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*Through a dedicated focus on partnering troubled clients including defendants, individuals and families with a host of traditional and innovative educational and treatment programs, CPRR helps each client and their family to achieve recovery.*

# *Program Presentation*

*Contact: Alan Sirowitz (718) 224-8010 or (347) 683-7213*

**BUILDING COMMUNITIES ONE PERSON AT A TIME**

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# *1. Executive Summary*

# 1. Executive Summary

## **Introduction**

*Community Partnership Referrals and Resources (CPRR)*, a culturally aware, community-based human service agency, serves the Tri-state area. *CPRR* includes non-profit affiliates in Newark, New Jersey – R.E.A.L. Families II and LIVING NEW Inc. – and New York – Misunderstood Youth Development Center (“MYDC”) and The Help Center Organization (“Help”).

### *The CPRR Mission*

*CPRR* seeks to foster the growth, development and recovery of community members who suffer from chemical dependency, substance abuse, alcoholism and/ or mental illness as well as behavioral and educational issues.

*CPRR* blends programs with traditional and state-of-the-art treatment plans and therapies to stay on the cutting edge in our field.

Through a dedicated focus on partnering troubled communities and clients, including defendants, individuals and families with a host of traditional and innovative educational and treatment programs, *CPRR* helps each client and their family to achieve recovery.

### *The CPRR Philosophy*

Integral to this process is the *CPRR* philosophy: “Clients thrive when they receive customized treatment in their own communities, where they avail themselves of a multitude of resources enabling them to improve health and well being.”

*CPRR* serves as the primary resource of each client and their families, and often takes referrals from existing agencies that seek *CPRR* expertise in serving their own clients. *CPRR* often advises government agencies on programs and policies.

### *Empowering Clients*

Through services designed to strengthen and increase self-esteem, self-respect, and respect for others in society, promote health, and to address issues relating to improving the quality of their lives, *CPRR* enables disenfranchised individuals within the Tri-state region and beyond to a condition of empowerment, self-determination and accomplishment.

Dedicated to the communities it services, *CPRR* provides case management, educational workshops and seminars, therapeutic groups, and group and individual counseling of individuals, couples, and families. The professional staff of *CPRR* works with its clients to enable them to employ innovative methodologies to produce significant actions that lead to healthy, long-term results.

## Company Overview

Building on two decades of professional clinical, educational, forensic expertise and experience, *CPRR* focuses on individuals and family units with substance abuse, mental health and behavioral, and Criminal Justice issues, including, but not limited to, histories of Domestic Violence, and/or Anger Management issues, and troubled children/ youth and young adults. This community-based Social Service/ Forensic Case Management/ Substance Abuse and Mental Health Counseling/ Education center, and consulting agency distinguishes *CPRR*, from other programs. Through linkages with over 300 programs and services where clients receive individualized, custom tailored treatment programs, *CPRR* facilitates and enables our client's to become and remain productive members of their communities. *CPRR* includes non-profit affiliates: R.E.A.L. Families II provides 24-hour short-term residential services to homeless single men and women, pregnant women and domestic violence victims; LIVING NEW provides intensive outpatient detoxification and related services. MYDC offers peer-oriented and related youth programs. Help reaches out to assist immigrants and new Americans.

A limited liability corporation (“llc”) founded and owned by Alan J. Sirowitz, *CPRR* is located at 254-10 Northern Boulevard, Little Neck, New York. *CPRR* developed this business plan for the purpose of the expansion of the business in the primary market of New York City and funding initial feasibility studies for other cities that have approached. These cities include Baltimore, Maryland, Tucson, Arizona, and Pasadena, Redding and Sacramento, California. In addition, other entities have approached *CPRR* for assistance in developing programs in other jurisdictions ranging from Philadelphia to South Florida.

### *Why CPRR*

The unique programming of *CPRR* provides clients with acute and tailored intervention services. This *CPRR* integrated discipline best meets the needs of referral sources, including the Criminal Justice System in an individualized manner not delivered by other agencies.

*CPRR* keys to success include:

- excellence in reputation of staff and consultants among referral sources,
- quality service delivered to clients and referral sources,
- attention to client development opportunities in the public, non-profit and private sectors,
- ability to expand *CPRR* programs regionally and nationally,
- implementation of an effective cash flow plan,
- achieving efficiency in operation,
- supervision of all professional services provided on and off-site, and
- maintaining a serious business discipline in all aspects of its operation.

*CPRR* services – Domestic Violence, Anger Management/Social Service/ Forensic Case Management/ Substance Abuse and Mental Health Counseling/ Education/ Alternative to Incarceration, “Re-entry” (Discharge Planning) and others – as shown in this Plan, offer an excellent profitability level and growth rate.

The *CPRR* competitive edge, along with its full array of professional case management services and counseling techniques follows best practice and research. This puts *CPRR* in the forefront of full-service counseling, case management and educational services.

Today's society finds new techniques for mental health counseling in great demand.

*CPRR* differs from the traditional services available because of its interdisciplinary, “client-centered” approach, in essence a personal growth experience and development process.

The execution of this Business Plan enables *CPRR* to offer this full array of traditional and unique services.

#### The *CPRR* array of traditional and unique services

- Case management/ education/ intervention/ prevention services and counseling to individuals, couples, and families.
- Clinical and educational group sessions (i.e. Domestic Violence, Anger and/ or Stress Management, DWI, Bereavement, Divorce, Teen Parenting, Senior Citizens Health Issues, Troubled Children/ Youth etc.).
- Alternative to Incarceration programs.
- Post-Detention and Post-Incarceration Discharge Planning (Re-entry).
- Health prevention and maintenance groups.
- Veterans Services.
- Consultation, start-up and site management on the above services, including to individuals, corporations and government agencies.

