# State of New Mexico
# CHILDREN, YOUTH AND FAMILIES DEPARTMENT

**BILL RICHARDSON**
*GOVERNOR*

**DIANE DENISH**
*LIEUTENANT GOVERNOR*

**MARY-DALE BOLSON, Ph.D.**
*CABINET SECRETARY*

**DIANNE RIVERA-VALENCIA**
*DEPUTY CABINET SECRETARY*

**Committee on Governmental Affairs**
**United States Congress**
**Written Testimony by Dr. Ken Martinez**
**State Children's Behavioral Health Director**
**New Mexico Children, Youth and Families Department**

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**The Mental Health Needs of Our Juvenile Justice Population:**
**New Mexico's Approach to Solving the Problem**

**The National Overview***

**Key Point 1:** **Growing awareness of mental health disorders among youth in the general population**

- The Surgeon General's 2002 Report on Children's Mental Health found that:
  - ✓ Approximately 20% of children and adolescents in the general youth population are experiencing a mental disorder;
  - ✓ Approximately 10% experience mental illness severe enough to cause impairment at home, in school, and in the community
  - ✓ Yet less than half will receive the treatment that they need.
- The release of the Surgeon General's Report shed light on the fact that mental disorders among youth in the general population were significantly higher than what was previously believed.

**Key Point 2:** **The prevalence of mental disorder among youth in the juvenile justice system is two to three times higher than among youth in the general population**.

- While the research base on this issue is very much still developing, existing research suggests that most youth in the juvenile justice system, anywhere from 70 to 100%, have a diagnosable mental disorder.

P.O. DRAWER 5160 • SANTA FE, N.M. • 87502
PHONE: (505) 827-7602 • TOLL FREE: (800) 610-7610 • FAX: (505) 827-4053

- Approximately one out of five (20%) has a serious mental disorder.

- Many of these youth are believed to have a co-occurring substance use disorder as well.

- Dr. Linda Teplin at the Cook County detention center in Chicago, Illinois is collecting mental health and substance use prevalence data among youth in the detention center.

    - ✓ Her data suggests that rate of mental disorder are high among both boys and girls (65% to 73% of youth surveyed).

    - ✓ These rates remain high even when you eliminate conduct disorder from the identified disorders- 60% of boys and 70% of girls still meet criteria for some other psychiatric disorder.

    - ✓ Rates of mental disorder are consistently higher for girls than for boys, especially for affective and anxiety disorders.

**Key Point 3:** **There is an increasing sense of awareness and crisis surrounding the care and treatment of youth with mental disorders in the juvenile justice system.**

- This is a population of youth whose mental health needs have been neglected for a long time.

- Now, attention is being paid in a way that was largely absent ten years ago.

    - ✓ There is growing concern on the part of both the juvenile justice and mental health systems over the criminalization of mental illness. This is a trend that we've seen at the adult level for some time, and are now beginning to see if at the juvenile level as well.

    - ✓ There is increasing attention by the media, advocacy organizations (National Alliance for the Mentally Ill (NAMI), Federation of Families), and funding organizations (private foundations like MacArthur and Annie E. Casey), as well as federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Juvenile Justice Delinquency Prevention (OJJDP).

    - ✓ The Department of Justice is investigating conditions of confinement of youth in juvenile detention and correctional facilities across the country. These investigations have consistently highlighted the lack of appropriate screening, assessment and treatment available to youth, the inappropriate use of medication, and the inappropriate responses to suicide threats.

**Key Point 4:** **There are a number of factors that are contributing to the sense of crisis.**

- There appears to be an increasing number of youth with mental disorders entering the juvenile justice system. The Texas Youth Commission reported a 27% increase in the number of youth with mental disorders entering the state's juvenile justice system between 1995 and 2001.

- Many of these youth are incarcerated for minor, non-violent offenses. A review in Louisiana found that 73% of youth in Louisiana were incarcerated for non-violent offenses. A similar review of Texas found 67%.

- There is concern that the juvenile justice system is becoming the system of "last resort" for many youth. A 1999 survey by the National Alliance for the Mentally Ill (NAMI) found that 36% of their respondents reported having to place their children in the juvenile justice system in order to access mental health services that were otherwise unavailable to them. A more recent study conducted by the U.S. General Accounting Office (GAO) found that in 2001, parents placed over 12,700 children into the child welfare or juvenile justice systems in order to access mental health services.

