

## Introduction

Pursuant to New York City Local Law 33 of 2023, the Juvenile Justice Advisory Board (JJAB) was established to convene leaders from across governmental, community-based service, and advocacy sectors to provide recommendations to the Mayor, City Council and ACS on issues related to juvenile justice. This is the JJAB's first annual report.

### Board Composition:

*Chair:* Deputy Commissioner Nancy Ginsburg, Administration for Children's Services

Elisa' Beth Bernard, School Justice Attorney, Advocates for Children of New York

Kristila Brace, Acting Assistant Commissioner, Department of Health and Mental Hygiene

Rev. Wendy Calderon-Payne, Executive Director, Urban Youth Alliance

Karina Christiansen, Deputy Executive Director, Mayor's Office to Prevent Gun Violence

Alex Griffith, Senior Director, Exalt Youth

Sandeep Kandhari, Director, Center for Family Representation

Dr. Akeem Marsh, Medical Director, The New York Foundling

Deborah Rush, Senior Staff Attorney, Legal Aid Society

Gabriela Silverio, Constituent

### Ex Officio:

Speaker Adrienne Adams, NYC Council

Melissa Aviles-Ramos, Chancellor, NYC Public Schools

Jess Dannhauser, Commissioner, Administration for Children's Services

Juanita Holmes, Commissioner, Department of Probation

Keith Howard, Commissioner, Department of Youth & Community Development

Deanna Logan, Director, Mayor's Office of Criminal Justice

Dr. Michelle Marsh, Acting Commissioner, Department of Health and Mental Hygiene

Over its inaugural year, the JJAB met to share their personal and professional experiences with at-risk and justice-involved youth, bridge the members' expertise to develop an end-to-end view of the juvenile justice continuum, and determine preliminary areas of focus for the JJAB's work.

## System Overview

Early meetings of the JJAB focused on an examination of the existing juvenile justice continuum and the development of a survey of the characteristics of the young people who are charged with the most serious crimes and held at the two ACS-run secure detention facilities. Discussions focused on service gaps that currently exist in communities for youth and families which place them at risk for system involvement, with an emphasis on education and mental health.

The JJAB focused primarily on issues related to education and mental health, as those areas were identified as areas of challenge to a high percentage of youth at risk of and those who are court involved. The JJAB created subcommittees dedicated to exploring system gaps and potential solutions in the areas of education and mental health. This report outlines the issues that were identified for further exploration and development in year two of the JJAB.

### **Prevention Programs & Mental Health**

Prevention programs aim to address adolescent behaviors before they evolve into more serious conduct. In New York City, programs targeting delinquency prevention are administered by multiple city agencies, including ACS, the Department of Youth & Community Development (DYCD), the Department of Probation (DOP), NYC Public Schools (NYCPS), and the Department of Health and Mental Hygiene (DOHMH). Mapping these programs is a large undertaking. The JJAB has thus far focused on two agencies in particular – ACS and DOHMH.

ACS has a menu of services that promote well-being for parents, caregivers, children and youth and their communities. While not all of these programs are specifically aimed at diverting youth from the justice system, they may reduce existing risk factors by providing families with resources to build resilience, develop emotional skills, and access positive opportunities. These programs include:

- ACS contracts with local nonprofit organizations to operate the Family Assessment Program (FAP), where trained social workers connect youth and their families to supportive community programs tailored to their unique situation. Through FAP, a family can receive crisis intervention, mediation, family counseling, substance abuse treatment, intimate partnership violence counseling, anger management, and/or mental health services. FAP services are completely voluntary and do not require that a family has an open child protective investigation. FAP serves approximately 3,000 families a year throughout the City.
  - FAP can also refer youth to a Mentoring and Advocacy Program (MAAP), where credible messengers and Fair Futures coaches help youth develop self-esteem, create healthy relationships, and make positive life choices.
- Juvenile Justice Initiative (JJI) is an alternative-to-placement program aimed at diverting young people who have been found by the Family Court as Juvenile Delinquents from being placed in a Close to Home residence. Instead of placement in a group home, youth in JJI are able to stay at

home and receive intensive Evidence Based Programs and services in the community, while being supervised by the NYC Department of Probation. Depending on the family's needs, assigned therapists may see the family several times a week and are available on call 24 hours a day. The therapy engages the entire family and targets a range of issues, including mental health, substance abuse, peer difficulties, school-related challenges, and family troubles.

