

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH CORRECTIONS**

JBC Budget Hearing

Tuesday, November 27, 2007

1:30pm - 3:00pm

1:30 – 1:40 **Introductions and General Overview**

1:40 – 2:00 **Common Hearing Questions for All Departments**

Departmental Goals and Objectives

The Department will address all Common Hearing Question at the hearing for the Office of the Executive Director.

- 1. What are your department's principal goals and objectives? What are the metrics by which you measure success or failure?**
- 2. Given the change in the Administration, have there been any changes to your department's principal goals and objectives since last year?**
- 3. What progress did you make during the last year in achieving your goals?**
- 4. How is the additional money provided to your department in FY 2007-08 being used to achieve your goals? What improvements is your department making in its outputs?**
- 5. Please identify your department's 3 most effective programs and your 3 least effective programs. Explain why you identified them as such. Explain how your most effective programs further the department's goals.**
- 6. Are there programs that your department is required to perform that do not further your department's goals or have outlived their usefulness? If so, what are they and by whom are they required? Why don't they further your department's goals?**
- 7. What are your department's anticipated costs, anticipated savings, and potential benefits from complying with Executive Order D 028 07, Authorizing Partnership Agreements with State Employees?**
- 8. Provide an estimate of the costs your department will incur in FY 2007-08 in carrying out the provisions of H.B. 06S-1023. Provide an estimate of your**

department's savings in FY 2007-08 as a result of not providing services to individuals who are in the country illegally.

2:00 – 2:15 **Overview and General Questions**

- 9. Is the increase in net General Fund appropriations above the 6 percent limit since FY 1992-93 due to changes in sentencing laws? Why has caseload grown so much over the past ten years?**

DYC Response:

Changes in sentencing laws do have an impact on the Division's need for resources to serve youth. However, changes in sentencing laws have not been the major factor driving the growth in General Fund appropriation in DYC. Caseload growth resulting from increases in the number of youth committed each year, as well as the increasing severity of treatment needs in the committed youth population have been the major drivers of additional resource need, and are primarily the result of a combination of the following factors:

- Demographic changes
- Statutory changes
- Budget Reductions

Demographic Changes

Colorado's population of youth ages 10-17 has grown by 32% since 1993. All youth serving systems have experienced a significant growth in caseloads, including Probation and Child Welfare. Additionally, the profile of youth committed to the Division began to change significantly during the mid-1990's, with an increasingly complex offender requiring mental health, substance abuse and sex offense-specific treatment services – requiring the Division to seek additional resources to meet those treatment needs.

Statutory Changes:

Following the "Summer of Violence" in 1993, the Legislature adopted many of the recommendations of the Juvenile Justice Subcommittee of the Task Force to Recodify the Children's Code. These recommendations resulted in numerous changes in the juvenile justice system including longer sentencing options for the courts, the ability to hold youth without bond for crimes of violence, etc. Additionally, as of July 1, 1997, all youth committed to the Division were required to complete a period of one- year mandatory parole, which was subsequently reduced to six months mandatory parole.

Budget Reductions

The 80-bed Juvenile Boot Camp was eliminated in 2001. DYC analysis of the impact of closing the Boot Camp indicated an increase in Commitment ADP of 74.4 in FY 2001-2002. The Community Accountability Program was authorized in 2001 to provide an alternative to the former Boot Camp. The program ran for approximately

one year until it was de-funded due to budget cuts. The Division's ability to re-open the program in recent years has been contingent on available funding. The absence of this sentencing option limits the courts' alternatives to committing youth to NYC.

During this same period, the Division's Parole Program Services line item was reduced approximately 74% from more than \$4.0 million down to less than \$1.2 million. The remaining funds were devoted primarily to supervision and containment of the highest risk offenders on parole. Without adequate aftercare services, post-discharge recidivism and commitment ADP increased.

Reductions in Senate Bill 91-94 funding had a similar affect on the services provided to the pre-adjudicated population. Judicial Districts were forced to focus their remaining funds on statutorily mandated screening and assessment and detention population management. In order to maintain a small portion of the detention continuum and relieve detention populations, many districts utilized their remaining funds to provide for supervision services for youth in the community.