**Key Point 5:** **Despite this, we are seeing signs of improvement with the availability of new and effective tools and services that are demonstrating real promise for youth involved with the juvenile justice system.**

- We now have screening and assessment tools that have been specifically designed for use with youth in the juvenile justice system. The development of the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2), a 52 item self-report screening tool, and the Diagnostic Interview Schedule for Children (V-DISC), a computer operated, voice-activated diagnostic assessment tool, are being used in numerous states and juvenile justice settings across the country. (The MAYSI-2 is being used in 45 states and in 28 of those states being used system-wide (including New Mexico within the correctional facilities). The V-DISC is now in 15 states with plans for expansion, including into New Mexico.

- We now have improved psychosocial approaches, such as cognitive behavioral therapy and dialectical behavior therapy that are both showing tremendous promise.

- Increasing use of evidence-based practices, such as Multisystemic Therapy (MST), Functional Family Therapy (FFT) and the Chamberlain Model of Treatment Foster Care (TFC), which are family and community based interventions. Numerous reviews have consistently found positive outcomes associated with their use with youth in the juvenile justice system:

- ✓ Reduced long-term rates of re-arrest
- ✓ Improved family functioning and school performance
- ✓ Decreased substance use and psychiatric symptoms
- ✓ Reduced rates of out of home placement
- ✓ Significant Cost Savings (Washington Institute for Public Policy Reports)

- While not "evidence-based', we have seen the development of promising interagency collaborative models involving the mental health and juvenile justice systems including:

  - ✓ System of Care models that target youth in the juvenile justice system such as WrapAround Milwaukee and Project Hope
  - ✓ Diversion collaboratives such as New York State's PINS Diversion program and Texas' Special Needs Diversionary Program
  - ✓ Partnerships with universities such as the Prime Time program in Seattle involving the University of Washington and King County.

  *Source: National Center for Mental Health and Juvenile Justice

## The New Mexico Experience

For a more local perspective, the following information describes some of the work being accomplished in New Mexico.

### County Initiatives

From 1991 to 1999, the Bernalillo County Juvenile Detention Center (BCJDC) housed 130-140 clients ages 8-18, with an average length of stay of 33 days each.

In mid-1999, with the assistance from the Annie E. Casey Foundation, delegations from New Mexico visited best practice sites in Oregon, Sacramento and Chicago. Through that collaboration and the ongoing support of Annie E. Casey, the Bernalillo County Juvenile Detention Center (BCJDC) managed to accomplish several things. The BCJDC now has:

- An average daily census of 65, down from 140;
- With an average length of stay of nine (9) days, down from 33 days, including the Serious Youthful Offenders (SYO);
- An average number of bookings of 3100, down from 5000;
- A recidivism rate of 13%, down from 46%;
- Cost for secure detention per bed day was $96.37 (FY 03) and the cost of the current Community Custody program per day is $19.59;
- 73% of currently detained clients have at least one mental health diagnosis.

How was that accomplished?

- The Children, Youth and Families Department (which has children's behavioral health, juvenile justice services and child welfare), the Human Services Department (Medicaid State Agency), the Department of Health (licensing), Bernalillo County, the University of New Mexico Health Sciences Center, the three Medicaid managed care organizations (MCOs), children's court judges all collaborated, culminating in the Children, Youth and Families Department (CYFD) licensing the BCJDC as a "Children's Community Mental Health Center" which allowed for Medicaid billing of all medical and behavioral health services provided by BCJDC staff for non-adjudicated youth, University of New Mexico contracted child psychiatric staff and other providers. Since it opened in 2002, the Children's Community Mental Health Center has seen 1200 children.

- BCJDC has a relationship with a local adolescent shelter care provider to be its "Reception/Assessment Center" in lieu of detention for minor offenses that are frequently mental health or substance abuse related. Police take juveniles that are picked up to the Reception/Assessment Center for mental health/substance abuse screenings and evaluations to determine their behavioral health needs and either provide those services themselves or refer to other community providers. A second one is planned for the west side of town later this year.