Through the above initiatives, *CPRR* seeks to empower conflicted, disadvantaged and disenfranchised communities, individuals, families, and youths to take control of their lives and function productively by providing the necessary skills through counseling, education, socialization skills training, motivation, and the treatment of maladaptive behaviors.

The success of these intervention, counseling and education programs not only contributes to a safer community, but also reduces the costs of government through reduced demands on the criminal justice, health care and social service infrastructures.

Clients receive services in multiple sessions, often in multiple disciplines, based on a treatment plan developed specifically to meet the client's needs.

Each treatment plan gets continually updated and modified as the client's needs change.

When necessary, *CPRR* receives the approval of insurance providers that fund many services.

### **A Full Range of Interdisciplinary Programs Tailored to Each Client's Needs**

The *CPRR* multi-disciplinary treatment team includes Liaisons and Assessment Professionals connected to a wide array of Community, Faith-Based, Forensic, Health, Mental Health, Criminal Justice and Legal Services as well as Physicians, Psychiatrists, Psychologists, Nurses, Licensed Social Workers, Occupational Therapists, Rehabilitation and Addiction Counselors and Educators who apply unique behavioral and cognitive approaches to identify and manage daily stress indicators.

Additionally, highly trained *CPRR* professionals use unique integrated service delivery models within the both the communities *CPRR* serves and the court system in combination with a family-oriented methodology.

Services offered include education, training, and counseling to empower and implement a change in a person's behavior and thinking.

Specific *CPRR* programs address the following needs of individuals, families, couples, and youth:

- ▶ Domestic Violence/Conflict Resolutions
- ▶ Anger and/ or Stress Management
- ▶ Alternative to Incarceration
- ▶ Post Incarceration Transition (Re-entry; discharge planning)
- ▶ Alcohol/Substance Abuse/DWI
- ▶ Intensive treatment programs
- ▶ Mental Health
- ▶ Relapse Prevention
- ▶ Lesbian, Gay, Bisexual, Transgender (“LGBT”)
- ▶ HIV/AIDS Education and Counseling
- ▶ Veterans Programs and Services
- ▶ Relationship Issues
- ▶ Motivational Workshops
- ▶ Bereavement
- ▶ Families in Crisis
- ▶ Parenting (Grandparents, Adult, Teen)
- ▶ Senior Citizen Health Care Advocacy, including dependency issues.
- ▶ Youth Services, including Off-site Educational Services
- ▶ Vocational Services
- ▶ Multi-lingual, Ethnic and Cultural programs

The full range of *CPRR* affiliations and programs available in centrally located community centers and Court Complexes include:

- Comprehensive psychological and diagnostic evaluations and assessments
- All Court Related Services, including Alternatives to Incarceration (“ATI”)
- Case Management
- Court and Community Liaison
- Assessment, Diagnostic and Referrals
- Crisis Intervention
- Post-Discharge Follow-up
- Education groups
- Personalized care
- Day, evening and weekend sessions
- On call service 24 hours/7 days a week
- Employee Assistance Plans (EAP), Union Assistance Plan (UAP), Managed Care
- LBGT Services
- Senior specific services
- Multi-lingual, Ethnic and Cultural specific services
- Behavioral/ Motivational Counseling
- Women’s/Men’s programs including group, individual & family counseling
- In-house Referral Network
- Immediate Appointments
- Home Visits Available

## ***2. The CPRR Program***

## 2. The *CPRR* Program

### **Target Service Populations**

*CPRR* clients include individuals who often have a multitude of symptoms requiring such additional services as domestic violence, anger management, education, vocational training, alcoholism and/ or substance abuse, and/ or mental health disorders.

*CPRR* programs and services address the following populations and demographics:

- Domestic Violence
- Anger and/ or Stress Management
- Troubled Children/Youth
- Teen mothers
- Senior Citizens (with mental and health issues)
- Veterans
- Alcohol Abusers
- Substance Abusers
- Individuals Involved in the Criminal Justice System
- Parolees/ Probationers/ and Post Incarcerated Individuals
- HIV AIDS/ LBGT
- Forensic Clients
- Homeless
- The Foreign Born (Immigrants)

Please refer to Section 4 (“Demographics”) for more information on target service populations.

### ***CPRR* Programs**

*CPRR* provides a full range of interdisciplinary programs tailored to each client's needs.

Specific *CPRR* programs address the following needs of individuals, families, couples, and youth:

- ▶ Domestic Violence/Conflict Resolutions
- ▶ Anger Management
- ▶ Stress Management
- ▶ Alternative to Incarceration
- ▶ Post Incarceration Transition (Re-entry; discharge planning)
- ▶ Youth Services, including Off-site Educational Services
- ▶ Alcohol/Substance Abuse/DWI

- ▶ Relationship Issues
- ▶ Motivational Workshops
- ▶ Bereavement
- ▶ Families in Crisis
- ▶ Parenting (Grandparents, Adult, Teen )
- ▶ Senior Citizen Health Care Advocacy, including dependency issues.
- ▶ Vocational Services
- ▶ Intensive treatment programs
- ▶ Mental Health
- ▶ Relapse Prevention
- ▶ Lesbian, Gay, Bisexual, Transgender (“LBGT”)
- ▶ HIV/AIDS Counseling and Education
- ▶ Multi-lingual, Ethnic and Cultural programs
- ▶ Veterans Programs and Services

### **A Sample of CPRR Programs**

#### **▶ Domestic Violence/Conflict Resolutions**

The *CPRR Domestic Violence Program (DVP)* network offers a comprehensive approach to treatment for clients with domestic violence or anger-related referrals. The New York State Division of Criminal Justice Services recognizes that traditional approaches to addressing addiction have the potential to further endanger victims and often fail to hold batterers accountable for their violence.