All of the above factors have had a significant impact on increases in the Division's Average Daily Population.

10. Does the cap on detention need to be adjusted? If so, does it need to be moved up or down? Why? How would a change impact operating and capital costs?

DYC Response:

The Division believes that an adjustment in the current detention cap of 479 beds is not necessary at this time. The Division is aware that strain on local jurisdictions resulting from limited availability of detention capacity exists in some geographic areas. On a Statewide basis, however, the use of detention beds has remained at a level below the statutorily mandated cap. The Division believes that it is instructive to examine the types of youth who are placed in detention, and respond to the needs dictated by local practice. For example, in several one-day snapshots of the detention population, the Division found that more than 40% of all youth in detention are youth who are on probation status. Of those, over 30% are in detention for violating the conditions of probation and approximately 10% are in detention on new charges. Thus, creating more options for the courts to respond to youth who are violating the conditions of probation would likely significantly ease the strain that local jurisdictions experience. One such option is the Community Accountability Program (CAP).

The Division believes that continuing to enhance the detention continuum through increases in S.B. 91-94 resources and the availability of alternative sentencing options would assist judicial districts in their need and use of secure detention beds. Providing resources to fund the Community Accountability Program would provide the Juvenile Courts with another alternative and would reduce current strain on the

detention cap. Additionally, capital construction funding would not be necessary, since the CAP is designed to be privately operated.

If the cap on detention beds was adjusted upward, it would diminish the incentives to limit the use of secure detention to just those youth who pose a threat to the public's safety, and would likely result in an increasing number of lower-level offenders penetrating deeper into the juvenile justice system.

11. Does the Department have the resources to deal with the mental health needs of its population, particularly those youth on parole?

DYC Response:

The Division is in a better position now than three years ago to address the needs of the mental health population. The Division received new treatment staff in FY 2006-07 to provide services for committed youth with mental health, substance abuse and sexual offending behavior and opened the 20-bed Sol Vista Youth Services Center, a specialized mental health facility in Pueblo. These program enhancements allow the Division to provide for the basic mental health needs of committed youth in state-operated facilities. However, the Division is requesting to expand the Sol Vista facility to serve the increasing numbers of violent and seriously mentally ill male youth. Additionally, the Division places between 350 and 400 youth in Therapeutic Residential Child Care Facilities (TRCCF), which are privately operated programs that offer an enhanced mental health treatment component.

In terms of parole services, the current funding flexibility contained in the Long Bill Footnote provides adequate resources for the Division to develop capacity through the Continuum of Care Initiative for critical mental health services for youth on parole. However, one area the Division continues to struggle is in resource development in rural areas of the state where mental health services, substance abuse services, sex offense specific services and evidence-based service capacity is extremely limited.

12. What types of programs or services does the Department offer related to mental health?

DYC Response:

The Division provides a variety of mental health services throughout the state. For the detained population, the Division contracts with community mental health centers to provide crisis management and referrals to community based services. The Division operates two detention mental health pilot projects located at the Mount View Youth Services Center in Jefferson County and at the Grand Mesa Youth Services Center in Mesa County. The pilot programs provide enhanced mental health services for the detained mental health population at these facilities through contracts with local community mental health centers. The youth served by the pilot program

have access to a broader continuum of individualized services (i.e., Multi-Systemic Therapy, Family Functional Therapy, substance abuse treatment, individual, group and family therapy, etc.). These services are provided for 3 – 4 months following detention screening.

For committed youth in State-operated commitment facilities, individual, group, and family services are provided by both DYC and contract clinical staff. Each youth receives a comprehensive mental health assessment and DSM-IV-TR diagnosis (where appropriate) that guides the treatment of the youth while incarcerated in one of the Divisions state-operated facilities. Youth may receive crisis intervention, suicide precaution monitoring, and special management programs. Psychological testing is provided to a sub group of youth who require further evaluation, however limited psychological resources are available within the DYC system to provide this service. Psychiatric services are available at each facility to provide psychiatric assessment, prescription and monitoring of psychotropic medications. Psychiatric hospitalization at either of the Colorado Mental Health Institutes for acute mental health episodes is utilized as necessary. Additionally, as mentioned above, the Division also places between 350 and 400 youth in private TRCCF programs, which offer an enhanced mental health treatment component and is partially funded through Medicaid.

