric centers or other hospitals, no runaways from the building, no sexual assaults or deaths, and only one serious self-inflicted injury in 23 years.⁴⁸¹

New York State should expand the capacity to serve placed youth with serious mental health disorders through this program model. Its efficacy in terms of public safety as well as youth safety and success provides exactly the outcomes that should result from raising the age of juvenile jurisdiction.

Meeting Needs of LGBT Youth

In recent years, OCFS and NYC ACS have taken significant steps to address the needs of LGBT youth in their custody, including honoring youths’ wishes regarding unit placement—allowing, but not requiring, placement consistent with their self-identified gender—staff training, language, and incident reporting.⁴⁸² These policies have received widespread attention as significant efforts in juvenile justice practice. In interviews conducted during the course of the Commission’s work, experts noted that having strong anti-discrimination policies in place, with robust training for staff, and an accessible yet independent incident-reporting system were important steps in addressing the needs of LGBT young people in juvenile justice settings. Taking care to involve members of the broader LGBT community in aspects of planning and implementation was another best practice noted.

Like all youth, LGBT youth need access to appropriate programs and services prior to placement; a continuum of appropriate programs and services should be available from initial system contact through re-entry. If justice systems do not simultaneously assure that community-based alternatives and diversion programs are affirming environments, LGBT youth may be set up to fail, leading to placement. Stakeholders suggested that contractual obligations can be

⁴⁷⁷ The August Aichhorn Center for Adolescent Residential Care, Inc., “An Introduction: Who We Are and What’s In This Site,” <<http://www.aichhorn.org>> (10 June 2014).

⁴⁷⁸ The August Aichhorn Center for Adolescent Residential Care, Inc., Residential Treatment Facilities, PowerPoint presentation for Commission site visit October 2, 2014. (Hereafter, referred to as “Residential Treatment Facilities PowerPoint.”)

⁴⁷⁹ Those 193 episodes included 106 hospital stays, 22 juvenile justice admissions, and 65 admissions to smaller treatment agencies. See The August Aichhorn Center for Adolescent Residential Care, Inc., Residential Treatment Facilities, PowerPoint presentation for Commission site visit October 2, 2014.

⁴⁸⁰ Bernard Horowitz, Michael A. Pawel, and Patrice O’Connor, “Frontline Reports: The August Aichhorn Center for Adolescent Residential Care,” *Psychiatric Services*, 52, no. 10 (October 2001): 1391.

⁴⁸¹ See “Residential Treatment Facilities PowerPoint.”

⁴⁸² NYS Office of Children and Family Services, “Lesbian, Gay, Bisexual, Transgender and Questioning Youth Policy & Procedures Manual (PPM 3442.00)”, 17 March 2008, <<https://www.nycourts.gov/ip/judicialinstitute/transgender/220U.pdf>> (15 December 2014); and City of New York Administration for Children’s Services, “Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Their Families Involved in the Child Welfare, Detention and Juvenile Justice System (Policy # 2012/01),” <http://www.nyc.gov/html/acs/downloads/pdf/lgbtq/LGBTQ_Policy.pdf> (15 December 2014).