It also finds that re-victimization is predictive of relapse, making the safety needs of addicted battered women an essential part of a successful recovery strategy and a lack of information can cause advocates to miss opportunities to identify addiction and to intervene appropriately.

Substance abuse problems that remain unaddressed can compromise battered women's ability to implement safety plans. *CPRR* treatment plans include individual and group sessions, spanning from 13-26 weeks, with certain court mandates extending up to 52 weeks. The extended hours *CPRR* offers make this program work-friendly.

Statistics show more and more males as victims of Domestic Violence and many troubled youth are victims of Domestic Violence, Abuse or family conflict. *CPRR* also developed a network of *Marital & Family Counseling and Supervision* programs to ensure that clients with marital, divorce, separation, and child-based issues maintain family associations, parenting skills, independent living and continued positive behavior during their treatment. A 1998 survey found 1,510,455 women **and 834,732 men** are victims of physical violence by an intimate. Every 37.8 seconds, somewhere in America a man is battered. Every 20.9 seconds, somewhere in America a woman is battered.

*CPRR*, in collaboration with the Office of the Queens District Attorney and other jurisdictions, developed an innovative conflict resolution/ anger management treatment and education program specific to first-time or low-level violent offenders facing incarceration for domestic violence and help address a criminal justice system over-burdened by these cases.

The *CPRR* Batterers' Intervention Program addresses the strong correlation between domestic violence, child abuse, child neglect and addiction. It consists of a minimum of 26 educational counseling sessions for the batterer or abuser and Anger Management Program consisting minimum of 12 sessions as added components to the criminal justice system.

### ► **Anger Management**

*CPRR Anger Management* programs designed for clients dealing with conflict-related issues and/or conflict-related offenses closely examine behavioral factors and motivation. Specially trained anger management professionals counsel and educate clients about the contributing factors behind their arrest or incident and learn about the legal and social ramifications of continued aggressive behavior.

In just one year, the courts in Nassau and Queens referred 4577 individuals to *CPRR* founder Alan Sirowitz to address anger management issues when he was the Director of the Educational Assistance Corporation Anger Management Program.

### ► **Alternative to Incarceration**

*CPRR* Alternatives to Incarceration programs provide a wide range of services and educational mechanisms to increase the probability for developing occupational duties, reducing and counseling of alcohol and substance intake, job training and enhancing the monitoring and progress of a offender.

Similar programs are provided for youth offenders in the guise of Alternative to Detention programs (ATDs).

These cost-effective measures are preferred by the criminal system as they provide a range of sanctions available to judges in lieu of incarceration or detention. In March 2007, New York State Governor Eliot Spitzer established the New York State Commission on Sentencing Reform to report preliminarily in September 2007 and issue a final report in March 2008 on sentencing practices, community supervision, and the use of alternatives to incarceration, including a review and evaluation of *the extent to which education, job training and re-entry preparation programs can both facilitate the readiness of inmates to transition into the community, and reduce recidivism*. [Executive Order No. 10]

► **Post Incarceration Transition** (Re-entry; discharge planning)

*CPRR* provides Access to Housing (Congregate, SRO, ½ & ¾), Treatment, Education and Training, Employment and Advocacy.

► **Youth Services, including Off-site Educational Services**

The *CPRR Adolescent Outpatient Programs* (AOP) serves clients ranging in age from 14-18 (up to 22 for clients with emotional or cognitive delays). AOP addresses alcohol/substance abuse, as well as psychological, social/relationship, family issues including **{DV stuff}** and a host of other circumstances specifically related to this age group. Additionally, this program includes *Off-site Education Services* (OES), an alternative high school program with Department of Education certified instruction. Clients participate in OES after failure in a traditional school setting or by court mandate or youth in recovery.

*CPRR* will provide Child and adolescent services in order to work with those who have experienced various traumas and/or who display a need for such services. Topics will focus on anger management for adolescents, as well as children and adolescents coping with various issues associated with family **trauma** and increasing their overall productivity in the school and family settings.

► **Alcohol/Substance Abuse/DWI**

*CPRR* community outpatient centers provide customized comprehensive services for alcohol and substance abusers and their families.

► **Senior Citizen Health Care Advocacy, including dependency issues.**

*CPRR* provides Education, Family Services, Treatment (Clinical & Medical) and Access to Residential Care to senior citizen substance abusers.

► **Mental Health**

*CPRR* Clients receive treatment in unique, culturally sensitive clinical settings that nurture, educate and challenge them. This facilitates awareness and personal growth. *CPRR* clinical partners meet client needs on a strictly individual basis. Through *CPRR* network partner programs, clients with multiple disabilities, often *Mentally Impaired Chemical Abuser (MICA)*, receive integrated services. *CPRR* devotes equivalent focus to both mental impairment and chemical abuse as well as social issues. *CPRR* either direct or through its partners also provides CAMI, SPMI's, Treatment (Day Services), access to Housing (Congregate, SRO, ½ & ¾) and Family Services.

*CPRR* will provide Comprehensive Psychological and Psychosocial assessment provided to patients in order to more effectively determine their needs. Recommendations for follow-up treatment will be made based on information that is gathered from such assessments, as well as utilizing other sources. As such, ongoing psychological treatment will be provided in group, family and individual settings.

### ► **HIV/AIDS Education and Counseling**

*CPRR* provides access to Transitional Housing (Congregate, SRO), Case Management (Blended) and Advocacy for HIV/AIDS Clients.