13. Is there any correlation between the increase in SB 91-94 monies and the moderating of the commitment growth? If yes, what is the correlation?

DYC Response:

The Division believes that S.B. 91-94 programs help reduce commitments to the Division through both the provision of intervention services at the earliest opportunity and the appropriate targeting of secure detention to those youth that demonstrate the highest risk to public safety. The Division believes that effective front-end interventions with at-risk youth through the S.B. 91-94 programs can have a positive impact by reducing new commitments. The Division has seen growth in the use of evidence-based programs and practices such as Multi-systemic Therapy (MST) and Functional Family Therapy (FFT). Additionally, S.B. 91-94 programs support the detention caps. Detention caps have resulted in Judicial Districts utilizing their capacity on those youth who present the highest risk to themselves or the community. This means that lower level offenders are not incarcerated with more sophisticated and serious delinquents. Research has shown that screening out lower level offenders from secure detention is effective in keeping them from penetrating deeper into the system.

14. **With regard to Footnote #86, how is the Department incorporating mental health services into the Continuum of Care Initiative? What types of mental health services are being provided through the Continuum of Care Initiative?**

DYC Response:

The Continuum of Care Initiative builds upon the clinical advances youth have made in residential placement. Mental health services are incorporated, as appropriate, into each youth's discrete case plan and corresponding community transition plan. A key component is to ensure services continue when a youth transitions from residential placement to parole in the community. The Division is focused on leveraging evidence-based programs and practices that allow youth to practice new skills while engaged in treatment services and still under the supervision of the Division.

Through the utilization of funding provided through the Continuum of Care initiative, some examples of general mental health services provided are:

- **Psychiatric/Psychological Evaluations-** These evaluations allow the Division to continually monitor progress in current treatment areas and assess additional mental health needs as they may develop during the youth's mandatory period of parole.
- **Medication Evaluations-** These evaluations keep the youth under appropriate medical and mental health supervision while the youth is utilizing medications in the home.
- **Individualized Therapy-** Youth have available a variety of individual therapy options targeted to the need of the specific youth while in residential or secure placement.
- **Family Therapy-** Youth may have been out of the family home for a long time prior to returning home. These efforts assist the family to develop new strategies, and provide additional assistance through family therapy.
- **Mentoring Services-** Mentors assist the youth, family and DYC by providing an additional support system to assist the youth with processing challenges they are facing in the community.
- **Functional Family Therapy (FFT)** - An empirically-based, family-focused intervention program for acting-out youth with a major goal of improving family communication and support. FFT is a nationally recognized evidence-based practice that encourages total family involvement.
- **Multi-Systemic Therapy (MST)** - An evidence-based intensive family and community-based treatment that addresses the factors associated with delinquency in the youth's natural environment.
- **Family Preservation Services (FPS)** - Family Preservation is provided to youth that have committed sexual offenses and older youth who may be emancipating into independent living situations. This model provides intensive supervision,

support, and role modeling to assist the youth with transitioning into the community.

- **Dialectical Behavioral Therapy (DBT)** - Evidence-based Dialectical Behavioral Therapy is a method of treatment that was devised for the treatment of individuals with severe and chronic personality disorders. The treatment itself is based largely in behaviorist theory with some cognitive therapy elements.
- **Cognitive Behavioral Therapy (CBT)** - Evidence-based Cognitive-behavioral therapy is effective in helping youth make emotional and behavioral changes. It is utilized to assist youth in discovering current problems and modifying dysfunctional thought or behavior, which may be the cause or the reason for prolonged psychological distress.
- **Medications-** When a youth is released into the community, eligibility for Medicaid assistance has become increasingly difficult to obtain. DYC has utilized Continuum of Care funding to assist youth and families with the cost of medications.