- Respite: Youth enrolled in FAP, Alternative to Detention programs, Alternative to Placement programs and Close to Home Aftercare are eligible for this 21-day program. Respite relieves parents of the care of their child when families need immediate relief in order to maintain or restore family functioning. The over-arching goal of respite care is to avert foster care placement when a parent/guardian/caretaker is temporarily unable to care for a child; and to avoid detention or placement back in a Close to Home facility. While in the respite home, the program provides coaching and therapeutic services to the child and family.
- ACS contracts with local nonprofit organizations to operate Alternative to Detention programs in Family Courts throughout the City and has launched a pilot to serve the Youth Parts in Bronx and Manhattan Supreme Courts, Criminal Term. These programs provide counseling, connection to workforce development opportunities, educational advocacy and other supports in an effort to serve young people in their communities while their cases are pending in court.
- Family Enrichment Centers (FECs): FECs work with families and local leaders to identify community strengths and develop programs (called “offerings”) that promote one or more of seven family protective factors: (1) parental resilience, (2) social connections, (3) knowledge of parenting and childhood development, (4) concrete support (e.g., cash assistance, food, clothing, shelter), (5) social and emotional competence of children, (6) economic mobility, and (7) community. FECs do not offer case management, and there is no tracking of participants by ACS to, among other reasons, ensure families do not feel tracked unnecessarily by the child protection system. FEC participation is voluntary and does not require identification or immigration status. There are currently 29 FECs throughout the City, in various stages of operations, with another one scheduled to launch in 2025.
- Prevention Support Line/Public Directory: The ACS Prevention Support Line and the online Prevention Public Directory offer families access to free, voluntary services such as mental health and wellness counseling, education and job training, drug and alcohol misuse treatment, and family violence interventions. Services are available regardless of immigration status.

DOHMH has many free and low-cost mental health programs for youth in New York City, some of which are specifically tailored to prevent justice involvement. Teenage years are a transformative time in life where each young person continues developing their unique personality, discovers passions, and forms tighter-knit social networks. During this time, youth are also facing depressive and anxious feelings. Nationally, approximately 40% of high school students reported to have felt persistent feelings of sadness or hopelessness and 20% have seriously considered suicide in the past year.<sup>1</sup> This trend is no different for

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<sup>1</sup> Centers for Disease Control and Prevention. *Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023*, U.S. Department of Health and Human Services; 2024.

New York City youth, with 38% of public high school students having reported feeling sad or hopeless.<sup>2</sup> Mental health disorders are common among youth in the justice system – studies have found that between 60-70% of the young people in the United States justice system have mental health disorders, and over 50% of those youth have more than one diagnosis.<sup>3</sup> All youth in NYC detention facilities are screened for mental health needs and all youth are offered regular counselling with licensed mental health professionals. 95% of youth in detention are receiving mental health services.

The below represents a snapshot of New York City's youth mental health support service portfolio.

- NYC Teenspace – Free online therapy for youth ages 13-17. Youth work with licensed professionals to achieve specific therapeutic goals and can access a library of workshops, live classes, and other resources.
- Adolescent Skills Centers – Adolescent Skills Centers are provider-run programs that assist youth ages 16-21 who have been diagnosed with a mental health disorder and their families. Services are designed to strengthen families and equip youth with tools to successfully complete their education and/or gain vocational skills to thrive in the workforce. Each student receives an individualized plan with services tailored to meet their goals.
- Family and Youth Peer Support (FYPS) – FYPS services are provided by a peer who is an individual with lived experience. A youth peer is a young person who has experienced social, emotional, developmental, substance use or behavioral challenges. A family peer is a parent or caregiver of a youth who has experienced these challenges. The peers provide support and empower parents or caregivers of children and youth up to age 24.
- Youth Assertive Community Treatment (ACT) – Multi-disciplinary ACT teams are deployed to support youth ages 10-21 with major psychiatric needs who are at risk of entering or returning from an institutional setting. These programs use an evidence-based, trauma-informed care model to deliver a diverse array of services, including case management, individual or family therapy, crisis intervention, and peer services to enable young people to remain at home.
- Home-Based Crisis Intervention (HBCI) – HBCI provides in-home intensive crisis care for four to six weeks as an alternative to hospital care for children and youth ages 5-18 who are experiencing severe emotional distress. Services include crisis intervention, building problem-solving skills, individual and family counseling, connection to community-based resources, case management, and medication evaluation and management.