*CPRR* HIV-early intervention services augment existing services. *CPRR* offers culturally competent, high-quality, up-to-date, easily accessible programs planned by individuals indigenous to the population served and designed to address barriers to accessing existing services.

### ► **Multi-lingual, Ethnic and Cultural programs**

The *CPRR Ethnic Primary/Unique Language Programs* programs serve identified ethnic primary and minority communities and prove successful in encouraging members of these communities to enter and continue in diverse treatment and education programs. *CPRR* individually developed its programs to address very specific target populations with demonstrated need. *CPRR* focuses on cultural, social and family factors influential in successful treatment. Many of these communities face a large incidence of diabetes, hypertension and obesity that *CPRR* programs also address. *CPRR* professionals developed innovative programs – such as *Shidduch* for the Russian Jewish (Bukharian) community and the “Health Center” for the Haitian community -- for these target populations, including special seminars to identify and encourage individuals in need of intervention and other services to receive treatment.

### ► **Veterans Programs and Services**

*CPRR* provides access to Veterans Housing (Congregate, SRO, ½ & ¾) placement services, Family Services, Treatment (Chemical Depository, Post Traumatic Stress Disorder [PTSD]), Education & Training, Employment and Advocacy. America is on the verge of needing to provide multi-disciplinary services to more veterans than at any time in our history.

Two non-profit affiliates – Misunderstood Youth Development Center (“MYDC”) and The Help Center Organization (“Help”) – position *CPRR* strongly to provide programming tailored to the needs of communities of color and other underserved ethnic and religious groupings.

## ***CPRR Services***

The full range of services provided through *CPRR* programs and affiliations available in centrally located community centers and Court Complexes include:

- Comprehensive psychological and diagnostic evaluations and assessments
- All Court Related Services, including Alternatives to Incarceration (“ATI”)
- Case Management
- Court and Community Liaison
- Assessment, Diagnostic and Referrals
- Crisis Intervention
- Post-Discharge Follow-up
- Education groups
- Employee Assistance Plans (EAP), Union Assistance Plan (UAP), Managed Care
- LGBT Services
- Senior specific services
- Multi-lingual, Ethnic and Cultural specific services
- Behavioral/ Motivational Counseling
- Women’s/Men’s programs including group, individual & family counseling
- In-house Referral Network
- Personalized care
- Day, evening and weekend sessions
- On call service 24 hours/7 days a week
- Immediate Appointments
- Home Visits Available

## ***CPRR Operations***

### ***CPRR operates along this paradigm:***

- *CPRR* client sessions result from referrals from attorneys, clergy, court orders, families, hospitals, individuals, social workers, psychologists, parole and probation, physicians, schools, social service organizations and word-of-mouth.
- *CPRR* offers counseling hours from 9:00 a.m. until 9:00 p.m., Monday through Friday with flexible weekend and evening hours, and a 24-hour hotline for emergencies. Per request, some clients with special needs will receive home visits and may be referred to affiliated inpatient programs for more in depth treatment, if necessary.
- Upon a client’s referral, *CPRR* processes all required information to the client’s insurance company for pre-approval of services or to Medicaid and other reimbursement sources as required by the specific case.
- In certain cases, the client must obtain prior permission from the insurance company before *CPRR* provides services.

- *CPRR* professionals interview each client to assess and diagnose that client's needs.
- Where insurance companies fund the services, they generally return payment for services in as little as five and usually no more than 60 days. Those projections reflect 45 days. Fee for service clients pay for each session. For fee for service clients, *CPRR* offers a sliding scale payment plan based on income.

*CPRR* assesses clients without insurance coverage for ability to pay, through current pay stubs, rent receipts, utility bills, etc., and places such clients on a sliding scale for payment.

Where applicable Medicaid and other public programs will support the provision of services to referred clients.

### ***3. CPRR Outreach Strategy***

### 3. *CPRR* Outreach Strategy

The current outreach focus of *CPRR* emphasizes services to Queens, Brooklyn and Nassau Counties and the rest of the Tri-state area. The population segments include individuals, families, and couples.

The target *CPRR* client is usually a person or persons with behavioral, addiction and/ or mental health issues, and/ or criminal justice involvements.

*CPRR* established relationships cultivated over many years by its program founders and directors. This enables *CPRR* to develop and expand a most unique service and referral base.

*CPRR* specializes in developing programs responding to requests from disenfranchised communities—such as Latinos, Russian (Bukharian) and Caribbean—that demonstrated a dire need for adequate services currently unavailable. Through its non-profit affiliates – MYDC and Help, *CPRR* established a means to reach the aforementioned and other groupings within a framework that enables programming developed with and for each community; this gives each group a key sense of ownership that assures long-term community support and participation and stability in the client base.

#### ***CPRR* Outreach**

Through its *Outreach Initiatives*, *CPRR* communicates its message and information about tailored programs and services to its referral partners. These partners include court liaisons, attorneys, prosecutors, legal aid and the private defense bar, medical and mental health professionals, clergy and faith-based organizations, schools and educators, and senior and youth centers and programs, including the city's network of Beacon Centers, as well as other human service programs that lack the holistic, interdisciplinary level of services *CPRR* provides.