15. **Also with regard to Footnote #86, is there historical data on how much has been spent under the Continuum of Care Initiative on substance abuse treatment services? Is the current level (FY 2006-07 level of approximately \$75,000) sufficient for the Department's needs in the Continuum of Care population?**

DYC Response:

The Continuum of Care Initiative began in March 2006 and the Division began tracking specific categorical expenditures at that time. Therefore, historical data specific to substance abuse treatment services does not exist for prior years. The \$75,000 expenditure identified in Footnote #86 only relates to services provided to youth while on parole and includes expenditures for the following specific substance abuse services:

- Assessment Services
- Surveillance and Monitoring Services
- Mentoring
- Treatment Services

Youth substance abuse needs are also addressed holistically through other services provided under other categories including group and individual therapy, multi-systemic therapy, etc. A full list of service categories is provided in the response to question # 14. Additionally, expenditures for residential substance abuse treatment provided to youth are not included in the Footnote #86 amounts. The amount of funds expended for substance abuse services in the Continuum of Care will fluctuate, but the Division believes that the existing flexibility is sufficient to meet this specific aftercare and parole need through the provision of both specific targeted substance abuse services and holistic intervention to meet the changing needs of youth in the system.

Flexibility in Purchase of Contract Placements

- 16. Does the Department believe it will see negative growth in the commitment ADP for FY 2007-08? If so, what is the Division's current estimate for FY 2007-08?**

DYC Response:

Yes, the Division believes there will be negative growth in the commitment Average Daily Population (ADP) in FY 2007-08 as compared to the December 2006 Legislative Council population projections. The Division carefully tracks the Average Daily Population (ADP) of its commitment population as an important performance measure of the Continuum of Care (CofC) Initiative. After the implementation of the CofC Initiative, the Division has observed a steady decline in the commitment monthly ADP. Between June 2006 and September 2007, the monthly commitment ADP decreased by 145.1 ADP or approximately 9% of the total population.

Given the decrease in ADP during this time period, it is unlikely that the commitment population will reach the level projected by Legislative Council Staff (LCS) and the Division of Criminal Justice (DCJ) of 1489.4 and 1470.8, respectively. In September 2007, the Year-to-Date Commitment (YTD) ADP was 1336.9. The YTD ADP for FY 2006-07 was 1424.6. Clearly, these statistics suggest that the Division will evidence its third straight year of commitment population decline.

The Division has historically relied upon those projections developed by DCJ and LCS for planning and budgeting purposes. Both agencies have indicated that a full set of population projections will be submitted to the General Assembly in December 2007.

- 17. How does the Department envision funding for the Purchase of Contract Placements line item given the declining commitment ADP?**

DYC Response:

The Division has combined its responses to Questions 17 and 18 below.

For the past three years, the General Assembly has given the Division increasing flexibility to manage the youth in its care through flexibility in the Purchase of Contract Placements budget line. Within this flexibility, the Division has implemented the Continuum of Care Initiative, allowing for the development and implementation of treatment, transition and wrap-around services for youth in residential and non-residential settings. The Division has developed capacity and services related to evidence-based practices for the aftercare of youth on parole status.

Early results are positive, as both pre-discharge recidivism and re-commitments have declined, positively impacting commitment ADP. The Division believes the significant decline in commitment ADP described in the Division's response to question #16 is a result in part to the initial success of the Continuum of Care Initiative.