In September 2024, the Journal of the American Academy of Psychiatry and the Law published a study of the availability of mental health aftercare services for juvenile justice-involved youth who received mental

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<sup>2</sup> Hamwey M, Norman C, Suss R, et al. *The State of Mental Health of New Yorkers*, New York City Department of Health and Mental Hygiene. May 2024. <https://www.nyc.gov/assets/doh/downloads/pdf/nh/state-of-mental-health-new-yorkers.pdf>

<sup>3</sup> José Luna M, Abram K, et al. *Inequities in Mental Health Services: A 16-Year Longitudinal Study of Youth in the Justice System*, 63 Journal of the American Academy of Child & Adolescent Psychiatry 4, April 2024.

health services while in secure detention in New York City.<sup>4</sup> The authors identified 177 mental health clinics throughout the five boroughs that are certified by the New York State Office of Mental Health to provide outpatient services to children and adolescents. Of the 177 clinics, 46 were either unreachable by phone or stated that they did not provide outpatient mental health services to youth under age 18. Only 59 clinics said that they accepted justice-involved youth unconditionally; another 57 clinics would accept justice-involved youth either if they were not “high-risk” or on a case-by-case basis. (The authors state that most youth in secure detention would fall into the “high-risk” category.) The authors also gathered information about the provision of trauma-informed care, whether the clinic accepted new patients, and the wait time for an intake appointment. Wait times were commonly more than six weeks, and as long as eight months.

The study’s authors obtained the zip codes of all youth in secure detention on February 1, 2023, who had been seen by the mental health service. They then mapped the clinics within these zip codes that provide care to justice-involved youth (either unconditionally or conditionally) and were accepting new patients at the time of the study. The zip codes with the highest density of youth often had only one clinic within the area, while Manhattan had a disproportionately high number of accepting clinics compared to the number of justice-involved youth from that borough. The authors concluded, “Even in the highly resourced setting of New York City, the available outpatient mental health resources are neither sufficient nor easily accessible for JJ youth with mental health challenges after their release from detention. Few clinics accept this population, fewer still have capacity for new patients, and a very limited number offer trauma-informed care of any kind. Those clinics that are available are often located a considerable distance from these youth who need care.”

The JJAB is interested in further exploring the gaps in services that decrease the risk of justice system involvement for New York City youth, particularly services that are aimed at improving young people’s mental health and well-being.

## **Education**

Challenges in academic achievement and truancy are prevalent among court-involved young people, although it is important to recognize that the causal link is complex. Youth who enter the juvenile justice system are often behind academically and may have undiagnosed learning disabilities and mental health issues. Unaddressed learning and behavioral challenges can lead to academic underperformance, disconnection from school and an exacerbation of existing mental health conditions. Inconsistencies in reporting make it difficult to definitively identify the percentage of youth in juvenile correctional facilities who require special education services, but there is broad consensus that these young people are disproportionately represented in detention settings, with estimates ranging from 30% to as high as 85%.<sup>5</sup> The advisory board discussed the need for early and accurate identification of special education needs and widely available special education supports for students from elementary through high school and the availability of specialized programming to support the highest need young people to reduce the risk of academic struggle and disconnection from school. These needs exist both in the community and across

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<sup>4</sup> T. Martin, N. Karim, E. Whitney et al., *Mental Health Aftercare Availability for Juvenile Justice-Involved Youth in New York City*, Journal of the American Academy of Psychiatry and the Law, Sept. 2024.

<sup>5</sup> The IRIS Center, *Youth with Disabilities in Juvenile Corrections (Part 2): Transition and Reentry into School and Community*, (Vanderbilt University, 2017). See also Snyderman, J. (2022), *Unlocking Futures: Youth with Learning Disabilities & the Juvenile Justice System*, Washington, DC: National Center for Learning Disabilities.

the juvenile justice continuum, and transitions between systems can further delay the provision of appropriate services.

High-quality educational settings are widely viewed as a protective factor against entry into the juvenile justice system and recidivism. Schools that foster connectedness to supportive adults and offer opportunities and rewards for prosocial activities act as buffers to reduce the likelihood of students engaging in challenging behaviors.<sup>6</sup> Issues such as literacy and inadequate access to vocational training and meaningful pathways to work readiness are common obstacles to the success of court-involved young people. Vocational programming, as an addition to an academic course of study with appropriate supports, is an attractive option for students who may be more interested in pursuing a GED track or credit recovery program and need additional money to support themselves while attending school. These characteristics are common among students at risk of or who are currently court-involved. Additionally, schools can serve as an easily accessible hub for supportive services, both for youth and for their families. While many New York City public schools have some mental health resources available, the scope and accessibility of services vary widely.<sup>7</sup> There are a number of initiatives addressing the nexus of education and workforce development currently administered by DYCD and NYCPS. In year two of the Advisory Board, we will explore the current menu of programs with an eye toward expanding connection to court-involved young people.