<b><i>Partial List of CPRR Client Referral Sources:</i></b>	
<ul style="list-style-type: none"> <li>● community groups and service organizations</li> <li>● clergy</li> <li>● faith-based organizations</li> <li>● criminal justice system               <ul style="list-style-type: none"> <li>• <i>judges</i></li> <li>• <i>attorneys/ legal aid court</i></li> <li>• <i>District Attorney offices</i></li> <li>• <i>Probation/ Parole</i></li> <li>• <i>court liaisons</i></li> </ul> </li> <li>● other human service programs</li> </ul>	<ul style="list-style-type: none"> <li>● medical and mental health professionals               <ul style="list-style-type: none"> <li>• <i>hospitals</i></li> <li>• <i>detoxification units</i></li> <li>• <i>emergency Room Triages</i></li> <li>• <i>private Physicians</i></li> <li>• <i>psychiatrists</i></li> <li>• <i>psychologists</i></li> </ul> </li> <li>● schools and educators</li> <li>● senior and youth centers and programs</li> <li>● Beacon Centers</li> </ul>

## Outreach Development

Building on the enhanced reputation in the industry of *CPRR* founder and president, Alan J. Sirowitz, and the *CPRR* team of well-qualified and distinguished professionals, visits, meetings, follow-up emails and letters indicating the ability of *CPRR* to service referrals from the aforementioned and other sources creates awareness of *CPRR*. These contacts lead to a regular and steady source of referral clients. In each case, *CPRR* targets its outreach to referral sources based on the demographics and needs of the intended clients and the services referral sources seek for clients. Initial referrals and successful servicing of referrals leads to a steady source of clients.

Referrals sources find the *CPRR* holistic and interdisciplinary approach and programs more effective and attractive than the standard offerings.

### ***CPRR* services compared to other major existing providers**

No other program can claim anywhere near as much specific expertise on the problems of behavioral health treatment, case management service and criminal justice experience as *CPRR*.

*CPRR* staff is prepared to take its services to its clients. This includes older citizens unable to leave their home for such reasons as lack of transportation, limited mobility, fear of driving, and issues of personal safety. The *CPRR* holistic, interdisciplinary approach to total wellness includes intensive medical education and medication management pertaining to all medical diagnoses and treatments.

Also, unlike other typical referral agencies, the *CPRR* holistic, interdisciplinary approach ensures that clients receive all needed services directly through ***CPRR*** and its network of qualified professionals.

Referral sources express concern where another agency offers a limited menu of programs and services.

One example includes referrals to substance abuse treatment where mental health intervention proves necessary.

Another example involves assignment to a graffiti cleanup as part of a community service sentence but no intervention to address anger management, substance abuse or inadequate education that contributed to a client's interaction with the criminal justice system in the first place.

The *CPRR* unique program eliminates the above and other examples of incomplete and/or inefficient programs.

## ***4. Target Populations***

## 4. Target Populations

The need for qualified treatment programs escalates daily. Mental health experts find almost 60% of patients battling disorders such as chemical dependency or substance abuse also struggle with mental impairment and vice versa. Almost without exception, the client base of patients with both mental illness and substance abuse problems continues to grow and renew itself because addiction relapses worsen mental health problems.

Where two disorders coexist, the treatment program must address substance abuse at the outset. Because detoxification often leaves patients feeling vulnerable and desperate, absent such a program as *CPRR* provides, they face a quick decline in their mental health status which leads to a rapid return to substance abuse. *CPRR* adapts Mentally Impaired Chemical Abuser (MICA) partnership programs to each client's need. The dual treatment approach and the integrated therapy module *CPRR* offers enables more Persons in Need of Treatment (PINTs) to access care generally available only at private hospitals where exorbitant fees exclude the majority of those in need.

<b><i>CPRR</i> target populations</b>	
◆ Domestic Violence	◆ Individuals Involved in the Criminal Justice System
◆ Anger Management	◆ Paroles/ Probationers/ and Post Incarcerated Individuals
◆ Troubled Children/Youth	◆ HIV AIDS/ LBGT
◆ Teen Mothers	◆ Stress Management
◆ Senior Citizens (with mental and health issues)	◆ Forensic Clients
◆ Veterans	◆ Homeless
◆ Alcohol Abusers	◆ The Foreign Born
◆ Substance Abusers	

### **A Discussion of Some *CPRR* Target Populations**

#### **Domestic Violence**

Over 25% of American women experience abuse at some point in their lives, and one-third of all women who sought hospital emergency room care for violence-related injuries were injured by an intimate partner. Everyday, the NYPD responds to approximately 600 domestic violence incidents, and the Domestic Violence Hotline answers some 400 calls.

*CPRR* understands the short and long term impacts of violence against women, primarily perpetrated by intimate partners, and the greater risk of injury from violence perpetrated by a current or former intimate partner than by someone else, on society as well as the victims. *CPRR* programs address both the short and long term physical, emotional, and psychological harm domestic violence causes.

*CPRR* offers Batterers' Intervention Program which is comprised of a minimum of 26 educational counseling sessions for the batterer or abuser and Anger Management Program consisting of a minimum of 12 sessions as added components to the criminal justice system. This *CPRR* initiative addresses the strong correlation between domestic violence, child abuse or neglect and addiction. The lives of approximately 10 million people are affected by addiction. During the active course of the disease, the addict directly or indirectly affects the lives of five others around him or her.

While the overall homicides decreased in New York City, family related homicides has remained nearly constant from 1994-2002. Young, foreign-born women in New York City face a greater risk of being killed by their partners than any other group of women. In 2002, 65% of family related homicide cases in New York City had no known prior contact with the police.

Governments invest in Family Violence initiatives for reasons of public policy and the societal cost: The Centers for Disease Control and Prevention estimates the costs of domestic violence, including intimate partner rape, physical assault, and stalking, exceed \$5.8 billion each year, of which nearly \$4.1 billion is for direct medical and mental health care services, \$0.9 billion in lost productivity from paid work and household chores, as well as \$0.9 billion in lost lifetime earnings.