- Two social workers are stationed in Albuquerque Police Sub-stations and in two in Sheriff Sub-stations to work with the youth and their families. Usually, the social worker is able to work with the family on a short-term basis or connect them with needed resources.

- The BCJDC operates a Youth Reporting Center on its campus that is open 7 days a week from 8 am to 8 pm offering academics, recreation, workshops, etc.

- The BCJDC operates a Community Custody Program to supervise youth at job sites, schools, etc.

- The BCJDC is currently working with the one of the Medicaid managed care organizations to develop a tiered program that includes:

    - Case management services;

    - Intensive home based services;

    - Transitional Living Unit-15 bed capacity with anticipated funding from a Medicaid managed care organization for eligible clients released from detention to receive mental health and substance abuse screening, assessment and treatment;

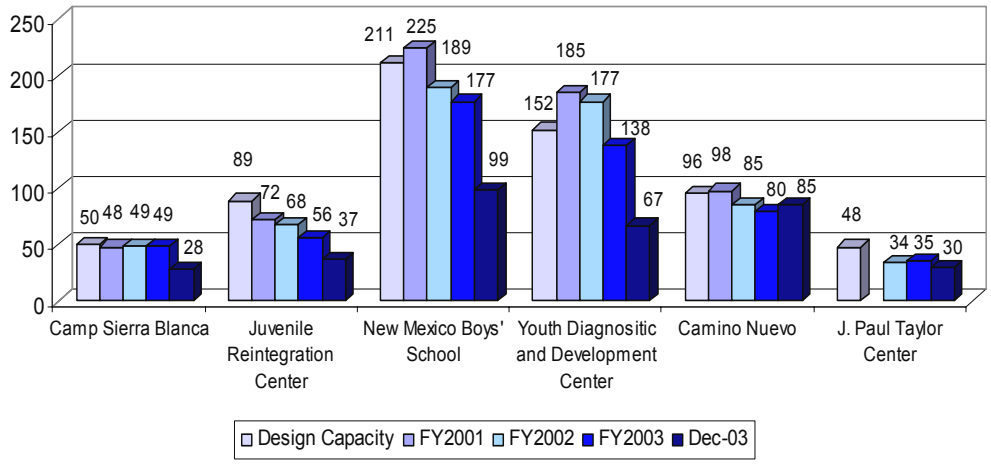
    - Drug and Alcohol and Mental Health Outpatient treatment tracks.

**State Initiatives**

- In addition to the Bernalillo County initiative, the Children, Youth and Families Department's Juvenile Justice Services has worked closely with the New Mexico Juvenile Parole Board to parole technical violators and low risk clients, with low to high needs who are then referred to community programs to obtain behavioral health services in their local area.

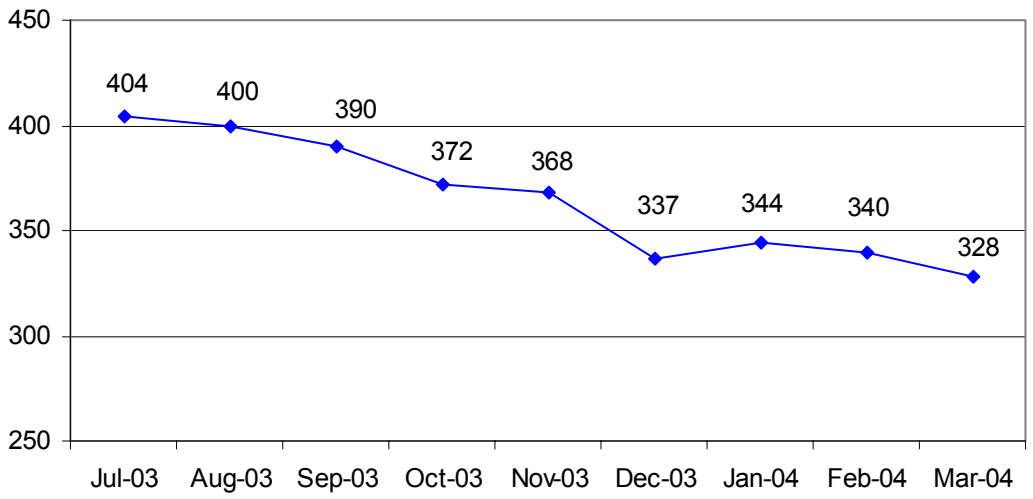
- CYFD has reduced its statewide correctional facility census from 625 to 310, a decrease of 50%. Consequently, the 96 bed maximum security correctional facility closed on July 1, 2004. These reforms have been as a result of many factors including juvenile detention reform at the county level, juvenile drug courts, re-education of juvenile probation and parole officers, law enforcement, juvenile court judges and attorneys.