One major NYCPS initiative is the creation of Community Schools. In the school year 2024-2025, there are 421 Community Schools, each of which is a partnership between NYCPS and a lead community-based organization (CBO). While every Community School is different, they are based on four core principles: (1) collaborative leadership and practice, (2) family and community engagement, (3) wellness and integrated supports, and (4) expanded learning time. Through their CBO partners, Community Schools offer access to services such as health care and mental health care, mentoring, and positive youth development activities, as well as programs for students' families, such as adult education classes. Community Schools also stay open beyond traditional school hours to provide structure and support, including some weekend and summer programming.<sup>8</sup>

There are several other initiatives underway citywide to increase mental health support in the public schools. The Mental Health Continuum is a cross-agency partnership between NYCPS, DOHMH, and Health + Hospitals (H+H), currently serving fifty schools. Schools participating in this initiative receive expanded, appropriate, and timely care for students struggling with significant mental health challenges, through a culturally responsive and family-centered approach.<sup>9</sup> The Mental Health Continuum is creating 16 school-based mental health clinics in New York City public schools to serve over 6,000 students across the Bronx and Central Brooklyn. Clinics will offer students access to individual, family, and group therapy, with connections to outpatient clinics and telehealth services as needed. Additionally, teachers and school staff will have access to mental health clinic staff for consultation, trainings, and workshops to ensure students are appropriately supported and referred to care. Schools will also receive support so they can respond to mental health crises without contacting 911 unnecessarily and avoid needless emergency room visits

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<sup>6</sup> Office of Juvenile Justice & Delinquency Prevention (OJJDP) Literature Review, *Protective Factors Against Delinquency*, December 2015.

<sup>7</sup> <https://www.schools.nyc.gov/school-life/health-and-wellness/mental-health>

<sup>8</sup> <https://www.schools.nyc.gov/learning/programs/community-schools>

<sup>9</sup> <https://www.nyc.gov/office-of-the-mayor/news/283-24/mayor-adams-nyc-health-hospitals-open-16-mental-health-clinics-new-york-city-public-schools>

and hospitalizations. The 16 new satellite clinics build on the five existing mental health clinics that NYC Health + Hospitals already utilizes in the city's public schools.

In the next year, the advisory board plans to identify the most pressing special education, academic and vocational needs of students at-risk of or who become court-involved, explore best practices locally and nationally and make recommendations for adoption in the New York City school and juvenile justice system.

## Next Steps

Following initial discussions, the JJAB will delve deeper into the areas of mental health and education and explore system responses to mitigate against the impact of poor mental health and academic underperformance. Poor mental health in adolescence increases the likelihood of substance abuse, antisocial behavior, truancy, and academic difficulty. Truancy and academic difficulty can negatively impact mental health, and they also prevent youth from benefitting from protective factors that may exist within their school community. Ensuring that youth have resources in the community to support their mental well-being and academic success is critical to preventing system involvement.

Over the next year, the JJAB will take the following actions to continue our work toward developing recommendations to meet the current mental health and educational needs of New York City youth who are at risk of juvenile justice involvement:

- With the assistance of a social epidemiologist from DOHMH, the JJAB is developing a survey tool to incorporate youth voice in the identification of issues prevalent among detained young people and to inform the development of responsive recommendations. The survey will collect de-identified information about their life experiences and stressors, experiences with services in the community and conditions and challenges faced by young people in secure detention. The JJAB will finalize and administer this survey, then use the results to further refine its focus.
- The JJAB will invite community stakeholders to present information about existing conditions as well as services and initiatives city-wide aimed at preventing entry into juvenile systems.
- The JJAB will continue our review of existing research and explore and monitor initiatives intended to address the academic success and mental health of New York City's young people. This review will include past and current proposals that address these areas.
- The JJAB will review existing initiatives addressing the nexus of education and workforce development currently administered by DYCD and NYCPS with an eye toward expanding connection to court-involved young people.
- The JJAB will use the information gathered through the survey, stakeholder discussions, and literature review to identify gaps in the existing service continuum.

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