

Alternatives to incarceration (ATI) programs include a wide variety of opportunities for defendants and offenders to divert from jail or prison. This includes pretrial services, specialty courts, programs for individuals with mental illness concerns, those who need drug and alcohol treatment, and other community service-based programs. Target populations for these types of programs are usually special populations that require unique supervision and treatment due to their risk and needs levels, who cannot typically be well accommodated in a traditional incarceration setting.

These programs may fall under the authority of governmental or non-profit agencies and operate in conjunction with the criminal justice system across a state in various counties and cities. Many ATI pilot programs are often grant funded, including those developed within the Division of Criminal Justice Services in New York State<sup>1</sup>. An article published in the Brooklyn Eagle in October 2020 highlights the expansion of New York's AIT programs, to increase providers and programs across the city through millions in new investments, which comes after a multi-year cooperative effort by the city, policy experts, nonprofits, and justice-impacted citizens<sup>2</sup>.

Investment in these programs can significantly decrease the number of individuals admitted or sentenced to jail, which can equate to a large cost savings. Many programs focus on those charged with misdemeanors, but there is a need for additional ATI for felony cases if there is a hope to continue to meaningfully reduce jail populations; though ATI programs for felony participants are typically longer and more intensive. Evidence-based practices suggest the length of time an individual engages in ATI services should be driven by their needs, not by judicial mandates, where a mandate is recommended to be relatively short, but an individual should be able to access services for as long as they need. These needs may include additional substance use services, mental and physical health services, as well as programming focused on women and youth, education, and employment services.

Research within the New York system touts an expansion of these programs could reduce participants' recidivism by an additional 15%, through the development of more specialized programming aimed at improving long-term results (Taxman, 2020). Greater research of ATI courts and programs from various districts across the US note that defendants who successfully complete an ATI pretrial program were at least marginally less likely to be arrested for a new offense during their time on pretrial supervision. These participants were also employed a greater percentage of days and received favorable case dispositions and less severe sentences (fewer or shorter prison sentences) than those who do not participate in ATI programs, (Wolff et al., 2020).

When reviewing other forms of ATI programs, intensive supervision programs can be more effective at lowering recidivism rates than general probation for high-risk offenders due to the effort to swiftly respond to violations within 72 hours of occurrence (DeVall et al., 2017). The key to remember here is "high-risk" offenders, as higher levels of supervision could lead to higher rates of unnecessary violations for lower-risk offenders, and intensive supervision for lower-risk offenders is a considerable drain on resources. The use of pretrial risk assessments

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<sup>1</sup> New York State; Division of Criminal Justice Services; Alternatives to Incarceration (ATI) Programs.

[https://www.criminaljustice.ny.gov/opca/ati\\_description.htm](https://www.criminaljustice.ny.gov/opca/ati_description.htm)

<sup>2</sup> Brooklyn Eagle. (Oct. 2020). New York City expands its Alternative to Incarceration programs

<https://brooklyneagle.com/articles/2020/10/23/new-york-city-expands-its-alternative-to-incarceration-programs/>

and other actuarial assessment tools designed to identify an offenders' risks and needs with regard to recidivism can be useful in determining the degree of supervision and services needed.

ATI programs for drug related offenses may be especially useful as these programs marry treatment opportunities with appropriate levels of punishment. Reviews of the New York based Drug Treatment Alternative to Prison (DTAP) program found that weak treatment engagement, health challenges, and social isolation considerably increase the risk of recidivism (Sung, 2011). This research also found that participants who perceived the length of time spent in a program, or mandates around their participation in a program as unfair, were more likely to be subsequently arrested following program graduation. With these outcomes in mind, it is important that New York is considering expanding ATI services and access to treatment, mental and physical health services, and other community services, as well as limiting mandated sentence lengths to programs, which also provides a good example of how research informs policy.

Treatment engagement has been found in countless peer-reviewed studies across the world to be a fundamental ingredient in effective treatment. If ATI program participants are able to bond with therapists and counselors, endorse treatment goals, become more deeply involved in program activities, and interact with other clients, they report higher levels of program satisfaction, treatment retention, and better post-treatment outcomes. Community-based and family-focused approaches to treatment through individual and group therapies have been found to be especially beneficial for young offenders, achieving lower rates of reconviction, felony conviction, and subsequent justice system placement for both juvenile and adult participants for at least one year following the completion of services (Ryon, Early, and Kosloski, 2017). The benefits of cognitive-behavioral therapies, mindfulness training, and interventions to reduce stress and improve emotion regulation within ATI programs can foster desistance and reduce recidivism, and these opportunities should be reviewed by jurisdictions and service providers considering the expansion of rehabilitation-focused interventions, especially for young offenders (Barrett, 2016).