### **Troubled Children/Youth**

One in 10 children and adolescents suffers from a mental illness severe enough to cause some level of impairment and less than 1 in 5 of these children receive needed treatment in any given year. [See Report of the Surgeon General's Conference on Children's Mental Health (2001)]. As children age, the condition become acute with some 20% of U.S. children and adolescents (15 million), ages 9 to 17, with diagnosable psychiatric disorders (MECA, 1996, the Surgeon General, 1999).

U.S. Surgeon General Dr. David Satcher, in a report (2001) on youth violence commissioned after the 1999 Columbine school killings, focused on children's behavior and their sometimes inability to cope with stress. Dr. Satcher recommended families, school personnel, and public health communities become proactive in preventing youth violence. In this environment, *CPRR* offers programs that help the growing numbers of children who suffer needlessly from unmet emotional, behavioral, and developmental needs.

The Census Bureau projects the population of children and adolescents under age 18 to grow by more than 40% from 70 million in 2000 to more than 100 million by 2050.

#### *Prevalence and Magnitude of Child and Adolescent Psychiatric Problems*

- The Center for Mental Health Services (1998) estimated that 9 to 13 percent of U.S. children and adolescents, ages 9 to 17, meet the definition of "serious emotional disturbance" and 5 to 9 percent of U.S. children and adolescents, "extreme functional impairment."

- Only about 20 percent of emotionally disturbed children and adolescents receive some kind of mental health services (the Surgeon General, 1999), and only a small fraction of them receive evaluation and treatment by child and adolescent psychiatrists.
- The demand for the services of child and adolescent psychiatry is projected to increase by 100 percent by 2020. (U.S. Bureau of Health Professions, DHHS, 2000).
- The population of children and adolescents under age 18 is projected to grow by more than 40 percent in the next 50 years from the current 70 million to more than 100 million by 2050 (U.S. Census Bureau, 1999).

### **Teen Mothers**

*CPRR* relationships with clergy and other leaders in communities of color where the teen pregnancy rates exceed the city's already high rate (Blacks, 149.3; Latino, 130.6) positions it to tap into government and foundation funds to address this major concern.

The City looks favorably on efforts to provide appropriate counseling and education services to teen moms when less than half (45.4% in year 2000) received prenatal care during their first trimester of pregnancy and the infant mortality rate for their children exceed the city average.

Nearly one million teen girls become pregnant each year. More than four out of 10 young women become pregnant at least once before they turn 20. Each year the federal government alone spends about \$40 billion to help families that began with a teenage birth.

Despite the 25.0% drop in New York City's teen pregnancy rate from 1996 to 2000 to 99.4 per 1,000 females age 15-19, it remains nearly double the *Healthy People 2000* objective of 50 per 1,000. New York City recognizes the need to focus resources on communities and populations most at risk.

### **Senior Citizens**

Older Americans live longer and better than ever before. But many age 65 and older face disability, chronic health conditions, or economic stress. Seniors age 85 and above, the fastest-growing segment of the older population; tend to be in poorer health and require more services than people below age 85.

*CPRR* programs respond to the large numbers of older people find their health threatened by memory impairments, depression, chronic conditions, and disability, especially at very advanced ages, which can substantially diminish quality of life.

Americans age 65 and older represent an important and growing segment of our population, with an estimated 35 million people, 13% of the population, age 65 and older. By 2030, 20% of Americans, about 70 million, will have passed their sixty-fifth birthday.

According to New York City's Department for the Aging, 2000 census results show that the race/ethnic profile of the elderly population in New York City has changed in significant ways. Between 1990 and 2000, the number of minority elderly increased by nearly 141,000 or almost 32 percent while the number of white non-Hispanic elderly decreased significantly by 167,000 or 20 percent.

Minorities now represent nearly one in every two elderly New Yorkers, as compared to one in three in 1990. The number of Hispanic and Asian elderly increased sharply recording growth of 43,000 and 38,000 respectively. Hispanic elderly increased to 16.5 percent from 12.8 percent in 1990, and Asians to 6.9 percent from 3.8 percent. Black elderly increased to 20.8 percent, up from 17.9 percent of total elderly in 1990. The Hispanic elderly increased by more than 26 percent, to 206,000 in 2000 from 163,000 in 1990. In terms of percentage, the Asian/Pacific islanders increased even more, by 79 percent, rising to 87,000 in 2000 from 48,000 in 1990.

Black elderly increased by 14 percent, to 261,000 in 2000 from 228,000 in 1990. At the same time, the non-Hispanic white elderly population encompasses a shrinking share of the city, dropping to 53 percent from 65 percent a decade ago or in absolute figures from 835,000 to 668,378.

The number of minorities 60 to 74 years increased to 423,902 from 333,256, up 27 percent. The number of 75 years and over increased from 109,832 to 159,926, a 46 percent rise, and those 85 and over increased from 23,575 to 37,655, a gain of nearly 60 percent. By and large, the same pattern occurred, in each race and ethnic group.

In 1990, over one in three (37%) elderly white persons was age 75 years and over and one in 11 (9.5%) was 85 years and over. In 2000, these proportions increased close to 1 in 2 (42%) and one in 8 (12.6%) respectively.

### **The Foreign Born**

Domestic violence afflicts members of immigrant communities in overwhelming numbers. Language barriers, cultural differences and a fear of deportation if not legally documented make immigrant women less likely to report abuse than non-immigrant women. The *CPRR* team's broad experience and cultural diversity facilitates the success of its program.