Table 1**
Capacity and Average Daily Population for
Juvenile Justice Services Correctional Facilities: FY01, FY02 and FY03




Source: Juvenile Justice Services

Table 2**
Average Daily Population of Juvenile Justice Services Correctional Facilities
July 2003 to March 2004




Source: Juvenile Justice Services

Between FY99 and FY03, there was a 47.5 percent (329) reduction of juveniles being committed to Juvenile Justice Services correctional facilities (Table 3 below).

Table 3**
Number of Juveniles Committed to a State Correctional Facility by County
and the Percentage Change From FY 99 to FY 03

| County | FY99 | FY03 | % Change | County | FY99 | FY03 | % Change |
|---|---|---|---|---|---|---|---|
| Bernalillo* | 186 | 126 | -32.3% | McKinley* | 14 | 10 | -28.6% |
| Cantron | 0 | 0 | NA | Mora | 2 | 0 | -100.0% |
| Chaves | 29 | 8 | -72.4% | Otero* | 29 | 13 | -55.2% |
| Cibola | 1 | 7 | 600.0% | Quay | 4 | 4 | 0.0% |
| Colfax | 6 | 8 | 33.3% | Rio Arriba* | 12 | 5 | -58.3% |
| Curry | 40 | 10 | -75.0% | Roosevelt | 12 | 6 | -50.0% |
| DeBaca | 0 | 0 | NA | San Juan* | 92 | 36 | -60.9% |
| Dona Ana* | 35 | 24 | -31.4% | San Miguel | 21 | 13 | -38.1% |
| Eddy | 32 | 19 | -40.6% | Sandoval* | 16 | 14 | -12.5% |
| Grant* | 13 | 6 | -53.8% | Santa Fe* | 13 | 8 | -38.5% |
| Guadalupe | 3 | 0 | -100.0% | Sierra | 5 | 3 | -40.0% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Harding | 0 | 0 | NA | Socorro | 11 | 0 | -100.0% |
| Hidalgo | 3 | 3 | 0.0% | Taos* | 8 | 0 | -100.0% |
| Lea | 59 | 15 | -74.6% | Torrance | 3 | 5 | 66.7% |
| Lincoln | 12 | 7 | -41.7% | Union | 0 | 0 | NA |
| Los Alamos | 0 | 2 | 100.0% | Valencia* | 16 | 5 | -68.8% |
| Luna* | 15 | 6 | -60.0% | Totals | 692 | 363 | -47.5% |

*Counties that implemented Juvenile Drug Courts in 2000.
Source: CYFD FACTS Database

Table 4**
Number of Juveniles Referred to Juvenile Probation and Parole Officers by County and the Percentage Change From FY 99 to FY 03