The Department finds the concept of expanding this flexibility, as outlined in the JBC Staff briefing document intriguing, and would welcome the opportunity to further research a funding mechanism that could assist with maintaining the current positive outcome trends in the DYC system. The Department believes it would be important to delineate specific outcome goals in such an arrangement, while maintaining accountability through specific reporting mechanisms. The emphasis of the reporting would not only relate to how appropriations are spent, but the results and re-investment that has been accomplished, thus moving from budget expenditure accountability to outcome accountability. Based on what the JBC Staff outlined in the briefing, the goal of a flexible funding mechanism would be to leverage the flexibility to achieve clear outcomes and to provide a clear process for accountability. Greater flexibility, and the ability to reinvest savings would allow the Division to continue to expand evidence-based practices in specific areas. For example, under such an arrangement, the Division could potentially implement system improvements such as:

- Expanding S.B. 91-94 community-based detention services to prevent further penetration of youth into the juvenile justice system.
- Continue to address the need for critical post staffing within secure State-operated facilities. A decrease in critical incidents could, in turn, continue the reduction of re-commitments due to facility-based behavior.
- Provide an additional detention sentencing option for the courts through the Community Accountability Program to reduce strain on the detention cap and subsequent commitments to the Division.
- Appropriately resource and participate in local H.B. 1451 projects to facilitate collaboration and coordination among agencies – improving outcomes of youth involved in multiple systems, reducing detention strain and reducing commitments to DYC
- Client management ratios - to provide appropriate support, supervision, and planning for youth transitioning from residential to non-residential setting and while on parole. Reduces recommitments, pre-discharge recidivism, parole revocations.
- Expand Functional Family Parole statewide to increase evidence-based practices as a strategy to reduce pre-discharge recidivism.
- Establish a catastrophic emergency medical fund that will allow the Division to more appropriately manage the unexpected medical needs of youth in state-operated facilities.
- Adapt and respond to changes in the system and population in a pro-active manner

- Address backlog of capital outlay and one-time safety and security capital needs within DYC state-operated facilities.

Other possibilities exist to improve the effectiveness and efficiency of youth services and implement systemic improvements within existing resources. Re-investment of resources could potentially fund many of the necessary changes in lieu of annual change requests within existing budgeting parameters. However, all of the above potential improvements to the system are predicated upon the Division's resources remaining stable, and that the Division is allowed to re-invest savings in system enhancements. This would move the Division away from a funding mechanism that relies solely upon changes in the commitment ADP.

The Department would like to work with the OSPB to develop options consistent with the Governor's priorities, and present them to the JBC in the near future.

18. How does the Department envision funding for all of the Division of Youth Corrections given the declining commitment ADP?

DYC Response:

Please see the Division's response to question #17 above.

19. What is the Department's assessment of the three options raised in this issue? Could this be a prototype for flexibility with pre-agreed goals and objectives through the GEM study?

DYC Response:

As described in the response to question #17 above, Option 3 presents an intriguing opportunity to create an optimal juvenile corrections system for Colorado. Option three is based on the State of Iowa charter model and, if implemented, would provide the Division with full flexibility to quickly respond to new challenges and opportunities. A Charter process could provide a mechanism to demonstrate positive results that are of value to the State resulting in enhanced accountability and oversight. Moreover, the accountability and oversight would shift from a focus on expenditures to a focus on outcomes and systemic improvements and efficiencies through re-investment of resources and the ability to more quickly respond to the dynamic needs of the system. The Division has experience and success with managing to achieve outcomes, and would value an opportunity to further explore this funding mechanism with the OSPB and the JBC Staff.

The Division does not believe that Option 1 would produce any additional improvement in individual youth and/or system outcomes. Option 1 does not make any substantial change to the existing categorical funding structure and does not offer any additional flexibility to address the dynamic nature of the juvenile justice system.

The Division believes that Option 2 does begin to address the need to appropriately fund the Division into the future. It also provides a mechanism to address large shifts in the resource needs of the Division that may be impacted by external forces, outside the control of the Division. The concept of a formula-driven appropriation base could also be incorporated into Option 3 to address future funding needs that may not be addressed within the current level of funding in the Charter.

H.B. 04-1451 Program Participation

- 20. How did the Department determine its staffing need related to the H.B. 04-1451 programs, and what is the Department's estimate of its future need given the growth in these programs?**

DYC Response:

Based on the 18 currently active H.B. 04-1451 projects within the State, the Division estimates that two FTE would be needed to support the Division's full participation in the planning efforts of these projects. Future growth within local H.B. 04-1451 projects across the State would generate a need for additional resources to allow DYC to fully participate in this collaborative process. Flexibility within DYC resources as outlined in the response to questions 17-19 could potentially allow the Division to fund this need within existing resources.