***Immigrant Population Growth in NYC, 1990-2000***

	Overall Population Change 1990-2000	Foreign Born Population Change 1990-2000	Foreign-Born Share of Population Growth 1990-2000
Bronx	128,861	111,034	86.2%
Brooklyn	164,662	259,200	157.4%
Manhattan	49,659	68,574	138.1%
Queens	277,781	321,186	115.6%
Staten Island	64,751	28,107	43.4%
New York City	685,714	788,101	114.9%

***Immigrant Population Growth in NYC, 2000-2005***

	Overall Population Change 2000-2005	Foreign Born Population Change 2000-2005	Foreign-Born Share of Population Growth 2000-2005
Bronx	24,225	51,829	213.9%
Brooklyn	19,989	27,776	139.0%
Manhattan	52,416	3,920	7.5%
Queens	12,833	66,018	514.4%
Staten Island	20,802	19,404	93.3%
New York City	130,265	168,927	129.7%

With 36% foreign born population and over 120 different languages and dialects spoken in New York, *CPRR* Domestic Violence Program Referral Services fill a very specific geographical need. The increase in the foreign born population, largely Hispanic, has caused the city to continuously struggle to provide linguistically and culturally appropriate care and services.

# ***5. Management and Staff***

## 5. Management and Staff

*CPRR* staff has an accumulated 175 years plus in the behavioral health, social service, criminal justice and general health care industry related experience. All are well versed in the evolution of the health care industry and share a vision for the successful positioning *CPRR* within that industry. Staff members represent many years of experience, compassion, sensitivity to cultural values which affect the treatment outcome, and a strong desire to make life the best that it can be for all of its citizens.

### The *CPRR* Team

- ✓ Alan Sirowitz, *CPRR* Founder and President
- ✓ Corey B. Bearak, Esq.
- ✓ Terryl De Mendonca
- ✓ Joseph Ferrer, CASAC
- ✓ Bruce Figarsky
- ✓ Jeffrey Goldman, M.S.
- ✓ Maurice Andre Lacey, MSW, M.S.Ed., CASAC
- ✓ Ernst P. Ligondé
- ✓ Jodi B. Luce, Psy.D.
- ✓ Alfonso Martinez
- ✓ Marcia Nardo, CASAC
- ✓ Tracie Theotokas, LCSW, MSC

An outstanding group of professionals with diverse backgrounds and experiences have made a commitment to *CPRR*. *CPRR* includes a management team and a professional support team of certified professionals, including doctors, registered nurses and licensed professionals, who apply unique behavioral and cognitive approaches to identify and manage daily stress indicators and provide health education through medical seminars, groups, and individual counseling. The *CPRR* team will be supplemented by professional consultants, including medical (Physicians, Psychiatrists, Psychologists, Nurses) and licensed professionals (Community, Faith-Based, Forensic, Health, Mental Health, Criminal Justice and Legal, Social Workers, Occupational Therapists, Rehabilitation and Addiction Counselors and Educators) known to the *CPRR* management and professional support teams. Collectively, these outstanding professionals bring many years of experience covering all parts of the health and human services industry:

- ***Alan Sirowitz, Founder and President, CPRR***, brings more than two decades of counseling and management experience and significant government relations, including helping to save the TASC (Treatment Alternatives to Street Crimes) program of the Education Assistance Corporation from elimination after New York City Budget cuts. As seasoned director of many diverse and successful programs, such as Anger Management wherein one year the courts in Nassau and Queens referred 4577 individuals to Mr. Sirowitz to address anger management issues, The Stop Lift Program for petty larceny offenders and individuals with impulse control disorders. He is recognized by his efforts at TASC and later, the Human Services Center and Human Services Foundation, for creating and securing funding for cutting edge, culturally sensitive programs. Public Officials at the city, state and federal level look to Mr. Sirowitz for program and policy advice. He serves on numerous boards and is past-chair (four years) and current board of directors member of Faith Missions.
- ***Corey B. Bearak, Esq., Executive Vice President for Government & Public Affairs***, after 23 years in government, counsels and advises public officials, government and community agencies, unions, institutions, private firms and individuals, and political candidates. As Legislative Counsel and later Director of Planning, Policy and Budget in the office of the Bronx Borough President he served as a budget, justice, legal, planning, policy, and media advisor. Previously, he served more than 16 years as Counsel/Chief of Staff to a New York City Council Member, including 10 years with the Chair of the Council's Committee on Public Safety which maintained oversight over all City Criminal Justice agencies including the NYPD, Probation, Corrections and Juvenile Justice. Corey also served as an Assistant to then-Secretary of State Mario Cuomo and in the Office of Bronx District Attorney. He drafted the original legislation that became the city's ban on racial profiling. Policy initiatives included a CCRB Reform Plan, a Community Policing Pilot, a model Alternative to Incarceration plan, the 2002 Bronx Strategic Policy Statement and a blueprint for fiscal and budget reform. He founded the first-ever Naturally Occurring Retirement Community Without Walls (NORC-WOW).