| **County** | **FY01** | **FY03** | **% Change** | **County** | **FY01** | **FY03** | **% Change** |
|---|---|---|---|---|---|---|---|
| Bernalillo* | 9,774 | 9,280 | -5.1% | McKinley* | 1,622 | 1,060 | -34.6% |
| Cantron | 19 | 20 | 5.3% | Mora | 36 | 60 | 66.7% |
| Chaves | 1,565 | 1,202 | -23.2% | Otero* | 1,067 | 978 | -8.3% |
| Cibola | 419 | 293 | -30.1% | Quay | 248 | 243 | -2.0% |
| Colfax | 305 | 252 | -17.4% | Rio Arriba* | 691 | 672 | -2.7% |
| Curry | 991 | 960 | -3.1% | Roosevelt | 188 | 179 | -4.8% |
| DeBaca | 52 | 24 | -53.8% | San Juan* | 1,554 | 1,561 | 0.5% |
| Dona Ana* | 2,226 | 2,250 | 1.1% | San Miguel | 709 | 709 | 0.0% |
| Eddy | 889 | 939 | 5.6% | Sandoval* | 1,331 | 1,057 | -20.6% |
| Grant* | 524 | 328 | -37.4% | Santa Fe* | 1,501 | 1,688 | 12.5% |
| Guadalupe | 88 | 76 | -13.6% | Sierra | 233 | 189 | -18.9% |
| Harding | 3 | 8 | 166.7% | Socorro | 327 | 349 | 6.7% |
| Hidalgo | 87 | 54 | -37.9% | Taos* | 463 | 400 | -13.6% |
| Lea | 1,121 | 1,082 | -3.5% | Torrance | 221 | 304 | 37.6% |
| Lincoln | 268 | 278 | 3.7% | Union | 45 | 27 | -40.0% |
| Los Alamos | 79 | 95 | 20.3% | Valencia* | 951 | 778 | -18.2% |
| Luna* | 435 | 422 | -3.0% | Totals | 30,032 | 27,817 | -7.4% |

*Counties that implemented Juvenile Drug Courts in 2000.
Source: CYFD FACTS Database

The CYFD data indicates that the commitments to state correctional facilities and referrals to Probation and Parole Officers reflect that the counties that implemented Juvenile Drug Courts in 2000 all had decreases in Juvenile Justice Services commitments to state correctional facilities and all but three (Dona Ana, San Juan and Santa Fe) had decreases in referrals to Juvenile Probation and Parole Officers.

It is also important to note that as of March, 2004, 69 percent of the 330 juveniles committed to Juvenile Justice Services correctional facilities had at some point received services through child welfare.

- With the estimated savings of $4.9 million from closure of the maximum security facility July 1, 2004 and the reduction of beds at another correctional facility, CYFD is redeploying 41 frozen vacant positions to provide "front-end" behavioral health community based services including Functional Family Therapy (FFT) and Multisystemic Therapy (MST) as well as enhanced client supervision;

- JJS regional coordinators will identify and develop programs and services needed in rural and urban communities;

- The Annie E. Casey Foundation is funding New Mexico to replicate the Bernalillo County model in seven (7) other communities across the State.

**Conclusions and Recommendations:**

The solutions are not simple. They involve cross-system solutions. There is an obvious blurring of roles and responsibilities of child serving systems, and that is a good thing, because no longer is a child or youth exclusively a child welfare client or exclusively a juvenile justice client or a mental health client. They are the same child or youth in more than one system. They are all our children and youth regardless of the system door they enter.

We in the New Mexico juvenile justice, mental health and child welfare systems applaud you Senator Collins and your colleagues for introducing Keeping Families Together Act. It not only will provide funding for interagency systems of care for children and adolescents but it acknowledges the cross-system complexity in defining the problem and in defining the solution. For too long our child serving systems have not worked together and therefore have missed opportunities to collaborate, share resources such as joint planning, program development and human and financial resources. We have failed to function as either one child serving system or as a coordinated and collaborating set of jointly responsible and responsive child serving systems. Keeping Families Together Act would be one major step forward in promoting cross-system collaboration and it certainly compliments the New Freedom Commission Report on Mental Health that also advocates for more and effective cross-system collaboration to meet the mental health needs of our children and youth.

Both in New Mexico and at a national level there is much more that needs to happen.

- We as policy makers need to recognize that meeting the behavioral health needs of our juvenile justice population in detention is critical.

- Many of the youth detained are in for relatively minor offenses. Diversion programs need to be developed and we need to advocate for, and fund more, community-based treatment options that will provide mental health and substance abuse treatment to these youth in their communities and give judges options other than incarceration. The research suggests that this is the most effective approach.

- While we're doing a better job at screening and assessment, we need to advocate for and fund universal screening for all youth entering detention and provide evaluations and treatment when necessary in appropriate community based settings.

- Community re-entry programs for youth transitioning out of detention and correctional placements need to be strengthened to maximize success and reduce recidivism in both the detention system and restrictive mental health settings.

**Tables from "Children, Youth and Families Department: Review of Juvenile Justice Services June 11, 2004" Report to the New Mexico Legislative Finance Committee