- 21. What is the Department's opinion related to using the Performance-based Collaborative Management Incentive Cash Fund in order to support the DYC request?**

DYC Response:

The Department does not support using the Performance-based Collaborative Management Incentive Cash fund to fund this DYC budget request because the purpose of the request is not statutorily-authorized for payment from the fund. Pursuant to Section 24-1.9-102 (2)(i), C.R.S., the cash fund provides incentive resources to provide services to children and families who would benefit from integrated multi-agency services.

- 22. What is the Department's opinion related to making DYC a mandatory participant in all H.B 04-1451 programs, if its funding request is approved?**

DYC Response:

The Division would be a willing mandatory participant in all H.B. 04-1451 programs if an appropriate infrastructure were provided to support statewide involvement. Additional resources for the Division might be necessary beyond the current budget request, as the current request would not sustain full involvement in potentially 64 H.B. 04-1451 programs. Each county has an infrastructure to support their single

county operations, whereas DYC is a statewide system without the infrastructure to support participation in multiple projects in a meaningful way.

23. Could the Department suggest how to tie this request to the prior flexibility issue and the potential to support this request through savings elsewhere?

DYC Response:

Yes, the Division believes that if full flexibility was granted within the Division's current level of appropriation for FY 2008-09 that the change request for additional resources to support current H.B. 04-1451 projects could be withdrawn and the request funded internally using existing resources.

Commitment Bed Capacity

24. How does the Department plan to accommodate and manage its projected commitment population in the coming years given that additional state-operated commitment beds will not become available until 2012?

DYC Response:

It is important to note that none of the Division's capital construction requests to expand State-operated bed capacity have been approved for funding. The Division currently has four capital construction projects on the Department's 5-year capital construction plan:

1. Expansion of Sol Vista Youth Services Center (20 beds)
2. Northeast Region Youth Services Center (102 beds including the replacement of detention beds currently located in the Adams YSC)
3. Assessment, Diagnostic & Classification Center (92 beds)
4. Bed Capacity Replacement at Lookout Mountain Youth Services Center (72 beds)

Unless the above Division projects are funded in the current budget cycle, new capacity will not be available by 2012 to meet projected commitment population increases. The Division believes that additional State-operated bed capacity will be necessary in the future to accommodate the increasing population of youth who require secure care, including youth with severe mental health, substance abuse, sex offender, and violent offender needs.

Without additional bed capacity, the Division will be required to manage commitment population growth within existing State-operated bed capacity, and expand total capacity using privately operated programs. Historically, the Division has relied upon private providers to expand capacity. However, given the changes in offender profiles, the Division believes that additional secure State-operated residential beds will be required as secure capacity is currently not available in the private sector.

The Division is also working to improve the systems that serve youth and impact the future need for additional commitment capacity by improving youth outcomes and reducing recidivism. The Division's strategies include:

1. Emphasis on evidence-based programming throughout the continuum of care such as Functional Family Parole (FFP), Aggression Replacement Training (ART), Functional Family Therapy (FFT), Dialectical Behavior Therapy (DBT), and Multi-Systemic Therapy (MST).
 2. Assessment and case-management that effectively match youth needs to the appropriate resources through the implementation of the Colorado Juvenile Risk Assessment (CJRA)
 3. The Continuum of Care Initiative – building service capacity and community resources to serve youth in non-residential settings within their natural communities and support structures.
 4. Targeting resources across both the Detention and Commitment continuums to improve the efficacy of the services provided at all phases of the system to reduce initial penetration into the system at the front end through both the SB 91-94 programs and the detention mental health pilot program, and to reduce recidivism on the back end through more effective transition of committed youth.
 5. System flexibility to ensure that appropriate resources are available for youth at any point in the system.
- 25. What is the Department's estimate for its future commitment capacity needs given the implementation of the Colorado Juvenile Risk Assessment (CJRA)?**

DYC Response:

The CJRA is an internal assessment tool for assessing and identifying individualized risk, need, and resiliency factors for youth. The CJRA is not necessarily designed as a tool to project future commitment capacity needs. However, the CJRA data are instructive to the Division in ensuring that the most appropriate treatment interventions, with the most appropriate dosage, are provided to match youths' needs. Additionally, the CJRA guides the Division in providing the optimal lengths of treatment interventions throughout the full continuum of care – across both residential and non-residential settings.