- ***Marcia Nardo, CASAC, Executive Director, Clinical & Program Development***, fluent in Spanish, brings more than a decade of experience in treatment, outpatient and residential programs, including as Operations director for a full service agency, Outpatient Substance Abuse Program Director and Residential and Outpatient Substance Abuse Counselor with Human Services Foundation, Human Services Center, Cornerstone Continuous Care and Aurora Concept.
- ***Terryl De Mendonca***, a business professional, brings to *CPRR* over ten years of experience in accounting and business management. In 2001, she established De Mendonca Associates (DMA), a consulting firm that offers business solutions and financial services to small businesses and nonprofit organizations. Prior to DMA, Ms. De Mendonca held management positions in such industries as advertising and graphic design, healthcare, marketing and public relations and the non-profit sector. Her passion for youth and community organizing led to her founding Misunderstood Youth Development Center (MYDC). In 2000, after facing personal challenges with her son and learning how counseling for youth accessibility to community programs often are not easily accessible in New York, especially within the five boroughs, she formed MYDC with a mission to help understand, develop and stimulate the minds of our youth.
- ***Joseph Ferrer, CASAC***, bilingual in English and Spanish, brings to *CPRR* a unique background in Finance and Counseling. As an accountant at Human Services Center, he became familiar with the need to address individuals and families with alcoholism and substance abuse issues. His background in as a CASAC include more than two years each at Cornerstone Continuous Care in Westbury, NY and later The Flushing Hospital Detox Unit. He became credentialed as a CASAC in 2005. Joe is a Certified Medical Interpreter, English to Spanish/ Spanish to English, which he earned at NYU. He earned his B.A. in Accounting at St. John's University and an Associate in Business at St. Vincent's, Jamaica, NY.

- ***Bruce Figarsky*** brings to *CPRR* a strong background in business management and operations, sales, and marketing. His professional experience includes Real Estate, Media, Communications, Retail and Wholesale Operations in a career stretching three decades. He held such positions as National Marketing Sales Director, General Manager, Sales Manager, Regional Manager, Executive Producer, and Senior Marketing Representative for such firms as a National Producer/ Distributor of Bakery products, a British owned International Telecommunications Company, a National Fund Raising Advertising Company, an International Real Estate Franchise Corporation, a nationally distributed Television Show, and a Weekly Community Newspaper.
- ***Jeffrey Goldman, M.S.***, *CPRR* Counselor and Court Liaison, brings strong background in Psychology and research to the agency. He earned a Master of Science in Industrial/Organizational Psychology at Baruch College of City University, NY following his graduation with a B.A. In Psychology from CUNY's Hunter College. He sharpened his skills through his work as a Teacher's Assistant at Baruch College, Abnormal Psychology, 2007 and an Internship at Schneider's Children's Hospital. His Master's Thesis explored "Bystander Effect and Culture."
- ***Maurice Andre Lacey, MSW, MS Ed., CASAC***, with 15 years, including more than a decade as an Executive Director, Director of Counseling Programs, Beacon School Director and Clinical Supervisor, at such agencies as Faith Mission Alcohol Crisis Center and Greater Ridgewood Youth Council and Police Athletic League, earned a MSW (2003), and is a Ph.D candidate (Social Welfare, 2009) at CUNY-Hunter College, M.S. (Counseling and Education, 1996) at St. John's University and B.S. (Psychology, 1994) at Mercy College and had state CASAC accreditation (1996). His clinical expertise includes counseling, education, recreation, alcohol and substance abuse and other support services to youth, public housing residents, at-risk populations, adolescent substance abusers and their families. As President/ CEO of 1 Alpha Consulting & Development Corporation he provides strategic and technical services to community based non-profits.

- ***Ernst P. Ligondé***, fluent in French, Creole and Spanish, helped found and serves as Executive Director of Help Center Organization, Inc., which services the Haitian-American population with counseling advocacy services for persons suffering from or affected by social issues of domestic violence, language barriers (English as a Second Language), anger management, substance abuse education and prevention, family development, gang awareness, cultural diversity, immigration issues, HIV/AIDS education and other sexually transmitted diseases and educational enhancement (GED preparation). Additional services include family, individual and group counseling sessions, information about family disciplinary tactics, self-help assistance to promote maintaining abstinence and social harmony.
- ***Jodi B. Luce, Psy.D.***, a New York State Licensed Psychologist (2007) and Certified School Psychologist (2004), earned her M.S. Ed. (1999) and Psy.D. (School and Clinical-Child Psychology, 2003) at Pace University and B.A. (Psychology and Music, 1996) at Ithaca College. At such agencies and education systems as Elmont Union Free School District, Northport-East Northport Union Free School District, South Huntington School District, Variety Child Learning Center, AHRC Howard Haber Early Learning Center, The Children's Village, Queens Hospital Center and Developmental Disabilities Institute, she has conducted screenings, provided counseling and individual, Behavior Management and group therapy including to therapeutic and parent education groups, the bereaved and Adolescent Sex Offenders, devised Individualized Education Plans (IEP), supervised an Adolescent Day Treatment program and delivered intensive intervention for crisis-based children.
- ***Alfonso Martinez***, bilingual English and Spanish, brings over 15 years experience working in the criminal justice system including six years as a manager with the New York City Office of the Criminal Justice Coordinator, and service as a senior advisor and investigator with the Department of Correction, and expertise with criminal justice programs, services for ex-offenders, including prison discharge and anti-gang initiatives and oversight of \$20.5 million in such city-funded community-based providers of criminal justice program services as Center for Community Alternatives, Center for Employment Opportunities, The Manhattan Drug Treatment Court, and the Legal Action Center. He earned at B.A. at the John Jay College of Criminal Justice.

- ***Tracie Theotokas, LCSW, MSC certified***, brings professional social work supervisory experience to the agency. New York State Licensed (#062117), her background includes Quality Assurance Supervisor and Social Work Supervisor at two AHRC facilities. She supervised Medicaid Service Coordinators, Client Service Coordinators and Direct Care. She also performed psychosocial evaluations with children and adults. As a Substance Abuse Counselor, she aided consumers who are Developmentally Disabled, Traumatic, Brain Injured and/or suffer from Mental Illnesses to no longer use substances through individual, group and couples therapy. She also worked in conjunction with legal system including probation, public assistance and housing. She has counseled individuals, families and groups relative to alcohol-related problems.