In terms of overall capacity needs, the Division has traditionally relied upon the projections prepared by DCJ and LCS for planning and budgeting purposes. Both agencies have indicated that a full set of population projections will be submitted to the General Assembly in December 2007.

26. **Is there any projection that the mental health caseload will eventually flat line, or does it just continue to grow?**

DYC Response:

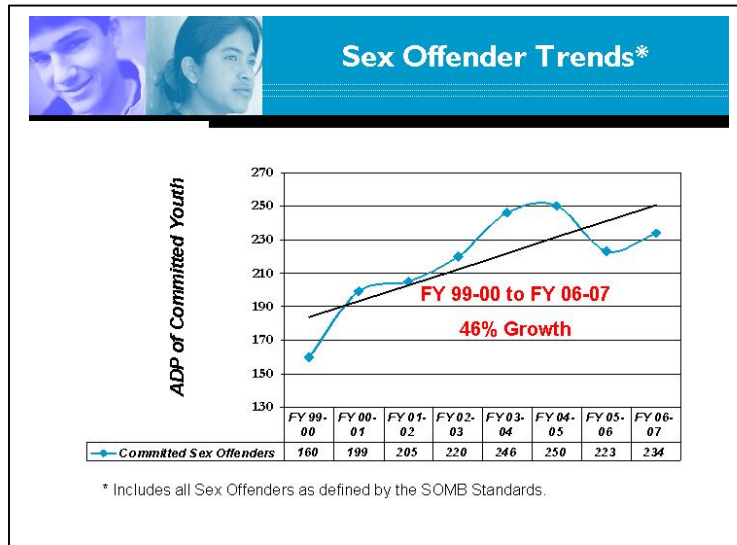
There are no projections specific to the DYC mental health population produced by DCJ or the LCS. Absent an official statistical projection number, the Division does believe that the mental health caseload will continue to grow. Analysis of the mental health population over the last 8 years indicates a steady growth trend.

27. **Why did the sex offender caseload decline in FY 2005-06? What is the projection for future sex offender caseloads?**

DYC Response:

DYC attributes the FY 2005-06 decline in sex offender caseload to a change in data collection methods, as opposed to an actual decline in the sex offender population served by DYC. Prior to FY 2005-06, sex offender data was not contained in Trails, so a one-day snapshot was utilized to identify individual sex offenders on all Client Manager caseloads. Now that sex offender data is captured within the Trails system, this improved collection and reporting capability (used for FY 2005-06 and FY 2006-07 data) accurately identifies these youth and allows for an ADP figure that is no longer an approximation, but a data-generated calculation.

Sex Offender Trends*



Similar to the mental health population, the DCJ and the LCS do not produce projections specific to the sex offender population. Given the complexity of this sub-population and the small sample size, the probability that any projection would be sufficiently reliable for planning and/or policy purposes is very low.

Trends over the last 8 years show a steady growth in the sex offender population served by NYC. While caseload figures decreased in FY 2005-06, it is most likely an artifact of changing data collection processes. With the absence of a solid projection figure, the Division anticipates that the sex offender caseload will continue to grow, as the caseload began climbing again in FY 2006-07.

- 28. Is there any liability (for NYC or the private provider) if a NYC youth assaults another youth in a private facility?**

NYC Response:

The Division believes that the liability issues would revolve around the alleged negligence of the staff supervising the youth in the facility. The Division consulted with the Attorney General and there is no known case law specific to the legal status of the youth in placement. Additionally, state immunity is not a protection when negligence is proven.